First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs

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Preface & Executive Summary

Ireland has a drugs problem. But beyond this simple statement we must also recognise that Ireland's drugs problem is primarily an opiates problem – mainly heroin. And beyond this, we must recognise that Ireland's heroin problem is principally a Dublin phenomenon. The core areas of concentration of opiate abuse and addiction are in the great metropolitan region, with a second cluster in Cork City.

With have no accurate count, but there could be up to eight thousand addicts in the Greater Dublin region. They are concentrated in communities that are also characterised by large-scale social and economic deprivation and marginalisation. The physical/environmental conditions in these neighbourhoods are poor, as are the social and recreational infrastructures. Abuse and addiction are associated with crime. There are problems of related disease – AIDS and Hepatitis. Life in these estates for many has become "nasty, brutish and short." This cannot continue. The drugs problem is now probably the greatest single problem facing the capital. It must be solved.

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Pat Rabbitte, T.D.,
Chairman,
Ministerial Task Force on Measures to Reduce the Demand for Drugs.

Introduction

Roughly a decade ago, Ireland generally was made dramatically aware of the existence of a major heroin problem in Dublin. In the years since, the drugs issue slipped somewhat from national public and political attention and from the headlines. However the problem did not go away. The headlines never quite disappeared. In the last few years, it would seem that the problem has begun to grow afresh.

We have no accurate quantitative measure of the size of the problem, we do have an indicator – statistics are compiled on the numbers of drug abusers presenting for treatment. While these statistics are subject to certain caveats – for example, the more drug treatment services are put in place, the more abusers are likely to present for treatment – they do provide a proximate indication of trends and scale. The number of people presenting for treatment in the Greater Dublin area in 1995 grew rapidly compared to 1994 and 1993. The communities directly affected have again begun to protest, take action themselves and to press Government for new, more effective policies. This also can be taken as an indicator of the growth of the problem.

This year, beginning in February, the Government have implemented a number of policy and legislative measures on both the supply side and the demand side, to tackle the growing problem of drug abuse. As part of this action programme, the Government established a Ministerial Task Force on 9 July last to review the present arrangements for a co-ordinated approach to drugs demand reduction and, in the light of the review, to identify for Governmental action any changes or additional measures needed to provide a more effective response to the problem.

The membership of the Task Force comprised Ministers of State Pat Rabbitte (chair), Bernard Allen, Brian O'Shea, Austin Currie, Gay Mitchell, Liz McManus and Bernard Durkan.

Global context

Illegal drugs production, manufacture, trafficking and distribution is a gigantic, global business. Even though it is subjected to intensive and co-ordinated attack at international level, this illicit business continues to thrive. However high the risks of seizure, as evidenced by the level of seizure in Ireland alone in recent years and weeks, large-scale trafficking persists. In the language of economics, the risk/reward ratio remains sufficiently high to continue to motivate an international criminal community to remain in the business.

This criminal community is now rich in financial resources, experienced and highly organised. Its logistics are extended and sophisticated, even global. Its ability to organise and launder its finances is highly developed. It is business-like and highly professional.

Primary production of certain key substances – opium, cannabis and cocaine for example – is also concentrated geographically in a number of regions characterised by intense political instability, much of it with its origins in the geo-political conflicts of the cold war period, and/or related severe economic problems and underdevelopment.

The source of the drugs problem lies outside of Ireland's control. It is outside the control of any one government. This calls for a high level of international co-operation. It is for this reason that the Irish Presidency of the European Union has sought to prioritise action at E.U. and global levels to address the supply problem. National action is also required to tackle, for example, money laundering; enable the seizure of assets of criminals; and squeeze and pressurise local distribution and pushing. There has been significant progress and development on all of these fronts in recent years.

In addition to these supply side measures, every country with a drugs problem also needs to implement policies and measures to discourage drug taking – drug education and appropriate urban-environmental and socio-economic policies – and also to cope with the consequences of drug abuse – treatment of addiction. Again, in Ireland as in other countries, government has developed a range of measures, increasingly comprehensive and co-ordinated, to tackle environmental and socio-economic factors; reduce the demand for drugs; and cope with the consequences of addiction. However we still have a major problem and the signs are that it is growing.

Local consequences

The impact of large-scale opiates abuse and addiction on personal lives and community life is severe. Users and addicts

* end up becoming implicated in a life of crime;
* are forced into daily contact with organised crime;
* develop criminal and prison records, undermining their employment and life chances;
* suffer ill health and are exposed to the danger of contracting HIV/AIDS, hepatitis and other blood-related diseases; and
* life descends into a vicious and ultimately destructive spiral.

Where, as in Dublin, the problem of addiction becomes geographically concentrated

* the economic viability of neighbourhoods deteriorates;
* communities become plagued with crime;
* the quality of life deteriorates; and
* the neighbourhoods in question can act as magnets for addicts from elsewhere.

A second vicious circle is triggered in which all of the factors mutually re-inforce each other to create a downward spiral. This is the problem certain districts and neighbourhoods in the Greater Dublin area now face in the most stark and horrific terms.

At the same time, it must be stressed that the majority of families and young people in even the most seriously drug-affected areas are not drug misusers. Overwhelmingly, they are seeking better futures for their children and take legitimate pride in the strengths of their community. This is enhanced by the vast range of voluntary and community effort in these areas. However, it is easy to understand that a community may feel overwhelmed by the scale of the drugs problem and the threat which it poses to its young people. In the absence of a clear and convincing response from the public authorities, parents and others may begin

to lose heart or resort to punitive and extra-legal measures which, by leaving the root causes of drug addiction untouched, are ultimately futile.

From the information available, the Task Force has concluded that, while the abuse of ecstasy and cannabis is nation-wide, heroin abuse is overwhelmingly a Dublin problem, and Dublin's opiates problem is the main national drugs problem. The best estimate available suggests that there are now approximately 2,500 heroin addicts who need, and are willing to undergo, methadone maintenance in Greater Dublin. On this scale of things, opiate addiction is not a significant problem anywhere else in Ireland apart from certain neighbourhoods in Cork City.

The cost to the nation and the taxpayer of Dublin's heroin problem is significant. For example, the cash cost to the Eastern Health Board of drug treatment services in Greater Dublin is now running at £9m per annum - compared to just £1m in 1992. Furthermore, the Government has provided an additional £3.5m nationally in 1996 (£4.5m in a full year) to implement a range of anti-drugs measures throughout the country, including recruitment of additional staff. There is another way of looking at this figure. It is also alternative, perhaps much-needed, services foregone.

Finally, heroin abuse in Ireland is a major driver of two other serious illnesses. It is a major factor explaining the incidence of HIV/AIDS in Ireland and also hepatitis B and C. The heroin problem in Ireland, therefore, is actually three problems: that of addiction, that of AIDS and also hepatitis C.

It must also be recognised that the pattern and extent of drug misuse can alter quickly. There must be a risk that the use of "gateway" drugs, such as cannabis and ecstasy – which is a nation-wide phenomenon, particularly in urban areas – could in time lead to a heroin problem outside of the existing areas. This is a cause for major concern and must also be addressed.

Decision of the Task Force

As heroin abuse, both in its own right and in its connection with other serious communicable diseases, in the Greater Dublin area is without any doubt the most pressing problem facing the community at present, the Task Force has concentrated in this report on identifying strategies to address this situation.

The Task Force, however, will prepare a second report dealing with other aspects of the problem, in particular:

- ***the effectiveness of the current response to the nation-wide misuse of non-opiates such as E and cannabis;***

- ***measures to deal with the demand for drugs in our prisons and the treatment of prisoners who abuse drugs, including treatment on their release from prison;***

- ***the establishment of State run rehabilitation centres, to provide the courts with the option of referral of offenders to such centres; and***

- ***the development of facilities in therapeutic communities.***

The scale of the problem

In Ireland, as elsewhere, we do not have definite, quantitative information on the prevalence and nature of drug misuse generally, including heroin abuse. This reflects the fact that the phenomenon is itself illegal.

However we do have proxies in the shape of criminal detection statistics and also numbers of abusers presenting for treatment. Chapter 2, ***Identifying the nature and extent of drug misuse in this country***, contains a discussion of treatment statistics. The treatment statistics are incomplete. However a relatively robust outline and analysis of the scale, locational and other characteristics of the problem is still possible, although there is a need for better data.

The best data we have on the scale of opiate addiction is from the Eastern Health Board – its data on the numbers presenting for treatment at its facilities in Greater Dublin. Preliminary data for Greater Dublin for the year 1995 indicates that the total number of cases presenting for treatment was 3,593 – an increase of 21 per cent on 1994. As already mentioned, it is recognised that the growth in numbers presenting for treatment may reflect an increased level of provision of treatment services, as well as growth in the absolute size of the problem. In addition, we also recognise that the numbers actually misusing drugs, the true scale of the problem, is likely to be greatly in excess of this figure.

View of the Task Force

It is essential that every effort is made to obtain and compile valid, concrete data on the true extent of the drugs problem. This data is necessary in order, first, to accurately quantify the problem and also to provide the base for epidemiological analysis and modelling. Such epidemiological research is necessary to:

* ***assist in the long-term targeting of drugs services;***
* ***ensure that an appropriate mix of services is provided, based on need;***
* ***monitor progress and measure effectiveness; and***
* ***help determine the appropriate level of Exchequer funding of the drugs services.***

Where are the blackspots?

Much of the international experience of large-scale drug addiction is one of a close correlation between addiction and social and economic disadvantage and deprivation. This is very much the situation in Dublin – as it is in other cities such as Barcelona, Paris and United States inner cities.

View of the Task Force

Based on the evidence available to it the Task Force has concluded that heroin abuse is most prevalent in ten districts in Greater Dublin – parts of North Inner City, South Inner City, Ballyfermot, Ballymun, Blanchardstown, Clondalkin, Coolock, Crumlin,

Finglas/Cabra and Tallaght - and north Cork City (see Chapter 3 of the report). The Task Force has concentrated on developing tangible, practical strategies which can be implemented quickly, to tackle the heroin crisis in these eleven areas.

The Task Force recognises that success in reducing demand in these areas may encourage suppliers to target other areas. The Task Force feels, however, that this is primarily a policing issue. The areas which are to be targeted for special attention, as recommended in this report, are characterised by social and economic disadvantage which makes them particularly vulnerable to the drugs menace.

The pattern of drug misuse

Drug misuse spreads in communities according to a discernible pattern. In the language of modern scientific medicine, addiction has an epidemiology.

Analysis by the Health Research Board suggests that the typical heroin addict presenting for treatment is male, in his mid-twenties and living at home (with his "family of origin") and with some level of secondary education. He is out of work, first used heroin at around age 15 to 19 and was taking heroin at least once a day. The predominant mode of taking the drug is injection but there is recent evidence of a growing incidence of smoking.

There are gender differences. A higher proportion of female addicts are living with a partner and that partner is also quite likely to be an addict. This raises a tantalising question. Is female addiction to a significant degree driven by personal relationships? There is also a decline in the proportion of those presenting for treatment who are female and a corresponding increase in the proportion who are male. Again a question. Is there an internal dynamic pointing to a further reduction in drug addiction among females?

There is also some evidence of declining average age: in other words the drugs problem is becoming a youth problem. The average has trended downwards in the last five years and a small, but growing, proportion of addicts presenting are still at (secondary) school. This reflects the increased number of young heroin smokers, some of whom have progressed from use of E. Again questions arise. Is there a growing problem in schools or is it simply a question of school-goers now showing an increased propensity to present for treatment? Is the emergence of smoking a permanent feature?

Fundamentally, can we arrive at multipliers to apply to the treatment statistics that give us reasonably robust estimates of the true scale of the problem?

The discernible patterns and the questions they prompt simply reinforce the need for well specified professional research to assist with and inform policy formation and implementation, including funding demands and objective measurement targets by which to assess and evaluate performance.

Demand reduction – policing

A comprehensive response to the drugs problem involves the development of strategies to reduce not only the supply of drugs but also the demand for them. Earlier this year, the

Government initiated a range of measures, both legislative and administrative, to curtail the supply of drugs. Improved co-ordination of the policing dimension in the broad sense is part of this reform. However, the development of community policing is central to tackling demand. The Task Force notes that the Garda Commissioner is introducing a range of measures to provide a more effective response by the Gardaí to the drugs problem as it exists in the communities and neighbourhoods of the capital and Cork.

View of the Task Force

The Task Force welcomes the initiative of the Garda Commissioner, particularly in the light of the concerns, expressed powerfully and cogently in recent weeks, regarding the lack of adequate community policing.

Demand reduction – other measures

The Task Force believes that an effective response to the drugs problem requires the provision of an integrated range of services, covering the areas of treatment, rehabilitation and education/prevention. There has been a significant increase in the range and pattern of services provided by the statutory and voluntary agencies in recent years. The thrust of these services conforms with best international practice, bearing in mind that there is no single, simple solution to what is a complex social phenomenon. Indeed, there is a need to regularly review and modify responses in order to achieve efficient and effective services. Even then, there is no guarantee that a completely successful response can be found, particularly in the short term.

View of the Task Force

The Task Force believes that long-term solutions in the areas of education and prevention – especially regarding the conditions which tend to make demand for drugs more likely – represent the best possibilities of bringing the problem under control.

Treatment and rehabilitation

Everyone who so wishes should be afforded access to the treatment and rehabilitation services. They should be encouraged to do so. While substantial resources have been made available – as mentioned earlier, from £1m in 1992 to £9m in 1996 – the Task Force has concluded that the level of services currently available still falls short of what is required to address the problem. This is most graphically illustrated by the emergence and consequences of the methadone waiting list.

