



**MID WEST REGIONAL
DRUGS TASK FORCE**

Clare • Limerick • N Tipperary

Strategic Plan for Limerick City 2009 - 2013

Dr. Derval Howley

2009

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Chairperson's Foreword

This is the first strategy document of the Limerick City Sub-Group (LCSG) of the Mid West Regional Drugs Task Force (MWRDTF).¹ On January 22nd 2008, Deputy Pat Carey, TD, the then Minister of State with responsibility for the Drug Strategy, made current and capital funding available to the MWRDTF to form a city focused sub-group. This Action Plan endeavours to provide a strategic framework towards providing services to substance misusers, their families and the communities of Limerick City, under the new National Drugs Strategy 2009-2016.

I would like to take this opportunity to thank Dr. Derval Howley of Monalee Escapes, for her professionalism and commitment in completing this arduous task. I also wish to record a word of gratitude to those members of the public, community groups, focus groups, voluntary groups, service users and statutory providers who took part in the wide ranging consultation process during the development of this plan. Their views on the drugs issue within their communities were invaluable to the work of this plan. I would also like to thank Helen Fitzgerald who provided detail on the socio-economic and demographic profile of the city and proof-read the final draft. My sincere thanks are extended to each and every member of the LCSG and the MWRDTF, including all sub-committee members and Task Force staff, for their time, enthusiasm and expertise so readily offered in developing this plan.

The inter-agency partnership process is essential for successful joint development of projects. The LCSG Plan should complement and support the work of the existing agencies and services. This document, therefore, is critically important in establishing the priority actions needed within Limerick City to tackle the various problems.

I am very confident that in this time of escalating drugs problems as well as the associated issues, the Limerick City Sub-Group is entering a crucial stage whereby the implementation of this Action Plan should significantly address drugs misuse in Limerick City.

Dr. Martin Duffy,
Chairperson

¹ Throughout this report the Limerick City Sub-Group (LCSG) of the Mid West Regional Drugs Task Force (MWRDTF) is referred to as the Limerick City Sub-Group

Strategic Plan for Limerick City 2009 - 2013

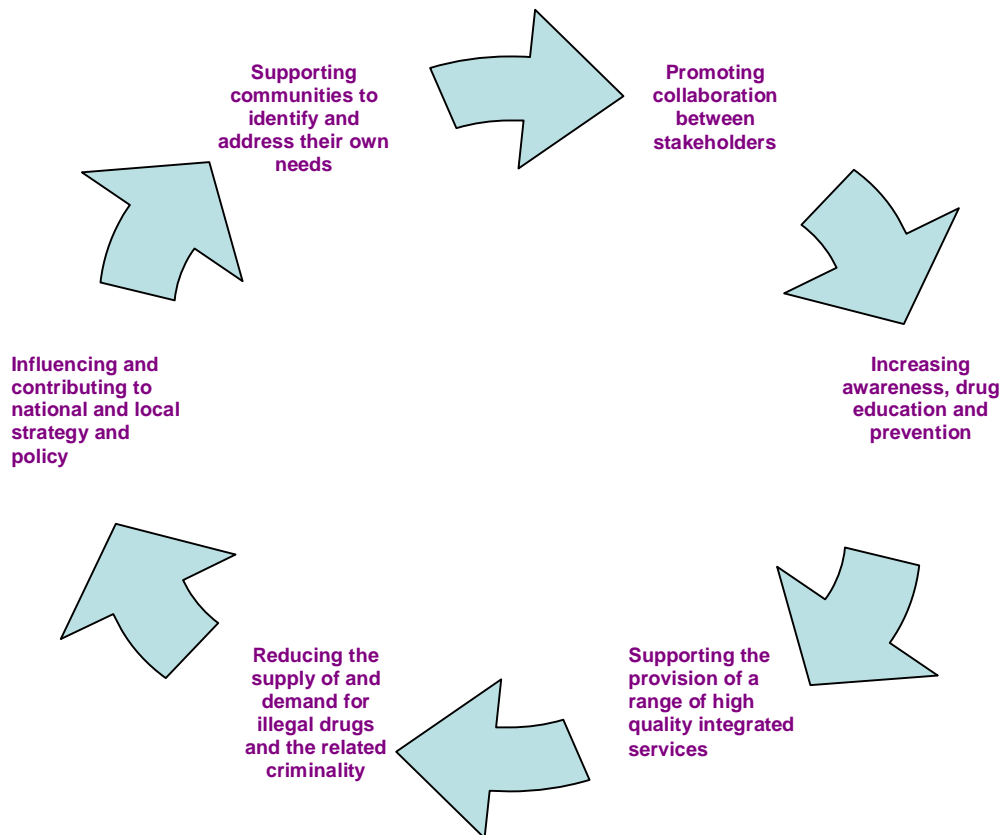
Vision

Our vision is of Limerick as a city free of significant problematic drug misuse. A city that is resourced, healthy, life affirming, made up of a positive community where people are supported and have the right to achieve their potential.

Mission Statement

Our mission is to champion the realisation of our vision and ensure the development of a co-ordinated and integrated response to drug misuse in Limerick City.

This will be achieved by:



Values

- Respect:** Each member of the task force is treated with respect. Their diverse backgrounds, level of expertise, experience and contributions in the area of drug misuse is recognised and valued.
- Innovative:** There is an opportunity for innovation in the development of responses to drug misuse. The task force is open to supporting the organic growth of new services as well as supporting the expansion and development of existing services to meet the needs of service users.
- Quality:** The task force will ensure that the services it supports are of a very high quality and are in line with evidence based best practice.
- Dignity:** The dignity of service users will always be respected in the development and design of responses to drug misuse.
- Flexibility:** The task force and services supported by it will be flexible to ensure that they can adapt to meet the changing needs of service users.
- Collaboration:** There is an acknowledgment that our vision will only be reached through an interagency, integrated approach to tackling drug misuse.
- Social Justice:** The commitment to the principles of social justice underpins the approach and work of the task force.
- Accountability:** The task force is aware of its responsibility and accountability to government. It will ensure that it operates under an effective governance structure which is open and transparent to all.

Chapter 1 Introduction

About Us

Established in 2003, the Mid West Regional Drugs Task Force (MWRDTF) is one of 10 Regional Drugs Task Forces (RDTFs) in Ireland set up on foot of recommendations from the National Drugs Strategy (NDS). The purpose of the task forces is to facilitate a more effective response to the drugs problems in areas experiencing the highest levels of substance misuse. The Mid West area includes Clare, Limerick County, Limerick City and North Tipperary.

Membership of the MWRDTF comprises of representatives from the statutory, voluntary, and community sectors and its role is to prepare and strategically oversee the implementation of action plans which co-ordinate all relevant drug programmes/initiatives in the local area and address gaps in service provision.

In June 2005 the First Action Plan of the Mid West Regional Drug Task Force identified very significant issues within the Limerick City area, which the Task Force believed could only be effectively addressed through the establishment of a Limerick City Local Drugs Task Force.

The National Drug Strategy Team responded by assessing the significance of the drug issue outside of the fourteen existing local drug task force areas. In July 2006 the Team presented a paper to the Inter Departmental Group on Drugs (IDG) which is chaired by the Minister of State. The paper highlighted Limerick as *the* priority location with a significant community drug problem.

In the interim, the Minister of State proposed to formulate a city focused Sub-Group of the MWRDTF to implement the relevant strategic policies in response to the drugs and alcohol issues presenting in Limerick City.

The overall strategic aims of the Limerick City Sub-Group mirror those of the National Drugs Strategy. They are to:

- reduce the availability of illicit drugs;
- promote throughout society a greater awareness, understanding and clarity of the dangers of drug misuse;
- enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society;
- reduce the risk behaviour associated with drug misuse;
- reduce the harm caused by drug misuse to individuals, families and communities

The Fitzgerald Report (2007) re-iterated this call for priority and a local focus to be given to addressing the drugs issue in Limerick city. The report recommended the following:

... It has been recognised that the problems of drug abuse in Limerick City are particularly acute. A local focus for intervention should be immediately established for Limerick City and should work closely with the Development Agencies to identify interventions appropriate to the needs of these communities. These should include prevention and educational initiatives (2007:13).

In 2008, the Minister of Community Rural and Gaeltacht Affairs provided €1.3 million to establish a specific Limerick City sub-group (LCSG) and develop local responses. The membership of the Limerick City Sub-group is set out in Appendix 1.

Why this Plan?

At a national level we are coming to the end of the current strategy, *Building on Experience*, and a new strategy is in draft form. Each of the task force areas has contributed to the development of the new national plan. It is hoped that the new strategy will be launched at the beginning of this year.

The purpose of the Limerick City Strategic Plan is to map where it is we want to go, i.e., the vision of the Limerick City sub-group, the current context, and the steps or actions that we need to take over the next five years.

Significant funding has been received by the Sub-group to develop local responses, but more resources are required to ensure a comprehensive response to the impact of drug mis-use in Limerick City. It is essential that we ensure that at both a strategic and operational level the resources are prioritised to meet the needs as presented by the local community.

This Strategic Plan has ten chapters. Chapter two provides an overview of the methodology employed in developing the plan. Chapters three and four present a brief overview of the drugs issue itself and of the response to the problem.

Chapter five discusses the profile of Limerick City both from the perspective of what Limerick has to offer, as well as highlighting the key areas of social and educational disadvantage that it displays.

Chapter six presents a progress report on the services that have been established to date by the Limerick City Sub-group. Chapter seven provides a detailed analysis of what is working well and what improvements are required under the pillars of the National Drug Strategy. Chapter eight presents the Limerick City Sub-Group Action Plan. An evaluation framework is contained within the Appendices.

Chapter 2 Methodology

In June 2008 the Limerick City Sub-Group sought tenders for support with the development of their Strategic Plan. A consultant was contracted to work with the Sub-group to develop a 5 year plan based upon research and consultation. The methodology employed a seven step process as outlined below.

- 1) To facilitate an initial planning day with the LCSG.

This facilitated planning day was key to ensuring that all of the local stakeholders were afforded the opportunity to contribute to the development of the Strategic Plan and establish clarity around their individual and collective responsibility in relation to its implementation.

The outcome of the day was agreement on a proposed vision and mission statement for the Limerick City 5 year Strategic Plan. Taking account of the core objectives of the National Drug Strategy, it sought to achieve agreement on the key aims and objectives for the 5 year plan.

- 2) To facilitate review / planning sessions with the sub-structures and cluster groups of the Mid West Regional Drug Task Force.
- 3) To facilitate community consultation sessions.

These sessions were aimed at including the following groups:

- Members of the Mid West Regional Drug Task Force and Limerick City Sub-Group
- The Communities of Limerick City
- Mid West Regional Drug Task Force Staff
- Contributing Sub-committees
- Contributing Cluster Representative Groups
- Any additional relevant stakeholders from the community, voluntary and statutory sectors.

Rather than separating the groups in Action 2 and 3 above it was agreed to have three open community forum meetings that all stakeholders could attend, in addition to holding more focused sessions with specific stakeholders such as service users, CE scheme participants², families affected by drug misuse and young people. In total, 200 people attended the open sessions.

A communication strategy was agreed with the LCSG Co-ordinator and project development worker to ensure that we created an awareness of the

² The CE scheme participants were also ex-drug service users.

consultation sessions and to support local community participation. The Co-ordinator and the project development worker visited a number of community based groups to promote the focus groups.

The sessions were structured to facilitate optimum participation from the community. We developed round table discussions and had representative members of the Limerick City Sub-Group acting as facilitators to support and encourage community participation. A focus guide to the day was drawn up to ensure that the objectives of the facilitation were achieved.

The proposed vision and mission statement was presented and an in-depth discussion and examination of the following areas was achieved:

- ✓ what is working well under the pillars of the National Drug Strategy so that we can build on this,³
- ✓ what are the key areas which need to be addressed, and
- ✓ what types of solutions should we be seeking?

The following is an overview of the organisations that took part in the consultation process for the Strategic Plan:

- ✓ Aljeff
- ✓ All of the Community Development Projects
- ✓ Ballynanty Family Resource Centre
- ✓ Ballynanty Youth Centre
- ✓ Bedford Road Family Project
- ✓ Ceim ar Ceim
- ✓ Garda Diversion Project (Our Lady's Queen of Peace)
- ✓ Limerick Youth Service
- ✓ Moyross – Follow your Dream Project
- ✓ North Star
- ✓ Novas Housing Association
- ✓ Slainte (HSE Drugs Services)
- ✓ Southill Family Resource Centre
- ✓ Southill FAS Youth Training
- ✓ Southill Youth Reach
- ✓ VEC tutors
- ✓ Young People Services and Facilities Fund Drugs workers
- ✓ Youth Projects in the area

In addition to the above organisations, the consultation sessions were also attended by individuals who have been affected by drugs within their community.

4) To carry out a review of relevant literature reports and statistics.

This included carrying out a review of relevant published research in relation to drug/alcohol and social issues to place the actions of the Strategic Plan in

³ See page 20 regarding the Pillars of the National Drug Strategy.

the context of Limerick City, County and the wider Mid West Region. It also included a review of relevant national and international literature.

- 5) To review submissions from various community, voluntary and statutory groups.

Two questionnaires were designed. The first sought contributions from members of the community and the second was distributed to local statutory, voluntary and community groups. A total of twenty organisations responded to the questionnaire⁴.

A total of fifty-seven local residents responded to the questionnaire. The majority of these were living in Southill, O'Malley Park and Ballinacurra Weston.

Questionnaires were also returned from Corbally, Dooradoyle, Raheen, Ballinacurra, Fedamore, Kennedy Park, City Centre, Roxboro Road, Crossagalla, Bruff, Janesboro, Askeaton, Garryowen, Woodview, Keyes Park, Carew Park, Sean Heuston Park, Castletroy, Thomondgate, and Glasgow Park.

- 6) To write up findings from sessions for Task Force review.
- 7) To write and edit the Strategic Plan of the LCSG.

The findings from the sessions were written up for the Sub-Group to review and three drafts of the Strategic Plan were circulated for comment and amendment. The final plan was presented to the Mid West Regional Drug Task Force on the 20th December 2008.

⁴ A list of the agencies that responded to the questionnaire is contained within the Appendix.

Chapter 3 The Drugs Issue

The problem of drug misuse in Ireland was not officially recognised until the 1960s. Initially, the focus was on the illegal use of substances such as cannabis and LSD and the extent of use was found to be relatively small (Hogan, 1997).

It was not until the early 1980s that there was a significant increase in the number of people presenting for treatment of heroin and other opiate addiction. However, as O'Brien et al. (2000) found 'the problem of heroin dependence was perceived to be predominantly confined to socially and economically disadvantaged areas'.

In the 1990s recognition was given that there was a 'drugs crisis' in Dublin city. Groups such as Citywide were established to respond to the crisis which they describe as being characterised:

By large numbers of drugs related deaths (especially amongst young people), by open and visible drug dealing, by the absence of treatment and rehabilitation services for drug users and by entire communities being ravaged and destroyed by the drugs problem. (Citywide)

1996 marked a turning point in Irish Drug Policy. The report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996)⁵, followed shortly by a second Ministerial report (1997), marked the setting up of a Governmental interagency partnership approach.

These reports recognised that the only successful way to deal with the problems posed by drug misuse was to work hand in hand with the communities who are most affected.

Defining Illicit Drugs

In Ireland, the classification of drugs and precursors is made in accordance with the three United Nations Conventions of 1961, 1971 and 1988.

Irish legislation defines the importation, manufacture, trade, and possession, other than by prescription, of most psychoactive substances as a criminal offence. This is set out in the Misuse of Drugs Acts (MDA) 1977 and 1984 and the Misuse of Drugs Regulations 1988. These acts constitute the principal criminal legislation for drug misuse in Ireland. The Misuse of Drugs

⁵ This report has become known as the Rabbitt Report after Deputy Pat Rabbitt, the former Minister of State with responsibility for Drugs.

Regulations 1988 provide five schedules under which the various substances to which the laws apply are listed.

The term 'drug misuse' refers to:

Illegal or illicit drug taking or alcohol consumption which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence.

Drug misuse is therefore drug taking which causes harm to the individual, their significant others or the wider community. By definition those requiring drug treatment are drug misusers. (Drug Treatment Centre Board)

Prevalence of Drug Misuse

International

In 2008, the United Nations published the World Drug Report. It presents detailed estimates and trends on production, trafficking and consumption in the opium/heroin, coca/cocaine, cannabis and amphetamine-type stimulants markets. Its overall finding is that the drug problem is being contained on an international level but there are warning signs that the stabilisation which has occurred over the last few years could be in danger of being lost. It also noted the recent increase in both opium, poppy and coca cultivation in 2007.

The following Table presents an overview of the World Drug Reports finding's in relation to the annual international prevalence of drug use.

Table 1: Overview of International Prevalence of Drug Use

Extent of drug use (annual prevalence*) estimates 2006/07(or latest year available)

	Canna- blis	Amphetamine-type stimulants		Cocaine	Opiates	of which is Heroin
		Amphetamines	Ecstasy			
Number of abusers (in millions)	165.6	24.7	9	16	16.5	12.0
in % of global population age 15-64	3.9%	0.6%	0.2%	0.4%	0.4%	0.3%

*Annual prevalence is a measure of the number/percentage of people who have consumed an illicit drug at least

(Source: United Nations Office for Drugs and Crime, 2008: 9)

National Prevalence of Drug Use

The National Advisory Committee on Drugs carried out a national ‘capture- re-capture’ prevalence study for Ireland and published its full report in 2004⁶. The results of this study showed that there were an estimated 14,158 opiate users aged 15-64 in Ireland in 2000. In 2001, there was a modest rise to 14,452. However, the rate of 5.6 opiate users per 1,000 of population remained the same over the two year period.

The estimate at the time for opiate users outside of the greater Dublin area was 2,526 for the year 2000 and 2,225 for the year 2001. These figures represent a rate of 1.4 per 1,000 in 2000 and 1.2 per 1,000 in 2001.

The most recent prevalence study undertaken by the National Advisory Committee on Drugs was in 2006/7. The key findings to date are that in Ireland one in four respondents (25%) aged between 15 – 64 years reported taking an illegal drug at some point in their life.

The following Table presents an overview of the lifetime prevalence across a number of drug types.

