

An Evaluation of the Pilot

**Community and Voluntary Sector
Research Grant Scheme 2001-2005**

for the

National Advisory Committee on Drugs

By Kate Ennals

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Executive Summary

The Evaluation Report of the NACD Community and Voluntary Sector Research Grant Scheme (CVRGS) shows how the CVRGS was a very õpositive experience¹ for the four community organisations that were successful in producing a final research report:

- Ballymun Youth Action Project (BYAP)
- Kilbarrack Coast Community Programme (KCCP)
- Merchants Quay Ireland (MQI)
- Tallaght Homelessness Advice Unit (THAU).

The CVRGS was successful in producing four qualitative and innovative research reports:

- Benzodiazepines ó Whose Little Helper? (BYAP)
- A Prevalence Study of Drug Use by Young People in a Mixed Suburban Area. Kilbarrack Coast Community Project, (KCCP)
- Drug Use among New Communities in Ireland: An Exploratory Study, (MQI)
- Heroin ó The Mental Roof Over Your Head, (THAU).

The community methodologies used were varied and, particularly in Ballymun, enabled widespread learning and participation through the local community. The new information, documentation and evidence acquired as a result of each of the research reports has led to revised policies at local level in Ballymun, South Inner City, Kilbarrack and Tallaght and new policy solutions are currently being developed and promoted by the community organisations.

However, the community organisations need more support to enable them to promote the research reports amongst policy makers, in order to influence national policy, and the National Advisory Committee on Drugs (NACD) needs to strengthen this aspect of the grant scheme.

All the community organisations feel more confident and feel that their profile and credibility has risen as a result of the research reports produced. They have benefited from increased capacity ó both in relation to research methodologies and production and also management of work. Most of the community organisations have also benefited from new partnerships and alliances developed through the research programme.

The NACD has increased its network of contacts within the community sector and links with front-line groups working in local communities with drug users. It has increased its own credibility, as a relatively new body, within the community sector. NACD staff

¹ Community evaluation session. Wednesday 5 October 2005.

have been able to use the research reports to identify further work possibilities with regard to its own work programme, though the link with the NACD work programme needs to be more established.

Whilst the NACD had little experience of managing grant schemes, the supports and resources provided by it were considered excellent and beneficial by the community organisations. However, the NACD faced some administrative and resource issues in providing the technical supports. There were also some ambiguities within the CVRGS which led, at evaluation, to a lack of clarity as to the priority of the scheme within the NACD. The assessment criteria did not wholly reflect the initial aims and objectives of the scheme.

As a pilot scheme, the CVRGS demonstrates many benefits to both to the community organisations themselves and to the drugs sector in general:

- Four quality research reports were produced and published
- New quality information acquired and documented
- Community groups acquired new skills in new research methodologies
- Increased profiles and confidence in community organisations
- More awareness of drug issues in local communities
- Some changes in local policies and activities (BYAP/MQI)
- New partnerships and alliances were forged and developed by community organisations
- New network of links and contacts developed in the community sector for the NACD
- Validation of qualitative methodology and community research.

However, the cost of the CVRGS is relatively high. If one incorporates the hidden staffing costs, it is estimated at nearly £70,000 per group².

Overall, given the benefits of the CVRGS to the community groups and the NACD, it is clear that the CVRGS should continue. However, the pressure on resources of the NACD needs to be reduced. Therefore, it is recommended that the NACD establish structures at a regional level to support the community organisations, funded by developing the grant scheme in partnership with the Regional Drugs Task Forces (RDTFs) and setting up Regional Research Advisory Groups.

The evaluation report makes four recommendations, which in short propose that the NACD:

- Set up a biannual Community Research Grant Scheme in partnership with the National Drugs Strategy Team (NDST)/Regional Drugs Task Forces

² Break down of costs of CVRGS Appendix 7.

- Set up a clear framework to provide management structure and direct links to the NACD work programme
- Establish agreed objectives, relevant assessment criteria, and clarify ownership and the role of the NACD
- Strengthen networking and training components to support the scheme.

Kate Ennals

Acknowledgements

The NACD would like to extend its appreciation to all those who participated in this evaluation.

Kate Ennals has prepared a concise report on the evaluation which highlights the values of community based research and the challenges it presents.

Glossary of Terms

BYAP	Ballymun Youth Action Programme
CVRGS	Community and Voluntary Sector Research Grant Scheme
HRB	Health Research Board
IDG	Interdepartmental Group on Drugs
KCCP	Kilbarrack Coast Community Project
LDTF	Local Drugs Task Force
MQI	Merchants Quay Ireland
NACD	National Advisory Committee on Drugs
NDST	National Drugs Strategy Team
RDTF	Regional Drugs Task Force
RAG	Research Advisory Group
THAU	Tallaght Homeless Advice Unit

Section 1 – Introduction to the Evaluation Report

Introduction to Evaluation Report

Background Information

The Five Community Organisations Funded

Summary of Research Projects Funded³

The Evaluation Process - Aims and Objectives of the Evaluation

Methodology

Confidentiality Guidelines

Outline of Report

Introduction to the Evaluation Report

- 1.1 The CVRGS was set up in 2001 by the National Advisory Committee on Drugs (NACD) to develop high-quality explorative research on pertinent drug-related issues at local level by community organisations. The scheme initially comprised a budget of €125,000 and an application and implementation process was devised which aimed to provide the groups with the necessary support and resources to ensure high-quality research projects. Five community organisations were initially funded and four research projects were published in 2004.
- 1.2 This evaluation report looks at how the aims and objectives of the NACD CVRGS were met, and assesses the process involved and how effectively the scheme was implemented. It examines the benefits and challenges for both the NACD and community and the issues arising from the process. It finally makes recommendations as to whether the CVRGS should be continued and what improvements could be made.

Background Information

National Advisory Committee on Drugs

- 1.3 The NACD was established in July 2000 to advise the Government in relation to the prevalence, prevention, treatment/rehabilitation and consequences of problem drug use in Ireland, based on the analysis of research findings and information. The NACD, whose members are drawn from statutory, community, voluntary, academic and research organisations, as well as relevant Government departments, oversees the delivery of a comprehensive work programme including research on the extent, nature, causes and effects of drug use in Ireland. The Committee reports to the Minister of State responsible for the National Drugs Strategy (NDS) in the Department of Community, Rural and Gaeltacht Affairs.

³ See Appendix 1 for detailed summary of research activity and findings.

Community and Voluntary Sector Research Grant Scheme (CVRGS)

- 1.4** In 2001, the NACD launched the CVRGS to generate innovative, community-based drugs research. Groups interested in conducting research in the areas of prevalence, prevention, treatment/rehabilitation and consequences of drug misuse were invited to apply for funding from an overall budget of p125,000 (£100.00 at that time).
- 1.5** The aim was to:
- generate innovative community-based drugs research
 - build research capacity at community level
 - increase awareness and understanding of drug-related issues in communities
 - increase liaison between community groups and services and local policy structures.
- 1.6** There were 35 applications.⁴ In February 2002, eleven were shortlisted and received training in relation to research methodology. In Autumn 2002, five groups were funded between p20,000 and p25,000⁵ and provided with supports and resources to conduct the research projects. These were completed in 2004 when the NACD supported and published four (one community organisation withdrew) completed research projects in partnership with the four community organisations. Of the original five, two organisations had extensive experience of research projects, but all had some previous experience of research.
- 1.7** Each community organisation was given a research grant of between p20,000 and p25,395.00 and the total cost of the scheme, outside of staff resources, was p173,964.⁶ If staff costs are included, that figure rises to approximately p280,000.
- 1.8** The NACD agreed to commission an evaluation of the CVRGS in order to assess the merit of such a grant scheme; the experience of the grant recipients in participating in the scheme; the implications for the NACD in establishing and supporting the scheme; and the outcomes achieved to date. A tender document was published and an evaluator contracted in August 2005.

The Five Community Organisations Funded

1.9 *Ballymun Youth Action Project (BYAP)*

BYAP was established in 1981 after three young people died from drug-related incidents in the area and since then the Project has continued to respond to the needs of individuals and families in the context of the community in which they live. BYAP offers a range of services on all aspects of drug misuse ranging from work with individuals, families and groups to education and training courses. In

⁴ See Appendix 1.

⁵ Figures rounded for the purposes of this report.

⁶ Community Response returned p17,000 and a purchased laptop computer as they did not complete the project.

1996 the BYAP established URRÚS as a Community Addiction Studies Training Centre.

1.10 *Killbarrack Coast Community Programme (KCCP)*

KCCP is a drugs rehabilitation and aftercare project based in northeast Dublin. It was established in 1997 in response to the increasing use of drugs in the Kilbarrack area and its emphasis is on quality, user-led services for drug users in recovery. The KCCP runs a three-year support, and aftercare programme for recovering drug misusers, a Parents Support Group, and a youth service for 10 to 18 year olds in the area.

1.11 *Merchants Quay Ireland (MQI)*

The MQI Project was established in 1989 by the Franciscan Friars to provide services for people affected by drug use and HIV. MQI is committed to minimising the harm associated with drug use to individuals, families and the wider community. To this end, MQI provides a wide range of services for drug users and their families, such as the Crisis Contact Centre, stabilisation services, residential programmes; settlement and integration services; and the Fáiltiú Resource Centre for homeless people.

1.12 *Tallaght Homeless Advice Unit (THAU)*

THAU was established in January 1993 to provide an advice, information and advocacy service to people who find themselves out of home, at risk of becoming homeless, encountering tenure problems with private landlords or the local authority, or experiencing difficulties dealing with statutory and voluntary agencies. THAU also works extensively with drug users and advocates on their behalf to statutory and voluntary agencies. The Unit is closely linked with the drug support services in the Greater Tallaght area.

1.13 *Community Response*

Community Response is a voluntary drug agency based in the South West Inner City Dublin established in 1991. It works with individuals, families and communities on a range of levels, from drug awareness to training to health promotion and family support. The organisation aims, in partnership, to help people in the South West Inner City Dublin determine their own solutions to the complex issues of problem drug use and its consequences.

Summary of Research Projects Funded⁷

1.14 *Community Response (grant €20,000)*

The study proposed by Community Response aimed to research the viability of an integrated multi-disciplinary approach to families affected by problem drug use. The study proposed to examine the impact of problem drug use on the family; identify the extent to which problem drug users rely on family members and the extent of family resources used to support them; document the needs of family members with a particular focus on women; and assess the effectiveness of services and networks used by families affected by problem drug use.

1.15 *Ballymun Youth Action Project (BYAP) (grant €25,000)*

Benzodiazepines – Whose Little Helper?

The aim of the research proposed by BYAP was to explore the role of benzodiazepines in the development of substance misuse problems in Ballymun. The research proposed to investigate the relationship between benzodiazepines, opiates, and other substances in a young person's drug repertoire; describe the dynamics of benzodiazepine supply and demand in local street drug markets; examine the impact of benzodiazepine use on the community; and identify the possible models of prevention and harm reduction which might be effective and appropriate in the community.

1.16 *Kilbarrack Coast Community Programme (KCCP) (grant €25,395)*

A Prevalence Study of Drug Use by Young People in a Mixed Suburban Area

The aim of the research study proposed by KCCP was to establish the patterns and trends of drug misuse in Kilbarrack by young people in the 10- to-17 age group; examine the processes by which young people in the area become involved in drug misuse; identify the current and potential problems which arise from their drug misuse; and assess the extent of knowledge and attitudes of drugs and drug misuse among young people.

1.17 *Merchants Quay Ireland (MQI) (€25,395)*

Drug Use among New Communities in Ireland: An Exploratory Study

The aim of the research proposed by MQI was to carry out an exploratory study into the nature of drug use among three new ethnic minority communities in Ireland. The study proposed to examine the patterns of drug use among the new communities and the routes of administration of the drug used; explore the reasons and motivations for drug use; establish risks the users may be exposed to; examine the level of awareness of health promotion/harm minimisation strategies and drug treatment services; and identify barriers to accessing services.

⁷ See Appendix 1 for detailed summary of research activity and findings.

1.18 Tallaght Homeless Advice Unit (€25,395)

Heroin – The Mental Roof Over Your Head

The aim of the research study proposed by the THAU was to document the link between homelessness and drug use (especially heroin use). The research was to examine the nature and extent of drug use amongst the homeless population and explore the reasons behind their homelessness; examine the policies and practices of local authorities in relation to the housing of homeless drug users; explore the experiences of homeless drug users with special reference to the policies and practices of homeless services; and make recommendations aimed at informing policy at government and practice levels.

The Evaluation Process - Aims and Objectives of the Evaluation

- 1.19** To assess whether the initial aims of the grant scheme have been achieved:
- generating innovative community-based drugs research
 - building research capacity
 - increasing understanding of drug-related issues in communities
 - increasing liaison between community group and services and local policy structures.
- 1.20** To assess the organisation of the scheme in relation to the:
- application and assessment process of the scheme
 - impact ó on the NACDø and community groupsø workload
 - funding arrangements and mechanisms of accountability
 - experience of the groups vis-à-vis the NACDø contractual requirements e.g. contracts; submission of progress reports; financial reports; and final report
 - support structure provided by the NACD and research advisory groups
 - issues arising during the research for groups eg ethical issues, confidentiality, time and resources required.
- 1.21** To assess:
- the outcome of the scheme to date
 - the added value for the NACD, Department of Community, Rural & Gaeltacht Affairs (CRGA) and community groups
 - the development of research capacity within the community groups
 - links created between groups and local services and policy structures eg improved contact with Local Drugs Task Forces (LDTFs) as a result of research
 - increased understanding of drug-related issues for the community group, the NACD and others.