The Task Force notes the observation of the Farrell-Buning consultancy report prepared for the Eastern Health Board, that "there is clear and consistent international evidence that this form of treatment achieves significant reductions in heroin use and crime and a lowered risk of premature death, including from overdose." However the Task Force also notes the observation of the consultants that the waiting list for methadone is a major cause for concern and adds its own concern to that of the consultants on this issue. As they point out, drug users awaiting admission are involved in:

* higher levels of HIV and injecting risk taking behaviour;
* much higher levels of criminal and offending behaviour;
* higher levels of community disturbance, including drug use and bartering;
* higher levels of overdose and death rates;
* higher engagement in the black market for methadone and non-supervised consumption of that drug; and
* making demands on current service users to divert or sell their methadone, thus reducing compliance and efficiency of treatment.

View of the Task Force

The Task Force has concluded that the resources necessary to provide an adequate treatment and rehabilitation service are significant, but there is evidence to suggest that treatment interventions provide a higher level of return for money spent, particularly in relation to crime reduction.

Structures

The drugs problem is what the Strategic Management Initiative in the Public Services describes as a "cross-cutting" issue which cannot be dealt with satisfactorily by any one Department. A large number of Departments and their supporting agencies are directly involved in the fight to reduce both the supply of and demand for drugs. If the programmes and services which they provide are to be delivered in an effective, efficient manner, it is absolutely essential that practical and workable arrangements be put in place to ensure a coherent, co-ordinated approach.

View of the Task Force

As evidenced in this report, numerous mechanisms have already been initiated to ensure proper co-ordination. Despite this, it is the view of the Task Force that the services which are currently available are not being delivered in a sufficiently integrated fashion.

The recommendations, which are summarised in the following pages, are designed not only to provide a practical and immediate response to the opiate problem but to put in place administrative structures which will ensure that the strategies proposed are delivered in a coherent, integrated, cost-effective and ultimately successful manner.

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community involvement

"Strategies which consult with and actively encourage the involvement of local people are most likely to lead to a reduction in the demand for drugs……. local groups and individuals have a very valuable contribution to make to the development of national policy and can bring to the decision table a depth of local experience……. some of these local groups have been involved in tackling the drugs problem in their respective areas over a number of years and, during that time, have built up considerable valuable experience which should be tapped as a resource".

submission from the
Combat Poverty Agency

Summary of Recommendations

Structures

It is recommended that:

- there be structures for the effective, co-ordinated delivery of the drugs services at national, regional and local level.

- a ***Cabinet Drugs Committee***, chaired by the Taoiseach and comprising the Ministers for Health, the Environment, Education and Justice and the Minister of State to the Government, be established, to give political leadership in the fight against drugs, to review all trends in the drugs problem, to assess progress in the strategy to deal with the supply of and demand for drugs and to resolve any policy or organisational problems which may inhibit an effective response to the drugs problem.

- A ***National Drugs Strategy Team***, reporting to the Cabinet Drugs committee and comprising experienced personnel from relevant Departments and their agencies, be established as a cross-departmental team of the type envisaged in the Strategic Management Initiative in the Public Service. The Strategy Team will also include members with a background in the voluntary and community sectors dealing with drugs. While accountability for individual programmes will remain with the relevant Ministers, the Strategy Team will be mandated to implement the Government's strategy in relation to drugs, in particular to maintain a close liaison with the eleven areas identified in this report as having the most acute drugs, particularly heroin, problem and to ensure that their problems and priorities are continually monitored at central Government level.

- a ***Local Drugs Task Force*** be established in each of the eleven areas identified in this report as having the most acute drugs problem and, therefore, requiring priority action. Each Task Force will comprise representatives of all relevant agencies, including the Health Board, the Gardaí, the Probation and Welfare Service, the relevant Local Authority, the local Youth Service and voluntary Drugs Agencies, together with community representatives and a chairperson proposed by the local Partnership Board and a co-ordinator provided by the relevant Health Board.

- each Local Drugs Task Force will be mandated to prepare a development plan, which will build on existing or planned services in the area, while also taking account of the local Partnership and LES programmes. Funding, over and above what is already in place, may be allocated by the Government to the Task Forces to support the implementation of the development plans, following their assessment by the National Drugs Strategy Team, based on criteria to be finalised in due course.

- The National Co-ordinating Committee on Drug Misuse is establishing **Regional Co-ordinating Committees** in each Health Board area. These will provide a valuable forum for joint planning between the various agencies and the voluntary/community sector. In view of the proposed establishment of the National Drugs Strategy Team,

the National Co-ordinating Committee should be discontinued when the Regional Committees have been established.

Information/Research

It is recommended that:

- the Regional Health Boards proceed with the planned establishment of information databases as quickly as possible, but in such a way as to enable effective exchange of information between each Health Board region.
- an early-warning system be developed to alert the appropriate authorities to new types of drugs coming onto the market.
- the information available to community/voluntary organisations and all relevant professionals be fully reflected in the compilation and dissemination of data.
- the scientific and research community be assisted to contribute to the fight against illegal drugs.
- the further development of expertise in *addiction studies* in third level institutions be encouraged.

Treatment

It is recommended that:

- the overall strategy of the Health Boards be to:
  - eliminate the current treatment waiting lists; and
  - organise locally-based treatment access/outreach services, so that those who have not yet presented for treatment can be encouraged to do so.
- the Health Boards continue to expand their range of services, paying particular attention to the needs of young drug misusers.
- treatment waiting lists in Eastern Health Board region be eliminated during 1997.
- as locally-based treatment centres provide the best response to the needs of drug misusers, the Eastern Health Board consult fully with, and involve communities, to gain support for and confidence in their plans for such centres.
- further mobile clinics be developed.
- the GP/Pharmacist methadone prescription/dispensing scheme continue to be expanded, evaluated and strictly regulated.

- a telephone helpline be established in the Dublin area to provide information/advice to people in crisis situations.

Rehabilitation

It is recommended that:

- more emphasis be placed on providing options for stabilised drug misusers by way of occupational and social skills training (the Soilse and Saol projects serve as appropriate models in this regard)

- priority status be given to all Community Employment (CE) applications offering work experience/training for recovering addicts that are integrated with other support services.

- priority status be given to all CE applications offering work experience/training for former addicts who are employment ready.

- FAS and LES work closely and establish links with the sponsors of CE projects providing opportunities for former drug addicts who are employment ready, with a view to providing every assistance to the participants to progress to mainstream employment.

Education/Prevention

It is recommended that:

- in expanding its anti-drugs programme into primary schools during the current school year, the Department of Education pilot this programme in a number of primary schools, including a number of schools in the "priority" areas, following which the programme should be disseminated immediately to all primary schools in the "priority" areas.

- to accompany its introduction of the anti-drugs programme to primary schools, the Department of Education involve the Education partners and the community and voluntary sectors in the delivery of education programmes in schools and consult them in regard to the review of the programmes.

- in-service training be provided, as a matter of priority, for teachers in schools in the "priority" areas, so as to ensure their effective involvement with the schools anti-drugs programme.

- specific training be provided for home/school liaison teachers, so that, in programmes with parents, the schools anti-drugs programme can be explained and parental support elicited.

- the “On My Own Two Feet” project be extended, on a phased basis, to all second-level schools in the “priority” areas.

- particular emphasis be placed on early childhood intervention and, within this, ensuring that:

    * priority is given to schools in the “priority” areas when the “Early Start” programme is being further expanded;

    * the advice of the Education Research Centre is sought in relation to the inclusion of the level of drug misuse in the school catchment area as a criterion in any future expansion of the “Breaking the Cycle” initiative; and

    * there is co-ordinated development of each of these initiatives.

- as a priority, a range of Departments and their supporting agencies develop programmes aimed specifically at addressing the deficit in parenting skills, which has become apparent in modern society and which exacerbates the problem of substance misuse and anti-social behaviour in general.

- home/school liaison teachers be appointed, on a phased basis, in each school in the “priority” areas which does not currently have the services of such a teacher.

- family support services be strengthened through the Health Boards and voluntary agencies, having regard to the recommendations of the Commission on the Family.

- to deal with the specific problem of severely disruptive pupils and their effect on learning in the school, teacher counsellors be appointed to schools in the “priority” areas, as and when the scheme is expanded.

- an examination be made of ways in which the Department of Social Welfare’s Community Development Programme might be used to assist the communities in the “priority” areas cope with and prevent problems which arise from drug abuse in their areas.

- enhanced truancy measures be put in place, including an obligation on schools to report, within the terms of the school attendance legislation, on any pre-Junior Certificate students whom they believe have left the school, and that special programmes be devised to deal with the needs of such early school leavers.

- information campaigns be more realistic and targeted, specifically they should:

    * be developed in consultation with the community/voluntary sectors;

    * use positive role models;

    * use former addicts, to get the message across in a graphic manner; and

    * be delivered in a style which is easily understood by the target audience.

- the *Youthreach* programme be expanded in the “priority” areas.

Estate Management

It is recommended that:

- an Estate Improvement Programme be introduced by the Department of the Environment to assist local authorities in tackling the problems of severely run-down urban housing estates and flat complexes and that a sum of £3 million be provided for such a programme over the period 1997/1998.
- the relevant local authorities and Partnership companies work particularly closely with the local communities in the management of housing estates and flat complexes in the "priority" areas.

Sport

It is recommended that:

- the relevant Local Authorities take the initiative in maximising the use of existing sports and recreation facilities in the "priority" areas and in developing sports and recreation activities in those areas, within the framework of the national sports strategy which is being developed.

Community Policing

It is recommended that:

- a comprehensive community policing strategy be developed in the "priority" areas, involving a re-deployment of Garda personnel to these areas.

Allocation of Funding/Resources

It is recommended that:

- more emphasis be placed by Departments on targeting all relevant programmes, including those financed from the National Lottery, at the "priority" areas.

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Matrix of
Structural Arrangements
for
Delivery of Services

Taoiseach

Cabinet Drugs Committee

National Drugs

Strategy Team

Eleven Local

Drugs Task Forces

Chapter 1

Introduction

On 9 July, 1996, the Government established a Ministerial Task Force to review the present arrangements for a co-ordinated approach to drugs demand reduction and, in the light of that review, to identify for Government action any changes or additional measures needed to provide a more effective response to the drugs problem. The precise terms of reference of the Task Force are set out at ***Appendix 1*** to this report.

The membership of the Task Force comprised:

Mr. Pat Rabbitte, T.D.	Minister of State to the Government (Chairman)
Mr. Bernard Allen, T.D.	Minister of State at the Departments of Education and the Environment
Mr. Brian O'Shea, T.D.	Minister of State at the Department of Health
Mr. Austin Currie, T.D.	Minister of State at the Departments of Health, Education and Justice
Mr. Gay Mitchell, T.D.	Minister of State at the Departments of the Taoiseach and Foreign Affairs
Ms. Liz McManus, T.D.	Minister of State at the Department of the Environment
Mr. Bernard Durkan, T.D.	Minister of State at the Department of Social Welfare

The Task Force met on 7 occasions to date.

Method of Work

The establishment of the Task Force was the second element in a twin-track approach by the Government to tackle the drugs problem. The Government had already introduced a package of measures designed to curb the supply of drugs. These included the initiation of a range of legislative measures, such as proposals to seize the assets of criminals, as well as the appointment of extra judges and Gardaí.

While the Task Force was appointed to focus on reducing the demand for drugs, it was cognisant of the need for both supply and demand reduction strategies to be fully complementary, so as to provide a coherent, comprehensive response to the problem. In this regard, the Task Force welcomes the announcement that that the Garda Commissioner is introducing a range of measures to provide a more effective response by the Gardaí to the drugs problem. The Task Force believes that this initiative is necessary in order to address

the concerns, expressed powerfully and cogently in recent weeks, regarding the lack of adequate community policing in areas where the drugs problem is most acute.

As part of its work, the Task Force met with

- Mr. Kieran Hickey, CEO, and other senior officials of the Eastern Health Board
- Dr. Kathleen O'Higgins, Health Research Board.
- Mr. John Dennehy, assistant Secretary, Department of Education.

In addition, individual Ministers and officials met with the variety of organisations who had made submissions.

The Task Force had invited submissions from organisations and members of the public through an advertisement which was placed in the national newspapers on 19 July and 2 August, 1996, in the Sunday newspapers on 21 July, 1996 and in *Hotpress, In Dublin* and *The Big Issue* magazines. The original deadline for submissions was 30 August 1996, but this was extended to mid-September to facilitate those who were having difficulty in putting their submissions together over the holiday period. In all, 122 submissions were received. A list of those who made submissions, along with a copy of the press advertisement inviting them to do so, are at ***Appendix 2.***

In its work, the Task Force concentrated on the following areas:

- ***identifying the nature and extent of drug misuse in this country;***

- ***examining the underlying causes of drug misuse, in particular the reasons why it is more prevalent in certain areas/communities;***

- ***examining the effectiveness of the current response to the drugs problem; and***

- ***examining the effectiveness of the structural arrangements for delivering that response.***

In preparing its recommendations, the Task Force operated within the framework set by the Government last February, when in announcing a range of decisions to provide the policy framework for the provision of drug services, they decided that "no steps should be taken to legalise or decriminalise the use of so-called 'soft drugs' such as cannabis".