Table 2: National Overview of Lifetime Prevalence of Drug Use

Table 1.1: Ireland – Lifetime Prevalence (%) 2006/7										
Drug	All Adults			Young Adults		Older Adults				
	15-64	Males	Females	15-34	35-64	15-24	25-34	35-44	45-54	55-64
Any illegal drugs*	24.0	29.4	18.5	31.4	17.6	28.5	34.0	26.7	15.0	6.8
Cannabis	21.9	27.0	16.6	28.6	16.1	24.8	31.9	24.4	13.6	6.4
Heroin	0.4	0.5	0.4	0.4	0.4	0.3	0.6	0.7	0.2	0.3
Methadone	0.3	0.3	0.3	0.5	0.2	0.4	0.5	0.5	0.0	0.2
Other Opiates**	6.2	4.7	7.8	4.6	7.6	2.8	6.3	8.3	7.0	7.1
Cocaine (total including crack)	5.3	7.0	3.5	8.2	2.7	7.0	9.3	4.5	2.4	0.3
Crack	0.6	0.8	0.4	1.0	0.2	1.5	0.6	0.4	0.2	0.0
Cocaine Powder	5.0	6.7	3.3	7.8	2.6	6.3	9.2	4.4	2.4	0.3
Amphetamines	3.5	4.6	2.5	5.1	2.1	3.2	6.8	3.4	1.6	0.9
Ecstasy	5.4	7.2	3.6	9.0	2.3	6.5	11.2	4.9	0.7	0.1
LSD	2.9	4.0	1.7	3.6	2.2	1.0	5.9	3.3	1.9	0.9
Magic Mushrooms	5.8	7.7	3.8	8.4	3.5	6.7	9.9	5.8	2.8	0.7
Solvents	1.9	2.3	1.4	3.2	0.8	4.2	2.2	1.6	0.3	0.1
Poppers***	3.3	4.2	2.4	5.5	1.4	5.9	5.1	2.6	0.9	0.2
Sedatives & Tranquillisers	10.5	8.0	13.2	5.9	14.6	4.8	6.8	10.8	14.6	20.5
Anti-depressants	9.2	5.9	12.5	7.1	11.0	4.8	9.1	10.8	10.1	12.4

Note: All figures are rounded to the nearest decimal place

* For this study, "any illegal drugs" refers to amphetamines, cannabis, cocaine powder, crack, ecstasy, heroin, LSD, magic mushrooms, poppers and solvents.
** A change in the measurement of 'other opiates' occurred in the 2006/7 survey. Please see Methodology section for further details.
*** Poppers ie amyl or butyl nitrite.

(Source: NACD, 2008: 2)

⁶ The capture, re-capture method involved cross analysis of people recorded on the National Drug Treatment List, the Garda Síochána database and the General Hospital admissions system. A summary report was published in 2003

Prevalence within the Mid-Western Regional Drugs Task Force (MWRDTF) Area

The information on prevalence of drug misuse within the Mid-Western Region provided below, is taken directly from the National Advisory Committee on Drugs 2008 Report⁷.

Any Illegal Drugs

Eighteen percent of respondents reported having ever taken any illegal drugs in their lifetime; 6% had done so in the previous year, and 1% in the previous month. Among all adults aged 15-64 in the Mid West Region, the prevalence rates for any illegal drugs were lower than the corresponding national figures. Males were more likely than females to report lifetime use (22% compared to 14%), last year use (8% compared to 4%) and last month use (3% compared to 0%) of any illegal drugs. Young adults aged 15-34 had higher prevalence rates than older adults aged 35-64 for use of any illegal drugs in each of the three time periods examined.

Cannabis

Cannabis was the most commonly used illegal drug: 17% of all respondents reported ever taking it, 5% had done so in the previous year, and 1% in the previous month.

Other Illegal Drugs

Apart from cannabis, highest levels of lifetime use were recorded for magic mushrooms, ecstasy, cocaine powder and amphetamines (each 3%); and LSD, solvents and poppers (each 2%). Poppers, cocaine powder, ecstasy and amphetamines (each 1%) were the most commonly reported drugs used in the past year. Current use of ecstasy and LSD (each 0.3%) was low.

Sedatives, Tranquillisers and Anti-depressants

Nine percent of respondents reported ever using sedatives and tranquillisers, 4% had done so in the previous year and 2% in the previous month. Males were as likely as females to report current use of sedatives and tranquillisers (2%). However, females were at least twice as likely as males to report lifetime use (13% compared to 5%) and last year use (6% compared to 3%). Older adults reported higher prevalence rates than young adults, across the three time periods examined. Ten percent of respondents reported having

⁷ NACD (2008) *Drug Use in Ireland and Northern Ireland. 2006/2007 Drug Prevalence Survey: Regional Drug Task Force (Ireland) Health and Social Service Board (Northern Ireland)*. Bulletin 2, Dublin, NACD

ever used anti-depressants, 4% had done so in the previous year, and 2% in the previous month.

Other Opiates

Six percent of respondents reported ever using other opiates; 3% had used other opiates in the previous year, and 1% in the previous month. Young adults were more likely than older adults to report last year use (5% compared to 1%) and last month use (2% compared to 0.2%).

Alcohol

Ninety percent of respondents surveyed in the Mid West Region reported that they had ever taken alcohol, 83% had done so in the previous year, and 72% in the previous month. Young adults aged 15-34 were more likely than older adults ages 35-64 to report use of alcohol in their lifetime, in the last year and in the last month. Alcohol prevalence rates within the Mid West Region were broadly similar to the corresponding national rates, although older adults reported slightly lower rates for last year and last month use.

Tobacco

Sixty percent of respondents reported having ever smoked tobacco, 39% had done so in the previous year, and 36% in the previous month. Young adults were more likely than older adults to report last year use (40% compared to 38%) and current use (38% compared to 34%) of tobacco. Males were more likely than females to report recent and current smoking.

The National Drug Treatment Reporting System

The Health Research Board collates and analyses the returns for the National Drug Treatment Reporting System. They found that *'a total of **2953 cases**⁸ residing in the HSE Mid Western Area were reported entering treatment for drug or alcohol problem use between 2004 and 2007'*.

The following Table presents a breakdown of treatment cases by year and country of residences.

⁸ Ref: Health Research Board; 2008 (Please note that cases refer to episodes of treatment rather than the number of individual people. This means that individuals may appear more than once if they attend more than one treatment service)

Table 3: Drug and Alcohol Treatment by County of Residence

County of residence	Year treated				Total
	2004	2005	2006	2007	
Clare	138	160	160	201	659
Limerick	390	386	388	649	1813
Tipperary NR	95	122	118	142	477
Mid west area unspecified	0	4	0	0	4
Total	623	672	666	992	2953

Source: Health Research Board (2008) Analysis of 2004-2007 National Drug Treatment Reporting System (NDTRS) data for Mid Western HSE Area, Dublin, HRB

As the National Drug Treatment Reporting System Returns Table shows for the period 2004-2007, there was a 66.4% increase in people from Limerick (City and County) being treated (649 cases in 2007 compared to 390 in 2004). The vast majority (65%) of those who sought and accessed drug or alcohol treatment from the South West in 2007 were from the Limerick area. Similarly, 70% of participants in the Mid-West Region's methadone maintenance programme are from Limerick City.

Alcohol was by far the main problem drug identified at the assessment stage for the treatment of drug and alcohol services within the Mid West. Between 2004 and 2007 it accounted for the primary drug problem in 64% of assessments. This was followed by cannabis (13.7%) and then opiates (13.5%).

The Table below presents an overview of the finding of the Health Research Board on the main problem drug reported within the Mid West at assessment by year of presentation.

Table 4: Health Research Board 2008: Main Problem Drug Reported within the Mid West at Assessment by Year of Presentation.

Main problem drug at assessment	Year treated				Total
	2004	2005	2006	2007	
Opiates	49	56	111	184	400
Ecstasy	15	11	10	5	41
Cocaine	15	20	36	70	141
Other stimulants	3	7	9	7	26
Benzodiazepines	2	6	3	17	28
Volatile inhalants	3	5	3	4	15

Cannabis	92	79	114	121	406
Alcohol	443	488	380	584	1895
Others	1	0	0	0	1
Total	623	672	666	992	2953

Source: Health Research Board, 2008:6 Analysis of 2004-2007 National Drug Treatment Reporting System (NDTRS) data for Mid Western HSE Area

Summary

The national prevalence for lifetime use of any illegal drug is 25%, which means that one in four adults between the age of 18 and 64 have taken an illegal drug at least once in their lifetime. In the Mid-West region, the lifetime prevalence for any illegal drug is 22% for males and 14% for females.

In 2007, 649 individuals commenced treatment in Limerick city and county for drug and/or alcohol problems. This is a substantial increase of 66.4% on the number of people that received treatment in 2004.

Chapter 4 The Response to the Problem

National Drug Strategy Team

In 1996, the Government established the National Drug Strategy Team (NDST). The team is made up of representatives of Government and state bodies and also includes community and voluntary service provider representatives.

Local and Regional Drug Task Forces

In 1997, the Government set about establishing thirteen Local Drug Task Forces (LDTFs) in the areas experiencing the worst levels of opiate misuse⁹. These are: Ballyfermot, Ballymun, Blanchardstown, the Canal Communities, Clondalkin, Dublin North Inner City; Dublin South Inner City, Dublin 12, Dun Laoghaire/Rathdown, Finglas-Cabra, Tallaght, North East Dublin and Cork City. Bray was designated as an LDTF area in 2000. The LDTFs were established to provide a co-ordinated, strategic, local response by statutory, community and voluntary sectors, in areas where drug misuse is a serious problem.

Each Local Drugs Task Force is comprised of a partnership between the statutory, voluntary and community sectors. The terms of reference of the local drug task forces are as follows:

- ✓ to ensure the development of a co-ordinated and integrated response to tackling the drugs problem in their area;
- ✓ to create and maintain an up-to date database on the nature and extent of drug misuse and to provide information on drug-related services and resources in the region;
- ✓ to identify and address gaps in service provision having regard to evidence available on the extent and specific location of drug misuse in the region;
- ✓ to prepare a development plan to respond to regional drugs issues for assessment by the NDST and approval by the Inter Departmental Group on Drugs (IDG);
- ✓ to provide information and regular reports to the NDST in the format and frequency requested by the Team; and
- ✓ to develop regionally relevant policy proposals, in consultation with the NDST.

In 1998, the Young Persons Facilities and Services Fund was established to assist in the development of youth facilities in disadvantaged areas, where a significant drugs problem exists or has the potential to develop. The specific aim of the fund is to attract 'at-risk' young people into these facilities and activities with the aim of diverting them from the dangers of substance misuse.

In 2004, following on from one of the key recommendations of the National Drugs Strategy 2001-2008, Regional Drugs Task Forces (RDTFs) were established throughout the country, based on the 10 former health board

⁹ The Fourteenth task force was established in Bray a few years later.

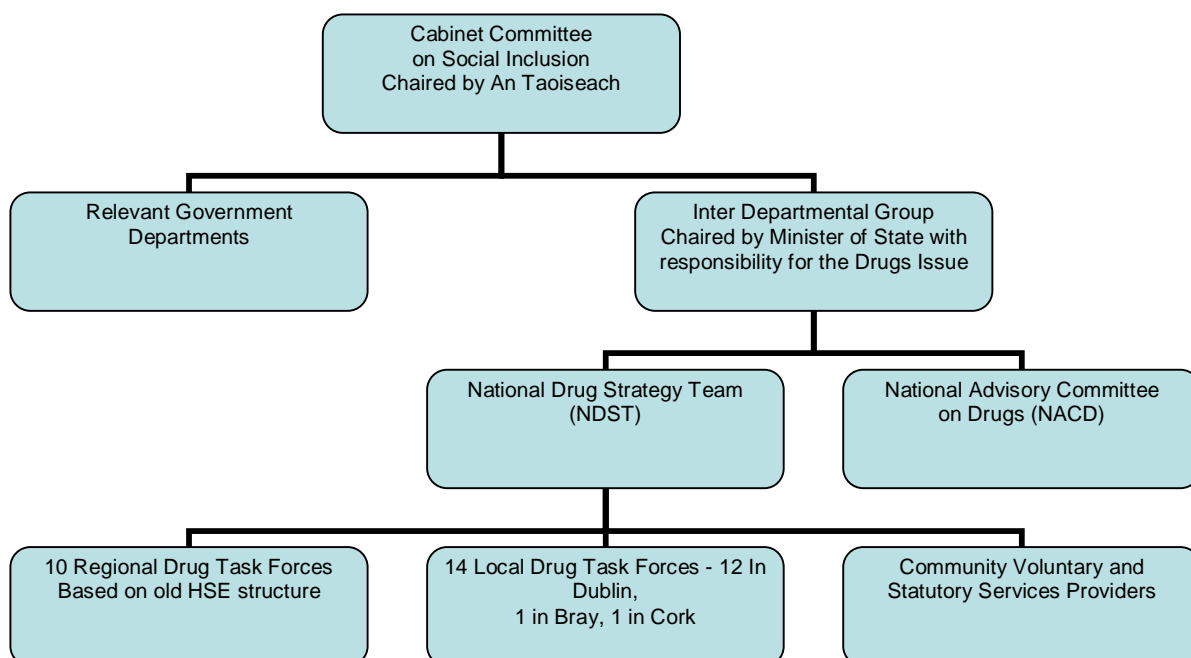
areas, to develop appropriate policies to deal with drug mis-use at regional level.

National Drug Strategy: Building on Experience

In 2001, the Government launched their National Drug Strategy, *Building on Experience*.

Its overall strategic aim is to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research.

The current structures under the National Drug Strategy are as follows:¹⁰



The Strategy set out 100 actions under the four pillars of:

1. Supply control, which focuses on reducing the supply of drugs within Ireland
2. Prevention, which focuses on education and drug awareness and well as specific targeted preventative initiatives
3. Treatment, which includes rehabilitation and
4. Research

In 2004, the Department of Community, Rural and Gaeltacht carried out a mid-term review of the strategy and added rehabilitation as a distinct fifth pillar.

¹⁰ Note: these structures may change in the forthcoming new Government Strategy.

Building on Experience is currently being evaluated and a new National Drug Strategy is expected towards the end of the year.

Funding the National Drug Strategy

The following Table presents an overview of the resources currently allocated by the Government to the implementation of the National Drug Strategy.

Table 5: 2006 Allocations directly attributable to drugs programmes from Government Departments/Agencies

Department/Agency	2006 allocation €million	
National Drugs Strategy Unit	43.000	
Department of Health and Children	0.978	
Health Service Executive	85.053	
FÁS	18.600	
Department of Education and Science	12.140	
Department of Environment, Heritage and Local Government	0.461	
Department of Justice, Equality and Law Reform	9.530	
Irish Prison Service	5.000	(estimate)*
An Garda Síochána	33.400	
Revenue's Customs Service	6.525	
Total	214.687	

* The Irish Prison Service expenditure reflects the expenditure for 2005. The IPS is currently reviewing its procedures for recording drug-related expenditure, and is expected to have a report on 2006 expenditure in the coming months, once this review is completed.

Source: Department of Community, Rural and Gaeltacht Affairs, October 2007.

European Response

In 1993, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was founded to provide the EU and its Member States with a factual overview of European drug problems and a common information framework to support the drugs debate.

In June 2005, the Council of the European Union endorsed an EU Drugs Strategy (2005-2012). The strategy is underpinned by the principles of 'respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights'. Its aim is 'to protect and improve the well-being of society and of the individual, to protect public health, to offer a high level of security for the general public and to take a balanced, integrated approach to the drugs problem'.

Summary

The problem of drug misuse was not officially acknowledged until the 1960s. The current structures and response to the 'drugs crisis' developed from the two Ministerial reports of 1996 and 1997 known as the 'Rabbit Reports'. These reports resulted in the establishment of the National Drug Strategy Team and fourteen Local Drug Task Forces in communities most affected by drug misuse.

The current National Drug Strategy *Building on Experience* sought the establishment of ten Regional Drug Task Forces throughout the country based on the former Health Board geographic structures.

In 2006, the total spend on the Drug Programmes by Government Departments/Agencies was almost €215,000 million.

Chapter 5 Profile of Limerick City

Studies such as Fahey and Williams (2000) on the spatial distribution of disadvantage in Ireland suggest that where the environment is extremely unpleasant, it will have a negative impact on its residents' experiences. However, they also note that

Popular views about the unpleasantness of life in such areas may contain a large element of prejudice and unjustified fear (2000: 237).

While acknowledging that the unpleasant environment within some areas of Limerick City can and does impact upon its residents, we are also aware that popular views of Limerick may contain 'a large element of prejudice and unjustified fear'.

As the vision of the LCSG for Limerick City includes the development of a positive community perspective, we commenced our focus groups by exploring what it is that we are proud of about Limerick. In presenting a more balanced view of Limerick as part of the profile of the City, we have included an insight into the positive aspects of Limerick as identified by the focus group participants.

People

Limerick has its share of famous people. Politicians, historians, actors, playwrights, presenters, writers, singers, sportsmen, entrepreneurs and philanthropists.

However what came through most from the consultations was the greatness and friendliness, sense of humour and ability to laugh at themselves - the ordinary people of Limerick. Limerick people were also described as proud, strong, and loyal to each other.

History and Culture

Limerick has a very impressive history of which it remains very proud. It is a beautiful city with majestic rivers. It has also more recently developed as a city of culture with abundance of theatre, dance, poetry, literature and art. This has enhanced the cosmopolitan feel of the city.

Night Life and Music

The night life was described by the focus group participants as 'great' and varied. It has become a safer place to enjoy a night out. The community has a great positive energy around it particularly when celebrating events such as the European Rugby final.

Education

There are a number of 3rd level colleges in Limerick City. These include the University of Limerick¹¹, Mary Immaculate College and Limerick Institute of Technology. In the focus groups, the University of Limerick was highlighted as having a particularly strong presence in the city. It is recognised as a centre of excellence, attracting students from not only around the country but from around the globe. It is also a very open and accessible university, with opportunities for local youth and community groups to avail of the facilities.

Sport

Limerick City is famous for its superb rugby legends, from Garryowen to Young Munster. The Limerick Senior Hurlers were one of the first sporting teams to support a drugs awareness initiative through the wearing of shirts sponsored by the then Mid-Western Health Board bearing the logo "Drug Free Cul". Limerick's rugby facilities, Thomond Park, is now the envy of many. Limerick has developed itself as a city for boxing success. Other sporting achievements for Limerick include their junior soccer team and the University of Limerick basketball team. In sporting circles, Limerick has been described as 'the hub' of Southern Ireland for those with an interest in sport.

Regeneration

Limerick has achieved remarkable development over the last year. The introduction of the Regeneration Programme has brought with it the promise of change and people are ready for, and anticipating, positive progress.

It was perceived by the focus group that although we are entering into an economic recession, Limerick city is continuing to thrive and/or hold its own economically and commercially in contrast to other areas around the county. It continues to attract investment and thus the creation of new employment opportunities.¹²

¹¹ Although, officially located in the County of Limerick.

¹² Note these comments were taken from the focus groups held in Sept 2008.

An Overview of the Socio-Economic and Demographic Profile of Limerick City

Limerick City is located in the Mid Western Region of Ireland which covers the counties of Limerick, Clare and North Tipperary. Although the region as a whole is relatively rural, Limerick City accounts for over one quarter of the region's population of approximately 240,000 people.

