



NACD

National Advisory
Committee on Drugs

**BUSINESS PLAN
2005 – 2008**

FEBRUARY 2005

CONTENTS

EXECUTIVE SUMMARY	1
BACKGROUND	2
ORIGINS AND FUNCTIONS	2
ACHIEVEMENTS TO DATE	3
<i>Publications</i>	3
<i>Advice to Government</i>	4
<i>Developing Research Capacity</i>	4
THE NEXT FOUR YEARS	4
STRATEGIC FRAMEWORK	5
FOCUS AND PRIORITIES	5
<i>Remaining research gaps</i>	5
<i>Stakeholder views</i>	5
<i>Review recommendations</i>	5
GOALS AND OBJECTIVES	6
OPERATIONAL PROGRAMME	7
COMMISSIONED RESEARCH	7
<i>Completion of current research</i>	7
<i>Follow through / repeat existing work</i>	11
<i>New research</i>	11
GRANT-AIDED RESEARCH	12
<i>Community and Voluntary Sector Research Grant Scheme</i>	12
<i>Regional and Local Drug Task Forces</i>	12
INTERNAL RESEARCH	13
<i>Drug Trends Monitoring System</i>	13
<i>Position papers</i>	13
COMMUNICATIONS STRATEGY	14
<i>Communications continuum</i>	14
<i>Output goals:</i>	15
ORGANISATION	16
COMMITTEES	16
<i>Committee membership</i>	16
<i>Sub-committees</i>	16
<i>Research Advisory Groups</i>	17
<i>Management Committee</i>	17
NACD STAFFING	17
<i>Organisation</i>	17
<i>Roles and responsibilities</i> <i>(see Appendix 2 for summary job descriptions)</i>	18
<i>Workload and resources</i>	18
<i>New staff</i>	18
FINANCE.....	19
CASH FORECASTS	19
<i>Expenditure components</i>	19
BUDGET MANAGEMENT	19
PERFORMANCE MEASUREMENT	20
CLIENT SERVICE.....	20
INTERNAL EFFICIENCY	20
FINANCIAL MANAGEMENT	20
INTEGRATION.....	21
APPENDICES	22
APPENDIX 1: MEMBERSHIP NACD 2005	22

APPENDIX 2:	SUMMARY OF JOB DESCRIPTIONS FOR FIVE STAFF.....	23
APPENDIX 3:	WORK PLAN AND RESOURCES.....	24
APPENDIX 4:	BUDGET EXPENDITURE FORECAST – ADMINISTRATION.....	25
APPENDIX 5:	RECOMMENDATIONS OF 2004 NACD REVIEW.....	26
APPENDIX 6:	BALANCED SCORECARD REPORTING FORMS.....	27
APPENDIX 7:	NACD SUB COMMITTEE MEMBERSHIP.....	29
APPENDIX 8:	OTHER ACHIEVEMENTS JULY TO DECEMBER 2004.....	30
APPENDIX 9:	INFORMATION GAPS.....	31

EXECUTIVE SUMMARY

The National Advisory Committee on Drugs (NACD) has, since its establishment four years ago, achieved significant progress in delivering against its mandate. It has published a range of reports (25) on critical issues, particularly where existing research was inadequate or non-existent. It has become the knowledge arm of the National Drugs Strategy providing advice to Government on a range of drug-related issues and more recently participating in the National Drugs Strategy Review. It has also begun a process for developing capacity for drug-related research in Ireland and demonstrated its ability to serve multiple audiences.

Achievements against the Terms of Reference can be described as follows:

- provided advice to Government
- provided a focus for addressing knowledge deficits and research capacity
- developed strong networks with relevant agencies to support research and distil evidence
- met specific requests from Government
- worked closely with the HRB, NDC established
- have impacted on agencies through dissemination

The NACD has a proven capacity to develop and manage research projects. It has effective systems in place (for example contracts are sought by other agencies), it has an ability to demand and get best practice and it has established a public profile such that the NACD has become a highly credible organisation with an excellent reputation amongst stakeholders, including the media.

This Business Plan sets out the NACD's agenda for the next four years. It is founded in the Committee's commitment to supporting the National Drugs Strategy (NDS) and research gaps, while also taking account of the views of a wider group of stakeholders and of the recommendations of an independent review carried out earlier in 2004. It embodies a set of goals and objectives centred on the management of a focused research programme and the provision of sound analysis, interpretation and advice. The Operational Programme for 2005-2008 has four key elements. These are:

- Commissioned research
- Grant-aided research
- Internal research
- Communications

The commissioned research programme will focus on the completion of current research, involving some eleven different research projects, on undertaking a limited number of 'follow through' or repeat projects where this will yield substantial benefits, and on exploring areas of potential new study, particularly in rehabilitation and drugs and crime. Limited staff resources is an ongoing challenge for the NACD, particularly in the area of research/technical support. The proposed Operational Programme will be enhanced by the engagement of a research assistant.

In grant-aided research, the most significant element will be the anticipated continuation of the Community and Voluntary Sector Research Grant Scheme. This has already delivered four community-based research projects. The scheme will be evaluated in 2005.

Internal research capacity has been developed to implement the Drug Trends Monitoring System, which is currently being piloted. Focus will also be given to publication of 'position papers' that will provide timely insight for Government into current drug-related issues.

A communications strategy will be put in place to optimise the impact of the various initiatives and outputs, in terms of provision of advice, dissemination of findings and promotion of the research agenda.

The NACD has a funding allocation of approximately €1.3 million per annum and spending has, in the past, not necessarily reached that level. This was largely because of the difficulties in initiating and completing the planned level of research activity within the limitations of existing research capacity and internal resources.

The NACD will introduce a Balanced Scorecard, embodying a small number of key performance indicators, to monitor its progress against plan throughout the period 2005-2008.

BACKGROUND

ORIGINS AND FUNCTIONS

The NACD was established on a non-statutory basis, under the auspices of the Department of Tourism, Sport and Recreation, for an initial period of three years commencing in August 2000. This period was subsequently extended to a fourth year ending in July 2004. Since June 2002, the NACD has been under the auspices of the Department of Community, Rural and Gaeltacht Affairs.

On its establishment, the functions of the NACD (the Committee) were set out as follows:

- based on the Committee's analysis and interpretation of research findings and information available to it, to advise the Cabinet Committee on Social Inclusion and, through it, the Government, in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland;
- to review current information sets and research capacity in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland and to make recommendations, as appropriate, on how deficits should be addressed including how to maximise the use of information available from the community and voluntary sector;
- to oversee the delivery of a three year prioritised programme of research and evaluation as recommended by the Interim Advisory Committee to meet the gaps and priority needs identified by:
 - (a) using the capacity of relevant agencies engaged in information gathering and research, both statutory and non-statutory, to deliver on elements of the programme;
 - (b) liaising with these agencies with a view to maximising the resources allocated to delivering the programme and avoiding duplication;
 - (c) co-ordinating and advising on research projects in the light of the prioritised programme;
 - (d) commissioning research projects which cannot be met through existing capacity;
- to commission additional research at the request of the Government into drug issues of relevance to policy;
- to work closely with the Health Research Board (HRB) on the establishment of a national information/research database (in relation to the prevalence, prevention, treatment and consequences of problem drug use) which is easily accessible; (The National Documentation Centre was officially opened in December 2002)
- to advise relevant Agencies with a remit to promote greater public awareness of the issues arising in relation to problem drug use and to promote and encourage debate through the dissemination of its research findings.

ACHIEVEMENTS TO DATE

Publications

The main NACD publications are shown below by year of publication. Publication represents the culmination of a research process; the actual research work will, in each case, have been undertaken over a (possibly extended) period and will have been subject to detailed review by the Committee prior to publication.

2001

1. *Drug Use Prevention An Overview of Research*

2002

2. *Use of Buprenorphine as an Intervention in the Management of Opiate Dependence Syndrome*
3. *Overview of drug prevalence information in Ireland – internal*
4. *Consequences of drug use for communities - internal*
5. *Research Ethics – Guidelines on Good Research Practice*
6. *Overview of Research on Drug Misuse Among the Homeless in Ireland*

2003

7. *Approaches to Estimating Drug Use in Ireland*
8. *Opiate Use in Ireland 2000 – 2001 key findings*
9. *Opiate Use in Ireland 2000-2001 summary of methodology*
10. *Report on Seminar on 'Quality in Addiction Services'*
11. *Drug Use in Ireland & Northern Ireland First Results from the 2002/2003 Drug Prevalence Survey Bulletin 1*
12. *Drug Use in Ireland & Northern Ireland First Results from the 2002/2003 Drug Prevalence Survey Summary of Survey Methodology*
13. *Use of Lofexidine in the Management of Opiate Dependence Syndrome*
14. *Use of Naloxone in the Management of Opiate Dependence Syndrome*
15. *An Overview of Cocaine Use in Ireland*

2004

16. *Progress Report July 2000 to July 2003 (Feb 2004)*
17. *Opiate Use in Ireland 2000- 2001 Full Report (March 2004)*
18. *Drug Use in Ireland & Northern Ireland 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results Bulletin 2 (April 2004)*
19. *Harm Reduction Approaches in Ireland and Evidence from international literature (May 2004)*
20. *An Overview of Scientific and other Information on Cannabis (Sept 2004)*
21. *Ballymun Youth Action Project (BYAP) Benzodiazepines – whose little helper? (Oct 2004)*
22. *Kilbarrack Coast Community Programme (KCCP) A prevalence study of drug use by young people in a mixed suburban area (Oct 2004)*
23. *Merchants Quay Ireland (MQI) Drug Use among new Communities in Ireland (Oct 2004)*
24. *Tallaght Homeless Advice Unit (THAU) Heroin- the mental roof over your head (Oct 2004)*
25. *The Management of Dual Diagnosis in Mental Health and Addiction Services in Ireland (Nov 2004)*
26. *The Role of Family Support Services in Drug Prevention (Nov 2004)*

Advice to Government

A key function of the Committee is, on the basis of analysis and interpretation of research findings and information available to it, to advise the Cabinet Committee on Social Inclusion and, through it, the Government, in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland. The following paragraphs outline some of the initiatives taken in response to specific Government requests and also some advice provided to Government to date.

