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Special mention must be made to the focus group volunteers and our colleagues who contributed so willingly to the research. Finally, this review and the work of CAD would not have been possible without the input of all our participants, staff and volunteers over the past 25 years.

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Mobilising an Educated Response

A 25 year review of
Community Awareness of Drugs

1983 – 2008

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Message for "Mobilising an Educated Response" – A 25 year review of Community Awareness of Drugs

I am very aware and greatly appreciate the contribution made by Community Awareness of Drugs over the past 25 years in providing drug education programmes for parents and for those active in the voluntary and community sector. The philosophy of Community Awareness of Drugs– ''an informed adult who can communicate in a credible manner is an invaluable resource with any family, school or community based system when it comes to substance misuse prevention'' – is certainly one that I share.

One of the aims of the National Drugs Strategy is " to significantly reduce the harm caused by individuals and society by the misuse of drugs " and as Minister of State with special responsibility for the National Drugs Strategy, I consider it imperative that everyone - parents in particular become more aware of the risks associated with drug misuse, the nature of drug misuse and the supports and services that exist to reduce harm. The community has a vital role to play in influencing young people to avoid drugs and in accepting and dealing with the issues when problems do arise.

The importance of family in Irish Society cannot be overstated. Strong, supportive families play a crucial role in the development of children and provide them with valuable life skills. I would like to thank CAD again for their work in this area and wish them well for the future.

John Curran TD
Minister of State with Responsibility for National Drugs Strategy
Department of Community, Rural & Gaeltacht Affairs

Chairpersons Foreword

At the beginning of the nineteen eighties, Ireland was a very different country to the Ireland of today.

The manifestations of the issues associated with drug misuse were different, and yet those issues remain the same for the parent or partner of a person who misuses drugs.

CAD was formed a generation ago. During the past twenty-five years, through the many changes in Irish society, the knowledge and education provided to the people of Ireland has helped many people and communities deal with issues associated with drug misuse.

Any work – such as this report - covering a span of time, can only give a flavour of the efforts made by many to create a better and more just society for all. The abuse of drugs is a scourge in any society. CAD has been to the forefront of the health promotion movement that has shaped healthier attitudes across our country and indeed beyond.

It gives me great pleasure to recommend this report to you, as a reflection upon the work done through the years by many people throughout the country.

Tá mé ana sásta an tuarascáil seo a mol dóibh go léir, mar athmachnamh ar an obair déanta I rith na blianta ag daoine ar fud na tire.

John Murphy
Chairperson
Community Awareness of Drugs

1 The Review

1.1 Introduction

In 2008, Community Awareness of Drugs (CAD) celebrates 25 years of Primary Prevention work in Ireland. Time and again during the review process people have commented on CADs work as 'first step' drug prevention education for parents and communities. This 'first step' education began in 1983 and played a significant role in mobilising an educated community response to an escalating drug problem, a role it continues to fulfil to this day. This major achievement has not been due to vast amounts of funding or a large number of staff, it has been due to a substantial number of parents and voluntary community workers who recognised a problem and believed they could do something to make a difference. CAD still relies on its volunteers as directors of the organisation and up until very recently, voluntary staff provided the main services. These volunteers are extraordinary by virtue of their staying power and belief in the aims of the organisation, some of those currently involved have been with the organisation for 10 to 24 years.

More recently, CAD has been in a position to employ additional staff to increase delivery of existing services and research the development of new services. This review of CAD is part of that process but it is also an opportunity to revisit the work of the parents and volunteers who have worked to make CAD what it is today.

Chapter 2, looks at the drug situation in Dublin during the late 1970's and early 1980's, focusing in particular on the community response as experienced in St. Teresa's Gardens in the south inner city, and Donaghmede a suburb on the north side of the city.

The Federation of Community Groups Community Action on Drugs (CAD) is examined in Chapter 3, providing an opportunity to look at the roots of the federation, its work and eventual demise.
Chapter 4 brings us closer to CAD in its current form by looking at the end of the Federation and the transformation of CAD into an organisation, while Chapter 5 takes an in-depth look at the services and organisational structure of CAD and offers recommendations for future service provision and possible organisational changes.

1.2 Review Process

Individual interviews were conducted with CADs four staff, Bernie McDonnell, Co-ordinator; Trevor Bissett, Development Officer; Michelle Maguire, CAD Tutor; Paula Tunney, CAD Tutor. CAD then compiled lists of individuals for the researcher to contact; these contacts are grouped into four categories,

- Individuals who could provide an historical perspective,
- Those who had a working relationship with CAD through their work in a drug agency, at committee level or through policy development,
- Those who were parents/voluntary community workers who trained with CAD or who were members of groups affiliated to CAD and,
- Principals, teachers and Home School Community Liaison Officers who have worked with CAD over the years.

Further sources of information for the review have been CADs archival records, organisational documentation, and evaluations of their Parenting for Prevention programme. As the Parenting for Prevention programme is the primary service of CAD it was decided to invite past participants to take part in focus group meetings in order to establish the effects if any the programme may have had over time. CAD are currently in the process of updating Parenting for Prevention and when this process is completed it will be launched as Family Focus – Drug Education for Parents (Family Focus), for this reason the new name for the programme Family Focus will be used in place of Parenting for Prevention for the remainder of this document.

The interviews were based on a series of open-ended questions and all interviewees had been contacted prior to the interviews and asked if they were willing to participate, their details were then passed on to the researcher. The thoughtfulness of their responses, their knowledge of CAD, their knowledge of the National Drugs Strategy, and the needs of communities has ensured that their recommendations form the backbone of this review.

1.3 Main Findings

Throughout the review, people from outside CAD have offered suggestions relating to how the organisation should deal with some of the challenges it faces today, the overriding suggestion has been that CAD continue the work it has been doing for the past 25 years and if it must change, make small changes. The following is a synopsis of the main points within this review.

- The services provided by CAD are as vital today as they were 25 years ago.
- CAD staff and volunteers are respected members of the drugs sector, contributing at national, regional and local level.
- CAD volunteers have been and continue to be an invaluable resource to the organisation and society.
- While CAD has changed drastically since its days as a federation of community groups, it has managed to hold on to its original aim: to educate parents to prevent drug use.
- CADs work is based on documented evidence and best practice in relation to primary prevention education for parents.
- CAD draws on the whole continuum of theoretical approaches to drug use and addiction in its work.
- Prior to the development of Local Drug Task Forces and Regional Drug Task Forces, CAD was providing drug education and prevention programmes for parents/carers and voluntary community workers in the areas experiencing the highest levels of problematic drug use.

- Many community workers and community representatives on both Local and Regional Drug Task Forces were initially trained by CAD.

- Community workers, Parents, Home School Liaison Officers, Teachers, Drug service providers and CAD agree that Family Focus will continue to be a valuable drug prevention programme that reaches beyond the homes of the parents who participate in it.

- The schools based Social, Personal and Health Education (SPHE) programme needs to be reinforced outside of the school walls. Alongside this there is a need for an SPHE awareness raising programme for parents. CAD are in a particularly good position to provide this programme in the form of 'Informal Parental Peer Education' based on their experience working with parents, their links with schools and their involvement with the Inter-agency Project Advisory Group (IPAG).

- Family Support Groups have expressed an interest in engaging CAD to work with them. CADs experience in providing 'first step' drug education programmes make them an obvious choice in this instance.

- CADs Drug Education Days are highly regarded by statutory, community and voluntary drug service providers, and participant satisfaction is high.

- CAD is well placed to provide tailored programmes to a wide array of groups who request them.

- There is considerable praise and support from peers for CADs contribution to policy development at all levels: international, national, regional and local.

2. The Grassroots

2.1 Dublin's Heroin Epidemic

During the 1970's Dublin experienced an increase in drug use. The main drugs used were cannabis and LSD (amphetamine use had been curtailed due to legislation in 1969 prohibiting its production and supply). In 1970, the National Drug Addiction and Treatment Centre (NDATC) opened in the hospital at Jervis St. on the north side of the city. The aim of the centre was to provide detoxification for alcohol and other drug abuse.

This period saw an increase in pharmacy raids of diconal and palfium, these drugs were the first contact with opiates in many communities. (Cullen, 1991) By 1979 heroin was available in Dublin and there was a marked increase in Garda arrests for drug offences related to heroin and drug users attending Jervis St. hospital citing heroin as their main drug of use. Between 1979 and 1983, the monthly figures for drug users presenting for treatment at Jervis St. rose from 5 per month in 1979 to 239 per month by the end of 1983. (Dean, et al. 1985)

During this five-year period, the age profile of those attending for treatment began to fall and drug users were attending for treatment at a much earlier stage in their drug taking. As well as the lower age for first time use of heroin, there were also environmental and social factors associated with its use, which was concentrated in areas that had suffered social and environmental deprivation in the preceding decade due to high unemployment and changes to the physical and economic landscape of the inner city area. (Cullen, 1991) While Dublin's North and South inner city communities were where heroin use was most concentrated, research shows that problematic use of heroin was also evident in the surrounding suburbs. (Dean, et al. 1985)

At this time, there were few services for drug users apart from those available at Jervis St., the notable exceptions being the Rutland Centre for Drug and Alcohol Abuse and the Coolmine Therapeutic Community. The NDATC had close links with Coolmine Theapeutic Community and referred patients here for therapy. All of the services available to drug users in Ireland at the time were abstinence based and worked from the disease model to explain drug addiction. The Coolmine Therapeutic Community based its regimen on therapeutic communities working in the U.S. The abstention model, while effective for many people, was to prove a barrier to accessing treatment for this new, younger group of drug users, coming from areas experiencing high levels of social and economic deprivation.

A drug free lifestyle was the ultimate goal of Irish drug policy up until the 1990's with little interest being shown in the socio-economic or socio-cultural factors relating to drug use. The emergence of HIV and AIDS in the late 1980's required the Government to rethink its abstinence-only approach to drug treatment and develop a harm reduction approach that has become the cornerstone of Irish drug policy.

The 1991 policy document Prevention of Drug Misuse concentrated on the opiate problem in Dublin's inner city and advocated a co-operative approach to tackling it. In theory, the approach had a sound base but without political will, it would have little effect on the ground.

By the mid-1990's communities experiencing the full force of the drug problem were organising and calling for action, the result was the setting up of a Ministerial Task Force to look at the drug situation and devise a strategy for dealing with it.

In 1996, the First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs was published. Within the Report, education and prevention were emphasised as long-term solutions to the problem, while increased access to treatment and rehabilitation services was set as an immediate and continuing target. The Ministerial Task Force report recognised the relationship between social disadvantage and drug use and outlined procedures for ensuring the effective delivery of its drugs policy.

Thirteen Local Drugs Task Forces (LDTFs) were operational by the end of 1997, 12 in the Greater Dublin area and one in North Cork City. Following a review of the LDTFs in 1999, Bray was designated a LDTF area. (Building on Experience, 2001) Since 2005, Regional Drugs Task Forces (RDTFs) have been operational in 10 regions geographically aligned to the former Health Board areas. The RDTFs were assigned the task of developing strategies to reduce the demand for drugs that were specific to their region and coordinating the delivery of actions to fulfil their strategies. Both LDTFs and RDTFs have representation from the statutory, voluntary and community sectors, are part of the overall National Drugs Strategy, and are directly linked to the National Drugs Strategy Team who is responsible for monitoring their progress and ratifying their plans. The formulation of the next National Drugs Strategy is currently underway.

2.2 Community Response to the Heroin Epidemic

During the early 1980's communities in Dublin's city centre and surrounding suburbs witnessed the effects of heroin use first hand. Drug dealers moved into communities and sold drugs openly, specific areas were recognised places to procure drugs, and this led to an increase of people from outside the community coming in to buy drugs.

Drug related crime escalated, with certain areas within the city becoming 'no go' areas for the public. Residents themselves were fearful of groups of youths congregating to buy and use drugs and there was increased fear for the safety of younger and older residents. This firsthand experience of the heroin epidemic, coupled with media reports regarding the dangers of heroin use, and violent crime associated with accessing money to feed the habit led communities to form groups in the hope of tackling the problems they faced. (Cullen, 1991) (Authors' interviews with founding members of CAD, 2008)

The incidence of group formation was citywide yet the problems associated with drug use and the solutions individual groups devised to deal with these problems were particular to individual communities. The approach taken by a community appears linked to the level of drug use within a community, the visibility of drug dealing and drug using, and the levels of social and economic deprivation experienced by the community in the preceding decades. An example of how two communities arrived at seemingly quite different solutions would be the emergence of CPAD in St. Teresa's Gardens, and Donaghmede CAD in the north suburbs of the city.