The high deprivation levels in Limerick City, found across all of the eight indicators below, show the high risk facing young people growing up in the area.

1. Educational Achievement
2. Social Class
3. Unemployment Rates
4. Housing
5. Lone Parents
6. Inter-family relationships
7. Deliberate self harm
8. Homelessness

Pobal¹³ provides a summary of the deprivation analysis undertaken for each county as part of the GAMMA Baseline Reports (2008)¹⁴. This study found that:

Limerick City is by far the most disadvantaged local authority area within the region and the second most disadvantaged county in Ireland as a whole. The relative deprivation of Limerick City has steadily increased over the past fifteen years from a score of -2.4 in 1991 to -7.9 in 2006.

The socio-economic and demographic profile of Limerick City and surrounding areas is based on data drawn from Gamma (2008) Baseline Data Reports for Limerick City, County Limerick and County Clare¹⁵, as well as from Haase & Pratschke's New Measures of Deprivation for the Republic of Ireland (2008)¹⁶.

Population

Limerick City recorded a population of 59,790 in the most recent Census of Population (2006), with a further 38,569 people living in the Limerick suburban area, and 10,341 living in the hinterland region¹⁷. Over the previous 15 years,

¹³ Pobal is a not for profit company that manages social inclusion projects on behalf of the Government

¹⁴ Gamma (2008). PAUL Partnership Baseline Data Report – 2006. Dublin: Pobal;

<http://www.pobal.ie/dep/Pages/1002.aspx>

¹⁵ Ibid

¹⁶ Haase, T. & Pratschke, J. (2008) *New Measures of Deprivation for the Republic of Ireland*. Dublin: Pobal

¹⁷ The Limerick suburban area refers to areas such as Castletroy, Annacotty, Dooradoyle, Raheen, Mungret, Shannon Banks, and Westbury. The hinterland region refers to areas such as Castleconnell, Patrickswell, Clarina, Ardnacrusha, Ballysheedy, Ballyclough, Meelick, and Cratloe. While these areas

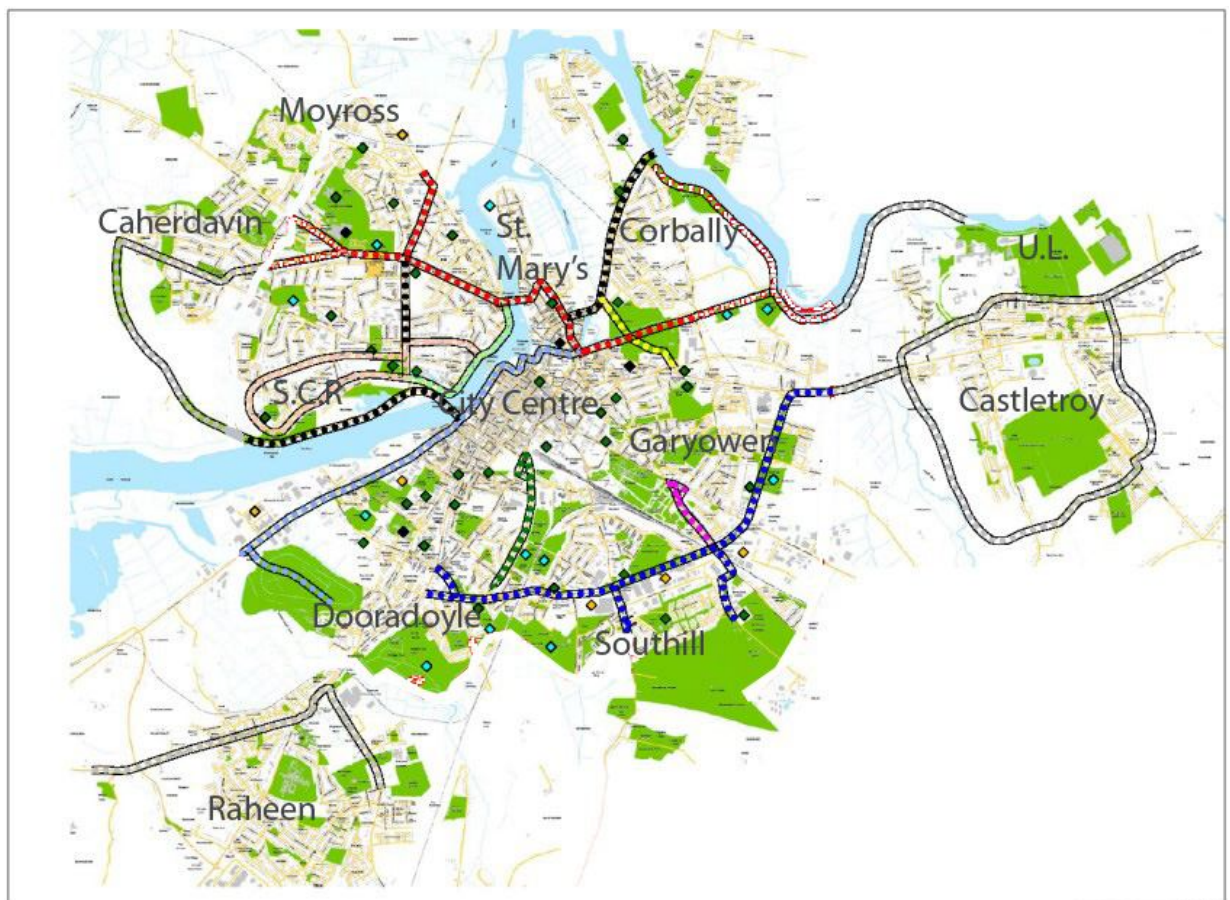
the population of Limerick City as a whole has remained relatively constant, having increased by just 0.8% from 1991 to 2006. This is in stark contrast to the population trends for the Limerick suburban area which has witnessed a population increase of +77% over the same period of time.

However, within Limerick City, divergent population trends have been recorded. Following the redevelopment of the inner city centre area and the emergence of new residential and apartment complexes, the population in individual parts of the city centre has more than doubled over the past fifteen years, while at the same time, other areas have experienced significant population decline.

Boundary

In March 2008, a change was made in the boundary definition between Limerick City and County, by which Limerick North Rural now constitutes part of Limerick City.

The following map shows the area of Limerick City which is covered by the Limerick City Sub-Group.



are located within Counties Limerick and Clare, their proximity to Limerick City means that the population of these areas would access many of the services in Limerick City.

Deprivation Levels

Limerick is a highly segregated city with areas of relative affluence and areas of high deprivation. The Gamma deprivation analyses found that:

The most affluent areas within Limerick City are in its West Quadrant, whilst the East is close to the average level of the affluence/deprivation spectrum. The North and South Quadrants are the most disadvantaged parts found anywhere throughout Ireland.

This brings with it stark contrasts in lifestyle and standards of living. In 2007, John Fitzgerald reported to Government on how to address the issue of social exclusion in key areas of Limerick City. He found that:

The Moyross and Southill areas of Limerick suffer from some acute problems of disadvantage. In particular they have a high unemployment rate (5 times the national average), a high proportion of one-parent families, significant educational disadvantage with educational attainments well below the national norm. In terms of socio-economic status, CSO analysis shows that these estates are among the most deprived in the country (2007: 5).

Educational Achievement

The education levels among adults in Ireland have improved considerably between 1991 and 2006. In 1991, 36.7% of the adult population in Ireland had only primary education, but by 2006, this had fallen to 18.9%. The education levels among adults in Limerick City also improved during this time, although it still compares unfavourably with the national average, and with rates for the population in the Limerick suburban and hinterland areas. In 2006, 22% of the adult population in Limerick City had a primary education only, and in some individual areas of the city this figure was as high as 50%. In Limerick City suburban and hinterland areas, all but two¹⁸ Electoral Divisions¹⁹ had a rate of early school leaving (i.e. primary education only) that was worse than the national average.

In terms of third level education, Limerick City is also below the national average – 23.9% of the adult population in Limerick City has a third level education, compared to 30.5% for the country as a whole. Again, different areas of the city fare worse than others. In fact, 10 Electoral Divisions in the city recorded a rate of third level education of less than 10%. On the other hand, the rate of third level education within the suburban and hinterland Electoral Divisions was much higher, ranging from 23.4% (Patrickswell) to 52.2% (Ballysimon).

¹⁸ The percentage of people who had primary education only was slightly above the national average in Patrickswell and Limerick South Rural

¹⁹ An electoral division, formally known as district electoral division (DED), is small area measurement used for identifying and collating data at local level. There are a total of 4,334 Electoral Divisions within the Republic of Ireland.

Social Class Composition

The educational achievement level is also reflected in the breakdown of social class within Limerick City.

From the 1991 Census to the 2006 Census, the proportion of those in the professional social classes has increased in Ireland, while the proportion of those in the lower skilled social classes has declined. A similar pattern was recorded for Limerick City, although the percentage of the population who classified themselves as 'professional workers' was still lower in Limerick, while the percentage of those who described themselves as 'semi or unskilled manual workers' was higher, particularly so in certain individual areas of the city.

Meanwhile, Electoral Divisions within the Limerick suburban and hinterland areas reported higher percentages of 'professional workers' and lower percentages of 'semi/unskilled manual workers', ranging from a rate of 25.4% for 'professional workers' in Limerick South Rural to a rate of 53.5% in Cratloe; while the rate for 'semi/unskilled manual workers' ranged from 7.5% in Cratloe to 19.1% in Patrickswell.

Unemployment Rates

Unemployment in Limerick City and in Ireland has fallen consistently over the fifteen years from 1991 to 2006. In fact, the unemployment rate in Limerick City has fallen at a rate greater than the national rate of decline. Despite this, the actual rate of unemployment in Limerick City in 2006 remains higher than the national average – 15.7% for males, and 12.6% for females, compared to a national rate of 8.8% and 8.1% for males and females respectively. Once again, particular parts of the city are experiencing considerably higher levels of unemployment (even though in some cases, the decline in the unemployment rate is higher than the national average).

Table 6 Unemployment Rates

Area	Unemployment Rate 2006		Change in Unemployment Rate 1991 - 2006	
	Male	Female	Male	Female
State	8.8%	8.1%	-9.6	-6.0
Limerick City	15.7%	12.6%	-11.7	-6.9
John's A (St. Mary's Park)	49.8%	32.2%	-10.5	-18.5
Glentworth C (Prospect)	34.5%	35.9%	-14.7	-2.7
Galvone B (Southill)	39.6%	28.6%	-10.7	-17.6

On the other hand, the unemployment rates in the Limerick suburban and hinterland areas are below the national average (with the exception of the Castleconnell and Patrickswell Electoral Divisions). The 2006 unemployment

rates for males ranged from a low of 3.5% in Ballyvarra (Annacotty) to a high of 9.2% in Patrickswell, while for females, it ranged from 3.2% in Ballyvarra to 12.5% in Patrickswell.

Housing

Over the past 15 years there has been a decline in the proportion of local authority housing in Ireland, from 9.8% in 1991 to 7.5% in 2006. Limerick City itself has seen a significant decline of 6.2%, albeit from a much higher base (19.3% to 13.1%)²⁰.

Within Limerick City, there are extreme differences with regard to the level of local authority-rented housing stock. For example, Galvone B (Southill) has 47.8%, John's A (St. Mary's Park) has 44.5%, and Ballynanty (Moyross) has 44.3%. However, up to ten Electoral Divisions have less than 2% of local authority housing stock.

The total local authority style housing (both current and purchased/shared ownership) accounted for 41% of all private dwellings based upon the Census 2002 and Local Authority Housing Action Plans 2004 - 2008. It now accounts for 35% based on the Census 2006 data²¹.

Lone Parents

The proportion of lone parents (as a proportion of all households with dependent children) in Ireland has doubled over the past 15 years, growing from 10.7% in 1991 to 21.3% nationally in 2006. However, there are marked differences between urban and rural areas. Lone parent rates in the major cities are again up to twice the national average.

The rate of lone parents in Limerick City in 2006 was 38.6%. This is the highest rate pertaining for any county. However, once again, there are particular areas within the city where the lone parent rate is particularly high. In the suburban and hinterland areas, the lone parent rates were much lower, ranging from a low of 5.5% in Killeely Electoral Division (Meelick/Cratloe Road) to a high of 19.8% in Patrickswell.

Inter-Family Relationships

²⁰ The figures quoted in this section do not include houses that were once rented from the local authority but have since become privately owned. If these houses were included, the percentage of houses in Limerick City that are located within local authority housing areas is actually much higher.

²¹ However, it should be noted that the Census 2006 data is based on a larger city boundary as it includes Limerick North Rural, whereas the 2002 figure of 41% did not include Limerick North Rural. If the 2002 figure was recalculated to include Limerick North Rural, the percentage of local authority housing stock, based on 2002 Census data, was 37%.

Limerick City has a history of inter family feuds. These feuds have escalated with the expansion of the drug trade, as is highlighted in Kelleher & O' Connor's study into 'Men at the Margins' (2007:15). The impact of the feuds is widespread throughout the community, with many people who do not have anything to do with the feud becoming caught up in the fighting. In some cases this is because they are related in some way to the families involved. There is a 'fear' that was highlighted in the consultations with families and former drug users within the community. This fear is so great that it restricts children from playing on the streets or on the green spaces where they live. As one respondent in the Kelleher study highlighted:

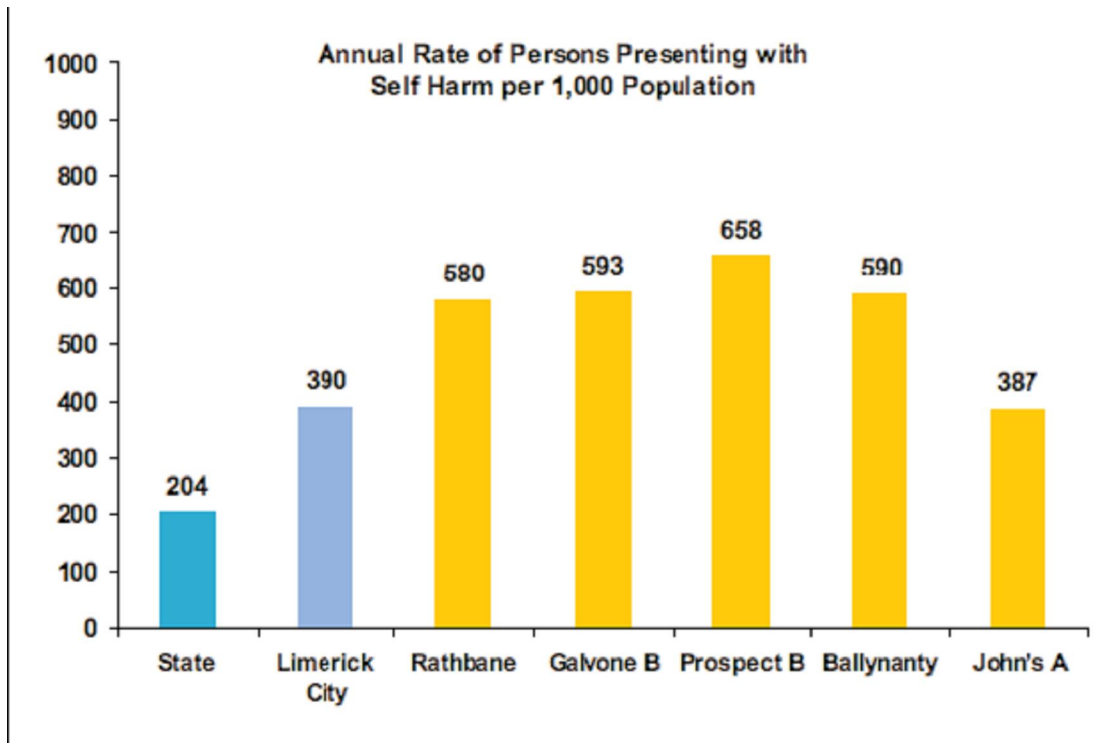
When kids come home from school, families do not let them play on the roads. They could get caught up in an argument with a child from a feuding family. The next thing you would know is that you would have your window blown in (Kelleher et al., 2007: 16).

The criminality and violence associated with both the inter-family feuding and drug dealing was highlighted throughout the community questionnaires.

Deliberate Self Harm

The rate of attempted self harm per head of population in Limerick City is considerably higher than the national average. The following graph, based on data from the National Suicide Research Foundation 2002 – 2005, highlights the stark variation between Limerick City and the country as a whole.

HSE Summary of the Community profile of the Northside and Southside Regeneration areas of Limerick City (2008, 16)



Homelessness

In 1999, the Limerick Leader reported that there were 19 people sleeping on the streets of Limerick, with an additional one hundred and thirty nine staying in homeless hostel accommodation.

The 2002 Local Authority Assessment of Homeless recorded 88 people who were assessed as homeless and had a need for local authority housing.

The HSE Community Profile (2008) reported that 406 people presented as homeless in Limerick City in 2007.

The 2008 *Counted In* report compiled by the Homeless Agency collects information on the number, gender and household make-up of people who are within homeless services over the period of one week in March. It found a total of 220 adults were using homeless services in Limerick during a week long period in March 2008.

Of these, 66% (N=144 people) were male and the remaining 34% (N= 73 people) were female. The breakdown of children is provided in the Table below.

