

VITAL CONNECTIONS

Local Drug Task Forces - Leading the response

CONFERENCE REPORT



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SECTION I

INTRODUCTION

This is the report of the “Vital Connections” conference which was organised by the Local Drug Task Force, Chairs & Coordinators Network, on the 3rd of October 2005, at the Royal Hospital, Kilmmainham; Dublin.

The report was compiled from the sound recordings of the main conference speeches, and the notes made at each of the conference workshops (***a copy of the sound recordings are on C.D. in the back of the report.***)

The conference organisers wish to thank all who assisted them achieving what was a very successful conference. The assistance of the staff of Ballyfermot Advance Project was particularly helpful regarding the administration of the conference.

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SECTION 2

CONFERENCE OPENING ADDRESS BY AN TAOISEACH MR BERTIE AHERN T.D.- SUMMARY

The Taoiseach began his address by acknowledging his thanks for the invitation to speak at the conference. He also acknowledged how impressed he was by the level of attendance and interest in the conference among all sectors. He referred to the usefulness of the meeting he had with the LDTF Chairs in July 2005, appreciating the opportunity to hear their issues/concerns first hand. He thanked everyone involved for their work on the ground.

He went on to explain how conscious he was of the continuing seriousness of the drug problem in many communities, and that this would remain a long-term issue, with no quick fix solutions. This meant that all sectors should remain committed to the LDTF and RDTF process, to ensure that it is tackled in an effective manner; as we move into the future. He also saw real signs of progress over the last number of years in relation to:

- ▲ Drug seizures.
- ▲ Expansion of treatment services.
- ▲ Development of prevention programmes in schools.

All of these, he said, have been successful. He had the opportunity weekly and in different parts of the country, to see at first hand the actions and activities and the affective work that is being implemented.

He said that while there is no room for complacency it is important that we do not lose sight of the successes of recent years. It was his firm belief that this work has made a real impact, and that can be built on for the future. He hoped that the conference helps this process. Equally, he felt it important to recognise that the drug problem is a dynamic and changing one, and that our policies need to be flexible to meet that change. The progress made in the last few years has come about through a process of co-operation and good partnership.

“While, I would be the first to admit that working in partnership can be at times difficult. We must all bear

in mind that ultimately, working together is far more beneficial than a fragmented approach, especially when dealing with a problem as pervasive as drug misuse.”

He went on to say that everybody involved in the LDTF’s have played a very important role over the years in tackling the problem of drug misuse.

“As you continue to be the key players in tackling the problem in the worst affected areas, I know you are ably supported in your work by the National Drug Strategy Team, many of whom are also here today, and I thank them too.”

He understood that the Regional Drug Task Forces would start to roll out their plans in the next few months. He saw the potential that they have, to play an equally important role, and to mirror the good work being done by the Local Drug Task Forces.

He saw everyday in his own constituency the many services and facilities that have been funded through the LDTF’s and YPF&SF in recent years. Since 1997 nearly 200 million has been allocated and spent on this work across the LDTF areas. Over 440 community-based projects have been established employing more than 300 staff delivering services such as advice and support for drug users and their families. Community Drug Teams offering treatment, outreach and crisis prevention services and Drug Training Programmes for community groups; to name but a few. Everyday there is an enormous amount of activity going on in the community and doing excellent work.

In addition over 180 youth, outreach and sports workers have been employed under the YPF&SF, and a large number of high quality sports facilities have been put in place. Many of these are in areas where there has traditionally been a shortage of centres, and where there was very little to encourage at risk young people to get involved in activities and programmes.

He said, the only envy he felt about a lot of the facilities, is that they weren’t around when he was looking for them, and when he was more active. “The centres (and I’ve visited them all) are top



class and do this country proud in terms of what is available in other countries.”

The Taoiseach reminded everyone that the mid-term review of the NDS was launched in early June and that the review highlighted certain key areas that need to be prioritised in the next couple of years. He explained that Minister of State Ahern and his officials will be actively working with the various Departments and Agencies to ensure the recommendations are implemented and commitments met; and that the effectiveness of the drug strategy is very much dependent on the people and structures that support it.

There are over 20 statutory agencies now involved in delivering the strategy as well as numerous service providers and community and voluntary groups. In order to continue to make inroads into tackling the drug problem, all of these have to be prepared to commit time, energy and resources to the problem, going forward.

I took one very clear message from meeting the Task Force Chairs in July; that is the need to affirm the commitment of the Government to the National Drug Strategy, and to re-energise all of our arrangements for working together. I wanted to come here today to re-state our commitment and Government to the process, because tackling the drug problem will continue to be a key priority for the Government going forward. We want to keep working with all of you on the delivery on the ground and of course on the resources and the staff issues I have mentioned. And I'll continue to work with the Minister of State through the Cabinet Committee on Social Exclusion to make sure that happens.

The Taoiseach stated that at least on a monthly basis, the Cabinet Committee reflects on these issues, where there is a large number of the cabinet in attendance as well as the senior officials from various Departments and importantly Finance are also on that group, which is always of relevance to all at the conference. He also acknowledged the bureaucracy of the whole system, and when there are twenty statutory agencies involved in delivering the strategy, as well

as the numerous service providers and across the Chairs and Co-ordinators of the Regional and Local Task Forces to the members of the NDST and all the rest of us, it is a fairly big group and the longer he is in this job, the more he sees that one of the big things you have to try to do; is get cross-cutting efforts across Departments and Agencies to work. He said that this is not the easiest thing to do within Government, it's not the easiest thing to do within State Agencies, and all from community groups know it's not easy either, because there's one thing all us Irish have is an understanding of what our own turf is. And whether you are from the heart of the city or from rural bog land country, you'll find that people like to protect that turf and it is a bit difficult to pull us all together.

That said, he appreciated and understood that it is essential to try to do it and as Taoiseach he would do all he can to make sure that we keep all this together. Using as we do the Public Service Management Act of 1997 to try to co-ordinate it, because it makes huge sense to do that.

Finally, in opening the conference the Taoiseach wished all in attendance the best in the deliberations of the day. Including, many of his colleagues in attendance, Secretary General of Government, Dermot McCarthy, M. of S. Ahern and all his Department colleagues.

He finished by wishing the conference all of the best. He could see from looking at the programme outline and the list of workshops in the conference it should prove to be an interesting and engaging for everyone and for those in Government. He said it was important to take out of today the suggestions and the difficulties that are being faced and practical ways to take those forward and that through the MOS, look at them again in our Cabinet Committee.

Again, he thanked all for today and for the work that is being done down on the ground. He again thanked the LDTF Chairs for the deliberations he had with them in July, and said that he had been trying to take these forward, and he assured them of his attention on the issues into the time ahead.

SECTION 3

INTRODUCTION TO THE CONFERENCE

Summary of the introduction to the conference - David Connolly, Chair of the LDTF Chairs and Coordinators Network

David began by thanking the Taoiseach for opening the conference. He then outlined the rationale for the conference.

- ▲ To revitalise LDTF after nearly ten years in operation;
- ▲ To begin to address concerns about the danger of burnout among LDTF members, and seek to re-motivate all concerned;
- ▲ To remind those that needed it that the drug problem hasn't gone away;
- ▲ To highlight how vital it was that the Government makes the problem a central issue over the next few years.

David went on to explain that when the LDTF Chairs met with the Taoiseach recently, they asked the Taoiseach to convene meetings of senior officials in the key departments and statutory agencies, to re-assert the National Drug Strategy and the centrality of that to Government thinking, and the role of the LDTF's in that, in the same way that had been done in the integrated services process. The Integrated Services Process was an exercise where the Taoiseach convinced senior officials in Departments that it was essential they engage with this process, the LDTF Chairs were asking for the same thing to happen here.

The reasoning for this was that in Government:

*“over time different priorities begin to take hold and there is always a danger that when something is working effectively locally, as is happening in relation to the LDTF's, that an assumption can form that the problem has gone away, and we know that this is not true. **Therefore, it is vital that we are not left on our own at local level either in community responses or otherwise handling a problem that cannot totally be solved at local level.** So we have continuously raised the issue with the Taoiseach, and others that it is vital the state agencies remain on board.”*

The Chairs also sought a renewal of the LDTFs

mandate to produce new strategic action plans for the next three years. The LDTFs haven't been asked to do this in four or five years. David pointed out that the LDTFs are still using the framework of the second strategic action plans to guide their work. **“As the “Emerging Needs Fund” has become available, we strongly believe that it's vital we re-assert the strategic role locally and look at what needs to be done now.”**

“To support the compilation of these new strategic plans and to support what is happening, both at a regional level and at national level, the LDTF Chairs proposed that each of the Agencies and Departments involved, produce specific dedicated action plans for their own Departments. This would greatly compliment the development of a strategic approach locally. In doing this they would provide to each LDTF with their strategic intentions locally, whether it is the HSE or An Garda Síochána. This would also help to ensure that at national level there is a connection between what is happening both regionally and locally.”