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Chapter 2

Identifying the nature and extent of drug misuse in this country

Analysis

Definitive information on the prevalence and nature of drug misuse in this country is not available. This is a situation which is not unique to Ireland as it is difficult to obtain valid information on phenomena, such as drug abuse, which are often illegal, stigmatised or hidden.

The National Co-ordinating Committee on Drug Misuse, under the chairmanship of Minister of State O'Shea, has been attempting to get an accurate picture of the scale of the problem by pooling all available evidence from the Health Service, the Gardaí, the Customs Service and any other available source. This work is being co-ordinated by the Health Research Board's representative on the Committee, Dr. Kathleen O'Higgins.

The Task Force met with Dr. O'Higgins, to discuss the Board's efforts to obtain accurate information and their assessment of the situation in relation to the nature and extent of drug misuse. While the Board does not have precise figures on the numbers involved in drug misuse, it has been collecting information for some years on the numbers receiving *treatment*. The collection of treatment data has its origin in the epidemiology work of the Pompidou Group of the Council of Europe. The information collected by the Health Research Board is gathered according to standard indicators drawn up by the Pompidou Group. Up to 1994, information was collected in respect of the Greater Dublin area only, but from 1995 onwards the data is in respect of the whole country.

Preliminary figures for 1995 show that the total number of cases of treatment in the Greater Dublin area was 3,593, of which 1,396 (39%) were receiving treatment for the first time. It should be stressed, however, that these figures relate only to the numbers receiving treatment and, even then, do not include all those receiving treatment in voluntary/private hospitals and clinics (who are not obliged to furnish the Board with this information) or in prison. **There is little doubt that the numbers actually misusing drugs is likely to be greatly in excess of this figures**.

With regard to the nature of drug misuse, the Task Force was advised that there are serious levels of heroin abuse in the Greater Dublin Area and, in particular, in the inner city areas. Sporadic incidents of heroin abuse have occurred elsewhere, most notably in Cork, but these are usually related to transient misusers. Estimates of the numbers involved vary from 5,000 to 10,000 depending on the source and on the definitions used. The best estimate available to the Health Service suggests that there are up to 8,000 heroin addicts in the Greater Dublin area, 2,500 of whom need and are willing to go on methadone maintenance programmes. However, it is most likely that the figure of 2,500 would rise as services are developed. It is a feature of many health programmes that increased availability of a service uncovers a latent demand.

While heroin abuse appears to be confined almost exclusively to Dublin, the abuse of ecstasy and cannabis is occurring nation-wide. Although it is concentrated mostly in the main urban areas, it does reach out to some extent to the entire country. The abuse of cocaine also exists but on a smaller scale, although it is still a cause for concern and needs to be closely monitored.

Conclusion

The Task Force has concluded that the lack of valid, concrete information on the nature and extent of drug misuse in this country needs to be addressed. Notwithstanding the difficulties involved in compiling such information, there is a need for accurate research to assist in the longer term targeting of the drugs services and to ensure that an appropriate mix of services is provided, based on the evidence for their need and effectiveness.

The Task Force has also concluded that the heroin problem represents a crisis not only for the communities directly concerned, but for Irish society as a whole. It is the most pressing issue confronting the drug services and other authorities, such as the Gardaí because of its relationship with crime. For this reason and for the reasons outlined graphically in the preface and executive summary, the Task Force has confined its examination of the drugs problem in this report almost exclusively to the heroin problem.

That is not to say that the Task Force is not acutely conscious of the drugs problem in the rest of the country, where the use of what are described as "gateway" drugs, such as cannabis and ecstasy, is widespread, although mainly concentrated in the urban areas. The Task Force is very aware of the fact that the pattern and range of the drugs problem can alter quickly. There must be a risk that the use of these "gateway" drugs could in time facilitate the emergence of a heroin problem outside of the existing areas.

For that reason and because of the immediately harmful effects of drug misuse, the Task Force proposes to continue its work with an examination of this and other matters which were not covered in this report. Specifically, the Task Force will examine:

- the effectiveness of the current response to the nation-wide misuse of non-opiate drugs, such as ecstasy and cannabis;
- measures to deal with the demand for drugs in our prisons and the treatment of prisoners who abuse drugs, including treatment on their release from prison;
- the establishment of State run rehabilitation centres, to provide the Courts with the option of referral of offenders to such centres for treatment; and
- the development of facilities in therapeutic communities.

The Task Force also proposes to oversee the establishment of the structures which it recommended in this report for a more effective response to the drugs problem.

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Chapter 3

Underlying causes of drug misuse

Analysis

Statistics produced by the Health Research Board on the areas of residence of those receiving treatment for drug misuse in the Greater Dublin area in 1995 are set out in map form at ***Appendix 3*** to this report. There is no reason to believe that this geographical distribution is not broadly similar to the underlying pattern of drug misuse. There is a high correlation between the areas where the problem is most acute and the areas which have been designated, on the basis of objective criteria, as economically and socially disadvantaged under the Operational Programme for Local Urban and Rural Development 1994-1999.

These figures also support the view expressed unanimously by the statutory and voluntary agencies in their submissions to the Task Force that drug misuse is closely associated with social and economic disadvantage, characterised by unemployment, poor living conditions, low educational attainment, high levels of family breakdown and a lack of recreational facilities and other supports.

Based on the statistics produced by the Health Research Board and the evidence supplied in submissions, it would appear that the areas where the drugs problem, and in particular the heroin problem, is most acute are:

in Dublin

North Inner City (especially the wards of Arran Quay B, Ballybough A and B, Inns Quay B, Mountjoy A and B, North City, North Dock C and Rotunda A)

South Inner City (especially the wards of Mansion House A, Merchants Quay A, C and F, Pembroke East A, St. Kevins, Ushers C, D and E and Wood Quay A)

Ballymun (especially the wards of Ballymun B, C and D)

Ballyfermot (especially the wards of Cherry Orchard B and C, Decies, Drumfin, Inchicore B, Kilmainham A and C and Kylemore)

Finglas/Cabra (especially the wards of Finglas North A, Finglas South B and C, Cabra East B and C and Cabra West C)

Crumlin (especially the wards of Crumlin B, C and D and Kimmage C)

Coolock (especially the wards of Priorswood B, D and E)

Blanchardstown (especially the DEDs of Coolmine and Corduff)

Clondalkin (especially the DEDs of Moorfield, Rowlagh and Palmerstown West)

Tallaght (especially the DEDs of Fettercairn, Jobstown, Killinarden, Millbrook, Springfield and Tymon)

in Cork:

North Cork City.

Drug misuse among the young

In the preface and executive summary, some pertinent questions are posed regarding the profile of the average drug misuser. Are there gender differences in drug addition? Is female addiction driven to some extent by personal relationships? One fact which is not in dispute is that incidence of drug misuse is occurring more and more frequently among younger people. The Health Research Board has produced the following percentage breakdown of the age profiles of persons presenting for treatment since 1990:

Age	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**
< 15 yrs	1.0	1.5	1.9	1.2	1.8	1.1
15-19 yrs.	16	14.4	17.2	22.6	27.9	29.6
2024 yrs.	32.3	29.5	29	32	31.3	33.8
25-29 yrs.	30.4	32.1	27.5	23.6	20	18.1
30-34 yrs.	13.9	14.3	16.4	13.4	12.4	11.1
35 yrs. +	6.4	8.2	8.0	7.2	6.5	6.3

These figures show that in 1995, the 15-24 age cohort accounted for 63.4% of the total numbers receiving treatment. The 15-19 age cohort, in contrast to nearly all the other age groups, has increased steadily from 16% to 29.6%.

Conclusion

All available evidence suggests that the demand for heroin is highest in the areas of greatest economic and social disadvantage, and is overwhelmingly a Dublin problem. The Task Force has concluded that, in view of the link between economic and social deprivation and drug misuse, strategies to deal with the problem need to be focused on these areas. The Task Force has also concluded that the heroin problem is most acute in eleven areas – ten in Greater Dublin and in North Cork City.

Furthermore, because of the increasing levels of drug misuse among younger people, treatment, rehabilitation, and, in particular, preventive measures need to be targeted at this particular cohort.

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Chapter 4

Effectiveness of current response to the problem

Analysis

An effective response to the drugs problem requires the provision of a comprehensive range of services for the treatment, rehabilitation and prevention of drug misuse.

As the drugs problem has been identified as being most acute in the Eastern Health Board (EHB) area, the Task Force met with officials from the EHB to discuss the development of the Board's drug services to date and their proposals for future service provision.

Up to now the Board, of necessity, has been focusing almost all its energies on treatment and rehabilitation. There has been a significant increase in the provision of services in recent years, which can be gauged to some extent by the amount of financial and staff resources which the Board has allocated specifically to the drug services:

year	*finance*	*staff*
1992	*£1 m*	*53 staff*
1995	*£4.5m*	*115 staff*
1996	*£9 m*	*230 staff*

An independent evaluation of drug services in the Eastern Health Board area, carried out by two international experts (Farrell and Buning), concluded that "the Board had achieved an impressive range of goal to date, with the establishment of services and a rapid growth in its overall size of service provision". It added that the range and pattern of service provision was consistent with most, and further advanced than many, other E.U. member states.

To measure the extent and nature of services currently being delivered or planned, not only by the Regional Health Boards but by the other statutory agencies, each member of the Task Force prepared a report on measures being taken or proposed within his or her area of responsibility. These reports covered the following areas:

- treatment services for addicts
- education programmes for schools
- public and community health education
- services for children

- youth and sports programmes
- employment and training initiatives
- income maintenance for those undergoing treatment and being released from prison
- local development initiatives and estate management.

The reports, which are summarised at **Appendix 4**, indicate that Departments and their supporting agencies are implementing a wide range of initiatives which impact on the drugs problem. Some of these initiatives deal directly with drug abuse e.g. treatment services for addicts, drug education/awareness programmes, etc. Other initiatives, while designed to assist broader categories of people (such as the long-term unemployed, youth, children, etc.), have a major relevance to drugs reduction strategies, as the categories of people involved are seen as being particularly vulnerable to the dangers of drug abuse.

The reports are evidence of a significant awareness of the urgency of the drugs problem on the part of the agencies concerned. However, they also demonstrate the need for effective co-ordination and a coherent framework for the development of a policy response.

A crucial indicator of the effectiveness of current policies and services is the experience of those who have direct involvement with the problem, at personal, community and organisational levels. The Task Force, therefore, has taken particular note of the issues raised in the submissions which it received from organisations and members of the public. These submissions dealt in some detail with the current range of services being provided under the above headings.

In all, 122 submissions were received. These fall into 4 broad categories:

(1) Community/Local Groups

This category comprised community groups, local organisations (e.g. youth organisations), activists working with community organisations, etc. and accounted for approx. **27%** of the submissions received.

(2) National organisations

This category comprised national organisations, such as the Combat Poverty Agency, political parties, etc. and accounted for approx. **14%** of the submissions.

(3) Individual submissions

This category, which comprised **29%** of the submissions received, can be sub-divided into two further categories

(a) just under half of these submissions did not address issues directly within the remit of the Task Force, while

(b) the remainder made proposals which tended to concentrate on specific issues, e.g. treatment centres, children etc., as opposed to the multi-faceted approach adopted in the other submissions received.

(4) Others

This category, which accounted for **30%** of the submissions received, comprised individuals and organisations who wished to advise the Task Force of the programmes/services which they themselves were providing. A significant proportion of these were either offering their professional services or were seeking support/funding for what they were doing. A large number of them would have had previous contact with relevant Departments/Agencies.

The submissions, particularly those from community, voluntary and national organisations, consistently

- **identified the same underlying causes of problem drug use as had already been identified by the Group**, i.e. social disadvantage/exclusion, characterised in high levels of unemployment, poor housing conditions, low educational attainment, lack of recreational facilities, etc.

- **outlined strategies for dealing with the problem which were generally similar to those already in operation, but not to the extent sought in the submissions**.

As mentioned already, a summary of the services currently available or planned by the statutory agencies is at **Appendix 4**. These are prefaced by a summary of the measures sought in the submissions.

A major focus of the submissions was the need for the development of treatment services, to cater for the scale and pattern of the needs of addicts, especially in the worst affected areas. The Task Force has reviewed the pace of development of treatment services in the Dublin area. There has been a very substantial increase in services:

- the extension of methadone maintenance programmes: it is proposed to provide an extra 1,100 places by end 1996, while the numbers of GPs prescribing methadone and community pharmacists dispensing it have increased from 15 to 55 and from 3 to 21 respectively;

- the opening of new community drugs centres in Ballymun and the Dublin North and South Inner City areas: these centres provide a full range of treatment services for addicts;

- interim methadone programmes (which provide a rapid response to priority patients on the waiting list) have commenced in the Amiens Street and Ballyfermot Community Drug Centres;

- a mobile methadone clinic, which was launched at Dr. Steevens Hospital on 2 September, 1996 and which will initially serve the South Inner City area;

- the Eastern Health Board supports local initiatives to supplement its own services: the package of supports includes funding, doctors, pharmacists, counsellors, premises, etc.;

- the provision of additional in-patient beds, concurrent with the evaluation/streamlining of the in-patient detoxification programme;

- recruitment of education officers to work exclusively in the area of drug misuse;

- detoxification programmes for heroin users: the Board's Drug Services work closely with community groups in Ballyfermot, Clondalkin, Tallaght and Kilbarrack to provide rehabilitation, community support and detoxification for young heroin smokers, while a special lofexidine (non-opiate) detoxification programme is being piloted in Baggot Street Community Drug Centre;

- extension of drugs rehabilitation programmes: a sub-committee has been set up to report with a series of recommendations in this area; in the interim, plans are in train to expand rehabilitation at the Soilse premises in Henrietta Street, while a new premises has been located in Dublin's North Inner City;

- Consultant psychiatrists are being recruited to work closely with the prison service: in addition, a detoxification programme for drug users in prison is being established.