Table 7: Number and Percentage of Adults and Children Using Homeless Services in Limerick during a week long period in March 2008

	Frequency	Percent

Adults	220	61%
Children	139	39%
Total number of people	359	100%

Source: Counted In, Limerick, Unpublished

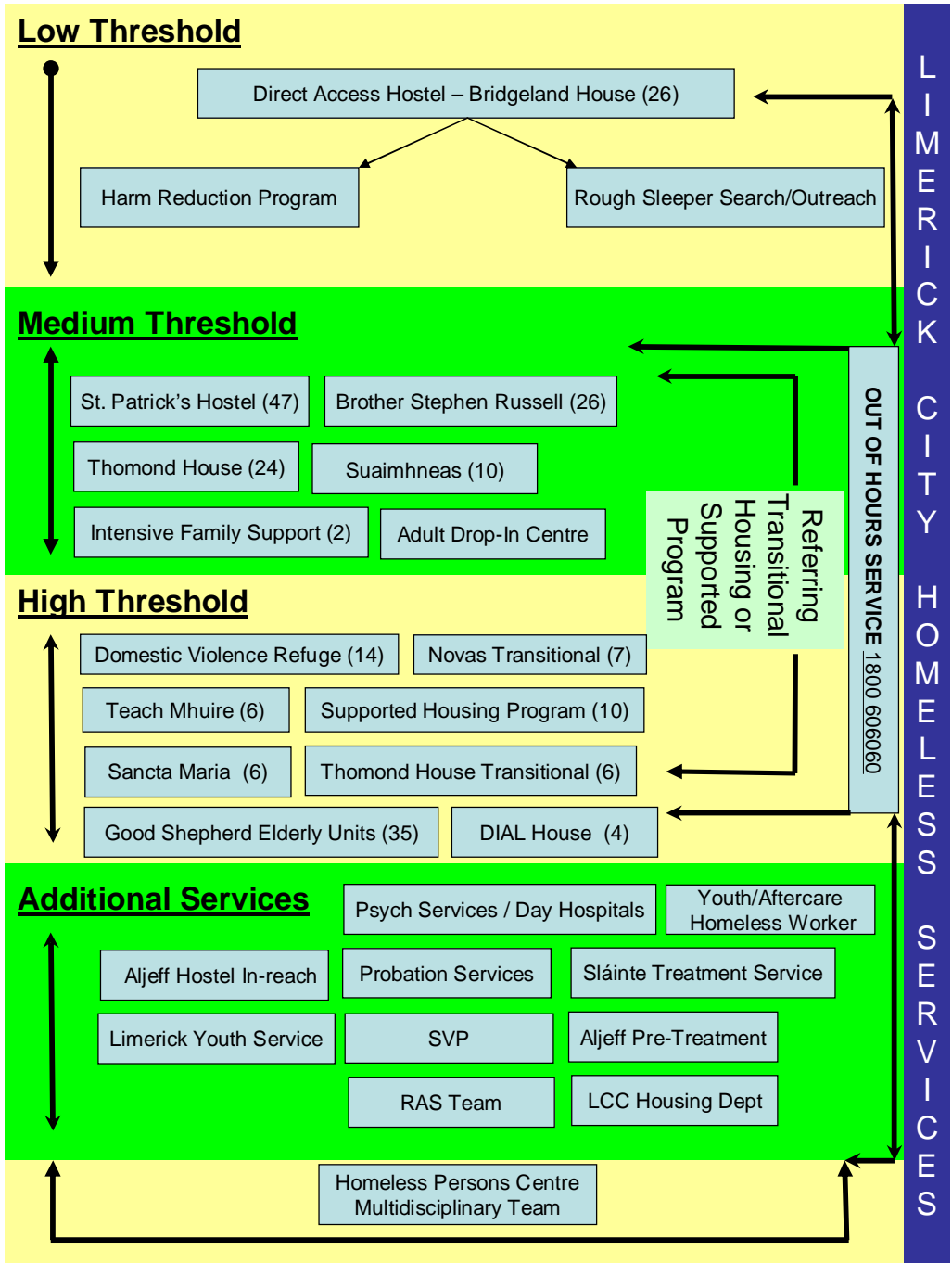
The majority (86%) were Irish, with 6% reporting to be from the EU and 1% from Non-EU countries. 7% did not state their nationality.

The issue of homelessness and drug misuse was highlighted within the consultations. The focus group with service users pointed out that more support and access to housing needs to be provided, particularly to people who cannot return to their own communities.

In other focus groups it was perceived that there has been a significant increase in the number of young people who are now becoming homeless due to their addiction. In 2005, the National Advisory Committee on Drugs commissioned research into drug use amongst the homeless population. The study was carried out by Caroline Corr of Merchants Quay and focused on Dublin, Cork, Limerick and Galway as the four key sites. The main reason given for homelessness by respondents within Limerick City was personal alcohol use (22%), followed by family conflict (19%) and domestic violence (11%). Personal drug use was the main reason given by 6% for their homelessness.

However, Merchants Quay found that in conducting the Alcohol Use Disorders Identification Test (AUDIT), 79% of the sample of people homeless in Limerick were found to have alcohol problems (i.e. at the harmful/hazardous drinking level of the AUDIT Scale).

The diagram below provides an overview of homeless services and supports in Limerick City. The numbers assigned to each service reflect the number of bed spaces and/or household units available.



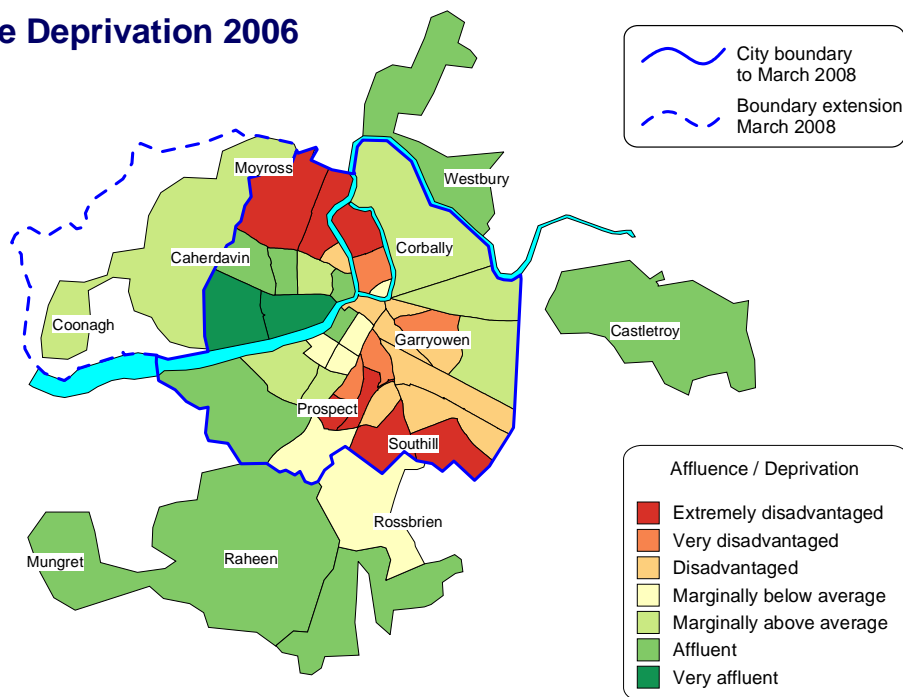
Summary Overall Relative Disadvantage

The GAMMA Baseline Report found that:

Limerick City is by far the most disadvantaged local authority area within the region and the second most disadvantaged county in Ireland as a whole. The relative deprivation of Limerick City has steadily increased over the past fifteen years from 1991 to 2006²².

Eight Electoral Divisions in Limerick City have a Relative Disadvantage score that indicates that they are considered 'Disadvantaged', four are 'disadvantaged', while seven are 'extremely disadvantaged'. Meanwhile, only seven Electoral Divisions were described to be either 'affluent' or 'very affluent'. No Electoral Division in Limerick City was described as 'extremely affluent'. The diagram below illustrates the Relative Deprivation Score for the in the city.

Relative Deprivation 2006



Data from Haase, T. & Pratschke (2008) New Measures of Spatial deprivation for the Republic of Ireland. Dublin: Pobal. Map produced by the Department of Geography, Mary Immaculate College, Limerick.

²² Gamma/Haase & Pratschke calculate levels of relative deprivation based on Census statistics, including population, population change, education, socio-economic status, employment rate and lone parent rate,

Chapter 6 Progress to Date

The following is an overview of the support services that were established in Limerick City from the funding provided to date by the Department of Community Rural and Gaeltacht under the National Drug Strategy.

Limerick Youth Service In the Know

The “In The Know Workers” initiative aims to engage with young people in Limerick who are involved in drug and alcohol abuse, anti-social behaviour and petty crime, to direct them into psychosocial behaviour programmes and to support them to remain in or return to learning.

Strengthening Families

The Strengthening Families initiative is an integral part of the In the Know Drugs Initiative. Its aim is to work intensively with young people in crisis due to their ongoing drug misuse.

Northstar Family Support Project

The Northstar Family Support Project was established to support, in a structured way, families who have been adversely affected by a family member’s addiction to drugs and alcohol, through individual and group support and counselling.

Limerick Youth Service Community Based Drugs Initiative

Limerick Youth Service aims to offer education, life skills and skill based training to young people in a non-judgemental, supportive and vibrant environment. Young people are empowered to realise their true potential and are equipped with the social skills to enhance their positive contribution to society

Aljeff Outreach Programme

The role of the Aljeff Outreach Programme is to establish a dedicated outreach team for Limerick City focusing on early intervention, greater prevention and pre-treatment of problematic drug in the city.

Aljeff Transitional Housing

The aim of the transitional service is to provide a comprehensive recovery, rehabilitation, reintegration and after-care programme in a transitional accommodation facility for clients from Limerick City recovering from addiction. The programme runs for a twelve week period after which the clients will be in a position to move to independent living and return to the work force or education.

Aljeff Family Programme

The Aljeff Family Programme provides counselling, support and intervention to families of clients from Limerick City in recovery, as well as re-integration supports to family members of prisoners/ex-prisoners from Limerick City, who are in recovery from addiction.

ALJEFF Family Support Groups are facilitated by therapists / counsellors who specialise in the family / addictions field. In these groups, members have the unique chance to experience how others struggle with issues similar to their own and can support each other via their shared experiences.

Family Respite

Funding has been allocated for the development of a family respite service. A number of properties have been identified as possible locations. It is anticipated that this service will commence shortly.

Community Groups

A series of meetings have been held between the Limerick City Sub-Group and local community groups to explore possible ways to create greater links with the community. The Sub-Group is considering the establishment of a community-based focus group with links to the Community and Voluntary Forum. It is the intent of the sub-group to get additional community representation on the LCSG, and also provide support structures for those represented on the LCSG so as to assist in the channeling of information to and from the local communities.

Chapter 7 National Drug Strategy Pillars: Progress to Date & Improvement Required

Reduction in the Supply of Drugs in Limerick City

Current Services Provision

One of the lead agencies in the reduction in the supply of drugs is An Garda Síochána. The Central Statistics Office (CSO) provides a breakdown of the number of Gardaí in cities by head of population. The following Table provides a comparison between the numbers of Gardaí assigned to Limerick vis-à-vis other cities in Ireland in 2006 and 2007.

Table 8: Number of Gardaí assigned by county

Number of Gardaí	Actual	Per 100,000
DUBLIN	4,227	356
SLIGO / LEITRIM	300	337
CAVAN / MONAGHAN	401	334
DONEGAL	476	324
LIMERICK	593	322
CLARE	314	285
LONGFORD / WESTMEATH	318	281
CORK	1,236	257
MAYO	313	254
GLWAY / ROSCOMMON	704	242
TIPPERARY	361	242
KERRY	318	229
LAOIS/OFFALY	312	228
WATERFORD / KILKENNY	428	219
LOUTH / MEATH	533	195
CARLOW / KILDARE	402	170
WEXFORD / WICKLOW	365	142

Source: CSO Statistics 2006 & 2007, Irish Times 11th March 2008

In December 2008, a total of 624 Gardaí were assigned to the Limerick Division comprising of 1 Chief Superintendent, 1 Detective Superintendent, 5 Superintendents, 2 Detective Inspectors, 7 Detective Sergeants, 42 Detective Gardaí, 11 Uniform Inspectors 78 Sergeants and 477 Garda.²³

²³ Figures provided by Inspector Seamus Ruane, October 2008.

Achievements

Garda Drugs Units

There are 2 dedicated Garda Drugs Units in Limerick City – in Henry Street Garda Station and a newly established unit in Roxboro Garda Station. The Roxboro unit has been very active since it opened in 2007. The Gardaí have reported an increase in the number of seizures of illicit drugs since their establishment. The number of Seizures for Sale and Supply Contrary to Section 15 Misuse of Drugs Act in Limerick City for the year ended 31st December 2007 was 214. In the first 9 months of 2008 this figure was 213, equalling the total figure for 2007.

The Divisional Drugs Unit has been increased from 1 Sergeant and 6 Gardaí to 2 Sergeants and 12 Gardaí, which represents a 100% increase in the level of resources deployed.

The Gardaí have noted that there has been a significant increase in the number of seizures of heroin. This increase is in parallel with the trend of increased usage of this drug.

Media Reporting

Participants in the focus groups perceived that the level of media reporting of successful seizures has also increased.

Support from the Community

The Community Gardaí who participated in the consultation process for this plan reported a significant openness within the community and an increase in the level of support for the work they do, and that community intelligence and co-operation drives the success of policing in this area. This is similar to the finding in Kelleher and O'Connor's 2007 research into *Men at the Margins* in Limerick City. They reported that many young men mentioned that the community Gardaí were "ok" and even "helpful" (2007:21). It was felt by a majority of the focus group participants that there is growing awareness within the community around the issue of drug use, drug dealing and the related criminal activity.

Community Policing

A model of community policing is being developed for Limerick City. There are now two dedicated Community Policing Units. One is located on the Northside primarily based in Mayorstone Park Garda Station, while additional community policing resources are also based at Henry Street and Mary Street

Garda Stations. In total, there is 1 Inspector, 5 Sergeants and 50 Gardaí deployed specifically to Community Policing in the Northside and to engage in Community Voluntary and Statutory Fora. There is a similar Community Policing Unit in the Southside of the City based at Roxboro Road Garda Station, and consisting of 1 Inspector, 3 Sergeants and 24 Gardaí.

On both the North and Southside of the city, Community Policing Units meet with local communities through the existing regeneration fora. It is felt by Garda Authorities that these fora afford the community at large an opportunity to discuss all issues, including those relating to drug misuse, with the Gardaí.

Senior Garda Management also participate in the Joint Policing Committee²⁴ and this provides a statutory forum to address all matters directly with An Garda Síochána.

Areas for Improvement

Monitoring of CCTV

The CCTVs which operate in Moyross/Roxboro Road are currently monitored by CE scheme participants and not by the Gardaí. It was felt by a majority of the Limerick City Sub-Group and by some focus group participants that giving this role over to the Gardaí (which is how it operates in Henry Street Garda Station) would increase the effectiveness of CCTV as a means of monitoring drug dealing and crime. However, it was also noted that the introduction of CCTV has brought with it a 'hiding' or 'moving the problem' of the drug dealing to disused buildings and/or other areas outside of the CCTV monitoring. It was recommended by the Sub-Group that there be a review of the effectiveness of the CCTV.

Use of Young Children to Move Drugs

Young children were reported to be used as drug carriers. This was highlighted throughout the consultations. It was acknowledged that it was difficult for the Gardaí to respond when children this young were being used as carriers. There is a need to create awareness and vigilance amongst parents around the use of young children in this way.

Fear Surrounding Confidentiality

There is a fear within the community around the issue of confidentiality in the reporting of drugs issues to the Gardaí. At one consultation, it was reported

²⁴ Joint Policing Committees were established under the Garda Síochána Act 2005. Their function is to serve as a forum for consultations, discussions and recommendations on matters affecting the policing of the local authority's administrative area.

that the name of an informant was called out over the Garda radio. However this was reputed to be false by the Garda present. There is a danger that if a perception exists that this actually did occur, it would lead to reluctance on the part of the community to work with and support the Gardaí. It was felt that confidentiality works best where a Community Garda has developed trust between him/herself and residents in the community. This said, it was also felt by the Sub-group members that there needs to be a confidential drug line where people do not need to give their personal details if they want to report to the Gardaí. The introduction of the 'Dial to stop Drug Dealing' initiative, which is due to go live in Limerick in January/February 2009, should address this concern.

Response Time from Gardaí and Their Visibility

The length of time that it takes for Gardaí to respond to a report from the community was highlighted in a number of the consultations as an area for improvement. The response time was expressed by one participant as 'a day late and a dollar short'. However, the number of formal complaints to the Gardaí on this issue is very low.²⁵ Where complaints are made, an investigation into any delay is held and feedback provided to the complainant.

The Garda Professional Standards Unit (PSU) monitors the professional standard of service within the Garda Síochána. The PSU conducted an audit in the Limerick Division in January 2008. It found that there were very few incidents of delayed response and in the main the instances that were examined arose because of a heavy work load.

From the focus groups it was felt that there is a need for the Community Gardaí to be more visible on the streets within the communities. However, it is also important to note that the number of Gardaí in Limerick has increased significantly in recent years. There are now two drugs units, a second tier of the Garda armed response unit and an increase in community policing. Community Gardaí are deployed to specific areas and beats. Cycle Patrols and Foot Patrols in the various estates now form part of the Community Policing Initiative. The increased visibility has been complimented by members of the focus groups on both the Northside and South side of the city.

Courts and Sentencing

There is a perception amongst participants of the focus groups that the proceedings from the point of detection to the point of sentencing take too long. While it was accepted that there has been an increase in arrests, the perception is that this has not been accompanied by an increase in convictions for drug offences. There is also a perception that it is the small time drug dealers that are being caught, with the larger scale dealers escaping conviction.

²⁵ One complaint regarding response time was made in the last eleven months.

Although there are minimum mandatory sentences, it is still reliant on the discretion of the Judge. Sentences are not perceived to act as a deterrent to others who become involved in drug dealing. It is seen as important that mandatory sentencing 'does what it says on the tin'.

Children of Drug Using Parents

A concern was raised that parents misusing drugs themselves are not held responsible for the impact of their drug use on their children. The fact that young people are exposed to their parents taking drugs can lead to a drug culture becoming the norm for these young people. Additional concerns were raised in relation to the support required for grandparents who are caring for the children of their own drug-using or deceased children.²⁶ The Limerick Social Services Council study on the *Identification of Need of Communities in Limerick* (2007) reported on the vulnerability of children in Limerick City. The increase in children coming into care was also highlighted by the HSE West Social Work Department in their response to the consultation survey.

Prescription Drugs

Prescription drugs are widely available locally and are often times imported from abroad. One group consulted as part of the development of this Plan perceived that they are '*almost as easy to buy as smarties*'.

It was felt by the Sub-Group that a greater focus should be given to the amount of prescription drugs being sold on the streets that were purchased over the internet or prescribed by GPs in Ireland. There is a need for the Limerick City Group to support the HSE and the Irish College of General Practitioners on the development of a monitoring system to be put in place in order to detect if overprescribing of these drugs takes place.

Reduction in Supply of Drugs

In some focus groups it was perceived that there had been no reduction in the supply or demand for drugs. Although the Gardaí have successfully increased the number of drugs they seize, this was perceived as only the tip of the iceberg in relation to the level of drugs that continued to be available within Limerick City. However, it was noted that after significant drug seizures, the cost of drugs increases within the city.

In their response to our questionnaire, the Garda Drug Unit highlighted the continued availability of heroin and warned of the imminent arrival of crystal

²⁶ In 2004, the Citywide Family Support Network launched a report on the role grandparents have played in caring for their grandchildren due to their own child's drug use – *Supporting Grandparents... Supporting Children*.

meth. The increased availability of cocaine and its use by the middle class was also reported by the Gardaí.

Demand for Drugs

It was not perceived that there had been any significant decrease in the demand for drugs. The demand for drugs is not impacted greatly by the increase in seizures. It is recognised that there is a range of other broader social issues which impact on demand for drugs. The majority of respondents to the consultation questionnaires felt that the type of drug being used is getting stronger and that the age of people mis-using is getting younger. It was also highlighted that drug use in Limerick spans the social class divide.

