



TITHE AN OIREACHTAIS

**AN COMHCHOISTE UM GHNÓTHAÍ EALAÍON, SPÓIRT,
TURASÓIREACHTA, POBAIL, TUAITHE AGUS GAELTACHTA**

An Dóú Tuarascáil Déag

**DROCHÚSÁID DRUGAÍ IN ÉIRINN –
DEARCADH Ó PHORT LÁIRGE**

Márta 2007

HOUSES OF THE OIREACHTAS

**JOINT COMMITTEE ON ARTS, SPORT, TOURISM,
COMMUNITY, RURAL AND GAELTACHT AFFAIRS**

Twelfth Report

**DRUG ABUSE IN IRELAND –
A WATERFORD PERSPECTIVE**

March 2007

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Foreword by the Chairman

Our work to date, including Reports on Cocaine, Cannabis and Alcohol Abuse, have been on a nationwide basis. This latest Report targets one area of the country – Waterford City and County – and it graphically depicts the sordid and insidious drugs scene in that geographic area. There are no punches pulled and the seamy underside of our society, interlinked with drug and alcohol abuse is portrayed in a matter of fact fashion. I wonder how many more Reports are required before we as a nation admit to the pervasiveness of drug abuse and provide adequate resources that are needed to tackle it with the emphasis on the treatment and care of our fellow countrymen and women who have fallen victim to its ravages?

Cecilia Keaveney T.D.,
Chairman of the Joint Committee,
March 2007.



Recommendations of the Joint Committee

- The Joint Committee recommends more detailed research by the School of Health Sciences at Waterford Institute of Technology into the extent of substance abuse in Waterford city and county. Some research is taking place but this needs to be very substantially increased.
- The Joint Committee recommends that there be an extension of the ‘Walk Tall’ support service to other areas of disadvantage outside of the Local Drugs Task Force area, which has been under consideration for some time.
- The Joint Committee recommends that innovative research is needed to ascertain why people are resorting to drugs; why is there a failure on the part of users of ‘leisure’ drugs such as cocaine, to make a connection between their expenditure and the crime-driven drugs market.
- The Joint Committee recommends that more targeted measures are aimed at parents to enable them to recognise the beginnings of substance abuse in children.
- The Joint Committee recommends the putting in place of a system and identifiable statutory structure where named individuals are accountable for the implementation of a case-plan to ensure that at-risk young people do not become drug addicts.
- The Joint Committee recommends improved work with families to ensure that such case-plans are followed through to a successful conclusion.
- The Joint Committee recommends improved measures aimed at supporting families in adjusting lifestyles where the parental attitude to alcohol and other substance abuse is a contributing factor in children’s potential to abuse substances both legal and illegal.
- The Joint Committee recommends the examining of new policies such as enabling the Criminal Assets Bureau to seize property such as pubs and clubs where there are court convictions for drug dealing and drug-taking by dealers and users on the premises.
- The Joint Committee recommends that the Gardaí object to the renewal of a pub

- or club license where drugs offences have been discovered.
- The Joint Committee recommends the provision of adequate court facilities in Waterford and other counties where deemed necessary to enable speedy processing of cases involving drugs offences.
 - The Joint Committee recommends empowering and supporting public servants in facilitating the reporting of discrepancies where they have reasonable grounds to suspect that their clients are dealing in illegal substances.
 - The Joint Committee recommends the undertaking of detailed research in relation to the suicide of young males to ascertain if the use of illegal substances is a factor in these deaths.
 - The Joint Committee recommends further examination of the wide range of services, projects and personnel working in the area of substance abuse and associated activities to see if over-lapping exists and if so, can duplication be eliminated and a more focused approach adopted to drugs and alcohol abuse programmes and projects.
 - The Joint Committee recommends the introduction of a system of testing vehicle drivers for intoxication due to the consumption of legal or illegal drugs.
 - The Joint Committee recommends the introduction of an extra methadone maintenance clinic each week in Waterford city so that addicts and those who are 'clean' of heroin are not meeting regularly, as suggested by one interviewee.
 - The Joint Committee recommends that the community at large, agencies and societies, should debate the merits of a listening rather than a preaching approach in relation to the use of drugs, which could prove more successful with young people, as suggested by one interviewee.
 - The Joint Committee recommends the exploration of the role in which the arts (both community arts and arts therapy) can play in regard to preventing young people taking up the drug habit and in assisting the recovery of addicts.
 - In its ongoing work over the last four years on drug and alcohol abuse the Joint Committee has always been conscious of the importance of treatment and rehabilitation of the victims given that the therapeutic support for victims and their families comes under the umbrella of the Mental Health Services and given

the consistent underfunding of these services the Joint Committee again supports the health professionals and voluntary groups who are continually demanding appropriate resources for those services.

Appendix 1

DRUG ABUSE IN IRELAND – A WATERFORD PERSPECTIVE

by

*Brian O'Shea TD, The Labour Party spokesman on Community, Rural
and Gaeltacht Affairs*

February 2007

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Those who on a confidential basis shared their knowledge and experience with me.

FOREWORD

Abuse of substances both legal and illegal is a societal issue in the Waterford constituency as it is throughout the country. The report finds that the majority of people seeking help for addiction in the Waterford constituency are using more than one drug – with alcohol and hash being by far the most popular cocktail for almost two thirds. A history of addiction in the family is overwhelmingly prevalent – over 96 per cent of cases had a history of addiction in the family. The problem of substance abuse is not just about hard drugs, it is not only about single drug-types, it is linked closely to the use of alcohol. It is not only about the user but about families with a history of addiction and therefore, it is a matter for society as a whole.

The Joint Oireachtas Committee on Arts, Sports, Tourism, Community, Rural and Gaeltacht Affairs has to date produced three reports – one on cannabis; one on cocaine and one on alcohol abuse.

It was felt that these reports primarily focused on the capital city and that there was a need to examine drug abuse in an area outside of the capital in order to assist in developing a more comprehensive nationwide picture of the prevalence of drug abuse.

As a member of the Joint Oireachtas Committee I undertook the compilation of this report.

Statistics from the Gardai in Waterford indicate that the illegal substance market in the city could have a turn-over of €3.3 million to €6.6 million a year. This is a serious amount of money in the hands of ruthless criminals. There seems to be a refusal on the part of otherwise law-abiding people who buy and use cocaine as a ‘recreational’ drug to connect their willingness to pay for such products with its logical conclusion, which is the creation of vast profits for the most dangerous criminals in society.

Anecdotal evidence would seem to suggest that the use and abuse of illegal and legal substances in Waterford is greater than is shown by the available statistics. Court cases involving prosecutions for possession of illegal substances reported in local newspapers in Waterford and Dungarvan would also tend to indicate a greater problem than the statistics indicate. I believe that substantial new research is needed to ascertain the extent of substance abuse in the Waterford constituency.

It is also my belief that we need a more focused approach to treatment, rehabilitation and prevention programmes with full accountability for implementation of programmes from beginning to end resting with people who have a statutory obligation to follow individual case treatment plans from start to finish.

I offer this report in the hope that it makes some contribution to tackling what is a pernicious social problem, which needs urgent attention in Waterford and throughout the country.

Brian O'Shea TD, the Labour Party spokesman on Community, Rural and Gaeltacht Affairs, and member of the Joint Oireachtas Committee on Arts, Sports, Tourism, Community, Rural and Gaeltacht Affairs



Section 1 - Introduction: Description of the problem

The pattern of drugs usage consists primarily of cannabis and ecstasy. [Source D.J Sheahan Supt. for Chief Superintendent, Waterford/Kilkenny Division, An Garda Síochána, report for Brian O'Shea TD, December 14, 2006].

It is possible to get any legal or illegal drug in the Waterford area, according to community-based drugs workers whose role it is to help communities to respond to drug related problems. That is to say that any desired drug is obtainable in this constituency. The emerging trends and more detailed figures will be dealt with in other sections of this report. [Source Pat O'Neill, Substance Misuse Co-ordinator, Waterford HSE]

It is important, when dealing with emerging trends concerning drugs, not to make generalisations. The statement “illegal drug use is on the increase in the Waterford area” may be true but it does not take into account the fact that some drugs are increasingly popular (e.g. heroin and cocaine) and others are on the decline (e.g. LSD and amphetamines). Drugs, like clothing, tend to go in and out of fashion over a number of years. [P O'Neill, HSE]

Anecdotally, it is accepted fact that heroin – over the past two years – has become steadily more available in Waterford. This, coupled with the increasing waiting list on the Methadone Treatment Service in the HSE Waterford Community Care area (it should be noted that the Waterford Methadone Treatment Service also accepts referrals from Wexford and South Tipperary), may indicate a substantial increase in heroin users in Waterford. It is commonly said that if users want heroin they can get it. [P O'Neill, HSE]

The price of cocaine around the world has decreased sharply in recent years. This is true also in the Waterford area. As with the rest of Ireland, cocaine use in Waterford has increased dramatically and the age of users has also dropped as prices have reduced. The Addiction Services, the Liaison Officer for Substance Misuse in Waterford Regional Hospital and other drug related services in the area have reported increasing numbers of

cocaine users presenting. [P O'Neill, HSE]

In relation to the abuse of legal drugs, most particularly alcohol, it is clear that this is prevalent in the Waterford constituency. Reports of court cases in which the Gardai prosecute individuals for the possession of illegal drugs frequently indicate that the defendants also had an alcohol problem. [See Appendix A - newspapers reports of court cases]

According to the Waterford Substance Misuse Team Co-ordinator, the use of legal drugs may also be on the rise but these too need to be broken down. For instance, tobacco use increased in 2005 after a decreasing in 2003 and 2004 (Office of Tobacco Control website), even with the changes in laws and information campaigns. Alcohol consumption rates need to be looked at closely and in detail rather than making assumptions that all young people 'binge drink'. Drink driving seems to be on the increase amongst all age groups. According to Noel Conroy, Garda Commissioner, as reported in the Irish Independent (November 2, 2006) "Detected drink driving incidents in August and September 2006 represented increases of 51% and 71% respectively".