Another issue that has become a concern for the Chairs is the efforts and commitment of statutory agency representatives on the LDTFs. **“The role has always been acknowledged as stressful, not because they are dealing with a drugs issue; but in many cases they are dealing with very strong local community activists, who are not happy about what is going on in their own area. The statutory agency representatives often feel that they are being blamed for the failure of the statutory agencies. **Even though this is not true, statutory representatives should not be left isolated at a local level without the active engagement of their agencies in supporting them to actively participate in the work of the LDTF's.** Some agencies have been very good at that, but we believe that this is an issue that constantly needs to be raised.”**

“A bigger issue relates to bureaucracy; this is shorthand for the nightmare that many of us have experienced in operating our LDTF, also referred to as financial accountability. Task Forces were not meant to be legal structures in the main. They were set up as structures



in which people have committed themselves to lead a response to the local drug problems. Increasingly, there is a system of administration that has been imposed on those structures and has consequently been imposed on local projects. Some of which is the worst that I have seen in recent years. **It is vital that this is not allowed to stunt the innovation and responsiveness of LDTFs; therefore a balance with good governance needs to be found.**

“When we talk about accountability, there is no disregard of this in terms of getting value for the public funding involved and the legal responsibilities to the Comptroller and Auditor General, but there are limits to the capacity of local groups to deal with the growing demand from this.”

“The mainstreaming of LDTF developed projects is an on-going concern to the LDTFs. **Long-term sustainable budgets need to be decided upon in order to maintain the projects that have been developed locally.** Up to 600 projects are now underway and there continues to be a delay in relation to their evaluation and potential mainstreaming.”

“It is unclear why this is the case, some of it may be institutional resistance to the ideas or it may be another symptom of the dynamics affecting the LDTF process. **However, one thing is clear this unique and original approach to the drug problem at a local level; that if something has proven itself as a good response it would be mainstreamed into the system is as valid now as when it first began.** This approach to responding to local need hasn’t happened before; it certainly didn’t happen with the Area Partnerships to any great extent. So it is an approach to responding to local drug problems that we want to hold onto. But the experience over the last year is not good, as is demonstrated in the indecision regarding mainstreaming.”

It was explained to the Taoiseach and Tánaiste by the LDTF Chairs that what is required are the best services possible to meet the needs of people caught in the grip of drug misuse and their families. “We don’t want something that is not sustainable long-term; this would be a major mistake, and in fact it would be a reason for LDTFs not to engage in the development of new initiatives.”

“Therefore, it is vital that there is a much clearer response, and a much stronger commitment on mainstreaming. A commitment

that these services will develop to be the best they can possibly be. And, why can’t the Task Forces assume, given the issue we are addressing, that drug users and their families have a right to the best possible services locally. This is a key issue in relation to dealing with the drug problem long-term.”

“The other issue which is a bit more complex that we have raised a number of times both with the NDST and the Inter-Department Group, **is the importance of the implementation of the institutional structures that were identified in chapter 7 of the Mid-Term Review.** This sets out clearly the changes that are required at Government level, and in the various layers that have been established; to make them more efficient and more responsive to local needs.”

“In particular, we raised the issue with the Tánaiste who is also Minister for Health and Children that we need a new impetus in a targeted response from the Department of Health and Children (DOHC), and from the Health Service Executive (HSE). It is vital that with the changes in the HSE that this issue does not get pushed down the agenda or pushed to one side, as it is restructured. **We are very concerned, and we believe that it is the Minister’s responsibility to make sure that the issue within the Department of Health and Children and within the HSE remains a priority. The growing drug problem is of key concern to the Department, and it should remain there.**”

“The Minister of Justice, Equality and Law Reform also has a responsibility in relation to drugs policy, particularly in relation to the role of the Gardaí, the Prison Service and the Probation and Welfare Service. **It is unacceptable that there has been a delay in the prisons in relation to response to the drug problem therein.** There are issues about rights of prisoners in terms of proper services. There has been an unacceptable delay in a proper response to this need. It is up to the Minister to make sure that this happens, as expeditiously as he has attempted to make other changes in the Prison Service.”

“It is also crucial that the issue of policing locally is addressed with more urgency by the Minister. Some of the recent initiatives that he has taken completely contradict National Drugs Policy and the Garda Bill. It is time that local policing policy is made a policy priority by the Minister for Justice Equality and Law Reform.”



In conclusion, the drugs issue is emerging as a major problem in new towns and cities throughout Ireland. Given this, **it is now time cities such as Limerick, Waterford and Galway were designated as Local Drug Task Force areas as there are serious drug issues arising in those cities.** There are also smaller towns close to Dublin and further a field where heroin problems and cocaine problems are developing. It is vital that we don't have the same experience in the next ten years as has happened in Dublin and in Cork to a lesser extent. **Complimentary to the Regional Drug Task Forces, new Local Drug Task Forces (LDTF) should be established in those areas, with additional responses and new resources modelled on what is already happening in Dublin and Cork.**

"In the Mid-Term Review the importance of the family support network was emphasised, and the need for support for the family support network. The LDTF Chairs and Co-ordinators acknowledge that at a local

level the drug problems have a serious collateral affect on the families, the parents, grandparents, siblings and loved ones. They have to deal with the impact of people dying as a result of drug misuse and the chaos that this can create. Effects are also felt in the wider local community. To begin to address this family support is essential, and up until now there hasn't been enough support for it."

"We are not assuming that people here will agree on these priorities, we are looking for feedback on this. The LDTF Chairs consider these to be the most important issues facing the LDTFs at present."

"The conference was structured with people who are directly involved with these issues in mind. It is not open to the public, in fact over 600 people sought to come to the conference. We could only fit 400 people in here so we would ask you to apologise to your own colleagues who couldn't make it here. This indicates the level of interest and concern there is regarding the issues that have been outlined."



SECTION 4

LOCAL DRUG TASK FORCES – SOME PERSPECTIVES

Anna Quigley, Citywide Drug Crisis Campaign - a community sector perspective

Anna Quigley (Coordinator, Citywide Drugs Crisis Campaign) presented a community perspective on the Local Drug Task Forces. Her comments came from the recurring themes discussed at Local Drug Task Force community representatives' network meetings over the last few years.

In prefacing her remarks Anna pointed out that community representatives see the LDTF's as an essential part of a community led partnership response to the drugs crisis. Like the Taoiseach, they recognise the very significant achievements there have been, in particular the achievements on the ground in our local communities where badly needed services are being put in place. Anna also held, that a point of view also exists, that LDTF problem/process has been more or less in continual crisis for the last few years and there are three particular reasons why this is so:

Three reasons:

First – *“in policy documents the Local Drug Task Forces are referred to as a community led partnership approach to the drugs crisis. What this means is a process that is shaped and led by the needs in local communities i.e. the needs of drug users and their families in communities.”*

“From a community perspective there has been constant movement away from a process that is shaped by local need, as more and more decision making layers have been added. Evidence of this is that when the LDTF started in 1997 there were 2 administrative layers, the LDTF and the NDST. Now there are 5 layers involved in the LDTF decision making process; the LDTF, NDST, IDG, Drug Strategy Unit and a Minister of State. The same job that used to be carried out by two administrative layers now has five administrative layers involved. The result of this is increasing bureaucracy and a slowing of decision making. From a community perspective, this increasing bureaucracy is moving the decisions away from the local level, back to the centre, and the opposite of how the Local Drug Task Forces were supposed to work.”

“So from today what we would like to see is a concentration on supporting and strengthening the two original structures, i.e. the LDTF and the NDST, rather than adding and creating more administrative layers.”

Second – *“Discussions among the community representatives often refer to how representatives from right across the statutory agencies on the LDTF's, show a huge commitment to participation in their LDTF by putting in a huge amount of work into making the whole thing work. But, also, at the same time, reference is made to statutory representatives from the same range of agencies who are not engaged, who are not committed, and who are not actively involved. “What does that tell us?” It tells us that it's still down to the individual person who is representing a statutory agency, to decide on the level of involvement they are going to have in their LDTF. We are supposed to have moved past that.”*

“In order to address this issue operational guidelines were prepared to support representatives on LDTF's. A huge amount of work was put into developing these, particularly by the NDST. The guidelines were supposed to reduce the reliance on an individual's goodwill and input; to increased support, management and resourcing of that input. This needs to change and the operational guidelines need to be fully implemented and this is where the IDG should be concentrating its efforts in order to re-energise the LDTF process. Their focus should be on looking at how to make the operational guidelines work.” Anna also suggested that the Cabinet Sub-Committee should also be involved in this as well.”

Third – *“The drugs issue being off the political agenda and the lack of political will to address it. In the first few years of the strategy there was huge political will behind the drug problem and from a community sector perspective this began to change in and around 2001.*

It was very clearly illustrated in the 2002 General Election, because in the 1997 election drugs were one of the top issues, one of the major items in the various political parties' manifestos. In the 2002 election it barely featured at all and then, after the election, which

indicated a change in political will, the role of the Junior Minister with responsibility for drugs was affectively split into two as this Minister was also given responsibility for social housing.

The decrease in political will coincided with a time when resources to the LDTFs began to reduce. The supply of resources maintained their pace from 1997 to 1999, and up until the end of 2002. Between 2002 and this year, there have been no new resources to the Task Forces, and there was no engagement with the Task Forces around the growing cocaine problem in our communities.