Criminal Assets Bureau (CAB)

The focus groups highlighted a need for local drug units in each area and for the Criminal Assets Bureau to have an increased and enhanced role similar to that envisaged by the Fitzgerald report when it stated that

“this will involve extensive targeting of those criminals who have amassed assets of any significance from criminal activity. This can be pursued, if not by the establishment of a local CAB operation, by significantly intensifying the asset profiling of these individuals augmented by more targeted use of national resources and appropriate follow-up action by CAB (Fitzgerald, 2007).

The focus groups also advocated for all money seized by CAB to be invested back into the community.

Prisons

It was recommended by the Sub-group that contact be made with the Governor of Limerick Prison to see what collaborative work might be possible between the task force projects, the HSE and the prison in relation to drug services within the prison.

Drug Courts

The Sub-Group members favoured the introduction of a Drug Court Initiative to Limerick City, whereby someone who has committed a minor offence related to their addiction has the option to avail of a treatment programme under the supervision of the courts rather than serve a jail sentence. In effect, this would separate out the addiction issue from the criminal justice system.

Prevention of Drug Use, Education and Awareness in Limerick City

Current Services Provision

A HSE low-call helpline is staffed from Monday to Friday, from 2pm to 5pm. It provides a confidential advice and referral service. The contact number is 1850 700 850.

There are now nine drug education officers and one drug projects Co-ordinator working in Limerick City. These are based as follows:

VEC Drug Projects Co-ordinator	1 full time post
Limerick Youth Service	2 full time posts ²⁷
HSE	1 full time post
Young Persons Facilities and Services Fund	6 full time posts ²⁸
An Garda Siochána ²⁹	N/A

The HSE Regional Drug Co-ordination Unit funds the Limerick NUI Certificate in Addiction Studies. This provides approximately twenty two certificate places per year. The Limerick City Sub-Group is also involved in the development of a Diploma in Drugs & Alcohol Studies in the University of Limerick in conjunction with Mid West Regional Drug Task Force.

Current Drug Education Programme in Primary and Post Primary Schools

Primary Schools

The Walk Tall Programme has been disseminated to schools in the context of *Social, Personal and Health Education* (SPHE). SPHE became a mandatory curricular area in 2003. The Walk Tall programme aims to:

- ✓ Avert or delay experimentation with substances
- ✓ Reduce the demand for legal/illegal drugs
- ✓ Give primary school children the confidence, skills and knowledge to make healthy choices

The *Walk Tall Programme* Support Service offers support to teachers to deliver the programme. A dedicated support service is now available to the

27 The Limerick City Youth Service and the VEC education workers posts are funded through the Task Force.

28 These posts are based within the following community projects: St Mary's, Southill CDP, RESIN Our Lady of Lourdes CDP, St. Munchins Community Centre, Northside We're Ok Youth Initiative and Our Lady of Lourdes Action Centre.

29 The Gardaí do not have a dedicated staff providing drug education. However, they do, when required, work with particular school groups.

DEIS schools in Limerick.³⁰ An evening training programme is currently running for 20 teachers in the city. Another course is planned when this is completed because of the level of interest.

Post Primary Schools

On My Own Two Feet is being delivered in the junior cycle of post primary schools as part of the SPHE curriculum. In-service training in SPHE is provided to teachers. The Department of Education reported that a framework for the delivery of SPHE at senior cycle is currently being developed by the National Council for Curriculum and Assessment (NCCA). Relationships and Sexuality Education (RSE), which includes a module on drug awareness education, is currently being taught at senior cycle.

Three evaluations of the Walk Tall and On My Own Two Feet programme have been carried out to date. They found these school based education programmes to be positive. An evaluation of Social Personal Health Education programme at 2nd level schools also found it to be both appropriately targeted and relevant.

Achievements in Drug Education and Awareness

Drugs Education Workers

There are now two new drug education workers, two new community based drugs workers and two new outreach workers funded by the Department of Community, Rural and Gaeltacht under the Limerick City Sub-Group. Four of the new workers are based in Limerick City Youth Service (Limerick Youth Service), with two of them working in the Community. In addition two Outreach Workers are now based in Aljeff.³¹

It was perceived by the focus groups that the level of education and awareness has improved from where it was last year and that this will be strengthened again with the increase in drugs education workers.

The HSE Drug and Alcohol Service Drug Education Officer was found to be particularly effective in the work she undertook. This came across strongly from both from the open consultations as well as from the focus group with young people in the Southill FAS training centre. However, it was felt that increased access to the provision of this type of education should be prioritised.

³⁰ The DEIS initiative is designed to ensure that the most disadvantaged schools benefit from a comprehensive package of supports, while ensuring that others continue to get support in line with the level of disadvantage among their pupils.

³¹ These workers have a treatment focus.

The multi agency work undertaken in this area was reported to be working particularly well, as was the Blue Box creative education and preventative initiative.

Community Gardaí

The work of the Community Gardaí in providing drug education in schools and to parent groups was also praised. Currently, the Community Gardaí visit school when requested. In the focus groups, it was recommended that this service should be expanded out to include a wider range of schools. However, it should also be noted that the Garda representative on the Sub-group reported that the current Limerick City Gardaí School's programme has the highest level of school visits in comparison to any other community.

Community Addiction Studies

The Limerick NUI Certificate Community Addiction Studies course and the Community Addiction Studies Course (CASC) were reported to be going very well. It was perceived that people are more open to avail of training opportunities and that advantage should be taken of this and support given to ensure that those interested have access to such courses.

71 people have completed the CASC since it started in 2001 and 22 people commenced the course in January 2009. Between 2003 and 2008, 96 people have been supported to complete the NUI course. However, given the increase in demand for training in this area there is a need to ensure an expansion of what is currently available.³²

Strengthening Families

The Strengthening Families Programme has commenced and people are optimistic that it will be successful in providing support to families at risk of drug misuse.

North Star Project

The focus group participants felt that the level of support provided within the North Star Project Parent Support Project was successful and that this additional community based family support service should be piloted in other communities within Limerick City.

³² For example it was highlighted that the next Casc course will start in Jan 2009 and has approximately 60 candidates for 22 places.

Young Peoples Facilities and Services Fund

In 1998, the Government established the Young Peoples Facilities and Services Fund (YPFSF). The YPFSF targets those young people most at risk from substance misuse in disadvantaged areas.

The aim of the YPFSF is to develop youth, sport and other recreational facilities in order to attract "at risk" young people away from the potential dangers of substance misuse, into a safe, non-threatening and constructive environment. The plans for a local YPFSF were drawn up by local development groups made up of representatives from the Local Drug Task Force, Local Authority and VEC, who are also responsible for overseeing the implementation of the plans.

Limerick City Drugs Education and Prevention Strategy

The Limerick City Drug Education and Prevention Strategy is funded by the Young Peoples Facilities and Services Fund (YPFSF), under the Department of Community, Rural and Gaeltacht Affairs.

The Strategy was developed in conjunction with a range of local partners, and eight community-based groups are now being funded through the Strategy.

These groups are:

- ✓ Educare: Home/School/Community Liaison Network
- ✓ St. Mary's Partnership
- ✓ Limerick Travellers Development Group
- ✓ St. John's Partnership
- ✓ Rosbrien Education Substance Information Network (RESIN)
- ✓ Southill Integrated Development Company
- ✓ Northside 'We're Ok' Youth Initiative: Moyross and St. Munchin's CDP's

As mentioned above, the purpose of this fund is to develop youth facilities and services in disadvantaged areas where a significant drug problem exists or has the potential to develop, with a view to attracting young people, at risk of becoming involved in drugs, into more healthy and productive pursuits.

The Strategy also has a strong focus on the training of local activists and personnel, and an accredited City-wide Community Addiction Studies course commenced in January 2009.

Areas for Improvement

Multi Agency Approach

Both the focus groups and the consultation survey highlighted the need to have a structured and planned multi-agency approach to drugs education. This should include young people, parents, HSE and community drugs education workers, the Gardaí and service users working together to plan and deliver education programmes.

In reviewing the draft Strategic Plan for Limerick City, the Department of Education representative on the Sub-Group also recommended a co-ordinated multi-agency approach. She felt that

There is a role for drug projects and community projects in supporting schools in drug education. It is important, however, that these groups are not duplicating or delivering what the teacher should be doing in classroom. Any support or initiatives should be complementary to the drug education programme delivered through SPHE. For example, a community project could deliver a drug awareness programme to parents and children, which could be done in consultation with the SPHE teacher or Home School Community Liaison Officer. This would create a link between the community project and the school which is also part of the community, while at the same time providing support for the school, including parents and pupils. Another example could be where the school wants to update its substance abuse policy, support could be provided by drug education project workers, etc.³³

Early Intervention Strategy

There is a need to develop a specific strategy for early intervention and education. The Mid-West Drug Education Sub-Group highlighted the research around the key risk periods for drug abuse. These are during times of major transitions in children's lives; such as when they leave the security of the family and enter school. The LCSG also emphasised the need for this knowledge to inform the development of supportive youth initiatives in both the formal and informal sectors.

Drug Education and Prevention within Schools

A belief prevailed through the focus groups that you cannot over-educate in drug awareness. However, both the Department of Education and the Limerick City Sub-Group, noted that this is contrary to the opinion of experts and the findings of research on drug education.

It is the view of the Department of Education that information alone does not lead to prevention and can have negative effects, as knowledge alone is not enough to influence behaviour. They have found that information-only

³³ In feedback to the Limerick City Sub-group on reviewing the summary of the focus groups.

approaches to drug education have not demonstrated reductions in harmful behaviours.

There are a number of reasons why this is the case, such as those outlined by the Education Representative on the Task Force:

- a tendency for the young person to believe in his/her own invulnerability – “this is not going to happen to me”.
- the difference between what the young person sees or their own experience of drug use and the consequences shown in the education program. Young people may have seen their parents or peers using drugs without appearing to come to harm.
- the dangers associated with raising curiosity or glamorising behaviours. E.g. the ‘survivor’ or ex-addict can gain a heroic status and inadvertently make certain behaviour more attractive to students with an adventurous streak, or to those who are driven to cause themselves harm.
- a programme that depends on information only and is based on the assumption that students will or do use drugs, can send the message that it is the norm to use drugs.

The research commissioned by the National Advisory Committee on Drugs (Morgan, 2001) into drug use prevention found that most effective drug education programmes are those that include knowledge, social and life skills, and refusal skills. However, it should also be noted that the feedback from the focus groups was that the Walk Tall Programme and SPHE were perceived to be ‘hit and miss’ in the sense that some schools may be implementing these more than others³⁴.

Parents

It was felt strongly that parents need to be educated alongside the education of young people. Many parents are not aware of what drugs are available, what they look like and the potential effects of misuse. It was recommended that the Garda Drug Unit and HSE drugs education workers provide more education to parents to increase their level of knowledge in this area.

Prevalence of Substance Abuse Among Young People

The Limerick Youth Service workers highlighted the increasing intensity and prevalence of substance abuse among young people.³⁵

³⁴ The information on this section was provided by Ms Patricia Sheehan, Dept of Education & Science

³⁵ The Limerick City Youth Service have proposed a number of recommendations which will be also considered as part of the audit/action plan for drug prevention/education.

Educational Resources

It was highlighted during the consultation process that there is a need to publicise the current educational resources that are available so that people within the community are aware of and can avail of them. Consideration needs to be given to how information is disseminated.

There is a need to enhance the drug education training given to workers in the youth sector. An up-skilling training programme should be developed and implemented.

Education and Awareness for Other Geographical Areas

One of the recurring themes from the focus groups was that the drug issue was not just confined to the city's regeneration areas but that it was a reality within the city as a whole. Concern was raised that the lack of awareness of the existence of drugs in areas outside of the most disadvantaged areas may lead to the neglect of responses in these less highlighted areas. It was felt that areas outside of those highlighted by the media are often believed to be 'safe from drugs'. Communities need to be aware that drugs are now everywhere and can affect all families and communities.

The original key focus of the Paul Partnership was on supporting the communities within Limerick City with the strongest concentrations of disadvantage, namely Southill, Moyross and the parishes of Our Lady of Lourdes, St. Munchin's and St. Mary's. In 2008, the partnership expanded its remit to include all of Limerick City. In 2005, the Paul Partnership commissioned baseline analysis of the needs of communities which were not specifically within their target population but which were known to have some of the recognised characteristics of disadvantage.

The findings of this baseline study showed that

In terms of neighbourhood problems, issues relating to families and anti-social behaviour are high on the agenda of problems across all neighbourhoods. The most serious problems are teenagers / young people hanging around with nothing to do, lack of parental control, traffic and lack of play facilities for children. Drug / alcohol abuse and drug dealing and that people don't care about the area are also significant problems. (Paul Partnership, 2005: 74).

Media Pop Culture

It was highlighted during the focus groups that the media have played a role in glamorising and/or portraying sensationalist and moralistic messages regarding drug use. Examples were given of the singer Amy Winehouse and You Tube as the 'other educators' of young people in the use of drugs.

Awareness around the Potential Risks Associated with Softer Drugs

There is a danger that people are not familiar with the potential danger and risk associated with legal and/or low tariff drugs such as alcohol and cannabis. During some of the consultations there was a dismissing of these as 'ok and not any real harm'. In addition, two hemp shops have recently opened in Limerick City.

Youth Programmes

The need to focus and learn about why the majority of young people choose not to use drugs was highlighted by the Limerick Sub-Group. Some of the reasons highlighted for this during the consultations included the availability of youth clubs and drop-in facilities. There is now an opportunity with the Regeneration Programme to ensure that these are available. However, they must ensure that they specifically target those at risk and not exclude the most vulnerable.

A need was identified during the consultation with young people and through the focus groups for youth specific services. There is a danger with the development of generalised community based services that there will be a limited time allocation available for young people. Stables and sulky tracks for young people who are interested in horses were also suggested. Here, the young people could be involved in building the stables. These community-based and community-run programmes were highlighted as effective preventative measures to support people in not becoming involved in drug using.

In their recent needs analysis the Limerick Social Service Council received a similar response with parents highlighting their concern that teenagers not involved in sport have very little places to go. They found that:

The risk of becoming involved in anti-social behaviours were seen to be significantly higher where parents stated there were few community initiatives targeting or leisure facilities available for young people (2007: 62).

It was felt that the provision of youth supports should be on the basis of a tiered model of service provision. This would mean that at Tier One there are generic type services which are open to all of the community including young people, through to the provision of youth specific high support services for those currently mis-using drugs.

Social Environment

The environment in which a young person develops has been found to have a significant impact on the level of risk toward drug taking. The Task Force highlighted this in their submission to the Regeneration Board.

Underpinning this approach is the need to develop a built environment and cultural climate that values young people. An environment and climate which recognises and values their developmental needs and focuses on ensuring that they have the opportunities to develop:

- ✓ Independence and Adventure
- ✓ Intimacy and Consciousness
- ✓ Activity and Fun
- ✓ Self-Reliance and Health
- ✓ Problem-Solving Capacities
- ✓ And a commitment to their community³⁶

Training and Development in Drug Education

In July 2008, the Mid West Drug Education Workers Forum undertook an assessment of training needs amongst groups and projects on their databases. Just over half of the respondents prioritised the need for training in the following three areas:

- a) An Introduction to Addiction including definitions, models of addiction, risk/protection factors;
- b) Drug Awareness including alcohol, pharmacology, names, signs and symptoms; and
- c) Drug Information including information on crystal meths.

Almost half of the respondents [46% (n=43)] sought Drug Intervention Skills, including Brief Intervention and Motivational Interviewing. Over two-thirds of respondents sought training on drug use within specific communities.

Limerick City Education and Prevention Recommendations to the Regeneration Board

The Limerick City Sub-Group developed a five point summary of their recommendations to the Regeneration Board in relation to the strengthening of drug education and prevention in Limerick City. The following are the five key essentials highlighted by the Sub-group in June 2008.

1. Evidence Based Education and Prevention

All drug education / prevention programmes in the formal and informal sectors should be informed by the evidence base and be delivered within a best practice framework.

³⁶ Education Sub-group presentation to Regeneration Board. Adapted from Peele (1986)

2. Risk and Protective Factors

The redevelopment of the communities in terms of the built environment, infrastructure and services must take into account risk and protective factors for drug and alcohol misuse and how these impact on individual behaviour, families and the wider community.

3. Major Life Transitions for Youth

Research has shown that the key risk periods for drug abuse are during major transitions in children's lives; such as when they leave the security of the family and enter school. This knowledge needs to inform the development of supportive youth initiatives in both the formal and informal sectors.

4. Prevention through Design & Regeneration

The Regeneration Board must take into account the research into social disorganisation and how this impacts on adolescent development, drug misuse/other problem behaviours and commitment to society and community.

If child and adolescent developmental needs are not met in a positive environment - the risk is that they will be worked through in hostile environments with negative outcomes for the young person and those around them.

5. A Positive Environment and Positive Cultural Climate

Underpinning this approach is the need to develop a built environment and cultural climate that values young people. An environment and climate which recognises and values their developmental needs and focuses on ensuring that they have the opportunities to develop independence and adventure, intimacy and consciousness, activity and fun, self-reliance and health, problem-solving capacities and a commitment to their community³⁷

³⁷ Adapted from Peele (1986)

Drug Treatment Services in Limerick

Current Service Provision

The National Drug Strategy has moved towards developing and delivering services within a four tier treatment model. This means that a varying level of support and expertise is provided at each tier. An individual may move through the tiers or access support in the tier most appropriate to their need. The following Table is an overview of the type and ideal level of support within each of the four tiers.

Tier 1 - these are generic services which work with a wide range of clients including drug and alcohol misusers. They should be able, as a minimum, to screen and refer individuals to local specialist services.

Tier 2 - these are specialised but low threshold services which are easy to access. Often drug and alcohol misusers will access drug or alcohol services through tier two and progress to higher tier services.

Tier 3 - these services are provided solely for drug and alcohol misusers in structured programmes of care.