- The Minister of State with responsibility for the National Drugs Strategy requested the Committee to undertake research on the effectiveness of Buprenorphine in treating opiate dependence. Based on the information gathered, the NACD provided advice to the Minister including the possibility of expanding its use in a pilot initiative amongst GPs.
- At the request of the Minister of State and under Action 98 of the National Drugs Strategy, the NACD undertook research on vulnerable groups such as the Homeless and Travellers. This research is nearing completion.
- Under Action 99 of the National Drugs Strategy the NACD commissioned a longitudinal study on drug treatment outcomes for opiate users, which is still underway.
- Action 100 of the National Drugs Strategy required research to be carried out on Harm Reduction Approaches in Ireland and internationally. Recommendations were made to Government.
- Research on Cannabis was commissioned to provide an overview of the scientific and other information available. Recommendations have been made to Government.
- A report on Cocaine Use in Ireland was prepared for Government and recommendations were made.
- At the request of Government, the NACD have established a Drug Trends Monitoring System, which will capture information from a wide range of sources and key informants on drug trends as part of the programme for Government. It is currently in a pilot phase due to end in December 2004.
- A briefing paper was prepared for Government on Heroin Trends outside of the Dublin Area and submitted in July 2004.

Developing Research Capacity

The NACD tendering process, structured on good practice public procurement guidelines and procedures, and targeted at a wide base of potential tenderers, has facilitated a widening interest in NACD research and has resulted in a growth in the number of tender applications over time. The NACD has also worked very closely with commissioned researchers to develop clear parameters and quality standards for research and, through its intensive review process, has provided feedback to enable researchers deliver research of the requisite high standard.

The NACD also established a Community and Voluntary Sector Research Grant Scheme, which also contributed to building research capacity in Ireland. The first group of community research projects have been completed and it is hoped to continue this scheme in future years.

THE NEXT FOUR YEARS

An independent review of the work of the NACD was carried out in 2004 on behalf of the Department of Community, Rural and Gaeltacht Affairs. The review concluded, in relation to the NACD, that “it meets a very real need and it provides the Government with excellent value for money”. The key recommendation of the review was that “the NACD should be continued in its current role and its position in the Irish drug information and policy environment context should be maintained”.

The mandate of the NACD to continue its work, in its present structure and with its current Terms of Reference, has now been extended for a further four years, to July 2008, to coincide with the life of the National Drugs strategy 2001-2008. This Business Plan sets out a proposed framework for the NACD’s activities for that four-year period.

STRATEGIC FRAMEWORK

FOCUS AND PRIORITIES

The strategic framework for the four-year Business Plan is based upon three key elements. These are:

1. The need to address ongoing research gaps
2. Stakeholder views
3. Recommendations from the independent review

Remaining research gaps

Having prepared the foundations for supporting a research and information era in Irish drug policy development, the NACD information and research base clearly points to continuing gaps in knowledge about drug-related issues in Ireland.

In that context, the NACD has agreed that certain areas from the current work programme will need to be continued, for example:

- in prevalence estimation (population survey, capture recapture estimate of heroin use, etc)
- in the area of the consequences of drug misuse (further research with families); and
- in treatment (monitoring effectiveness)
- in prevention (models of good practice, delivery of prevention).

In addition, a number of studies requested under the actions of the National Drugs Strategy will demand resourcing e.g. (vulnerable groups, further work on harm reduction), as will requests from Ministers, e.g. work on cocaine and psychostimulants and requirements under the Programme for Government dealing with Emerging Trends.

Meeting these needs will form the core of the NACD's strategy for the coming years and these priorities are reflected in the new work programme outlined later in this document.

Stakeholder views

Preparation of the Business Plan started in 2003 with the development of a consultation document widely circulated to over 200 key stakeholders, government partnership structures, interest groups, service providers and related agencies. Feedback has been received from over 40 groups and their views have been carefully considered by the NACD in deciding on its priorities and formulating its plans. The NACD, with the assistance of an external facilitator, participated in a one-day review meeting in December 2003 to tease out issues and lessons learned.

Finally, the Committee has now agreed two new priority areas - namely - rehabilitation and drugs and crime.

Review recommendations

The independent review of the work of the NACD put forward a number of recommendations. These are summarised in Appendix 5 to this document. The NACD had already recognised and begun to take on board many of the recommendations dealing with internal organisation and procedures identified in the Review such as reducing the number of sub-committee meetings and boosting the use of ad hoc work or task groups. In addition, the Review made the following recommendations for the NACD:

- Build and sustain relationships with key stakeholders
- Refine NACD structure and organisation of operations
- Recruit additional research assistance internally
- Reduce number of research projects
- Develop measurable performance indicators.

These recommendations have been carefully considered and, where appropriate, are reflected in the NACD's planning for the future.

GOALS AND OBJECTIVES

On the basis of the focus and priorities outlined above, the Committee has agreed the principal goals and objectives for NACD in the period 2005-2008. The primary **GOAL** of the NACD remains unchanged and that is ...

To advise the Government, in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland

To achieve that goal, the NACD must have available to it the best information and research coupled with the knowledge and expertise of its Committee members to provide the necessary analysis and interpretation. Two key factors – better research information and optimal use of members’ expertise in analysis, interpretation and advice – inform the underlying objectives for this Four-Year Business Plan. Thus the **VISION** is ...

To provide a national focus for knowledge related efforts that inform Irish policy in relation to drug misuse.

The specific objectives for NACD deriving from its goals and vision are summarised below.

RESEARCH	ANALYSIS, INTERPRETATION AND ADVICE
<p><i>Commissioned Research</i></p> <ul style="list-style-type: none"> • Complete agreed commissioned research programme within the four-year period: <ul style="list-style-type: none"> ○ Completion of contracted research ○ Follow through / repeat existing work ○ New research <p><i>Grant-assisted Research</i></p> <ul style="list-style-type: none"> • Support further community/voluntary sector research grant scheme • Support RDTF/LDTF research projects where feasible <p><i>Internal research</i></p> <ul style="list-style-type: none"> • Implement pilot Drug Trends Monitoring System, review results and report on feasibility of full implementation • Prepare two briefing papers per annum on specific relevant topics <p><i>Integration of information from all sectors</i></p> <ul style="list-style-type: none"> • Develop and implement a communications strategy to include: <ul style="list-style-type: none"> ○ advocacy / promotion of the research agenda amongst key influencers, i.e. those who promote, undertake or fund drugs-related research ○ Promotion of debate through dissemination of research findings • Complete agreed publications programme within four year period • Establish a Memorandum of Understanding with the DMRD that includes the establishment of a data base of drugs-related research • Implement improved liaison with NDST 	<p><i>Committees and members</i></p> <ul style="list-style-type: none"> • Define optimum role for subcommittees • Develop appropriate Terms of Reference for standing sub-committees, RAGS and other project-limited subcommittees • Refine role of Management Committee • Minimise workload of members and focus members time and effort to best value • Improve process for submission and review of draft research reports • Develop process for identifying strategic developments in government requiring a submission from the NACD • Review process for preparation of submissions to Government.

OPERATIONAL PROGRAMME

The Operational Programme for the period 2005-2008 is summarised in Appendix 3 to this document. The Programme shows the work planned, and the resources required to undertake the work, under the headings of:

- Commissioned research
- Grant-aided research
- Internal research
- Communications.

It also reflects the time and resource requirements for necessary professional development work and for management and administration within the NACD.

COMMISSIONED RESEARCH

Research is one of the four pillars of the National Drugs Strategy 2001-2008, clearly reflecting the importance of having information and evidence to underpin policy-making in this diverse field. Commissioned research is one means of meeting requirements under this pillar, to fill gaps in knowledge and information regarding evidence based practice.

The NACD has undertaken an extensive programme of research. Given the limited staff resources of the NACD, the majority of the research must be commissioned externally and by public tendering procedures where possible. This approach enables the NACD to undertake large and varied projects across a range of disciplines, agencies and institutions. The programme has already delivered across a range of topics and issues but it will be important, in order to realise full value from the research, to complete this programme. This will be achieved over the next two years.

Completion of current research

Research Advisory Groups have provided support in both mentoring and monitoring the research projects. We are particularly indebted to Dr Hamish Sinclair from the Drug Misuse Research Division of the Health Research Board and our colleagues in Northern Ireland in the Drug and Alcohol Information and Research Unit for their huge commitment since 2002 in overseeing the NACD/DAIRU Drug Prevalence Survey, a key epidemiological indicator.

Completion of contracted research is made possible with the support of the many agencies external to the NACD who provide or gather data on our behalf such as local health authorities, the Drug Treatment Centre Board (Trinity Court), An Garda Síochána, hospitals and voluntary/community groups.