Alcohol also remains closely linked with most social occasions, celebrations and events in Waterford.

Young people are often characterised as being binge drinkers. In some cases this may be true, but definitions of binge drinking vary widely. According to the British Medical Association's website "There is no consensus on the definition of binge drinking. In the past, 'binge drinking' was often used to refer to an extended period of time, usually two days or more, during which a person repeatedly drank to intoxication, giving up usual activities and obligations.

In common usage, binge drinking is now usually used to refer to heavy drinking over an evening or similar time span - sometimes also referred to as heavy episodic drinking. Binge drinking is often associated with drinking with the intention of becoming

intoxicated and, sometimes, with drinking in large groups [but] even within this general definition, there is no consensus as to what level of intake constitutes binge drinking”.

Taking those varying definitions of binge drinking, it is certain that binge drinking is not a recent phenomenon or a phenomenon that is restricted to a particular age group. Binge drinking at weddings, baptisms, funerals and dinner parties remains common and - anecdotally at least – is on the increase. [P O’Neill HSE]

The link between alcohol and sport and the anecdotal evidence which indicates that social activities surrounding sports may now be extending to the use of ‘recreational’ drugs such as cocaine, is of considerable concern. Of particular concern is a suggestion that teenagers are attracted to sport as a means of accessing alcohol in clubhouses where the law in relation to the legal age at which alcohol can be served is not strictly observed. This is particularly worrying. In view of the evidence which suggests that addiction to alcohol and an illegal drug is often closely linked, this anecdotal evidence merits serious investigation.

In research for the Irish Sports Council published in 2005 in collaboration with the Economic and Social Research Institute, entitled ‘The Social and Economic Value of Sport in Ireland’ by Liam Delaney and Tony Fahey, this concern in relation to alcohol is noted. The report states: “While the social aspects of sport in Ireland are generally positive, there is cause for concern about their link with alcohol. The social aspects of sport for players, volunteers, club members and those who attend sports events are often associated with alcohol consumption and give rise to risks of excess drinking. Both sports policy and health promotion policy should be aware of this link and where possible should seek to weaken the link between sport and alcohol”.

Section 2 – Extent of the problem

“It appears that cocaine usage is on the increase and this is reflected in the seizures, particularly in Waterford city. It appears that cocaine and heroin usage is on the increase, however the amounts remain low”.

“The street value of drugs seized during 2006 in the Waterford District is €661,725.”
[Supt Sheahan]

An analysis of the types of drugs seized over a three-month period in 2006, shows the following: cannabis, 75 seizures, 50% (resin 37%; herb 13%); ecstasy, 32 seizures, 21%; cocaine, 17 seizures, 11%; heroin, 14 seizures, 9%; amphetamines, 8 seizures, 5% and ‘other’, 2 seizures, 1%.

“Substantial progress has been made with a number of significant drug seizures, most notably the seizure of €458,000 of cannabis resin and cocaine in February 2006 which resulted in the offender receiving a seven year prison sentence. This reflects the excellent work by all members in this area and in particular by the Waterford City Drugs Unit.

“There is a continual and on-going multi-agency strategy in Waterford City area through a local task force and local communities. There are also regular operations involving the Gardai and Customs with considerable resources being deployed to curtail the supply side of the drugs problem”. [Supt Sheahan]

An Garda Síochána Annual Report 2005 shows that the southeast had the greatest number of drug offenders per 100,000 of population prosecuted in that year at 317 compared with the State average of 252 and ahead of the Dublin Metropolitan figure of 308.

The same annual report indicated that within the southeast region, the Waterford/Kilkenny division accounted for 602 prosecutions of the regional total of

1,157 commenced in 2005. Wexford/Wicklow had 330 and Tipperary accounted for 225.

[Source D.J Sheahan Supt. For Chief Superintendent, Waterford/Kilkenny Division, An Garda Síochána, report for Brian O'Shea TD, December 14, 2006].

Hospital In-Patient Enquiry (HIPE)

The Hospital In-Patient Enquiry (HIPE) Scheme is a computer-based health information system designed to collect the clinical and administrative data on discharges and deaths from acute hospitals in Ireland.

Psychiatric Services

In relation to all alcohol and drug-related admissions to in-patient South East Hospitals /Psychiatric Units in the southeast during 2004, the 'county of residence' data shows that Waterford city provided 12.1% of patients while Waterford County provided 6.5%. Of the patients admitted to these units for alcohol disorder, 75 came from Waterford, representing 14.8% of the regional total. The figure for drug disorder was 20 Waterford patients or 14.8% of the regional total. The total in-patient admissions was 95, representing 14.8% of the regional total.

Of patients treated in these units in the same period, but excluding those who gave an address outside of the southeast region, Waterford had 84 or 17.6% of the total. The figure for drug disorder for Waterford residents was 20 or 14.9% of total. This makes a total of 104 patients from Waterford or 17.0% of the total for the southeast. Nine of the alcohol disorder patients from the South East were treated outside of the South East Region.

Education and Prevention Community Based Initiatives

In regard to Community Based Drugs Initiatives admissions in the southeast, there were 545 individual contacts to the services in 2005 and of these, 129 came from Waterford.

On a gender basis 64 or 49.6% of these contacts were male and 65 or 50.4% were female.

The age of those from County Waterford making enquiries:

- 15 years or under – 12 or 11.8% of total
- 15-18 years – 44 or 43.1% of total
- 19-24 years – 20 or 19.65% of total
- 25-30 years – 13 or 12.7% of total
- 31-45 years – 11 or 10.8% of total
- 46-50 years – 2 or 2.0% of total
- 50 years or over – zero
- Not Known – zero

For Carlow and Kilkenny services, the highest user's age profile is unknown. Those in the 15 to 18 age group represented the highest user age profile for Waterford, South Tipperary and Wexford and for overall services. There were no users in the over 50 age group for any of the services in 2005.

The relation to the substance discussed with Community-based Drugs Initiatives by those who contacted these services in Waterford were:

- Alcohol – 15 or 14%
- Cannabis – 28 or 26.6%
- Cocaine – 8 or 7.5%
- Heroin – 4 or 3.7%
- MDMA – zero (Methylenedioxymethamphetamine – 'Ecstasy')
- Hallucinogens – zero
- Prescribed medication – 2 or 1.9%
- Amphetamines – 1 or 0.9%
- Combination of above – 41 or 38.3%
- Other – 7 or 6.5%
- Not known – 1 or 0.9%

The number of contacts with community-based services for Co Waterford, where other agencies also were involved were as follows:

- None – 41 or 31.8%
- GP – 7 or 5.4%
- School – 2 or 1.6%
- Work – Zero
- Social services – 3 or 2.3%
- Youth services – 20 or 15.5%
- Probation Services – 2 or 1.6%
- Gardai – 9 or 7.0%
- Other – 6 or 4.7%
- Not known – 39 or 30.2%

Note: Unfortunately, it was not known in the majority of cases whether or not another agency was involved.

Over-view of drug misuse 2005

The number of people treated for drugs misuse in County Waterford is based on the numbers treated by services based here and is not related to clients' addresses. The number of clients who were treated in the southeast region was 1,749 and of those, 660 were treated in Waterford. In regard to client contact type, the definition used for reporting purposes under treatment services are, firstly 'continuous care clients' who attended for treatment in 2004 and continued treatment in 2005. 'New referrals treated' are clients who were new to a particular service and who commenced treatment in 2005. A new referral to one service may or may not have received previous treatment at another service. The third category covered is 'new referrals assessed', clients who were new to a particular service and who did not commence treatment in 2005 as they were either deemed unsuitable for treatment or did not accept treatment.

In 2005, Waterford had 167 continuous care clients which made up 25.3% of the total. Waterford had 470 new referrals treated or 71.2% of the total and Waterford had 23 new referrals assessed or 35% of the total number of people treated in Waterford.

In regard to the gender of those treated in the county-based services in Waterford, 534 or 80.9% were male and 126 or 19.1% were female. In relation to the age of those treated in the county-based services, only one was in the 11-30 age group, representing 0.2% of the total in that age group; 17 fell into the 14-17 category or 5.6% of the total; in the 11-19 year age group there were 58 or 8.8% of the total; in the 20-24 age group there were 121 or 18.3% of the total; in the 25-29 year old age group, there were 95 or 40.4% of the total; in the 30-34 age group, there were 56 or 8.5% of the total; in the 35-39 year age group there were 49 or 7.4% of the total; in the 40-44 year age group, there were 65 or 9.8% of the total; in the 45-49 year age group there, were 45 or 6.8% of the total; in the 50-54 year old age group, there were 46 or 7.0% of the total; in the 55-59 year old age group there were 25 or 3.8% of the total and in the 60 and over age group there were 62 or 9.4% of the total.