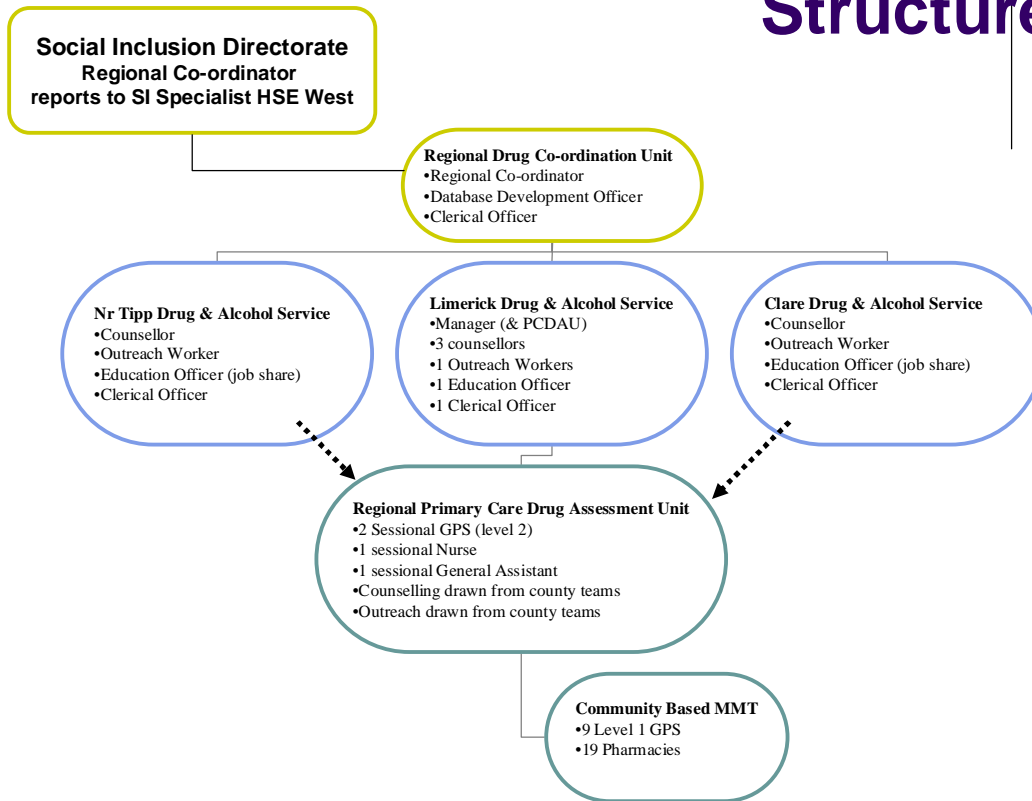
Tier 4 - these are structured services which are aimed at individuals with a high level of presenting need. Services in this tier include: inpatient drug and alcohol detoxification or stabilisation services and residential rehabilitation units. (Ref: adapted from Models of Care for Treatment of Adult Drug Misusers: Update 2006 (NHS/ National Treatment Agency for Substance Misuse))

Table 9: Overview of Type and Ideal Level of Support by Tier

Tier 1	Tier 2	Tier 3	Tier 4
Services in non-specialist settings	Low threshold specialist services for problem drinkers /drug users and their families or carers	Specialist alcohol / drug screening, assessment and interventions	Specialist in-patient residential and recovery services
Identification and assessment	Drop in services	Specialist alcohol / drugscreening and assessment in the criminal justice system	Residential rehabilitation Structured day programmes
Education in alcohol / drug related harms	Motivational interviewing	Controlled drinking Interventions Substitute treatment	Wet services
Opportunistic brief interventions	Opportunistic brief interventions	Community detoxification	Floating support
Motivational interviewing	Harm reduction approaches	Specialist brief interventions	Assertive outreach
		Motivational Interviewing	Supported tenancies Liaison Services
		Structured specialist counselling / Liaison services/ Aftercare	Aftercare/ Controlled drinking Interventions

The current structure of the Health Service Executive Drug and Alcohol services in the Mid West Region is set out in the diagram below:

Structure



(Ref Keane, 2008)

Outreach Service

The HSE provides a Limerick based drug outreach service which includes the provision of two needle exchanges. The needle exchanges operate in Limerick City once a week on site and through an outreach backpacking model as demand requires. The outreach team also engage in pre-treatment interventions and support work with clients.

The needle exchange was established in December 2005 and is based in the Red Ribbon Project, on Cecil St. It currently operates one day a week on a Tuesday from 1.30pm to 3.30pm. It is staffed by two outreach workers, and an attendant. It also provides an outreach needle exchange to a homeless hostel within the city.

In 2007, the needle exchange provided just over 4,000 clean injecting paraphernalia and received almost 3,000 returns. A report on the operation of the needle exchange in Limerick City from January to December 2007 found that the return of used injecting equipment occurred on a regular basis from service users who attended on a regular basis.

In 2007, it supported 42 service users, 37 males and 5 females. This is a significant increase on the number of service users in 2006 (N= 28). The majority of service users in 2007 were aged between 25 and 35 years (N= 22). 11 were over 35 years of age or age unknown and 9 were between 18 and 25 years of age.

31 of the service users were of Irish Nationality and 11 were non-Irish Nationals. 35 were heroin users and 7 multi-drug users of heroin and cocaine. The vast majority were injecting into their arms (N= 38), with 4 injecting into their groin area.

The following table shows the significant increase in attendance at the needle exchange since 2006.

Table10: Attendance at the needle exchange 2006 – 2008

Needle Exchange Limerick City 06/07/08 Figures			
Month	No of attendances 2006	No of attendances 2007	No of Attendances 2008
Jan	11	24	6
Feb	5	14	35
Mar	14	19	51
Apr	3	17	64
May	10	20	54
June	8	21	66
July	2	20	74
Aug	13	12	70
Sep	7	16	90
Oct	10	14	68
Nov	9	10	
Dec	12	10	
	104	197	578

Assessment Service

A Primary Care Drug Assessment Unit is run by the HSE for opiate users. This forms part of the treatment services described below.

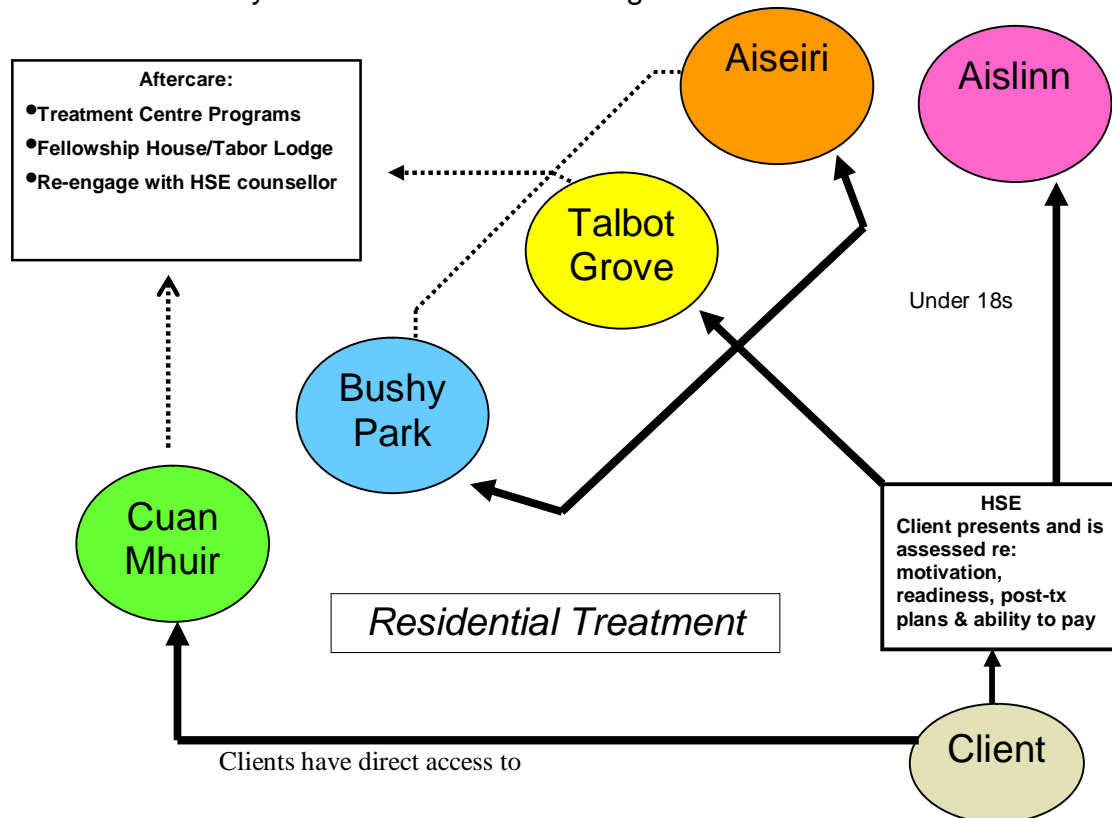
Counselling Services

The HSE provides an adolescent counselling service for young people aged between 14 and 25. The counselling service focuses on problematic drug and /or alcohol use. The HSE also provides an addiction counselling service for

people aged 26 and over. This service is for those whose primary drug is illicit. There are currently seven addiction counsellors in Aljeff.

Treatment Services

The HSE provides five methadone clinic sessions which includes one session for women only and one evening session. There is currently no onsite methadone dispensing service. However, it is proposed to address this deficit when the service moves to new premises. The following diagram provides an overview of the pathways to treatment and rehabilitation services for people from Limerick City that access the HSE Drug and Alcohol Service.



(Source: Keane, 2008)

The HSE and the Probation Service both provide funding through a service level agreement to the above organisations. Funding is provided either by way of a payment per bed and/or a grant aid to the organisation. In the case of the HSE, funding is provided through a residential rehabilitation fund. This ensures that funding is available to support clients, who would not otherwise be able to afford it, to access residential treatment on completion of a 6 to 8 week assessment and care planning process.

The Table below presents an overview of the number of HSE clients on a methadone programme from 2006 to 2008.³⁸

³⁸ It is important to note that in February 2008 the figures were adjusted regarding clients who had exited the program but whose place was still being counted. This was an administrative adjustment rather than any reflection on treatment trends.

Table 11: Number of Clients on a Methadone Programme 2006 – 2008

Methadone Clinic Stats total clients on Programme at end of month			
Month	2006	2007	2008
Jan	101	111	161
Feb	98	115	120
Mar	102	122	121
April	104	125	133
May	110	137	135
June	110	140	133
July	114	142	141
August	119	144	144
Sept	112	153	146
October	112	159	156
November	113	162	
December	112	157	

Source: HSE, Limerick City Outreach Report

As the Table shows, in October 2006, 112 clients were on the program. Two years later 156 clients were on the program, representing an increase of 39%.

Waiting times to access the methadone programme vary depending on demand and availability of places. At the time of writing there is a waiting time of approximately 6/7 weeks for the initial assessment and then an average wait of 4 weeks to start the programme (waiting times here ranged between 1 to 10 weeks).

Probation Service

Focus groups with services users highlighted the key role that the Probation Service plays in supporting drug misusers, with a criminal justice history, to access treatment programmes. In 2008, the Probation Service undertook a snapshot of the adult caseload in Limerick to review the extent to which addiction played a role in the lives of their clients. Of the 110 supervision cases examined, 94% (N= 103) reported problems with drugs and/or alcohol. The primary problematic drug use was alcohol, with which 66.36% of the probation cases were deemed to have a difficulty. 20% (N= 22 clients) were found to be heroin users, half of whom were also using other drugs. Although no-one was reported to be using cocaine on its own, 14% (N= 15) were using cocaine and another substance.

At the time of writing, there were forty-five young people (under 18 years of age) on probation in Limerick City who have a history of alcohol and/or drug misuse. The majority of these (N=39) are males and 6 are female. In their response to the consultation questionnaire, the Probation Young Person

Service highlighted that about 60% of their clients are known to mis-use drugs to varying degrees.

If a client on probation is deemed to be in need of residential treatment s/he is referred to the treatment facility for assessment.³⁹ If they are assessed as suitable and a place is available they are facilitated to access the place by the Probation Service. Some treatment facilities make an arrangement for some nominal payment by the service user. The Probation Service has a funding arrangement with Cuan Mhuire (Athy, Bruree, Farnanes and Coolarne), with Aiseiri (Cahir and Wexford), with Bushy Park, and Tabor Lodge. They also provide funding to some national providers, e.g. Aislinn, Merchants Quay and Coolmine. The local senior Probation Officer is the key contact person for individuals who require support in this area.

Achievements in Drug Treatment

Treatment Programmes

The HSE Slainte Programme was perceived by the focus group participants to be a positive development. It was described as the first stop for information.⁴⁰ However it was also highlighted that it is under-resourced and should not be seen as a 'one size fits all' service. The following Table presents an analysis of the Mid Western HSE area from 2004-2007 based upon the National Drug Treatment Reporting System (NDTRS).

Table 12: Analysis of 2004-2007 National Drug Treatment Reporting System (NDTRS) data for Mid Western HSE Area

Centre	Year treated				Total
	2004	2005	2006	2007	
Slainte (Limerick City & County)	80	84	93	152	409
North Tipperary, Addiction Counselling	24	40	38	31	133
County Clare Community Drugs Service	36	29	56	27	148

Source: Health Research Board, 2008

Aljeff, Bruree and Bushy Park treatment programmes were also reported to be accessible and successful in supporting people with addiction⁴¹.

³⁹ The final decision regarding suitability rests with the treatment service in all cases.

⁴⁰ This may be due to having previously been housed with the Health Promotion Unit.

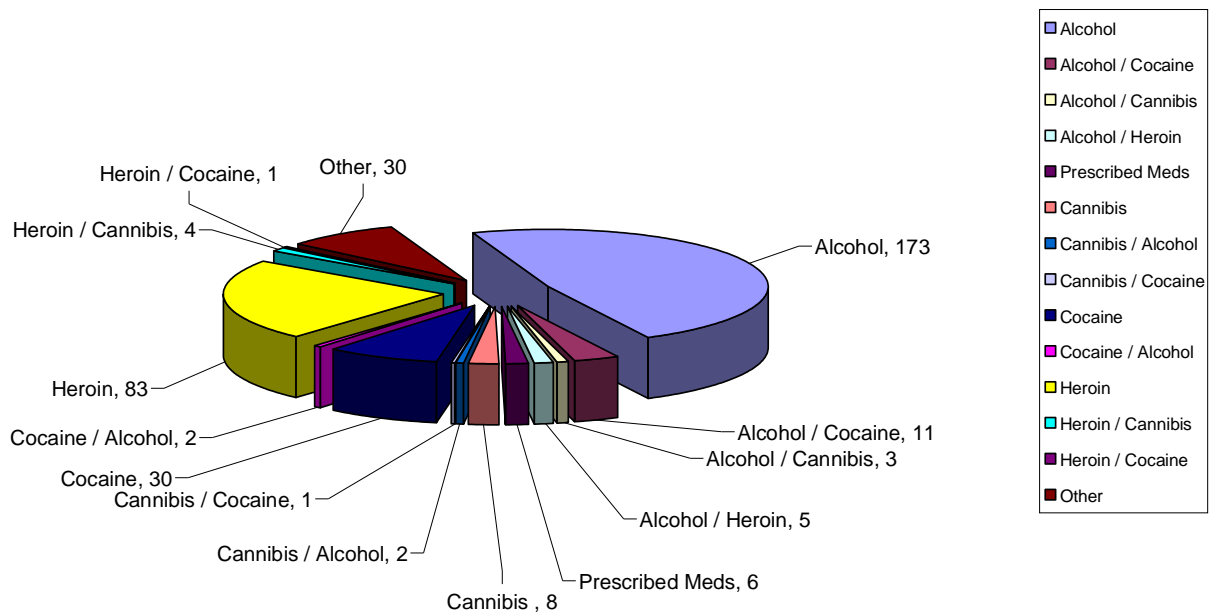
⁴¹ Note: Although all found to be accessible, in some focus groups the barrier of costs to private patients was also raised.

Aljeff Services

In 2007 Aljeff supported approximately 200 clients as part of their in-house programmes, 124 accessed the service through prison support and 35 people accessed support through the Aljeff homeless programme.⁴²

The following pie chart portrays the breakdown in relation to the type of drug/alcohol use people engaged in prior to their acceptance into the programme in 2007.

Drugs of Choice - 2007



In 2007, the drug of choice for the majority of the clients at Aljeff was alcohol (57%), followed by heroin (19%), cocaine (6%), cannabis (4%) and prescribed medication (2%).

The establishment of the new transitional service for Aljeff was welcomed by the focus group participants.

Bushy Park Treatment Centre

In the first eight months of 2008, Bushy Park Treatment Centre had 167 clients. This is a significant increase on the total for the same period in 2007. In the first eight months of 2008, the majority of clients were from Clare with 57 people, followed by Limerick with 51 clients. 26 people attended from Galway and 14 from Kerry. The remaining clients were from Tipperary, Cork and not disclosed.

⁴² These figures rose in 2008 to 210 In-House, 132 Prison and 72 Homeless service users.

The age profile of those attending Bushy Park Treatment Centre is shown in the Table below:

Table 13: Attendees of Bushy Park Treatment Centre Jan – Sept 2008

Age	Number of Clients
18 – 21 years	28
21 – 25 years	25
26 – 35 years	39
36 – 45 years	37
46 – 55 years	29
56 – 65 years	8
Over 66 years	1
Total	167

The primary addiction type was diverse, with 47 attending with alcohol addiction only and 15 with drug addiction only. 57 clients had both a drug and alcohol addiction. 11 presented with illicit drug, alcohol and prescription drug abuse, 19 with alcohol alone and 19 with prescription drug abuse alone.

The main illicit drug of choice was cocaine with 28 people presenting, followed by hash/cannabis with 24 presentations and both heroin and poly drug use with 17 presentations each.

Additional Strengths of Existing Services

Alcohol and Narcotics Anonymous were both felt to have been supportive for people who have completed detoxification from alcohol and drug addictions.

The needle exchange being run from the Red Ribbon Project was highlighted as something that is currently ‘working well’.

Areas for Improvement

Treatment Programmes

From the focus groups it was felt that there is a need to make Slainte into a more welcoming environment. Some people found it to be ‘*very unfriendly*’ and ‘*overly clinical*’. There is an opportunity to look at the environment in light of the move to a new premise and make it more pleasant for service user and staff to work in.

In the focus groups and from responses to the questionnaire, it was also perceived that there are too many rules and regulations within the treatment programme which can become barriers to accessing treatment programmes.

There is also an issue around the lack of progress from methadone maintenance programmes. However, a significant factor here is the lack of appropriate services in relation to detox and post detox rehab and re-integration.

Harm Reduction

The need for the expansion of lower threshold harm reduction services was highlighted by the Probation Service, particularly to support people who are currently not ready, willing or able to address their drug use.

It was reported during the consultations that there is a need to increase the awareness and availability of harm reduction services, such as the needle exchange facility. There was also a call from the focus groups for an increase and enhancement of the outreach teams.

The need to explore the benefits of a safe injecting facility and of the legalisation of heroin were also raised. This is an issue which has been reviewed at national level by the National Advisory Committee on Drugs.

Detoxification Programmes

There are currently no residential detoxification programmes available outside of Dublin. The waiting lists to access treatment are long. There is an urgent lack of beds for in-patient detoxification and rehabilitation. There is a need to develop community based detoxification programmes through the use of General Practice and community support services. The responses to the questionnaire highlighted that in some cases families are currently attempting to provide a 'home detox' for their children without support.