There are signs now that the drugs issue is coming back onto the political agenda. The interest the Taoiseach has taken in the issue was acknowledged as an indication of this. This was demonstrated in the recent meeting he had with the LDTF Chairs and his attendance here today, he has also written directly to the community representatives stating his support to the LDTF partnership approach. It was also pointed out that other politicians are highlighting the issues as well."

Anna emphasised the huge importance of a very clear and practical statement of that renewed political will. This can be demonstrated by the position of the Minister of State for the Drugs Strategy being restored to a full Junior Minister post by the Taoiseach, because we still have a very serious drug crisis."

Anna finished by restating the importance of LDTFs and of what they can achieve for drug users, families and communities. She also acknowledged the very significant amount the LDTFs had already achieved, and the potential they had to achieve a lot more into the future.

Tony Geoghegan, Merchants Quay Ireland - a voluntary sector perspective

"I'm really pleased to be here and have the opportunity to talk to people today. Because like everybody else I think it is a very timely event and from the voluntary sector perspective we feel that it is very important that this issue is refocused at the moment. **My overall view is like others, that the NDS has lost its momentum and sense of urgency and I don't believe that there is any strong political will to really move things forward."**

"My hope out of today, like others here, is that today will provide a focus to re-ignite and to re-energise the process, and I also hope like others, that the Taoiseach's presence here today is a signal of the real positive intent of the Government in this regard."

"I think that firstly in commenting on the National Drugs Strategy, it's important to acknowledge the real progress that has been made over the years. I don't have to tell anybody here that worked in services for many years that the situation now is better, there are a better range of services and there are more options for people seeking treatment now than there ever was before. And I think that in that the two most significant developments in Irish drug policy and drug treatment services provision has been:

One:

- ▲ The decentralisation of services, and the establishment of clinics at local level.

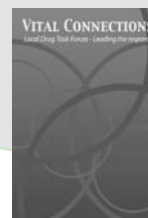
Two:

- ▲ The establishment of the Local Drug Task Forces"

"What was so particularly significant about the LDTF was that for the first time it was bringing the community, the voluntary and the statutory together to develop joint action plans for the areas worst affected by drugs. The situation improved because of that, and because resources were put in place to implement those plans."

"Speaking from a voluntary sector perspective, the voluntary sector has taken their role and responsibility in relation to drug policy and drug treatment very seriously. Starting from a low base of very few voluntary organisations, now there are a range of voluntary organisations providing very fine services right across the city. Organisations like Addiction Response in Crumlin, CARP in Tallaght, CASP in Clondalkin, RDRD in Ringsend, Finglas Addiction Support Team, to name just a few. There are now a range of really fine voluntary organisations that do take their responsibilities seriously in this regard. This growth indicates significant success of the current LDTF and treatment decentralisation policy."

"However, with success we have to be cautious because success leads to complacency, which can lead to stagnation, and ultimately, if unaddressed, can lead to failure. **We also have to acknowledge that parts of the National Drug Strategy have been**



highly successful. In fact in some regards the strategy even exceeded its targets, in that we've got 7,500 people on methadone."

"The success of the current policy has generated a degree of complacency at political level. Goals have been achieved, the drug problem is under control, and we have all these people on methadone, more than we ever had before. For those of us working on the ground, we know that that's not the situation."

"What is the reality of the situation? The reality is that methadone hasn't solved all the problems. In fact it's very worrying that we've got such large numbers of people on methadone for such a long time, for many years at this stage. Without the opportunities and supports necessary to support them, to integrate them into mainstream society or to become drug free."

"It's really deplorable and it's just simply not acceptable that we've got less than 30 detox beds and less than 150 residential drug-free treatment places for over 14,500 opiate users. This is an indication of where the priorities lie."

"There should also be concern about the others; there are still 7,000 people outside treatment that haven't engaged in any form of treatment. **We need to put in place a range of accessible needle exchanges at local level to make contact with this group and to engage them in services. Because there is very high levels of Hepatitis C infection still out there, among active drug users."**

"However, if we are going to draw more drug users, even more than 7,500 into treatment, then we need to have a bigger range of treatments, a bigger range of substitution therapies. It's not one size fits all, we need to look at issues like injectible methadone, like Buprenorphine, like lofexidine, like diamorphine, the whole range of options not just one."

"Like others I believe, while the strategy is congratulating itself on its success in engaging so many people in treatment, the voluntary and community sectors have seen rising levels of cocaine use at local level. That runs the serious risk now of undermining many of the people that are engaged on methadone, and doing OK, and also presenting a whole new group of problem drug users that are going to be looking for treatment and for who methadone certainly isn't going to be any solution."

"Ironically enough, what has, I think, contributed to the complacency, and has undermined the success of LDTF's has been its success in some regard. **The success of the partnership approach in pulling people into the process, has added to the complacency, by dampening down the criticisms.** Traditionally the community and voluntary sector were the critical voice, being engaged in partnership has made this harder to maintain."

"Of course, engagement in partnership necessarily involves compromise. Expectations when planning are inevitably revised downward in face of the politically acceptable. Direct involvement in services while on the one hand gives you ownership of the process, on the other hand makes it much harder to criticise the shortcomings of that process."

"While decisions are or appear to be made at local level, the real decisions are ultimately made at the NDS level or beyond in the political sphere. Unfortunately at that level the community and voluntary sector only have one representative each on the NDST, while the statutory sector is represented by their respective Government Departments. This in effect limits the possibilities of the voluntary sector and community sector to really influence drug policy, because at the end of the day no matter how vociferous they are, they are only a minority voice at the decision making table, and with the greatest respect, while any civil servants that are involved within the drugs area are very progressive and are very interested in the drug services. They are not likely to promote ideas that they know their own Ministers will oppose."

"All of these factors coming together have led to the stagnation in current drug policy in Ireland. It's as if innovation at local level and national level is a thing of the past, and unless we can move forward, we are running the risk of ruining what we have achieved."

"To move forward at local level we need to do a couple of things. We need to guard against complacency, and we do that by ensuring that we are continually renewing the process, that there is new groups and new voices are continually included in the Task Forces and that the membership is reviewed regularly."

"All plans at local level ought to be proofed against the National Drug Strategy. For example, each Local Drug Task Force should be asking

itself, are there adequate needle exchange services at local level; are there sufficient detox and treatment places for the drug users in our area. Are there adequate rehab services in place to support the drug users to re-integrate into society? These are the questions the plans should be based on and that budgets should be set against.

“The need to have greater voluntary and community representation at national level should now be a given, particularly now with the expansion of the Drug Task Force policy to regional level. It’s also important that as a sector, we don’t allow ourselves to be dampened down, that we retain our voice to be able to be critical, that we are able to speak the truth. It’s important that we retain that voice.”

“The voluntary sector has to be aware that while compromise is a good thing, it’s not necessarily the best way forward. Sometimes battles do have to be fought and sometimes radical approaches have to be taken to get things done. It was that in the past, it was those radical battles, the mobilisation of people demanding treatment, that provided the initial spark to get the drug strategy going, we need that spark, it’s very important.”

“I think in the past methadone clinics, which are a central plank of the strategy, were set up against a background of resistance and considerable difficulty. **But they were set up because there was a strong political will at the time to do it, that’s the sort of strong political will that we need now.** We need that same level of intent now to ensure that there are adequate needle exchanges; there is adequate access to detox treatments and sufficient residential rehabilitation places.”

“So I’ll finish where I started, by re-stating the importance of the Taoiseach’s presence at the conference and commitment to the strategy. With that commitment we need to see resources as well. We need to see new resources and real resources. There is a myth out there that money spent on drugs is money that just goes into a vacuum. **But I believe everybody in this room knows that where resources have been invested, where services have been established, people’s lives have and can be transformed.**”

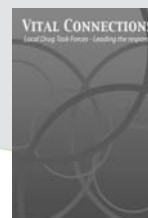
Dermot McCarthy, Dept of An Taoiseach - a statutory perspective on the Local Drug Task Forces

In acknowledging that he is less directly engaged with the Drug Strategy than he used to be, Dermot chose to stand a back a little from the detail of what has been happening within the strategy and to try to contextualise where public policy in this area might be coming from, and going to. “In other words, to put it in the context of what is the role of the statutory sector as a player in the implementation of the strategy, and in the continuing development of a response to the drugs problem.”

“I suppose one begins with the role of the government in a democratic society with democratic accountability, its job is to produce policy, public policy, to organise and allocate funding and to manage the delivery of programmes either directly or through its relationship with others. Be it in the private or the voluntary or community sector.

In doing that, developing policy and implementing it, good policy, good practice will require careful analysis of the problem to be addressed, a reasonably comprehensive testing of options which might be effective in responding to it, an evaluation and feedback from the measures taken to see what effect they are having, and then the integration of the lessons of that evaluation into on-going public policy. What we now tend to call mainstreaming.”