Education

The highest level completed by those who availed of county-based services in Waterford in 2005:

- Primary level incomplete – 9 or 1.45%
- Primary level completed – 232 or 35.1%
- Junior Cert completed – 188 or 28.5%
- Leaving Cert completed – 147 or 22.3%
- Third level completed – 27 or 4.1%
- Never went to school – 3 or 0.5%
- Still in education – 38 or 5.7%
- Not known – 16 or 2.4%

The main reasons for the referral of those treated in the County Waterford-based services in 2005 were:

- Alcohol – 419 or 63.5%
- Illicit drugs – 232 or 35.1%
- Licit drug – 9 or 1.4%

The source of referral for county-based services in Co. Waterford in 2005 were:

- Self - 143 or 21.7%
- Family – 44 or 6.7%
- Friends – 2 or 0.3%
- Other drug treatment centres – 2 or 0.3%
- GP – 39 or 5.9%
- Hospital/medical agency – 274 or 41.5%
- Social agencies – 4 or 0.6%
- Court probation police – 122 or 18.5%
- Outreach worker – 25 or 3.8%
- School – 2 or 0.3%
- Prison – 0
- Other – 3 or 0.5%
- Not known – 0

Age at which clients treated in Co. Waterford in 2005 first used any drug:

- Under 10 years – 0
- 10-13 years – 51 or 8.0%
- 14-17 years – 135 or 21.2%
- 18-19 years – 58 or 9.1%
- 20-24 years – 28 or 4.4%
- 25-29 years – 4 or 0.6%
- 30-34 years – 3 or 0.5%
- 35 years and over 4 or 0.6%
- Not known – 0
- Never used a drug – 354 or 55.6%

First drug used figures are based on treated clients only in the county-based services in Co. Waterford:

- Amphetamines - 5 or 0.85
- Benzodiazepines – 2 or 0.3%
- Cannabis – 237 or 37.2%
- Cocaine – 5 or 0.8%
- Hallucinogens – 0
- Heroin – 4 or 0.6%
- MDMA (Ecstasy)– 23 or 3.6%
- Other opiate type drugs – 6 or 0.9%
- Volatile inhalants – 1 or 0.2%
- Other – 0
- Not known – 0
- Never used an illicit or licit drug – 354 or 55.6%

‘Problem’ substance use in Co. Waterford-based services in 2005

These figures are based on treated clients only.

- Alcohol – 407 or 63.9%
- Amphetamines – 8 or 1.3%
- Benzodiazepines – 1 or 0.2%
- Cannabis – 137 or 21.5%
- Cocaine – 27 or 4.2%
- Hallucinogens – 0
- Heroin – 28 or 4.4%
- Hypnotics - 0
- MDMA – 22 or 3.5%
- Other opiate type drugs – 7 or 1.1%
- Volatile inhalants – 0
- Other – 0

Problem Substance Use

Secondary substance for clients treated in Co. Waterford-based services. These figures also are based on treated clients only.

- No secondary substance use – 428 or 67.2%
- Alcohol – 17 or 2.7%
- Amphetamines – 21 or 3.3%
- Benzodiazepines – 4 or 0.6%
- Cannabis – 72 or 11.3%
- Cocaine – 29 or 4.6%
- Hallucinogens – 2 or 0.3%
- Heroin – 2 or 0.3%
- Hypnotic – 0
- MDMA – 60 or 9.4%
- Other opiate type drugs – 2 or 0.3%
- Volatile inhalants – 0
- Others – 0

Drug Treatment Clinics

There are two drug treatment clinics in the region, one based in Carlow and the other based in Waterford. These clinics are essentially for clients who are addicted to opiates. The figures used here include in the data profiles 2.8% of drug treatment clinic clients who had contact with another service during the year. At the end of 2004, one client was on the waiting list for the Waterford clinic. At the end of 2005, seven clients were on the waiting list for the Waterford clinic.

In regard to contact with the Waterford clinic, the number of new referrals treated was 5 or 17.2%. New referrals assessed again were 5 or 17.2% and continuous care clients were 19 or 65.5%.

In regard to gender, the number of males treated at the Waterford clinic was 23 or 79.3%. There were 6 females or 20.7%.

The age of those attending the Waterford clinic was:

- 18-19 years – 1 or 3.4%
- 20-24 years – 6 or 20.7%
- 25-29 years – 9 or 31.0%
- 30-34 years – 4 or 13.8%
- 35 -39 years – 3 or 10.3%
- 40-44 years – 0
- 45 -49 years – 3 or 10.3%
- 50 years and over – 3 or 10.3%

County of residence of those attending the Waterford clinic:

- Carlow - 2 or 6.9%
- Kilkenny – 0
- Tipperary south – 2 or 6.9%
- Waterford – 12 or 41.4%
- Wexford – 13 or 44.8%

Education status of clients attending the Waterford clinic:

- Primary level incomplete – 3 or 10.3%
- Primary level completed – 10 or 34.5%
- Junior Cert completed – 8 or 27.6%
- Leaving Cert completed – 4 or 13.8%
- Third level completed – 1 or 3.4%
- Never went to school – 1 or 3.4%
- Still in education – 0
- Not known – 2 or 6.9%

Of the clients attending the Waterford clinic, 60% had never previously been treated and 40% had previously been treated.

Age of first use of any drug – Waterford Clinic:

- 10-13 years – 7 or 29.2%
- 14-17 years – 9 or 37.5%
- 18-19 years – 3 or 12.5%
- 20-24 years – 1 or 4.2%
- 25-29 years – 1 or 4.2%
- 30-34 years – 1 or 4.2%
- Not known – 2 or 8.3 %

First drug used by clients of the Waterford clinic:

- Benzodiazepines – 0
- Cannabis – 20 or 83.3%
- Cocaine – 1 or 4.2%
- Hallucinogens – 1 or 4.2%
- Heroin – 0
- MDMA – 0
- Other opiate type drugs – 1 or 4.2%
- Volatile inhalants – 1 or 4.2%

Of those attending the Waterford clinic, in excess of 80% had injected while less than 20% had not injected. The **age of people who had first injected** of those treated at the Waterford clinic in 2005 was:

- 14-17 years – 3 or 12.5%
- 18-19 years – 5 or 20.8%
- 20-24 years – 2 or 8.3%
- 25-29 years – 5 or 20.8%
- 30 years and over – 3 or 12.5%
- Never injected – 4 or 16.7%
- Not known – 2 or 8.3%

Frontline Projects

Frontline services provide services and responses for young people between the ages of 15 and 21 involved in high risk drug misuse and who are also experiencing exclusion because of their drug misuse and socio-economic background. The services based in Waterford employ an Outreach worker. The data as presented is based on information received from the Outreach worker for the years 2002 to 2005. Again, the information obtained from this source shows that the majority of clients use more than one drug – the most popular combination was alcohol and hash at 65.9%.

Combining the data from the years 2002 to 2005, the highest levels of contact with the services are by those in the 14-17 year age group. However, looking at the years individually it can be seen that there has been an increase in all of the years in the level of contact with the service of this age group, from 0 in 2002 to 57.7% in 2005. The rates for the 18-19 age group had declined in the years under review.

In regard to contacts made by young people with Frontline the number for
2002 is 17;
2003 – 22;
2004 – 17;
2005 is 26.

Gender:

2002 – 14 male (82.4%), 3 female (17.6%)

2003 – 20 male (90.9%), 2 female (9.1%)

2004 – 14 male (82.4%), 3 female (17.6%)

2005 – 17 male (65.4%), 9 female (34.6%)

The total for the four years was 65 male (79.3%) and 17 female (20.7%)

Area of residence:

2002 – 16 urban (94.1%) and 1 rural (5.9%)

2003 – 19 urban (86.4%) and 3 rural (13.6%)

2004 – 17 urban (100%) and zero rural

2005 – 25 urban (96.2%) and one rural (3.8%)

This makes a total of 70 urban 93.9% and 5 rural 6.1%

Years

Age Group	2002	2003	2004	2005	Total
12-13 yrs	0	0	0	2 / 7.7%	2 / 2.4%
14-17 yrs	0	5 / 22.7%	12 / 70.6%	15 / 57.7%	32 / 39.0%
18-19 yrs	6 / 35.3%	10 / 45.5%	3 / 17.6%	2 / 7.7%	21 / 25.6%
20-24 yrs	9 / 52.9%	6 / 27.3%	0	4 / 15.5%	19 / 23.2%
25-29 yrs	2 / 11.8%	0	0	2 / 7.7%	4 / 4.9%
30-34 yrs	0	1 / 4.5%	2 / 11.8%	1 / 3.8%	4 / 4.9%

Substance of Use

Years

Substance name	2002	2003	2004	2005	Total
Alcohol	2 / 11.8%	0	0	2 / 7.7%	4 / 4.9%
Alcohol/Amphetamines/Coke/LSD/hash/heroin	1 / 5.9%	0	0	0	1 / 1.2%
Alcohol/Amphetamines/Coke/Hash	0	0	0	1 / 3.8	1 / 1.2%
Alcohol/Amphetamines/Ecstasy/LSD	0	1 / 4.5%	0	0	1 / 1.2%
Alcohol/Amphetamines/Hash	0	1 / 4.5%	0	1 / 3.8%	2 / 2.4%
Alcohol/Coke/Hash/Ecstasy	1 / 5.9%	0	0	0	1 / 1.2%
Alcohol/Coke/Hash	1 / 5.9%	1 / 4.5%	0	0	2 / 2.4%
Alcohol/Hash/Ecstasy	2 / 11.8%	1 / 4.5%	3 / 17.6%	0	6 / 7.3%
Alcohol/Hash	6 / 35.3	18 / 81.8%	12 / 70.6%	18 / 69.2%	54 / 65.9%
Alcohol/Heroin/Methadone	0	0	1 / 5.9%	0	1 / 1.2%
Hash/Ecstasy	1 / 5.9%	0	0	0	1 / 1.2%
Hash	3 / 17.6%	0	0	2 / 7.7%	5 / 6.1%
Heroin	0	0	1 / 5.9%	1 / 3.8%	2 / 2.4%
Solvents	0	0	0	1 / 3.8%	1 / 1.2%

Section 3 – State provisions now in place

Gardaí

According to Supt David Sheahan, who has process ownership and performance progression responsibilities at Waterford – Kilkenny divisional level for the Waterford/Kilkenny Policing Plan 2006, substantial progress has been made with a number of significant drugs seizures, most notably the seizure of €458,000-worth of cannabis resin and cocaine in February 2006 which resulted in the offender receiving a seven-year prison sentence. This reflects the excellent work by all members in this area and in particular, Waterford City Drugs Unit. Supt Sheehan is supported in implementing the Divisional Policing Plan by a team of officers and force members spread throughout the division.