Conclusion

The Task Force has concluded that there has been a significant increase in the range and pattern of services provided by the statutory and voluntary agencies in recent years to address the drugs problem. It also appears that the type of initiatives being delivered or proposed are broadly similar to what is being sought by relevant community/voluntary groups and by drug misusers themselves. These programmes/services conform with best international practice, bearing in mind that there is no single solution to what is a complex, social problem. Indeed, there is a need to regularly review and modify responses in order to achieve efficient and effective services. Even then, there is no guarantee that a completely successful response can be found, particularly in the short-term.

Notwithstanding the significant resources that have been invested in the drugs services in recent years, there is little doubt that the level of services currently provided still falls short of what is required to address the problem adequately. Farrell and Buning, in their evaluation, expressed concern at the waiting lists for the methadone maintenance programme in the EHB region. An increase of resources to the level required to fully address the situation would of course have financial implications. On the other hand, the Farrell - Buning evaluation pointed out there is evidence to suggest that treatment interventions provide a high level of return immediately for money spent. According to their report, in two separate econometric studies in the United States, it was estimated that for every dollar spent on treatment there was a $7 saving and the largest savings are due to reduction in criminal activity.

It is of course untenable to consider the problem solely in economic terms – there are also moral and ethical considerations. As mentioned earlier, most drug misusers come from severely disadvantaged backgrounds, not of their making. They are entitled to the full support of the State to help them deal with their addition problem.

As already stated, it would unrealistic to suggest that simple, short-term solutions can be found to the drugs problem. A comprehensive response requires the development of strategies covering the areas of treatment, rehabilitation and prevention. Furthermore, strategies should ideally provide a coherent, integrated response to all forms of substance abuse, including alcohol.

In the short-term, however, strategies have of necessity had to concentrate on the treatment of drug misusers, particularly heroin abusers. In the longer term, the most effective response to the problem might be to put proper prevention structures in place. Prevention has two levels: primary prevention aims to deal with the conditions of social and economic disadvantage which make drug addiction prevalent in particular communities; secondary prevention aims to rehabilitate existing drug misusers and to limit the impact of their habit on family and community members.

The Task Force feels that special emphasis needs to be placed on education/prevention strategies aimed at the young, particularly school-goers and perhaps even more especially at those in danger of leaving school early.

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Chapter 5

Arrangements for Delivery of Services

Analysis

The *Government Strategy to Prevent Drug Misuse (1991)* identified the need "to put effective mechanisms in place to co-ordinate the services which exist or to identify gaps or overlaps in the range of services available".

In the light of this, the Task Force reviewed the current structural arrangements for service provision, which particular reference to the co-ordination of measures. A summary of these arrangements is at ***Appendix 5*** to the report.

A large number of submissions from national, community and voluntary organisations also dealt with this issue. They consistently stressed the need, not only for greater inter-agency co-ordination in service provision, but for greater local/community involvement in the development and provision of those services. Many of the submissions emphasised the need for co-ordination at local, regional and national level. A summary of their submissions is at ***Appendix 6*** to the report.

Conclusion

While a number of measures have been put in place to ensure effective co-ordination between agencies, most notably the Regional Co-ordinating Committees which are being established in each Health Board area, the Task Force feel that further integration is necessary. In particular, there is a need for greater community/voluntary involvement. As the Combat Poverty Agency pointed out in its submission.

> "Strategies which consult with and actively encourage the involvement of local people are most likely to lead to a reduction in the demand for drugs……local groups and individuals have a very valuable contribution to make to the development of national policy and can bring to the decision table a depth of local experience……some of these local groups have been involved in tackling the drugs problem in their respective areas over a number of years and, during that time, have built up considerable valuable experience which should be tapped as a resource."

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Chapter 6

Summary of Conclusions

The Task Force has concluded that

* there is a lack of concrete data on the prevalence and nature of drug misuse in this country;

* the drugs problem, particularly heroin abuse, is most acute in the areas of the greatest social and economic disadvantage;

* the problem of heroin abuse represents not only the most pressing issue confronting the Health Service and other relevant agencies, but a crisis for the communities concerned and for Irish society as a whole;

* the heroin problem is at its worst in ten areas in Greater Dublin, all of which have been designated as disadvantaged under the Operational Programme for Local Urban and Rural Disadvantage, and in north Cork City;

* drug misuse among younger people is on the increase;

* despite a significant increase in the range and pattern of services provided in recent years in the Eastern health Board region, the level of services available still falls short of what is required to adequately address the situation;

* a comprehensive response to the drugs problem involves an integrated range of measures in the areas of treatment, rehabilitation and education/prevention; and

* although measures are in place to ensure effective co-ordination of activities between agencies, there is a need for further integration, particularly between the statutory and voluntary/community sectors.

As mentioned above, the scale of the heroin problem in the "priority" areas represents a crisis not only for the communities directly involved, but for Irish society in general. This arises not only from the impact of the drugs problem on crime levels in the wider society, but also from the potential alienation of large areas of our main cities from the wider community.

The demand for heroin in these areas, while clearly related to the pattern of supply, is primarily a reflection of the underlying pattern of disadvantage and social exclusion which characterises these areas. Those who are poor, have limited educational aspirations, very limited, if any, employment prospects and a depressing physical environment are likely to be vulnerable to a drugs habit which, at least initially, may seem to offer release and excitement. This is particularly the case when family and personal difficulties compound the social problems. Given a ready supply of drugs, such communities are likely to produce a significant population of heroin abusers who, in turn, are likely to become suppliers, to

finance their habit. A cycle of drug abuse is likely to stem from this, further compounding the employment and environmental difficulties of these communities.

It must be emphasised that the majority of families and young people in even the most seriously drug-affected areas are not drug misusers. Overwhelmingly, they are seeking better futures for their children and take legitimate pride in the strengths of their community. This is enhanced by the vast range of voluntary and community effort in these areas. However, it is easy to understand that a community may feel overwhelmed by the scale of the drugs problem and the threat which it poses to its young people. In the absence of a clear and convincing response from the public authorities, parents and others may begin to lose heart or resort to punitive and extra-legal measures which, by leaving the root causes of drug addiction untouched, are ultimately futile.

The Task Force recommends that structural and organisational changes be made to reflect a clear strategy in responding to the drugs crisis and a commitment to build on the strengths of the communities themselves in tackling the problem and in addressing the underlying conditions from which it springs.

Recommendations

To address this situation, the Task Force makes the following recommendations:

Information

One of the main recommendations of the *Government Strategy to Prevent Drug Misuse (1991)* was that a national database be set up to establish a clearer picture of the nature and extent of drug misuse in the country. The Task Force understands that regional information databases are being set up in each Health Board area to enable more accurate assessments to be made of the effectiveness of treatment programmes, the extent to which services are meeting needs and to identify at an early stage changing trends in terms of patterns of drug misuse. It is essential that these databases be put in place as quickly as possible and in such a way as to enable effective exchange of information between each Health Board region.

It is also recommended that the information available to community/voluntary organisations and all relevant professionals should be fully reflected in the compilation and dissemination of data. From the submissions received by the Task Force, it is clear that there is a willingness by organisations working at the “coalface” to become involved in this process.

The Task Force believe that the scientific and research community can contribute to the fight against drugs. This contribution can take many forms: the development of new detection or remote sensing devices; new diagnostic tests for the purpose of establishing the presence of raw drugs; analytical techniques to examine the possibilities, for example, of fingerprinting batches of drugs to identify their origins; the application of multimedia and Internet to the drugs problem, to name just a few of the potential areas of research.

The Task Force notes that a pilot programme has been set up under the E.U. Basic Research Scheme, where 10 projects will be funded in the range of £30,000-£50,000 to develop proposals in this area. It is recommended that the development of this type of research continue to be assisted and encouraged. In this regard, the further development of expertise in *addiction studies* in third level institutions is also to be encouraged.

Treatment

Treatment services are central to reversing the pattern of drug abuse. Methadone maintenance programmes have a crucial role in stabilising injecting addicts, whose behaviour threatens families and whole communities. It provides a basis for further treatment, counselling and rehabilitation in a variety of forms appropriate to different patients. Other treatment regimes are appropriate for young heroin smokers, while the effectiveness of emerging stabilisation and detoxification programmes must be kept under review.

The most immediate concern of the Eastern Health Board is without doubt to deal with the large number of heroin abusers who are waiting to undergo methadone maintenance. The Task Force recommends that the Board continue to expand its methadone maintenance programme – **the target being to eliminate all waiting lists during 1997**. Its strategy should encompass the organisation of locally-based treatment access/outreach services, so that those who have not yet presented for treatment can be encouraged to do so.

The Eastern Health Board has encountered opposition from communities in certain areas of Dublin in its attempt to establishment treatment clinics in such areas. The Task Force believes that locally-based treatment centres provide the best response to the needs of drug misusers. It is recommended, therefore, that the Board should consult fully with, and involve communities to gain support for and confidence in their plans. The best approach is one where communities can be assured that the centres will cater for local addicts, that they will operate to high standards of professionalism, that they form part of an overall strategy to deal with the problem in the area and that the community will be involved in the design and delivery of the strategy.

The GP/Pharmacist methadone prescription/dispensing scheme should continue to be expanded. It is important, however, that it is evaluated on an ongoing basis and strictly regulated to ensure that “illegal” methadone does not find its way on to the streets.

As mentioned earlier, a mobile clinic was launched recently – initially serving the South Inner City area. The development of such mobile clinics is recommended to complement the network of locally-based services.

A telephone helpline should be established in the Dublin area to provide information/advice to people in crisis situations.

The Health Boards generally should continue to increase their range of services to respond to the needs of drug misusers, paying particular attention to the needs of young drug misusers.

Rehabilitation

The priority of the Health Service to date has been to provide access to treatment so as to stabilise the behaviour of addicts with a consequent improvement in their general health and well being, as well as the beneficial impact on society generally. More emphasis now needs to be placed on providing options for stabilised drug misusers by way of occupational and social skills training.

The Eastern Health Board has successful programmes in place at the Soilse and Saol projects, which should serve as models for other such projects. The involvement of other statutory and community/voluntary agencies with the Board is crucial to expansion of such schemes.

On the proposal of the chairman of the Task Force, and following consultation with FAS, the Minister for Enterprise and Employment has now agreed the following policy:

* priority status will be given to all Community Employment applications offering work experience/training for recovering addicts that are integrated with other support services, and every effort will be made to accommodate same;

* priority status will be given to all Community Employment applications offering work experience/training for former addicts who are employment ready, and every effort will be made to accommodate same; and

* FAS and LES will work closely and establish special links with the sponsors of Community Employment projects providing opportunities for former drug addicts who are employment ready, with a view to providing every assistance to the participants to progress to a mainstream job.

Education/Prevention

As mentioned earlier in this report, there are no easy solutions to the drugs crisis. In the longer-term, the most effective response might be to put proper preventive strategies in place.

The Task Force recommends, therefore, that particular emphasis be placed on early intervention, especially in the "priority" areas identified in the report. Specifically,

- priority should be given to schools in the identified areas when the "Early Start" programme is being further expanded;
- the advice of the Education Research Centre should be sought in relation to the inclusion of the level of drug misuse in the school catchment area as a criterion in any future expansion of the "Breaking the Cycle" programme;
- there should be co-ordinated development of each of these initiatives;
- in expanding its anti-drugs programme into primary schools during the current school year, the Department of Education should pilot this programme in a number of primary schools, including a number of schools in the "priority" areas, following

which the programme should be disseminated immediately to all primary schools in the "priority" areas;

- the accompany its introduction of the anti-drugs programme to primary schools, the Department of Education should involve the Education partners and the community and voluntary sectors in the delivery of education programmes in schools and should consult them in regard to the review of the programmes;

- in service training for teachers in primary schools in the "priority" areas should be provided, as a prerequisite to their involvement with the schools anti-drugs programme;

- specific training should be provided for home/school liaison teachers, so that in programmes with parents the schools anti-drugs programme can be explained and parental support elicited;

- the "On My Own Two Feet" project should be extended, on a phased basis, to <u>all</u> second-level schools in the "priority" areas;

- home/school liaison teachers should be appointed, on a phased basis, in each school in the "priority" areas which does not currently have the services of such a teacher;

- to deal with the specific problem of severely disruptive pupils and their effects on learning in the school, teacher counsellors should be appointed to schools in the "priority" areas, as and when the scheme is expanded;

- the *Youthreach* programme should be expanded in the "priority" areas;

As a priority, the Task Force recommends that a range of Departments and their supporting agencies should develop programmes aimed specifically at addressing the deficit in parenting skills, which has become apparent in modern society and which exacerbates the problem of substance misuse and anti-social behaviour in general.

The Task Force recommends that the family support services be strengthened through the Health Boards and voluntary agencies, having regard to the recommendations of the Commission on the Family.

The Task Force recommend that the Department of Social Welfare should examine ways in which its Community Development Programme might be used to assist the communities in the "priority" areas cope with and prevent problems which arise from drug abuse.

The Task Force recommends that enhanced truancy measures be put in place, including an obligation on schools to report, within the terms of the school attendance legislation, on any pre-Junior Certificate students whom they believe have left the school, and that special programmes be devised to deal with the needs of such early school leavers.