“Applying that approach to the broad functions of Government and to the Drugs Strategy Area, and looking back, I think we can see that in terms of that broad good practice of policy making that the strategy that we’ve developed, and the way in which we have developed it, has met many of those characteristics. At the early stages we engaged in some serious thinking and analysis about the nature of the heroin abuse problem in particular and it’s significant link to deprivation. We looked at the dimensions and the dynamics of both the demand and supply side aspects of the issue. We engaged with expertise both locally and internationally, to try and come up with an appropriate response. We drew lessons from the area based strategy in responding to long-term unemployment which shared some characteristics with the problem we were seeking to address. We focused on the need for an integrated approach, a whole government approach on the part of the public



authorities, and involved the relevant department and agencies in all their variety and complexity, given the complexity of the problem we were seeking to address.”

“And we did, both in the political system and the administration system, recognise fully and at the earliest point, that it was a question of engaging the communities most directly concerned. That there were incites into the nature of the problem, there were capacities in terms of the response to that problem that could only be found within the communities themselves, including those directly affected, those involved in drug abuse and their families.”

“And I think, looking back, there was a degree of innovation both in the structures and the arrangements, which were put in place. The LDTF’s were a new departure; we had of course the example of the area-based partnerships in respect of long-term unemployment. But in the case of the Local Drug Task Forces we were putting them in a different sort of space of driving a policy, indeed creating a policy and driving an implementation of programmes in a way the partnerships were not directly required to do.”

“We subsequently instituted innovative funding programmes including the YPF&SF. These prioritised the needs of the areas characterised by disadvantage and drug abuse in access to that funding, in support of the lessening of demand pressures.”

“In the allocation of funding and in the establishment of the NDST including the incorporation of representatives of the voluntary and community sector in what is at the end of the day a public policy advisory and management system. We engaged in a number of innovative steps to incentivise co-operation and the taking of risks in the design and implementation of policies.”

“Subsequently, as we know we had the identification of the broadening base of the drugs problem and the decision to establish regional structures to develop a partnership approach to the evolving drugs problem and we’ve had of course the systematic evaluation of the drugs strategy from which we are now proceeding.”

“So looking at those aspects of how we’ve proceeded I think there are number of observations that can be

made and a number have already been made by Anna and Tony, which one could easily agree.”

“We need to be open to real policy learning in this important area. We need, in particular to be clear about what is working and the good practice, which is undoubtedly to be seen both in the management and innovation in projects, but also in the understanding of the nature of the problem and the dynamics that underpin it.”

“We need also to face up to what isn’t working. We need to see whether there are structures and programmes, which though motivated by the best of the intentions may not be achieving their own stated goals. And I think it would be an injustice to the problem, and in particular to those most affected by it, if we were to stand back from facing up to the implications of issues of underperformance against our shared objectives.”

“We need to be open to good learning about structures as well, processes that work and those that don’t work. And we need to be clear about the importance of renewing energy and commitment; which I know is the fundamental purpose of today’s conference.”

“I think we also need to be realistic and face up to the lesson emerging about the people dimension of this, and reference has already been made to the stresses and strains, which apply to those who do commit themselves to this process. Be it from a community background or representing a statutory agency.”

“It isn’t easy and in many ways we’re, in this context, operating at the frontier of the policy making process, for those who are coming from the statutory side. We are exposing those who are engaged from the communities to the challenges of upfront leadership in areas which as we know can be difficult and controversial at a local level, indeed as well as nationally.”

“There are significant problems for statutory agencies engaging in this process and they are personified in the difficulties experienced by those who represent them on structures like LDTF’s. I think generous acknowledgement has already been made this morning to the efforts and the goodwill that they bring to that table.”

“However, there are difficulties in being in a space that is outside the mainstream of your own Department or Agency. There is the risk, perceived risk perhaps, of being engaged in activity which isn’t particularly central to the priorities of the agency at a particular time, and that’s a personal career risk that people undertake and need to be supported in.”

“There is the risk of being at the forefront of policy, which can be controversial and difficult. There’s the risk of conflict perhaps with those who are working with you, be it from the same statutory background or from another sector. There are very few rules and certainly no rule book to support the officials who are thus engaged.”

“So there is a particular responsibility on the management of agencies; just as there are responsibilities of management committees of agencies in the voluntary and community sector, to support those who are assigned to those positions. Not just because it represents Government policy, but that should be a good enough reason. But because of the duty of care we owe to our colleagues who engage in these challenging roles.”

“So we need supports that are real as well as apparent. We need incentives and rewards for those who engage with them. And it’s not just an issue in the drugs area but more broadly.”

“In looking at other aspects of the implications of mainstreaming of resources and the bureaucratic overtones that may apply to this, I think there are difficulties and challenges here. Public Authorities are required to be accountable in a very direct and explicit way in terms of the use of public funds.”

“They are also required to be equitable in their approach to the allocation of funds. Equity comes with a number of dimensions as between individuals in similar circumstances, and geographically as between different areas facing similar problems.”

“There needs to be a degree of transparency in how decisions are made and implemented. There has to be a concern for efficiency; that what is allocated achieves the intentions for which resources are provided.”

“Therefore, there can be difficulties in moving from a situation where innovative funding is provided to test what might work, to the mainstreaming of resources

into agencies. I think both can give rise to difficulties, and I’m aware that these are issues, which the NDST and the Department are engaged with.

“We are fortunate I think to not have extra layers but perhaps resources to the policy making process in this area. Through a Department which has the drugs issue very close to the centre of it’s mandate and therefore close to access to the decision making of Government, as well as the Minister of State, Mr Ahern who also has influence in critically related areas of housing and estate management which are important in the holistic approach to this problem.”

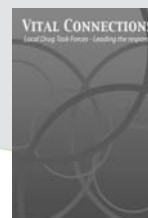
“In the Drugs Strategy we are operating at the sharp end, in the more challenging aspects of the most interesting social problems, and interesting political challenges. It’s to be expected that there will be stresses and strains and disappointments as well as satisfaction and progress. I don’t see a sense of complacency in the political system. I don’t sense complacency among colleagues in the administrative system.”

“I sense satisfaction that the risks we’re taking have delivered very substantial results. A recognition that there are major problems to be faced both in the nature of the drugs issue, and in the maintenance and development of the structures and funding arrangements that we put in place. But I sense a deep appreciation of the value of the partnership approach, despite its frustrations, and recognition of the effort being made by so many people in so many places to sustain it over such a long period of time.”

“It’s for that reason that at today’s conference, it is particularly important to acknowledge that effort, and re-commit to addressing the problems which undoubtedly remain for the statutory sector, as well as for the other partners.”

**Emily Reaper,
UISCE – the drug users perspective**

“In 1998 the Union for Improved Services of Communication and Services (UISCE) was developed by Tommy Larkin to where it is today. UISCE was built on Tommy’s experience and belief that drug users had a right to a voice within their community. Tommy passed away nearly two years ago and UISCE has managed to continue his legacy. In 1998 the then Chair of the North Inner City LDTF took a risk employing a person from the drug using community to



develop an organisation that could represent drug users at policy level in the North Inner City. UISCE began with the support of the North Inner City LDTF, and continues to get that support today. UISCE also benefited greatly from a lot of support from Dublin Aids Alliance, who provided moral and practical support with an office and support with administration.”

“In order for UISCE to be a voice for drug users at a local level a way had to be found of asking drug users how they could be represented through UISCE. Meetings were held to discuss this in Liberty Hall, which is very central to the North Inner City, where a lot of drug users come and go from clinics and congregate to sell or take drugs. At these meetings the problems they were meeting on a day-to-day basis were explored, and many of these were connected with methadone treatment and the way in which it was administered to them. To investigate this issue further we carried out research involving drug users from the locality. The findings of this are contained in the report “Methadone? What’s the story?” It took about two years to do this research but I think it has helped to improve things. The research looked at issues like the sanctions procedure in clinics, the way in which complaints were handled.”

“UISCE has managed to stay together since 1998 – 7 years. Other areas have tried to develop drug user fora but haven’t really managed it yet. It’s quite disheartening and it’s quite lonely out there to be the only organisation run by drug users past and present, and by people with a genuine interest in drug users having a real voice in the drug using policy regime. There is a long way to go before drug user’s views and needs are taken seriously at a local level. It is estimated that there are 14,500 heroin users and their views are not being listened to.”

“When the cocaine epidemic came; was it a surprise? No, it wasn’t a surprise. I remember being told when I worked in Merchant’s Quay in 1990 it’s going to hit Dublin. They were talking about crack being used over in London and Dublin drug users have always been an injecting community. We’ve always been the ones to inject drugs, not smoke them and I remember drug users from Manchester coming over to speak to us telling us that you were going to be hit by cocaine, and when it comes you will pray that heroin users would replace them. They were much easier to deal with and we are now trying to deal with a coke problem that is huge.”

“At the moment I am working with a group of cocaine users and what I see is just horrendous. The living conditions that these women are living in are just so sad. I think that the policy that was developed to deal with drug users and families who were causing problems within communities caused a lot of the problems that we are looking at today. As a result there are a lot of homeless families out there homeless and with drug problems. On top of this they have poverty problems and they have health problems.”