There are a number of important research projects currently being carried out under contract to the NACD, to be completed and/or published in the coming period. These are set out in the tables on the following pages 8, 9 and 10 below:

Project Title	Contractor	Output	Completion
Population study bulletins 3,4,5...	MORI MRC undertook the survey. DAIRU and the NACD are carrying out the analysis.	The First Drug Prevalence Survey in Ireland was commissioned in 2002 and undertaken by MORI MRC. It provides information on drug use amongst the general population, aged 15-64. This is one of the five key indicators of drug prevalence used by the EMCDDA. Bulletins 1 and 2, already published, provided figures on drug prevalence in Ireland. Bulletin 3 examines cannabis use and analyses a broader range of information, including age of first use, regular use, reasons for stopping, perceptions of risk and how cannabis was obtained. This Bulletin will be published in early 2005. It is envisaged that a fourth Bulletin will be prepared for mid 2005. The population survey will be repeated so that trend information can be provided to Government.	Bulletin 1 published October 2003, Bulletin 2 published April 2004, Bulletin 3 published May 2005, Bulletin 4 published by September 2005
ROSIE	NUI Maynooth - Dr Catherine Comiskey, Dr Gloria Crispino-O'Connell and Dr Gemma Cox.	ROSIE is a national longitudinal study designed to evaluate the effectiveness of drug treatment and other intervention strategies used in Ireland for Opiate Dependence Syndrome with adults 18 years and over. The study will explore the pre-treatment behaviours, problems and social circumstances of heroin users on arriving in drug treatment and then track their progress through treatment. Over 400 heroin users have been recruited from 10 counties and over 50 locations. Interim reports are produced every six months to keep the NACD up to date and to monitor progress. A baseline report is expected in early 2005.	Results due in December 2005. Summary baseline data will be presented at the Harm Reduction Conference in Belfast in March 2005.
Network Analysis	NUI Maynooth - Dr Jamie Saris and Dr Catherine Comiskey.	A Network Analysis Study was commissioned to develop multipliers for use as another tool in estimating opiate prevalence in Ireland. This study is being carried out by NUI Maynooth and is nearing completion. It is anticipated that the research will inform discussions on the feasibility of establishing local drug prevalence. A final report is nearing completion and the NACD expect to report to Government by mid 2005.	Completion 2005.

Project Title	Contractor	Output	Completion
Community Study	UCD - Dr Hilda Loughran and Dr Mary Ellen Mc Cann.	A two year study is being carried out by UCD into the community experiences of problem drug use and how or if this has changed since 1996. The study is exploring the experiences of three communities using local researchers and a combination of methods. It is also expected to produce indicators of a community drug problem. A first draft of the final report will be provided to the NACD in early 2005.	Completion September 2005.
Drug Use & Homelessness	Merchants Quay Ireland Research Unit - Marie Lawless and Caroline Corr	Research was commissioned on drug use amongst the homeless which has been completed by Merchant's Quay Ireland and due to be published in early 2005. Findings will be considered by the NACD and recommendations made to Government. As this was a collaborative process with the key agencies involved in working with homeless people, it is anticipated that a briefing seminar will be held to disseminate the findings to key stakeholders and interest groups.	Published in April 2005.
Drug Use & Travellers	Vision 21 - Simon Danzuk and Jonathan Breeze in collaboration with the Centre for Ethnicity and Health University of Lancashire	This was the second research project commissioned in the area of vulnerable groups and is being carried out by Vision 21. The research is in its final stages and a completed draft report was received in autumn 2004. It is not anticipated that the report will be published as of yet but used as an internal document to support Government policy development in addressing health and social needs of Travellers. The collaboration with the Centre for Ethnicity and Health, Traveller service organisations and interest groups will be continued in finalising the report and disseminating findings to key players in service delivery to Travellers.	Completion 2005.

Project Title	Contractor	Output	Completion
Capture Recapture Method (CRM) 2-Source	Small Area Research Unit, Trinity College - Dr Alan Kelly, Conor Teljeur.	The Small Area Research Unit of Trinity College are developing prevalence estimates using the Capture Recapture method and two data sources (CTL and Garda Study). The objective is to test the application of the method to local area statistics in order to develop local prevalence estimates. Work is ongoing and the study should be completed by early 2005. A draft report is expected in February 2005.	Completion mid 2005
Evaluation of the National Drug Awareness Campaign	NUI Galway - Dr Saoirse Ni Gabhainn and Dr Jane Sixsmith.	The NACD commissioned a research project to track the effectiveness of the National Drug Awareness Campaign over its 3-year life cycle. NUI Galway is carrying out the research, which will examine the various tools and approaches used in developing and implementing the campaign. There are three phases to the research: phase one examined the developmental aspects of the campaign including the first wave of advertising, phase two is examining implementation of the first and second wave of advertising and phase three is examining the third and final wave of advertising, providing for triangulation of data and analysis culminating in one final report. The research is due to be completed by December 2005. Findings will be used to enhance the approach to and development of Drug Awareness Campaigns, identifying key lessons learned for the future.	Due to finish end of 2005, final report due early 2006.
Family Study	Contract awarded to Dr Carmel Duggan of WRC Social and Economic Consultants	Developmental work has taken place on a research project that will investigate how families cope with drug problems, where they seek support and what their experience of services are in general. The tender was advertised in October 2004, the contract awarded in March 2005. The project will start in May 2005.	Draft final report expected in December 2005 completion of project expected by end March 2006

Follow through / repeat existing work

In certain areas of research, the greatest value is derived from repeating or extending specific pieces of work in order to identify key trends or behaviours over time. The NACD plans to undertake a small number of such studies in the coming four-year period.

Population Drug Prevalence Survey 2005-2006

In order to establish population drug prevalence trends it is essential to repeat the population survey. This will be commissioned through external contract work via public tendering procedures. Due to the value of the contract it will be advertised in the EU Journal (OJEC). Advertisement will take place in either Autumn 2005 or Spring 2006, the contract will be awarded mid summer, the fieldwork will commence in October 2006 and be completed by May 2007. The new drug prevalence figures and trends will be available by late autumn 2007. It will be important to factor in the cost of delivering this without the collaboration of our Northern colleagues should their priorities change. As the CAPI (Computer Assisted Interviewing) method will be required for face-to-face interviews, costs are likely to be substantially greater in the commissioning of this study.

3-Source Capture Recapture Method

The Capture Recapture Methodology (CRM) is used to determine an estimate of problem opiate use by combining 3 data sources (Garda data, HIPE¹ data, and CTL² data). Repeating this study would give NACD valuable trend information relating to heroin use. This study will need to be repeated again in 2007. However, much of the preparation for implementing this project is needed in 2005/2006, such as obtaining ethical approval, clearance from the Data Protection Commissioner, advertising the tender and awarding the contract. Data will be collected and analysed for the period 2005. A report is expected for late 2007.

Research on Drug Use amongst Vulnerable Groups

Further to the Ministerial request to carry out research amongst vulnerable groups, the NACD intends to investigate what information gaps exist relating to drug use among early school leavers and prostitutes. Background work will be carried out internally in 2005 (workload permitting) and research may be commissioned in late 2005, early 2006 if necessary. This area of work will not be prioritised for 2005.

Harm Reduction, Suicide, Overdose

As a follow up to the recently published report, the NACD would like to identify information needs relating to drug use and suicide and drug use and overdose. These are areas where interventions can be put in place to reduce risk of harm based on the analysis of information gathered.

New research

On its establishment in 2000, the NACD adopted a programme of work that focused on the main areas of need in relation to drugs-related research, primarily upon the key questions of prevalence and treatment. Much progress has since been made in these areas (See Appendix 9) and the Committee is now evaluating new priority areas. Two key areas have been identified to date – rehabilitation and drugs and crime.

Rehabilitation

In progressing research in this area, the NACD intends to first convene a stakeholder consultative group. The objective of this group will be to consider information currently available in Ireland relating to the experience of drug rehabilitation and social reintegration, to identify gaps and develop a key research project if necessary. It is expected that the ROSIE study will provide some information relating to rehabilitation depending on the follow up rate. It may be possible, to extend follow up for a further two years to enhance the rehabilitation information, however, this would need the commitment of substantial funds. Commissioning of preliminary research will take place in 2005 such as mapping services, identifying models and reviewing the international and national literature. A larger study, if necessary, is unlikely before 2006.

¹ HIPE Hospital In-Patient Enquiry – Records of admissions and discharges to Irish hospitals

² CTL Central drug Treatment List

Drugs and Crime

There is a need to understand Irish drug markets and to determine the nature of the relationship between drug use and crime. A consultative group of key stakeholders was convened in 2003 to identify research gaps and it is intended to reconvene this group to support the development of a relevant research project or projects. A collaborative process is envisaged in the commissioning, implementation and report preparation stages. Commissioning of the research is unlikely before 2006.

GRANT-AIDED RESEARCH

NACD's experience to date has highlighted the need for development of research capacity in Ireland. Commissioned research has a role in this area, particularly through the mentoring role of research advisory groups. Grant-aided research is also a potential means of developing the knowledge and skills required both to undertake and manage research initiatives. NACD will seek to develop this aspect through the implementation of a focused programme of research supports, to include:

- Continuation of its existing Community and Voluntary Sector Research Grant Scheme
- Support to Regional and Local Drug Task Force research initiatives.

Community and Voluntary Sector Research Grant Scheme

The grant scheme was launched in 2001 with the aim of generating community-based drugs research. Contact was made with several agencies to gain insight into their approach to implementing and managing research grant schemes. Four organisations have successfully completed research projects and produced individual reports for the NACD. All of the reports were published in October 2004 and are available in print and from the NACD website.