CPAD came together initially as a support for parents with drug using children in an area that had experienced high levels of social and economic deprivation and was witnessing the increased use of heroin by youth in the community. A dealer had moved into a flat in St. Teresa's Gardens and operated from this base, over time a number of other dealers moved into the area leading to an increase in drug users visiting the flat complex to buy drugs. These events led the group to take direct action against people coming to the flat complex to buy drugs. Local people signed up to a roster to patrol the gates to the complex prohibiting, people not living, or on legitimate business there, from entering. The success of this action led the community to aspire to a new goal, to rid the community of drug dealers. Throughout this time, the community were also working to provide services for young people addicted to heroin, within the community. (Cullen, 1991)

CPAD's strength was in its democratic methods of engaging the community in a common goal that was achievable through direct action. Rules and procedures were put in place to prevent people from pointing the finger at those not dealing drugs. Those who were accused were given an opportunity to answer the accusations publicly, desist from dealing or leave the area. (Cullen, 1991)

According to Cullen, CPAD's demise in its original form was due to a number of factors:

- the eviction of a known drug dealer who had threatened the community group with court action,
- the biased media coverage of the group and the inference that the group was organised by Sinn Fein and,
- The subsequent interest Sinn Fein took in the group and similar groups operating in other communities at the time.

The experience of CPAD is of interest to this review of CAD as many groups that organised in communities around the city, and later affiliated to the federation Community Action on Drugs, have stated that they did so to provide an alternative to what was seen to be 'vigilante' organisations, something CPAD was accused of in the media at the time.

During the early 1980's Donaghmede, a suburb on Dublin's north side had developed a Community Council. The Council decided to investigate the drug situation in the area in order to ascertain what action may need to be taken. Willie Sheehan, a local man on the Community Council was given the task of forming a group to begin the research.

During their research, the group discovered that parents are often the last to know about a family members' involvement with drugs, in many cases 3 to 4 years had elapsed before parents realised what was going on. These findings made it clear to the group that educating parents about drugs would have to be their first step while also offering a confidential service to families experiencing drug problems (helping them to access treatment services etc.).

The group also made links with the Garda Drugs Squad as a source of information, and for passing information regarding dealing activity in the community. Quite early on tensions arose between this group and the Community Council, these tensions were mainly associated with the groups belief that confidentiality was paramount when dealing with families experiencing problems with drug use and that pushing people out of one

locality meant they could go unnoticed in another community with the possibility of doing untold damage.

This view proved challenging for the Community Council who believed firmly that all information about drug use in the community, should be shared with the community. The original group of 4 - 5 members, continued as a group outside of the Council, and remained affiliated to the Council. The Community Council set up another group that it felt would better serve its needs, this group only lasted a short time.

Donaghmede CAD (as the group subsequently became known as) began gathering information on drugs and the signs and symptoms of their use to use in their community training. These materials were developed in conjunction with the drug service providers working at the time, mainly the Coolmine Therapeutic Community and doctors involved in the drug service at the Jervis St. hospital. Their close links with the Garda Drug Squad were strengthened by inviting them to speak to groups of parents being trained to recognise the signs and symptoms of drug use. These links facilitated an information flow from the community that led the Drug Squad to carry out a number of successful raids in the area.

Áine Meagher became involved in Donagmede CAD shortly after it formed. She and Willie were recognised in the community as the people to go to if you had questions about drugs, problems within the family, or information about drugs to pass on. They continued to work based on absolute confidentiality and began to work with families who had come to their attention, through either their own observation or the observation of others in the community. Their work consisted of providing drug awareness courses in the community as well as direct action in the form of calling to the houses of people known to be experiencing problems, and offering support.

In interviews with both Áine and Willie, they attribute the success of their work in Donaghmede to their insistence on full confidentiality. It is also evident that their ability to work on the drug issue in their community on a number of different levels: education, supply reduction and treatment access enabled the group to survive into the 1990's. It also made them valuable and very active members of the federation Community Action on Drugs (CAD), when it formed in 1983.

While the Donaghmede group would see itself as being an alternative to the direct action espoused by CPAD, both groups were attempting to achieve the same aim: to rid their communities of drugs through collective effort and direct action while attempting to support those who needed it.

In hindsight the futility of this aim, without strong Government commitment to providing services for drug users that were accessible and met their needs, may seem obvious; yet by bringing their communities together both groups (and others like them) ensured that there were people on the ground who would become involved when Government commitment was forthcoming.

3. The Federation

Jim Comberton was the director of Coolmine Therapeutic Community from 1973 to 1998, and during the late 1970's and early 1980's he recognised a need for a strong parent's movement in Ireland to curb the tide of increasing drug use. His contacts with therapeutic communities in the U.S. provided him with possible templates for such a movement based along the lines of American movements that were popular at the time. A series of meetings were held for people concerned about escalating drug use in their communities. During a meeting in Belvedere College (which approximately 50 people attended), it was decided that a federation of community groups would be formed in order to train communities to respond to drug issues in their own areas: the National Federation of Community Action on Drugs (CAD) came into being.

At this meeting, Sean Balance was elected Chairperson of the new Federation and a community worker from Glenageary, Grainne Kenny, was elected Secretary to the Council. A small group consisting of Sean Balance, Grainne Kenny, Benny Cullen and Sr. Maeve from Coolmine met monthly to formulate the federation's constitution, the following year was spent developing strategy and naming the federation. Community Action on Drugs (CAD) was the name decided upon (Grainne attributes the naming to her late husband Ted, who was a reporter for RTE and recognised the need for a short and easily recognisable name to attract and keep media attention). Grainne Kenny became Chairperson in 1986 a role she kept until her resignation in 1988. During this time, the systems of the Federation were developed and the Aims and Objectives were agreed.

National Federation of Community Action on Drugs,
Aims:

- To provide a national framework for Community and Parent Groups engaged in eliminating drug abuse from our society.
- To support these Groups in Action and Prevention Programmes aimed at eliminating drug abuse.
- To coordinate the activity of these Groups.
- To provide a unified voice on drug abuse and in making representations to Government and other Agencies.
- To seek guidance from other such National Community bodies in other countries.
- To disseminate up to date information about the prevention of drug abuse among the Groups.
- To ensure that the news media are supplied with accurate information relating to drugs and the community.
- To find ways to help to cope more effectively with their children's exposure to the temptations of drugs.
- To help educate the public and in particular parents and young adults in an appreciation of the drug problem and what steps may be taken to minimise it.
- To help form further local groups and develop an overall community interest and awareness in combating drug abuse.
- To support the activities of those bodies involved in combating drug abuse and in particular, those involved in the rehabilitation of addicts.
- To cooperate with other voluntary groups who are involved in local community activities
- To research new ways for young people to constructively occupy their free time.

Objectives:

- The objectives of the Federation shall be non-political, non-sectarian, and non-violent.

The management structure of CAD was a Council consisting of twelve members. Each affiliated group was entitled to nominate 2-3 members to the Council. The Council met monthly and at these meetings, requests from groups to affiliate were dealt with along with planning campaigns and allocating speakers for communities wishing to set up groups nationwide.

During the early days of CAD, a handbook was prepared to help affiliated groups prepare their strategy for working in their community, this handbook used information Jim Comberton had gathered from organisations such as PRIDE (U.S.) and had put together for use by communities. Included in this handbook were the Aims and Objectives of the Federation along with its Constitution.

The handbook also contained detailed drug information including:

- How to recognise drugs
- Common signs of drug misuse
- Identifying the drug user
- Terms and definitions
- Slang terms for drugs
- Indications of possible misuse: depressants, sedatives, stimulants, opiates, hallucinogens, and delerients
- The drugs of abuse: including names, form, use, signs, and symptoms.

An important portion of the handbook dealt with how to organise your group and prepare your strategy, this part of the handbook detailed the vast amount of work volunteers were taking on if they wished to fulfil the aims of CAD. This section drew on the experiences of the Donaghmede group as an example of best practice while making it clear that each group should work to the needs of its own community. A major factor for CAD's existence was that it provided an alternative to other forms of direct action used by Dublin communities at the time.

The general guidelines for setting up Parents Action Groups were forward thinking and ensured that the group was taken seriously from the start by aligning itself with existing groups in the community. They were 'warned off' organising large meetings, and advised to take each step slowly to maximise the potential of the group and build strong relationships. The most important advice given to affiliated groups was to educate themselves before attempting to educate the community. This was perhaps the strongest tenet of CAD and they accessed training provided by Coolmine Therapeutic Community for voluntary community workers to ensure the correct information was delivered. These training weekends were later to become known as 'CAD Weekends'.

The remainder of the handbook dealt with the parental responsibility required to ensure young people did not get involved in drug use. These sections included information on setting ground rules with teenagers, forming parent groups that would watch out for the telltale signs of drug use, becoming involved in Parent Teacher Organisations and setting curfews for children. Many of these suggestions are obviously from literature developed in the U.S. and Jim Comberton's links with American therapeutic communities and parents organisations made them available to CAD.

The amount of information included in the CAD handbook is enormous by any standard and the attention to detail shows the dedication the compilers had to their task. While Jim Comberton played a vital role in bringing much of the information for parents together, it is important to remember that it was parents themselves, who took on the mammoth task of educating their whole communities on a voluntary basis. This dedication is an example of what can be achieved when an issue has resonance with an otherwise diverse group of people and they work collectively to achieve their aim.

3.1 CAD Weekends

The weekend courses organised by CAD were to provide parents and community workers with information on drugs, training in public speaking and presentation skills to enable them to fulfil their role as educators of other parents and community members. This was an important service that has lasted (albeit in a different format) to the present day.

The training was of a high quality that over the years has brought together professionals, with experience of the drug situation and its attendant issues, as trainers. These professionals included Dr. Des Corrigan (Head of School of Pharmacy, Trinity College, Dublin), Jim Comberton (Coolmine Therapeutic Community), Coolmine Therapeutic Community Family Association, Áine Meagher, Audrey Kilgallon (SRN, Health Advisory Sister, NDATC, Jervis St., and Trinity Court), Dr. Eamonn Keenan (Trinity Court), Mary Forrest (Teen Counselling), Gary Broderick (ATI), Brian Foley (Ballymun Youth Action Project), Paul Delaney (COAIM), Niamh Banks (Counsellor SWAHB) and Joe Merry (Drug Treatment Centre Board). Áine Meagher's role was instrumental during CAD Weekends. Her background in Toastmasters made her the ideal person to provide the sessions on public speaking and presentation skills, skills that were of immense practical benefit to participants.

CAD now offers these courses three times a year for a full day. The participants are now mainly 'new to post' workers in the drug services (voluntary, statutory and community) which reflect the changes in drug service provision over the years. Dr. Des Corrigan has continued to play an invaluable role in this training, while Coolmine Therapeutic Community and their Family Association have been involved for many years with Merchant's Quay Ireland's (MQI) Family Association having become involved in recent years.

3.2 Group Development

The development of new groups that requested affiliation to CAD became a time consuming task for members. Due to the expertise they had amassed during the formation of the Donaghmede group, Willie Sheehan and Áine Meagher became the obvious people to send out to new groups who requested information. This work was voluntary, although expenses were paid, and demanded considerable travel. Members of CAD travelled extensively around Dublin City and County, Leinster, the South East, as far South as Clonakilty and as far West as Co. Mayo.

CAD was committed to its aim of being a National Federation.

Within Dublin City, groups that affiliated to CAD came from the surrounding suburbs; many of these were to be the locations for Local Drug Task Forces years later. It is possible to surmise that the first training in community development and drug issues these groups received was that available through CAD. This being the case, CAD This being the case, CAD can be credited with taking some of the first steps in mobilising an educated community response to an escalating drug problem.

The methods advocated by CAD in their handbook for establishing groups was an example of very effective community development, a small group of people within a community would become recognised as professionals in a particular sphere, in this case drugs. These people were assets to their communities and many continued their community involvement long after CAD as a federation ceased to exist. CAD itself, as an organising body adopted this strategy, and the growing professionalisation of its members led to its change from a federation to an organisation.