Finally, the Task Force recommends that information campaigns be more realistic and targeted, specifically they should:

- be developed in consultation with the community/voluntary sectors;
- use positive role models;
- use former addicts, to get the message across in a graphic manner; and
- be delivered in a style which is easily understood by the target audience.

Structures

The imperatives of effective co-ordination outlined earlier in this report lead the Task Force to make recommendations as follows:

National

Given the scale of the problem and the challenge of effective co-ordination, A ***Cabinet Drugs Committee*** should be established, chaired by the Taoiseach and comprising the Ministers for Health, the Environment, Education and Justice and the Minister of State to the Government. It should meet regularly to

- give political leadership in the fight against drugs;
- review all trends in the drugs problem;
- assess progress in the strategy to deal with both the supply and demand aspects; and
- resolve any policy or organisational problems which may inhibit an effective response to the drugs problem.

Effective action against drugs requires a sustained co-ordinated effort across Departments and agencies to respond in a coherent way to the drugs menace. This is a critically urgent example of what the Strategic Management Initiative in the Public Services describes as a "cross-cutting" issue, which cannot be met satisfactorily by any one Department. Therefore, the Task Force recommends the establishment of a ***National Drugs Strategy Team***, as a cross-departmental team of the type envisaged in the SMI. The Strategy Team will comprise experienced personnel from the relevant areas of the main Departments involved, and their agencies. Those seconded to the Team will be guaranteed direct access to their Ministers and to the heads of their Departments on all matters related to drugs. While accountability for individual programmes will remain with the relevant Ministers, the Strategy Team will be mandated by the Government to work together to implement the Government's strategy so that, while remaining officers of their parent Department, they will be instructed to take an overview of the requirements of the Government's strategy. In particular, they will be tasked with maintaining a close liaison with the eleven areas identified in this report as having the most acute drugs problem, to ensure that the problems and priorities of these communities are continually monitored at central Government level.

The Strategy Team should also include members with a background in the voluntary and community sectors dealing with drugs. The Team should report to the Cabinet Drugs Committee, while liaising with the regional and local structures set out below.

Regional

The National Co-ordinating Committee on Drug Misuse is establishing Regional Co-ordinating Committees in each Health Board area. These will provide a valuable forum for joint planning between the various agencies and the voluntary/community sector. In view of the proposed establishment of the National Drugs Strategy Team, the National Co-ordinating Committee should be discontinued once the Regional Co-ordinating Committees have been established.

Local

At local level, the Task Force has been impressed with the positive impact of the Inter-Agency Drugs Project in Dublin's North Inner City. We conclude that effective co-ordination must be:

- *locally-based*
- *inter-agency*
- *with strong participation by the community and voluntary sectors.*

What are needed are effective mechanisms to show that the "vicious circle" of drugs-related decline can be replaced with a "virtuous circle" of stability, renewal and development. This means that established community leadership is respected and the various institutions of the State are shown to be responsive and effective.

The Partnership Companies, which were established under the Operational Programme for Local Urban and Rural Development 1994-1999, provide a structure for the Government, Social Partners and voluntary/community sectors to work together in designated disadvantaged areas. Their specific brief is to accelerate local and economic development in these areas. Their specific brief is to accelerate local and economic development in these areas, and thereby increase employment, and to tackle exclusion and marginalisation, resulting from long-term unemployment, poor educational attainment, poverty and demographic dependence. Each Partnership Company is required to prepare a strategic plan for its area, which is independently evaluated, and funding is provided to implement the plan on foot of this evaluation.

All eleven areas identified in this report as having the most acute drugs problem are, not surprisingly, designated as socially and economically disadvantaged under the Operational Programme. A partnership structure, therefore, is already in place in these areas, providing a broad framework on which to develop locally-based structures to combat the drugs problem. The Local Employment Service (LES), which works independently within the Partnership framework, provides a model which could be replicated to focus on the drugs problem.

It is recommended, therefore, that a ***Local Drugs Task Force*** be established in each of the eleven areas identified in Chapter 3 of this report as having the most acute drugs problem. These Task Forces would comprise representatives of all relevant agencies, including the Health Board, the Gardaí, the Probation and Welfare Service, the relevant Local Authority, the local Youth Service and voluntary drugs agencies, together with community

representatives and a chairperson proposed by the local Partnership Board and a co-ordinator provided by the relevant Health Board.

Each Task Force would be mandated to draw up a profile of all existing or planned services and resources available in the area to combat the drugs crisis and to agree a development strategy to build to these. The strategy must be complementary and additional to existing or planned services and to the local Partnership and LES programmes.

Funding – over and above what is already in place in the "priority" areas – may be allocated by the Government to support the implementation of the development plans, following their assessment by the National Drugs Strategy Team, based on criteria to be finalised in due course.

Community Policing

In order to underpin the work of the Local Task Force and to build confidence in communities that the drugs problem can be tackled, it is essential that a complementary policing strategy is in place. We welcome the priority which the Garda Commissioner is giving to this issue. It should aim to demonstrate that, like the other public authorities, the Gardaí are responsive to the needs of the most-affected communities. The Task Force believes that a comprehensive community policing strategy should be developed in the "priority" areas, involving a re-deployment of Garda personnel to these areas.

Estate Management

The Task Force believes that a good physical environment can improve the quality of life for tenants of local authority estates. While the current Remedial Works Programme administered by the Department of the Environment may include works of an environmental nature, there is a clear need to introduce a complementary programme of mainly physical works which would focus on improving safety and on improving the run-down nature of estates and their immediate environment, while including proper estate management. We recommend, therefore, that an Estate Improvement Programme be introduced by the Department of the Environment to assist local authorities in tackling the problems of severely run-down urban housing estates and flat complexes and that a sum of £3 million be provided for such a programme over the period 1997/98.

The Task Force also recommends that the relevant local authorities and Partnership companies work particularly closely with the local communities in the management of housing estates and flat complexes in the eleven ""priority" areas".

Sport

The Irish Sports Strategy Group is developing a strategy for a co-ordinated approach to the future development of sport in Ireland. The Task Force welcomes the recognition by the Group of the special needs of the areas where the drugs problem is most acute. It recommends that the relevant local authorities take the initiative in maximising the use of existing sports

and recreation facilities in those areas and also in developing sports and recreation activities, within the framework of the National Sports Strategy which is being developed.

Allocation of Funding/Resources

Finally, the Task Force recommends that more emphasis be placed by Departments on targeting all relevant programmes, including those financed from the National Lottery, at the "priority" areas.

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MINISTERIAL TASK FORCE ON MEASURES TO REDUCE DEMAND FOR DRUGS

APPENDICES

1. Terms of reference of the Task Force

2. List of organisations and individuals who made submission; press advertisement inviting submissions

3. Areas of residence of those receiving treatment for drug misuse

4. Summary of services currently being provided by statutory agencies and the measures sought in submissions by organisations and individuals

5. Summary of current arrangements for co-ordination of activities between statutory agencies

6. Summary of recommendations for co-ordination of activities made in submissions by organisations and individuals

APPENDIX 1

MINISTERIAL TASK FORCE ON MEASURES TO REDUCE DEMAND FOR DRUGS

TERMS OF REFERENCE

The Terms of Reference of the Task Force are:

(a) to report on the measures being taken to promote a reduction in the demand for drugs as follows:

(i) each Minister to prepare a written report on the relevant actions being taken, and being prepared within existing resources, in his/her area of responsibility, as follows:

* treatment services for addicts (Minister O'Shea)
* education programmes in schools (Minister (Allen)
* public and community education (Minister O'Shea)
* services for children (Minister Currie)
* youth and recreation facilities (Ministers Allen and Currie)
* employment and training initiatives (Minister Rabbitte)
* income maintenance for those undergoing treatment and being released from prison (Minister Durkan); and
* local development initiatives and estate management (Ministers Mitchell and McManus).

(ii) in the light of material supplied by Minister O'Shea, the Committee to confirm the areas/communities where the drug problem is most acute;

(iii) in respect of each area identified under (ii) above, each Minister to indicate

* the specific services/facilities provided or planned for each area; and
* the scope for sharing premises, staffing and information between relevant agencies in each area;

(b) to identify in particular the scope for greater co-ordination with regard to:

(i) educational measures targeting schools, individual communities and the wider public (Ministers O'Shea, Allen and Currie)

(ii) the arrangements for release of prisoners (with particular regard to income maintenance, access to training, etc.) (Ministers Rabbitte, Currie and Durkan);

(iii) the extent to which procedures for licensing of public houses and other facilities can contribute to reducing the scope for drug dealing (Ministers O'Shea and Currie);

(iv) to identify measures by which local authorities can ensure, through improved estate management, the reduction in drugs demand and in anti-social behaviour in their estates; and

(v) to identify how the Area Partnership Companies under the Local Development Programme could be supported to be more effective in responding to the drugs problem (Minister Mitchell); and

(c) to report to the Government by the end of September on the measures being taken with regard to each of these items, to recommend any changes in policy, legislation or practice to facilitate more effective drugs reduction strategies, in light of ongoing progress on the anti-crime package as outlined by the Minister for the Justice and the proposals on Estate Management outlined by the Minister for the Environment and to recommend any structural changes under the Strategic Management Initiative which would facilitate more effective co-ordination. The Taoiseach proposes that the ongoing arrangement for co-ordination in respect of drugs be considered by the Government in the light of this report and of progress in the implementation of the crime package.

APPENDIX 2

MINISTERIAL TASK FORCE ON MEASURES TO REDUCE DEMAND FOR DRUGS

SUBMISSIONS MADE

1	Mr. J.P. Brodie	Virginia, Co. Cavan
2	Mr. Jerry Nestor	Kinsale, Co. Cork.
3	MMD Dunne,	Deansgrange, Co. Dublin
4	Mr. Peter Byrne	Director, National Youth Council of Ireland, Dublin.
5	Dr. Joseph Curry	Lions Club International
6	Wayne B. Shoemaker	Blackrock, Co. Dublin
7	Ms. Margaret Fagan	Mullingar, Co. Westmeath.
8	Mr. Fergus McDonnell	Training Unit, North Circular Road, Dublin.
9	Mr. Mark Hamilton	Citywise, Dublin.
10	Mr. D.J. Devine	Stewarts Hospital, Palmerstown Hospital, Dublin.
11	Mr. Eugene Prunty	Threemile, Co. Monaghan
12	Mr. Dermot Stokes	Youthreach, Dublin
13	Mr. Kieran Groegar	CBS, Youghal, Co. Cork.
14	Mr. Hugh Sacker	Donard, Co. Wicklow
15	Mr. Brian Kenny	Knocklyon, Co. Dublin.
16	Mr. John Russell	Cork
17	Mr. Brian Quinn	Dublin
18	Mr. John O'Connor	Kilkenny
19	Ms. Lorraine Morrissey	Francis Street, Dublin.
20	Mr. Mark Morgan	St. Patricks College, Drumcondra
21	Mr. Lucien J. Engelmajer	Skibereen, Co. Cork
22	Mr. Michael O'Cornnor	Si Analysis, Dublin
23	Fr. Peter Mc Verry SJ	Centre for Faith and Justice, Dublin
24	Mr. Peter O'Brien	Dun Laoghaire Youth Service
25	Dr. D. Sowby M.D.	Dublin 18
26	Mr. Joseph Shevlin	Sheares Street, Cork.
27	Mr. J.F. Smyth	Leeson Village, Dublin.
28	Ms. Deirdre Walsh	Co. Cork.
29	Sgt. Charles J Barry	Neighbourhood Policing, Cork City
30	Mr. John Dunne	C.E.O., National Youth Federation

31	Ms. Sean Keane	Roscarberry, Co. Cork.
32	Mr. Michael Ruane	Upper Gardiner Street, Dublin.
33	Mr. Gerry Mckeever	Bray Partnership Ltd.
34	Mr. Jim Ryan	Foróige
35	Mr. Con Doherty	Naas, Co. Kildare.
36	Mr. Harry Fleming	Finglas Drugs and Aids Forum, Finglas Youth Services.
37	Fr. Joe Young	Kinora Park, Limerick.
38	Mr. Tony Bardon	Waterford Drug Co-Ordination and Advisory Group
39	Ms. Margaret Biggs	Director, Beg Borrow and Steal Theatre Co., Dublin
40	Dr. Ambrose McLoughlin	NEHB, Kells
41	Mr. Dan O'Sullivan	South Dublin County Council
42	Ms. Margaret Dowling	Markets Area Combined Residents Organisations
43	Mr. Frank Foley	Birmingham
44	Mr. Peter Mullahey	Kilcloon, Co. Meath
45	Mr. Gabriel Bell	Threemilehouse, Monaghan
46	Garda Michael McNamara	Cobh Garda Station
47	Ms. Sheila Fogarty	Dublin AIDS Alliance
48	Mr. Frank Houghton	Inchicore
49	Mr. Sean Callagy	North Connacht Youth & Community Service
50	Mr. Paul Doran	Probation Board for Northern Ireland
51	Ms. Miriam Conaghan	Ballyfermot, Co. Dublin
52	Mr. Michael McCauley	Cuan Mhuire, Athy, Co. Kildare
53	Dr. Regina Kiernan	AMO, Co. Clinic, Castlebar, Co. Mayo
54	Mr. Michael Ó Sé	Claddagh Quay, Galway
55	Ms. Aida Monsell	Ranelagh, Dublin
56	Ms. Marion Browne	Skerries Community Centre, Skerries
57	Ms. Joan Duffy	Finglas South Community Development Programme
58	Mr. Martin McGroarty	Trafford Community Drug Team, Cheshire, England
59	Ms. Sheila Fogarty	Green Party Health Committee
60	Ms. Susan Collins	Crumlin Community Addiction Response Project
61	Mr. Thomas Whelan	Fettercairn Community Parole
62	Mr. Eoin O'Sullivan	Children's Legal Centre
63	Mr. Jimmy Connolly	Irish Association of Alcohol and Addiction Counsellors
64	Ms. Alice Leahy	TRUST, Dublin.
65	Ms. Alice Murray	Killinarden Drug Prevention Group
66	Mr. John Boles	Dolphin's Barn, Dublin 8.
67	Mr. James Claxton	Stradbally, Co. Waterford.
68	Mr. Martin Caraher	Principal Lecturer, Health and Health Promotion, Thames Valley University, London.