Cost of Treatment in Some Services

The cost of private treatment programmes was reported to be prohibitive at circa €6,000. It was highlighted during the consultations that this presents an immediate barrier to access as most people do not have this type of money available. It was felt that there is sometimes a lack of knowledge around access to grant funding from the HSE and/or Probation Service.

Treatment Services for Young People

The need to increase access and availability of services to young people was highlighted throughout the consultations. Currently, young people can only

access the Aislinn Service which is in Kilkenny. This is not very accessible for their families who are an integral part of the treatment programme. Overall it was felt during the consultations that there is a need to increase the access to detoxification and rehabilitation beds for young people. Alanon was reported to be a good support for young people.

Treatment within the Prison Service

There is a need to develop and enhance the access to and range of treatment programmes within the Prison Service. A holistic model of treatment should be established.

Counselling Services

It was highlighted that there are insufficient counselling services available in Limerick City. The counselling service at Slainte is perceived to be under-resourced and often operates a waiting list. It was felt that additional counselling services should be available to support people engaged with youth and probation services.

Dual Diagnosis

The focus group consultations found that there is a need for dual diagnosis workers who can provide a link between mental health and addiction services. GROW⁴³ and the new HSE crisis intervention service, which has 24 hour access to nursing care, were both highlighted by services users as very supportive.

Religious Beliefs

A feeling was expressed during the focus groups that current residential services are not geared towards religious denominations other than Catholics. It was strongly felt during the consultation process that the ethos and religious imagery within services can be overwhelming to people of a different religion or to anyone who had been abused by a member of a religious orders. It was also felt that some residential programmes are geared towards Irish men and may not be as accessible to non-Irish nationals, women, and people from the Travelling Community.

⁴³ GROW is a Mental Health Organisation which helps people who have suffered, or are suffering, from mental health problems.

Information

Feedback from the focus groups suggested that helpline telephone numbers should be visible in the city through the use of billboards/posters.

Regeneration Proposal

The HSE and the Limerick City Sub-Group has submitted a proposal to the Regeneration Projects for the re-configuration and development of their addiction services in Limerick City. Additionally, the Health Service's 4-Year Development Plan for the Drug and Alcohol Service identifies eleven priority areas for the development and enhancement of the health services drug and alcohol services. These are included as part of the actions under the Treatment Pillar.

Drug Rehabilitation Services in Limerick City

The interim review of the National Drug Strategy 2001 – 2008 highlighted the lack of focus and importance given to the area of drug rehabilitation. It was acknowledged that even the term ‘rehabilitation’ was not a clear concept amongst the key stakeholders in the provision of drug services. In 2005, the National Advisory Committee on Drugs produced a collection of papers on the issue to inform the Government on the key issues in relation to drug rehabilitation in Ireland. In 2006 a Working Group was established and chaired by the Department of Community, Rural and Gaeltacht Affairs. Its task was to:

Examine the existing provision of rehabilitation services in Ireland, identify best practice; identify gaps; and recommend actions, including timeframes, to develop an integrated rehabilitation service (Dept of CRGA, 2007:6).

The key recommendations from the Working Group included the need for greater integration of agencies through the development of an inter-agency approach. An adequate level of treatment provision was perceived as central to the success of rehabilitation programmes. The need to enhance and build on the community employment service and to develop specific initiatives to support the housing, childcare, educational and health needs of participants were also recommended as key actions. A national post of Rehabilitation Co-ordinator has been established.

HSE Rehab Funding Programme

The following Table illustrates the numbers of clients funded and referred to residential treatment via the HSE funding programme.

Table14: Number of HSE clients referred to residential treatment 2006 & 2007

Total Clients Referred for Residential Treatment	2006		2007	
		22		30
Male	14	64%	17	57%
Female	8	43%	13	43%
Clients By County	2006		2007	
Clare	4	18%	8	27%
Limerick	12	55%	19	63%
Nr Tipp	6	27%	3	10%
Primary Drugs Misused	2006		2007	
Alcohol	9	75%	18	79%
Heroin	2	17%	3	13%
Cocaine	1	8%	0	
Benzodiazepines	0		1	4%
Amphetamines	0		1	4%

Treatment Centres Attended	2006		2007	
Bushy Park	9	40%	17	57%
Aiseiri	5	22%	3	10%
Talbot Grove	2	9%	5	17%
Cuan Mhuire, Athy (for heroin detox)	2	9%	0	0%
Tabor Lodge	1	5%	0	0%
Fellowship House Cork	1	5%	4	13%
Forest Health Centre	1	5%	0	0%
Coolmine Therapeutic Community	1	5%	0	0%
Rutland Centre	0	0%	1	3%

Source: Keane (2008) Unpublished

Achievements in Drug Rehabilitation Services

CE Scheme

The Aljeff CE scheme for recovering drug misusers was highlighted as being a successful programme. However, one of the issues which Aljeff is looking at is the level of relapse and/or drop out from the programme. This will need to be benchmarked against other similar services to compare levels.

Areas for Improvement

Awareness of the Importance of Rehabilitation

The majority of focus group participants felt that it is necessary to increase the awareness that rehabilitation is as important as treatment and that one will not be successful without the other. They perceived that it is essential that aftercare be provided as part of the continuum of care for service users. Aftercare, they felt should be provided for a minimum of sixteen weeks post treatment. As current services are limited, it was perceived that it would be difficult to assess the projected need for services. However, the expression – ‘if you build it – they will come’ was used in relation to the provision of rehabilitation services. There are a lot of green areas within Limerick, so it was felt during the consultations that an opportunity exists to build services.

Family Support

Through the consultations it was believed that drug addiction is almost always a family issue and that it creates a significant family dimension and dynamic. Families themselves can play a key role in the rehabilitation of drug misusers. However they need to be upskilled and supported in other ways to fulfil this role. This may be achieved by way of developing a mentoring programme for

supporting families. The responses to questionnaires highlighted the strong and influential resource that families can play. It was felt that families should be educated and supported more in order to fulfil this role.

The National Advisory Committee on Drugs research (Duggan, 2007) into 'the experiences of families seeking support in coping with heroin use' sought to identify the various sources of support. The types of support mechanism available to families affected by drug misuse varied from informal – family, friends, neighbour, local religious based - to more formal, non-specialised supports such as from hospitals, schools, social workers, Gardaí, Probation and Welfare, General Practitioners, generic counsellors and psychologists. More specialised supports included family support groups and workers, drug counsellors, treatment centres and community drug teams (NACD, 2007: 26).

Families affected identified a range of improvements that complement the existing support services. They include the following:

- ✓ Timely, accurate and accessible information should be available to families on all aspects of the drug problem, from early identification to understanding different treatments
- ✓ A constant point of referral at local level to support and advise families in coping with problem heroin use
- ✓ Availability of family support at local level, embodying sufficient diversity to meet the needs of parents, siblings and other key family members
- ✓ Recognition of the role of the family in supporting recovery, greater resourcing of the family to play this role and greater recognition of the rights of the family in recovery situations
- ✓ Support for families in coping with long-term effects of heroin use, in particular looking after grandchildren, coping with children who are HIV positive and supporting unemployed children on long-term methadone maintenance (NACD, 2007: 95).

A key recommendation in the Fitzgerald report (2007) was for the establishment of multi-disciplinary intensive family support teams. The report describes the make-up and role of the teams as follows:

The teams will need to be multi-disciplinary; each led by a key worker with an overall case management role, and would also include an Educational Welfare Officer, a family support worker, a representative of the local drugs task force and of the HSE, a community development worker, and a Community Garda. They will need to target families in the 'high risk' and 'at risk' categories. They would provide intensive family supports, address the problem of truancy, develop the system of 'after school' and 'in-school supports', and provide respite resources for families in difficulty (2007: 12)

Range of Services

There needs to be a range of rehabilitation services available so that people have options to suit their needs. These services need to be pro-active and reach out to people in the community. There should be a low threshold specialised rehabilitation service to support people who are still actively using.

Support should be given to people who have completed a detox and are waiting for a place in a residential rehabilitation service.

Services for Women

The need to examine the need for women specific services was also raised. The probation service is currently seeing an increase in the number of young women who are using heroin. Over 19% of probation cases in Limerick are female, compared with 12% in the rest of the country. The difficulty for women with children to access addictions services was highlighted.

Development of Mentoring

There is a role for mentors as part of drug rehabilitation. This has been successful elsewhere and should be piloted in Limerick.

CE Schemes

It was highlighted that there is a need to increase the accessibility to CE schemes in the community (outside of the Aljeff programme). The need to revise the current policies in relation to exclusion from the project was highlighted and a call was made for the development of a more graduated response to non-compliance.

Research into Drug Misuse in Limerick City

Achievements in Research into Drug Misuse

The awareness of what research has been conducted in the area of drug misuse was very low amongst the focus group participants. This included awareness in respect of the work undertaken by the Health Research Board and the National Advisory Committee on Drugs.

It was felt that this type of consultation was a positive move in involving people on the ground to explore what the emerging issues are in relation to drug misuse in Limerick.

Areas for Improvement

There is not a great awareness about what research is available in respect of drug misuse in Limerick City. There is a range of different stakeholders who have a different piece of the jigsaw in relation to information on drug misuse. For example, the Gardaí on the supply control side, the health service and voluntary providers in respect of the treatment side.

It was suggested that the LCSG should begin to look at what information other agencies have and learn from them. Research can highlight best practice and it was felt that LCSG should be looking at this and bringing what works to Limerick.

It was highlighted that there is a need to involve community people more in local research. They are the people who know what is going on in their own communities.

A need was identified for the analysis of other sources of information such as referrals for treatment and information on people who present with addiction issues to the Accident and Emergency services.

Research into the needs of parents of drug misusers was sought. It was also felt that there is a need to keep up to date in relation to new types of drugs, new age groups of drug misusers and the source of prescription drugs (here a recommendation as made for the prescribing habits of GP to be monitored), etc.

Co-ordination of Services and Responses in Limerick City

Achievements in Coordination

The Mid-West Regional Drug Task Force has succeeded in bringing people together to focus on the issue of drug misuse. It has been successful in expanding the services in Limerick City. However, the impact of this is only beginning to be seen with the employment of additional workers on the ground. The development of the Limerick City Drugs Workers Forum was viewed as a recent achievement. The employment of the Project Development Worker for Limerick City was also reported to be a good start.

Strengths of and Opportunities for the Limerick City Sub-Group

The members of the LCSG have highlighted the following as their key strengths: commitment to their task, expertise in the field of addiction, the diversity that they bring, openness, a focus on getting things done and the achievements that this brings, loyalty and support of each other and having a strong networking ability, the ability and competence of the executive, a good local knowledge with a sense of identity with Limerick City.

The main opportunity highlighted for the LCSG was the increasing eagerness of people within the community to become involved in addressing the issue of drug misuse in their areas. This opportunity can be taken to support and enhance the community representation onto the LCSG.

An additional opportunity for the LCSG, given the current economic climate, is the ability to take the time to evaluate where it is at and where it is going, to consolidate where possible and to ensure that it is offering the most effective responses within the resources it receives.

There is an opportunity to develop a community communication campaign. This will involve training from experts in public relations and the development of a communication strategy. There is a requirement to package and sell what is actually happening to the media.

Areas for Improvement

There is a feeling amongst focus group participants that drug services on the whole are not co-ordinated or integrated. An example was given by a youth service where 75% of their clients have a drug issue but they have no-one employed as a drugs worker.

Local Drug Task Force

It was strongly felt by the LCSG that a specific local drugs task force for Limerick city similar to the approach taken in the worst affected areas of Dublin and Cork should be established and resourced.⁴⁴

Communication and Awareness

The issue of information and awareness of service provision came up consistently throughout the consultations and in particularly in the responses from community questionnaires.

There is a need to develop a directory of services which sets out what services are available, contact details, target group, referral procedures, opening times and waiting lists if applicable. It was also suggested that a central library of drug education material be established.

Integration of Services

There is a need for services to work together more so that there is greater integration of service providers. There is still a type of client ownership prevailing rather than a focus on 'what is best for the individual client regardless of who will provide it'.

The need for an integrated and formalised structure for drug workers was highlighted through the focus group.

Availability of Services

Services need to be accessible and available. They need to open at weekends and on holidays. There should be a one-stop-shop style of service provision where all you need is under the one roof. The need to increase the availability and accessibility of services came out particularly strongly in the responses to the questionnaires.

Resources

There is still a feeling that everyone is 'fishing from the same funding pool' and the stock is low.

⁴⁴ The establishment of a Local Drug Task Force for Limerick would entail creating a separate stand alone Limerick initiative which had its own Co-ordinator, project worker and administrative support.

Enhanced Support for Community Representation

Community representation should be enhanced and supported by the LCSG. This includes two elements, both community activist and political representation.

Networking

There is a need to network more and 'look up from our own corner of the world to see if we can help each other'.

Weaknesses of and Potential Threat to the LCSG

A lack of inter-agency working, using a focused case management approach, was seen as a weakness of the LCSG. The lack of community representation and the need for protocols for meetings were also felt to be areas of weakness. The need to clarify and strengthen the corporate governance of the group was also highlighted.

The LCSG currently does not have an induction process in place to support new members. This should be developed as part of the work undertaken in relation to protocols and corporate governance.

The current economic climate was identified as a potential threat in relation to obtaining sufficient resources to implement this plan. The changing drug environment and the acceptance and/or normalisation of drug use were also seen as potential threats to the achievement of our vision.

Chapter 8 The Future – Limerick City Sub-Group Action Plan

This action plan was developed by the LCSG on the basis of the issues highlighted and discussed in the previous chapters.

Limerick City Sub-Group Action Plan

Supply Reduction Actions

The actions under the Supply Reduction pillar focus on the establishment of two community policing fora and the highlighting of concerns which were raised as part of the consultation process. The key actions are outlined below.

Action S 1	Development of Southside & Northside Community Policing Fora
<i>Timeframe</i>	<i>Ongoing (Policing Fora in place need to ensure it is community led)</i>
<i>Key lead</i>	<i>LCSG, Local Community Groups, An Garda Síochána Limerick Regeneration, Limerick City Council, RAPID & other relevant partners</i>
<i>Resources</i>	<i>No additional resource required</i>
Action S 2	Highlight concerns raised in relation to the monitoring of CCTV by CE scheme participants rather than the Gardaí
<i>Timeframe</i>	<i>June 09</i>
<i>Key lead</i>	<i>Limerick City Sub-Group</i>
<i>Resources</i>	<i>No additional resource required</i>
Action S 3	Support the HSE and the Irish College of General Practitioners (ICGP) to implement the recommendations of the Benzodiazepines Report around the overprescribing of prescription drugs
<i>Timeframe</i>	<i>June 09</i>
<i>Key Lead</i>	<i>HSE, Limerick City Sub-Group</i>
<i>Resources</i>	<i>Resource implication but not for Limerick City Sub-Group</i>
Action S 4	Advocate for the re-investment of the funding seized by CAB in Limerick back into the community.
<i>Timeframe</i>	<i>June 09</i>
<i>Key Lead</i>	<i>Limerick City Sub-Group</i>

Resources *No additional resources required.*

Action S 5 **Mid West Regional Drug Task Force to review the findings of the evaluation of the pilot drug courts in Dublin and explore if a similar pilot model should be developed for Limerick.**

Timeframe *Sept 09*

Key Lead *Limerick City Sub-Group*

Resources *No additional resources required – follow up and new action required if deemed suitable.*

There are a number of Actions which an Garda Síochána are currently in the process of implementing which will enhance the current provision under both the supply control and prevention pillars. These are outlined as follows:

Action G 1 Enhance and develop the Garda Youth Diversion Projects in the Northside and Southside of the city⁴⁵

Action G 2 Enhance the links between the Garda Juvenile Early Intervention Link and relevant Youth & Youth Diversion Projects

Education and Preventative Actions

In the first instance, it is proposed that Limerick City Sub-Group develop a comprehensive drug education audit report which will give an overview of the current structures and service provision as well as outline best evidenced-based practice in the area moving forward.

It is proposed that an action plan will be developed. This will be based on evidenced best practice in relation to working in formal and informal educational, community and family settings.

Action P1 **Undertake an Audit of existing Drug Education Programmes and develop an action plan based on any gaps**

Timeframe: *June 2009.*

Key lead: *Limerick City Sub-Group of RDTF and Drugs Education Workers Forum*

Resources: *€20,000*

⁴⁵ These projects have recently received additional resources.

Action P2	Review existing provision and establish a minimum standard for all drug education and prevention programmes⁴⁶
<i>Timeframe:</i>	<i>Dec 2009 to develop and agree minimum standards. Implementation to be ongoing with a review of standards after year one and three.</i>
<i>Key lead:</i>	<i>University of Limerick, Mary Immaculate College, Limerick Institute of Technology, FETAC, Limerick Sub-Group of RDTF</i>
<i>Resources:</i>	<i>€20,000 to develop packs</i>
Action P3	Establish 3rd level programme in Drug Education and Prevention
<i>Timeframe:</i>	<i>Jan 2011</i>
<i>Key Lead:</i>	<i>University of Limerick, Mary Immaculate College, Limerick Institute of Technology, FETAC, Limerick Sub-Group of RDTF</i>
<i>Resources:</i>	<i>Set up costs year 1 €50,000, actual cost full year €100,000. However, €50,000 expected intake from fees</i>
Action P4	Based on the responses to the training needs assessment undertaken in July 2008, provide financial support for up-skilling for people working in the field of Drug Education and Prevention
<i>Timeframe:</i>	<i>Ongoing</i>
<i>Key lead:</i>	<i>Limerick City Sub-Group</i>
<i>Resources:</i>	<i>€20,000 per year</i>
Action P5	Establish a dedicated Under 18s Sub-group to focus on issues such as under 18 alcohol misuse or cannabis misuse
<i>Timeframe</i>	<i>Ongoing</i>
<i>Key Lead</i>	<i>Limerick City Sub-Group</i>
<i>Resources</i>	<i>€100,000⁴⁷</i>
Action P 6	Undertake a feasibility pilot study into using ICT as an engine for delivering drug awareness / information messages
<i>Timeframe</i>	<i>Dec 2009</i>
<i>Key Lead</i>	<i>Drug Education Workers Forum</i>
<i>Resources</i>	<i>€10,000</i>

⁴⁶ Note some agencies are already working to a quality standard framework. When the agreed minimum is set they may only have to adjust their current framework to take account of any agreed addition.

⁴⁷ To be agreed when proposals have been developed by the Limerick City Sub-Group.

Treatment & Rehabilitation Actions

The actions under the treatment and the rehabilitation pillars have been developed taking account of the four tier model of service provision. Tier one is general access. Tier two is open-access drug treatment (such as drop-in services). Here the individual does not always require a care and case management approach. Tier 2 includes triage assessment, advice and information and harm reduction given by drug treatment services. The proposed action under tier two is the establishment of a north and south-side community-based low threshold drop in service.