3.3 Building a Strong Platform

The Opiate Epidemic peaked in 1983 and then reached a plateau that it held for the next 5 years. Throughout this period, CAD worked tirelessly to achieve its aims and consolidate its position as a strong mobilising force against drugs in society. CAD did not have large financial resources, donations and affiliated members fees were relied on for organisational expenses. What CAD did have was a strong voluntary membership that gave much time and expertise to its continued growth. Grainne Kenny, as CAD's Chairperson, had highly developed networking skills and great ambition that was channelled into CAD while she held office.

The Federation was donated the use of offices in Dublin City Centre by MEPC Ltd. in 1985 (although ownership of the office was later transferred to Don Lay Ltd.) the arrangement with CAD was continued until 1996. The office gave the Federation a focal point for activities and gave volunteers a space to work from, to send information and newsletters out to groups, or to answer calls from concerned parents.

This was a period of great energy within the Federation. A video 'Bands Against Drugs' (BAD) was produced by Bono. Brush Sheils made a huge contribution to the production by contacting a wide array of the most popular performers of the time who agreed to have their videos compiled in the 'BAD' video, some even recorded special messages to be included. Included in the final video that was made available to schools, youth clubs and other groups were: Sting, Bob Geldof, Chris de Burgh, Peter Gabriel, Thompson Twins, Chris Rea, The Pogues, Cactus World News, Bryan Adams, Lou Reid, Joan Baez and Clannad.

During the same period, a fashion show Fashion Against Drugs (FAD) was held to raise money for the work of the Federation. These activities were energising for volunteers, and brought media attention to the drugs issue, although some may have felt they were far removed from the reality of communities living daily with drugs and their associated problems. While the promotional and media work was happening alongside CAD's community development work with parents groups, there were tensions within the federation at this time mainly associated with a waning community interest.

4. The Organisation

In the late 1980's there was a considerable drop off in the numbers of groups affiliated to the Federation. This can be attributed to a number of factors that include:

- an increase in drug services being developed by statutory agencies in response to HIV,
- the opiate epidemic reaching a plateau which took some of the urgency out of the Federations work (especially in areas where drug use and its associated social and economic problems were not so evident),
- Volunteers experiencing the effects of 'burn out', and
- waning media interest in drug issues.

The drug problem had not gone away but a variety of factors converged that culminated in CAD losing group membership. A small number of people within CAD had became recognised professionals in delivering training to new groups, speaking to groups that wished to affiliate, or by being active Council members. These members, recognising that change was needed, yet holding strong to the belief that the work and ethos of CAD was vital to communities decided to continue their work.

CAD was kept going although its membership had waned, and in 1987 the National Federation of Community Action on Drugs became a company limited by guarantee. Liz Corbett ensured the CAD office was fully functional by donating her time two days per week and thus providing a focal point for CAD's activities. Links were strengthened with professionals in the drug field that they had worked with since the early days of CAD, while new links were forged with developing drug services. These links were important as they enabled them to update regularly the information they used with parents groups who requested their input.

During this period CAD were very active although fewer members resourced this activity, and there were many discussions taking place regarding revitalising parents groups that had drifted away from the federation. Organisational records provide a snapshot of this activity; CAD gave talks and conducted training on 49 occasions during 1988. In the same year, CAD organised for the Life Education Centre Mobile Unit to be brought on a weeklong tour of Dublin. This was a popular event. While used by schoolchildren during school hours, parents were given the opportunity to experience the programme during the evenings.

The volunteers knew the drug situation was not going to go away and they were determined to be ready when the need arose. During this time CAD still relied on donations and small amounts of funding through statutory channels, accessing funds and applying for grants took considerable time and success was due to the volunteers diligence and the contacts they had collectively built up over the years.

We can see from this phase of CADs development that it was beginning to go through a period of 'professionalisation'. This occurs when social movement organisations, such as CAD begin to formalise in order to maintain the organisation during times of slow mobilisation. (Staggenberg, 1988) Rather than allowing the organisation to disband fully as membership falls, or issues become less urgent a small number of people involved see a benefit in the organisations continuance.

Often professionalisation is viewed in negative terms by community organisations yet it is probably more accurate to view it as having both positive and negative effects. The organisation may change drastically from what it was before yet if it secures reliable funding for its work it can still be a provider of vital services. In the case of CAD its services did not change drastically rather, it focused more intently on its initial aim and devised new methods of delivering on that aim. On a more negative note, professionalisation in an organisation requires maintenance and although funding may be available for staff and projects, a considerable amount of time must be devoted to funding considerations. While CAD had not yet been able to secure ongoing funding from a statutory body there was hope for this in the near future as the Government Strategy to Prevent Drug Misuse advocated support for organisations such as CAD.

The early 1990's saw the emergence of Ecstasy on the drug scene in Ireland and heroin use rose sharply again. Calls began coming into the office from parents requesting support and community workers requesting training. At this stage, CAD was a recognised drug prevention organisation and respected by drug services in Ireland. In 1992, CAD was invited to take part in the organisation of the first European Drug Prevention Week co-ordinated by a steering group based in the Dept. of Health.

In 1992, Bernie McDonnell was appointed Co-ordinator of CAD. While CAD had staff before, this was the first paid position created in the organisation where the future development of the organisation was part of the positions brief. CAD still relied on volunteers for working in the office, answering helpline queries from concerned parents, working as speakers and trainers for groups when requested, and being active directors in the organisation.

Bernie's appointment is of interest as she had been involved with CAD as a volunteer since 1984. She was trained initially, on one of the community training weekends held in Coolmine Lodge and worked in her community, voluntarily, as a parent providing education and information to other parents. Later she was elected to the Council of CAD and subsequently she became a director of CAD. Bernie is what can be termed a professional activist in that she was very involved in the professionalisation of the organisation yet she was an active volunteer in the organisation rather than a career professional coming from outside it. (Saggenberg, 1988) This has significance for how CAD has developed over the years most obviously, in how close CAD has been able to stay to its roots: an organisation committed to training parents to prevent drug use.

On her appointment as co-ordinator of CAD, one of Bernie's first tasks was to initiate a restructuring process that would enable CAD to make the transition from a federation of community groups into an organisation providing a range of drug education programmes for parents/guardians and community workers. This work included the development of a five year plan for the organisation and a review of the company's Articles of Association in conjunction with the management team, this culminated in the changing of CAD's name from 'Community Action on Drugs' to 'Community Awareness of Drugs' in 1993.

The review of the Articles of Association was an important undertaking as it effectively drew a line under the work of CAD as a federation and led the way for the development of CAD as it exists today. The aims and objectives of the organisation, as described in their Mission Statement are as follows:

All CAD services aim:

- To reduce the demand for drugs;

- To enable parents, carers and young people to make informed decisions concerning substance use and misuse;
- To promote healthy attitudes regarding the use of legal and illegal substances which cause family and community problems;
- To help parents and carers reduce the risk of their children or their partners becoming involved in problematic substance misuse.

CADs principal objectives are:

- To provide accurate, balanced information on drug use, the effects, legal status and signs and symptoms of use;
- To advise parents and carers of appropriate ways to respond to problems related to their children's or partner's use of drugs;
- To provide high quality drug education programmes and tailored training to community workers and volunteers;
- To make all our services as accessible as possible to anyone who requires them;
- To continue to contribute to the development of the drugs education sector at home and abroad.

In developing this new set of aims and objectives for the organisation CAD were courageous in changing the organisation from one that appeared firmly rooted in an abstention model, to one that recognises and utilises a wide range of theoretical approaches to drug use and addiction in its work.

Funding

In 1996 CAD were required to move premises this move would entail an increase in rental costs that the organisation would not be able to meet without increased funding. Negotiations by CAD, with what was then the Eastern Health Board, based on documented evidence of the work CAD had undertaken up to this point and the potential the organisation had in continuing its work with parents and community workers, led to additional funding being granted. The support for CAD, shown by the Eastern Health Board and subsequently by the HSE, has enabled the organisation to continue to build on the work it began 25 years ago.

CAD are currently in receipt of ongoing funding from two sources, the Health Service Executive (HSE) provides funding under Section 39 (formerly Section 65), and more recently the South Inner City Local Drugs Task Force recognised CAD within its 'Emerging Needs' budget and funds the employment of two part-time CAD Tutors and part funds the position of Development Officer.

Over the years as a federation, and as an organisation, CAD was reliant on relatively small amounts of funding from a variety of sources including Government Departments, National Lottery funds, private sector donations and 'not for profit' course fees, the following is a list of past and present funders:

HSE/South Western Area

SICLDTF/Emerging Needs Initiative

Dept. of Social and Family Affairs

British Embassy

National Lottery

Health Promotion Unit

People in Need Trust

Comhairle

Dept. of Health

Anonymous donation from a charitable trust

Ireland Fund

Leargas

St. Stephen's Green Trust

Willington CAD

PRIDE U.S.

North Dublin City & County Regional Drug Task Force

Dept. of Community, Rural and Gaeltacht Affairs

North West RDTF/Leitrim Community Forum

County Dublin VEC

Vodafone

'Not for profit' Course Fees

Donations

Patronage

President Mary McAleese is the sole patron of CAD. Over the years CAD have been welcomed at Áras an Uachtarán on three occasions, including visits to mark the 100th and 200th Family Focus programmes to which participants from these programmes were also invited. Events such as these are a tremendous honour for a small voluntary organisation such as CAD and the communities they work with.

In the past, as a federation of community groups CAD was fortunate to have as its patrons:

Barry Desmond T.D. Minister for Health and Social Welfare
Joan Fitzgerald
Dr. Rory O'Hanlon, Fianna Fail spokesman on Health
Dr. Michael G. Kelly M.A., M.D., R.C.Psych. D.P.M.
Gemma Hussey T.D. Minister for Education
Maurice A. Buckley

European Drug Prevention Week

CAD have shown an ongoing commitment to ensuring European Drug Prevention Week (EDPW) is recognised in Ireland and have used it as an effective tool for community mobilisation on the drug issue. An example of this is an initiative developed by Leixlip CAD in the early 1990's, the Margaret Kinsella Memmorial Trophy for an annual inter-school debating competition was launched. Drug related motions were debated by local schools to resounding success, the competition was continued for a number of years. (Author's interview, Alice Gallagher, 2008) In 1998, Ayrfield CAD decided to run a similar competition with Secondary schools in the Dublin 5 area. Over a number of weeks second year pupils debated drug related motions, culminating in a final held during EDPW. These initiatives proved very popular with the young people taking part, and CAD is currently considering the possibility of resuming the debating competitions in a bid to cultivate interest in drug issues among young people.

4.1 Family Focus – Drug Education for Parents

During 1992 Bernie McDonnell and Marion Foster, who was then Chairperson of CAD, travelled to The Hague to attend a seminar in conjunction with European Drug Prevention Week. On their return journey, energised by what they had experienced, they discussed the possibility of CAD producing a multi-session training programme for parents in drug prevention. Marion played a vital role in the development of the idea that was to become CADs *Parenting for Prevention Drug Education Programme*. Bernie McDonnell and Liz Corbett, a director of CAD who worked closely with Bernie in the office, developed the final programme. Liz later became Chairperson of CAD.

The original concept for the *Parenting for Prevention* programme was launched in 1992 at the Mansion House during European Drug Prevention Week, and was piloted successfully at local community level in 1993 and continues to be CADs primary service. CAD are in the process of updating this programme and are changing the name from *Parenting for Prevention to Family Focus – Drug Education for Parents (Family Focus* will be used when describing this programme, where appropriate, in the remainder of this document), this name is more user friendly and is more likely to be remembered by contacts.

It is a six-session programme that promotes the role of the parent in reducing the demand for drugs. The stated objectives of the programme are to provide participants with an opportunity to:

- update drugs related information,
- explore attitudes and decisions related to drugs and,
- develop a family orientated drug prevention strategy.

The programme is delivered from a health-promoting standpoint and was developed from the perspective of Primary Prevention i.e. to prevent the onset of a substance related problem. Since this programme was piloted in 1993, it has been successfully delivered to over 3,200 parents.

The first evaluation of Family Focus took place on October 18th, 1994 during European Drug Prevention Week and 57% of participants who had completed Phase 1 of the pilot programme participated. The evaluation findings show that,

- 94.8% of participants felt they could more quickly identify the signs and symptoms of early drug misuse.
- 97.4% now felt more confident to speak on drug issues to their immediate family.
- 82% felt confident enough to speak on drug issues to a member of their extended family.
- 28.2% of participants felt that they would have liked more information on H.I.V. and Heroin.