Methodology

- 1.22** The evaluation was conducted between August and November 2005. The process has involved key desktop research comprising the research reports, files, NACD minutes and documents relating to the CVRGS. The evaluator has held four interviews with four of the community groups funded and the key NACD research officer involved. Three evaluation focus group sessions have been held:
- An evaluation session of all the community groups funded
 - An evaluation session with staff
 - An evaluation session with key NACD members involved in the Assessment Panel.⁸
- 1.23** An interview was planned with Community Response, but the organisation was unable to make the interview. Proposed telephone interviews also did not take place due to time pressures on the organisation and the questionnaire sent was not completed.

Confidentiality Guidelines

- 1.24** It was agreed that evaluation participants would be engaged through open and transparent facilitative methods and through local interviews and that individual confidentiality would be protected. Contributions would be attributed to the local group i.e. BYAP and not to the individual or, in the case of the NACD, to staff, the NACD or Department and not to the individual.
- 1.25** It was agreed that interviews would be noted by the interviewer/note taker. These notes will be verified and agreed by the interviewee at the end of the interview or when the notes had been compiled (within 2 days of the interview).
- 1.26** The confidentiality guidelines were explained at each of the focus group sessions and agreed threads from the discussions drawn up and agreed by participants. Only these notes have been used by the Evaluator in the report.
- 1.27** All sources of information will be held on paper file alone by the Evaluator and will not be made accessible on disk or computer.

⁸ There was not a high attendance at evaluation sessions. Only one representative from the community organisations was able to participate and only three NACD members, respectively. All NACD staff attended the staff evaluation session. Two NACD members responded with email contributions.

Outline of Report

- 1.28** The report is laid out in six sections. The first comprises the introduction, a summary of the community organisations funded, a summary of the project proposals and the methodology of the evaluation report (see above).
- 1.29** The second section looks at the management of the CVRGS and documents the process involved. It assesses the application and process of the Scheme, the impact on the NACD's and community groups' workload, the funding arrangements and mechanisms of accountability, the experience of the groups vis-à-vis the NACD's contractual requirements (eg contracts, submission of progress reports, financial reports and final report), the support structure provided by the NACD and research advisory groups and the issues arising during the research for groups (eg ethical issues, confidentiality, time and resources required).
- 1.30** Section three looks at meeting the aims of the CVRGS and assesses whether the initial aims of the grant scheme have been achieved: ie generating innovative community-based drugs research; building research capacity; and increasing understanding of drug-related issues in communities; increasing liaison between community groups and services and local policy structures.
- 1.31** The fourth section assesses the outcomes of the scheme to date; the added value for the NACD, Department of Community, Rural & Gaeltacht Affairs and community groups; the development of research capacity within the community groups; links created between groups and local services and policy structures eg improved contact with LDTFs as a result of research; and the increased understanding of drug-related issues.
- 1.32** The fifth section looks at key findings and section six concludes and provides recommendations for a new CVRGS.

Section 2 . Managing the CVRGS . Documenting the Process

Assessment of:

- **the application and process of the Scheme**
- **the impact on NACD and community groups' workload**
- **the funding arrangements and mechanisms of accountability**
- **the experience of the groups vis-à-vis the NACD's contractual requirements e.g. contracts; submission of progress reports, financial reports and final report**
- **the support structure provided by NACD and research advisory groups**
- **issues arising during the research for groups e.g. ethical issues, confidentiality, time and resources required.**

Managing the CVRGS: Documenting the Process

- 2.1 In order to understand the issues arising during the implementation of the CVRGS, it is necessary to look at how the Scheme was developed.
- 2.2 The NACD formally agreed in principle to the CVRGS in September 2001, following an earlier proposal tabled by staff. It was agreed that there should not be duplication with other grant schemes and the following agencies were consulted: the Health Research Board (HRB), Enterprise Ireland, the Family Research Programme of the Dept. of Social and Family Affairs and the Combat Poverty Agency. Advice and information was sought from these funding bodies by staff, which was integrated into finalising the operation of the Grant Scheme.
- 2.3 It was suggested some groups would need access to some technical support in preparing research submissions and that the development of the scheme by the Research Officer should consider this. It was proposed that research projects would be funded up to £20,000 (£100,000 pa) and the research work should be completed in 12 months. It was also suggested that the Research Grant Scheme be run annually.
- 2.4 In October 2001, the NACD agreed an outline development proposal. There would be two stages of assessment. The first would be made on the basis of the community groups' research idea, its understanding of drugs issues, and its links with the local community, service providers and planners. Training would be provided to those groups who passed the first assessment. The groups would then develop a research proposal for the second assessment stage.
- 2.5 It was agreed that while the groups were able to identify the research topic according to local experience, it should relate to the work of the NACD and

therefore be relevant to one of the key areas of the NACD's focus: prevalence, prevention, treatment/rehabilitation or consequences. NACD members from these sub-committees would make up the initial assessment panel with staff members.

- 2.6** The NACD parent department, the Department of Tourism, Sport and Recreation (this changed to Community, Rural and Gaeltacht Affairs in 2002) had initial reservations as to the accountability of the groups within the scheme and its validity in relation to the work of the NACD. However, at a meeting in December 2001 with the Chair of the NACD and Government officials, Departmental concern over accountability was satisfied and it was agreed that as the NACD has a responsibility to use the capacity of relevant statutory and non-statutory agencies to deliver on its work programme and to develop a research network in the drugs area, developing such a grant scheme was an appropriate action within the work programme.
- 2.7** The grant scheme was publicised in December 2001, with nationwide advertising, together with a mailshot to over 300 groups, electronic advertising and website information.
- 2.8** In January 2002, 35 applications were received from groups around the country. Eleven were short-listed and invited to attend a research training workshop in March 2002, run by the NACD to develop their research idea. Fourteen people from the relevant groups attended the training which dealt with issues such as literature reviews, fieldwork, research ethics, data gathering and analysis, costing research proposals etc.
- 2.9** The eleven groups submitted research proposals relating to the four key NACD areas of operation. During April and May 2002, a second NACD assessment panel made up of representatives from the NACD sub-committees met to assess the research proposals. Criteria was based on:
- validity and feasibility of their research proposal
 - value added to the NACD's research programme
 - capacity of the group to manage and complete the work on schedule
 - cost of the proposal and value for money.

NACD Reports

- 2.10** In June 2002, the NACD approved the recommended successful applicants, but expressed concern that all the groups were Dublin-based. There had not been a geographical element included in the criteria. Legal contracts were drawn up over the following months with each of the community organisations and Research Advisory Groups (RAGs) established to support the research proposal of the groups. The NACD research officer represented the NACD on each of the RAGs. The RAGs were attended by local academic and professional interests.

- 2.11** The contracts with the community organisations were drawn up and the Scheme launched in September 2002. The first instalment of 80% of each grant was paid by November 2002. In January 2003, it was reported to the NACD, that while three of the research projects were proceeding well, two of the community groups were facing internal staff difficulties and needed to reschedule their timetable and possibly, their proposals. The NACD agreed that it would not be in the NACD's interest to retrieve the funding provided at this stage, but instead it was decided to develop the necessary strategies to enable the research to take place.
- 2.12** In March 2003, it was reported to the NACD that changes in personnel in THAU had required the group to develop a new research proposal that incorporated the assistance of an outside researcher and made the Management Committee the key contact. While the NACD were concerned about this, it was agreed that managing a research project still supported 'capacity building' of the group and the revised project was agreed.
- 2.13** It was also reported to the NACD, that Community Response was falling behind in its research schedule, with no clear indication that fieldwork would, in fact, be carried out and completed by the July 2003 deadline. The NACD agreed that if necessary, the NACD would contact the Department to initiate retrieval of the grant.
- 2.14** In April 2003, Community Response withdrew from the CVRGS as a result of internal restructuring and staff issues and made a commitment to return all unexpended monies. The NACD agreed that the NACD staff develop an appropriate mechanism to enable this. In June 2003, the NACD agreed to seek the advice of the NACD parent department with regard to return of the laptop computer purchased by Community Response with the grant funding. The following month, the NACD also agreed to seek financial reports from each of the funded organisations. On the advice of the Department, the NACD requested the return of the laptop in October 2003, which was done in November 2003.
- 2.15** Other NACD reports indicated that the other research projects were progressing well, although the NACD did discuss briefly the issue of confidentiality, the interview process and methodology of the consultants in Tallaght. The NACD also discussed the MQI research with regard to the difficulty there was accessing ethnic minority interviewees.
- 2.16** Although the NACD did not own the research projects, the community organisations involved were contractually bound to submit reports to the NACD. Therefore, in January 2004, the NACD allocated specific NACD members to read the draft reports. These were not discussed in full at an NACD meeting. In March 2004, the NACD discussed the value of publicising the final research reports and agreed to pay for the publication and launch of all reports. It also agreed that an evaluation brief be drawn up. The decision to tender for

the evaluation was taken in July 2004 after the mandate of the NACD had been confirmed by Government.

- 2.17 In September 2004, the NACD agreed that to host a conference to launch the four reports and provide the media support required by the groups.⁹
- 2.18 In October 2004, Mr Noel Ahern, TD, Minister of State for the National Drugs Strategy, launched the four reports at a conference on **Exploring Drug Issues Through Community Research**. Approximately 80 people from the community and voluntary sector around the country attended and heard presentations from the four funded community organisations and participated in the conference workshops. There was extensive media and print coverage.¹⁰

The Impact on the Workload on the NACD

Application and Process

- 2.19 As there was no coherent information in 2001, as to the number of groups and projects operating in the country in relation to the drugs issue, application forms and information were circulated directly to a very extensive database of community organisations in December 2001. Advertisements were placed in the press and there was electronic circulation of information through Community Exchange and Government websites. There was, therefore, widespread publicity and none of the community organisations felt that there was any difficulty accessing information, either at the start of the Scheme or during the Scheme.
- 2.20 The deadline for research proposals was January 2002. Given the Christmas period, this was a very tight schedule, which may have been prohibitive for some community groups. However, the groups interviewed raised no concerns as to the tight deadline.

Administrative Pressure

- 2.21 The impact on the administrative section of the NACD was more burdensome. The production and printing of huge amounts of CVRGS information just before Christmas created administrative pressure. Staff dealt with 100 enquiries and 35 application forms during January 2002. During this time, assessment criteria had to be developed and assessment meetings organised, which required all application forms to be photocopied and allocated to the four NACD sub-committees for assessment. The timescale was extremely demanding ó particularly given the already extensive work programme of the NACD at that time. The NACD was keen to expedite the CVRGS as the NACD mandate was due to expire in July 2003 and it was considered imperative that the projects be completed by that time.
- 2.22 This pressure was repeated during the summer of 2004 when the NACD had to prepare the publication of four major research reports at a conference to launch

⁹ See Appendix 1 for summary of research and findings

¹⁰ See Appendix 2 for media coverage

the research. The required preparation of mailing lists, proofreading, print liaison, media management, co-ordination of group presentation, and overall conference management put a heavy burden on NACD staff.

Management of the Scheme

- 2.23** The overall work involved in developing the Scheme and then managing its implementation had a clear impact on staff throughout the lifetime of the Scheme. Aside from the development and financial management of the Scheme, NACD staff organised and delivered research training, participated in five Research Advisory Groups, organised conferences, and provided hands-on technical and administrative support, to five different projects.
- 2.24** Yet, despite this extensive work, the Grant Scheme appeared not to be integrated into the work programme of the NACD through the sub-committee structure nor was it a fixed item on the agenda. Staff were concerned that there was no clarity from the NACD as to the priority of the CVRGS within the work programme of the NACD.¹¹ However, this concern was not identified formally at the time by any member of staff and only emerged in the evaluation group discussions which took place over a year after the CVRGS ended.
- 2.25** The initial reservations of the parent Department led to NACD concerns over the operation of the CVRGS, particularly with regard to accountability. The NACD staff felt there was difficulty balancing the Departmental concerns with the expectations of community organisations.¹² There was also a desire to recognise the capabilities of the community organisations, many dealing with vulnerable communities coping with drugs and addiction. This feeling of caution and vulnerability on the part of the NACD staff was compounded by the lack of experience within the NACD of managing a grant scheme. The emphasis on contracts and insurance issues that the NACD staff sought led to delays in the start up of the Scheme.

Impact of the Research on the Workload of Community Organisations

- 2.26** As one of the objectives of the CVRGS was capacity building in relation to research development, there was an inevitable impact on the workload of the community organisation ó but more so in terms of the management of the research project than the administration around the grant scheme. All the community organisations felt that they were able to manage the administrative workload effectively and meet the requirements of the NACD.¹³

Managing the Project

- 2.27** One issue that emerged in terms of workload was the pressure involved for the community organisation to carry out the work themselves while also

¹¹ Staff Evaluation Focus Group. 6 September 2005.

¹² Staff Evaluation Session. Tuesday 6 September 2005.

¹³ All the community organisations interviewed indicated that there were no administrative difficulties.

implementing their usual work programme ó this was particularly apparent in Ballymun and Kilbarrack. However, all the community organisations respondents felt that the benefits and the learning gained from doing the research work was well worth the challenge. The support provided by the NACD (in Ballymun, the NACD staff also sourced and provided training to the community group in terms of role play and facilitation) was clearly appreciated by the community organisations.