There is a continual and on-going multi-agency strategy in the Waterford city area through the local task force and local communities, according to Supt Sheahan. There are also regular operations involving the Gardaí and Customs with considerable resources being deployed to curtail the supply side of the drugs problem.

Under the heading of ‘Illicit drug-trafficking and dealing’, the Garda Waterford/Kilkenny Divisional Policing Plan 2006 sets out among its strategic goals in relation to crime:

- To reduce the incidence of headline crime by 10%
- To increase the detection rate of headline crime by 5%
- To increase detections for sale and supply of illicit drugs by 10%
- To target organised criminal gangs for prosecution and asset seizure

The Policing Plan defines Divisional initiatives and actions as: ‘To target illegal drug trafficking and illegal drug-dealing criminals operating into the Division for disruption, prosecution and asset seizure’. ‘Performance indicators’ have also been defined and are as follows:

- Number of criminal gangs investigated for (1) prosecution, (2) asset seizure
- Number of detections of illicit drugs per District per month – Section 15 and S3
- Value of illicit drug related assets seized per quarter
- Value of drugs seized per District per month
- Number of search and seizure operations conducted per District per month.

In relation to initiatives and action under the heading of ‘criminal intelligence’, the plan has set as one of its performance indicators: ‘Number of members contributing (10 illicit drug-related intelligence per district per month; number of members contributing non-drug related criminal intelligence per district per month’.

Customs

The response to a request for information to John Farrell, Principal Officer, South East Region, was a letter from Mary Deeley, Private Secretary to the Chairman of the Revenue Commissioners, stating that: “Revenue does not provide or publish a regional or county breakdown for these (type of drugs, number of seizures, quantity and value) for operational regions.”

“I would draw your attention to the commissioning by Revenue in early 2006 of a €3.3 million mobile x-ray container scanner, the most powerful mobile container scanner currently available on the market”. The scanner enables Customs to inspect increasing numbers of containers and commercial vehicles and it has been deployed in both Rosslare Europort and Belview Port in 2006.

“Revenue’s role in drug enforcement is carried out at frontier points – ports, airports and postal importation depots. Your enquiry in relation to the extent of the problem of drugs in the Waterford constituency is best answered by the Gardai and other agencies whose remit covers non-frontier areas,” wrote Ms Deeley.

The Revenue Commissioners’ letter also stated that it is committed to delivering on key

action plans set out in the Government's National Drugs Strategy 2001-2008. Revenue works closely with other law enforcement agencies, both nationally and internationally.

A senior Revenue officer is part of the Inter-Departmental Group that advises the Cabinet Sub-Committee on Social Inclusion on drugs-related issues and seeks to ensure better co-ordination between the various stakeholders involved in the National Drugs Strategy. Revenue is also represented on each of the Regional Drugs Task Forces. In terms of supply reduction, Revenue continues to focus on delivering the seizure targets set for the period 2001 – 2008.

In a summary of its enforcement and prosecution activities for 2005, the Revenue Commissioners indicated that there had been 1,223 seizures made during joint operations with the Gardaí of various drugs with a value of €37 million.

Courts Service

There is a serious inadequacy in the facilities available in Waterford city for the processing of court cases, including the prosecution of drug offenders. Only two courtrooms are available for District Court, Circuit Court and the High Court on circuit sittings, leading to serious congestion and a back-log of cases. At present it takes up to 6 months to process cases involving serious drugs offences in the District Court and up to 18 months in the Circuit Court. This inadequacy in facilities must be addressed as a matter of urgency.

The National Drugs Strategy Team

The National Drugs Strategy Team (NDST) is a cross-departmental Team from Departments and Agencies involved in the drugs field. It also contains one representative each from the community and voluntary sectors. Its purpose is to oversee the work of the Local and Regional Drugs Task Forces; address and make recommendations on issues arising, and to report on progress in this area.

The Terms of Reference of the NDST, as set out in the National Drugs Strategy, include:

- Ensuring effective co-ordination between officials from Government Departments and State Agencies represented on the Team and members of the community and voluntary sectors in delivering local and regional task force plans;
- Reviewing on an ongoing basis the need for LDTFs in disadvantaged urban areas, particularly having regard to evidence of localised heroin misuse;
- Identifying and considering policy issues and ensuring that policy is informed by the work of and lessons of the LDTFs and the proposed Regional Drugs Task Forces (RDTF), through joint meetings with the Interdepartmental Group on Drugs (IDG);
- Overseeing the establishment of the RDTFs;
- Drawing up guidelines for the operation of Local and Regional Drugs Task Forces and overseeing their work;
- Evaluating the Local and Regional Drugs Task Forces Action Plans, when submitted and making recommendations to the IDG regarding the allocation of funding to support their implementation;
- Ensuring that monies allocated by the Department of Community, Rural and Gaeltacht Affairs to projects overseen by the NDST are properly accounted for;
- Preparing an annual report and presenting it to the Department of Community, Rural and Gaeltacht Affairs;
- To meet regularly with the co-ordinator of the National Alcohol Policy and, similarly, a member of the Team should be represented on the body charged with the co-ordination of the National Alcohol Policy;

- To continue to be represented on the Young People Facilities and Services Fund (YPFSF) National Assessment Committee and to ensure that the LDTFs continue to be represented on the Development Groups for the Fund;
- The NDST to be kept informed by Departments and Agencies of any initiatives being taken which will affect Task Force areas. In addition, membership of the NDST and of the Local and Regional Drugs Task Forces to be acknowledged and written into the business plans/work programmes of all relevant Departments and Agencies;
- To consider funding on a pilot basis training initiatives to strengthen effective community representation and participation in Regional and Local Drugs Task Forces;
- To examine and advise the IDG on the feasibility of introducing a standards and accreditation framework for all individuals, groups and agencies engaged in drugs work. Such a framework should address issues such as standards, training, qualifications etc; and
- To continue to identify best practice models arising from the work of the LDTFs and the RDTFs and disseminate them widely;

National Drugs Strategy – Overview

The following are the overall strategic aims of the National Drugs Strategy:

- To reduce the availability of illicit drugs;
- To promote throughout society, a greater awareness, understanding and clarity on the dangers of drug misuse;
- To enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society;

- To reduce the risk behaviour associated with drug misuse;
- To reduce the harm caused by drug misuse to individuals, families and communities;
- To have valid, timely and comparable data on the extent and nature of drug misuse in Ireland; and
- To strengthen existing partnerships in and with communities and build new partnerships to tackle the problems of drug misuse.

Objectives

- Supply Reduction
 - ✦ **To significantly reduce the volume of illicit drugs available in Ireland; to arrest the dynamic of existing markets and to curtail new markets as they are identified; and**
 - ✦ **To significantly reduce access to all drugs, particularly those drugs that cause most harm, amongst young people especially in those areas where misuse is most prevalent.**
- Prevention
 - ✦ **To create greater societal awareness about the dangers and prevalence of drug misuse; and**
 - ✦ **To equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development.**
- Treatment
 - ✦ **To encourage and enable those dependent on drugs to avail of treatment with the aim of reducing dependence and improving overall health and social well-being, with the ultimate aim of**

leading a drug-free lifestyle; and

- ✦ **To minimise the harm to those who continue to engage in drug-taking activities that put them at risk.**

■ Research

- ✦ **To have available valid, timely and comparable data on the extent of drug misuse amongst the Irish population and specifically amongst all marginalised groups; and**
- ✦ **To gain a greater understanding of the factors which contribute to Irish people - particularly young people - misusing drugs.**

■ Co-ordination

- ✦ **To have in place an efficient and effective framework for implementing the National Drugs Strategy;**
- ✦ **Considerable resources are being put into the effort to combat the supply and demand for illicit drugs by a range of Government Departments, State Agencies and the Community and Voluntary Sector.**

The principal actors are:

- the Health Service Executive who are responsible for development and delivery of drug prevention, treatment and rehabilitation services;
- the Department of Justice, Equality and Law Reform and the Garda Síochána who are responsible for the development and implementation of policy on the reduction of the supply of drugs - the Garda Síochána are also involved in drug prevention programmes through a range of diversionary projects throughout the country;
- the Department of Education and Science who operate drug prevention programmes such as “On My Own Two Feet” and “Walk Tall” through

the formal education system; and

- the Community and Voluntary Sector, who deliver a wide range of initiatives at local level in the areas of prevention, treatment, rehabilitation and aftercare.