Evaluation of the Scheme outputs has been commissioned and will be completed by mid-2005. Subject to a positive evaluation, it is anticipated that, this grant scheme will be operated again. A high level of technical support was required by all the projects involved in the scheme. Throughout the two years of the grant scheme the Research Officer attended over 50 meetings and gave over 70 days per year to the running of the scheme. Given the limited resources available to the NACD, should the scheme be implemented in the new work programme, it will require substantial resources to operate from both an administrative and technical perspective and thus may need to operate differently.

Regional and Local Drug Task Forces

NACD support will be made available on an annual basis to support the needs and capacity of the drug task forces to carry out locally based research that would fill gaps in our knowledge and contribute to building capacity. Moreover this approach would also encourage greater understanding of the value of information, the ethical issues involved in managing access to that information and importance of routine data collection for administrative and research purposes. There is limited time available in 2005 for this; therefore, the best use of resources would be to facilitate a research workshop or seminar. Greater levels of support could be provided from 2006 onwards.

INTERNAL RESEARCH

Drug Trends Monitoring System

The NACD has established a Drug Trends Monitoring System (DTMS) to meet the objectives set out under the Programme for Government and the National Drugs Strategy for the identification of new or emerging drug trends. The aim of the system is to identify trends such as the spread of heroin into new areas, the availability of new drugs, new patterns of drug use and new drug users groups. This is consistent with our Terms of Reference in the February 2000 Report from the Interim Advisory Committee: “a person should be designated at local level to report on more general information coming to hand, such as for example, emerging patterns in problem drug use.” A pilot model for the DTMS has been developed which is in the process of being tested and established. In this system, the emphasis is on tapping into drug trends at the early stage of their lifecycle. This will be achieved through the establishment of:

- i) A **network of trend monitors** of frontline workers throughout the country who would complete a short trend questionnaire on the drug situation in these areas. Monitors would also alert the NACD when a new trend develops.
- ii) A **media monitoring system** which will allow the monitoring of drug seizures, drug related court cases, and local drug issues around the country.
- iii) A series of **Focus Groups** with drug user groups to assess latest drug trends.

Data from all sources will be collated and trends assessed, validated and fed through to the Early Warning and Emerging Trends sub-committee of the NACD. Reports on the findings of the Monitoring System (if implemented) will be presented on an annual basis and Alert Notifications will be issued as required.

Evaluation process and decision timelines

Data collection was initiated in October 2004. The data was analysed in a preliminary report prepared for the NACD Early Warning Emerging Trends Sub-committee in December 2004. A full review of the implementation will be prepared for February 2005. Once the final report has been prepared the sub committee will consider the merits and cost/benefit of a full implementation of the monitoring system and who might be best placed to implement it. The project is not considered in our resource planning beyond this pilot stage.

Public Health Issues

Exploratory research has been carried out on the issue of HIV in communities. The objective was to gain a social and historical background to the prevalence figures for HIV in communities where significant differences in similar populations have been identified. It is anticipated that a more detailed study relating to the harm reduction may emerge. Issues concerning Hepatitis C are emerging as part of this exploratory study which will need further investigation.

Position papers

The key role of position papers is to provide timely insight into emerging or developing drug-related issues. It is anticipated that it may be possible to produce at least one position paper per year and produce four by 2008 for Government. In 2005, one paper will relate to the DTMS and baseline information on trends or patterns of drug use. Further position papers over the coming years could relate to any one of the following examples:

- Poly drug use
- Cocaine use in Ireland
- Issues relating to prescribed drug use from the population survey
- Children and Young people, drug use by those aged 15-24
- Children aged 10-15 and their drug use.

The NACD will, in the context of emerging priorities and anticipated Government requirements, seek to identify the specific area to feature in a position paper to Government at the beginning of each year and will determine the approach and resources required to produce it.

COMMUNICATIONS STRATEGY

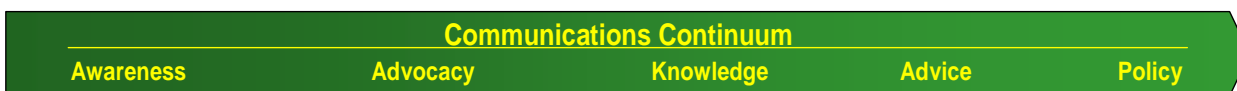
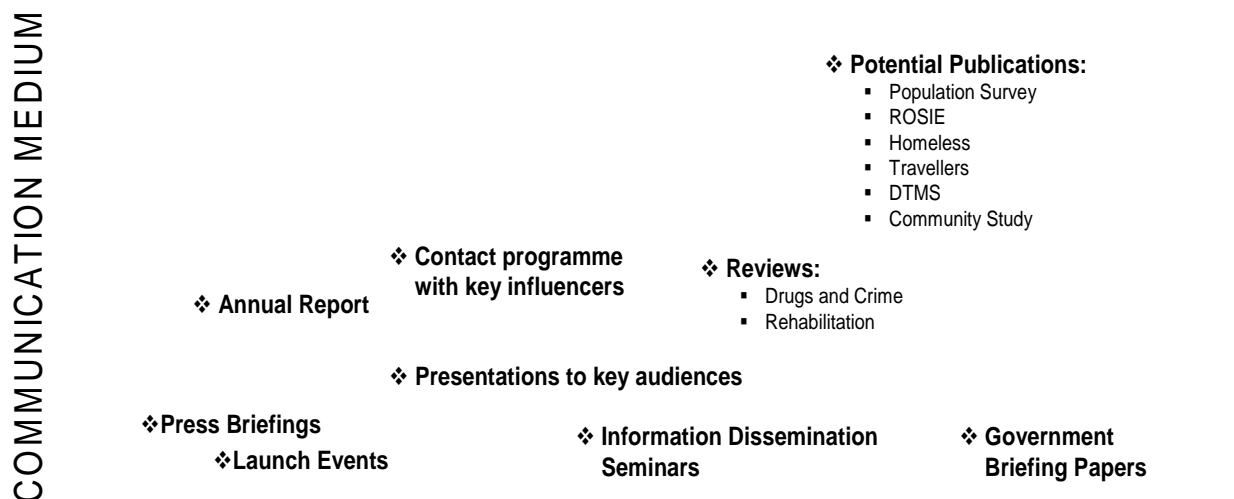
The functions of the NACD necessitate communication for many different reasons and at different levels. It must first of all interpret its research findings and “advise ... Government in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland”. It must be able to propose “how to maximise the use of information available from the community and voluntary sector” and to promote this objective in those sectors. It must also be able “to advise relevant Agencies” and “to promote and encourage debate through the dissemination of its research findings”.

All of these, and indeed other, elements are required and can best be coordinated through an integrated communications strategy which the NACD will develop for the four-year period now beginning. The Communications Continuum below provides a synopsis of the target audience and communications medium opportunities for the NACD.

The objectives of the communications strategy will be:

- To provide timely advice and briefings to the Minister on key issues and emerging trends
- To advise service providers and practitioners across sectors of relevant research findings that may inform current thinking and practice
- To promote the research agenda amongst key influencers in those Agencies and bodies that promote, commission, fund or undertake drug-related research and/or have access to relevant data in this field
- To represent the NACD and Ireland at international fora.

Communications continuum



TARGET AUDIENCE	Awareness	Advocacy	Knowledge	Advice	Policy
	<ul style="list-style-type: none"> ▪ Through the diverse audiences ▪ Media events and opportunities ▪ Guest attendee at conferences & seminars 	<ul style="list-style-type: none"> ▪ RDTFs ▪ LDTFs ▪ Health Services Executive ▪ Prisons ▪ Citywide 	<ul style="list-style-type: none"> ▪ Dept. Health & Children ▪ Dept. Education & Science ▪ Dept. Social & Family Affairs ▪ Dept. Justice, Equality & Law Reform ▪ Dept. Community Rural & Gaeltacht Affairs ▪ RDTFs ▪ LDTFs ▪ Community /Voluntary Sectors ▪ Professional bodies ▪ Statutory bodies ▪ Other government departments 		<ul style="list-style-type: none"> ▪ DCR&GA / Drugs Strategy Unit ▪ Inter-Departmental Group ▪ National Drugs Strategy Team ▪ Cabinet Committee on Social Inclusion

The main components of the communications strategy will be:

- A communications plan that will link together all of the main features and outputs of the NACD's Operational Plan and research programme
- Build and sustain relationships with key stakeholders
- A structured set of outputs that will include, *inter alia*:
 - Progress reports to Government and other stakeholders, promote value of research
 - Government briefing papers
 - Press briefings on publications
 - Presentations to key audiences such as IDG, NDST, Senior Officials, Health Services Executive
 - Disseminate published reports.