“I don’t know whether the Government saw what was coming in terms of cocaine use, but it is really creating havoc on the streets. There is millions of Euro being spent on services for drug users and those who manage to come off drugs. There is no consultation with the people that these services are being developed for and how on earth can the services work if the people sitting in offices with cosy homes security in life are the ones making the decisions. They are far, far from it. If you don’t include drug users and those that are living on the street in developing the policy, it’s not going to work.”

“The Traveller Community were able to negotiate a place at decision-making tables where policies on housing and halting sites are made, and things have genuinely improved for them. They were listened to and respected, and I think drug users also need to be given that respect.”

“There are various types of drug users, you can be scapegoated into being the worst type and the media exaggerate this, injecting drugs, AIDS, dirt, scum are some of the words that are used. If there are people who these words apply to then they are a minority of the estimated 14,500 drug users I am talking about. There are many who have good heads on their shoulders, holding down jobs, rearing families, educating themselves, looking after mothers/fathers and getting on with life. Most are not what the media portray them to be.”

“If drug users are not included at the LDTF level, and I think we are just paying lip service to this, the LDTFs are not going to work. The LDTF process needs to get them to say what they think will work for them, and what services they need to be put in place?”

“The LDTF’s that are there also need to support the development of drug user forums. I know that a few of them have come to UISCE

lately and have asked us how to do this. Well you would love to wave a magic wand and that would show how it is done. But they need to go and ask drug users in their areas and involve them in setting up Forums.”

“When you use the terms drug users you are talking about people who take drugs, and I think that people are looking for people who don’t take drugs to represent people who take drugs. So that whole quagmire of who do you really want representing drug users needs to be clarified. Don’t be afraid of drug users and what they have to say on life.”

“I was just on the phone to a woman that I’m working with on the improvement of services for drug users in the North Inner City. She told me that the methadone prescribing implementation committee has suggested that it wouldn’t be appropriate to include service users or representatives from the voluntary sector on the full committee. However, they recommended that the input from drug users was valuable and that they be included on a sub-committee. Well drug user representatives need to be included at the highest level as well as at the local level. In order for us to be taken seriously people will have to get out there and try to do that and to include drug users on Task Forces and to develop policy that takes their views into account.

Hugh Greaves, Ballymun LDTF – a perspective from an LDTF Coordinator

“For nearly three weeks now there has been a protest in an LDTF area where tenants in a flat complex have camped out beside the City Council offices demanding to be re-housed. They won’t stay in their flats, preferring to remain on the street while their kids stay with family and friends. They won’t go home because they fear verbal abuse and physical attack by a group of young men, who they believe have set up shop in the block, selling cocaine and tablets. A brand new playground, yards away from these flats is practically unused by their children because of their concerns over safety. This situation has developed despite repeated Garda attention and arrests. Twenty families are taking part in the protest. Others want to quit their homes following burglaries.”

“For me, this one local situation pretty much summarises all the reasons why the Local Drugs Task Forces were set up. Communities beset by an unbelievable array of difficulties. Children living everyday lives beside things you hope they wouldn’t see in a lifetime, detached young

people using and making a living from drugs; as well as a lack of a co-ordinated response by the agencies with responsibility for the problem.”

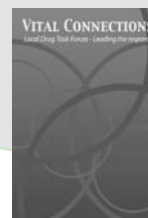
“I’ve had the pleasure of being a Local Drug Task Force Coordinator since their inception in 1997, working in the Ballymun area. I’ve been asked to share some of my perspectives on Task Forces with you today and I hope that these will be helpful in provoking useful discussion on positive ways forward.”

“In setting up the Local Drugs Task Forces some key approaches were to be followed:

- ▲ They were to be established in the areas most seriously affected by problem drug use.
- ▲ The communities in these areas were to be given a key leadership role.
- ▲ They were to be non-prescriptive. Trust was to be invested locally – “you know what is most appropriate in your area.”
- ▲ Key relevant statutory agencies were to get involved, working with communities and voluntary agencies to address the local aspects of this “cross-cutting” issue.
- ▲ The Task Forces would act as a vehicle for co-ordination between services and integration of services.
- ▲ Investment would be made in local projects, identified by the Task Forces, to address gaps in services.
- ▲ The Task Forces were to be backed up by strong political leadership at the highest level to drive the response forward.”

“A remarkable and simple national structure was put in place that allowed communities to discuss responses with those who had the resources and authority to make things happen at local and national levels. This structure had three key levels: the Local Drugs Task Forces; the National Drugs Strategy Team; and, the Cabinet Committee on Social Inclusion, chaired by An Taoiseach. A Minister of State would oversee the Strategy with specific responsibilities in this regard. This structure was very important to the local communities – someone was listening directly and unfiltered for the first time.”

“Not only were resources put by for the first set of Task Force service plans, they were pushed forward by a Minister who demanded that money be “got out into communities as quickly as possible”. Further



commitment was demonstrated by, for example, the creation of the Young People's Facilities and Services Fund; Operation Dóchas (which saw a large increase in dedicated community policing in Task Force areas by uniformed Gardaí); Treatment Centres being opened at a fast pace in the areas of highest demand; FAS 'ring-fencing' places on a Community Employment Programme for drug projects; Drug Education programmes being prioritized in schools in Task Force areas."

"Eight years on the Task Forces have made a significant impact on many aspects of the local drug problems. They have developed and responded in a unique fashion according to the local needs and circumstances in their communities. A range of services has been set up for drug users to assist their treatment, rehabilitation, aftercare, job training and other needs. A number of support services have been set up to assist the families of users. A wide variety of in-school and out-of-school drug prevention programmes have been implemented, youth diversionary programmes have been developed through LDTF funding and the Young People's Facilities and Services Fund. Linkages have been made to other relevant programmes such as the School Completion Programme and the funding of Task Forces has been used to lever other money for capital and revenue projects."

"Let me quote from two reports that were commissioned to examine the effectiveness of the Task Forces:

They (the Task Forces) have made considerable inroads in upgrading the level of services to respond to drug misuse in their areas. Furthermore, communities – which previously questioned the commitment and ability of statutory agencies to deliver a convincing response to the problem – now believe that it is being addressed in a serious manner and that they are playing a significant part in that response." (Review of Local Drugs Task Forces, National Drugs Strategy Team 2002)

"This was also echoed in the Evaluation of Drugs Initiative, PA Consulting Group, 1998."

"More recently, the Mid Term Review of the National Drugs Strategy (2005) added:

"The (Review) Group notes the valuable role that the LDTFs play in the areas of highest drug misuse and is of the opinion that they will continue to be a vital part of the local infrastructure for the foreseeable future."

"So all agree that a significant impact has been made and yet according to the Health Research Board report on Drug Related Deaths (2005), those in some LDTF areas between the years 1998 and 2001 were 16 times more likely to die from opiate related deaths than those in other areas? Why is this?"

"Nearly every analysis of the drug problems that developed in the LDTF areas over the twenty or so years prior to the initiation of the National Drugs Strategy, points to the neglect of the issue over a long period of time. Drug problems were compounded by, and added to, the extremely poor social, economic and environmental conditions that prevailed in the LDTF areas for many years. It was accepted that the problem was a long-term one requiring short, medium and long-term multi-dimensional, integrated and coordinated responses. I believe that we are only beginning this response; that the multitude of conditions, which make these drug-related death statistics so disturbing, are as much in evidence now as ever. The rising tide can't lift boats that have holes in them."

"In my opinion, the Task Forces still provide the best opportunity to achieve this multi-dimensional coordinated response at local level. But how can we progress? I believe key approaches under which the Task Forces were set up and which I referred to earlier still hold the key to the way forward.

Concentrated action in the areas most seriously affected.

- Communities given a key leadership role.
- A non-centralized, non-prescriptive approach. Supported by strong well-led national structures.
- Key relevant statutory agencies fully contributing alongside community and voluntary organizations.
- Coordinated, integrated responses by all of these agencies at local level through the Task Forces.
- All of this pushed forward by strong political leadership."

"All of this requires a strong belief in and commitment to the National Drugs Strategy and the LDTFs and to what can be achieved. It also requires an understanding and appreciation of the role each of us whether we're from the community, statutory, voluntary or political sectors can play. How can we fully bring our sector to the table? How we can build momentum again?"

"Many of the answers to these questions are spelled

out in the NDST 'Review of Local Drugs Task Forces' report (July 2002) and the Mid Term Review of the National Drugs Strategy (March 2005). I believe that anyone who has a role to play in the Task Forces should re-acquaint themselves with the recommendations of these reports."

"For me, of most significance in these reports are the recommendations regarding the role of the statutory agencies, in relation to participation and engagement at local and national levels, and in relation to their remit. From this conference my colleagues and I would certainly like to see a new commitment expressed in relation to the following four points:"

1. The need to promote inter-agency collaboration that contributes a continuum of service model from one agency to another.
2. The need to maintain commitment to the LDTF projects and services that have been developed. For example, awarding benchmarking to Task Force projects and full implementation of the emerging needs fund.
3. The need for the re-instatement of project evaluation, which leads to project mainstreaming (at present there are 281 projects on interim funding awaiting mainstreaming).
4. The need to develop the role of statutory reps on LDTF's e.g. executive decision making capacity and active participation in assessing needs rather than reacting to the community and voluntary sector."