- 2.28** The management of research was identified as time consuming. MQI had to train fieldworkers in research methods and trust issues and carry out an ethnographic survey. MQI staff had to work over the official hours in order to achieve the outcomes. The THAU faced challenges in managing the outside consultants that they had to employ to do the research, given the changes in staffing during the development of the contract. KCCP and BYAP acknowledged the increase in work in terms of management, analysis, progress and final report writing and administration but felt that such work increased the capacity and confidence of the community organisation both in terms of ability and profile.
- 2.29** However, all the community organisations felt that the process was important and that it should be recognised that research may take groups a long time ó although each group felt that this should not impact on the annual nature of the awarding of grants.
- 2.30** *“Community group research may take time. It puts extra pressure on a group’s resources. The learning and capacity building takes time. It may not be possible to carry out community research within a one-year schedule. However the grant scheme should be on an annual basis so that more groups can avail of this resource.”¹⁴*

Funding Arrangements and Mechanisms of Accountability

- 2.31** The drawing up of the contracts took place from July 2002 ó January 2003. The NACD wanted to ensure that the contracts covered all possible risk factors and insurance costs. These were unfamiliar to some of the community organisations, who did not have experience in dealing with such extensive legal documents. This delayed the start of the grant scheme.
- 2.32** In July 2003, the NACD sought a financial report from each of the funded organisations showing how money was being spent, alongside the provision of invoices and receipts. While financial accountability had been identified in the contract, the community organisations had not been made aware that this report mechanism was necessary. It therefore took some time to respond and NACD staff had some difficulty in accessing the information. None of the organisations

¹⁴ Community Group Evaluation Session. Wednesday 5 October 2005.

took issue with the financial auditing, although they did note that the requirements of the NACD had not been made clear at the start. The late requests for financial information without explanation led to some confusion as to why the information was being sought. All of them felt that, while it took them time to respond to the NACD financial audit, it had not been burdensome to do so. They all had the administrative supports to provide the necessary financial information.

- 2.33** A detailed financial report which identified appropriate spending was drawn up for each organisation. NACD staff identified some general discrepancies in financial practice and had some queries around bank accounts and photocopied invoices. However, in the final financial reports returned at the end of the project, there was a clear breakdown of expenditure and transparent accounts.
- 2.34** The withdrawal by Community Response from the Grant Scheme, due to staff restructuring was well documented. Agreement as to the return of the grant monies not expended and the equipment which grant money had purchased, was reached with equanimity,

The Experience of the Groups vis-à-vis the NACD's Contractual Requirements i.e. Contracts; Submission of Progress Reports, Financial Reports and Final Report

- 2.35** The community organisations identified few concerns about accountability. The main issue raised by the community groups focused on the delay in the start of the grant scheme as a result of contract and insurance concerns. Given the extended process, some organisations felt it would have been useful to have information from the NACD as to what was happening in the CVRGS timetable. However, there was very little concern expressed with regard to the contractual requirements of the NACD and in relation to the preparation of progress reports, financial reports or indeed the final reports.
- 2.36** In fact, the preparation of progress reports for the RAGs was felt to be a supportive, useful exercise. There was pressure at the end of the Scheme, when the final report was being rewritten, edited, proofread, photocopied and checked for statistics, but all the community organisations felt that this was acceptable and part of the process.
- 2.37** *“The process was very positive. The time between the application and research tender was ok. The training was very useful. The score sheet feedback was very useful. It provided the group with confidence as to their ability as a ‘research’ group. The process was long, but that is the nature of the beast, maybe.”¹⁵*

¹⁵ Interview. Ballymun Youth Action Project, Tuesday 6 September 2005.

- 2.38** While all the organisations noted that the Grant Scheme had overrun its anticipated schedule, all of them felt that the research projects had required the extra time and work in order to produce the high-quality results of the research.
- 2.39** All the groups felt that it was difficult to do an in-depth evaluation four years after the beginning the CVRGS and one year after its conclusion given staff changes within community organisations.
- 2.40** One group felt some concern at the last-minute NACD decision to publish the reports and the lack of clarity as to the publication process beforehand, though it was generally recognised that the NACD had reserved the right to publish within the contract and that the groups had not expected the NACD to publish.

The Support Structure Provided By NACD and RAGs

Positive and Flexible Technical Support

- 2.41** The hands-on and technical support structures provided by the NACD staff throughout the lifetime of the Scheme were highly praised in the evaluation sessions and interviews. Every community organisation found the RAGs very supportive and useful in terms of providing direction and advice.
- 2.42** The RAGs were established by the NACD to support the community organisations. Each RAG was made up of academic, professional or community organisations that could provide the specific supports needed. The hands-on support provided by the Research Officer was appreciated and named by every community organisation interviewed. The support ranged from easy accessibility to staff, to the provision of training, provision of useful contacts, the provision of technical advice and resources to hands-on support in local organisations.
- 2.43** The community organisations emphasised the importance of the flexibility provided by the NACD with regard to the Grant Scheme, indicating that *“they went that extra mile.”*¹⁶ For instance, the revised research proposal from THAU which required THAU to bring in outside consultants could have been rejected as it could have undermined the ‘building capacity’ objective, in relation to carrying out research. However, as referred to earlier, the NACD accepted that managing research could also build capacity. This was very positive as the research resulted in developing the organisation as the published research became key to its future credibility, funding and partnership development.¹⁷

¹⁶ Interview THAU Thursday 15 September 2005.

¹⁷ Community Group Evaluation Session. Wednesday 5 October 2005.

Management Support Structures

- 2.44** While the hands-on support was positive, the CVRGS appeared to operate outside the main work programme of the NACD. It was not a regular item on the NACD agenda and there was no particular internal structure put in place to manage the Grant Scheme. As a result, NACD members found themselves dealing with financial considerations and concerns on an ad hoc basis that might have been managed more effectively by a management team set up to oversee the CVRGS.
- 2.45** None of the staff had previous experience of managing or administering a Grant Scheme. Clear financial and management processes were not in place at the start of the process which led to difficulty at later stages when individual issues such as confidentiality, changed research proposals, and financial accountability emerged.
- 2.46** Further strategic consideration could have been given to the outcomes or outputs of the Grant Scheme. There was no process put in place which ensured that the research reports themselves would be considered at NACD level, nor did the staff bring this to the attention of the NACD.

Section 3 – Meeting the Aims of the CVRGS

To assess whether the initial aims of the grant scheme have been achieved:

- **generating innovative community-based drugs research**
- **building research capacity**
- **increasing understanding of drug-related issues in communities**
- **increasing liaison between community groups and services and local policy structures.**

Generating Innovative Community-Based Drugs Research

- 3.1 The research summaries in Appendix 2 reflect the innovative and interesting research that has been developed as a result of the scheme. Aside from the **Prevalence Study of Drug Use by Young People in a Mixed Suburban Area**, published by KCCP, which focused on numbers and statistics of young people in local schools using drugs, the three other research projects developed new qualitative research methods.
- 3.2 Innovation can be broadly defined. In relation to this CVRGS, the new connections and innovative partnerships established between all the funded community organisations and the different statutory agencies and communities has developed a solid relationship and baseline for further work. The research projects also stimulated the potential for action at local level, as well as providing statistical and documented qualitative information.
- 3.3 All four research reports were community based and illustrate local experiences. The community organisations themselves felt that one of the values of the grant scheme lay in the community organisations being able to identify the emerging drug issues on the ground and having the resources to document and follow up that anecdotal evidence.¹⁸
- 3.4 There is a tension between ‘adding value’ to the work of the NACD as identified in the assessment criteria and carrying out ‘innovative’ research identified in the objectives. It is unclear as to what value the research should bring to the NACD work programme in the criteria. However, if the CVRGS were to reflect the NACD priority issues, it could be argued that it would be better embedded into the NACD work programme. However, the innovation may therefore be lost.
- 3.5 During the course of the Scheme, there was no definition of ‘innovative’ as it was not part of the criteria used to assess the projects. The following assessment is therefore the evaluator’s own view.

Innovation in Methodology in Ballymun

- 3.6 The innovation of the Ballymun research lay in its methodology and approach. The project sought the active participation of people living and working in the community of Ballymun, not just as participants, but also as researchers and

¹⁸ Community Evaluation Session Wednesday 5 October 2005.

stakeholders. The action research approach allowed a variety of stakeholders to engage with, and explore, the research topic, to gather information, and to identify possible interventions. In the light of the research question a number of target groups were identified as appropriate and potentially useful sources. These were:

- local healthcare professionals including doctors and pharmacists
- legitimately prescribed benzodiazepine consumers
- opiate and multi-substance misusers
- young people who are likely to include benzodiazepines in their drug repertoire
- community and voluntary organisations that interface with benzodiazepine use.

3.7 The research was carried out using a range of quantitative and qualitative methods:

- community-based focus groups were held,
- a pharmacy-based dispensing survey was carried out,
- a key informant provided a professional view on medical practice related to the use of benzodiazepines.

3.8 ***“The community sector has access to research methodologies that are innovative. Due to the local knowledge and trust element present in the community, a group can gain information that is probably not possible for an independent researcher to access. The community group is a stakeholder in the work. The research is action orientated – this aspect is very important.”***¹⁹

3.9 All the Ballymun focus groups engaged with the community and were facilitated by the BYAP and volunteers. The outcome of the report was to provide clear policy directions for all the stakeholders in Ballymun and to create a confidence around developing research for the local community.

New and Innovative Data with Regard to Accessing New Communities

3.10 The innovative aspect of the MQI research lay in the data acquired and the methodology used. MQI identified a gap in knowledge with regard to drug use amongst the new communities living in Ireland. Three members of new communities (a Russian, a Romanian and a Nigerian) were recruited and trained to carry out the fieldwork. They carried out 280 hours of fieldwork and kept daily research diaries of observations made and informal conversations. In-depth interviews were carried out with 10 problematic drug users from new communities.

3.11 The challenges the researchers had in terms of accessing information reflects new learning. The researchers found drug users from new communities difficult to reach as they remained hidden, were highly mobile and rarely

¹⁹ Interview. Ballymun Youth Action Project. Tuesday 6 September.

associated with Irish drug users. Those that were encountered were sometimes hostile and suspicious of the research. They were difficult to engage with, did not keep appointments and were preoccupied with other activities. In addition they were extremely concerned about the issue of confidentiality and the stigma associated with illicit drug use. Building trust among the new communities and drug users is clearly a challenge within this work.

- 3.12** The project was able to develop key recommendations relating to that action research project experience, which will enable ethnic minority representative organisations to begin to understand the use of drugs by the new communities and enable the traditional supports to overcome the fears of different nationalities accessing supports to tackle their drug use in Ireland.

Local Experiences of Service Providers and Drug Users

- 3.13** THAU also developed a new approach and researched the needs and views of both the users and providers of a local service, in order to come up with clear issues and recommendations that would improve service provision in South Dublin County Council. Because it was qualitative research being carried out by a local group already linked into the clients and service providers, it was able to access and highlight issues more easily. These issues are likely to be reflected in other areas and point to national policy development that is required to improve the service.

- 3.14** For instance, the interviews with both homeless drug users and service providers show that there is no co-ordinated approach by the different statutory bodies. Staff are not trained or resourced adequately, and the absence of agency policies, procedures and training specific to the issue of drug use and homelessness means the quality of service is dependent on the individual encountered on the day. Information regarding services and supports is not readily available to homeless drug users.

- 3.15** The Antisocial Behaviour clause of the 1997 Housing (Miscellaneous Provisions) Act is problematic. It is used by the council for eviction purposes thereby further excluding people already living in disadvantaged and chaotic situations. It does not provide emergency accommodation for drug users, and labels people as dealers (often not substantiated) which makes it very difficult to access council housing in the future. When people are evicted, all other forms of social housing are also closed to them.

- 3.16** These are strong local issues but clear solutions are available. But action is needed at national as well as local level.

Drug Use in Mixed Suburban Areas

- 3.17** KCCP, as a local project, was able to make links with local schools in order to assess drug use by school-going children. It was able use its local contacts and relationships to develop a trusting partnership with schools and local youth groups, and published revealing statistics about drug use in a mixed suburban area. This is clearly an innovative and very constructive approach to research.

3.18 Through the survey and detailed interviews, KCCP were able to reflect high drug and alcohol use and the need for educational, informative and youth development policies at both national and local level. Once again, it is unlikely that the schools would have allowed external evaluators or researchers into their premises and access to their students to develop this research. It was local knowledge and the use of local people that enabled this project to produce the final prevalence research. This is innovative work resulting in valuable research from which much-needed actions can be developed.

Building Research Capacity

3.19 The NACD was keen to see local capacity on the ground developed. It was keen to extend and widen its commissioning base and increase research confidence in community-action research.

3.20 *“The community sector is where the experience lies. It is important to be able to access that experience in terms of developing policy through quality drugs research.”²⁰*

3.21 This capacity building was achieved on a number of fronts. The supports provided by the NACD ó training, access to SPSS analysis systems, RAGs, guidance and advice from the research officer ó enabled the community organisations to carry out quality research. The management of the research project and the different methodologies developed enabled the community organisations to appreciate the value of research within their work and acquire extensive research skills.

3.22 *“The research project in Tallaght helped us to focus on issues, which in turn, helped the group to develop. The launch of the research gave the group status and a launching pad for itself. We have used the research to apply for funding for other projects.”²¹*

3.23 The specific issues of confidentiality and ethical guidelines emerged in THAU, who as a result, had to develop clear strategies and guidelines for both. The management of research, the researchers and the presentation of research provided THAU staff with specific key learning which developed the capacity of the group.

3.24 The constant need to link into the RAGs, to analyse data and provide progress reports, to *“think on your feet”²²* and organise focus groups with trained facilitators and note takers, as well as manage the overall co-ordination and

²⁰ Staff Evaluation Session. Tuesday 6 September 2005.