Output goals:

Note: not all output items stated are intended as publications

Communications continuum	2005	2006	2007	2008
Population Survey B=Bulletins	B1, B2(revisions) B3 & B4	B5, B6, B7	B8, B9, (New Survey Results)	B10, B11, B12
ROSIE	Baseline Results Conference paper	Final Results Conference paper(s)	Rehab paper Polydrug use	
Network Analysis	Final Report			
Community Study	Final report. Pub summary	Final Report publication	Insights papers x 2	
Drug use & Homelessness	Report publication		Focus group update paper	
Drug Use & Travellers	Final report		Focus group update paper	
CRM 2 Source	Final report		3 source report	3 source regions
National Drug Awareness Campaign	phase 2 report	Final report		
Interagency working	Briefing paper			update paper
Drugs and Crime	Preliminary briefing	Research	Research	Research report 1
Rehabilitation	Preliminary briefing	Research	Research	Research report 1
DTMS	Report on Pilot			
Family Study		Final report		
HIV Study	Summary paper issues			
Position papers	DTMS Briefing for Gov	Position paper (s)	Position paper (s)	Position paper (s)
LDTF /RDTF support	Workshops Report writing Guidelines	Workshops	Preparing research reports	support publications
Community Grant Scheme	Evaluation	Advertise new scheme	Reports	Reports
Other Risk Groups	Background work	Briefing paper	Briefing paper	
Annual Report	Annual report 2004	Annual report 2005	Annual report 2006	Annual report 2007
Maximum number of publications	6	6	6	6
Minimum no. of publications	3	3	3	3

Standard set in NACD Review 1 report per 1.4 employees in NACD, per year

Media coverage for the NACD has been extensive for most publications. Invariably, it has included all major national papers (Irish Times, Irish Independent, Irish Examiner), national and local Radio news programmes and some current affairs features and TV coverage as news item was achieved 2-3 times in the year. We expect this level of media interest to continue and we will endeavour to maintain good relationships with the media. A company will be engaged to assist in this area.

ORGANISATION

COMMITTEES

Committee membership

The maintenance of a broad-based committee system is critical to the success of the NACD. From its initial inception there was a strong view that the Committee itself should include representatives from the voluntary and community sector, Government Departments and State agencies, and academic and research interests. The 2004 review of the work of the NACD also found that the various sub-committees had been central to the very significant progress made by the NACD in its first four years of operation. It is therefore a key objective for the NACD to ensure that it continues to have available to it the range of expertise and experience necessary to fulfil its mandate and to be able to offer comprehensive and balanced advice on the full range of drug-related issues.

The demands of committee and sub-committee participation are considerable. Apart from actual attendance at meetings, there is a heavy commitment required in reading and reviewing significant volumes of documentation and in other committee-related activities. The 2004 review also found that there was potential for overlap between the different sub-committees, possibly leading to duplication of effort and procedures. A further objective, therefore, is to ensure that the Committee and sub-committees operate in a manner that will make most effective use of the members' time and expertise.

Draft terms of reference will be developed for each type of sub-committee and the key points for each are summarised below.

Sub-committees

The NACD utilises a structure of five sub-committees (*see Appendix 7*) to examine relevant issues in the areas of prevalence, prevention, treatment, consequences and early warning / emerging trends. The sub-committees have been important in enabling the NACD to address an extensive research programme. They have undertaken much of the detailed work involved in framing appropriate research questions, in commissioning the research and in reviewing and shaping the outcomes of the research in terms of draft reports submitted to the Committee for consideration. More recent use of Research Advisory Groups (RAGs) to oversee individual projects has, however, led to some perceived overlap of functions and duplication of review.

However, the sub-committee structure is an effective way for the NACD to monitor progress and conduct strategic thinking on issues that may require further investigation as part of the work programme. There may be questions and issues, e.g. drug-related issues across particular groups, which require a more integrated approach than the sectoral focus of the current sub-committees, i.e. prevalence, prevention, treatment, consequences and emerging trends.

With those issues in mind, it may be appropriate for the NACD to adopt a more flexible approach to the role and membership of the sub-committees. The sub-committee should, as heretofore, undertake the role of identifying the needs, formulating the key research questions and guiding the research programme in its area of responsibility. It should, however, provide direction at a high level, with the Research Advisory Groups taking responsibility for the direct management and delivery of research projects. It should meet at, say, quarterly intervals and should also be time-limited to the duration of its agreed programme. Membership would therefore vary from time to time, depending on its particular focus at that time.

Terms of reference for each sub-committee may include the following key responsibilities:

1. Evaluate and determine the research needs for a specific sector or area of focus
2. Agree the research approach and agenda
3. Formulate the key research questions
4. Review and, if appropriate, approve research proposals
5. Monitor progress on research projects.
6. Support the development of position papers to the NACD.

Research Advisory Groups

The primary role of the Research Advisory Group is to guide and manage research projects from inception to completion. Terms of reference will therefore include the following:

1. Monitor and support the research through each stage of development
2. Agree the project objectives document.
3. Inform the research process and agree the development or enhancement/changes to the design
4. Provide practical advice where difficulties emerge during the various stages of research
5. Ensure ethical approval is obtained where necessary from the relevant research ethics committee.
6. Observe the publication and copyright policy of the NACD as stated in the NACD contracts
7. Oversee the project management of the research tracking milestones and progress
8. Review drafts of progress and final reports providing feedback where appropriate re the needs of the NACD in terms of content for consideration and publication
9. Report to the NACD and the appropriate sub-committee on progress of research projects
10. Sign off on the final draft of the report to be submitted to the NACD for approval and agreement on recommendations to be made to Government.

Management Committee

The Management Sub-committee has been an important element in NACD achieving its objectives to date and the independent review recommended a continuing and enhanced role for the sub-committee.

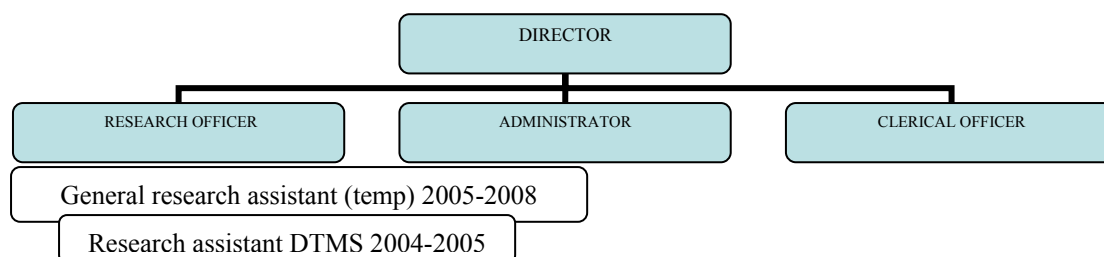
Its terms of reference will include the following:

1. Provide support to the Executive to carry out the objectives of the work programme
2. Assist in managing resource issues work distribution, performance etc
3. Assist in resolving administrative issues in areas such as recruitment, holiday/sick leave relief, etc
4. Review and approve contracts to be awarded to contractors, amendments to contracts and financial issues
5. Assist in the resolution of issues or disputes in relation to research contracts or other NACD matters
6. Review and support the NACD's communications strategy.

NACD STAFFING

Organisation

There are four core staff employed to work for the NACD – a director, research officer, administrator, and clerical support. The latter two positions are placements from the Department of Community, Rural and Gaeltacht Affairs to the NACD and they remain part of the department's core staff complement. The director and research officer are on fixed term contracts with the Department of Community, Rural and Gaeltacht Affairs to work with the NACD. It is possible for the NACD to employ temporary staff from time to time to assist with the demands of a heavy workload although this has been predominantly administrative. One temporary research assistant is employed until March 2005 to work with the research officer in implementing the Drug Trends Monitoring System. NACD staffing is currently organised as follows:



Roles and responsibilities (see Appendix 2 for summary job descriptions)

Director

The core function of the Director is to develop and implement the work programme and agree priorities with the NACD. In addition, the Director must provide the administrative backup to the Committee and sub-committees and organise their ongoing research programme. There is additional responsibility to develop links, and interact, with other bodies relevant to the Committee's work programme, both in Ireland and abroad. The post also involves presenting information on the work and output of the Committee and raising public awareness of its role.

Research Officer

The core responsibilities of the research officer are to monitor and mentor research projects. The Research Officer is required to work with consultants, researchers, and research organisations to ensure efficient and speedy implementation of the Committee's prioritised work programme. The Research Officer is required to liaise with the DMRD and other key players in the area of research and information in relation to drugs. The Research Officer reports to the Director in relation to the Committee's ongoing workload.

Administrator

The primary role of the Administrator is to prepare annual budgets, monitor expenditure and organise the meetings of the NACD and its sub-committees, ensuring timely circulation of papers. In addition, the administrator will liaise with the Research Officer in monitoring ongoing research projects. The Administrator will also carry out duties assigned by the Director, particularly in relation to the requirements set out in the Committee's Rules of Procedure and Terms of Reference.

Clerical Officer

The role of the Clerical Officer is to provide support to the Director, Research Officer and Administrator so as to ensure the smooth running of the office on a day-to-day basis. It also involves maintaining up-to-date files, both electronically and in paper-based systems, and recording all information necessary to the running of the office. The Clerical Officer is also required to undertake reception and telephone duties, IT support and to provide an efficient response in dealing with queries in accordance with NACD's Customer Service Charter.

Workload and resources

The estimated workload and resource requirements of the Operational Programme are summarised in Appendix 3. This shows, for each area of work, the major projects and activities to be undertaken, their expected duration and the work inputs required for their completion. The inputs, expressed in days, are shown separately for the Director, the Research Officer, NACD administration and sample of days required for external or contracted support. The specified days are those estimated to be required to complete the research projects through to publications and events, and are based on NACD's experience thus far.

New staff

At the time of writing, the staff at NACD is working to excess capacity on a daily basis. The NACD recognises this is not acceptable on an ongoing basis and the Department has responsibilities under the Health, Safety and Welfare at Work Act. It is critical for the successful implementation of this business plan that the NACD increase the staffing capacity immediately. The NACD will engage an employment agency to provide a research assistant (see Appendix 3, Job Description,) over the coming years and temporary administrative relief when required.