"The 2002 NDST Review Report which I referred to earlier points out that the LDTFs have contributed substantially to the overall improvement in the situation, and made significant inroads in upgrading the level of services to respond to drug use in their areas. It also points out that the interventions introduced through the LDTFs are additional to the services provided by the statutory agencies (for example, in the areas of treatment and policing)."

"However, when I hear that staff ceilings have been imposed in the HSE and therefore no more Rehabilitation & Integration Workers or treatment centre staff can be taken on; when I hear that a School Completion Programme has, yet again, had to apply for funding to its LDTF to run its programme for out of school children because the Department of Education & Science won't/can't fund this. When I see the affect

of the halving of uniformed Garda numbers in my area since the days of Operation Dóchas I wonder are all of the partners doing as much as they can. Are they bringing their sector fully to the table, or have they lost momentum? And, why is it that many involved in the operation of the LDTFs getting such a strong feeling of being reined in by the re-imposition of "Departmentalism" when all of the significant reports I mentioned earlier, commissioned by the Government, spell out clearly the role of the LDTFs and the role various sectors should play on them? How can we ask communities to take leadership if the opposite is being demonstrated at national level?"

"So, if I met the protesting tenants I mentioned earlier, what would I have liked to have been able to say to them? I would have liked to say that nowadays this situation would not have been allowed to develop; that the different sectors and agencies were aware that there were problems and they had joined together to ensure that there was an integrated and coordinated response. I would have liked to say that each agency approached the problem eager to apply their resources in a collective approach to the problem, in conjunction with the tenants, whether from the environmental, housing management, policing, childcare, youth provision or drug treatment aspects of the issue."

"I would have liked to say that they used the facility offered by the LDTF to integrate and co-ordinate their responses. I would like to have said to the tenants that they would no longer need to come out onto the street in protest."



Photography by Paddy Clancy



Photography by Paddy Clancy

“On behalf of the LDTF Coordinators Network I would like to thank all of the individuals who have contributed so much to the Task Forces from the different sectors involved. However, I believe that there is a lot more to be achieved and that within the National and Local structures we can really turn things around for those communities still seriously affected by problem drug use.”

“As a positive step towards achieving our full potential, I believe that the proposed conference statement presents a mature and clear way forward. I hope that everyone here will fully support the statement, and more importantly, implement it as it applies to their particular role as a contributor to the National (and Local) Drugs Strategy.”

Sadie Grace, Citywide Family Support Group Network - a family support perspective

“When I spoke to parents and asked about drug use and how it affects their family, they agreed there were a number of stages that the family can go through.”

“**The first stage** is when you suspect that your child is using drugs.”

“**The second stage** is when you are faced with the realisation that your child is using drugs especially heroin. This is one of the most devastating things that can happen to the immediate extended family. The shock, the shame, the hurt; I could go on listing emotions. Then the questions begin “What do we do?” “Where do we go?” “Who can help?” The thinking at

this stage is once we get him/her better, we can go back to normal.”

“**The third stage** is looking for help. When trying to access treatment most statutory run clinics focus only on the drug user and don’t have any support system in place to offer the rest of the family.”

“This brings me to the **fourth stage**. Because of the lack of support available through statutory bodies and because of the stigma attached to drug use, families feel they have no option but to try and deal with the situation, usually in isolation. Families feel very vulnerable and out of desperation look for people in the same position. When they meet with others, a group can form and this is where significant support can come from.”

“In 1999, when we brought groups together to plan the first Service of Commemoration and Hope, there were around 30 family support groups, mainly in the Dublin area. Following a huge need expressed at the service, it was agreed that we should formalise the Family Support Network. To raise and address issues and to lobby for services that would address the needs of families dealing with drug addiction.”

“Around this time between 2000 and 2001, the Government held a number of consultation meetings to identify the actions that would be undertaken in the National Drugs Strategy 2001 – 2008. Members of the Family Support Network attended these meetings and took part in the discussions, putting forward the family issues and stating that it was crucial families be part of every aspect of this strategy.”

Photography by Paddy Clancy





Photography by Paddy Clancy

“The strategy document “Building on experience 2001 – 2008” was published later that year and 100 actions were identified to be addressed under four pillars. These pillars are treatment, prevention, supply control and research.”

“We were shocked to discover that the word family appeared only once in the document. It appeared that after all our efforts to make the case for how crucial it was that families be included as part of the strategy, this seemed to fall on deaf ears. Families of drug users are affected by all four pillars of the strategy, but none of them address the specific needs of families.”

“The National Drug Strategy Team recently carried out a review of the strategy and gave groups and organisations a chance to attend oral hearings and to send in written submissions. In September last year the Family Support Network attended an oral hearing as part of this review. We felt that we were listened to and that people were very interested in what we had to say. A very important element of our submission to this review was that a fifth pillar should be added to the National Drugs Strategy, a pillar that would deal with issues that affect the families.”

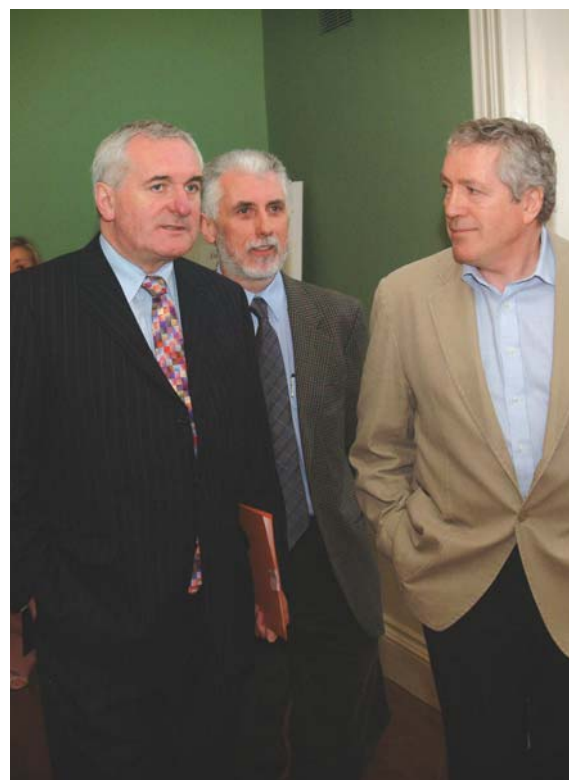
“In June of this year the findings of the review was published and we are happy to say that families were recognised as part of the strategy. The review group in their wisdom saw the family issue as not being a single pillar but an issue that crosses all pillars. At last there is an action in the strategy to deal with the issues relating to families living with addiction. This is a very positive achievement for the Family Support Network.”

“It is important to acknowledge that the Family

Support Network has been supported by the National Drug Strategy Team and the Drug Strategy Unit through financing various events organised by the Network.” “We would also like to express our gratitude to Minister Ahern for his recent funding allocation, which will enable the Network to carry out its plan of action for the coming twelve months.”

“We are now calling on both Local and Regional Drug Task Forces to be proactive in prioritising the provision of family services in their area and to support local family support groups and family support networks in their work. Some Task Forces already have a place at the table for family support representatives and while we welcome this we believe that all Task Forces should include a family representative.”

“And finally, I would like to stress that while it is important that the National Drug Strategy Team through Local and Regional Task Forces provide the support for families, it is equally important that they recognise that families can be a crucial resource in the whole addiction process”.



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SECTION 5

FEEDBACK FROM WORKSHOPS

Each of the conference workshops were asked to prioritise at least 3 main points from their discussion, for feedback to the conference.

Mainstreaming workshop:

1. In light of the ruling on benchmarking by the Labour Court in the case brought by Clondalkin LDTF projects; clarification is needed.
2. Fund the evaluation process devised by the NDST Evaluation Sub-Committee. This was agreed and worked on by the NDST and is ready to go to tender. We are calling for funds to be made available to put this process in place.
3. The NDST should put forward a definition of mainstreaming. There was a big debate in the workshop about what mainstreaming means, what it meant at the beginning of the LDTF process and what it may mean today. In the light of current circumstances this was seen as a very useful thing to be done.
4. Given that the HSE has the biggest responsibility in terms of the channel of funding process, the administration staff that look after the channel of funding processes in



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relation to LDTF funding should be ring fenced from ceilings that have been set on the HSE in relation to administration staff generally.

5. In relation to the process of reporting to the Comptroller & Auditor General; this process needs to be simplified or a simplified template produced; in order to reduce the bureaucracy that has built up.