69	Ms. Patricia B. Daly	Irish Brief Therapy Association, Dublin.
70	Ms. Maura Russell	Director, Rutland Centre Ltd., Dublin.
71	Dr. Michael ffrench O'Carroll	Addiction Consultant, Cuan Mhuire, Athy, Co. Kildare.
72	Lourdes Community Employment Programme	Lower Buckingham Street, Dublin.
73	Mr. Michael Fox	Terenure, Dublin.
74	Ms. Margaret Hogan	Rowlagh Residents Association, Clondalkin, Dublin.
75	Ms. Helen Wixted	Fairview, Dublin.
76	Mr. Dermot O'Hara	Clondalkin, Dublin
77	Cork Youth Federation	Shandon, Cork.
78	Ms. Gloria Kirwan,	Chairperson, CASPr (Community After School Project), Dublin.
79	Ms. Máire Ní Chonnaith	Catholic Youth Council
80	Ballymun Youth Action Project	Ballymun, Dublin.
81	Mr. Ian Clements, Project Director	The Early Break Drugs Project, Lancs, England.
82	Mr. Brian Kenny	Barnardos, Dublin.
83	Mr. Steve Kenny	Manchester Metropolitan University,
84	Mr. Roger Pisani	Old Greenwich, CT., U.S.A.
85	Mr. James Comberton	Coolmine House, Dublin.
86	Mr. Kieran Doyle O'Brien	Community Response, Dublin.
87	Mr. Stephen Ward	Birmingham, England.
88	Ms. Sally O'Reilly	Anne Street, Cork.
89	Mr. Sean Cashman	Waterford Lions Club, Waterford.
90	Union of Students in Ireland	Dublin.
91	Ms. Ann Prendergast	The Merchants Quay Project, Dublin.
92	Mr. John Gallagher	Democratic Left,
93	Mr. John Bennett	North Clondalkin Community Development Programme
94	Mr. Eamonn G. Mac Aodha Bhuí	Baile na nGobhair, BAC 14
95	Ms. Maria Mc Cully	Clondalkin Addiction Support Programme
96	Ms. Gwen Doyle	St. Michael's Parish Youth Centre, Dublin.
97	Mr. Hugh Frazer	Combat Poverty Agency
98	Rialto Community Drugs Team	Dublin
99	Mr. Peter Byrne	National Youth Council of Ireland
100	Dr. Sean K. Denyer	Director of Public Health, NWHB
101	Ms. Noreen Hayes	DIT, Dublin.
102	Ms. Mary Doody	Public Health Nurses, Dublin
103	Mr. Liam O'Brien	CARP, Tallaght, Dublin 24.
104	Mr. Barry Cullen	Rialto, Dublin.
105	Mr. G. Meehan	Prevention of Crime Committee, Dublin Corporation.

106	St. Catherines Combined Community Group	Pimlico, Dublin
107	Ms. Kathleen Kelleher	Teen Counselling Mater Dei, Dublin.
108	Inner City Organisation Network (ICON)	
109	Ms. Marie Byrne,	Aisling Community Drug Awareness Group, Navan
110	Ms. Liz Riches	Inter-Agency Drugs Project, Dublin.
111	Ms. Margaret Brazel	Coolemine Family Association, Dublin.
112	Sr. Fiona Pryle	Ruhama Women's Project, Stillorgan, Co. Dublin.
113	Mr. John Farrelly	Focus Point Ireland, Dublin.
114	Mr. Paul Foy	Centre for Adult and Community Education, St. Patricks College, Maynooth.
115	Mr. John Whyte	South Inner City Treatment Services Group, Dublin.
116	Ms. Margaret Toner	Letterkenny, Co. Donegal.
117	Mr. Christopher Murphy	Crosscare, Clonliffe College, Dublin
118	Mr. John Treacy	Irish Sports Strategy Group
119	Ms. Grainne Kenny	EURAD, Dun Laoghaire
120	Ms. Nuala Fennell	Chairperson, Mountoy Prison Visiting Committee
121	Ms. Dolores Hehir	Boher, Co. Limerick
122	Ms. Marion Heffernan	Family Issues Group, Bray, Co. Wicklow

MINISTERIAL TASK FORCE ON MEASURES TO REDUCE DEMAND FOR DRUGS

The Government has established a Ministerial Task Force, under the chairmanship of the Minister to the Government, Mr. Pat Rabbitte T.D., to review the present arrangements for a co-ordinated approach in relation to a reduction in the demand for drugs and, in the light of that review, to identify for Government action changes or additional measures needed to provide a more effective response. The Task Force will specifically

(i)	prepare a full report on the relevant actions being taken or being prepared in relation to: • treatment services for addicts; • education programmes in schools; • public and community health education; • services for children; • youth and recreation facilities; • employment and training initiatives; • income maintenance for those undergoing treatment and being released from prison; and • local development initiatives and estate management.
(ii)	confirm the areas/communities where the problem is most acute and, in respect of each area, indicate actions taken or planned to reduce the demand for drugs.
(iii)	examine the scope for greater co-ordination of effort between Departments and relevant agencies in relation to the drugs problem; and
(iv)	recommend any changes in policy, legislation or practice to facilitate more effective drugs reduction strategies.

The Task Force, which will be submitting its report to Government by the end of September, would welcome written submissions from individuals or organisations in relation to these issues. Submissions should be sent to the following address, **to arrive not later than Friday, 30 August, 1996.**

The Secretary,
Ministerial Task Force on Measures to Reduce Demand for Drugs,
Department of the Taoiseach,
Dublin 2.

Tel: 01-6624888 Ext: 2684 or 2422
FAX: 01-6623958
Further information can be obtained from the same address.

APPENDIX 3

AREAS OF RESIDENCE OF THOSE RECEIVING TREATMENT FOR DRUG MISUSE IN 1995

1. Attached are maps of Dublin City and South Dublin, which indicate the areas of residence of those receiving treatment in 1995. In Dun Laoghaire-Rathdown, no DED had in excess of 20 persons receiving treatment during the year. In Fingal, the following DEDs exceeded the 20 persons threshold:

Blanchardstown-Coolmine…..	30 persons
Blanchardstown-Corduff.....	21 persons

2. The areas from which the highest numbers were receiving treatment were all designated as disadvantaged under the Operational Programmes for Local Urban and Rural Development 1994-1999.

APPENDIX 4

SUMMARY OF PROGRAMMES/SERVICES CURRENTLY BEING PROVIDED BY STATUTORY AGENCIES AND PROGRAMMES/SERVICES WHICH WERE SOUGHT IN SUBMISSIONS

Each Minister submitted a report on the programmes or services being delivered or planned, within his or her area of responsibility, to promote a reduction in the demand for drugs. These reports covered the following areas:

- treatment services for addicts
- education programmes in schools
- public and community health education
- services for children
- youth and sports programmes
- employment and training initiatives
- income maintenance for those undergoing treatment and being released from prison
- local development initiatives and estate management.

A summary of the actions being taken on planned in each of the above areas, prefaced by a summary of the proposals made in submissions, follows:

Treatment services for addicts

SUBMISSIONS

The submissions sought the following:

- ***treatment centres***

    * *each area should have its own treatment centre*

    * *there should be full consultation/partnership with local communities when establishing treatment centres*

    * *clinics should have longer opening hours*

    * *there should be 24 hour crisis centres/emergency centres (providing assessment/emergency treatment/referral)*

    * *fully staffed 24 hour helplines should be set up*

    * *more residential treatment/after care centres should be established*

    * *establish mobile clines*

    * *under-utilised buildings should be made use of as treatment centres*

    * *more funding for private/voluntary clinics*

- ***elimination of waiting lists***

    * *expand GP/Pharmacists scheme; (implement the 1993 Protocol)*

    * *a code of conduct/guidelines for GPs treating addicts*

    * *regulate Methadone dispensing to address its availability on the illegal market; (central register of addicts receiving treatment; central urinalysis system; I.D. cards; sponsors for addicts)*

    * *expand needle exchange scheme to all areas*

- ***treatment costs***

    * *access to treatment should not be based on ability to pay*

* *extend regulations covering the Drugs Cost Subsidisation Scheme to cover Methadone (weekly arrangements for payment)*

* *Methadone should be covered by the Drugs Refund (serious medical needs) Scheme*

- ***holistic approach to treatment:***

* *all programmes should provide a complete range of services (treatment, counselling, psychological services, legal advice, access to supports: social welfare, housing, education, training, etc.)*

* *establish "one-stop" centres for drug treatment/rehabilitation services*

* *treatment programmes that focus on the family group should be developed; accessible family information and support networks should be established*

* *more emphasis is needed on rehabilitation/therapeutic centres/psychiatric services*

* *more detoxification programmes*

* *more outreach programmes, particularly those aimed at the young*

* *there should be an integrated approach to alcohol/drug abuse (alcohol and drugs abuse services should be combined).*

- ***different treatment/separate programmes for different types of users:***

* *under 16's should be treated separately*

* *early users/long term users have different requirements/should be kept apart*

* *heroin smokers should have access to treatment programmes*

- ***additional staff***

* *appoint more health care staff, particularly community workers*

* *appoint a co-ordinator for each area*

- ***programmes should be community-orientated in their intentions, structure and content:***

    * *need for better co-ordination between community-based initiatives and statutory agencies' programmes*

    * *establish Community Drug Teams in all priority areas*

        - *to engage in outreach/intervention programmes*
        - *identify extent of problem in the area*
        - *liaise with relevant statutory/voluntary services*
        - *develop education programmes*

    * *local family counsellor/therapy services should be established*

    * *appoint locally-based addiction counsellors*

- ***training***

    * *current level of training is inadequate*

    * *need to train as wide a range of health care professionals as possible*

    * *specialised training is needed*

    * *develop University drugs education/prevention training programmes for youth/community/social workers*

REPORT FROM MINISTER

In February, 1996, the Government approved a range of measures to improve the services available for the treatment and rehabilitation of drug addicts and to increase public awareness of the dangers of drugs. An additional £3.5 million in 1996 (£4.5 million in a full year) was allocated to implement these measures, along with approval to recruit an additional 135 staff within overall Health Service staff numbers.

The Department of Health administers the drug addiction treatment programme through the eight Regional Health Boards, each of which has prepared a comprehensive plan to implement the measures approved by Government. These plans, which are designed to cater for the specific needs of each area, contain a wide range of initiatives. Those relating to the Eastern Health Board area are set out in Chapter 4.

In other Health Board areas, measures include:

- recruitment of additional staff, including health promotion/education officers, a rapid response team (in the North Eastern Health Board area), co-ordinators, etc.;

- continuance of research into the nature and extent of drug abuse;
- the extension of community and school education/prevention programmes;
- the training of community groups, health professionals, voluntary workers, etc.;
- information and awareness campaigns;
- establishment of telephone help/information lines;
- development of health education materials, including the production of a leaflet on the dangers of ecstasy;
- expansion of counselling services;
- development and maintenance of an information database.

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Education Programmes in Schools

SUBMISSIONS

The submissions sought the following:

- ***programmes for schools***

  * *health education should be a part of the primary/post primary school curriculum*

  * *"On my own-two feet" education programme should be a compulsory part of the school curriculum and should be developed for primary schools*

  * *communities with drug problems should be involved in developing programmes for schools, such as "On my own two feet"*

  * *generally, school programmes should involve*

    health professionals
    community workers
    youth leaders/peers
    parents
    former addicts

  * *there should be complementarity/co-ordination between school programmes and other youth/community-based initiatives.*

  * *drugs education should be part of a wider personal, social and health education and based on a lifeskills approach*

  * *after-school programmes should be developed*

  * *there should be support for community/alternative education*

  * *there should be health promotion programmes in third level colleges; develop more places in colleges for addiction studies*

- ***additional staff***

  * *improve the teacher-pupil ratio in schools in priority areas*

  * *each school in a priority area should have a social worker/counsellor*

- ***training***

    * *education professionals/voluntary and community sector should be trained in the delivery of drugs education programmes to schools*

- ***extra resources should be made available to schools in priority areas to:***

    * *develop training*

    * *develop drugs awareness programmes*

    * *develop after school activities*

- ***confiscated assets of crime should be diverted towards preventive/treatment programmes***

- ***early school-leavers***

    * *School Attendance Service needs to be reformed*

    * *special strategies need to be devised to help early school-leavers/potential early school-leavers*

    * *particular attention should be focused on children leaving primary school/starting secondary school.*

    * *alternative education programmes should be developed for children who have fallen out or are in danger of falling out of the education system*

    * *remedial regime for children expelled from school*

REPORT FROM MINISTER

Work on the introduction of substance abuse education in schools has been continuing for some years, as part of the gradual introduction of Social, Personal and Health Education at both primary and secondary levels.