The options for managing this lack of capacity are clear. Ideally, recruitment of additional staff would fulfil our needs as set out in the Talbot Review of NACD, however, public sector ceiling on staffing prevent this. Therefore as an alternative approach, the necessary resources can be contracted externally on a temporary short-term project specific contract, in the areas where external support is required, including:

- Technical expertise for population survey work
- Technical expertise for community/voluntary sector research grant scheme
- Research assistance with DTMS
- Policy briefing papers
- Proof reading
- Database management
- PR and event management
- Administration

FINANCE

CASH FORECASTS

The NACD has a funding allocation of approximately €1.3 million per annum. This is a substantial level of funding and spending has, in the past, not necessarily reached that level. This was largely because of the difficulties in initiating and completing the planned level of research activity within the limitations of existing research capacity and internal resources. The pattern, however, is likely to change. A continuing research programme combined with a greater use of external resources and funding of grant-aided research, will call for higher levels of expenditure. This is reflected in the forecast figures.

Expenditure components

The main expenditure components are as follows:

Annual costs:

- Salaries
- Non pay admin
- Web management
- Legal
- PR
- Event management
- Advertising
- Publications
- Travel
- Consultancy short term/small projects

Research Programme:

- Complete ongoing research commitments (ROSIE, CRM 2-source, Community Study, Risk Groups etc.)
- Family Study
- Capture Recapture Method Repeat 3-source
- Population survey repeat
- Vulnerable groups
- Drugs and crime
- Rehabilitation

Grant-aided research:

- Community / Voluntary Sector Research Grant Scheme
- LDTF and RDTF support

Internal research:

- Drug Trend Monitoring System full completion of pilot
- Policy position papers
- HIV Study

BUDGET MANAGEMENT

The budget will be managed on a monthly basis with reports provided on a quarterly basis to the NACD. The reports will outline the funding committed for research or other projects and the amount of funding expended to date. Our own records will reflect expenditure according to contracts, plans and any over or under spend will be alerted to the NACD.

PERFORMANCE MEASUREMENT

The Committee has, in its previous business plan, identified the need to introduce an improved basis for monitoring its activities and performance. This was supported by one of the recommendations of the independent review, which suggested that the NACD should develop a small set of Key Performance Indicators, utilising a Balanced Scorecard approach.

The NACD should start the measurement process with a limited number of measures, focusing on those that are most relevant to the strategic management of its activities. It is therefore proposed that the NACD should develop its reporting using the type of measures outlined below and in Appendix 6 to this document. These measures are linked to the goals and objectives set out in this Business Plan.

Overall performance should reflect a balanced view of the NACD's progress across all of its key functions. This will include:

- Client service
- Internal efficiency
- Financial management, and
- Integration.

CLIENT SERVICE

The Government, through the Cabinet Sub-Committee, Minister of State and the responsible Department (Community, Rural & Gaeltacht Affairs), is the NACD's primary client. Client service measures should be focused on the NACD's ability to respond to Government requirements, as expressed in specific questions or requests, and in the specific actions required of the NACD under the National Drugs Strategy. Proposed initial measurements will relate to:

- Responses to Government Questions (status and timing against plan)
- Actions required by Drug Strategy (status and timing against plan)

INTERNAL EFFICIENCY

The focus of internal activities, and measures, will be the delivery of agreed programmes of research and effective management of the projects involved. Proposed initial measures will relate to:

- Commissioned Research (project status against plan)
- Grant-assisted Research:
 - Community research programme against plan
 - Support to LDTFs and RDTFs
- Internal Research (Internal research projects against plan, project status against plan)
- Project management (project delivery against plan; issue management against plan)

FINANCIAL MANAGEMENT

There are specific characteristics of research-based expenditure that require careful monitoring. Expenditure is often committed considerably in advance of actual spend and may run over a number of financial years. In addition, actual disbursement is tied to the delivery of research and the timing will be affected by the extent to which projects are delivered on time. It is necessary, therefore, to monitor both commitment of funds and actual spend. Proposed initial measures will relate to:

- Funds committed against plan (to date and projected)
- Actual spend against budget (to date and projected)

INTEGRATION

Key functions of the NACD are to maximise the use of the information available from the community and voluntary sector, to use the capacity of relevant agencies to deliver on elements of the research programme and to promote and encourage debate through dissemination of its research findings. This role requires co-ordination and co-operation (integration) with other agencies and organisations. Proposed initial measures for integration are:

- Number of projects submitted to NACD for comment/input
- Number of occasions NACD material used by other organisations³.

³ Periodic client survey required and key stakeholders to ascertain assimilation of our work into their planning and practice.

APPENDICES

APPENDIX 1: MEMBERSHIP NACD 2005

Dr Barry, Joe - Specialist in Public Health Medicine, Dept of Community Health and General Practice, Trinity College (Academic)

Ms Byrne, Catherine - Dept. of Justice Equality & Law Reform, (Government)

Mr Collins, Willie - Regional Health Board Representative, Health Services Executive (Statutory Agency)

Dr Corrigan, Des - *Chairperson*, School of Pharmacy, Trinity College (Academic), *Chair also Prevalence sub committee*

Ms Corrigan, Maria - Principal Psychologist, St John of Gods, (Ministerial Appointment)

Mr Geoghegan, Tony - Merchants Quay Ireland, Irish Association of Alcohol and Addiction Counselling, (Specialist)

Mr Morgan, Cathal, Health Service Executive Representative, Northern Area, (Statutory Agency)

Ms Kavanagh, Mairéad -Ballymun Youth Action Project, Voluntary Drug Treatment Network, (Voluntary Sector)

Dr Keenan, Eamon -Consultant Psychiatrist in Substance Abuse, Health Services Executive (HSE) (Statutory Agency) *and Chair Treatment/Rehab sub committee*

Dr Mc Cann, Mary Ellen - *Vice Chairperson*, Dept of Social Policy and Social Work, UCD (Academic) *and Chair Prevention sub committee*

Mr Melaugh, Brian - Ana Liffey Drug Project, Voluntary Drug Treatment Network, (Voluntary Sector)

Mr Moloney, David - Dept. of Health & Children, (Government) *and Chair Early Warning Emerging Trends sub committee*

Supt O'Brien, Finbarr - Garda National Drug Unit (Statutory Agency)

Mr O'Brien, Liam - Community Addiction Response Programme Killinarden, (Community Sector)

Ms O'Connor, Patricia - National Drugs Strategy Team (Government)

Dr O'Sullivan, Máirín - Dept. of Education & Science, (Government)

Ms Quigley, Anna - Citywide Drugs Crisis Campaign, (Community Sector) *and Chair Consequences sub committee*

Dr Sinclair, Hamish - Drug Misuse Research Division, Health Research Board (Statutory agency)

Ms Stack, Kathleen - Dept. of Community, Rural & Gaeltacht Affairs (Government)

APPENDIX 2: SUMMARY OF JOB DESCRIPTIONS FOR FIVE STAFF

<i>Director</i>	<i>Research Officer</i>	<i>Assistant to Research Officer</i>	<i>Office Manager</i>	<i>Clerical Officer</i>
<p>Develop Strategic Direction with NACD</p> <p>Ensure efficient discharge of business of NACD</p> <p>Promote work of NACD, represent NACD</p> <p>Arrange distribution of NACD business among its staff</p> <p>Develop core functions such as: HR, IT, finance, research mgmt</p> <p>Develop internal/external communications</p> <p>Oversee operational effectiveness (organisational development)</p> <p>Prepare detailed work programme</p> <p>Prepare detailed budgets</p> <p>Oversee implementation of work prog</p> <p>Provide Balanced Scorecard Reports</p> <p>Manage publication process</p> <p>Develop and support NACD structures sub comms, RAGs etc</p> <p>Develop links and interact with other bodies both in Ireland and abroad</p>	<p>Support development & implementation of NACD work programme</p> <p>Provide research technical support to NACD, Director, SC & RAG structures</p> <p>Oversee research projects</p> <p>Prepare position papers</p> <p>Prepare research tenders</p> <p>Provide ongoing monitoring of research quality</p> <p>Support publications process</p> <p>Establish new research projects</p> <p>Develop and expand DTMS, provide analysis and write reports on DTMS</p> <p>Develop risk groups research</p> <p>Support capacity building (advice to DTFs & NDST), repeat research grant scheme</p> <p>Advise on relevant IT support</p> <p>Assist with annual report</p>	<p>Support ongoing work of NACD</p> <p>Prepare background info for briefing papers</p> <p>Support work of RAGs and SCs</p> <p>Conduct desk research</p> <p>Initiate and manage research projects</p> <p>Carry out literature reviews</p> <p>Support development of position papers</p> <p>Assist with running focus groups</p> <p>Analyse data held in SPSS</p> <p>Support publications process</p> <p>Review draft reports and comment</p> <p>Contribute to annual report</p> <p>Support to NACD work programme</p> <p>Explore potential of website</p> <p>Assist in writing reports</p>	<p>Assist with budgeting</p> <p>Monitor and report on finances</p> <p>Recruit support staff</p> <p>Negotiate and manage contracts</p> <p>Monitor provision of progress reports</p> <p>Manage procurement process</p> <p>Assist with publications process</p> <p>Provide secretariat function to NACD</p> <p>Support implementation of work programme</p> <p>Manage office administration + admin staff</p> <p>Ensure translation of docs where required</p> <p>Assist with annual report</p> <p>Prepare Ministerial briefings</p> <p>Assist with media strategy, liaise with PR company</p>	<p>Provide secretariat support to office</p> <p>Purchase office supplies</p> <p>Process invoices</p> <p>Support customer service</p> <p>Maintenance of office equipment</p> <p>IT management</p> <p>Secretarial support to NACD structures</p> <p>Deal with public enquiries</p> <p>Support the media monitoring of DTMS</p> <p>Organise dissemination of reports</p> <p>Update website</p> <p>Organise launches and other events</p> <p>Develop contacts database</p> <p>Support work programme of NACD</p>