(Phase 1 *Evaluation Family Focus*, CAD, 1994)

CAD has continuously evaluated Family Focus with participants, and over the years has engaged past participants in research in order to ensure the programme develops in accordance with participants needs.

Family Focus is a model of best practice recognised in both Ireland and Europe. It has been selected for inclusion in the Exchange on Drug Demand Reduction Action (EDDRA), the multi-lingual online information system and data collection tool on best practice in responding to drug use in the EU, attached to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

The programme meets the criteria for recommended principles of best practice in parenting education based on the outcome of the conference 'Towards Best Practice in Parenting Education' that was held in Ireland in 1999. The established criteria are as follows,

- the values and principles of the programme are clearly stated;
- the aims and objectives are explicit and clearly measureable;
- the programme is relevant to the needs of parents, the stage of parenting, the developmental stage of children, the social and cultural context of parenting;
- the programme was planned in cooperation with parents/carers;
- the existing skills, experience and knowledge of parents is built on;
- the programme is delivered in a style which is relevant to all parents/carers, male and female, fathers and mothers;

- the significant effects that children bring to the lives of parents/carers is recognised in addition to the effects parents/carers have on children;
- the diverse family patterns are acknowledged and respected;
- the cultural diversity is acknowledged, respected and informs the development and delivery of programmes in order to promote inclusiveness;
- The programmes' effectiveness is constantly monitored and recorded with parents/carers (and children) participating in the process.

(McDonnell, B., 'Supporting Drug Prevention: An Irish Perspective', 2000)

Tables 4.1.1 and 4.1.2 show the number of parents who have taken part in the six-session Family Focus drug education programme by Local Drugs Task Force (LDTF) and Regional Drugs Task Force (RDTF) area. These tables show the vital role CAD has played educating parents and community workers in the areas that have experienced the full force of problematic drug use, and those in the early stages of co-ordinating service provision and documenting levels of drug use. Prior to LDTFs and RDTFs being developed, CAD was working in these communities and through its prevention programmes was educating local people. Many people who
became representatives of their communities on LDTFs and RDTFs received their initial drug awareness training through CAD.

Table 4.1. 1 Number of Participants by LDTF Area

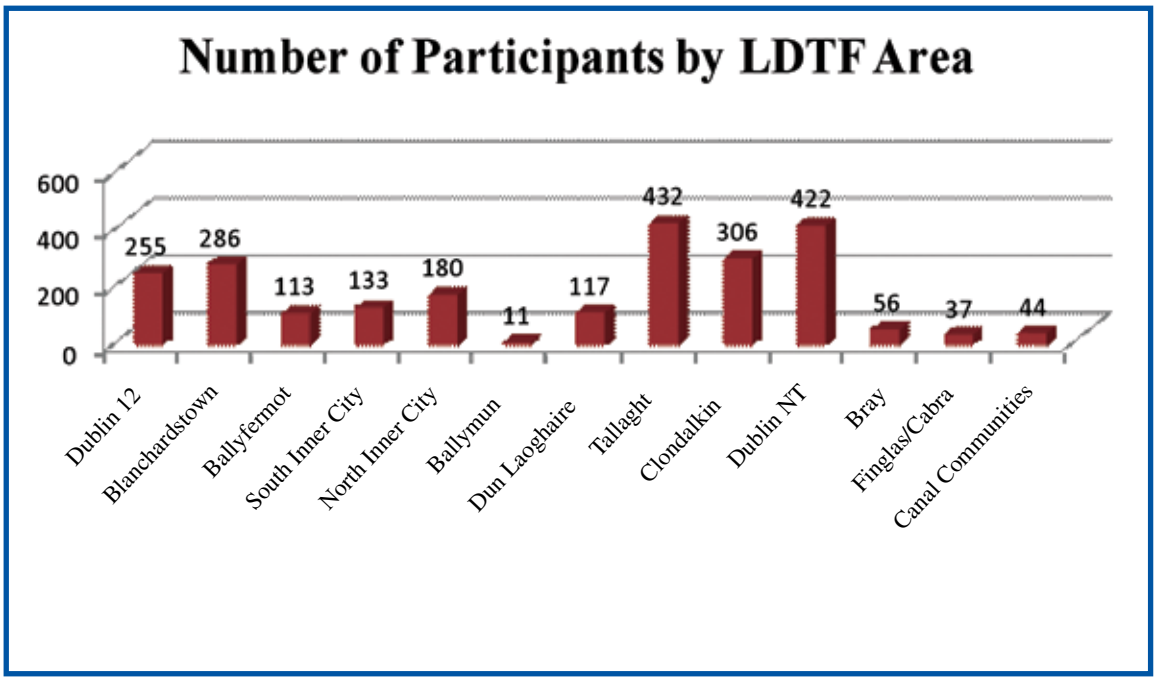
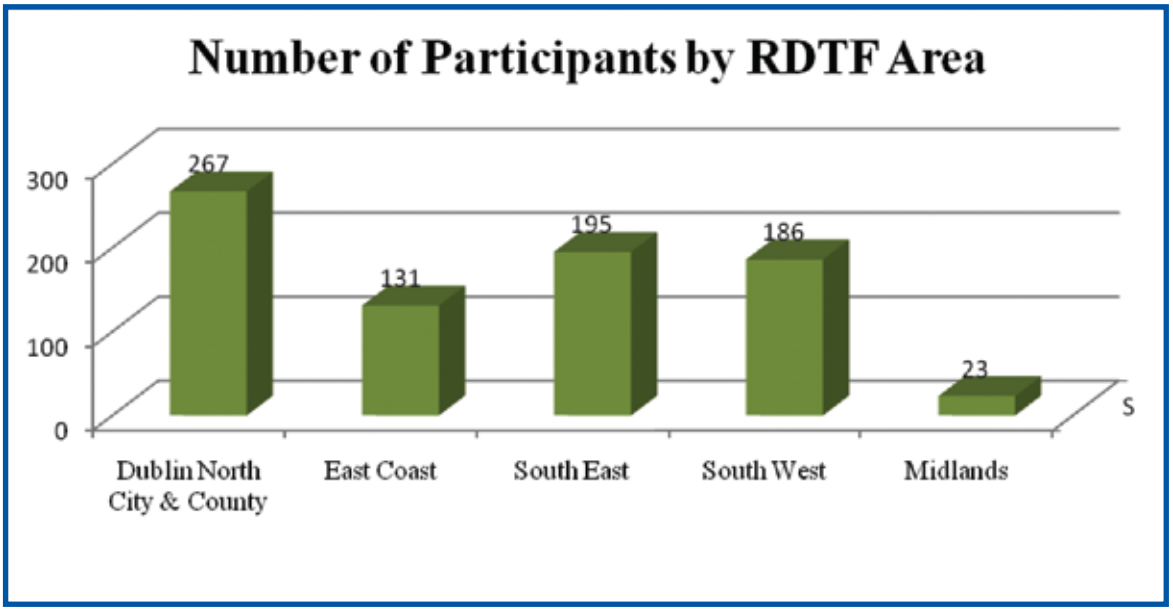


Table 4.1.2 Number of Participants by RDTF Area



Blanchardstown in Dublin, where over 250 parents have taken part in Family Focus to date, is an example of where CAD has been involved in training parents and community workers who have subsequently played a vital role as community representatives on LDTFs and RDTFs. In 1993 CAD were asked by a local parents support group to train them in the Family Focus programme, at the time they were the only service focused on training parents. A local group that formed around the same time, Greater Blanchardstown Response to Drugs (GBRD) took part in CADs weekend training for parents and voluntary community workers. Members of GBRD have played an active role in the Blanchardstown LDTF, Regional Drugs Task Forces, local drug services and family support services.

CAD has always relied on 'word of mouth' recommendation of their services and the numbers trained in Blanchardstown are a testament to the relevance of Family Focus to parents.

The communities in Tallaght have also benefitted from Family Focus with over 400 parents trained since the programme began. A relationship between CAD and Tallaght was formed in the early 1990's and has been built on ever since. It began with a second level school seeking training for new teachers that would provide them with an understanding of drug issues and drug use. CAD was contacted, and the teachers took part in one of their weekend courses for parents and community workers. To this day teachers from the area are regular participants on Education Days for new to post workers.

When CAD developed Family Focus, the Home School and Community Liaison Officer (HSCLO) working in Jobstown, who had first-hand experience of CADs training, actively sought it. This was a major factor in getting parents involved in the programme. During the course of providing Family Focus in Tallaght, a local woman, Lil Doyle, began training with CAD to deliver the programme. This had a huge effect on participation in the area, where local pride was taken in her achievement. (Author's interview with Ursula Nolan, HSCLO, 2008) Lil delivered the programme, on a voluntary basis, for a number of years until work commitments forced her to cease; she was subsequently co-opted onto the CAD Board of Directors during the Year of the Volunteer in 2001. CAD has provided Family Focus 193 times in 13 Local Drugs Task Force Areas training a total of 2392 individuals, and 55 times in 5 Regional Drugs Task Force areas training 802 individuals. (CAD, 2008)

Focus Groups

For the purposes of this review, CAD invited parents who had taken part in *Family Focus* to attend a workshop to assess what the programme meant to them and whether it had any obvious effects on their family or community life. The responses from the parents were telling in that they all felt the programme was as relevant today as it was in 1993. Those who took part spanned the 15-year lifetime of *Family Focus* some had taken part during the very first years of the programme, while others had completed the programme just weeks before.

Parents have given a number of reasons for taking part in the programme:

- The *Family Focus* programme was available, and participants were either made aware of its existence (usually through involvement in schools, the HSCLOs being the main source of this information), or they sought it as a group who were concerned about drug use in their community.
- Age of children, many parents took part prior to their children reaching adolescence or when they were about to begin second level education.
- Drug use had become an issue within the family.
- Drug use was evident in their communities.
- Personal experience of drug issues in their communities while growing up in the 1980's and 1990's.

What the parents got from the programme was very evident to them:

- They received information they did not already have and this information made them aware of potential situations and the actions they could take if necessary.
- Tools for positive parenting and effective communication, these were considered especially useful when children became teenagers.
- The majority of parents commented on the section of the programme dealing with drugs in the home as being extremely useful and remarked on how it 'opened their eyes'.
- Links were forged with other parents who took part, and a concerted effort was made to look out for each other's children and to approach other parents if there was reason to believe their child was involved in drug use.

The responses of parents to *Family Focus* have been overwhelmingly positive. The information received has proven to be a shared resource within communities either, in the form of parents becoming involved in the drug issue at community level or, through the sharing of information contained in the folder each parent has collected by the end of the programme. It was also evident from the responses that participation in the programme did not end with the last session, many participants continue to have a relationship with CAD that is encouraged by Tutors: participants are invited to contact CAD if they are having trouble, and all past participants are invited to bi-annual Update days. The Update days regularly achieve more than 200 participants.

CAD recently completed an evaluation of Family Focus providing a detailed analysis of a sample of participant evaluation information. The evaluation findings reinforce the evidence obtained from focus group meetings of past participants, and interviews conducted for this review. The CAD evaluation analysis is presented here in its entirety.

CAD Evaluation of *Family Focus*

Having delivered over 240 parenting for prevention programmes since 1993 and as plans are underway to launch the updated *Family Focus* programme, the staff of Community Awareness of Drugs looked back on past participants end of programme feedback to see how they felt having completed the programme.

Using a sample of feedback of 15 programmes totalling 162 participants, the analysis attempted to identify key groupings of recurrent themes in the feedback using a factor analysis method based on the Technology of Participation © (ToP) method approved by the International Association of Facilitators. This process involved four CAD workers reading over each feedback and attempting to identify recurrent themes. Having four different evaluations of the feedback effectively triangulated the data thus providing a rigorous and uniform evaluation of the data. On completing this basic analysis the data was grouped together using the ToP © method of factor analysis.

Parenting for Prevention Programme Analysis

Recurrent Themes

A group brainstorming session was facilitated by CAD Development Officer using raw data obtained from each staff member's observations on the individual feedback sheets. By using the Technology of Participation method the major themes which appeared to be occurring again and again were themes relating to: information; the enjoyability/interesting nature of course/professional facilitation, the acquisition of new skills sets and finally themes relating to a sense of group/communal support.