²¹ THAU. Interview. Thursday 15 September 2005.

²² Ballymun Youth Action Project. Interview. Tuesday 6 September 2005.

production of the research report were identified as key learning points by BYAP. Overall the attitude, confidence and learning were invaluable.

3.25 *“People feel very differently about research now. All the staff were involved in the focus groups and the fear factor of research was reduced. It is no longer a taboo word. People talk about carrying out research in the group now.”²³*

3.26 All the community organisations interviewed felt that building the capacity of the groups through different approaches was a key element within the CVRGS and all participants involved in the evaluation felt that this had been achieved. However, the community group evaluation session felt this could be developed by further training which looked at using more participatory research tools, which would primarily be used in community research. BYAP indicated that it might be useful to incorporate the community action research methodology into the Grant Scheme Criteria.

3.27 There was concern expressed by one community organisation that ‘one-off’ grants do not greatly increase the capacity of the community group.

Increasing Understanding of Drug-related Issues in Communities

3.28 Each of the community organisations held a local launch of the drug research, aside from MQI, who were cautious as to its media promotion due to the negative angle which the media may pursue relating to non-Irish nationals and drug use. However, they are planning further seminar work based on the research with Pavee Point which will focus on the drug use of minority groups including Irish Travellers.

3.29 KCCP distributed a summary of the results of the research in a local newsletter which went to every home in the area. They indicate that it is hard to gauge how local understanding of drug-related issues has increased other than through the increased calls they receive in the community organisation relating to drugs. The research was also distributed to the schools and the local Health Board (now called the Health Service Executive (HSE)) connections.

3.30 The increased awareness in Tallaght has been as a result of local launches and presentations and good coverage in the local media. Clients have doubled in the interim, but the organisation has also moved to better premises that investment decision was made on the basis that the group was viable as a result of the positive publicity and credibility given the quality of the research paper.

3.31 Ballymun launched the report locally where 60 people attended a mix of politicians, local people, pharmacists and doctors and which got good press coverage. Three local workshops were also held to promote the research and it

²³ Ballymun Youth Action Project. Interview. Tuesday 6 September 2005.

was distributed widely at local level to local people and local groups. As a result, there was much local discussion and it released a good deal of energy and debate over the use of benzodiazepines. The community organisation also feeds the information through the LDTFs and links into different academic forums and establishments that they are involved in.

Increasing Liaison between Community Groups and Services and Local Policy Structures

- 3.32** Three of the funded groups felt that the research grant had enabled them to develop new and strong alliances. Arising out of its research, THAU has strong links with local businesses and has developed a strong local profile as a result of positive relationships with the local press, THAU identifying the Tallaght Echo as the key partnership link that has developed as a result of the research.²⁴ However, it is weaker in terms of developing strong positive partnerships or alliances with other local policy structures.
- 3.33** In Tallaght, the research was carried out by two outside researchers, so much of the contact was between the interviewees and interviewers. This lessened the opportunity for the community organisation to develop strong links, as there was no direct liaison between the management of the research and the target groups. However, the production of the research has enabled the community organisation to develop communication channels with South Dublin County Council, as it has made various submissions and funding applications on the basis of the research.
- 3.34** BYAP has established excellent working relationships with local health organisations and clinics, other community groups and local doctors and pharmacists arising out of the research work. BYAP and the local clinic are currently working together to submit an application to the Emerging Needs Funds to develop counselling sessions as an alternative to benzodiazepine prescriptions. A forum of doctors and community interests has been set up in Ballymun and BYAP is currently looking at developing further research with long-term benzodiazepine users and there are initial discussions with Trinity academics with a view to developing the research further.
- 3.35** Establishing the link between KCCP, the local schools and parents has provided the community organisation with a much higher profile than before. Following the publication of the research, KCCP tried to establish a Preventative Committee involving local community and statutory interests (HSE, Dept. of Education and Science). Statutory bodies were slow to respond. As the evaluation progressed, the HSE contacted KCCP with an offer to fund a pilot project to audit the current youth activities available in the area with a view to developing a youth action programme. The Department of Education and Science will also take part in this process.

²⁴ Thursday 15 September 2005.

- 3.36** MQI is developing further work with Pavee Point to develop its research. There is also potential for improved links to be developed with the interest groups representing new communities. However, other than this, MQI did not feel that they engendered any new contacts or partnerships as most contacts had already been affected by the research unit.
- 3.37** All the community organisations felt that the CVRGS could have offered more networking opportunities between them. They would have been interested in meeting with the other funded organisations to share experiences. The meetings organised by the NACD to plan the media coverage and launch conference were found useful and all the groups indicated that they would have been interested in closer liaison.
- 3.38** All the community organisations found the RAGs supportive during the progress of the research.

Section 4 – Outcomes

To assess:

- the outcome of the scheme to date
- the added value for NACD, Department of Community, Rural & Gaeltacht Affairs and community groups
- the development of research capacity within the community groups
- links created between groups and local services and policy structures eg improved contact with LDTFs as result of research
- increased understanding of drug-related issues for the community group, the NACD and others

Outcomes of the CVRGS to date

Increased NACD Profile within the Community Sector

4.1 As a new structure within the NDS, the CVRGS provided the NACD with the opportunity to promote itself and its work within the community sector which itself plays a significant and strong role in the response to drug use in Ireland. Community organisations are often the providers of key local support services in local communities and have a high level of local knowledge and understanding of drug issues. It was therefore highly beneficial for the NACD to be able to promote itself within this sector and engage and develop a new network of contacts.

Local Drugs Policy Developed

4.2 Some of the community organisations themselves have been able to develop new local policies and procedures that benefit local people as a result of the research. For instance, people in Ballymun can be referred by local doctors and clinics to the BYAP counselling service as an alternative to being prescribed benzodiazepine and this now happens. There are more information leaflets available about the use of benzodiazepines and their impact on people. A forum of Ballymun doctors has been established to look at the issue of benzodiazepines and other drug issues facing the community in Ballymun.

4.3 MQI has improved its own service and is working on implementing the recommendations in its report on drug use among new communities in Ireland. As a result of the research, it is:

- developing a multi-lingual website
- promoting a Sunday service amongst new communities
- providing anti-racist training for staff
- providing anti-racist training for clients
- providing drug-awareness training for organisations representing new communities

- providing interpretive services
- understanding different drug uses by different nationalities i.e. the use of khat
- submitting the research report to various government agencies and Drugs Task Forces for consideration
- developing new partnerships with representative groups and community liaison officers in relation to new communities.

4.4 As a result of the research findings which indicated extensive drug and alcohol use in Kilbarrack, KCCP established a local Preventative Committee with the Health and Education Departments and local schools. While this foundered for a year or so, the HSE has now offered to provide funding to run a pilot project of the Preventative Committee, to establish what facilities are available for young people in Kilbarrack and how these can be improved.

4.5 The research in Tallaght reinforced the need for complementary services for drug users and the need to provide emergency housing at local level. Work is currently being done with St. Dominic's Housing Association, to secure funding in order to provide emergency housing and support services. It also reflects on the need for better co-ordination of statutory services at local level and has formed the basis of a submission to South Dublin County Council.

4.6 All the research reports have clear actions and recommendations and the community organisations have worked to try and implement those at local level. However, the work to ensure that the research is promoted and effective in influencing policy and changing practices could be developed further.

Developing Partnerships

4.7 As a result of the research reports, all the community organisations have developed new links and partners in their work at local level. This has increased the supports available to the local community, either in terms of new services, better access to information, or further funding opportunities. The improved links between BYAP and the Ballymun doctors and pharmacists will obviously impact beneficially on the local community, as well the newly established relationship in Kilbarrack with the HSE and the Department Education and Science. New opportunities emerge and work can be jointly shared as with MQI and the representative organisations of the new communities in Dublin. THAU has been able to strengthen its credibility as a result of the research and therefore increase the opportunity to develop new partnerships.

4.8 In all interviews, the community organisations indicated that the new alliances and links developed were very closely associated with the quality of the research produced.

Four quality Reports Published and Community Research Methodology Endorsed

- 4.9** Four quality research reports have been published, that are authoritative and professionally produced. The outcomes have endorsed the validity of using community research in terms of establishing new drugs issues emerging, and developing constructive local and national policy solutions.

Learning from the Process

- 4.10** The CVRGS has been a steep, if elongated learning process for all the stakeholders: Government Department, NACD, staff and community groups. The process itself has brought value in that there are clear lessons to be learned in terms of management, objectives, criteria, and the importance of the community action research process should another scheme be run.

Added value for the NACD, Dept of Community Rural and Gaeltacht Affairs and Community Groups

NACD

- 4.11** The quality of the research has increased the confidence of the NACD with regard to community research and this in turn may widen the commissioned research base for the NACD when it comes to commissioning research contracts. This will add value to the work of the NACD as it will offer a diversity of research opportunities.
- 4.12** The NACD has benefited from an increased profile and network of contacts within the community sector. It has also increased its profile within the Government structures as the research reports have been circulated to relevant government agencies. The BYAP report on benzodiazepine use was presented to Minister Tim O'Malley, and his staff were briefed on the report. It was sent to the addiction subgroup of the Mental Health Review Group and it was circulated to the National Drugs Strategy Team (NDST), Interdepartmental Group on Drugs (IDG) and L/RDTFs. The Kilbarrack Study was circulated to the National Drug Awareness Campaign Committee and used in the development of a rationale for running a specific campaign on cocaine and on cannabis. The recommendations from the MQI report on Ethnic Minorities have been used and referenced in the 2006 NACD publication "*An overview of the nature and extent of illicit drug use amongst the Traveller community: an exploratory study*". Both of these reports were disseminated to the NDST, IDG and L/RDTFs. The THAU report was sent to the Dept of Environment Heritage & Local Government and was considered for their review of the Homelessness Strategy and disseminated as above.
- 4.13** As mentioned earlier in the report, there is the tension between '*adding value*' to the NACD work programme and producing '*innovative*' research²⁵. The CVRGS does not yet appear to have influenced or added value to the development of the work programme of the NACD. This is mainly, due to the lack of structures or processes in place to enable this.

²⁵NACD Evaluation Session. Wednesday 12 October 2005.

Department of Community, Rural and Gaeltacht Affairs

4.14 Given CRGA is the parent Department of the NACD, the Department benefits from the publication of the reports, and, as a Government Department, is able to feed the relevant information and recommendations into decision-making structures. There is no evidence that this has occurred.

Community Groups

4.15 The CVRGS has clearly added value to the work of the community organisations. It has provided them with documented, quality information which they can use to develop new initiatives and policies. It has provided them with new skills, in terms of facilitating, writing, analysing and communicating information. It has added to their credibility and enabled them to create new partnership and work opportunities.

The Development of Research Capacity within the Community Organisations

4.16 The report has already identified how the research capacity was increased in the local groups by the CVRGS. Every community organisation benefited from an increased profile, a better information base, and a report which added to its credibility. In Tallaght, the CVRGS enabled the community organisation to re-constitute itself as a result of the research published. In Ballymun, research methodologies were developed that involved the participation of the wider community and community organisations ó all of whom learned a great deal with regard to the value of different research methods.

4.17 In terms of developing research capacity, MQI, Ireland indicated that the research funding provided them with new research and management skills around developing qualitative research which was a new experience for the organisation. The organisation felt that the new information gathered by the research in relation to drug use amongst new communities enabled them to develop new actions and policies within their own organisation as well as new recommendations with regard to developing new national policies.

4.18 *“It is a clear goal of MQI to influence policy. We now have the material and information which will be useful to contributing to policy with regard to new communities. If this research had been carried out by an external researcher, we would not have documentation in-house to use in other capacities.”*²⁶

4.19 While KCCP employed a local researcher to carry out the survey work, the organisation was closely linked in through the research assistant, who worked in the community organisation. Therefore, the community organisation was responsible for all the decision-making, reporting and project management and

²⁶ MQI Interview. Thursday 1 September 2005.

in this sense, had a hands-on approach to the production of the final research report.

4.20 *“Research is not now unknown country. We understand the different processes involved and would be in a position to advise others.”²⁷*

4.21 While five community organisations were funded, training was provided to the eleven community groups who were first short-listed.²⁸ This comprised a one-day workshop attended by 2 ó 3 people from each group, so that, between 40 and 50 people benefited from this technical training:

**An introduction
to the Grant
Scheme
Principles of
Research
Overview of
drugs research –
scope and
limitations**

4.22 All the community organisations felt that the process of doing the research, the technical supports provided by the RAGs, the hands-on support of the NACD, the training provided, the management of the project, and the production of the reports all led to increased research capacity.

Links Created between Groups and Local Services and Policy Structures eg Improved Contact with Local Drugs Task Forces as a Result of Research

²⁷ KCCP Interview. Friday 9 September 2005.

²⁸ See Appendix 4 for participants

- 4.23** BYAP chairs the LDTF Education Committee. It is, therefore, hard to assess improved contact with the LDTF, as it is already in a position to make the most of this link, in order to promote the research. However, at the time of writing the report, the research has not yet been examined at this level. MQI is influential in a number of policy-making areas related to drug use both at national and at regional level and the report has been fed up through these channels but there is no evidence of discussion or new policy.²⁹ The policy links between the THAU and KCCP and the LDTFs and local service providers are less evident.
- 4.24** All the community organisations circulated the research publications to the LDTF and service providers. As already documented in Ballymun, the research has evidently led to stronger links with the doctors, the pharmacists and the clinics. More recently in Kilbarrack, stronger links are developing as a result of the research with the establishment of the Preventative Committee made up of the HSE and the Department of Education and Science. However, the research has not led to any stronger links between KCCP and the LDTF. MQI are hoping to develop further research with the NACD as a result of the information coming from the first research report, but as yet have not established any new, improved contact as a result of the research with other statutory service providers. THAU has not been able to develop links with the LDTF as a result of the research, though it hopes to influence South Dublin County Council.
- 4.25** This reflects a weakness within the CVRGS with regard to the use of the research reports funded to develop local policies, which can inform and influence regional or national decision-making fora. It would seem that the RAGs have not been effective in this regard, because influencing policy was not within their original terms of reference.