APPENDIX 3: WORK PLAN AND RESOURCES

	2005				2006				2007				2008			
	Dir	RO	RA	Admin	Dir	RO	RA	Admin	Dir	RO	RA	Admin	Dir	RO	RA	Admin
1 Commissioned Research	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220
1.1 Contracted research to be completed 2004																
1.2 Contracted research to be completed 2005-2006	53	69	40	48	20	20	20	18	5	8	10	5	0	0	0	0
Population Survey - 3 Bulletins	14	15	5	15												
Network Analysis	5	3		5												
Risk Group - Travellers	6	10		5												
Community Study	5	5	10	5												
Family Study	5	5	10	3	5	5	10	3								
Homeless Study	2	5		5												
ROSIE	8	8	10	5	10	10	5	10	5	8	10	5				
National Drug Awareness Campaign	2				5	5	5	5								
Capture Recapture 2 source	4	3														
HIV Study	2	15	5	5												
1.3 Research to be extended or repeated	8	5	10	15	25	30	15	35	25	35	12	30	30	30	10	40
Capture Re-capture	5	3	10	5	10	10	5	15	5	5	2	10	10	10		20
Population Survey	3	2		10	15	20	10	20	20	30	10	20	20	20	10	20
1.4 New Research	10	10	20	40	14	40	40	40	14	30	20	30	10	30	40	30
Risk Group: Sex Workers					2	5	10	5	2	5	5					
Risk Group: Early School Leavers					2	5	10	5	2	5	5					
Drugs and Crime	5	5	10	20	5	15	10	15	5	10	5	15	5	15	20	15
Rehabilitation	5	5	10	20	5	15	10	15	5	10	5	15	5	15	20	15
2 Grant-aided Research																
2.1 Community Research Grant Scheme	2	5	5	5	2	5	30	15	2	5	30	15	5	15	30	20
Four Community Research Projects (evaluation & publication)	2	5	5	5												
New project group					2	5	30	15	2	5	30	15	5	15	30	20
2.2 LDTF/RDTF Research Support	2	2		20	2	10	30	20	2	10	30	20	2	10	30	20
3 Internal Research																
3.1 Drug Trends Monitoring System	0	30	60	0												
Pilot		30	60	20												
3.2 Position Papers / Focus Groups (2 per annum)	5	5	30	5	10	20	30	20	10	25	50	20	10	25	50	20
4 Communications																
4.1 Communications Strategy	3	1	1	2	3	1	1	2	3	1	1	2	3	1	1	2
4.2 Programme for Key Influencers	15	5		10	15	5		10	20	5		10	20	5		10
4.3 Dissemination Programme		5		40		5		40		10		40		5		40
4.4 Publications / Launches	25	10	10	50	25	10	10	50	25	10	10	50	25	10	10	50
5 Professional Development Work	5	5	5	10	5	5	5	10	5	5	5	10	5	5	5	10
6 Management and Administration	73	53	28	138	73	53	28	138	73	53	39	118	73	53	28	138
6.1 Committee support	24	24	14	60	24	24	14	60	24	24	25	60	24	24	14	60
6.2 Staff meetings	24	24	14	28	24	24	14	28	24	24	14	28	24	24	14	28
6.3 Balanced Scorecard	10			30	10			30	10			30	10			30
6.4 Annual Report	15	5		20	15	5		20	15	5		20	15	5		20
Total requirements (days)	201	205	209	383	194	204	209	398	184	197	207	350	183	189	204	380
Available days	220	220	220	440	220	220	220	440	220	220	220	440	220	220	220	440
Percentage of Capacity	91%	93%	95%	87%	88%	93%	95%	90%	84%	90%	94%	80%	83%	86%	93%	86%
Dir=Director; RO=Research Officer; RA=Research Assistant	Dir	RO	RA	Admin	Dir	RO/Tecl	RA	Admin	Dir	RO	RA	Admin	Dir	RO	RA	Admin
Admin=two admin officers at CO and HEO grades																

APPENDIX 4: BUDGET EXPENDITURE FORECAST – ADMINISTRATION

Budgeting for 2005-2008 – Administration				
PAY				
	2005	2006	2007	2008
Salaries incl. PRSI	185,000	200,000	215,000	230,000
NON-PAY				
Telephone	5,500	6,000	6,500	7,000
IT/Web	15,000	15,000	15,000	15,000
Training	10,000	10,000	10,000	10,000
Travel Expenses (NACD+ Staff)	11,000	12,500	13,750	15,000
Stationary/Misc, Office Supplies	2,750	3,000	3,300	3,600
Office Equipment	6,600	7,200	8,000	8,400
Publications	50,000	50,000	50,000	50,000
Petty Cash	1,650	1,800	1,980	2,000
Office Cleaning	6,050	6,650	7,300	8,000
Launch/Dissemination Events	20,000	20,000	20,000	20,000
Postage	5,700	6,200	6,800	7,600
Rent	800	880	960	1,000
PR	30,000	30,000	30,000	30,000
Secretarial Temp Services	15,000	15,000	15,000	15,000
Sundry	30,000	30,000	30,000	30,000
Legal	10,000	10,000	10,000	5,000
Totals	405,050	424,230	443,590	457,600

APPENDIX 5: RECOMMENDATIONS OF 2004 NACD REVIEW

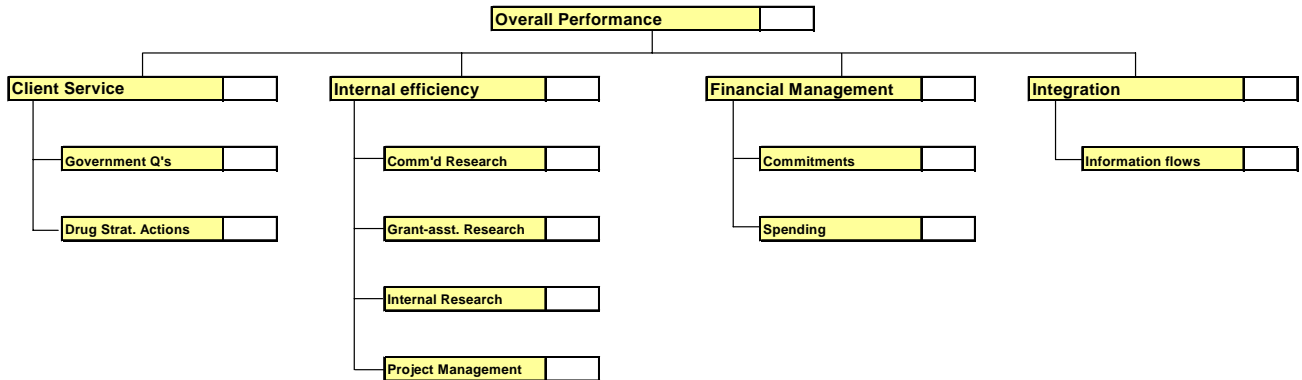
The independent review of the work of the NACD put forward a number of recommendations that the Committee accepted as being aligned with its own views and these are reflected in the direction and balance of this four-year Business Plan.

The main recommendations in relation to the operation of the NACD *in its current role* are summarised below:

- Recommendation 1: The NACD should be continued in its current role
- Recommendation 2: Relationships and co-operation with the NDST should to be developed further
- Recommendation 3: A clarification of the relative roles and functions and the relationship between the NACD and the Drug Misuse Research Division of the Health Research Board (DMRD) is required. This should be documented in the form of a service level agreement or memorandum of understanding.
- Recommendation 4: The NACD should continue in its present structure and with its current Terms of Reference for a further period, that period to coincide with the life of the National Drugs Strategy 2001-2008.
- Recommendation 5: The NACD should continue to reduce the number of sub-committee meeting to (say) one per quarter, when their focus should primarily be on setting priorities in their respective areas.
- Recommendation 6: The NACD should increase the use of ad-hoc, time limited, groupings such as Research Advisory Groups (RAGs) for specific projects.
- Recommendation 7: As far as possible, administrative matters should be dealt with by the Management Committee.
- Recommendation 8: An Assistant Research Officer should be appointed to increase the NACD's capacity (*This recommendation was not accepted by the Department of Finance*)
- Recommendation 9: The NACD should focus on a smaller number of research programmes identified as priorities by the sub-committees.
- Recommendation 10: The NACD should develop a strategy for, and focus more of its resources on:
- Development of the national research agenda on drugs
 - Analysis and interpretation of its own and other research
 - Further development of its role as advisor to Government, through developing its capacity to respond rapidly to current issues
 - Further development of the necessary networks and processes to make optimum use of existing capacity and to develop research awareness and co-operation amongst key bodies, Departments and Agencies
 - Continuation/development of support for capacity building at local and community levels.
- Recommendation 11: The NACD should develop a small set of Key Performance Indicators, utilising a Balanced Scorecard approach, to support the organisation's strategic development. This will require an appropriate monitoring and reporting system.

APPENDIX 6: BALANCED SCORECARD REPORTING FORMS

National Advisory Committee on Drugs
 Summary Performance Report for



KEY:
■ Components on or ahead of target
■ Components currently on target but some potential issues
■ One or more components significantly outside target (i.e. greater than 10%)

We will establish monthly one page reporting forms for all projects which will inform this overview above for the NACD sub committees and main committee.