Information

"It is good to know what is out there, to be able to recognise the drugs and to identify the effects/symptoms"

This was by far the most consistent finding on completion of the analysis of the data. It is quite remarkable to note that in filling out their end of programme feedback over 80 of 162 participants used the word "informative". Other similar terms such as "I have a better knowledge of what's out there now" and "I now know where to go should I ever need help" demonstrate a very clear trend in the nature of the feedback received, especially with regard to the amount of information transmitted throughout the programme.

Additional comments received which were grouped under the 'information' category, included many comments regarding the opportunity for self-reflection and the exploration of attitudes towards substances.

Acquiring New Valuable Skills

" I feel I would be more able to cope in the future if a problem about drugs came up"

A skill can be loosely defined as 'ability acquired by specialist training'. A thematic group identified as a result of this process was that many of the feedback referred to an new or increased confidence in ability to communicate more effectively with family members (particularly youth). Feedback from the participants also made reference to enhanced parenting skills, dealing with situations in a constructive manner, and an increased ability to recognise signs and symptoms of drugs use or potential dangers within the home.

An Enjoyable Experience, Professionally Facilitated

"the tutor was very good at explaining the issues and gives everyone a chance to give their opinion"

"the facilitator was inspiring and I thoroughly enjoyed every week"

An extremely common occurrence in the sample of participant feedback which were analysed was the extraordinarily high regard in which the tutors were held. Over sixty of the participants named and thanked the tutor specifically and many more referred to how well the course was run/structured. Allied to this was the overall experience of many of the participants was on the whole extremely positive. There were no regrets over doing the course expressed in the feedback sheets and many made comments as to the use of stories and scenarios with the course as being especially helpful memorable and enjoyable.

Support and Cohesiveness

"It's good to know you're not alone"

The final category of comments which was presented as a result of this analysis were those around feelings of support gained through the course as a result of the group processes and the information gleaned from the course. Many participants' feedback sheets expressed regret at the course ending but a feeling of not being alone. There were a few comments made in the feedback about a feeling of the 'community coming together. There were multiple expressions of an awareness of support structures that are available to those seeking help.

Other information

At the outset of this minor evaluation of the Parenting for Prevention programme it was recognised that not all of the comments received would easily fit into discrete categories. As such those evaluating the data were asked to note any exceptions or interesting aspects that arose as a result of reading the 162 evaluations. Outlined below are some of the key areas that deserved mention but were not included in the recurrent themes section of the analysis.

Length of course

There were two comments made as to the length of the course. One participant recommended that the course be one extra session long and another that it should be one shorter. Whilst it was acknowledged that these comments had merit it was also recognised that these comments were the exception and not the rule. From this it could be concluded that the parenting for prevention course is pitched at a near perfect length at present.

Additional Courses/Progression

A small percentage of the participant feedback related to progression routes or additional courses. Facilitators would have provided information on such issues. There is no systematic follow up on progression routes from the Parenting for Prevention programme at present.

Attitudes towards legal drugs

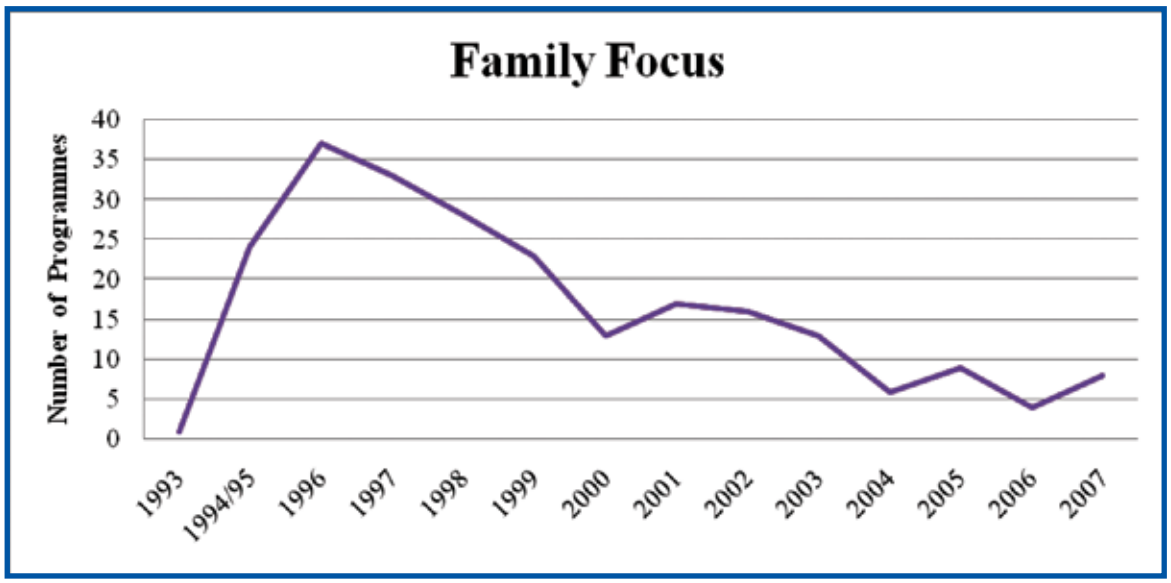
Whilst there were a small number of comments made within the data about personal attitudes to licit substances this was lower than expected. Through our group discussion it was thought that comments such as 'this course was an eye-opener', may have reflected a certain amount of shifting in personal attitudes.

(CAD Evaluation of *Parenting for Prevention (Family Focus)*, 2008)

For CAD, the Family Focus programme is one that is continually evolving. The information contained in the programme is updated regularly through their contact with parents, and discussion with Dr. Des Corrigan on the latest drugs research. Staff member's involvement in LDTFs, RDTFs, and relevant forums such as the Drug Education Workers Forum (DEWF), and their attendance at conferences and seminars on drug issues both nationally and internationally all ensure that the latest information is available to parents taking part in the programme.

Since 1993, Family Focus has been the primary service offered by CAD, there has however been a considerable drop off in the number of courses being requested in communities over the years. As Table 4.1.3 below shows, there was considerable growth in the number of programmes delivered from the piloting of the programme in 1993 until 1999. From 2000 – 2003 the number of programmes presented dropped significantly and from 2003 the number fell dramatically.

Table 4.1.3 Nos. of Programmes Delivered by Year



Reasons behind downturn

In recent years, Irish society has enjoyed unrivalled economic success. A downside to that success has been that as members of this society we have become 'time poor'. Where once it was possible for people to take part in community activities in the evenings or during school hours, work commitments have made this increasingly difficult in recent years. This has definitely been a factor in the lower participation rates in *Family Focus*. Another factor has been the accelerated growth in local drugs services fuelled by Government policy and resource allocation that included the establishment of LDTFs and RDTFs. Many local drugs services now offer prevention and education initiatives aimed at parents and in some instances parents opted for single session drug awareness instead of the longer multi-session programme from CAD.

CAD has built up very strong links with Home School and Community Liaison Officers over the years and these are often the people who organise groups for *Family Focus*. During the course of this review, a number of HSCLOs have been interviewed regarding their experience with *Family Focus*. All of those interviewed were struck by the effect the programme had on parents, often parents would tell them they felt 'transformed' after taking part. The group cohesion and bonding that was achieved during the programme was attributed to the skills of the tutors, past and present, and played a significant role in keeping participants engaged and eager to learn. They were adamant that the programme content and delivery were not factors in the downturn in numbers participating, there were other factors, including those described above, that were affecting participation in training organised by HSCLOs. These were:

- In areas where *Family Focus* had been available for many years, the 'leader parents' had participated and then continued on to further education and training. These parents would have been the ones most involved in the school, and they would have played a crucial role in engaging support at local level for the programme.
- When parents are approached about participating in the programme many feel they have already 'been there, done that'. This is related to the fact that there are so many training opportunities available in communities now, not just those related to substance misuse.
- Local services may provide a similar service that is free of charge, school budgets are tight and any service without cost is a bonus.

Based on interviews with Staff, Directors, HSCLOs, and Community Workers, a number of recommendations to increase participation in *Family Focus* have been formulated:

- Continue the practice of promotional visits to communities, visiting parents associations, and providing an overview of the programme.
- Shorten the length of the programme or provide it in a different format e.g. a short daily session spread over two weeks may make the programme more accessible.
- Look for further opportunities to incorporate the programme in longer programmes. (CAD is currently working with the HSE on an 11-week training programme 'Drug Awareness and Healthy living' due to commence in September 2008. CADs Family Focus six-session programme will be incorporated in the 11-week programme.)

- Continue to tailor courses specifically to the needs of participants.
- Meet with LDTFs and RDTFs regarding possible block booking of the *Family Focus* programme in areas where there is no comparable programme in existence.
- Train people to use the programme and then release it nationwide, or put in place Regional Tutors for dissemination of the programme.
- Continue to provide the programme in areas with limited service provision. CAD has an abundance of experience and expertise to offer communities who are starting to look at drug issues, a number of interviewees believe this is an advantageous use of their resources.
- Target training at members of family support groups. CAD are extremely well placed and experienced in providing drug education to people who have no prior drug education experience, most parents who attend family support groups fall into this category. Interest has been shown by Family Support Groups to engage CAD in this process.

Community workers, parents, HSCLOs and CAD themselves are all in agreement that *Family Focus* is and will continue to be a valuable drug prevention programme that reaches beyond the homes of the parents who participate in it. All also agree that once participants commit to the programme they enjoy it immensely, feel tremendous personal satisfaction, and a heightened sense of the importance of their role as parents, on completion. Findings from the Flash Eurobarometer: Young People & Drugs among 15 – 24 year olds are also indicative of the need for parental drug education as over 40% of young people in Ireland said they would go to their parents for help and advice on drug issues. (Flash Eurobarometer 233, 2008)

Figures available for 2007 have shown an increase in the participation rates for *Family Focus*, and 2008 is set to build on this. Up until 2007, Bernie McDonnell, Liz Corbett and a small number of voluntary tutors, delivered the programme. Prospective tutors for the programme were recruited from participants and trained in the programmes delivery. A number of dedicated volunteers trained and became tutors with CAD, many continued for a number of years until family or work obligations prevented them from continuing. The employment of two part-time Tutors and a Development Officer by CAD has removed the voluntary element from the *Family Focus* programme. After a number of years' experience of a downturn in participation rates CAD would expect to see increases over the coming years as these workers strengthen existing links in communities and make new ones. In conjunction with the implementation of the recommendations formulated from the review process, there is no reason to believe the *Family Focus* programme will not be as positive an experience for a new generation of parents as it has for the old. As remarked by Philip Keegan, Greater Blanchardstown Response to Drugs (GBRD), a community worker with 15 years experience in the area of family support,

"Families, parents don't really change, it's the same questions they're asking and the same stigma they're facing".

4.2 CAD and Social, Personal and Health Education (SPHE)

During the interview, process a number of drug service workers commented on the role CAD could play in the parents' dimension of SPHE, including the development of schools drug policy. While this is an area CAD has been involved in, there appears to be larger role for an organisation such as CAD.