YPF&SF Workshop:

1. Structures: theory and practice in relation to how the development groups operate need to be clarified. There was a lot of discussion in the workshop about how development groups operate differently in each of the LDTF areas. There needs to be clarification overall in relation to how they should operate and how the guidelines laid down are interpreted so that everyone interested is clear about how they should carry out their work. So as to ensure that there is transparency about how the development groups do their work and there is clarity about how a particular project gets funded, and the steps and stages that must be gone through in relation to that decision, particularly at local level.
2. There should also be more consultation with young people regarding local priorities for the YPF&SF. Creative means should be found to hear their views and for them to be taken on board formally by the Development Groups.
3. Concerns were also expressed about the level of resources available to Development Groups to carry out their work.
4. The workshop proposed that the YPF&SF fund should be extended to the Regional Task Force areas.
5. Young People at Risk: What is the definition of a young person at risk? To target or not to target? There needs to be clarification about what "at risk" means in the context of the YPF&SF.
6. There needs to be quality evaluation undertaken on YPF&SF projects. Models of best practice need to be identified from this evaluation, so that other areas/groups can

learn from these and avoid a constant re-invention of the wheel.

Policing workshop:

1. *Garda and Community Relations:* Essentially the workshop recommended that Community Policing Fora should be rolled out across all the LDTF areas. This roll out and its resource implications should be supported by the NDST.

The primary focus of these Fora should be on drugs and drug crime and not get deflected out into a wider range of estate management issues and various other traffic issues that are more the role and responsibility of the Local Authority.

2. *Resources for Community Policing:* The importance of community policing within the Gardaí should be acknowledged. The workshop felt community policing did not have the status it deserved within the Garda organisation.

The workshop agreed that Community Policing could be supported by Gardaí management in practical ways e.g. in relation to accommodating attendance at meetings outside of shift hours within the tradition station shift rosters. As Community Gardaí usually need to be at community meetings outside the normal shift hours.



Photography by Paddy Clancy

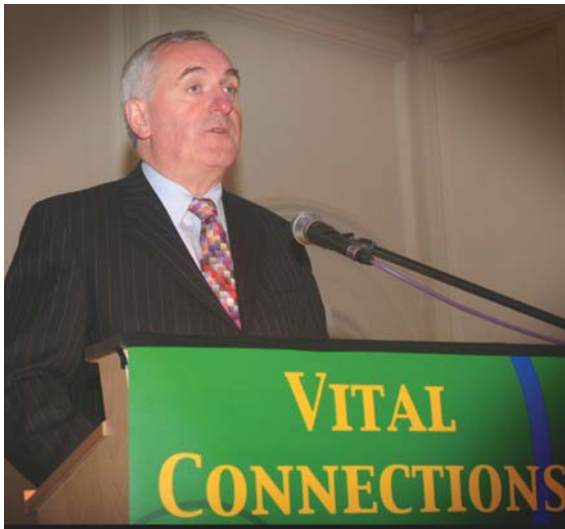


Photography by Paddy Clancy

3. Specialised training is needed for all Community Gardaí in relation to working at community level. Joint training for Community and Gardaí at local level is particularly relevant to the development of Community Policing Fora. The training should focus on how they are going to work together and their expectations of each other.
4. There was a lot of discussion in the group about the organisational culture of the Gardaí and local community cultural issues and perspectives.
5. *Administration of Justice:* A Judicial Studies Institute for the training of Judges was suggested in the workshop. The inconsistency of sentencing and the accountability of Judges were raised.
6. It was also suggested that as a general rule funds seized in relation to drug dealing in a particular community should be re-invested in the community concerned.

Family Support workshop:

1. The workshop proposed that the existing family support group network should become an autonomous organisation. A feasibility study should be undertaken into how it could be established as an independent entity.
2. There should be a family support group representative on each LDTF. The representative should be identified through



Photography by Paddy Clancy

existing local family support groups. Support should be in place to assist the person to take on this role. It was suggested that this could be made part of the brief of the new LDTF project workers.

3. That family support should have an NDST representative and that this person should be supported through the National Family Support Network.
4. Blood borne viruses: Increased national and local awareness of the impact that these viruses have on the family is needed.

LDTF Operational Guidelines workshop:

1. LDTF's should draw up multi-annual plans that contain more than the traditional community projects. They should focus more on state agency service plans in the LDTF areas. They should include service targets with ring-fenced budgets.
2. The workshop also discussed the need for change in the title of LDTF's. The term Task Force is now dated and suggests a short-term piece of work. The workshop suggested that the LDTF's title should be changed to Local Drug Strategy Teams, to be consistent with the title of the National Drug Strategy Team.

3. The workshop identified the need to clarify and renew the responsibility of all Task Force members. As part of this an induction programme for all new LDTF members should be provided along with a procedure for reporting back to their agency on their participation in the LDTF.

NDST should draw up a charter to guide how the state agencies involved should co-operate as part of LDTF's, this should include incentives where high levels of cooperation is achieved.

4. The links between Local and Regional Task Forces needs to be clarified.

Drug Rehabilitation Workshop:

1. Sense of frustration that there has been a lot of discussion but nothing has moved on or changed in relation to rehabilitation. It was felt that action and recommendations that have already been identified regarding service gaps need to be acted upon and backed up by strong political will and resources.
2. Despite difficulties in defining rehabilitation, there were common elements. This would include a developmental approach, holistic principles, individual and family inputs, integrated service responses, and an increase in the options for people who want to access services.



Photography by Paddy Clancy



Photography by Paddy Clancy

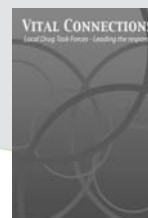
Mid-Term Review Workshop:

1. The workshop saw the potential for an integrated approach to drugs and alcohol, confirming the action in the mid-term review.
2. There should be increased support from senior statutory sector management for the active participation of their representatives on LDTFs.
3. A spectrum of family support services need to be provided to drug users and their families.

Emerging Needs Fund Workshop:

1. The criteria for the Emerging Needs Fund needs to be broadened to include community development, social inclusion and holistic approaches to the drug problem.

2. The workshop proposed that greater value should be placed on the input of C.E. C.E. projects for drug users require adequate resourcing and staff training, and the current FAS rehabilitation input should be incorporated into the planned National Drugs Strategy Rehabilitation Pillar.
3. There should be incentivised funding made available for developing total family modules of care in education, prevention, treatment and rehabilitation services.
4. Health Promotion: There should be more initiatives advanced by LDTF's incorporating a harm reduction, alternative therapies and drug user participation.



SECTION 6

PANEL RESPONSE TO FEEDBACK FROM WORKSHOPS

On the panel were:

Panel Chair: Padhraic White, Chair, National Drug Strategy Team

Noel Ahern T.D. Minister of State with responsibility for the National Drugs Strategy

David Connolly, Chairman, LDTF Chairs & Coordinators Network

Fergus McCabe, Community Sector Representative, NDST

Anna Quigley, Coordinator, Citywide Drugs Crisis Campaign

Sean Cassin, Merchants Quay Ireland, Voluntary Sector Representative, NDST

Patricia O'Connor, Director, National Drug Strategy Team

Kathleen Stack, Dept of Community Rural and Gaeltacht Affairs

PANEL RESPONSE THE MAINSTREAMING WORKSHOP

Fergus McCabe

"Mainstreaming is a key part of the National Drugs Strategy. There is a need more pro-action to have it resumed, as there has been a hold up on it for a long time. The HSE difficulty is understandable given its recent reform. But the principle of mainstreaming is still simple, if things work we make them part of the system."

"If the Taoiseach is committed to this process and I am sure he is, mainstreaming will happen sooner rather than later, we can revitalise this process if evaluation and mainstreaming are resumed. Most key departments have accepted in principle that this is a good thing. Movement now needs to be made beyond this point now, so as to make sure that by 2007 projects are mainstreamed"

Patricia O'Connor

"In relation to benchmarking, this as an issue applies broader than LDTF projects. It is an issue that CR&AG are taking on across the board among LDTFs and

Partnership Companies. We have identified broadly the amount of money needed to put mainstreaming in place. An Assistant Secretary in the Dept of CR&AG is negotiating with Dept. of Finance on it and beyond this we cannot go, we have to work within the rules but we are keeping an eye on it."

"Regarding funding the evaluation and mainstreaming projects, I would support that, we did the work; we developed the brief and submitted it to the Department. Despite this it now looks like mainstreaming of projects might not occur until 2007."

"On a definition of mainstreaming: Projects are mainstreamed into agencies such as the Dept. of Education etc. on the basis that the community based ethos of projects are retained. A definition of mainstreaming is available from the NDST."

"In relation to the point on administrative staff for the channels of funding, the administrative staffing being put into the LDTF's is being funded through host organisations. They are not being funded directly through the HSE because of the staff ceiling restrictions, so we will be using the Partnership Companies and community based projects to host the staff that will be working directly with the LDTF's."

"Regarding the simplification of C&AG reporting, this year Lisa Wafer, NDST Finance Officer and Aoife David, NDST Development Worker has been meeting each project to work out and give information on the new LDTFI form, which will be accepted by all agencies. This sets out the financial aspects of projects and starts to set out the performance indicators for projects. So we are hopeful that this system will offer at least some clarity and simplification for individual projects"

Kathleen Stack: regarding mainstreaming

"The Department of CR&AG are hoping to get a commitment from the main agencies LDTF projects are to be mainstreamed to, before we embark on a large scale evaluation process. For some agencies it is easier than others, as they have smaller numbers of projects involved, and the mainstream process is not as traumatic for them."