Primary Schools:

An expanded and comprehensive Substance Abuse Prevention Programme has commenced at this level. It includes the following elements:

- a substance abuse awareness programme for teachers, parents and local communities. The approach includes seminars and an information booklet;

- the development of a schools programme for pupils, including educational resource materials and in-service training for teachers;

- a special focus on areas where there is a high incidence of substance misuse, especially heroin. Actions include special seminars, co-operation with local community groups, training for parents, teacher counsellors and teachers generally in these areas. The initial areas for action are Dublin North and South Inter City, Ballymun, parts of Tallaght/Clondalkin and one area in Cork. Other areas will be added.

  The actions which have taken place already, as far as implementing this programme is concerned, are as follows:

  A Steering Committee has been established, consultation with local community groups has started, the information booklet has been drafted and is being edited, the educational resource materials have been drafted, approximately 30 schools have been selected to pre-test the materials and in-service training for teachers and other seminars have been planned.

  The implementation of the programme "on the ground" will commence with in-service days for the school staff in all the "pilot" schools. These will start in mid October. The other in-service training for teachers will be phased in gradually afterwards. It is expected that the fully tested version of the educational resource materials for schools will be available in the Spring for general dissemination.

Second-Level Schools:

The development of the programme for schools at this level was completed in the Autumn of 1994. The main features of the programme are a detailed set of educational resource materials for schools, together with a standard and substantial programme of in-service training for teachers.

The entire programme was a collective initiative between the Departments of Education and Health and the Mater Dei Counselling Centre. The development phase was supported by the Commission of the E.U. and the educational resource materials have been, and are being, translated for use in other European countries.

Each of the training courses for teachers on the use of the materials lasts for 50 hours. 46 of these courses were held since the launch in late 1994 until the end of the school year 1995/96. A further 20 training programmes have been planned for the current school year and many of these courses have started already.

The actual programme (called "On My Own Two Feet") has been disseminated to approximately 600 of the approximately 800 second-level schools. It is expected that it will be in all second-level schools as a result of the current training programme.

The development of the programme was monitored externally and independently with positive results. The on-going in-service training has been monitored as well and the indications are that the outcome is very positive. A national survey of the actual implementation of the programme is being initiated this Autumn.

For the future, it is planned to develop the community and parent involvement direction of substance abuse education at second-level. This development will be influenced by the programme which has started at primary level and which includes a particular focus on community and parent involvement.

Other initiatives in the education area include the expansion this year of the Health Promotion School Project from 10 to 40 schools. This is a pilot development which sets out to develop a whole-school approach to promoting the health and welfare of children and young people in schools. An annual summer school for teachers on Drug Misuse and HIV/AIDS is held. An International Conference on Educational Action on Prevention is being organised. The Department of Education co-operates with the Department of Health and the Regional Health Boards in a range of actions, including the development of leaflets, audio-visual materials and general programmes for teachers, parents and young people. Many of these actions are listed in other sections in the Appendices.

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Public and Community Health Education

SUBMISSIONS

The submissions sought the following:

- ***appoint more Health Board Community Workers to each area***

- ***drug education should be part of a holistic health approach***

- ***amalgamate alcohol and drug services***

- ***media campaigns***

    * *public awareness campaigns should be comprehensive, co-ordinated and locally relevant*

    * *campaigns to date have not been properly focused*

        - *leaflets should be developed by local communities/former addicts (the language should be "streetwise")*
        - *more use of positive role models/sports, rock stars, etc.*
        - *TV advertisements are not properly targeted (should be on Sky Sports, MTV, etc.)*
        - *public health education programmes should be devised locally by community workers, former addicts, etc.*
        - *"demonising" drugs does not work, particularly with young people most at risk.*

    * *use of business community in creation/dissemination of drug prevention messages should be encouraged*

REPORT FROM MINISTER

The Health Promotion Unit of the Department of Health has developed, or assisted in the development, of the following public and community health education programmes:

- a Mass media drug misuse prevention campaign: the biggest such media campaign to have taken place in this country, uses TV, radio, cinema, and fly posters, supported by a telephone information line to alert people about the dangers of drug misuse. The

first phase of the campaign took place from 26 June to mid-July, with Phase 2 beginning in early September. Phase 1 is being evaluated at present;

- a drug education video has been commissioned for use in disadvantaged areas with young people and their parents. The video is being developed by the Health Promotion Unit in co-operation with other appropriate agencies;

- the Parent Education Programme on Alcohol, Drugs and Family Communication focuses not only on drugs themselves, but also on the skills and personal attributes that help people to deal with drug situations. The programme is currently only available in the Southern Health Board area but its wider dissemination is planned;

- the Community Awareness on Drugs – "Parenting for Prevention" programme assists parents in exploring attitudes, beliefs and decisions about the issue of drug misuse;

- the National Youth Health Programme develops health education resources and provides training in health issues specific to young people, including drug education/prevention. It also proposes to develop "On My Own Two Feet" type training for youth workers;

- Drug Questions – Local Answers is a community-based training programme for health/education professionals, Gardaí, youth workers and others interested in drug-related problems which they meet in their own work;

- Solvent Abuse Resource Materials: these materials were designed for use by youth leaders, instructors of community training workshops, Youthreach, the formal education sector including special schools, residential centres and the Garda Juvenile Liaison Scheme;

- Leadership Training Programme for Primary Prevention of Drug Misuse: a Crosscare initiative, partially funded by the Health Promotion Unit, this programme aims to develop and implement a flexible process to aid people in selected areas to develop their own skills and resources to tackle their own drug prevention issues;

- European Drug Prevention Week: This initiative took place in October, 1994 and is scheduled to take place again in 1997. In involves a range of activities including media campaigns, conferences and seminars, exhibitions, inter-school debates, training for parents, peer-led training and dissemination of information;

- Education Materials: the Health Promotion Unit makes available a series of booklets, leaflets and posters on the subject of drugs for both the professional and general public.

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Services for Children

SUBMISSIONS

The submissions sought the following:

- ***early childhood intervention:***

    * *this should receive special emphasis*

    * *Early Start programmes/community-based early childhood programmes should be encouraged*

    * *parenting/family-coping skills programmes should be developed*

- ***children of addicts***

    * *proper care arrangements should be available for the children of addicts; crèches should be available*

    * *temporary foster families/places of safety for children of addicts at risk should be provided*

    * *children of addicts should receive special therapeutic treatment rather than just being minded when their parents are being treated*

    * *increased psychiatric/counselling services*

- ***expansion of family support services***

    * *residential centres for families, where one or both parents are recovering addicts*

- ***homeless children***

    * *more locally-based young homeless services (to stop children gravitating towards city centre)*

    * *separate accommodation for homeless children who are addicted*

- ***legislative/policy***

    * *implement the Child Care Act, 1991*

    * *publish the Juvenile Justice Bill*

    * *obligation on parents to attend court proceedings involving their children*

    * *I D cards for admission to public houses*

REPORT FROM MINISTER

The Department of Health is responsible for the implementation of the provisions of the Child Care Act, 1991. Homeless children are particularly vulnerable as regards being enticed into the drugs scene. A number of measures have been introduced, through the Regional Health Boards, to provide an integrated response to the problem of youth homelessness, including:

- the provision of full-time social workers to deal with homeless young people;
- additional emergency care places and counselling and community support services;
- the designation of emergency foster carers;
- the development of supported lodgings;
- a day project to extend the range of support services offered to children who are considered to be at risk during the day;
- the provision of educational services;
- a comprehensive out of hours service has been put in place and has been expanded to Crisis Intervention Service for all children who require a service outside normal working hours;
- arrangements are being put in place to provide a unit for children under 12 years of age;
- increased funding to Rosemount Hostel (Limerick) for adolescent girls; the provision of hostels in Limerick for homeless and at risk boys and in Waterford for homeless girls and boys.

The Department of Education runs five special schools catering for young offenders. Substance abuse is a feature of the lives of many of the children in these centres. While some

initiatives are already in place to deal with this problem, such as the training of some staff, the Department has identified a need to:

- compile a more comprehensive picture on the extent of the problem;
- implement training programmes for all staff;
- establish co-ordination between the schools and the services provided under the auspices of the Departments of Justice (Probation and Welfare Service) and Health (Treatment, Rehabilitation and Prevention).

In the area of truancy/school attendance:

- a new School Attendance Bill is being prepared, which will incorporate the existing School Attendance Service into a nation-wide Education Welfare Service;
- the potential for co-operating with other agencies, including the Area Partnership Companies, is being developed.

In the area of juvenile justice, legislation is being prepared to replace the 1908 Children Act with a comprehensive modern statute.

In addition to their function of stopping the supply of drugs, the Gardaí are involved in the following initiatives, designed to reduce the demand for drugs among young people:

- the Juvenile Diversion Programme: the aim of this programme is to prevent young people from becoming involved in a downward spiral of drugs and crime and to steer them away towards rehabilitation and treatment if necessary;
- the Drug Awareness Programme: this programme involves local Gardaí giving talks and advice to various groups and communities throughout the country;
- the Garda Schools Programme: the Gardaí give talks and lectures on drugs in secondary schools and disseminate information leaflets advising students on the dangers of drugs;
- the Garda Mobile Anti-Drugs Unit travels the country promoting a drug-free lifestyle among young people. It is present at major public events and concerts, where young people tend to congregate.

The Prison Service operates the following programmes to deal with the drugs problem

- ongoing addiction counselling and education programmes in the various institutions;
- community based agencies visit prisons to provide support services and information, including individual counselling as required;

- each institution has a local committee providing, inter alia, education services to prisoners, including documentation and a specially commissioned video on the risks posed by communicable diseases (HIV, etc.);

- a new Treatment Unit has been established at Mountjoy Prison (although use of this facility by under 18's will be limited initially);

- there are proposals to establish a Drug Free Unit at St. Patrick's Institution and a Drug Treatment/Therapy programme at Wheatfield Prison.

The Probation and Welfare Service are involved in a number of drug prevention projects, although few of them cater for under 18's. It makes use of the Talbot Centre, which offers a day programme for young abusers, the Ballymun Youth Action Programme, the Garyvoe Residential Centre, Middleton, the Coolmine Day and Residential Centres, as well as running a Drug Awareness Group for 16-19 year olds in St. Patrick's Institution. Individual drug awareness and counselling is offered to seven offenders currently in Wheatfield.

Other measures which are relevant in reducing the demand for drugs among young persons are:

- the Juvenile Liaison Officer Scheme: this scheme provides for cautioning and supervision of offenders who are 18 years old or under, as an alternative to detention;

- Youth Diversion Projects: these projects, which are run by committees representing a number of agencies, are targeted at young people at risk of becoming involved in crime or drugs or have other problems (family, etc.). The Projects aim to direct these young persons' energies in a positive fashion.

Finally, the Department of Justice will hold a seminar in November, 1996, on E.U. Action to Combat the Drugs problem, as part of Ireland's E.U. Presidency programme.

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Youth and Sport Programmes

SUBMISSIONS

The submissions sought the following:

- ***Development of a co-ordinated approach to the development of sport, through a national sports strategy***

- ***facilities***

  * *more recreation/sport facilities, particularly in disadvantaged areas in Greater Dublin*

  * *need for specialised facilities for "harder to reach" young people*

  * *eliminate disparity between grants offered by different VECs (especially Dublin City/County)*

  * *undertake audit of usage of existing facilities in local authority areas and explore with local communities ways of making better use of under-utilised facilities*

  * *make use of school buildings (sports halls, etc.) during after-school hours; development of sport in schools.*

  * *appoint local authority Recreation Officers to devise local sports/recreation programmes*

- ***programmes***

  * *increased emphasis on intensive diversionary programmes for young people*

  * *initiate pilot recreational/educational programmes for young addicts who are/have been rehabilitated*

  * *special training for youth leaders to deal with young addicts.*

- ***resources***

  * *increase resources for youth organisations involved in drugs prevention work*

REPORT FROM MINISTER

Young people have become the most vulnerable category in terms of the threat that drugs pose to individual communities and society in general. Youth work services are provided primarily by voluntary youth organisations and community groups, involving over 25,000 adult volunteers throughout the country. The National Youth Health Programme – operated jointly by the Department of Education (Youth Affairs Section), the Department of Health (Health Promotion Unit) and the National Youth Council of Ireland – is particularly relevant to efforts to reduce drugs demand among young people. It aims to provide, throughout the non-formal education sector, a broad-based, flexible health education programme for young people, incorporating information, training and programme development. Training has been made available on a nation-wide basis to youth workers, young leaders, teachers, trainee Gardaí, FAS staff and Health Board staff. A Youth Work Support Document is being developed to provide guidelines and good practice on dealing with the drugs issue at local level. This is expected to be available by the end of 1996.

Specific projects in drugs education/prevention include:

- the Mater Dei Substance Abuse Counselling Service (Dublin), aimed at the 12-18 age group and their families, entails individual and family counselling, advisory consultation services and education/preventive programmes;

- the Ballymun Youth Action Project provides alternative activities, individual counselling, group counselling, etc. for young people in Ballymun;

- the Anna Liffey Drug Project offers outreach, street contact, counselling and group services to drug users in Dublin's North Inner City.

The Youth Affairs Section administers a scheme of grants in respect of special out-of-school projects for disadvantaged young people, especially young homeless people, young substance abusers and young travellers. Over 30 such projects are currently operating in those areas where the drugs problem is most acute.