Increased Understanding of Drug-related Issues for the Community Group, the NACD and Others

- 4.26** All the community organisations had extensive experience in drug use and the related issues. The research they undertook enabled them, the NACD and other interested agencies to identify and document the:
- prevalence of different drug use among young people
 - supports provided to homeless drug users
 - impact of a specific drug use in a particular area
 - use of drugs by new communities and the difficulties getting supports to those new communities.
- 4.27** All of the research was original and innovative in that sense it certainly increased knowledge of drug-related issues, using different methods of research. However, as community research tends to be, the research was localised and while one can learn from the evidence documented in Tallaght, around the uncoordinated services provided to homeless drug users, and from the use of

²⁹ Merchants Quay sit on the Drug Policy Action Group, the Habitual Residency Commission and are members of the Voluntary Drug Treatment Network.

alcohol and drugs in Kilbarrack, the research is restricted to specific areas. Having said that, however, it is clear that all the research reports have provided quality documentation on drug issues that, with further research and supports, will enable the groups themselves and other drug interests to improve their responses to drug-related issues. In that sense, there is a greater understanding of how systems (statutory, medical, community) do or don't work effectively and therefore the understanding of drug-related issues has been increased.

- 4.28** In Ballymun, for instance, from the data presented in the research, it is evident that understanding benzodiazepine use is a complex task. However, it is evident from the research that the effects of continued use of benzodiazepines is not always appropriate. This research not only documents the realities for the people taking benzodiazepine, it also looks at the prescribing process and identifies challenges within that arena. As it actively involved a wide range of participants in the research, it is likely that the work increased awareness and understanding in relation to the use and impact of benzodiazepine. The authors are clear that the intention of the research is to
- 4.29** *“contribute to a clearer understanding of the role that benzodiazepines play in Ballymun, and that, in the spirit of the community-based approach, the research will enable all stakeholders to gain insight and identify strategies which will contribute to effective change.”*³⁰
- 4.30** The prevalence study in Kilbarrack provided a deeper understanding of some aspects of drug use by young people in relation to specific drugs: heroin, cocaine, cannabis, inhalants, prescription drugs and alcohol.
- 4.31** The impact of the Antisocial Behaviour legislation and lack of information and services for homeless drug users documented in the Tallaght research points to poor Government policy or agency responses, that, in turn impact negatively on the experience of homeless drug users.
- 4.32** There was no earlier research available in Ireland relating to the drug use of the new communities in Ireland. Therefore, the research did increase both the local and national understanding not only of the drug use amongst new communities, but the challenges facing the provision of supports to people from other countries.

³⁰ Summary **Benzodiazepine – Whose Little Helper?**

Section 5 – Key Findings

Importance of Community Research

Production of four quality research reports

National and Local Policy Development

Capacity Building of Local Groups

Improved Networks and Partnerships

Increased Profiles and Public Awareness

Ownership of CVRGS

NACD Supports and Resources

Underlying Tensions and Ambiguities within the CVRGS

Assessment Criteria

Strategic Management

Role of Research in Policy Development

Costs

Benefits of the CVRGS

Importance of Community Research

- 5.1 The CVRGS has successfully supported community groups to develop a knowledge of research and acquire the learning from carrying out research that benefits the groups, the service stakeholders and the community.
- 5.2 The support and mentoring provided by the NACD was clearly an important component of the CVRGS which added to the credibility of the CVRGS. It helped provide the quality of the material that was produced. As a result of this, the CVRGS endorsed the validity of community action research.
- 5.3 The funded groups were able to develop new actions as a result of the recommendations in the research ó both in terms of providing alternative solutions (ie counselling in Ballymun, translated information in MQI, preventative committee in KCCP) or application for funding in order to do so (funding for supports for homeless drug users in Tallaght).
- 5.4 *“We learned by doing it. The CVRGS should target community and voluntary organisations who need to learn. Research opportunities shouldn’t just go to these bigger groups who have capacity e.g. universities and commercial research companies.”³¹*

³¹ KCCP Interview. Friday 9 September 2005.

Production of four quality research reports

- 5.5** Four quality research reports, developed through innovative methodologies, were produced and published. The findings of all four research reports were original and pertinent to both local and national policy. All the research reports have policy implications at both national and local level and therefore, can be used to make informed policy decisions.

National and Local Policy Development

- 5.6** There are clear policy proposals and recommendations for local communities, and regional and national Government.

Benzodiazepines – Whose Little Helper?

- 5.7** The Ballymun research on benzodiazepines drew on Government research which provided both a policy context and supporting evidence for the concern re prescribing practices with regard to benzodiazepine. It supplemented these reports with its own survey of prescription practice in Ballymun. It found that:

õthe emphasis on responding to these findings, and the findings of further examination, is not directed solely at individual doctors. It is clear that the problematic aspects of benzodiazepine prescribing are linked to a complex set of interrelated factors which include doctors, patients, socio-cultural contexts, and available resources. While the work of confidential medical audit and self-regulation is primarily one for the profession, it should be recognised that there are considerations of public health and welfare which demand an urgent approach to the problem.ö

- 5.8** The Ballymun research has key recommendations of interest to national Government:

- *That there is (need for) investment in the development of services to complement medical practitioners. In particular, there is a need to develop non-pharmaceutical alternatives to benzodiazepine therapy.*
- *That there is a review of the current practice of benzodiazepine prescribing to all persons on methadone treatment, both within and outside of the statutory treatment centres, and that such review should include the issues of providing motivation for change, detox approaches, multi-disciplinary responses, and the question of statutory-community shared responsibility³².*

³² Recommendations from the Ballymun Research report, Benzodiazepines ó Whose Little Helper? 2004.

- 5.9** These recommendations are aimed at the HSE, the NDST, the Department of Social and Family Affairs, as well as local practitioners and community services.

A Prevalence Study of Drug Use by Young People in a Mixed Suburban Area

- 5.10** One key outcome of the KCCP research was the consistent pattern of frequent and heavy drinking by young people and their positive perception of alcohol as opposed to smoking.

“There is an urgent need for a range of measures to reduce teenage alcohol consumption ... most young smokers would like to stop. This appears to be an area where a combination of further educational programmes, especially targeted at primary school children, and practical support to assist young smokers, could yield very positive outcomes.”³³

- 5.11** Providing drug education and alternative youth and sport activity is recognised in this report as the most effective means of tackling drug use among young people.

“The key to this would be to ensure that all young people have things in their lives other than alcohol and/or other drugs....the development of a properly resourced and comprehensive range of sporting and youth work provision in the community is probably the most effective means by which this could be provided.”³⁴

- 5.12** While local communities can provide such solutions, they need to be resourced by national Government. These recommendations have implications for the Departments of Education, Social and Family Affairs, Community, Rural and Gaeltacht Affairs and the NDST.

Drug Use among New Communities in Ireland: An Exploratory Study

- 5.13** Like the KCCP research, the research by MQI has policy implications for national and local government as most of the supports need to be provided at local level but financed by Government. However, there are also clear policy implications for national Government and the HSE. These include that:

- *Drug services recruit staff from new communities*
- *Anti-racist training is provided to staff*
- *Ethnic monitoring is developed by drug services and the National Drug Treatment Reporting System of the Health Research Board and the NACD*

³³ A Prevalence Study of Drug Use by Young People in a Mixed Suburban Area, KCCP. 2004. Conclusion. P12.

³⁴ A Prevalence Study of Drug Use by Young People in a Mixed Suburban Area, KCCP. 2004. Conclusion. P12

- *The National Drugs Strategy sets up specific targets in relation to developing drugs services for individuals from new communities*
- *Anti-poverty policies in Ireland address social exclusion of new communities*
- *Further research is carried out on the nature and extent of drug use among Ireland's new communities*
- *More in-depth research is carried out on the link between ethnicity, social exclusion and drug use.*³⁵

5.14 The focus on the research recommendations could also usefully inform the NACD work programme.

Heroin – The Mental Roof Over Your Head

5.15 The research published by the THAU showed that there are strong links between homelessness and drug use but that this is not reflected in Government policy or agency responses.

5.16 There are many detailed recommendations in the research report ó particularly with regard to the role of the County Council. But the three main areas identified are:

- adequate financial and human resources
- considered national policy co-ordination
- improved local services in Tallaght.

*“National policy making, with clear universal definitions combined with local resourced services and an improved partnership approach between different agencies are recommended as the necessary elements to break the links and cyclical connection between drugs and homelessness.”*³⁶

5.17 As indicated earlier, a key aspect of research must be the promotion of the issues and solutions arising out of the research. This is the key weakness of the CVRGS to date.

5.18 Should the NACD endorse the research, the NACD is in a prime position to support the promotional activity and indeed help develop the policy positions through its own work programme and indeed through the information and advice it provides to the NDST and other Government departments. A process which enables presentations of the research recommendations to be made to the NACD and NDST and indeed, other relevant Government bodies, could be instituted.

³⁵ Drug Use among New Communities in Ireland: An Exploratory Study. 2004. Merchants Quay. P13.

³⁶ Heroin, the Mental Roof Over your head. Links between homelessness and drug use. THAU. 2004. P9.

Capacity Building of Local Groups

5.19 The CVRGS was hugely successful, in terms of developing capacity of all the stakeholders: local communities, local community organisations, NACD staff and the NACD, not just in terms of developing research capacity, but also developing and consolidating an appreciation of the validity of community action research.

“Due to local knowledge and the trust that is present in the community, a group can gain information that is probably not possible for an independent research organisation to access...people in BYAP talk about research now when before it used to be a ‘taboo’ word”.³⁷

5.20 The research methodologies ensured a wide participation of different stakeholders. In Ballymun, local people were involved, community staff facilitated and analysed the data and wrote reports, and the medical profession contributed its knowledge and understanding of benzodiazepines. In Kilbarrack, local schools were involved and supported the research, parents and children actively participated in making sure the research was valid by taking time to fill in surveys and participate in interviews, the community staff and community volunteers analysed data and wrote reports. In MQI, local people from the targeted new communities were employed and trained in drugs and interview work, and in Tallaght, while the research was carried out by outside consultants, the research has been used as a tool to improve an understanding of the relationship between drug use and homelessness both within the community and within the statutory sector. There was also learning for the THAU management committee with regard to managing the research project.

5.21 The management of the research reports, dealing with confidentiality issues, developing data analysis and report-writing techniques, and facilitating the involvement of local people provided the community organisations and their staff with new skills.

5.22 The confidence generated by involvement in the CVRGS and the improved profile developed as a result of the publication of the reports has had a positive impact on the community organisations and their own perception of their roles and abilities.

Improved Networks and Partnerships

5.23 The CVRGS created new networks and partnerships across the pilot scheme. The NACD itself benefited from a new network of contacts within the local community sector. The application process provided the NACD with the opportunity to inform the community sector of its work and new role within the National Drugs Strategy. The scheme provided the NACD with a higher profile and credibility within the community sector.

³⁷ BYAP. Interview. Tuesday 6 September 2005.

5.24 The networks and partnerships established by the community organisations through the CVRGS varied. Strong local partnerships and networks were established in Ballymun with local people, community organisations, the medical field and the press. Kilbarrack forged strong links with the local schools and local young people involved in the research. This is only now being developed through the establishment of a pilot Preventative Committee made up of the HSE, Department of Education and KCCP which is being funded by the HSE. MQI has an established research section and already plays a role within the policy making with regard to drug use. It indicated that it did not develop any new networks or partnerships³⁸ although the research data will enable them to forge new work proposals with ethnic minority representative groups and which was already being done with Pavee Point, the Traveller organisation. As a result of using external researchers, THAU had less involvement with the action of the research and therefore less links were developed. There were also staff changes through the implementation of the research. This led to few new partnerships being developed, other than with South Dublin County Council to whom it is applying for funding to implement research findings.

Increased Profiles and Public Awareness

- 5.25** All the community organisations and the NACD benefited from increased profiles at local and national level and an increase in public awareness as to their work and the issue of drugs.
- 5.26** The local launch of the research findings and the national conference which launched the four reports generated good publicity for each of the groups and the NACD.
- 5.27** The local launches were well attended in the different areas by local interests of medical, state, business and community. In Ballymun, over 60 people attended different workshops. Over 80 people attended the national conference. Presentations were given by each of the community organisations funded and workshops discussed the different aspects of the research. This enabled the issues identified in the different research reports to be disseminated and discussed in some detail.
- 5.28** The impact of the NACD publishing the research reports was felt to be significant by the community organisations. The organisation of the conference, the media input and the discussions of the different research reports provided weight and substance to the topics of the research and lent credibility to the importance of community research. There was extensive coverage of the research in national and local press ranging from national and local media TV and radio interviews of the local community organisations to articles in the local and national newspapers. It was felt that this could not be achieved by the individual community organisations working alone.

³⁸ Evaluation Interview, Merchants Quay, 1st September 2005.