SPHE at primary level includes parents in once off talks to gain their support for the programme their children are about to begin but this is the extent of their parental involvement. While individual schools may offer parents a more detailed course such as CADs *Family Focus* this is not part of SPHE policy. In general, at primary level it is felt that substance misuse should be an element within the general framework of a 'Parenting Skills' course rather than offered as a lone course. This would go some way to ensure that parents were receiving information and support on multiple parenting issues rather than focusing on one. (Author's interview, Mary Johnston, Walk Tall Co-ordinator, 2008)

Outside of the school setting, in particular in relation to SPHE at post primary level (On My Own Two Feet) there would appear to be a general lack of awareness regarding what the programme is and what it hopes to achieve. This is evident from discussions parents participating in *Family Focus* have had with CAD tutors. These parents often remark that SPHE is 'not working' or is 'not being done' in second level schools. (Focus Group Meetings, *Family Focus*, 2008)

Inter-agency Project Advisory Group (IPAG)

Over the years, SPHE is something CAD has endeavoured to support, and as part of her M. Sc. in Drug & Alcohol Policy, Bernie McDonnell undertook an Action Research study: 'An Inter-Agency Approach to Forge Closer Links Between School and Parent Drug Education Programmes'. For the purposes of this study an inter-agency co-operative enquiry group (ICEG) was established whose aim was to 'develop an effective and sustainable training programme for additional parental education programme deliverers, such as CAD Tutors' (McDonnell, p.3) The second part of this research was concerned with mapping existing parental drug education programmes in Ireland. At the end of the ICEG action research process those involved acknowledged the need for wider dissemination of drug education and awareness programmes, particularly for parents and carers. (CAD Annual report, 2002) This was in line with current Irish drug policy as outlined in the National Drug Strategy 2001-2008, where actions 34, 35 and 42 refer directly to parents:

> Action 34: .....Furthermore , schools should encourage the participation of parents in such programmes (SPHE), where appropriate. In particular, mechanisms for engaging the parents of at-risk children in programmes should be examined with a view to establishing models of best practice.
>
> Action 35: To ensure parents have access to factual preventative materials which also encourage them to discuss the issues of coping with drugs and drug misuse with their children.
>
> Action 42: .....The programmes should also include the development of initiatives aimed at equipping parents of at risk children with the skills to assist their children to resist drug use or make informed choices about their health, personal lives and social development.
>
> (Building on Experience: National Drugs Strategy, 2001)

The inter-agency group suggested the formation of a more permanent advisory group (IPAG) to continue working with CAD and assist with designing and piloting of the new training programme that was to train tutors to use CADs Family Focus programme. CAD were to take responsibility for the day-to-day running of the project (recruitment, monitoring, securing funding), IPAG agreed to meet on a monthly basis. (CAD Annual Report, 2002)

IPAG agreed that there was a need to develop a closer links between school-based and parental drug education programmes and agreed that the way to achieve this was by establishing a sustainable method of training and retraining additional parental drug education programme deliverers. (CAD Annual Report, 2002) The aims of the group were clear, the membership of the group included CAD, HSE Education Officers, SPHE Support Officers, Crosscare and Aontas, yet no pilot funding was available for the project.

The group continued to meet throughout 2002 and 2003. They worked on the general structure and required elements for a pilot programme and made attempts at accessing funding. In August 2003 CAD were contacted by drug Education Officers from the East Coast area Health Board and invited to meet with the Co-ordinator of the Dun Laoghaire/Rathdown LDTF who were working on an initiative similar to that of IPAG. The apparent opportunity here to pilot the IPAG training project was not realised due to time constraints, lack of resources and questions on CADs part regarding the sustainability of the project.

By the end of 2004 CAD had managed to produce a draft manual for parental drug education deliverers based on their Family Focus programme, IPAG members did not have a chance to review it before year end.

At this stage the IPAG process had been dogged by a lack of funding for a pilot programme, and general disinterest in their proposed programme at local level (although there appeared to be interest at national policy level), this was also a difficult period for IPAG membership due to members illness and general unavailability at the time. The people involved in IPAG were not new to the drugs sector, they had many years experience between them and were attempting to put in place a project that would fulfil a number of actions within the National Drug Strategy 2001-2008. The IPAG project did not manage to get off the ground, and by mid 2005 IPAG meetings had ceased and CAD endeavoured to continue its inter-agency work through the Drug education Workers Forum (DEWF). For CAD there has always been a sense of 'missed opportunity' in relation to IPAG, and a sadness that the level of learning achieved by the inter-agency group had not had the chance to be fully utilised.

From discussions with Supt. Barry O'Brien, Chairman of the NDST and Kevin Shortall Regional Development Officer SPHE Post Primary it is evident that the learning achieved by CAD and IPAG is not lost and now could be the perfect time to revitalise the group and refocus its activity. Both Kevin Shortall and Supt. Barry O'Brien acknowledge that SPHE has not been as successful as was hoped when first introduced, and agree that its success lies in the reinforcement of the programme outside of the school walls: in families, community, social networks and sports clubs, the socialisation networks young people belong to. Kevin also believes there is something else missing from the programme and that is an awareness among parents as to what SPHE is and what it means to have SPHE in a school. He believes parental awareness, of SPHE, must be heightened and perceptions changed if the programme is ever going to fulfil its potential. This is where CAD and IPAG may have a role to play.

CAD have 25 years of experience educating parents in drug awareness and this continues to be one of their key services. They have built up considerable links in communities during this time and their tutors are well respected and trusted by course participants, this makes them particularly well placed to provide awareness raising information regarding SPHE and work to shift parental perceptions of the programme from negative to positive. The involvement of IPAG would allow CAD to proceed with the project they were working on together and complete the draft Training Manual for parental drug education deliverers. The main change being suggested, for the programme devised by CAD and IPAG, would be changing it from one where tutors were trained in the delivery of the *Family Focus* programme, to one where groups of parents were trained to become informal peer educators.

Informal Peer Education is being suggested for a number of reasons:

- The large numbers of parents/carers who need to be included in an awareness raising programme,
- The national focus of such an awareness raising campaign,
- The overall benefits accrued from the timely commencement of the programme and,
- The evidence from past participants of CADs *Family Focus* programme that information provided by CAD is consistently, shared on an informal basis among parents and within communities.

By using the *Family Focus* programme as part of this training, including information on SPHE designed to raise awareness and cultivate positive perceptions, it would be possible for CAD to strategically target parents/carers with strong peer networks, train them and support them for the duration of the project.

It would appear that CAD have a number of options in relation to parental education and SPHE at both Primary and Post Primary level,

- Developing and piloting an informal parental peer education programme, aimed at training and supporting a group of parents to informally educate other parents regarding drug issues and the SPHE programme in general in order to raise awareness and increase the possibility of the learning achieved through SPHE being reinforced in the family and community.

- Within its *Family Focus* programme CAD could further develop the section that deals exclusively with SPHE. The aim here would be to reinforce the learning achieved through SPHE in the family and community, and assist in creating a positive awareness of the programme.

- CAD could also have an advocacy role, bringing parental concerns regarding the programme to the attention of the SPHE co-ordinators at Primary and Secondary level. This could potentially develop into a partnership arrangement with parents, schools, and the Dept. of Education to ensure the full exposure of all students to the programme, and therefore ensuring the programme reaches its full potential.

CAD, have the experience and expertise available within their staff to provide all of these initiatives in relation to strengthening SPHE. Through their work with IPAG they have shown that they are capable of harnessing the support of an inter-agency group who see the potential of this work, what is required is financial support to realise this potential.

4.3 Single Sessions

CAD has always offered single-session information talks. These began when as a federation of community groups, Áine Meagher and Willie Sheehan travelled up and down the country to talk to newly formed community groups. These talks would usually lead to members of the groups attending the CAD Weekend training for parents and voluntary community workers. This format continues to be provided for groups (the majority outside the Leinster area), who are interested in setting up a drug awareness group locally, and culminates in members attending the Education Days on drug issues and experiences. Within the Leinster area where CAD offers *Family Focus*, single-sessions have been used to engage interest in the multi-session programme. This form of 'advertising' has worked well in the past with the majority of communities experiencing a single session information event requesting the multi-session *Family Focus* programme.

More recently, CAD have been responding to requests for single-session drug information talks on a more frequent basis, without the attending request for the multi-session programme. The rise in the number of these requests can be linked to the reason given for the reduced demand for *Family Focus*: as a society, we have become 'time poor'.

During interviews for the purposes of this review, respondents had mixed views on the merits of single-session drug information talks. Many of these views stem from guidelines associated with providing drug education for young people where single-session talks are not considered beneficial, there is no evidence to suggest this is the case for adults. Some, who provided drug awareness and prevention programmes were keen to advise pushing for for the multi-session programme as they felt most benefit could be derived from these especially in relation to support for individuals.

It is in relation to the issue of support that CAD need to examine their role in providing single-session information talks. The main comments made by participants of *Family Focus* relate to the information given, the supportive environment created by the Tutor, and the high level of support participants felt they received from the tutor. On its multi-session programmes CAD builds lasting relationships with those who participate, this is not likely to be achieved during single-sessions.

The parenting aspect of the multi-session programme is often what parents are referring to when they speak of support; Tutors handle this element sensitively. The communication tools provided, and information acquired by parents was referred to by past participants, some who had participated over 10 years previously.

This said however, and taking into account the lack of time parents have to spend on this type of educational endeavour, there is nothing to say that the single-sessions do not also have a positive effect on participants although it will relate to information acquired rather than support. We can also assume that parents may have engaged in a parenting course in the past, considering the plethora of courses available in communities today, or that they consider their parenting skills adequate and wish to improve their knowledge on the subject of drugs.

The most important factor to remember in this discussion is that the two types of session offered are distinct from one another and they are both available to communities that require them. This affords communities the power to decide which is best suited to their needs at that time. An example of this occurred in Lusk, Co. Dublin recently when the local Community Development group Lusca Beo, invited CAD for a single session talk, the aim being to run *Family Focus* afterwards for people involved in a community-mentoring programme. A very small number of

local people attended yet CAD went ahead with the information session. Afterwards the organisers spoke with people about some of the issues raised by CAD, most notably the information relating to drugs in the household. This sparked an interest in Family Focus and 20 people signed up to take part. This is an example of CAD and a community working together, the community workers excising a kernel of information that they know will be of interest to local people and getting the information to them. (Author's interview with Rosemary Dwyer, Lusca Beo, 2008)

Single-session drug information talks may not always lead to a Family Focus programme being organised in a community, but CAD leaves the door open for this to happen and has the programme ready whenever it is required.

4.4 Drug Issues and Experiences Education Day

This event has evolved from the CAD Weekends for parents and voluntary community workers developed by Coolmine Therapeutic Community and continued by CAD as a federation of community groups. Over the years as drug issues became the focus of Government policy and increased expenditure and strategic planning measures were adopted to ensure drug services were available in communities where they were needed most, it became apparent that those taking part in these courses were new to post workers as opposed to voluntary community workers. This change in participant group led to a shift in emphasis for the course from one that provided training in practical skills associated with forming and maintaining community groups, to one that placed more emphasis on drug information, motivating change, and local and personal experiences of drug use and its attendant issues. Since the focus of the training was now people working in the drugs field, CAD discovered fewer participants were willing to take part for a full weekend. This has led to the present day format of the course being offered for one day three times per annum.

Although the course format and participant mix has changed, CAD have continued to enlist the services of the agencies and professionals that began working with them on the initial weekend training, Dr. Des Corrigan, Merchant's Quay Ireland's Family Association, and Coolmine Therapeutic Community's Family Association. As new agencies and professionals have come into the drugs field CAD have worked to add their expertise to the Education Days, people such as Dr. Eamonn Keenan (Trinity Court), Mary Forrest (Teen Counselling), Gary Broderick (ATI), Brian Foley (Ballymun Youth Action Project), Paul Delaney (COAIM), Niamh Banks (Counsellor SWAHB) and Joe Merry (Drug Treatment Centre Board), regularly contribute to these events.

Dr. Des Corrigan began his ongoing relationship with CAD when asked to speak at one of the first weekend courses for parents and voluntary community workers. He has continued with this role, and has shared his knowledge of drug pharmacology, and the issues raised by drug use, not only on this training course but also on

CADs Family Focus programme through bi-annual Participant Update days and regular updates for CAD staff. CAD considers Dr. Corrigan, who is the Chairperson of the National Advisory Committee on Drugs (NACD), to be a mentor who has provided them with invaluable assistance over the years.

In interviews with drug service organisations and individuals who have worked with CAD, it is obvious the high regard afforded CADs Education Days. They were singled out as being of great benefit to drug and community services nationwide, and the majority of those interviewed had either experienced this training personally or recommended it to colleagues starting out in the field. The array of organisations nationally that use the Education Days as a training component for staff is evident if we look at the groups represented by participants of two such days held in 2006, over 60 participants attended over the two Education Days:

- Cavan Centre
- Family Support Group, Kilkenny
- Ringsend Technical College
- Pillar Family Support Group
- North Kerry Together
- Killinarden Advocacy Steering Group
- Cavan Drug Awareness
- Swords Youth Service
- Le Cheile Mentoring Programme
- Killinarden Drug Primary Prevention Group
- St. Andrew's Resource Centre
- Drogheda Partnership
- Bray Women's Refuge
- ISPCC
- Cheshire Homes
- Blanchardstown Area Partnership
- Ait na nDaoine, Dundalk
- East Coast Regional Drugs Task Force
- Moville & District Family Resource Centre, Donegal
- AIDS West, Galway
- CDP Dundalk
- Club 98
- CDP Crumlin
- Bray Community Addiction Team
- Aonad Resource Centre, Ballygar, Co. Galway
- School Completion Officer, Dublin
- FAB Parent Support Group, Wexford

CADs role in the Education Days is organisational and they do not deliver any of the educational material on the day. This is an example of the professionalism of the organisation as CAD is well aware that the information needs of the groups attending is different to that required by parents, they are cognisant of where their skills lie and do not attempt to be a 'catch all' training organisation. In interviews with CAD staff there was a certain amount of reflection

on CADs role in the Education Days, and the question was raised as to whether or not CAD should have a more direct role in the training. As it currently stands, the Education Days are a valuable and popular service provided by CAD, and those working in drug and community services, and those involved in strategy and policy development recognise this.