In view of the cross-cutting nature of the drugs issue, the following structures were established to formulate and deliver a co-ordinated and integrated National Drugs Strategy:

Regional Drugs Task Forces

One of the key recommendations of the National Drugs Strategy 2001 - 2008, is the establishment of Regional Drugs Task Forces throughout the country. The Strategy proposed that RDTFs be set up in each of the former 10 Health Board areas to develop appropriate policies to deal with drug misuse in the regions. Now fully established in each of the areas, the RDTFs are bringing together all the State agencies involved in the field of drug misuse as well as the voluntary and community sectors.

Each RDTF will be responsible for putting in place a strategy to tackle drug misuse specifically in their regions. Their establishment represents an innovative approach to tackling the drug problem on a regional basis. The role of the RDTFs is to research, develop and implement a co-ordinated response to drug misuse through a partnership approach. Their terms of reference are as follows:

- to ensure the development of a co-ordinated and integrated response to tackling the drugs problem in their region;
- to create and maintain an up-to date database on the nature and extent of drug misuse and to provide information on drug-related services and resources in the region;
- to identify and address gaps in service provision having regard to evidence available on the extent and specific location of drug misuse in the region;
- to prepare a development plan to respond to regional drugs issues for

assessment by the NDST and approval by the IDG;

- to provide information and regular reports to the NDST in the format and frequency requested by the Team; and
- To develop regionally relevant policy proposals, in consultation with the NDST.

The RDTFs include representation from the following sectors:

- Chair;
- Regional Drug Co-ordinator;
- Administrator;
- Local Authority;
- VEC;
- Health Service Executive;
- Department of Education and Science;
- Department of Community, Rural and Gaeltacht Affairs ;
- Gardaí;
- Probation and Welfare Service;
- FÁS;
- Revenue Commissioners - Customs and Excise Division;
- Voluntary Sector;
- Community Sector;
- Public Representatives (nominated by Local Authority in accordance with normal procedures); and

- Area Based Partnerships.

South East Regional Drug Task Force

To date the South East Regional Drug Task Force has received funding for the following projects:

Project Code	Project Name
	Regional
SE-1	Croi Nua
SE-2	Sr. Francis Farm
SE-3	Céim Eile
SE-27	Aiseiri
SE-28	Aiseiri Family Support Development Worker
	Carlow / Kilkenny
SE-15	Carlow/Kilkenny Community-based Drugs Initiative (CBDI)
SE-16	Family support group
	Music clubs, Carlow
SE-24	Local outreach worker
(Ossory)	Encourage students to research various aspects of substance misuse
	Rural outreach initiative in northeast Kilkenny
SE-17	Carlow/Kilkenny awareness week
SE-18	Ossory youth programme for 15-18 year-olds

	South Tipperary
SE-13	Alcohol and substance misuse awareness campaign for Junior Cert and Leaving Cert
SE-21	Substance misuse counsellor
SE-23	Local outreach worker
SE-14	Parent-to-parent promotional brochure
	Waterford
SE-10	Co. Waterford CBDI
SE-11	Inner City/Ferrybank CBDI
SE-12	Extension of 'Frontline' drugs project to Co. Waterford
	Local outreach worker
SE-22	Waterford Community Drugs Network
SE-6	Southside CBDI Art programme
SE-7	Facilitation training programme
SE-8	Ballybeg drug awareness week
SE-9	Young person's 'Guide to Survival'
	Wexford
SE-4	Healthy Choices/Healthy Decisions
SE-5	Wexford Area/Cornmarket Project
	Local outreach worker
	Regional Drugs Task Force
SE-19	Small grants
SE-20	Administration costs
	Regional research

These projects all received funding in 2006 and have commenced or are in the process of recruiting relevant staff members to initiate the project. Each of the above projects comes under one for the five pillars: *Supply and Control; Education and Prevention; Treatment and Rehabilitation, Research and Co-ordination*. Projects have been ratified by the South East Regional Drugs Task Force for 2007 funding and the appropriate forms have been sent to the National Drugs Strategy Team.

Tony Barden was the interim co-coordinator for the South East Regional Drugs Task Force since its inception in 2003. At the end of April 2006, Ms Maria Fox took over as South East Regional Drug Co-coordinator but has been on sick leave since early November 2006. Mr. Barden subsequently resumed responsibilities as interim co-ordinator.

A data co-ordinator from the Regional Drug Co-ordination Unit, which is funded by the Health Service Executive, has full responsibility for the collection and collation of data relating to drugs and alcohol. A report is published each year giving an outline of alcohol and drug related data collected. The report is broken down into the following sections:

- Treatment services;
- Education and prevention;
- Supply and control;
- Useful contacts.

Expert sub-groups of the South East Regional Drugs Task Force have also being set up relevant to each of the five pillars listed above. The groups report to the South East Regional Drugs Task Force.

The **Treatment and Rehab Expert Group** commenced in early 2006 and in December 2006, additional community members joined the group which previously contained residential unit members.

The first meeting of the **Education and Prevention Expert Group** was due to take place in February 2007. This group consists of drug education officers from each of the counties in the southeast and a member of each of the local training and prevention groups.

Supply and Control Groups have been set up in each local area and discussions are taking place with a view to setting up a regional expert group under this heading.

Funding has been received for the commencement of one of the two research project workers as the second research worker had not commenced work at the date of compilation of this report.

A template for financial records was in the process of being distributed at the beginning of 2007. This measure will enable the submission of financial records to the SERDTF co-ordinator on a monthly basis and will ensure proper governance of funding received from Department of Community Rural and Gaeltacht Affairs to the Health Service Executive – Regional Drugs Coordination Unit, for distribution to approved projects.

Each of the project holders will put make a presentation on their project's aims and objectives. The presentation will outline how they envisage achieving or have achieved these aims and objectives. The presentation will also demonstrate how the project meets the objectives of the National Drug Strategic Plan 2001 - 2008. A panel of four independent members has been set up to evaluate the projects prior to receiving 2007 funding.

The Young People Facilities and Service Funds have received the following funding in 2006:

Young People Facilities Service Fund, Projects in Waterford funded from the Department of Community Rural and Gaeltacht Affairs 2006

Waterford		
Ferrybank drug prevention project	€57,505	
Farran Park community youth project	€57,505	
Inner-city community youth	€57,505	
'Frontline' project	€57,505	
Small grants scheme	€37,000	€35,000 plus funds carried over from last year.
Total for main-streaming to the HSE	<u>€267,020</u>	

Funding for drug prevention projects in Carlow and Waterford from the Department of Community Rural and Gaeltacht Affairs, April 2006

<u>Carlow</u>	
Purchase and fit out of premises, on Burrin Street for use as a youth facility.	€1.3m
<u>Waterford</u>	
The construction and fit out of a youth and community resource centre in the Outer Ring Road area of Waterford city in order to service the needs of the Young People Facilities and Service Funds target group in the area.	€553,000
<u>Waterford</u>	
The development of floodlighting of two football pitches at Ferrybank Football Club	€100,000
<u>Waterford</u>	
To carry out remedial works and improvements to the sports facility and play court for Children's Group Link, a long established group in Waterford, whose aims are to provide recreational, educational, counselling and sporting facilities and services for the young people of Waterford	€27,000

Allocation approvals in June 2006	
The construction and fit out of a youth and Community Resource Centre in Waterford inner city at Manor Street, to serve the needs of the Young People Facilities and Service Funds target group in the area	€685,000
The renovation of the clubhouse and surrounding area of St Saviour's F.C. and Saviour's Crystal Boxing Club	€55,000
Purchases of computer and office equipment for Ferrybank drugs prevention project	€3,100

Allocation Approvals July 2006

Project Name	Purpose of Funding	Funding Allocation
Waterford Regional Youth Services – Gracedieu, Logloss and Hillview, Waterford	To fund a community-based youth project with one fulltime youth worker	€57,505
Ferrybank drugs prevention project (Foróige), Waterford.	To expand current YP funded project with one fulltime youth worker	€57,505
Waterford Regional Youth Services - Axis Programme, Ballybeg, Waterford	To develop an integrated youth service to deliver out- of-hours activities with the target group with one part-time youth worker	€28,755
Waterford Regional Youth Service, Larchville, Lisduggan, Waterford	To develop an integrated youth service for 10-18 year olds as existing services are not able to meet demand. One part-time youth worker	€28,755
Waterford inner-city local committee, Waterford	Contribution towards programme costs for drama workshops in six schools	€7,000
Total		<u>€179,520</u>

Total Funding overall €4,247,635.00

[HSE – Pat O’Neill:]

Within the Waterford constituency there is a substantial number of agencies and voluntary organisations that deal with drug and alcohol related issues. The following projects and services work under one or more of the pillars set out in the National Drugs Strategy 2001 - 2008:

- The HSE’s Substance Mis-use Team employs addiction counsellors, a drug education officer and an alcohol liaison officer at Waterford Regional Hospital
 - HSE’s ACCEPT addiction counselling service
 - HSE’s Methadone treatment service
 - HSE’s Health Promotion Unit
 - The Department of Psychiatry in WRH
 - Waterford Regional Hospital
 - Waterford Youth Services line-manages several projects that come under the ‘Prevention and Rehabilitation’ pillars:
 - Five community-based drug initiatives –CBDIs; four support groups for parents and families of drug users are facilitated by CBDIs;
 - Two ‘Frontline’ community drugs projects;
 - Inner-city community youth project;
 - Ferrybank drug prevention project, managed by Foróige;
 - Farran Park, Catherine’s Grange community youth project;
 - ‘LÚB Project’ - focusing on homeless street drinkers;
 - Youth outreach service;
 - Outreach service – targeting substance mis-users not engaged with services;
 - ‘Making Connections’ – rehabilitation training programme
- *Foróige*;
 - *Céim Eile* half-way house;

- Waterford Men's Hostel;
- Gardaí;
- Probation Services;
- Waterford County Council;
- Waterford City Council;
- FÁS;
- Schools;
- GPs;
- Customs and Excise;
- Alcoholics Anonymous;
- Narcotics Anonymous;
- Al-Anon;
- Al-Ateen

The membership of Waterford Local Drug Task Force and its sub-committees comprises representatives of many of the above services. The two sub-committees are:

- Education / Prevention and Supply Reduction Committee
- Treatment and Rehabilitation Committee

These committees meet regularly in order to address drug-related issues. They then feed into the Local Drugs Task Force which in turn feeds into the Regional Drug Task Force.