The issue of drug misuse and the role of youth organisations in combating this problem will be discussed at a Youth Ministers' Conference in Cork in November, 1996, as part of Ireland's E.U. Presidency programme.

Active participation in sport and physical recreation has an important preventive role in relation to drug abuse, anti-social behaviour and crime. The Department of Education funds the provision of local sports and community recreational facilities, as well as the national governing bodies of sport. Special grants are provided for parks tennis for disadvantaged young people and for youth and sports projects in Tallaght, Blanchardstown and Dun Laoghaire.

In addition, Vocational Education Committees:

- train voluntary community "Sport for All" leaders, who then co-ordinate sport activities in their localities;
- provide grants to individual youth and sport clubs;
- fund special projects and sailing courses for disadvantaged young people;
- operate 9 Outdoor Education Centres, located throughout the country.

Minister Allen has appointed the Irish Sports Strategy Group, under the chairmanship of John Treacy, to develop a co-ordinated approach to the future development of sport in Ireland. Economic disadvantage and social isolation are being addressed in the preparation of the sports strategy.

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Employment and Training Initiatives

SUBMISSIONS

The submissions sought the following:

- **use of former drug addicts in social/community work (trained and employed by local State Agencies).**

- ***develop career options/vocational training programmes specifically geared towards former addicts; community workshops for former addicts; Soilse-type projects***

- ***young people who attend Youthreach/FAS and do not secure employment currently have no support if they are under 18.***

- ***reserve quota of places on Community Employment schemes for those working in drugs reduction/former addicts; CE employed carers for addicts***

- ***positive discrimination towards former addicts by FAS/LES in planned progress to work; Training Guarantees for recovering addicts***

- ***tax incentives should be available to encourage employed people to remain in disadvantaged areas/estates.***

- ***more flexibility by FAS on matching funds requirements on employment projects sponsored by youth organisation***

REPORT FROM MINISTER

While the drugs issue is not a direct component which informs employment and labour market policy within the Department of Enterprise and Employment, the correlation between high concentrated levels of unemployment and social ills, such as drug abuse, is well documented. In that context, the following measures designed to integrate the long-term unemployed into the labour market are relevant:

- investment in vocational training and upskilling;

- promoting reductions in indirect labour costs and a social welfare/taxation inter-relationship system which does not act as a disincentive to taking up employment;

- labour market interventions targeted at the most disadvantaged.

Other initiatives sponsored by the Department include:

- the development of the Local Employment Service;

- measures announced in the last Budget, including re-orientation of Community Employment, Workplace, Job Start, Job Initiative, etc.;

- FAS delivers a whole range of training and employment programmes which focus on the unemployed. FAS is also involved in drug awareness programmes.

Elements of some programmes sponsored by the Department are a direct response to drug abuse concerns. For example, programmes such as Community Employment have within them projects for the dissemination of drug prevention information, rehabilitation assistance, etc.

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Income Maintenance for those undergoing treatment and being released from prison

SUBMISSIONS

The submissions sought the following:

- ***facilities***

    * *need for "half-way house" for addicts leaving prison.*
    * *more drug-free prison units*

- ***independent prisons and parole boards***

- ***services***

    * *provision of treatment/medical and psychiatric services in prisons*
    * *extension of probation services*
    * *adequate supports/free treatment for addicts leaving prison*
    * *introduction of family counselling.*
    * *on site HIV treatment facilities should be made available.*
    * *great inter-agency co-ordination between prisons/places of detention and treatment services.*

- ***Justice***

    * *court diversion opportunities/community service for drug addicts as an alternative to prison.*
    * *incentives for drug addicts who voluntarily undergo treatment.*

- ***Department of Social Welfare's Community Development Programme***

    * *should be developed and expanded*
    * *more resources should be made available to CDPs that contribute to drugs reduction*

REPORT FROM MINISTER

The Department of Social Welfare is directly involved with the communities which have a high incidence of unemployment and are most affected by the problems of drug abuse through its income maintenance schemes, special grants for Voluntary Organisations and Women's Groups, the Community Development Programme, the Employment Support Service and programmes to help vulnerable families with problems of money lending and indebtedness.

The vast majority of drug addicts are unemployed and in receipt of Unemployment Assistance or Lone Parent's Allowance. They are not categorised as a separate group within the social welfare system but are treated in a practical and sympathetic manner in relation to matters like signing on arrangements. Income maintenance arrangements for persons undergoing treatment for drug addiction has not been identified as a problem to the Department and the current arrangements are working well.

The position in relation to released prisoners is that every effort is made to make a payment on the first due date but in some instances the person concerned may not qualify for payment of Unemployment Assistance on the week of his/her release. In such circumstances they are advised to contact the Community Welfare Officer (CWO) in the local Health Board Centre for a payment under the Supplementary Welfare Allowance (SWA) scheme. CWOs have a good deal of experience in dealing with the special income needs of persons who have drug addiction and related health problems under the exceptional and urgent needs provisions of the SWA scheme. Although problems can sometimes arise in the Dublin area in cases of early unplanned release, the current arrangements are in general working well. Discussions are taking place between officials of the Departments of Social Welfare and Justice and the Eastern Health Board in an effort to iron out the problems that can arise in some cases because of the current situation in relation to early release.

The Minister for Social Welfare is currently examining ways in which the Department's Community Development Programme might be used to assist severely disadvantaged communities cope with and prevent problems which arise from drug abuse in their areas.

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Local Development

SUBMISSIONS

The submissions sought the following:

- ***the need to involve local communities in anti-drugs strategies, in co-operation with relevant Statutory agencies, was emphasised repeatedly, as was the need for support and extra resources for these communities.***

- ***community-based programmes that respond to multiple problems in people's lives, especially young people, can be the most effective drugs prevention measure***

- ***measures already mentioned under other headings are community-based and the Partnership Companies can play a role in their delivery***

REPORT FROM MINISTER

All available evidence suggests the demand for drugs is higher in areas of greatest economic and social disadvantage. These areas have been targeted for special assistance under the Local Development Programme, which is designed to tackle the needs of the socially excluded, the long-term unemployed and those in danger of becoming long-term unemployed. The Programme is administered through Area Partnership Companies, established in the designated areas to provide an integrated range of supports and services for the long-term unemployed and socially excluded. These include:

- services to the unemployed
    - education opportunities
    - training opportunities
    - employment experience programmes.

- enterprise initiatives
    - mentoring and advice
    - loans and grants
    - employment experience programmes
- education and skills
    - preventive educational measures
    - educational guidance services
    - resources towards adult education and literacy

- community development
    - capacity and skills building
    - development of local networks
    - development of community facilities
    - development of information channels
    - exploring the policies that hinder community development

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Estate Management

SUBMISSIONS

The submissions sought the following:

- ***the importance of estate management/tenant participation was emphasised in submissions.***

- ***introduce measures to remove drug pushers from local authority housing estates***

- ***increased use of community policing in co-operation with the Gardaí.***

- ***recovering addicts should not be discriminated against in re-housing.***

- ***more effective design of local authority housing estates***

REPORT FROM MINISTER

As drug related problems are endemic in inner-city flat complexes and large local authority housing estates, estate management and tenant participation can play a crucial role in helping tenants to gain greater control of their environment and to handle the problems caused by drugs dealing. For this reason, most urban-based Partnership Companies have included in their action plans proposals relating to tenant participation in the management of their estates.

The Department of the Environment has introduced the following initiatives to promote better estate management:

- the preparation of Statements of Policy on Housing Management by local authorities;

- tenant development and information courses: the purpose of these courses is to acquaint tenants with the duties and responsibilities of both local authorities and tenants themselves;

- the Housing Management Initiatives Grants Scheme is designed to assist local authorities in undertaking pilot projects to improve housing management;

- the Housing Management Group, comprising senior officials of the Department of the Environment and local authorities, has been asked to prepare recommendations to help put the housing management practices of local authorities on a more professional footing;

- the Remedial Works Scheme: local authorities are assisted to carry out major essential works of a structural nature to certain groups of their dwellings which they could not fund from their own resources;

- the proposed Precinct Improvement Programme will focus on improving the run-down appearance of estates and their immediate environment, including those which are not in need of major refurbishment;

- legislative proposals to combat anti-social behaviour in local authority estates.

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APPENDIX 5

SUMMARY OF CO-ORDINATION ARRANGEMENTS BETWEEN STATUTORY AGENCIES

A wide range of initiatives are being delivered by Departments and Agencies and a considerable degree of overlap exists. The following is a summary of the arrangements that are in place to co-ordinate these initiatives:

Health (treatment/prevention)

- the National Co-ordinating Committee on Drug Abuse is chaired by Minister O'Shea and comprises representatives of the Departments of Health, Education, Justice, Enterprise and Employment, Foreign Affairs, Environment, Marine and Defence, as well as the Regional Health Boards, the Health Research Board and the Gardaí;

- the Committee has two standing sub-committees on supply reduction (chaired by the Department of Justice) and demand reduction (chaired by the Department of Health);

- the Department of Health participates in international meetings and seminars to keep in touch with international best practice;

- the Minister of Health hopes to have the European Community Action Programme on Drug Dependence adopted during Ireland's E.U. Presidency. The programme will provide for co-operation between organisations in Member States on projects aimed at preventing drug misuse;

- each Regional Health Board is establishing a Co-ordinating Committee on Drug Misuse, comprising relevant local and State agencies;

- a National Aids Strategy Committee has been established;

Children

- a Co-ordinating Committee on Children's Affairs is chaired by Minister Currie and comprises senior officials of the Departments of Health, Education and Justice. The Committee co-ordinates child care policy at national level;

- Child Care Advisory Committees have been established in each Regional Health Board area under the 1991 Child Care Act. These include representatives of the Health Boards, Voluntary Bodies, Educational Services, the Probation and Welfare Service and the Gardaí;

Youth

- the national Youth Health Programme is run jointly by the Department of Education (Youth Affairs Section), the Department of Health (Health Promotion Unit) and the National Youth Council of Ireland.

- Advisory Committees running Youth Diversions Projects involve the Gardaí, the Probation and Welfare Service, a major voluntary youth organisation, clergy and community representatives;

Education

- a Steering Committee, representing the Departments of Education, Health and Justice, along with parents, teachers and boards of management, steer the work of the Primary Schools Drug Prevention Programme;

- the Department of Education, in co-operation with the Regional Health Boards, Health Promotion Unit, local Gardaí and community groups, are organising training/seminars (in priority areas initially) to raise drug awareness among school boards of management, teachers and parents;

- the Department of Education participates in joint educational initiatives with agencies (such as the Clondalkin Partnership Company in a Pilot Education Welfare Project);

Justice/Gardaí

- the Department of Justice has established Working Groups on
  - Local Drugs Strategy Teams
  - furthering the European Action Programme against Drugs;
- the Department of Justice is involved directly and/or with the Gardaí in community-based projects such as
  - the Interagency Drug Project in Dublin North Inner City
  - Dublin South Inner City Treatment Services Group,
  - Kilbarrack Drug Treatment Services

Social Welfare

- the Department of Social Welfare is participating in the Inter Agency Drugs Project which was set up by the Inner City Organisations Network (ICON) and which is exploring ways in which the drug problem can be tackled by the Inter Agency approach.

Local Department

- the Interdepartmental Policy Committee on Local Development, which monitors issues arising from the implementation of the Local Development Programme as they affect relevant national policies and programmes, comprises representatives from twelve Departments and Agencies;

- a Task Force on the Drugs Problem in Dublin Inner city has been established under the aegis of the Interdepartmental Policy Committee;

- the Department of the Taoiseach has established a Working Group to advise on E.U. funding for action against drugs;

Estate Management

- the Department of the Environment has established a Housing Management Group to promote best practice in local authority housing management. The Department of the Taoiseach and ADM have recently been added to this Group;

- ADM has established its own Advisory Group to prepare guidelines on good practice in estate management/tenant training. The Departments of the Taoiseach and Environment, local authorities in major urban areas and urban Partnership Companies will participate in the Group.

APPENDIX 6

SUMMARY OF RECOMMENDATIONS FOR CO-ORDINATION MADE IN SUBMISSIONS BY ORGANISATIONS/INDIVIDUALS

Many of the submissions dealt with the structures for delivering the various programmes and services. The need for greater co-ordination was stressed repeatedly and there was unanimous agreement that there should be

* greater inter-agency co-ordination in the delivery of programmes; and
* local/community involvement in the development/delivery of programmes.

Specific proposals included:

- **there should be co-ordination**
  * between voluntary and statutory agencies
  * at national, regional and local level
- **a Minister should be allocated specific responsibility for co-ordinating measures to reduce drugs demand**
  * responsibility for the actual development and delivery of the various programmes would remain with individual Ministers/Departments
- **establish a National Agency on Drugs Misuse**
  * this body would be responsible for co-ordinating the resources of the statutory, community and voluntary sectors involved in reducing the demand for drugs
- **establish a Council similar to the U.K. Advisory Council on Misuse of Drugs**
  * this body would have a research and advisory role
- **establish multi-agency Co-ordinating Groups at regional/local level**
- **appoint Co-ordinators/Programme Managers to co-ordinate the various agencies, the voluntary and community sectors**
- **Research/information on the extent of the problem:**
  * comprehensive, co-ordinated research into the extent/nature of drugs misuse is required

* a national database should be developed for the compilation/dissemination of such information
* there should be a mechanism for the review/evaluation of the existing and new services

* each Statutory Agency should draw up an anti-drugs strategy under SMI