4.5 Tailored Courses

In recent years, CAD has been asked to provide prevention education courses that are more directly tailored to participants needs. This latest service provision has arisen through the various links made by CAD in its policy development work, whereby CAD is recognised as an experienced prevention education organisation.

Tailoring of prevention education courses is a direct product of the Governments National Drugs Strategy and its requirement that local needs be met by programmes that take into account the drug situation at local level and the particular needs of the participant group.

CAD has already committed to tailoring its programmes in its organisational aims and objectives, and its Family Focus programme in particular subscribes to the recommended principles for best practice in parenting education based on the outcome of the conference 'Towards Best Practice in Parenting Education'. (McDonnell, B. 2000) To date CAD has successfully provided tailored education programmes to a range of groups including,

- **Responding to queries from those affected by drug and alcohol misuse**
  A one-day training programme for Citizen's Information Centres Information Workers. This was a pilot programme developed in conjunction with the Citizens Information Board and Dublin North City and County RDTF.

- **REACH Training Programme** – a Cluain Mhuire Service in conjunction with FAS
  The REACH Training Programme is a FAS funded vocational employment skills training programme for people who have experienced mental health difficulties. Over the past two years CAD provided provide the substance misuse prevention section of the programme on two occasions to small groups.

- **Nurture Institute of further education for parents.** CAD have provide course participants with an adapted three session Family Focus programme for the past two years.

- **ESB Sligo** – One day training on drug awareness and primary prevention.

- **Nursing Students, Dundalk I.T.** CAD delivered a presentation to student nurses in 2006. The presentation was so well received the students requested invitations to attend the Update Day scheduled for 2006 to provide updated information for past participants of Family Focus, almost 100 student nurses attended the Update Day. Very positive feedback was received for both presentations.

- **Parentline** - For over twenty years, Parentline has provided a completely confidential helpline for parents and guardians. An edited version of the Family Focus programme has been used to train 27 Parentline staff & volunteers.

- **The Salvation Army's Cedar House** - One day training for staff members. Cedar House provides five separate services aimed at providing resources and support for rough sleepers that would otherwise be difficult for them to obtain.

- **York House** - York house provides direct access accommodation for 80 homeless men with low support needs. CAD delivered two half-day training events for staff members.

The question is whether this is the way forward for CAD. Interviews with drug service workers who have worked with CAD over the years felt there was a definite need for tailoring, yet were unsure whether CAD were best placed to move too far from their area of expertise: educating parents to prevent drug use. Within this area, they believed that subtle tailoring was what was required, the normalisation of drug use in Irish society, means an increasing number of parents are likely to have used drugs themselves, or continue to do so, and they may need information linked more closely to a harm reduction approach than an abstinence approach. Bernie McDonnell, Co-ordinator of CAD is aware of the need to draw on the whole continuum of approaches to drug prevention that encapsulates both abstinence and harm reduction, 'it's not a case of one or the other it's about having both to draw on where necessary'. (Bernie McDonnell, 2008)

The positive feedback from participants of CADs tailored programmes belies any suggestion that CAD are not well placed to provide drug awareness information and prevention education programmes to a wide and varied audience.

The fact that CAD is a very small organisation with only two full-time staff and two part-time staff must also be taken into account; the ability to sustain a major demand for drug prevention education courses would not be possible for such a small group of workers. Currently, CAD approaches each request for tailored prevention education courses separately and decides if it is best placed to provide the service being requested. It would seem prudent to continue with the current situation as it allows CAD to reach new audiences and develop its educational repertoire, while not overstretching the capacity of the organisation. CAD has also worked in partnership with other agencies in the past, these partnership based approaches would again provide CAD with new audiences for Family Focus where they may focus more on the parenting aspect of the programme while another agency focuses on social or health issues related to problematic drug use.

In order for CAD as an organisation to be clear about what they can offer in the way of tailored programmes, they need to develop a set of guidelines. These guidelines should also cover the number of these courses they can

provide based on current staffing levels. It has been CADs tendency to respond positively to all requests for its services; this is not likely to be sustainable in the long-term as service requests increase due to raised profile and the development work of staff.

4.6 Policy Development

CAD has been involved in policy development work since its days as a federation of community groups. Within the 'First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs' (1996) there is weight given to the response of communities to drug issues as a force that pushed the Government to act. The Ministerial Task Force received a submission from CAD outlining their suggestions for future drug policy and service provision, submissions have continued to be prepared by CAD for each subsequent National Drugs Strategy review. This is an expression of CADs policy work at the highest level yet this work could not be undertaken, if it were not for the considerable amount of work they do in communities, and the respect CAD has earned as a longstanding organisation in the drug service sector.

There is undeniable praise and support for CADs contribution at this level. Two CAD staff members are representing the Voluntary Education Sector on Regional Drugs Task Forces, Bernie McDonnell is a representative to the Dublin North City and County RDTF, and Paula Tunney is a representative to the East Coast Regional Drugs Task Force, both Bernie and Paula were nominated through their membership in the Drug Education Workers Forum (DEWF). Bernie is also Chairperson of the Prevention and Education sub-committee of the Dublin North City & County RDTF and sits on the Prevention and Education sub-committee of the Dublin North East LDTF. Paula is also an active member of the Steering Committee of Clondalkin Underage Drinking Group and is on the Board of Management of the Dun Laoghaire Rathdown Community Addiction Team Ltd. This committee work is a big commitment from such a small organisation, but CAD recognises the importance of bringing experience to the table and sharing their expertise.

Grundtvig Programme under Socrates Learning Partnership

In 2000 CAD were forwarded a letter by Coolmine Therapeutic Community from an agency in Lithuania, Parents Against Drugs (PAD), they were looking for someone to speak at an International Drug Prevention conference they were organising in Vilnius, Lithuania. Bernie McDonnell replied to the letter and went to the conference as a speaker. During this contact, CAD and PAD discussed the possibility of joint working, as both organisations appeared to have similar goals although PAD was a relatively new organisation and CAD had been in existence for almost 20 years. The two organisations set out to find other potential partners, Drug Concern (UK) and Kenthea (Cyprus) became the third and fourth partners respectively and the group made an application to the Grundtvig Programme

under Socrates to form a learning partnership. The four partner agencies identified the drug education and training elements of their agencies as being the most suitable for co-operative work and learning. The project was in operation from July 2002 until July 2004 and during that time a series of meetings and seminars were organised to share learning and work towards the development of a trainer's manual for community based drug education programmes.

The workload connected with this project was considerable for such a small organisation and language barriers made information sharing difficult, Andy Ogle (Development Officer with CAD at the time) is to be credited with ensuring the experience was a positive one through his comprehensive reporting procedures and excellent administrative support throughout the process. Although so far hopes for the Trainers Manual have not yet being realised (repeat funding for the programme was not granted) the partnership work undertaken by CAD has played an important role in Ireland's drug prevention and education policy. The formulation of sections on parental and community education in the DEWF Quality Standards in Drug Education benefits significantly from the learning achieved by CAD.

Increased staff levels have made it possible for CAD to consider becoming partners again in the Grundtvig 2 Programme and this is something staff are interested in pursuing. Given their record of accomplishment in partnership work and the shared learning that arose from their initial Grundtvig Programme experience it may be the perfect opportunity to revisit the learning partnership.

CADs involvement in DEWF

In 2000, there was significant growth in the number of dedicated drug education workers in Ireland. Initiated by a Local Drug Task Force Education Co-ordinator, Olivia Carr, Bernie McDonnell and Andy Ogle became involved in a process to determine their numbers, location and service provision. This process led to the establishment of a voluntary organisation the Drug Education Workers Forum (DEWF). DEWF is dedicated to identifying and responding to the needs of voluntary, community and statutory drug education workers in Ireland. (DEWF, 2008)

Over the years this process has centred on monthly meetings to discuss issues, share experiences, encourage professional development, Government lobbying and policy development. The collective desire of the forums membership to formulate quality standards, enhance service provision and consequently develop the sector, culminated in their development of the Guide to Quality Standards in Substance Use Education, published in 2007.

Their effective lobbying of Government has led DEWF to have a representative on the National Advisory Committee on Drugs (NACD) Prevention and Education sub-committee, and has made DEWF the nominating agency for Prevention and Education Workers on Regional Drug Task Forces (RDTFs) in the Dublin Metropolitan Area. CAD CAD has continued their involvement with DEWF and Bernie McDonnell is currently a member of the Steering Committee. (DEWF draft website introduction, 2008)

CAD is a strong force in policy development in the drugs field. Their experience is undisputed and they have shown they are capable of influencing policy at national level and maintaining working partnerships at international level. An increase in staff has made it possible for CAD to become more involved locally, nationally and internationally. This development has the potential to benefit parents, communities, the drug sector, and CAD.

Recommendations

- CAD has a wealth of experience at community and committee level to share with other organisations, committees and policy formulation groups. As an organisation, CAD needs to match the potential benefits of this work to their current resources so staff are not overstretched.
- The Grundtvig Programme under Socrates was a learning partnership that benefitted the organisation and the wider drug education and prevention community; if possible, CAD should attempt to renew their involvement with the learning partners.
- As an organisation, CAD needs to formulate its position on issues raised by parents in relation to the SPHE programme, and consider what role it could play as an advocate for parental concerns.

4.7 Organisation

During its time as a federation, CAD kept the core directorate small; this has continued to be a feature of CAD today. CAD has five directors, three of which also form a management committee that deals with the day-to-day issues arising in the organisation. Until very recently CAD employed only one staff member, Bernie McDonnell, as Co-ordinator. Bernie is also a director of the organisation, and as Co-ordinator, is one of the three directors making up the management committee. This could very well be the smallest management structure in an Irish voluntary community organisation, and it seems to work quite well. In voluntary organisations such as CAD there are often people whose contribution is not visible to those on the outside, these are directors and management committee members whose work is 'behind the scenes' yet important to the organisation. John Murphy, current Chairperson of CAD is one such person. He has been involved in CAD for 24 years, as a member of a residents association in Bluebell he was elected to CADs council in the 1980's. As Chairperson, he plays a vital role in the organisation, this coupled with his financial, and IT expertise has made his voluntary contribution invaluable to CAD. Laura Murphy has also played a significant voluntary role in CAD over the years, having responsibility for staff salaries and ensuring the organisations IT systems are up to date and fully operational.

The success of this organisational structure lies with the fact that Bernie McDonnell has worked side by side with her voluntary staff colleague Liz Corbett a director of the organisation, and has a close working relationship with the other directors Lil Doyle, Sally O'Gara, and John Murphy, that has been fostered by many years of working together.

Changes have occurred in CAD, increased funding has been followed by an increase in staff working for the organisation, and Liz who played a very active role until recently, has had to limit her involvement to that of director due to health issues. These changes and the review process have led to CAD being scrutinised from without and within. This scrutiny has raised a number of issues related to CADs developmental potential.

Bernie McDonnell has been involved with CAD since 1984, for 24 of its 25 years. Over the years, she has shown tremendous commitment and has played key roles in the organisation,

- part of the maintenance group of volunteers that kept the federation going when membership was falling,
- the first paid staff member whose role was to co-ordinate the new organisation;

- a developer of their very popular Family Focus programme,
- one of the main Tutors on the Family Focus programme over the years.

Her involvement with the organisation, her public speaking abilities and media skills, and her general hard work and personality have all worked together to make her the public face of CAD, this is a huge responsibility for any individual. Thankfully, increased funding has led to increased staff levels this has paved the way for the Co-ordinator's position to become less all encompassing which is a very positive development for the organisation. Yet, for the organisation to take on the developmental processes it has begun, it will require an active and strong directorate to support staff and steer it through this period of growth and change.