National Advisory Committee on Drugs
 Client Service Performance Report for

Response to Government Requests

Request	Date Initiated	Original Delivery Plan	On Schedule Yes / No	Current Forecast	Potential Overrun (weeks)	Comments / Issues

Actions Required by Drug Strategy

Action	Date Initiated	Original Delivery Plan	On Schedule Yes / No	Current Forecast	Potential Overrun (weeks)	Comments / Issues

National Advisory Committee on Drugs
Internal Performance Report for

Commissioned Research Projects

Research Project	Date Initiated	Original Delivery Plan	On Schedule Yes / No	Current	Forecast	Potential Overrun (weeks)	Comments / Issues

Grant-assisted Research Projects

Action	Date Initiated	Original Delivery Plan	On Schedule Yes / No	Current	Forecast	Potential Overrun (weeks)	Comments / Issues
Academic Research:							
Community Research:							
RDTF/LDTF Projects:							

Internal Research Projects

Action	Date Initiated	Original Delivery Plan	On Schedule Yes / No	Current	Forecast	Potential Overrun (weeks)	Comments / Issues
DTMS Reports							
Briefing Papers							

Project Management

	Total Number	Projects on time or Issues Resolved	%	Comments / Issues
Projects on Time				
Issues raised and resolved				

National Advisory Committee on Drugs
Financial Management Report for

Description	Year To Date			Forecast for Year			Comments / Issues
	Planned	Actual	Variance	Planned	Current Forecast	Potential Variance	
Financial Commitments							
Spending Against Budget							

National Advisory Committee on Drugs
Integration Report for

Information flows	Target	Actual	Achieved %	Comments / Issues
Inward flow No. of projects submitted to NACD for input or comment				
Outward flow No. of NACD publications used by other organisations/Agencies				

APPENDIX 7: NACD SUB COMMITTEE MEMBERSHIP

Main Committee	Sub-Committee Membership					
	Consequences	EWET	Prevalence	Prevention	Treatment/Rehabilitative	Management
Dr Des Corrigan (Chair)	x	x	x			x
Dr Mary Ellen McCann (Vice-Chair)	x			x		x
Ms Anna Quigley	x		x			
Dr Eamon Keenan	x				x	
Dr Joe Barry			x		x	
Mr. David Moloney		x	x		x	
Ms. Catherine Byrne	x		x			
Ms. Máirín O'Sullivan				x		
Mr Liam O'Brien					x	x
Ms Mairead Kavanagh	x			x		
Ms Kathleen Stack	x	x	x			x
Mr. Brian Melaugh	x				x	
Mr Tony Geoghegan	x				x	
Mr. Cathal Morgan					x	
Ms Patricia O'Connor		x	x	x		
Ms Maria Corrigan				x	x	
Dr Hamish Sinclair	x	x	x		x	
Supt Finbarr O'Brien	x		x			
Mr Willie Collins		x			x	

Co-opted Sub-committee Members			Consequences	EWET	Prevalence	Prevention	Treatment
Ms	Elaine	Butler				x	
Det Garda	Pat	Davis		x			
Dr	Ide	Delargy					x
Mr	Gerry	Hayes		x			
Mr	John	Kelly		x			x
Ms	Pauline	Leavy		x			
Mr	Richie	Maguire		x			
Ms	Deirdre	Mahony				x	
Mr	Tom	McGuinn		x			
Ms	Ruby	Morrow				x	
Ms	Frances	Nangle-Connor					x
Dr	Daniel	O'Driscoll		x			
Ms	Anya	Pierce		x			
Mr	Bobby	Smith		x			
Ms	Siobhan	Stokes MSc		x			
Ms.	Sinead	Copeland				x	
Mr.	Evan	Breen	x				

APPENDIX 8: OTHER ACHIEVEMENTS JULY TO DECEMBER 2004

Project Title	Contractor	Output	
Cannabis	Four researchers from diverse fields of interest such as pharmacology, public health, criminology and educational psychology completed the work. They are Dr Claire Collins, Mr Johnny Connolly, Dr Dominique Crowley and Dr Mark Morgan.	The above report was commissioned by the NACD in response to a request from the Minister of State to investigate the scientific information on cannabis. The Report is expected to fill a current gap in knowledge of cannabis use in Ireland and recommendations will be made to Government based on the findings. A briefing seminar was held in Dublin to launch the report. Dissemination has been completed to key audiences and stakeholders; however additional copies will also be published in anticipation of a wider interest in the report's findings. The report is available to download from NACD's website.	Published in September 2004
Benzodiazepines study	Ballymun Youth Action Project	This report studies the role of benzodiazepines in the development of substance misuse problems in Ballymun. The report also explores the dynamics of supply and demand in a local context, and highlights the factors that allow the continuance of a relatively high level of benzodiazepine use within the community.	Published in October 2004
Drug Prevalence Survey of 10-17 year olds	Kilbarrack Community Coast Programme	This study establishes the patterns and trends of drug misuse in the Kilbarrack area by young people aged 10 – 17 and examines their attitudes to drug use, and the risk factors accompanying their use. The study also assesses the drug use among a sample of early school leavers and examines the views of community members on the drug situation in the area. Representing a socially mixed area, the research is important in providing an indication of drug use and attitudes to drugs of young people in similar suburban communities around the country.	Published in October 2004
Needs of local Homeless Drug Users	Tallaght Homeless Advice Unit	This research examines the links between homelessness and drug use and the nature of drug use amongst the homeless population in Tallaght. It also explores the reasons behind their homelessness; examines the policies and practices of local authorities in relation to the housing of homeless drug users; and explores the experiences of homeless drug users with special reference to the policies and practices of homeless services.	Published in October 2004
Drug Use in Emerging New Communities in Ireland	Merchants Quay Ireland	This exploratory study examines the patterns of drug use among new communities; explores the reasons and motivations for drug use; establishes risks the users may be exposed to; examines the level of awareness of health promotion / harm minimisation strategies and drug treatment services; and identifies barriers to accessing services.	Published in October 2004

APPENDIX 9: INFORMATION GAPS

The table below sets out the information gaps identified by the Interim Advisory Committee in their report to the Minister in February 2000. We have matched the work undertaken thus far by the NACD to these gaps to identify those still remaining. Most of the remaining gaps relate to criminal justice issues and cost effectiveness in delivery of treatment, prevention and other interventions.

Topic	Progress to date
1. Attendance at drop in centres by clients not receiving counselling or medical intervention	
2. Attitudes within society to drug misuse	<i>Population survey</i>
3. Capacity building in local communities	Research Grant Scheme
4. Cautioning regarding minor drug related offences	
5. Cross border initiatives	Population survey
6. Drug related deaths	<i>DMRD are in process of setting up a Drugs Related Death Index</i>
7. Effectiveness of different treatment models	<i>ROSIE</i>
8. Effectiveness of drug policies in different socio-economic contexts	
9. Experimental/occasional/regular (non medical) drug use among 17-25 age groups	<i>Population survey</i>
10. Extent & prevalence of drug misuse in Dublin & Nationally	<i>Capture recapture; network analysis; population survey</i>
11. Families of drug misusers and how all aspects of drug misuse affect the family unit	<i>Planned under consequences</i>
12. Follow up research on links between drugs and crime	<i>Garda study nearing completion</i>
13. Formal evaluations of policing operations	
14. Further research on links between poverty and drug misuse	
15. Increase in crime, homelessness and drug supply	<i>Homeless study underway.</i>
16. Information flow from hospitals	<i>Links with HIPE established</i>
17. Lack of addiction library facility	<i>National Documentation Centre</i>
18. Link between offences and seizures; indicator of level of dealer	
19. Longitudinal evaluations of different prevention strategies	
20. Models of resource allocation	

Topic	Progress to date
21. Number and outcomes of anti-drug operations	
22. Patterns of drug misuse	<i>Population survey</i>
23. Poly drug misuse	<i>ROSIE; network analysis; population survey</i>
24. Population of drug offenders known to the Gardaí	<i>Capture recapture</i>
25. Prescription drug misuse	<i>Analysis of Benzodiazepine Report foreseen</i>
26. Protective factors	<i>Morgan Report and Family Study by Unique Perspectives</i>
27. Real cost and effectiveness of law enforcement prevention and treatment measures	<i>ROSIE can provide limited data on cost of effective treatment</i>
28. Relapse rate of treated clients	<i>ROSIE</i>
29. Research capturing the experience of users, their families and communities throughout the stages of their drug misuse	<i>Community study and family study</i>
30. Sentencing and serving of sentences	
31. Studies on effective counselling	<i>ROSIE</i>
32. Studies regarding intersectoral collaboration and the difficulties in achieving it in practice	<i>In house review underway</i>
33. The cost to society of the drug problem	
34. The effect of heroin on local communities	<i>Community study</i>
35. The experience of drug misuse by drug misusers and former drug misusers	<i>Qualitative interviews in network analysis</i>
36. The experience of people no longer in contact with the services	
37. The physical effects of drug misuse and the kind of information that is required to inform the general health strategy around drug misuse rather than simply a treatment focused approach	<i>National Drug Awareness Campaign</i>
38. The impact of drug misuse on the ability to maintain social relationships	
39. Travellers' experience of the drug problem	<i>Commissioned in 2003</i>
40. Treatment and rehabilitation outcomes in Ireland	<i>ROSIE</i>
41. Trends among young people	<i>Population survey & analysis of data in ESPAD 2003</i>