The RDTF provides small and large grants to groups, projects, services and agencies that address drugs related issues under any of the 'five pillars'.

Workers from the various agencies, projects and services meet regularly on an individual basis and as a group. These meetings provide opportunities to share information, best practice principles, knowledge, training opportunities, policy developments and identifying gaps in service provision.

The ‘Walk Tall’ programme

The Substance Misuse Prevention Programme (SMPP or ‘The Walk Tall’ Programme) is a national programme, established in 1996, to provide in-service training to teachers in primary schools in the area of legal and illegal substances. The programme teaching and resource materials focus on both alcohol and drugs in an age appropriate manner. The Minister for Education, Mary Hanafin TD, speaking in Dail Eireann, on May 16, 2006, said that the programme was offered to all primary and special schools 1998-2001. Approximately 3,048 (95%) schools participated in the training.

The programme has an integrated approach to drug education and is a key strategy in drug abuse prevention education. Teaching and resource materials developed by the ‘Walk Tall’ Programme are made available to all primary and special schools nationally. In the last academic year the Walk Tall Support Service produced a CD ROM of the programme materials and a handbook for teachers “Understanding Substances and Substance Use” and made it available to all schools nationally.

Summer training courses are offered nationally to teachers. In all, 16 courses took place in 2005. Approximately 350 teachers participated on the courses. The uptake on the summer courses nationally demonstrates that teachers outside of Local Drug Task Force Areas are receiving training on the ‘Walk Tall’ Programme. Courses took place in Limerick, Kildare, Athlone, Carlow, Kilkenny, Louth, Carrick-on Shannon, Mayo, Wicklow, Tipperary, Monaghan, Cavan and Tralee.

The support service has a full time staff of three, comprised of a national support officer and two assistants on secondment from teaching duties. A part-time panel of approximately 20 teachers is available to deliver summer training courses nationally. The programme currently offers a dedicated support service to all schools in the 14 Local Drugs Task Force Areas in Dublin, Bray and Cork. The Minister said officials in her Department were, at that time, examining a proposal from the SMPP Steering Committee to expand the ‘Walk Tall’ programme to provide schools outside the Local Drugs Task

Force Areas with a dedicated service also.

‘On My Own Two Feet’

At post-primary level, the substance misuse prevention programme ‘On My Own Two Feet’ which is an integral part of the SPHE curriculum, draws on three approaches: knowledge-attitude, decision-making and social competence. As such it is a comprehensive life-skills programme.

All post-primary schools are invited to in-service training in SPHE each spring and autumn on a regional basis. A selection of SPHE topics are offered to teachers, including substance use education. Health Promotion Officers and Regional Development Officers along with experts in specific areas, such as substance use education are involved in the delivery of this in-service training. In addition, there is a dedicated Regional Development Officer who works with post-primary schools in the Local Drugs Task Force Areas, in assisting them with policy development and implementation of the policy guidelines on substance use in schools.

Evaluation studies of the effectiveness of substance misuse prevention programmes such as ‘Walk Tall’ and ‘On My Own Two Feet’ are few but those that have been conducted show positive outcomes: an evaluation of the ‘Walk Tall’ programme concluded that the programme is in line with the most effective approaches that are used in programmes abroad. Another study conducted in the Local Drugs Task Force Areas found that the programme integrated very well with the SPHE curriculum, according to Minister Hanafin. The ‘Walk Tall’ programme has been piloted in Northern Ireland and permission has been sought by the Council for Curriculum Examinations and Assessment (CCEA) to use the ‘Walk Tall’ materials as part of a Personal Development Curriculum.

Waterford Regional Youth Services

Waterford Regional Youth Services is based at The Edmund Rice Youth and Community Centre, Manor Street, Waterford .It provides a comprehensive range of services for young people in the city and county of Waterford and part of County Tipperary, South Riding.

B.A.L.L. Project

Based at the Millennium Youth and Community Centre, Church Road, Lisduggan, Waterford, the B.A.L.L. Project is a youth diversion project funded by the Department of Justice, Equality and Reform and administrated by Waterford Regional Youth Service. The project works with young people in three areas: Ballybeg, Larchville and Lisduggan 12 – 18 years old, both boys and girls. It also runs mainline activities for young people in the Larchville and Lisduggan areas. These include SKIPS youth club for 8-12 year olds and Y.E.L.L. homework education support club for 6-12 year olds. It also provides games room sessions for the local young people on weekday afternoons.

The project team works consistently with young people aged between 8 and 18 from Ballybeg, Lisduggan, and Larchville in Waterford city. Through the project, young people at risk, who are the core target group, are supported in all areas of their lives to make positive choices for themselves, with the aim of diverting them from lives of crime.

The needs of young people will be met through participation in various programmes and activities. This support is given to the young people on both an individual and group level.

The project works with the Community Gardaí; An Garda Síochána; Juvenile Liaison Officer; youth workers in other projects; schools; education support projects; local residents; HSE; Probation and Welfare Services; local clergy; Pathways; Bernardos; Manor St John Special Youth Projects; Ballybeg Community Development Project; Ballybeg Special Youth Project and the Larchville and Lisduggan Community

Development Project.

The facilities provided include: café; education support; soccer club; outdoor pursuits; one-to-one sessions; group sessions; family support; outreach work; summer programmes and games room.

Inner-city Community Youth Project

The Inner-city Community Youth Project is based at the Waterford Regional Youth Services offices at the Edmund Rice Youth and Community Centre, Manor Street Waterford. The project encourages young people at risk from exclusion through activities and issue-based programmes.

PACT Project

The PACT Project is based at Manor St, Waterford, Abbeylands and Ferrybank. The project works in target areas of Waterford's inner city and areas of Ferrybank, providing group work and special interest activities for young people.

Sway Project

The Sway Project is based at the Youth Resource Centre, St John's Park. It works with young people from 11 - 18 years old in and around St. John's Park, Birchwood, Kilcohan, St. Herblain and the Farren Park areas.

A.C.C.E.P.T Addiction Treatment Service

This service is based at Brook House, Cork Road, Waterford. It provides in-patient/out-patient treatment; after-care support; counselling; advisory service; information; family support; in-patient and out-patient detoxification.

Southside Community Drugs Initiative

This project is based at Community House, 100 Farran Park and the Youth Resource Centre, St. John's Park. It offers support within the communities of Farran Park and St. John's Park. Community-based drugs initiatives were formed to offer a range of responses to issues of substance misuse. CBDI is funded by the HSE and is managed by the Waterford Regional Youth Services.

The primary focus of the CBDI is to promote prevention of substance misuse through raising awareness in local communities. The five main areas of work are support; education and awareness; policy and practice; development; involvement.

The CBDI offers one-to-one support for individuals and families; facilitating family support groups; information and referral to relevant services; drug awareness, education and development programmes for parents, young people; community groups; sports groups; voluntary groups.

The aims of the CBDI are to increase awareness of substance misuse and related issues; help local communities identify and respond to local needs; support communities to implement responses to drug misuse issues; develop strategies to reduce demand for drugs; inform local regional and national agencies of local needs and issues; improve the quality of life for people affected by substance misuse.

Concerned local people committed to making a difference in their area work with the CBDI. They work to develop responses to drug misuse in their communities and to implement strategies that will help improve the quality of life in their communities.

Waterford Community Drugs Initiative

This project is based at the Millennium Youth and Community Centre, Church Road, Lisduggan, Waterford. It offers support within the communities of Ballybeg, Larchville, and Lisduggan. It was formed to offer a range of responses to issues of substance misuse.

It is funded by the HSE and is managed by the Waterford Regional Youth Services.

The primary focus of the CBDI is to promote prevention of substance misuse through raising awareness in local communities. The five main areas of work include support; education and awareness; policy and practice; development; involvement.

The CBDI offers one-to-one support for individuals and families; facilitates family support groups; information and referral to relevant services; drug awareness, education and development programmes for parents; young people; community groups sports groups and voluntary groups.

The CBDI aims to: increase awareness of substance misuse and related issues; help local communities identify and respond to local needs; support communities to implement responses to drug misuse issues; develop strategies to reduce demand for drugs; inform local regional and national agencies of local needs and issues; improve the quality of life for people affected by substance misuse.

Waterford Drug Helpline

The drugs helpline is operated from offices at Upper Yellow Road, Waterford, and it provides counselling, advisory service, group discussion and deep relaxation.

Section 4 - Case studies

Jack's story – a Waterford addict's case history

Jack is now 31 years of age and was an abuser of both legal and illegal drugs, alcohol and other substances. At present he is 'clean' of alcohol and drug abuse and has been for the past three-and-a-half years.

Jack's history of substance abuse began with alcohol at the age of 11. The alcohol, most likely spirits, was available in his home. He had seen his father and older brother abuse alcohol.

He then moved on to abusing other substances, including lighter fuels, various sprays and solvents, including hairspray and Tippex remover. He was also at this stage taking his father's medication which consisted of pain killers, anti-depressants and sleeping tablets.