Ownership of CVRGS

- 5.29** The decision to publish the reports by the NACD was only made when the research reports had been completed and the NACD felt that they were of good enough quality. The criteria used to assess this decision is unclear although the technical input provided by the NACD throughout the research process ensured that statistically the research was acceptable.
- 5.30** While the community organisations felt that it was important that they own the research, they also felt that the NACD *‘imprimatur’*³⁹ was crucial to the credibility of the research in terms of being able to pursue policy proposals and develop new partnerships and alliances. The community organisations felt it would be necessary to find a formal mechanism to enable the NACD to endorse the research while not necessarily influencing the content of the research.
- 5.31** All the stakeholders felt that the hands-on support and the RAGs set up and attended by the NACD were integral to the success of the CVRGS and the quality of the research reports published. All the evaluation sessions acknowledged that the key supports and mentoring given by the NACD throughout the CVRGS were critical components of the scheme. If the CVRGS is to continue, it may be necessary to examine how this kind of intensive resource may be provided.

Underlying Tensions and Ambiguities within the CVRGS

- 5.32** There appears to be underlying tensions in the Scheme which need to be teased out, if the CVRGS is to continue.
- 5.33** There is a tension between *‘added value’* to the NACD work programme and *‘innovative research’*. There is a tension between building the capacity of community organisations and desiring quality outcomes. There is an ambiguity about the ownership of the research and its endorsement by the NACD. There was a lack of clarity for the community organisations about the decision to print and publish the research. There is an issue as to the input of such extensive resources to a grant scheme which did not have clear links into the NACD work programme.

³⁹ Community organisations evaluation session. Wednesday 5 October 2005.

Assessment Criteria

5.34 The ambiguities and tensions identified above were reflected in the criteria used to assess the grant applications. In the first round of applications the criteria was based on *the organisation's own work and role in the community and not based on a research proposal.*⁴⁰

5.35 The initial criteria were:

- group's capacity to conduct/host research
- links with the local community
- level of understanding of local drugs issues
- relevance of proposal to the NACD's programme of work
- benefit to organisation/community/policy
- links with service providers and planners
- reasonableness of proposed costs.

5.36 The eleven groups short-listed under these criteria were provided with training to support them to draw up the research proposals which were then assessed by the Assessment Panel made up of staff and NACD members. The assessment criteria in the second round of applications were as follows:

- Validity and feasibility of the research proposals
- Value added to the NACD's research programme
- Capacity of the group to manage and complete the work on schedule
- Cost of proposal/value for money⁴¹.

5.37 None of the criteria above ascertain how the community organisations will meet the initial aims of the Scheme to build research capacity and innovative research. There is no definition of innovative research. There is also no criteria to assess how links with service providers and planners will be developed, or how the research reports will increase an awareness of drugs issues.

5.38 Finally, there was no geographical criteria or socio-economic criteria used to ensure a balanced selection of community organisations representing different regions and an urban-rural dimension.

Strategic Management

5.39 There was much learning for the community organisations and the NACD, in terms of managing the research. There was no distinct structure put in place to manage the scheme, and as a result, NACD members became involved with administrative issues. The work was labour intensive for the Research Officer

⁴⁰ NACD staff interview. 29 August 2005.

⁴¹ Appendix 6

but it did not feed into the NACD regular work programme. There was little consideration of how the CVRGS would link into the specific work programme of the NACD or indeed how it would be used to influence NACD policy.

- 5.40** The community organisations all identified project management as key learning issues in the research project. All faced challenges around different issues: confidentiality, training, time, participation, transparency, accountability, statistical analysis, but with the support of the NACD, all were able to manage these issues effectively. However, ensuring how this learning and experience can be developed still needs to be considered in relation to the long-term effectiveness of the CVRGS.

Role of Research in Policy Development

- 5.41** The lack of reference to influencing policy within the CVRGS was an issue that was raised in all evaluation sessions. All the community organisations felt this was a key objective in research development. All the organisations have made some attempts to use the research reports produced as a tool to lever policy change.

This influencing work was supported by the NACD through the publication process, the dissemination of the research reports, and the organisation of the final conference, but the final individual research reports were not discussed by the NACD, nor were they referred formally to other structures within the Drugs Strategy by the NACD, nor formally brought to the attention of the other key Government structures.

- 5.42** The community organisations were keen to see a mechanism put in place within the CVRGS by the NACD, that enabled the research to be considered by the NACD and other policy-making fora within the National Drugs Strategy. It was felt that the CVRGS could have provided an opportunity for the community organisations to present their research to the national and local drug task forces and certainly to the NACD for consideration.⁴²
- 5.43** The NACD Evaluation session felt it was important that the NACD give the final research publications their full consideration ó both findings and recommendations ó in order to assess whether recommendations or the research should be endorsed by the NACD. It was also felt that the NACD had a responsibility to look at how the CVRGS could provide a policy development training module that enables the groups to look at how to influence policy, how the NACD could encourage the Drugs Task Forces to support community research and look at the different ways the NACD could act as a bridge between community organisations and drugs policy makers.

Costs

⁴² Community Evaluation Session. Wednesday 5 October. 2005.

5.44 The grants awarded totalled €104,185.00 after the return of the Community Response grant. The publication and conference launch costs were identified as approximately €61,222.39. The administrative costs can again be put at approximately €8,557.26, including certification and training. Therefore, aside from staffing costs, the CVRGS produced four innovative quality research reports that are able to inform the work of the NACD and the future work that needs to be developed at a minimal cost of €173,964.65.

However, if one takes the staffing costs of the Research Officer into consideration, the cost rises to €270,000. This sum equates to an average cost of €67,800 per project.

All, bar one of the community groups, felt that the funding level was adequate though, of course, all felt they would have benefited greatly from more.

Benefits of the CVRGS

5.45

- Four quality research reports were produced and published
- New quality information acquired and documented
- Community groups acquired new skills in new research methodologies
- Increased profiles and confidence in community organisations
- More awareness of drug issues in local communities
- Some changes in local policies and activities (Ballymun/Merchants Quay Ireland)
- New partnerships and alliances were forged and developed by community organisations
- New network of links and contacts developed in the community sector for the NACD
- Validation of qualitative methodology and community research
- The CVRGS was a positive experience for the community organisations.

New Skills and Partnerships

5.46 Local community groups acquired new skills in different research methodologies. The qualitative and community action research methods used demonstrated how effective these methods are in providing a participatory research base, that provides quality data and disseminates learning. The research methodology training element was very valuable and needs to be extended to include community action participatory tools. The development of new capacity was the key success of this Scheme and its continuation should focus on this.

5.47 The scheme was beneficial in developing new links and partnerships between local stakeholders in the local communities and at national level between Government agencies, the NACD and the community sector.

NACD Supports and Resources

5.48 Although the actual financial cost of the scheme (p173,964 without staff costs) in terms of grant aid was good value for the NACD, the hidden costs of the CVRGS were considerable and are listed below:

- Administration of process (advertising, contract development, financial auditing, assessment, clerical)
- Research Training development and provision
- Establishment of Research Advisory Groups (RAGS)
- Attendance at RAGS
- Mentoring
- Publication management (editing, proofreading etc.)
- Media management
- Conference management
- Technical advice.

5.49 The staff time and support put into the CVRGS by the NACD, particularly by the Research Officer was substantial.⁴³

5.50 Roughly calculated, the total to add to cost of the grants at p160,000 was p105,000 totalling p270,000. This sum equates to an average cost of p67,800 per project.⁴⁴

5.51 However, all the stakeholders felt that the hands-on support and the RAGs set up and attended by the NACD were integral to the success of the CVRGS and the quality of the research reports published. All the evaluation sessions acknowledged that the key supports and mentoring given by the NACD throughout the CVRGS were critical components of the scheme. If the CVRGS is to continue, it may be necessary to examine how this kind of intensive resource may be provided and whether the key supports and mentoring can be provided from different sources.

⁴³ CRAGA evaluation response. 25 October 2005.

⁴⁴ See appendix 7

Section 6 – Conclusions and Recommendations

Introduction

6.1 The CVRGS was a very positive experience for the community organisations which produced four quality research reports, that not only support new policy actions at local level, but identified policy actions at national level on prescription practices, education and youth programmes, Government agency co-ordination and partnership, and supports for the new communities in Ireland.

The Benefits of the CVRGS

6.2 The overall benefits of the CVRGS are very evident:

- Four quality research reports were produced and published
- New quality information acquired and documented
- Community groups acquired new skills in new research methodologies
- Increased profiles and confidence in community organisations
- More awareness of drug issues in local communities
- Some changes in local policies and activities (BYAP/MQI)
- New partnerships and alliances were forged and developed by community organisations
- New network of links and contacts developed in the community sector for the NACD
- Validation of qualitative methodology and community research
- The CVRGS was a positive experience for the community organisations.

6.3 Therefore, there would appear to be no doubt that the CVRGS should continue as it has, in the main, met its key aims and objectives. The CVRGS:

- generated innovative community-based drugs research
- built research capacity at community level
- increased awareness and understanding of drug-related issues in communities
- increased liaison between community group and services and local policy structures.

6.4 The CVRGS has also reinforced the importance of research in terms of developing effective solutions and provided potential policy solutions to drugs issues at both local and national level.

6.5 As a pilot scheme however, a number of issues arose that need clarification and/or dealing with:

- Incorporating the CVRGS more effectively into the work programme of the NACD

- Grant Assessment Criteria
- Supporting policy development
- The impact of the workload and resources/cost of the Scheme on the NACD
- Ownership of CVRGS.

Ownership of CVRGS

- 6.6** The community organisations felt that the research was owned by the NACD until publication, although it is stated in the contract that the grantee is the owner. This may be because the community organisations were contracted to submit the research to the NACD prior to publication or presentation. While the community organisations felt that it was important that they felt that they owned the research, they also felt that the NACD *imprimatur*⁴⁵ was crucial to the credibility of the research in terms of being able to pursue policy proposals and develop new partnerships and alliances. The decision to publish the reports by the NACD was made when the research reports had been completed and the NACD felt that they were of good enough quality. The criteria used to assess this decision is unclear.
- 6.7** It is important that there is clarity for the community groups as to the ownership of the research from the beginning. The publication of the research reports should be considered under a separate programme cost. If the NACD is to publish the research reports, there should be transparent criteria published which shows how that decision was reached.

Incorporating the CVRGS into the NACD Work Programme

- 6.8** The CVRGS had no specific links to the NACD work programme, other than fitting generally into the sub-committee themes and no distinct management process. The research commissioned through the Grant Scheme needs to be directly linked into the work programme of the NACD. This can be done by ensuring that the research grant awarded reflects the specific strands of the NACD annual work programme and by more regular reporting at the NACD of the specific research commissioned within the Grant Scheme itself.
- 6.9** A distinct management structure that also engages with other support agencies such as the Drugs Task Forces would help streamline the staff supports to the CVRGS. This management structure could establish the Regional Research Advisory Groups to technically support and advise the groups funded. These groups could report to the NACD when appropriate.

⁴⁵ Community organisations evaluation session. Wednesday 5 October 2005.

- 6.10** The community research could be used by the NACD to help it formulate its future work programme, as the research clearly identifies local patterns and issues.

Promoting Policy

- 6.11** The CVRGS needs to develop a policy influencing component that enables the research be used effectively as a tool to influence policy. Training in policy development and promotional work might be considered as part of the supports provided by the CVRGS to ensure that the research is effective and not left lying on the shelf.

Developing Clear Objectives and Criteria

- 6.12** The ambiguities within the objectives and the assessment criteria within the Scheme need to be clarified. The Scheme needs to be revised with clear simple objectives based on developing research capacity at local level with specific assessment criteria to address this. The criteria also need to ensure that Grant Scheme targets the weaker organisations which require support as well as the established community organisations who already carry out research. Innovation is not necessarily the key requirement of the CVRGS as the methodology of the community research is often different and innovative in its own right.

Suggested objectives of a revised Scheme

- To develop research capacity within the community and voluntary organisations by carrying out research with a focus on drug use and its impact in the local community
- to promote the awareness and understanding of drug-related issues in local communities through participatory research
- to increase liaison between community group and services and local policy structures.

Suggested criteria which will not impede the awarding of Grants to rural or small town groups

- Benefit of the research to organisation/community/policy
- How the research will help the community to develop policy
- What links there are with the local community
- How the research links into and benefits the NACD's programme of work
- Links with other service providers and planners
- Reasonableness of proposed costs
- Cost of proposal/value for money.

- 6.13** The second assessment stage in relation to the value of the research proposal should be focused on more technical criteria such as innovative methodologies, ability to carry out research post training session, time scales etc.

The Impact of the Workload for the NACD

- 6.14** It is clear that the CVRGS impinged heavily on the NACD resources. It took up much of the workload of the Research Officer, as well as having a considerable impact on the administrative staff. Continuing this level of support may not be practical for the NACD and needs reviewing ó although all the community organisations felt that this support was key to the success of the Scheme.
- 6.15** Given the objectives re partnership, the NACD may be interested in developing the CVRGS in partnership with the RDTFs. Working with the RDTFs, regional RAGs could be established to provide the technical and hands-on support for local groups who receive funding. This would enable the groups to receive the relevant support, provide a permanent regional resource in terms of information and policy development where experience of community research could be garnered and shared, improve partnership and networking within the drugs field in the different regions and reduce the hands-on support of the NACD Research Officer. If this was developed, it would also attract, and better support, the rural or small town community groups that deal with drugs issues, but have less experience than the Dublin organisations.

Recommendations for the Continuation of the CVRGS

1. Set up an Annual Community Research Grant Scheme in Partnership with Regional Drugs Task Forces

A CVRGS should be established on a biannual basis, with an agreed grant provision budget (£30,000) with two key objectives of:

- a. building research capacity within community organisations from different geographical regions
- b. identifying key drug issues in local communities leading to the development of targeted actions or policy development by groups or national structures.