In order to strengthen the organisational structure a number of changes are recommended:

- Increase number of Directors. While there may be apprehension regarding increasing the number of directors if due consideration is given to the skills CAD requires within the organisation, job descriptions can then be drawn up for voluntary positions and either advertised, or suitable persons approached regarding the positions.

- Increase activity and involvement of directors in the running of CAD. This would most likely be a natural progression from increasing their numbers, and would ensure strong future development of the organisation.

- Complete a Strategic Planning process. Strategic planning and Action planning are important for CAD at this time as they provide the organisation with a clear focus and a mapped progression. The actions may not be very different from what CAD does now; the difference is that the whole organisation will need to assume increased responsibility for their development and delivery.

The recent changes in levels of staff have already begun to pay dividends, as can be seen from the increased participation rates on the Parenting for Prevention programme in 2007. The employment of more staff has also made CAD more acutely aware of its organisational structures, and there is general recognition of a need for some change.

The organisations funding situation has improved significantly over the years from being reliant on donations and small grants, to being in receipt of core funding under Section 39 of the 1953 Health Act, and through the Emerging Needs Initiative of the South Inner City LDTF. While this funding requires considerable maintenance in terms of reporting systems and accounting, it has given the organisation much needed financial security. Secure funding has enabled the organisation to take the time to look at its systems, roles and programmes; time otherwise spent chasing small amounts of money to finance a specific project, can now be used to consolidate the organisations existing programmes and develop them for the future.

There is no doubt that CAD is on the cusp of major change organisationally yet, the overriding message coming from outside of the organisation, from the people who work closely with CAD in communities and on committees,

is for CAD to continue the excellent work it has been doing for the past 25 years. Yes, small tweaks have been advocated, and possible routes for development suggested, but overall what CAD has achieved and the work it does is greatly respected by its peers.

5. Conclusion

Community Awareness of Drugs (CAD) is a voluntary organisation that has made a valuable contribution to Irish drug services and policy development over the past 25 years. CADs training programmes have been, and continue to be, a first step for people wishing to work on drug issues in a voluntary or paid capacity. The organisation has a strong record of accomplishment in policy development through both its committee work and its submissions to Government drug policy via the National Drugs Strategy. While its greatest achievement has been its ability to speak to parents and offer them, through education, a renewed efficacy in their role as the primary educators of their children and in the prevention of drug use.

The recommendations included here are for the purposes of building on what has been achieved, what has been shown to work and what parents, voluntary community workers, teachers and colleagues from drug service agencies have insisted has a role to play in Irish drug service provision.

5.1 Recommendations

Increasing Participation Rates in Family Focus Programme:

- Continue to make promotional visits to communities, visit parents associations, provide an over view of the programme.
- Shorten the length of the programme or provide it in a different format e.g. a short daily session spread over two weeks may make the programme more accessible.
- Look for further opportunities to incorporate the programme in longer programmes. (CAD is currently working with the HSE on an 11-week training programme 'Drug Awareness and Healthy living' due to commence in September 2008. CADs Family Focus six-session programme will be incorporated in the 11-week programme.)
- Continue to tailor courses specifically to the participants.
- Meet with LDTFs and RDTFs regarding possible block booking of the Family Focus programme in areas where there is no comparable programme in existence.
- Train people to use the programme and then release it nationwide, or put in place regional Tutors for dissemination of the programme.
- Continue to provide the programme in areas with limited service provision rather than areas that have a high proportion of drug services. CAD has an abundance of experience and expertise to

offer communities who are starting to look at drug issues, a number of interviewees believe this is an advantageous use of their resources.

- Target training at members of family support groups. CAD are extremely well placed and experienced in providing drug education to people who have no prior drug education experience, most parents who attend family support groups fall into this category. Interest has been shown by Family Support Groups to engage CAD in this process.

- As an organisation, CAD should actively pursue links with the SPHE programme at both Primary and Post primary level.

- Building on its experience with IPAG, CAD should develop a pilot programme for Informal Parental Peer Education, in conjunction with SPHE Regional Development Officers and IPAG members, that incorporates both a primary drug prevention message, and an awareness-raising element designed to boost the reinforcement of SPHE learning, outside of the school setting. A concerted effort should be made to reactivate IPAG as a valuable resource to any CAD/SPHE links.

Tailored Courses

- Work within the boundaries of the organisation, do not stretch resources too far or move from what CAD does best: train parents to prevent drug use.

Policy Work

- CAD has a wealth of experience at community and committee level to share with other organisations, committees and policy formulation groups. As an organisation, CAD needs to match the potential benefits of this work to their current resources so staff are not overstretched.
- The Grundtvig Programme under Socrates was a learning partnership that benefitted the organisation and the wider drug education and prevention community; if possible, CAD should attempt to renew their involvement with the learning partners.

Organisation

- Increase number of Directors. While there may be apprehension regarding increasing the number of directors if due consideration is given to the skills CAD requires within the organisation, job descriptions can then be drawn up for voluntary positions and either advertised, or suitable persons approached regarding the positions.

- Increase activity and involvement of directors in the running of CAD. This would most likely be a natural progression from increasing their numbers, and would ensure strong future development of the organisation.

- Complete a Strategic Planning process. Strategic planning and Action planning are important for CAD at this time as they provide the organisation with a clear focus and a mapped progression. The actions may not be very different from what CAD does now; the difference is that the whole organisation will need to assume increased responsibility for their development and delivery.

6. Interview List

The following people were interviewed for the purpose of this research:
Dr. Des Corrigan, Chairperson National Advisory Committee on Drugs
Ursula Nolan, Home School Community Liaison Officer, Tallaght
Rosemary Dwyer, Lusca Beo
Alice Murray, Community Worker, Killinarden
Liz Corbett, Director CAD, former Tutor Family Focus
Sally O'Gara, Director CAD, former Tutor Family Focus
John Murphy, Chairperson CAD
Lil Doyle, Director CAD, former Tutor Family Focus
Paula Tunney, CAD Tutor
Trevor Bissett, Development Officer CAD
Bernie McDonnell, Co-ordinator CAD & Director CAD
Chris Murphy, Director DAP Crosscare
Bernie Maguire, HSE Education Officer Addiction Services
Teresa Weafer, Community Worker, Ringsend
Philip Keegan, Greater Blanchardstown Response to Drugs
Jim Penders, Community Worker Leitrim
Shani Williamson, A/Co-ordinator, North Dublin City & County RDTF
Eileen Cannon, Education Co-ordinator, East Coast RDTF
Cathal Duffy, Home School Community Liaison Officer, Clondalkin
Sr. Mary Corr, Principal, St. Raphaelas Primary School,
Willie Sheehan, Founder Member CAD, Donaghmede
Áine Meaghar, Founder Member CAD, Donaghmede
Jim Comberton, Director Coolmine Therapeutic Community 1973-1998, Founder Member CAD
Grainne Kenny, Founder Member CAD, former Chairperson
Andy Ogle, Former Development Officer CAD
Supt. Barry O'Brien, Chairperson National Drugs Strategy Team
Celia Bollard, Merchant's Quay Ireland, Family Association
Bernard Maguire, HSCLO Clondalkin
Angela McLoughlin, Community Worker, Darndale
Michelle Maguire, CAD Tutor

6.1 Parenting for Prevention Focus Group Participants

Liz Martin	Barbara Horner	Patrick Byrne	Mary Mulally
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Samantha Hanna	Geraldine Powers	Margaret Fitzpatrick	Ann Murphy
Geraldine Murphy	Barbara McDonagh	Edel Purdy	Denise Purcell
Margaret McCabe	Gerard Geraghty	Jane Doyle	Moya Power-Kelly

7. Bibliography

Butler, S. *Drug problems and Drug Policies in Ireland: A Quarter of a Century Reviewed*, Administration. Vol. 39 (1991) pp. 210-233.

Butler, S. *Rabbitte Revisited:The First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs -10 Years On.* Administration. Vol. 55, No. 3 (2007) pp. 125-144.

Bury, G. *Drug problems in Dublin*. The Practitioner.Vol. 223 (1989) pp. 1486 – 1489.

CAD (2008) *Evaluation of Parenting for Prevention Programme*. Dublin: CAD

Community Response (1991) *A Report of a Seminar on Drug Problems in the South Inner City*. Dublin: Community Response.

Cullen, B. (1991) *Community and Drugs, A Case Study in Community Conflict in the Inner City of Dublin*. M. Litt. Thesis. Dublin: TCD.

Dean G, D'Hare A, O'Connor A, Kelly M, Kelly G. *The Opiate epidemic in Dublin 1979-1983*. Irish Medical Journal. Vol.78 (1985) pp. 107-110.

Duggan, C. (2007) *The Experiences of Families Seeking Support in Coping with Heroin Use*. Dublin: Stationary Office.

European Commission (2008) *Young People and Drugs, Among 15-24 Year Olds*, Analytical Report. Brussels.
Government of Ireland (2005) Building on Experience National Drugs Strategy 2001-2008. Dublin: Stationary Office.

Government of Ireland (1996) *First Report of the Ministerial Task Force to Reduce the Demand for Drugs*. Dublin: Stationary Office.

Government of Ireland (2005) *Mid-Term Review of the National Drugs Strategy 2001-2008 Report of the Steering Group*. Dublin: Stationary Office.

Government of Ireland (1997) *Second Report of the Ministerial Task Force to Reduce the Demand for Drugs.* Dublin: Stationary Office.

Loughran, H. McCann, M.E. (2006) *A Community Drugs Study: Developing Community Indicators for Problem Drug Use.* Dublin: Stationary Office.

McCann, M.E. (1991) *Ten Years On: A History of the Youth Action Project, a Community Response to Drug and Alcohol Abuse* . Dublin: Ballymun YAP.

McDonnell, B (2002) *An Inter-Agency Approach to Forge Closer Links Between School and Parent Drug Education Programmes, through Action Research*. M. Sc. Thesis. Dublin: TCD.

Morgan, M. (2001) *Drug Use Prevention: Overview of Research*. Dublin, Stationary Office.

Saggenborg, S. *The Consequences of Proffesionalization and Formalization in the Pro-Choice Movement.* American Sociological Review. Vol. 53, No. 4 (1988) pp. 585-605.

CAD Documents

CAD Annual Reports 1993 – 2007

Funding Applications 1992-2008

Letters and correspondence 1985-2008

Parenting for Prevention Programme (Tutors' session outlines, handouts, notes) (2008)

First Evaluation: Parenting for Prevention Drug Education Programme (1994)

Address by Minister for Health, Rory O'Hanlon, T.D. at launch of H.P.U. materials on solvent abuse (1989)

CAD Newsletter Sept/Oct 1988

List of talks given by CAD 1987/1988

Address by Barry Desmond T.D., minister for Health and Social Welfare at official opening of CAD offices, 6 Exchequer Street, Dublin. 8th July, 1985.

Documents relating to planning of European Drug Prevention Week 1994.

Fashion Against Drugs (FAD) Programme

CAD National Federation of Community Action on Drugs Handbook

Draft introduction to the Trainers' Manual for 'A community-based drug education programme' being developed by members of the learning partnership Grundtvig 2 under Socrates. (2004)

CAD Memorandums of Association

Draft training programme for Grundtvig 2 Training Seminar, Vilnius, Lithuania. 2002.

Participant Evaluations, CAD training programme for Grundtvig 2 Training Seminar, Vilnius, Lithuania, 2002.

Appendix I

In the early eighties, the following Communities were affiliated to the National Federation of Community Action on Drugs (CAD):

Arklow
Ashford
Ayrfield
Balbriggan
Ballina
Ballinteer
Ballybrack
Ballyfermot
Ballymun
Blackrock
Blanchardstown
Bluebell
Bray
Castleknock
Churchtown
Clonakilty
Clondalkin
Clonsilla
Coolock
Cork
Crumlin
Dalkey
Donabate
Donaghmede
Donegal
Donnycarney
Dun Laoghaire
Enniskerry
Foxrock
Glasthule
Glenageary
Greystones
Haddington Rd.
Howth
Inchicore
Kilcoole
Kildare
Killinarden
Kimmage
Knocklyon
Leixlip
Lusk
Mayo
Newtown Mount Kennedy
O'Devaney Gardens
Portmarnock
Raheny
Rathangan
Rathfarnham
Sallynoggin
Sandymount
Stillorgan
Sutton
Swords
Tallaght
Waterford
Wicklow