Jack was first hospitalised as a result of substance abuse at the age of 14 having had a blackout from taking alcohol and tablets. He had to have 60 stitches in his face as a result of an accident. He attended A & E at Waterford Regional Hospital with his father, who was drunk at the time.

One of Jack's habits involved putting petrol in a milk bottle or carton, placing his mouth around the neck of the bottle or the opening of the carton and drawing the fumes into his mouth. This provided an instant hit.

He was 13, to the best of his recollection, when he had his first experience of cannabis. Jack and a number of friends of his own age would pool their money to buy cannabis. He also got cannabis from some of his older brothers' friends.

When his mother was away, he would abuse cannabis at home. His parents separated when he was aged 18 and his father left home. His mother later contracted cancer from

which she has recovered.

Jack speaks glowingly of his mother and her 'never ending efforts' to turn him away from drugs, alcohol and substance abuse. He was 18 or 19 before his mother was able to recognise the unmistakable 'burned toast' smell of cannabis. Up to about the age of 15 he and four or five of the same age, were pooling their money to buy cannabis.

The home environment was less than ideal and he was exposed to violence there. His recollection is that social workers were involved but were not able to cope with it. He watched his father in a rage breaking up furniture and burning it.

At the age of 15, Jack thinks that he began to buy his own supply of cannabis. The introductory sample of cannabis was free and this 'marketing ploy' continues with free introductory samples of heroin and cannabis being given to young people today.

Jack was, at this stage, stealing from his mother's purse to pay for his drugs. In order to fuel his habit he stole from all available sources, including shop lifting, breaking into houses and cars, stealing mobile telephones and stealing from unattended jackets.

He was using drugs in secondary school and he describes going through rubbish bins looking for old cannabis butts, combing the carpet for residues of the drug. When the supply dried up, he couldn't sleep, and he said he was 'scratchy, itchy and sweaty'.

He also 'did a bit of dealing' himself. He was arrested by the Gardai a couple of times but managed to avoid prison. He believes that the fact that he did not experience prison and its embedded drug-culture was very important in terms of his recovery. He did, however, hang around with a lot of people who did time in prison.

Jack believes that he has an addictive personality. He described himself when he was younger as being 'hyper-active and aggressive'. His favourite substances were cannabis and alcohol. He says that cannabis is a relaxant but is also highly depressive.

Asked about the current supply of drugs in Waterford where reportedly cocaine is now replacing ecstasy, Jack says it is possible to get two ecstasy tablets for €5. Cocaine costs €50 to €100 per wrap which, depending on the size of the lines being used by people, would provide 10 to 15 lines. Cocaine use is common in the toilets of all Waterford nightclubs, where both males and females take it.

Jack says that cocaine users make the lines on the toilet tank top with a credit card and use a rolled up €5 note to ingest it or they dip a wet finger into the powder and rub it on their gums.

Jack also admitted to abusing LSD - 'acid' - which he describes as an hallucinogenic which can give a 12-hour 'trip'. He smoked marijuana, which he says is a soothing drug and is also available as 'Skunk' when it is laced with LSD. 'Hash' is another grade of cannabis. He has taken cocaine but avoided heroin.

Jack speaks positively of Narcotics Anonymous and Alcoholics Anonymous and how important these organisations are to the large number of people who are seeking to overcome drugs and alcohol addiction.

Jack describes drug addiction as causing anxiety and as being a huge isolator.

When asked to suggest what the State should be doing in regard to combating the drugs problem, Jack says that there is a big need to listen to young people and not to 'preach' at them.

Prior to his current drug-free period, he was off drugs for a time but relapsed. He admits that there was 'a certain level of denial' involved in this relapse.

Jack identifies certain large estates in Waterford as locations where drug abuse is common but adds that drugs are not as available on the streets at present as was the case

in the past.

Jack says he was very aggressive when he had taken alcohol and described himself as being psychotic and completely paranoid. He cut himself off completely from friends and family and attempted suicide. He had a nervous breakdown four or five months before this interview. He broke-up with his girlfriend. He also subjected himself to self-harm - burning and cutting himself. He says that this is consistent with a general pattern of low self-esteem and self-loathing which he experienced.

He describes his addiction as making him a slave to the substances being abused, a degrading process manifested by not washing, shaving or buying clothes.

When asked why he became an addict, Jack says that he could not face life and that he had seen a lot of violence in his home. He quotes a line from a 'Pink Floyd' song describing the condition of the drug taker as 'comfortably numb'. Effectively, Jack believes he was running away from life and reality.

He described how drugs gave him 'an edge' but at great cost to relationships, jobs and trust. He wanted to escape from the mental pain that he was experiencing at the time.

Jack found the family-based approach of Aiséirí very helpful in dealing with alcohol abuse and drug-addiction problems. When he was 18 and visiting his brother who was being detoxified in Aiséirí, he admitted that he himself had a drug and drink problem. There were family days in Aiséirí to help with support and understanding for the addict who was getting help, during which the whole family attended. Jack describes these events as 'a form of awakening in a place where help was available if the person wants that help'.

"Sometimes the hardest thing to do is to ask for help," he says. "Sometimes the longest journey is from the heart to the tongue."

That was his first real experience of recovery. Brook House, Narcotics Anonymous and

Alcoholics Anonymous are and were a big help in his recovery to date. Help from other recovering addicts is also very important. As the saying goes, 'it takes one to know one', he comments.

The help and services available at Brook House were very important to his recovery, Jack says.

In conversation with Deputy Brian O'Shea

November 27, 2006

Notes

- ***Alcoholics Anonymous** is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; the organisation is self-supporting through its own contributions. A.A. is not allied with any sect, denomination, politics, organisation or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Its primary purpose is to stay sober and help other alcoholics to achieve sobriety.*
- ***Narcotics Anonymous** is a group of recovering addicts who have found a way to live without the use of drugs. It costs nothing to be a member; the only requirement is a desire to stop using.*
- *A.C.C.E.P.T. Addiction Treatment Services, **Brook House**, Cork Road, Waterford. Addictions: alcohol, drugs, smoking, gambling, prescription drugs. Treatment: adolescents, adults. Services provided: inpatient, outpatient, aftercare, counselling, advisory services.*

- *Aiséiri* was founded in 1983 by Sr. Eileen Fahey R.S.M. The residence was leased by the Sisters of Mercy to a Board of Trustees. It is a registered charity located in Cahir, Co. Tipperary, providing quality treatment in a therapeutic environment, for alcoholics, other chemically dependent people and gamblers. In September 1987, at the request of the SEHB and in a property leased by them to the Aiséiri Trustees, the service was extended to Roxborough, Wexford. Céim Eile [Another Step] Extended Care Facility was opened in Waterford in 2003.

Anthony's story – courts should order treatment rather than jail

Anthony is now aged 31 and has been 'clean' for some three years. He is attending the Methadone maintenance clinic in Waterford. He had been clean since 1997 but had a 'slip' three years ago.

He smoked cannabis since he was a teenager and had attended Brook House. His parents are separated so he decided to go and live with his father in Dublin to avoid the people and places that he believed had nurtured and sustained his drug habit in Waterford.

When he returned from Dublin he met up with 'the old group' and was introduced to opiates. This lasted for about three months. He had been smoking cannabis since he was about 16 and also had begun to drink alcohol but matters reached problem proportions when he was about 18.

Anthony was exposed to substance abuse in the home. His father was an alcoholic. He was introduced to smoking cannabis by his peer group and was able to get a supply locally through his friends.

He got into trouble with the Gardai and it was at this point that he hit 'rock bottom'. He was convicted of possession of cannabis. He left school just before his Leaving Cert but he does not attribute this to his addictions but to the fact that he was rebellious and that one of his teachers was, in his view, 'a bit of a bully'. He has now resumed his education and is a third-level student studying for his primary degree.

He believes that in Waterford the Methadone clinic needs to be held on an extra day each week. The extra clinic should be held on a separate day for people who are 'clean' as opposed to those who are still using drugs and trying to get a placement at the clinic. He is concerned that a person who is clean could be tempted to try and obtain drugs from the addicts they meet at the clinic and who are on the waiting list for treatment at the clinic.

He believes that the courts should send addicts for treatment rather than to prison. He emphasises that he is referring to addicts rather than dealers. Anthony pays tribute to the staff at the clinic, who are mostly volunteers and who do a great job, he says.

Anthony relates the case of a person he met in the Methadone maintenance clinic, who said that he had outstanding fines to pay and because he did not pay them he was sent to Cork Prison where there was no Methadone programme. He was very sick for the three months he was in Cork Prison and when he came out, he went back on heroin to get rid of his sickness.

Anthony believes that greater awareness of drugs is needed and this should be taught in schools. He recommends inviting members of Alcoholics Anonymous and Narcotics Anonymous to schools to talk to the children so that they develop awareness of the dangers and consequences of drug taking.

Anthony feels that it is particularly important to teach children and young adults not to give in to peer pressure. It is very difficult to say 'no' at 15 years of age.

He is particularly concerned about the availability and use of heroin and cocaine in the Waterford area. Cocaine, he says, is being used by quite a lot of people both young and old. These drug users are normally law abiding people but have this weakness.

In conversation with Deputy Brian O'Shea

February 7, 2007

Michael's story – addicted to alcohol but tried everything other than heroin

Michael turned 28 in January. He says his greatest addiction is to alcohol but he has taken every drug except heroin. He started drinking when he was 12 or 13 when he got spirits at home from the drinks' cabinet.