Tier 2 Services Actions

Action T1 **Establish two community based (CBDI) low-threshold drop-in services offering advice, referral to specialist services; pre-treatment support and harm reduction advice / interventions**

Timeframe: *End 2010*

Key lead: *Limerick City Sub-Group to develop a tender proposal*

Resources: *€500,000 in 2010, €800,000 per year there after⁴⁸*

Tier 3 service represents a more formalised drug treatment within the community setting. Here a service user attends regular sessions, undertaken as part of a care plan. Prescribing, structured day programmes and structured psychosocial interventions (counselling, therapy etc) are also in Tier 3. Advice, information and harm reduction service can be part of Tier 3 if they are an integral part of a care plan.

Tier 3 Actions

Action T2 **In partnership with the HSE, develop family therapy practice linked into counselling services, Under 18 Multi-D team, Family Respite, Parent Support Groups and treatment agencies.**

Timeframe: *End 2010*

Key lead: *Interagency model – HSE, Under 18 Team, Social Work, Voluntary Providers,, Family Therapist Practice*

Resources: *€200,000 for capital*

⁴⁸ Given that it is unlikely that this project will be funded in 2009 we have left the skill mix for the team open so that it can be reassessed according to need when funding becomes available.

Tier Four refers to residential and inpatient drug treatment and residential rehabilitation. Treatment in this Tier should include arrangements for further treatment or aftercare for clients finishing treatment and returning to the community. The action in Tier four is the development of a community based vocational rehabilitation and aftercare programme.

Action T 3 **The establishment of a specialist residential detoxification treatment centre with direct access to residential rehab (as part of the same facility and/or as a separate option) in the HSE West.**

Timeframe 2010
Key Lead HSE, Community & Voluntary providers with National Rehabilitation Co-ordinator
Resources Funding required as part of National Rehabilitation Strategy.

Action T 4 **Strengthen and support the provision of drug treatment within the prison service**

Timeframe June 09
Key Lead Irish Prison Service, HSE & Community/Voluntary providers and Limerick City Sub-Group
Resources Resource implication but not for Limerick Sub-Group

Action T 5 **The Limerick City Sub-Group will initiate a dialogue with representatives of the Travelling Community to assess what the needs of Travellers are in relation to drug misuse. In partnership with Travellers, develop an appropriate Traveller specific service that will be the first step in having the identified needs met.**

Timeframe Jan 2010
Key Lead Limerick City Sub-Group
Resources To be agreed at a later date

Action T 6 **Develop, in conjunction with partners in the community, statutory and voluntary sector the following:**

- ✓ **A set of protocols for inter-agency working**
- ✓ **A clear model of integrated treatment pathways**
- ✓ **A universal screening and referral tool (for under and over 18s)**

Timeframe June 2009
Key Lead Limerick City Sub-Group
Resources No additional resources required

Rehabilitation Actions

The rehabilitation action in Tier Four is the development of a residential and community based treatment and vocational rehabilitation/aftercare programme.

Action Rehab 1 **Develop a community based vocational rehab programme and aftercare programmes for clients coming back from residential treatment with a strong focus on integration. Ensure that the specific needs of women are met through this programme.**⁴⁹

Timeframe 2010 - 2012
Key Lead HSE, FAS, VEC/Department of Education; Voluntary & community providers
Resources This action and costs will need to be agreed as part of the National Rehabilitation Strategy

There are a number of Actions which the HSE plan to implement and which will enhance the current provision of treatment and rehabilitation services within Limerick City. These are outlined as follows:

Action HSE 1 Enhance and increase the size of the HSE counselling team (additional 4 posts in total).

Establish a senior clinical / therapeutic team leader post as part of this HSE re-structuring.

Audit all addiction counsellors operating in Limerick City in terms of skills set and ensure that all counsellors have at their disposal a range of interventions such as Cognitive Behavioural Coping Skills (CBCS).

Develop range of therapeutic interventions offered by the counselling service to include group counselling; family therapy; etc.

Action HSE 2 Enhance and develop the HSE primary care drug assessment service currently being offered to include:

- ✓ Delivery of the service from appropriate premises
- ✓ On-site methadone dispensing

⁴⁹ Note: We have not yet costed this action as it will need to be planned and delivered as part of the overall National Rehabilitation Strategy.

- ✓ Recruitment of a full-time Level Two GP to increase the capacity of the service and co-ordinate the methadone program throughout the region
- ✓ Develop the range of substitute treatment offered by the service
- ✓ Explore the establishment of community detox for opiate mis-users as part of an integrated treatment program
- ✓ Assess the need for establishing satellite HSE run clinics in Clare and North Tipperary
- ✓ An appropriate and accessible premises

Action HSE 3 Establish a community based Crisis Intervention Nurse Team to work with Non-Government Organisations and Primary Care Teams in relation to drug/alcohol users who are suicidal.

Action HSE 4 Establish a community based Dual Diagnosis Nurse Team (linked to Crisis Team) to work with Non-Governmental Organisations and Primary Care Teams in relation to drug/alcohol users with mental health problems.

Action HSE 5 Expand network of level 1 GPs in the community in relation to the methadone maintenance programme.

Action HSE 6 Establishment of HSE Under 18 Multi-Disciplinary Team Consultant Psychiatrist Lead offering a range of interventions to young people and their families.

Action HSE 7 Expand the provision of HSE static and backpack exchange in terms of opening hours and location (north/south city). This would include an additional outreach post for Limerick City, exploring the feasibility of a needle exchange being delivered from a mobile unit and the development of partnerships with relevant NGOs to target high risk groups - particularly homeless

Action HSE 8 Explore the feasibility of establishing a specialist residential detoxification treatment centre with direct access to residential rehab (as part of the same facility and/or as a separate option) in the HSE West.

Action HSE 9 Explore the options around community based detox - particularly in the context of developing the under 18 multi-d team and the PCDAU team.

Research Actions

- Action R1** **Ensure a robust data collection, interpretation and dissemination of information system**
- Timeframe* *Ongoing*
Key Lead *Limerick City Sub –Group*
Resources *No additional resources required*
- Action R2** **Carry out a holistic needs assessment on the specific needs of hard to reach women in Limerick City and implement the recommendations⁵⁰**
- Timeframe* *End 2009 or Mid 2010*
Key Lead *The Limerick City Sub –Group & University of Limerick*
Resources *€20,000*
- Action R3** **Conduct an action based research pilot on peer mentoring⁵¹**
- Timeframe* *End 2009 or mid 2010*
Key Lead *Limerick City Sub –Group*
Resources *€20,000*

Co-ordination Actions

- Action C 1** **The establishment of Limerick City Local Drug Task Force**
- Timeframe* *June 09*
Key Lead *Mid West Regional Drug Task Force, Limerick City Sub-Group*
Resources *These may need to be phased in due to current economic climate. Approx €250,000*
- Action C 2** **The production of a Directory of Local services to include contact details, referral routes, opening times and type of services provision.**
- Timeframe:* *Dec 2009*

⁵⁰ It is understood that the Dept of CRGA preference is for research based proposals to be undertaken as part of the broader programme under the National Advisory Committee on Drugs. We would propose that if possible the following two proposals be considered as part of the community based research initiatives.

⁵¹ As above.

Key Lead Limerick City Sub-Group
Resources €10,000

Action C 3 **Development of a communication strategy**

Timeframe June 2009 implementation will be ongoing
Key Lead Limerick City Sub-Group
Resources Small budget for training in PR communication €5,000

Action C 4 **Development of an induction pack for new members of the Task Force⁵²**

Timeframe March 2009
Key Lead Limerick City Sub-Group
Resources €5,000

Action C 5 **Enhanced supports for community representation of the task force**

Timeframe March 2009
Key Lead Development Worker, Limerick City Sub-Group
Resource €5,000 training and team building budget

⁵² This may be considered as a joint piece of work undertaken by the Co-ordinators Network.

Breakdown of Costing

Action		Cost yr 1 ⁵³
Action S 1	Community Policing Fora	-
Action S 2	Highlight concerns regarding CCTV	-
Action S 3	Support implementation of Benzo Report	-
Action S 4	Advocate for the re-investment of the funding seized by CAB	-
Action S 5	Review the findings of the evaluation of the pilot drug courts in Dublin	-
Action P 1	Audit of existing Drug Education Programmes and develop an action plan based on any gaps	20,000
Action P 2	Establishing minimum standard for all drug education and prevention programmes	20,000
Action P 3	Establish 3rd level programme in Drug Education and Prevention	50,000
Action P 4	Financial support and training for up-skilling for people working in the field	20,000
Action P 5	Develop targeted community mobilisation projects focusing on issues such as under 18 alcohol misuse or cannabis misuse.	100,000
Action P 6	Feasibility pilot into using ICT as an engine for delivering drug awareness / info messages	10,000
Action T 1	Establish two community based (CBDI) low-threshold drop-in services offering advice, referral to specialist services; pre-treatment support and harm reduction advice / interventions.	300,000
Action T 2	Family therapy practice	200,000 once off capital
Action T 3	Specialist residential detoxification treatment centre ⁵⁴	-
Action T 4	Strengthen drug treatment within the prison service	-
Action T 5	Traveller Specific Programme	To be costed at a later date.
Action T 6	Develop, in conjunction with partners in the community, statutory and voluntary sector a range of protocols/best practice guidelines	-
Action Rehab 1	Community based vocational rehab programme & aftercare programmes.	-
Action R 1	Ensure a robust data collection system	-
Action R 2	Holistic needs assessment of hard to reach women in Limerick City	20,000
Action R 3	Conduct an action based research pilot on peer mentoring	20,000

⁵³ Note: Cost year one refers to the cost in the first year of implantation. Cost year 2 refers to full year costs for follow on years.

⁵⁴ We have not yet costed this action as it will need to be part of the overall development of rehabilitation services under the direction of the National Rehab Committee.

Action C 1	The establishment of Limerick City Local Drug Task Force	200,000
Action C 2	Directory of Local services	10,000
Action C 3	Development of a communication strategy	5,000
Action C 4	Induction pack for new members of the Task Force	-
Action C 5	Enhanced supports for community representation of the Task Force	5,000
Action C 6	Develop, in conjunction with partners in the community, statutory and voluntary sector a range of protocols/best practice guidelines	-
Revenue Capital		780,000 200,000
Total		€980,000

Appendix 1 Membership of the Limerick City Sub-Group

Martin Duffy <i>Chair</i>
Gearoid Prendergast <i>Co-ordinator In attendance</i>
Anita McNamara <i>Limerick City Sub-Group Development Worker In attendance</i>
Sinead Copeland <i>NDST Liaison Person</i>
Rory Keane <i>HSE Representative</i>
Margaret Griffin <i>Probation Service Representative</i>
Mary Rose Ryan <i>YPFSF</i>
Billy Fox <i>Voluntary Representative</i>
Caroline Keane
Catherine Kelly
Rob Lowth <i>Local Authority Representative</i>
Ger Kirby <i>Community Representative</i>
Seamus Ruane <i>Garda Representative</i>
Gwen Ryan <i>Regeneration Representative</i>
Anne Kavanagh <i>PAUL Partnership Representative</i>

Appendix 2 Membership of the Mid West Regional Drug Task Force

Mr	Gearoid	Prendergast*	Mid West Regional Drug Task Force Co-ordinator
Ms	Anita	McNamara *	Project Worker
Mr	Martin	Duffy	MWRDTF Chair
Mr	Con	Cremin	Community/Voluntary representative
Ms	Sinead	Copeland	National Drug Strategy Team
Mr	Rory	Keane	Health Service Executive
Ms	Margaret	Griffin	Probation Service
Ms	Mary	Ryan Rose**	YPFSF
Mr	Billy	Fox	Community/Voluntary representative
Ms	Deirdre	Frawley	VEC
Ms	Ann	Gill	Community/Voluntary representative
Ms	Caroline	Keane	Community/Voluntary representative
Ms	Catherine	Kelly	Community/Voluntary representative
Mr	Ger	Kirby	Community/Voluntary representative
Ms	Louise	MacAvin	FAS
Insp	Seamus	Ruane	Inspector
Mr	Rob	Lowth	Local Authority
Mr	Tom	Berkery	NTIPPCOCO
Mr	Michael	Murray	Community/Voluntary representative
Mr	Dan	Taylor	Community/Voluntary representative
Mr	Thomas	McEnergy	Community/Voluntary representative
Ms	Margaret	Nash	Community/Voluntary representative
Ms	Patricia	Sheehan	Dept of Education and Science
Mr	Frank	Ryan	Community/Voluntary representative
Mr	Tony	Ford	Community/Voluntary representative
Mr	Michael	Kelly	Community/Voluntary representative
Mr	Eddie	Creigton	Community/Voluntary representative
Ms	Maria	Byrne	Community/Voluntary representative
Mr	Shay	Riordan	Partnership

* The Co-ordinator and Project workers are in attendance rather than full task force members.

** Mary Rose Ryan replaced Cora Foley in November 2008

*** Ms Joan Murphy and Ms Maria Hogan stepped down from the task force in January 2009

Appendix 3 List of Respondent Organisations to Survey

1. Acute Mental Health Service
2. An Garda Siochána and the Garda Drug Squad (4 returns)
3. An Seo School Completion Programme
4. Bedford Row Family Project
5. Family Resource Centre
6. Family Resource Group- O'Malley Park
7. HSE West, Social Work Department
8. Probation Service, Youth and Adult services
9. North Star Project
10. O'Malley Park Community
11. Our Lady of Lourdes Crèche
12. Our Lady of Lourdes Estate Management
13. Our Lady of Lourdes Action Community Services Group
14. School Completion Programme
15. Southhill Community
16. Southside Women's Group
17. Women's Group – Southhill
18. Woodview Park Community
19. Youth Advocate Programme
20. Young Mothers Group

Note: In some cases more than one questionnaire was received from people working within different sections of the same organisation.

Bibliography

Barrett, Maria et al., (2008) *HSE Summary of the Community profile of the Northside and Southside Regeneration areas of Limerick City*, Limerick, Health Service Executive West Area.

Bryan, A., Moran, R., Farrell, E., & O'Brien, M. (2000). *Drug-Related Knowledge, Attitudes and Beliefs in Ireland: Report of a Nation-Wide Survey*. Dublin: The Health Research Board.

Citywide Family Support Network (2004) *Supporting grandparents ... supporting children: report on the consultation with a number of carers involved in family support groups in the Greater Dublin area*. Dublin: Citywide Family Support Network

Comiskey, Catherine, Kelly, Paul and Stapleton, Robert (2008) *Rosie Findings 7: A summary of outcomes for the per-protocol population*, NACD, Dublin

Corr, Caroline (2004) *Drug Use Amongst the Homeless Population*, Dublin, NACD

Council of the European Union (2005) *EU Drug Strategy 2005 – 2012*, Brussels, EU Publication.

Department of Tourism, Sport and Recreation (2001) *Building on Experience National Drugs Strategy 2001 – 2008*, Dublin, Stationary Office.

Drug Treatment Centre Board <http://www.addictionireland.ie/faq/article.asp?FID=58&T=F>

Duggan, Dr Carmel (2008) *The Experiences of Families Seeking Support in Coping with Heroin Use*, Dublin, NACD

Fahey, Tony and James Williams (2000). The Spatial Distribution of Disadvantage in Ireland, in Brian Nolan, Philip J. O'Connell and Christopher T. Whelan *Bust to Boom? The Irish Experience of Growth and Inequality*, ESRI, Dublin

Fitzgerald, John (2007) *Addressing issues of Social Exclusion in Moyross and other disadvantaged areas of Limerick City. Report to the Cabinet Committee on Social Inclusion, Limerick City Housing Dept, Limerick*

Health Research Board, Reitox National Focal Point (2007) *National Report (2006 Data) To The European Monitoring Centre for Drugs and Drug*

Addiction EMCDDA. IRELAND: New developments, trends and in-depth information on selected issues

Health Research Board (2008) *Analysis of 2004-2007 National Drug Treatment Reporting System (NDTRS) data for Mid Western HSE Area, Dublin, HRB*

Health Service Executive (2008) Limerick City Outreach Report, Unpublished

Homeless Agency, *2008 Counted In Limerick Unpublished*

Keane, Rory (2008) *Presentation on Structure of Addiction Services within the Mid West Region. Un-published.*

Kelly, Dr. Alan, (2004) *Opiate Use in Ireland 2000-2001. A 3-Source Capture Recapture Study of the Prevalence of Opiate Use in Ireland, Dublin, NACD*

Limerick Social Services Council (2007) *Identification of Need of Communities in Limerick*

Mid West Drug Education Sub-group (2008) *Presentation to Regeneration Board. Unpublished*

Ministerial Task Force (1996) *First Report on Measures to Reduce the Demand for Drugs* Dublin, Stationary Office

Ministerial Task Force (1997) *Second Report on Measures to Reduce the Demand for Drugs* Dublin, Stationary Office

Moran, R., O'Brien, M., Dillon, L. & Farrell, E., with Mayock, P. (2001) *Overview of Drug Issues in Ireland 2000: A Resource Document. Dublin: The Health Research Board.*

Morgan, Dr Mark (2001) *NACD Drug Use Prevention – Overview of Research, Dublin, NACD*

O'Brien, M (2001) Law enforcement and drug-related crime, in *Overview of drug issues in Ireland 2000: a Resource Document*, Dublin, Health Research Board.

O'Sullivan E, O'Donnell (2002) *Conference Paper Debating Public Policies on Drugs and Alcohol Drugs and crime evidence and trends*. National Documentation Centre.

National Advisory Committee on Drugs (2008) Drug Use in Ireland and Northern Ireland. 2006/2007 Drug Prevalence Survey: Regional Drug Task Force (Ireland) Health and Social Service Board (Northern Ireland). Bulletin 2. Dublin, NACD

National Advisory Committee on Drug (2008) Drug Use in Ireland & Northern Ireland: First Results from the 2006/2007 Drug Prevalence Survey Bulletin 1: Confidence Intervals, Bulletin 1, Dublin, NACD

NHS/ National Treatment Agency for Substance Misuse, Department of Health, (2006) *Models of Care for Treatment of Adult Drug Misusers: Update 2006* UK Home Office

Probation Service (2008) Internal Probation Briefing Document on the number of probation clients in Limerick affected by drug misuse. Unpublished

United Nations Office on Drugs and Crime (2008) *World Drug Report*, United Nations Publications

Working Group on Drugs Rehabilitation (2007) *National Drugs Strategy 2001–2008: rehabilitation. Report of the working group on drugs rehabilitation, May 2007*. Dublin: Department of Community, Rural and Gaeltacht Affairs.

Working Group on treatment of under 18 year olds (2005) *Report of the working group on treatment of under 18 year olds presenting to treatment services with serious drug problems*. Dublin: Department of Health and Children.