Given the expense and resources required by the CVRGS, the NACD should examine the possibility of linking with the NDST or the RDTFs with regard to implementation, management and provision of supports at regional level required by the CVRGS.

2. Set up a Clear Framework to Provide Management and Supports

Establish a distinct management process that addresses the links/benefits to the NACD work programme, grant scheme objectives, assessment criteria, reporting mechanisms and policy development.

Set up permanent external Regional Research Advisory Groups (RRAG) or structures, supported by the RDTFs and the NACD, as the main technical support to the community organisations funded. These RRAGS can also support the groups with regard to policy development or in terms of building further networking opportunities or more sustainable relationships.

Establishing RRAGs initially would take time but would build in links and partnerships to the different stakeholders at a regional level and provide the CVRGS with a stronger baseline of support and the NACD with a regional network.

The experience of the RRAGs would develop over time and they could support the groups individually relating to use of technical equipment, methodologies, and policy development. With each funding scheme the RRAGs would amass further experience and documentation arising out of the research projects.

3. Establish Agreed Objectives, Assessment Criteria, and Clarify Ownership

The NACD needs to develop and refine their criteria. Criteria and assessment procedures need to be drawn up that match the objectives. The criteria for assessment should reflect the **key objectives** of:

- building research capacity
- identifying key drug issues in local communities and ensure geographically and socio-economically representation of awards.

Initial assessment criteria should reflect the benefit of the research to the community, how it supports the NACD work programme, how it might develop policy, and costs. Secondary assessment after training should be based on technical abilities.

Once the grant has been awarded, the research should be community owned and developed and published at the expense of the community organisation. If it is dissatisfied with the quality of the final research then the NACD has the right to ensure that the NACD would not endorse the research it finds to be of poor quality.

Strengthen Networking and Training Components

The CVRGS should include two training components for the successful applicants. The first should focus on research methodologies and look at the community participatory tools available and take place at the start of the scheme. The second should focus on different methods of influencing policy and take place towards the end of the scheme. These could be organised by the RRAGs. The funded community organisations should be brought together at the end of the first year for an information-sharing and progress-report seminar.

Appendix 1 – Community Organisations (that applied)

Below are listed the community organisations that applied, with information on the proposed project where available.

St Kevin's Family Resource Centre

To Pilot a Life Skills Programme to Reduce Demand for Drugs

South Kerry Development Partnership

Develop Model of Drugs Prevention

Ballingcollig Family Centre

Develop Model of Drugs Prevention

Partnership Trá Lí

Local Prevalence Study

Ringsend Action Project

Local Prevalence Study to Compare with Local Attitudes and Awareness

Athlone Drug Awareness

Evaluate Existing Prevention Strategies, Develop New Strategies, Estimate Level of Drug Misuse

The way of the Cross Community, Drogheda

Develop Action Plan for Local Drugs Support Service

IRD Duhallow

Local Prevalence Stud Linked to Development Programme

CDA Trust

Life Skills Training

Meitheal Mhaigo Eo Teó

Mayo Prevalence Study Linked to Developing Model of Drugs Prevention

Aljept Treatment centre

Develop Service Plan

Independent Parenting Services

Develop Prevention Strategy for Independent Parents

Letterkenny Concerned Parents against Drugs

Local Prevalence Study

Cabra Resource Centre

Update Prevalence Profile and Service Evaluation

Athenrú ó ARC

Assessment of Education and Training Programme

Southhill Integrated Development Programme

Local Prevalence Study Linked to Prevention

Drimnagh Castle Restoration Project

Use of Facilitators in Treatment/Rehab

Clondalkin Drugs Task Force

Local Prevalence

Inishowen Partnership

Local Prevalence and Pilot and Evaluate Peer Education Programme

Community Awareness of Drugs

Action Research and Evaluation to Develop Model of Training for Parent Trainers

National Family Resource Centre

Assess Local Knowledge of Drug Issues

Merchant Quay Ireland

New Communities in Ireland

Ballymun Youth Action Project

Benzodiazepines and Substance Misuse in Ballymun

Kilbarrack Coast Community Project

Prevalence Study

Tallaght Homeless Advice Unit

Links Between Homeless and Drug Use

Balbriggan Awareness of Drugs

Addiction Response Crumlin

Clondalkin Travellers Development Unit

Treatment and Rehabilitation Mountview/Blakestown CDT

The Cornmarket Project

Drug Education Management Committee

Fatima Groups United

Chrysalis Community Project

Partnership Trá Lí

Appendix 2 – Research Summaries

Benzodiazepines – Whose Little Helper?

Ballymun Action Youth Project

The use and misuse of benzodiazepines within the Ballymun community has been an issue of concern for a number of years and this research project seeks to explore the phenomenon with a view to proposing appropriate responses. The research involved a review of the relevant literature and the collection of data from a variety of perspectives.

The project was carried out using a range of quantitative and qualitative methods:

- community-based focus groups were held
- a pharmacy-based dispensing survey was carried out
- a key informant provided a professional view on medical practice related to the use of benzodiazepines.

Community research

A key task facing this research project was to develop a research methodology that would genuinely be community based. Therefore the project sought the active participation of people living and working in the community of Ballymun, not just as participants, but also as researchers and stakeholders. The action research approach allowed a variety of stakeholders to engage with, and explore, the research topic, to gather information, and to identify possible interventions. In the light of the research question a number of 'target groups' were identified as appropriate and potentially useful sources. These were:

local healthcare professionals including doctors and pharmacists
legitimately prescribed benzodiazepine consumers
opiate and multi-substance misusers
young people who are likely to include benzodiazepines in their drug repertoire
community and voluntary organisations that interface with benzodiazepine use.

Benzodiazepine prescribing in Ballymun

The findings suggest that the level of benzodiazepine prescribing in Ballymun may be notably higher than the national level. They also indicate that a considerable proportion of patients who are initiated on benzodiazepines continue to take them for many years, and that the conditions that would foster the review of benzodiazepine prescriptions, such as available time and an adequate patient load, are not normally present in the Ballymun context. The research identifies elements of the relationship between socio-economic disadvantage and benzodiazepine use in Ballymun, and also suggests that there is a clear gender bias in the prescribing of benzodiazepines in Ballymun, with women being prescribed almost two-thirds of the benzodiazepines covered in the Pharmacy Survey.

Benzodiazepines and the development of substance misuse problems

The research suggests that within Ballymun there is a generalised acceptance of benzodiazepines. If the use of this one specific drug type, which is also a drug of misuse, becomes acceptable or normalised, then this can have a contributory effect when it comes to considering the misuse of other drugs. The evidence emerging in this research also suggests that there is a significant supply of benzodiazepines, originating in prescriptions, which is available for misuse within Ballymun. The report indicates that this informal benzodiazepine economy seems to be a common and culturally accepted practice. The nature of benzodiazepines themselves also appears to play some role in the development of substance misuse problems, given that such a versatile drug does have the potential to generate new patterns of drug misuse.

The research also examines the relationship between opiate use and benzodiazepines and echoes the concerns expressed in various quarters about such polydrug use.

Recommendations

The research makes a series of recommendations:

- Examine in more depth the reasons for benzodiazepine prescribing in Ballymun, ensuring that the emphasis on responding to these findings, and the findings of further research, is not directed solely at individual doctors, but addresses the broad range of issues involved

- Invest in the development of services to complement medical practitioners. There is an urgent need to develop non-pharmaceutical supports for benzodiazepine detoxification and alternatives to benzodiazepine therapy

- Provide good, high-quality information about benzodiazepines to all members of the community

- Review the current role of benzodiazepine prescribing in the context of methadone maintenance

- Undertake further research in similar communities in the light of the findings of this research.

A Prevalence Study of Drug Use by Young People in a Mixed Suburban Area Kilbarrack Coast Community Project (KCCP)

The research study utilised two main research methods. These were a survey, by questionnaire, of students from all primary and secondary schools located within the target area. The second method entailed a series of interviews with a diverse range of people living or working in the community. This data provided a deeper understanding of some aspects of drug use by young people and also a means of checking the findings of the survey against the local knowledge of those who were interviewed.

In addition to these two main approaches, the researchers considered a range of relevant literature, particularly reports based on previous surveys of young people's drug use in Ireland.

Key findings: Alcohol

Alcohol was the drug most widely used by respondents. Just over three-quarters (76%) of respondents had drunk alcohol at some time in their lives, approximately two-thirds had drunk alcohol in the last year, and half had drunk it within the last thirty days. Overall, more boys (80%) had ever drunk alcohol than girls (72%) but the number of boys and girls, who were current drinkers was almost identical, at just over half of all respondents (51%). The prevalence of current alcohol use was higher in the older age groups: 17% of 10-to-12 year-olds were current drinkers, compared to 61% of 13-to-15 year-olds and 84% 16-to-18 year-olds.

Key findings: Cannabis

Cannabis was the most widely used illicit drug. More than one-third (37%) of respondents had used cannabis at some stage in their lives; under one-third (33%) had used it within the last year and 21% had used it within the last 30 days. More boys (39%) than girls (20%) were current cannabis users. Less than 2% were ten to twelve year olds, but more than one-quarter of 13-to-15 year-olds and over 40% of 16-to-18 year-olds were users.

Key findings: Inhalants

A small but significant minority of respondents had used inhalants or solvents, that is, chemical substances, which have an intoxicant effect when inhaled. Overall, 16% of respondents had used inhalants at some time in their lives, 8% had used them in the last year and less than 4% had used them in the last thirty days. More boys (19%) than girls (13%) ever used inhalants; four times as many boys (6%) than girls (1.5%) were current users. The proportion of current users was the highest in the 16-to-18 year-old age groups at 8%, and was 2% or less in each of the two lower age groups.

Key findings: Cocaine

Cocaine was used by 6% of respondents at some stage in their lives and the same proportion had used it within the last twelve months, and 2½% had used it within the last 30 days. Approximately twice as many boys (8%) as girls (4%) had ever used cocaine. None of those in the 10-to-12 year-old age group, and less than 4% of those aged 13-to-15 had done so. In the 16-to-18 year-old groups, however, almost, 20% (18%) had done so.

Key findings: Heroin

There was little or no significant evidence of heroin use among respondents. Less than one per cent reported that they had ever used heroin.

Key findings: Prescription Drugs

A small minority of respondents had ever used prescription drugs: 8% had used sedatives at some stage in their lives and 2% had used tranquillisers. In the last twelve months, 5% had used sedatives and less than 2% had used tranquillisers. The rates of current use were very low, with less than 2% having used sedatives and less than 1% used tranquillisers within the last 30 days. Overall, the proportions of girls (9%) and boys (8%) who have ever used sedatives were similar.

Key findings: Other Drugs

The prevalence of other drugs was very low overall, with 4% having ever used ecstasy, less than 3% ever having used LSD or other drugs (mainly magic mushrooms). Recent and current rates of these drugs were lower again. Only 1% of respondents had used ecstasy within the last 30 days and the current use of the other drugs was less than 1%.

Recommendations:

1. Develop and implement effective approaches to drug education which address the real concern of the young people about drug use in a balanced and accurate manner. The targeting of such programmes needs to be informed by research, including the present study, which identifies the stages at which different drug-related issues arise.
2. Measures are needed to prevent the experimental and recreational use of drug substances developing into a pattern of regular, excessive and long-term consumption. The key to this would be to ensure that all young people have other things in their lives than alcohol and/or other drugs. This is particularly critical for young people in disadvantaged areas, where families may be prevented from providing for their needs by a range of problems and where facilities may be lacking and/or poor quality.
3. The development of a properly resourced and comprehensive range of sporting and youth work provision in the community.
4. There is an urgent need for a range of measures to reduce teenage alcohol consumption. These measures should, however, be based on a realistic appraisal of the present situation. It may be more affective to adopt a harm reduction approach rather than a prohibitionist approach.
5. Provide a combination of further educational programmes, especially targeted at primary school children, and practical support to assist young smokers to quit.
6. A strategy for reducing cannabis use should be developed based on dissuading young people from using cannabis on a regular basis. The perception of cannabis as a relatively harmless drug needs to be challenged by accurate and balanced information and education.
7. People close to young people need to be encouraged to be vigilant about emerging trends.
8. There is an urgent need for information and education on the use and effects and risks associated with the use of cocaine. There is also a need for drug treatment agencies to develop strategies for responding to the needs of young people who are likely to present with cocaine-related problems in the near future.
9. The risks of using prescription drugs, especially in combination with alcohol need to be highlighted in drug education programmes. Efforts should also be intensified to encourage adults to maintain careful controls over such drugs, especially in the home.

Drug Use among New Communities in Ireland: An Exploratory Study Merchants Quay Ireland (MQI)

The aim of this research is to develop an in-depth understanding of problematic drug use among new communities in Ireland.

Research methodology

This study was an action research project employing ethnographic research methods, including participant observation and in-depth interviews. Three members of new communities (a Russian, a Romanian and a Nigerian) were recruited and trained to carry out the fieldwork. They carried out 280 hours of fieldwork and kept daily research diaries of observations made and informal conversations. In-depth interviews were carried out with 10 problematic drug users from new communities.

Two focus groups were carried out: one with individuals who work with new communities in Ireland and a second with drug service providers. Interviews and focus groups were tape-recorded with the participants' consent. Confidentiality and anonymity were assured. The interviews and focus groups were translated (where necessary), transcribed verbatim and analysed.