Michael was going to teenage discos and he and his friends brought various concoctions of spirits in bottles with them and they drank these.

He was able to get served in certain pubs at around the age of 16. It was all fun to begin with but then it got out of hand.

At about 17, his drinking became problematic; he was fighting and getting into trouble and began coming to the notice of the Gardai. He was convicted of assault and spent a week on remand in Limerick Prison, after which he had to do community service.

In order to stay out of prison he sought treatment in Aisling. He had a few lapses but his recovery substantially happened there. He is now studying for a Master's degree.

He was smoking hash from the age of 18. He comes from a rural area, which is close to both a city and a large town. Although he is not from the Waterford constituency he is familiar with Waterford city. He became acquainted with a very serious criminal who was a major drug dealer. As a result of this association, he did some 'small time' selling of drugs.

Michael believes that he has an addictive streak in his personality and needed to be 'out of his mind on something'. His father is an alcoholic and is a big binge drinker. Michael says he was exposed to alcohol abuse and violence in the home.

As a young person he was 'scholarly' and good at sport. But when he became addicted,

his friends changed and he became involved with some very sinister people.

He observed that right across the social scene in Waterford, an ‘unbelievable number’ of people under 40 are using cocaine and ecstasy. He believes that so called ‘recreational users’ of cocaine live in a delusional world where they see themselves as respectable people but are at the same time putting money into the pockets of murderers.

He believes that there is also a delusional aspect to young people using drugs. One person he was talking to said it was a pity that when they were ‘high on Es’ they could not have deeply meaningful conversations.

He believes that most of those who deal in cocaine come from working class backgrounds but he is aware of middle class adults who operate at the higher echelons of the drug trade. He also said that he is aware of young people who pay their way through college from the proceeds of selling hash.

When asked what he thought the solution was to the problem of substance abuse, he responded that nothing readily occurred to him except to say that people need to take responsibility for their drug taking. There is a culture that needs changing, he says.

In conversation with Deputy Brian O’Shea

February 7, 2007

Appendix A

Court Reports

Appendix 2

Membership of the Joint Committee

**An Comhchoiste um Ghnóthaí Ealaíon,
Spóirt, Turasóireachta, Pobail, Tuaithe
agus Gaeltachta.**

Teach Laighean
Baile Átha Cliath 2



**Joint Committee on Arts, Sport,
Tourism, Community, Rural and
Gaeltacht Affairs.**

Leinster House
Dublin 2
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Deputies:

Martin Brady (FF)
James Breen (Ind)
Michael Collins (Ind)
Jimmy Deenihan (FG)
Jim Glennon (FF) [Vice-Chairman]
Cecilia Keaveney (FF) [Chairman]
Peter Kelly (FF)
Dinny McGinley (FG)
Brian O'Shea (Lab)
Jack Wall (Lab)
G.V. Wright (FF)

Senators:

Brendan Daly (FF)
Frank Feighan (FG)
Joe McHugh (FG)
Labhrás Ó Murchú (FF)
Joe O'Toole (Ind)
Kieran Phelan (FF)

Appendix 3

Orders of Reference

Dáil Éireann on 16 October 2002 *ordered*:

“(1) (a) That a Select Committee, which shall be called the Select Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs, consisting of 11 members of Dáil Éireann (of whom 4 shall constitute a quorum), be appointed to consider -

- (i) such Bills the statute law in respect of which is dealt with by the Department of Arts, Sport and Tourism and the Department of Community, Rural and Gaeltacht Affairs;
- (ii) such Estimates for Public Services within the aegis of the Department of Arts, Sport and Tourism and the Department of Community, Rural and Gaeltacht Affairs; and
- (iii) such proposals contained in any motion, including any motion within the meaning of Standing Order 157 concerning the approval by the Dáil of international agreements involving a charge on public funds,

as shall be referred to it by Dáil Éireann from time to time.

- (b) For the purpose of its consideration of Bills and proposals under paragraphs (1)(a)(i) and (iii), the Select Committee shall have the powers defined in Standing Order 81(1), (2) and (3).

- (c) For the avoidance of doubt, by virtue of his or her *ex officio* membership of the Select Committee in accordance with Standing Order 90(1), the Minister for Arts, Sport and Tourism and the Minister for Community, Rural and Gaeltacht Affairs (or a Minister or Minister of State nominated in his or her stead) shall be entitled to vote.

- (2) (a) The Select Committee shall be joined with a Select Committee to be appointed by Seanad Éireann to form the Joint Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs to consider -
 - (i) such public affairs administered by the Department of Arts, Sport and Tourism and the Department of Community, Rural and Gaeltacht Affairs as it may select, including, in respect of Government policy, bodies under the aegis of those Departments;
 - (ii) such matters of policy for which the Minister for Arts, Sport and Tourism and the Minister for Community, Rural and Gaeltacht Affairs are officially responsible as it may select;
 - (iii) such related policy issues as it may select concerning bodies which are partly or wholly funded by the State or which are established or appointed by Members of the Government or by the Oireachtas;
 - (iv) such Statutory Instruments made by the Minister for Arts, Sport and Tourism and the Minister for Community, Rural and Gaeltacht Affairs and laid before both Houses of the Oireachtas as it may select;
 - (v) such proposals for EU legislation and related policy issues as may be referred to it from time to time, in accordance with Standing Order 81(4);

- (vi) the strategy statement laid before each House of the Oireachtas by the Minister for Arts, Sport and Tourism and the Minister for Community, Rural and Gaeltacht Affairs pursuant to section 5(2) of the Public Service Management Act, 1997, and the Joint Committee shall be so authorised for the purposes of section 10 of that Act;
- (vii) such annual reports or annual reports and accounts, required by law and laid before either or both Houses of the Oireachtas, of bodies specified in paragraphs 2(a)(i) and (iii), and the overall operational results, statements of strategy and corporate plans of these bodies, as it may select;

Provided that the Joint Committee shall not, at any time, consider any matter relating to such a body which is, which has been, or which is, at that time, proposed to be considered by the Committee of Public Accounts pursuant to the Orders of Reference of that Committee and/or the Comptroller and Auditor General (Amendment) Act, 1993;

Provided further that the Joint Committee shall refrain from inquiring into in public session, or publishing confidential information regarding, any such matter if so requested either by the body or by the Minister for Arts, Sport and Tourism and the Minister for Community, Rural and Gaeltacht Affairs; and

- (viii) such other matters as may be jointly referred to it from time to time by both Houses of the Oireachtas,

and shall report thereon to both Houses of the Oireachtas.

- (b) The quorum of the Joint Committee shall be five, of whom at least one shall be a member of Dáil Éireann and one a member of Seanad Éireann.
 - (c) The Joint Committee shall have the powers defined in Standing Order 81(1) to (9) inclusive.
- (3) The Chairman of the Joint Committee, who shall be a member of Dáil Éireann, shall also be Chairman of the Select Committee.”

Seanad Éireann on 17 October 2002 (*23 October 2002) ordered:

- (1) (a) That a Select Committee consisting of 6 members* of Seanad Éireann shall be appointed to be joined with a Select Committee of Dáil Éireann to form the Joint Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs to consider-
- (i) such public affairs administered by the Department of Arts, Sport and Tourism and the Department of Community, Rural and Gaeltacht Affairs as it may select, including, in respect of Government policy, bodies under the aegis of those Departments;
 - (ii) such matters of policy for which the Minister for Arts, Sport and Tourism and the Minister for Community, Rural and Gaeltacht Affairs are officially responsible as it may select;
 - (iii) such related policy issues as it may select concerning bodies which are partly or wholly funded by the State or which are established or

* by the substitution of ‘6 members’ for ‘4 members’.

appointed by Members of the Government or by the Oireachtas;

- (iv) such Statutory Instruments made by the Minister for Arts, Sport and Tourism and the Minister for Community, Rural and Gaeltacht Affairs and laid before Houses of the Oireachtas as it may select;
- (v) such proposals for EU legislation and related policy issues as may be referred to it from time to time, in accordance with Standing Order 65(4);
- (vi) the strategy statement laid before each House of the Oireachtas by the Minister for Arts, Sport and Tourism and the Minister for Community, Rural and Gaeltacht Affairs pursuant to section 5(2) of the Public Service Management Act, 1997, and the Joint Committee shall be so authorised for the purposes of section 10 of that Act;
- (vi) such annual reports or annual reports and accounts, required by law and laid before both Houses of the Oireachtas, of bodies specified in paragraphs 1(a)(i) and (iii), and the overall operational results, statements of strategy and corporate plans of these bodies, as it may select;

Provided that the Joint Committee shall not, at any time, consider any matter relating to such a body which is, which has been, or which is, at that time, proposed to be considered by the Committee of Public Accounts pursuant to the Orders of Reference of that Committee and/or the Comptroller and Auditor General (Amendment) Act, 1993;

Provided further that the Joint Committee shall refrain from inquiring into in public session, or publishing confidential information regarding, any

such matter if so requested either by the body concerned or by the Minister for Arts, Sport and Tourism or the Minister for Community, Rural and Gaeltacht Affairs;

and

(viii) such other matters as may be jointly referred to it from time to time by both Houses of the Oireachtas,

and shall report thereon to both Houses of the Oireachtas.

- (b) The quorum of the Joint Committee shall be five, of whom at least one shall be a member of Dáil Éireann and one a member of Seanad Éireann.
 - (c) The Joint Committee shall have the powers defined in Standing Order 65(1) to (9) inclusive.
- (2) The Chairman of the Joint Committee shall be a member of Dáil Éireann.