Findings

Challenges Researching drug users from new communities

Individuals and organisations (those working with new communities and drug services) were often not in a position to assist the fieldworkers in contacting drug users as they had no information, or no contact with drug users from new communities.

There was a general lack of awareness among new communities about most drugs and their effects. Drug-taking was often seen as a taboo subject and people were concerned about the confidentiality of the research.

The fieldworkers found drug users from new communities difficult to reach as they remained hidden, were highly mobile and rarely associated with Irish drug users.

Drug users encountered were sometimes hostile and suspicious of the research. They were also difficult to engage with, did not keep appointments and were preoccupied with other activities. In addition they were extremely concerned about the issue of confidentiality and the stigma associated with illicit drug use.

Building trust among the new communities and drug users was a challenge, as they were often perceived as betraying their communities or acting as informants.

Patterns of drug use among new communities

It is important to note that as this is a small qualitative study, the information offers an in-depth description of patterns and types of drugs used but it is not representative and generalisations cannot be made about national groups from the data presented.

Drug use was reported among individuals from Central/Eastern Europe (Romania, Lithuania, the Czech Republic, Hungary, Poland, Estonia), from the former USSR (Ukraine, Moldova, Georgia, Russia, Kazakhstan), Africa (Sudan, Somalia, the Congo, Nigeria, Kenya, Ghana), South Africa, Pakistan and Jamaica.

As is the case among the Irish population (NACD, 2003), cannabis seemed to be widely used among members of new communities. The vast majority of individuals using cannabis did not perceive their usage as problematic.

There were reports of the use of dance drugs (ecstasy, amphetamines and LSD) among younger members of new communities, in particular, Nigerians, Romanians, Ukrainians, Moldovans and Russians. Often ecstasy use was combined with cannabis.

Seven of the interviewees (one Lithuanian, Ukrainian, Moldovan, Georgian and Congolese respectively, and 2 Somalis) reported that heroin was their drug of choice. Other groups reported to be using heroin included Sudanese, Nigerians, Algerians, South Africans, Romanians and Russians.

It was reported that African Caribbeans, Romanians, Russians, Georgians and Ukrainians were on methadone maintenance programmes in Dublin. Others (mainly Somalis, Congolese and Georgians) were buying street methadone.

Three of the ten interviewees (one from Nigeria, Kenya and the Republic of Niger respectively) reported that cocaine was their drug of choice. Other groups reported to be involved in cocaine or crack use included individuals from the Congo, Somalia and to a lesser extent, Romania.

Some of the first generation migrants were adopting drug-using patterns similar to those in their countries of origin. Members of the Somali community were reported to be using khat³ while some Russians were making a special porridge (*kasha*)⁴, laced with cannabis. Younger members of new communities were more likely to be mixing with their Irish peers and adopting similar drug-using patterns (in particular cannabis and ecstasy use).

Among the 10 respondents, four (from the Ukraine and Kenya and 2 from Somalia) had no history of problematic drug use prior to arriving Ireland and one (Nigerian) had ceased drug use for 10 years but had started again in Ireland. Five (from Moldova, Lithuania, Georgia, Congo and the Republic of Niger respectively) were involved in problematic drug use prior to arriving in Ireland.

Half the respondents met were injecting heroin (from Lithuania, the Ukraine, Moldova, Georgia and Somalia). Other nationalities reported to be involved in intravenous drug use included Russians, Estonians and Pakistanis.

There were some cultural variations in types of drugs used. Africans were more likely to smoke cocaine (although some were smoking heroin and there was some evidence of injecting heroin use), while Eastern Europeans were more likely to inject heroin.

Ethnicity, drug use and social exclusion

The stress associated with applying for asylum and the implications of having an insecure legal status were often significant factors influencing drug-using behaviour among new communities.

Most of the interviewees were living in hostels. Consequently they have no family network or social support which often acts as a 'protective' factor against drug use. In some cases this lack of family and community support led to immersion into a 'street culture' and illicit drug use.

Individuals from new communities, accommodated in socially deprived areas, are extremely concerned that their children will be exposed to heroin and other drugs.

Many of the interviewees engaged in drug use because they were unemployed and did not have the right to work. Conversely, other respondents reported that their drug

use prevented them from engaging in employment while others yet again were able to combine employment with the lifestyle associated with problematic drug use.

In this study, many drug users reported that they stole or shoplifted to support their drug habit. There were also several reports that Africans were involved in drug distribution, in particular cocaine dealing.

One of the main reasons given for engaging in drug use was that it was a means of escaping from current worries (linked to asylum process), exclusion and isolation. Experiences of post-traumatic stress disorder, war, torture and trauma were also cited as reasons for involvement in drug use.

Younger members of new communities were reported to engage in drug use in order to gain acceptance from, or to fit in with their Irish peers.

As well as the reasons outlined above, members of new communities in Ireland, especially younger members, engage in drug use for reasons similar to those cited by Irish drug users. These include peer influence, curiosity, boredom, relationship breakdown and accessibility.

Recommendations

1. Drug services need to produce culturally sensitive material in different languages, including English, which clearly highlights the confidentiality of, and range of, services provided.
2. Images and posters should be displayed in drug services which promote diversity and which clearly show that an agency is there to meet the needs of a wide range of users.
3. While raising awareness of drug services is important, the main emphasis should be on providing accessible and culturally appropriate services.
4. A drugs outreach team should be set up in Dublin specifically targeting drug users from new communities. The outreach team should incorporate a peer-based approach.
5. Outreach teams and peer workers should target female drug users through general health, maternity and health promotion agencies.
6. Services need to be set up specifically to target stimulant users. Interventions in these services should be culturally appropriate and focus on holistic therapies and give preference to one-to-one support over group work and counselling.
7. Drug helplines in Ireland should advertise their services in several languages. Also information on drug services should be posted in relevant languages on internet sites, such as Merchant Quay Ireland's website, www.mqi.ie.
8. There is a need for drug services to recruit staff from new communities.
9. It is imperative that anti-racist training is provided for staff and clients in drug services to enable them to become more aware of issues surrounding race and ethnicity.
10. Young people from new communities need to be targeted by drug prevention programmes.
11. There is a need to raise awareness about drugs and drug services among new communities by providing culturally specific drug awareness training to young people, parents and local community groups.

12. Community engagement should be promoted in the design and delivery of drug services. People representing new communities should be included in the decision-making process of drug agencies, such as management committees.
13. Representative groups should sit on local drugs task forces, especially in areas where many immigrants are accommodated.
14. Ethnic monitoring would be a useful way for drug services and the National Drug Treatment Reporting System (NDTRS) of the Health Research Board and the NACD to measure uptake of services among new communities.
15. The National Drug Strategy needs to set specific targets in relation to developing drug services for individuals from new communities.
16. Anti-poverty policies in Ireland need to address social exclusion among members of new communities.
17. Further research is needed on the nature and extent of drug use amongst Ireland's new communities so that drug services can remain responsive to their needs.
18. Evaluations of drug services should be ongoing to ensure that the barriers to drug services for users from new communities are dismantled and to prevent further barriers being erected.
19. More in-depth research should be carried out on the link between ethnicity, social exclusion and drug use.

Heroin – The Mental Roof Over Your Head

Tallaght Homeless Advice Unit (THAU)

This research project examined the issues, policies and practices faced by heroin users in Tallaght and the links between homelessness and drug use. The research shows that there are strong links between homelessness and drug use but that this is not reflected in Government policy or agency responses, which in turn impacts negatively on the experience of homeless drug users.

The literature review and interviews with both homeless drug users and service providers show that, at national level, the lack of an agreed definition of homelessness has hindered the development of a coherent national policy response. There is no co-ordinated approach by the different statutory bodies and homeless drug users feel penalised and 'unseen'. Staff are not trained or resourced adequately and the absence of agency policies, procedures and training specific to the issue of drug use and homelessness means the quality of service is dependent on the individual encountered on the day.

Information regarding services and supports is not readily available to homeless drug users. At local level, the lack of homeless services in Tallaght exacerbates the problem for local drug users as they are directed into city centre hostels where drugs are freely available. When this happens they lose access to the support services of the local drug clinic.

The Antisocial Behaviour clause of the 1997 Housing (Miscellaneous Provisions) Act is problematic. It is used for eviction purposes thereby further excluding people already living in disadvantaged and chaotic situations. It does not provide emergency accommodation for drug users, and labels people as dealers (often not substantiated)

which make it very difficult to access council housing in the future. When people are evicted, all other forms of social housing are also closed to them.

The way in which the South Dublin County Council removes people from the homeless register is problematic in that clients are removed if they do not respond to letters sent out by the local authority or are in prison. Also, the South Dublin County Council Homeless Register does not accept *no* addresses for applicants, which directly conflicts with the circumstances of the individual the register is intended to serve *of* particularly homeless drug users.

The research reflects the wide variety of issues raised in the interviews by the homeless drug users. These include descriptions of poor sleeping and living conditions, discriminating treatment by service providers, inadequate medical support, and inaccessible bureaucratic systems which have to be penetrated by already vulnerable people living in chaotic conditions.

There are many detailed recommendations in the research report but the three main areas identified are the need for:

- adequate financial and human resources;
- considered national policy co-ordination;
- improved local services in Tallaght.

National policy making, with clear universal definitions combined with local resourced services and an improved partnership approach between different agencies are recommended as the necessary elements to break the links and cyclical connection between drugs and homelessness.

Appendix 3 – Broadcast and print coverage

Sky News Ireland, News 9pm

Drug abuse - National Campaign launched to make people think before they take it. Jerome Hughes reports.

Interview with Dr Des Corrigan, NACD. Cocaine is a poison.

Interview with public, Colin Dickson.

Interview with Ballymun Youth Action Project, Dermot King. Talks about over prescription of anti-depressants.

Interview with Dr David Gibney, GP. They do have a place when properly taken.

Fm 104, News 1pm

The truth about cocaine is being laid bare in ads in the national drug awareness campaign.

Interview with Declan Byrne, Kilbarrack Coast Community Project

98 Fm, News 1pm

Kids in Dublin have no idea about the dangers of cocaine, according to a new survey, which has also found that public health messages on smoking seem to have hit home.

interview with Declan Byrne, Kilbarrack Coast Community Project

Q102, News 11am

New campaign to target cocaine users has been launched. Aim is to highlight dangers. Report by Pdraig Gallagher. Among the issues found is that children are smoking at a younger age. Community groups are questioning why anti smoking campaigns are being targeted at children in mid to late teens when they've already been smoking for many years.

Newstalk 106, News @ 4pm, 5pm

Tallaght Homeless Advice Unit says heroin addiction is linked to homelessness.

Interview with Mairead Kavanagh of Ballymun Youth Action Project

Newstalk 106, News 11am, 3pm, 3.30pm

According to a study done by Kilbarrack Coast Community Programme it has been found that over half 10-year-olds have taken drink and 10-17year-olds are regular drinkers. Cannabis is the favourite drug.

The Irish Times

Article by Kitty Holland and Muiris Houston, p.5

Irish Independent

Article by David Quinn, p. 9

Irish Examiner

Articles by Cormac O'Keeffe & editorial, pgs. 5 & 14

Appendix 4 – The first short-listed projects that received training

Addiction Response Crumlin
Ballymun Youth Action Project
Chrysalis Community Drug Project
Clondalkin Travellers Development Group
Community Response
Cornmarket Project, Wexford
Fatima Groups United/Rialto Community Drug Team
Kerry Diocesan Youth Service
Kilbarrack Coast Community Programme
Merchants Quay Ireland
Tallaght Homeless Advice Unit

Appendix 5 – First Round Criteria

NACD COMMUNITY/VOLUNTARY SECTOR RESEARCH GRANTS - ASSESSMENT CRITERIA - STAGE 1

ORGANISATION NAME _____

ID NUMBER _____

AREA _____

CRITERIA
Group's capacity to conduct/host research
Links with the local community
Level of understanding of local drugs issues
Relevance of proposal to the NACD's programme of work
Benefit to organisation/community/policy
Links with service providers and planners
Reasonableness of proposed costs

Scoring Guidelines: 1. Poor 2. Fair 3. Average 4. Good 5. Excellent

TOTAL SCORE _____

Appendix 6 – Second Stage Criteria

NACD COMMUNITY/VOLUNTARY SECTOR RESEARCH GRANTS - ASSESSMENT CRITERIA - STAGE 2

ORGANISATION NAME _____

ID NUMBER _____

AREA _____

CRITERIA	
Validity and feasibility of the research proposals	
Value added to the NACD's research programme	
Capacity of the group to manage and complete the work on schedule	
Cost of proposal/value for money	
TOTAL SCORE	

Scoring Guidelines: 1. Poor 2. Fair 3. Average 4. Good 5. Excellent

Appendix 7 – Staff Time

Staff time can be aggregated in an approximate way, such as a project manager might give 10 days in two years, a project development worker might give 25 days in two years and an administrator might give 15 days supporting the research. These can be calculated as a percentage of salary for full year (equates on average to 220 working days less annual leave and possible sick leave).

The NACD Research Officer, for example gave 50% of her time in 2001 to the development of the CVRGS. In 2002, the CVRGS took up 50% of Research Officer's time, and in 2003 and 2004, she gave an average of 35% of time to CVRGS and so forth. In addition there is the Public Relations, Advertising, costs of launch, printing and postage of application forms, cost of dissemination of reports (sets of 5 copies of each provided to L/RDTFs co-ordinators) and legal fees associated with drafting up the contracts.

Roughly calculated, the total to add to the cost of the grants at £160,000 was £105,000 totalling £270,000. This sum equates to an average cost of £67,800 per project.