"For agencies like the HSE, it is drastic because there

are a large number of projects that are in the queue at the moment to be mainstreamed to them. I suppose it's still an issue we need to do a bit of work on and I think the Department will certainly be meeting with the HSE in the next week or two to try and move this on. To try and address some of the issues we have that we might be able to move, in terms of putting this process back on track. Because it is an important part of the whole LDTF process and it is important that we are seen to be moving it back on track”.

PANEL RESPONSE TO THE YOUNG PEOPLES FACILITIES & SERVICES FUND WORKSHOP

Fergus McCabe, on defining young people at risk

“There are two ways to look at it, individual young people at risk and a community drug problem, in that any person growing up in a community where there is an enormous drug problem, which most of our communities do, should also be considered to be at risk. So it's very hard to come up with a definition that covers both. But the key point here is that the YPS&SF should be more clearly integrated into the work of the Task Forces. Because again the whole idea of having a target and a focus will work better if it's seen as part of the overall planning process of an LDTF. Not separate but central to the prevention strategy of the LDTF's. This is the way it should be looked at.”

“I think rather than get caught up in definitions, which in the end of the day will probably end up excluding some of the young people that we do want to have involved. We should look at making the YPF&SF much more clearly part of the drugs strategy. Planning how it is going to be developed and how the resources are going to be used”.

Anna Quigley, on the need to involve young people in the LDTFs

“This is very important it goes back to strengthening and developing the LDTF structures. Something LDTFs would like to do but are limited by how much work they can put into this. I was very struck last year in Blanchardstown when they had the seminar on the Garda Bill. They set up a parallel session for young people from the area, for them to give their perspective on the policing related issues. This cannot happen as part of general work, it needs extra effort and time put into it. This gets back to how much you can expect of

structures that to an extent haven't had the resources and the support they need”.

Sean Cassin, on the YPF&SF and defining young people at risk

“I am concerned that the YPF&SF would become a way of funding existing clubs, and reasonably well healed sports clubs and other clubs, to the exclusion of disadvantaged young people. To me it would seem fairly obvious that unless your club or service is taking in people who are early school leavers, who are presenting in the club with drink and alcohol problems, who are behaviourally challenging, that have had some police contact, or are about to, then you are not engaging with young people at risk. It needs to target these young people as a priority with special emphasis and positive discrimination towards those in most difficulty”.

Minister of State, on YPF&SF on defining at risk young people

“The YPF&SF has been very successful, about 90 million has been spent on it over recent years in the parts of Dublin that didn't have good facilities. It has been the key to giving real teeth to the drug prevention policy. You can now say to young people there is an alternative you can get involved in facilities, be they sport or be they youth, art or whatever.”

“The way we've been working the Development Groups contain the LDTF Chair, the Local Authority representative and VEC representative. The Development Groups take in a broad range of different views coming from the three different sectors. I think it has been working very well.”

“We are very particular, particularly about the youth facilities that were provided a few years ago. We often hear they (the facilities) are not being used by the target group and we are very fussy and very particular about that. In some developments we have been a part funder, and they have other target groups to consider. But we are very particular that our target group is looked after. The facility might well be used as a community facility or used on a broader front, but we are very particular in the Department in making sure that it is used by the target group, that we get value for our money and that the target group that we are concerned about are catered for. I know there is the old story, in one area some people may make the case that everybody between 10 and 21 is the target group, and you should be able to employ prevention methods

before drug problems emerge but it's something that we watch carefully."

"Will the YPF&SF extend to the regions? It has always gone to Cork, Carlow, Galway and Limerick. I don't think there are equivalent suburbs in Ireland to those that grew up around Dublin in the last 20 years, where there was nothing. I always like to think that the country, towns and cities wouldn't be as devoid of facilities, so there mightn't be the same parallel. But there is certainly need for some support. We recognise that that will develop and we probably will roll out the YPF&SF on a very slow basis, but we really need to see what's there. And as the plans come in we've been able to see what's there. I don't think we are going to have a capital or current YPF&SF throughout the regions".

PANEL RESPONSE TO THE POLICING WORKSHOP

David Connolly, on the expansion of Community Policing Fora to all LDTF areas

David made a connection between discussion on the YPF&SF and community policing fora. "This demonstrates that the more you invest in facilities locally the more you reduce the potential for young people to become involved in other problems. This is obvious but sometimes we need to go back to the simple issues, and a simple issue is that policing as it is operating now in LDTF areas is not going to be affective if it is only left dealing with problems all of the time. The balance we've managed to achieve through the LDTF's has allowed us to engage with the Gardaí at a local level in a way that reduces local fears of working with the Gardaí because of past experiences."

"I have found the Gardaí on Task Forces people who say what they think and act on it, in most cases. I think that this has been very positive from the point of view of doing something new locally. Because in Ballyfermot, many of the initiatives that we've developed came initially from the Gardaí, they identified a problem that they had and we worked with them to resolve it. And they were also honest enough to say they couldn't solve it on their own."

"The issue of culture is something I'm just going to avoid this time in the afternoon because I don't know what you can do about that. There would be no difficulty between Gardaí whether they are from another organisational culture or another part of the

country, if they weren't policing everybody in the area. So it has to do with their policing activity, not their cultural background. I don't think we are going to get to a situation in this country where you'll have a culturally appropriate police force doing the job they have to do."

"An example of what has been done in one LDTF area to address this issue is the local group that went to Templemore and explained that the Gardaí should be briefed before they came into their area. The group believe that if briefed on an area at least the new Garda would understand that there were differences and that they would be prepared to find very antagonistic responses and experience conflict. If they at least listened to what was being said by people living there about these problems, this might help them in their job. At the time the Gardaí acknowledged this as very useful. However picking it up and mainstreaming it has been a more difficult issue."

"The final point I'd make is that it was promised that Policing Fora were to expand over the last four to five years, from the initial work in the North Inner City and the South Inner City and Finglas/Cabra, that hasn't happened. Now if they are serious and if the Minister of Justice is serious in relation to building a better connection between the local community and the Gardaí in LDTF areas, he should be doing something about that tomorrow. Not waiting for another process to take place and wondering why after another six years we haven't actually got Community Policing Fora in our own areas. The point highlighted by the working group actually strengthens that case and it's something we have to take on from today."

Fergus McCabe, on the expansion of community policing fora to all LDTF areas

"If you look at what LDTF's have done, they are supposed to respond to the drug issue. That meant dealing with treatment, rehabilitation, education and prevention etc. That has been done in many of the LDTF areas. One of the areas that there hasn't been much action on has been the supply issue, and drug dealing and appropriate responses to drug dealing remain huge issues at community level."

"We spend a lot of money on the supply issue nationally and yet we've been very slow to build on what have been very successful initiatives in the North Inner City, South Inner City, Finglas/Cabra and now Blanchardstown. This is a very specific commitment so

I would endorse what David is saying. I think we have developed some very innovative and radical proposals in relation to community policing of the drugs issue under this initiative that deserve international recognition, in many ways. Where Community Policing Fora have been set-up we've gone from where the Garda in many of these areas were seen with outright hostility to where relationships have dramatically improved."

"We have in our National Drugs Strategy a commitment to setting up Community Policing Fora, so I think this is yet another test of our sincerity and commitment to be real about this process is the setting up of Community Policing Fora."

"If the evaluation of the ones in existence had been unsuccessful or had indicated major problems, fair enough but they haven't. They've been pretty much very successful. Everybody from the agencies involved say that they are a good thing and yet again we've been very slow in implementing them. So again, I would go along with David on that one. I think it is time now that we did roll out these very important initiatives that we are committed to roll out as part of the National Drugs Strategy, and that we do it very quickly. Again it doesn't need a long time to do it and the resource implications are significant. But they are not that significant given the size of the Garda budget and the number of the Gardaí and officials who are employed. I think again that this is a very key issue we should all look out for over the next couple of months, to see how quickly we are making progress on it."

Patricia O'Connor, on the expansion of community policing fora to all LDTF areas

"I was delegated in by CR&GA to go along to a meeting led by the Department of Justice Equality and Law Reform, on the implementation of the Garda Act. It is looking at developing guidelines for joint policing committees in the context of the Act and they will be looking at the local policing fora named in the act and trying to apply the partnership approach to this process. The Crime Council managed to get community and voluntary representation named as part of those fora, which was very important. But how that actually rolls out then is a very important issue. How communities are constituted, what role they have, all of that has to be teased out. The timescale for drafting this is the end of this year, and it will be done by the

Internal Justice, Equality & Law Reform Working Group. My understanding is that in the first quarter of 2006 there should be some public consultation on the drafting."

"Regarding a directive from NDST in relation to the setting up of community policing fora, Finglas/Cabra is already up and running as well, don't forget. We will be looking at other submissions as they come in when they are developed at LDTF level. In some cases there are other types of models that are being set up; maybe one size won't fit all in relation to this issue. It depends on what the community want and we have to listen to what best meets their needs."

"There were other points made there about the administration of Justice, consistency of sentencing, all of those issues came up in the review and were very well articulated by people. So it's something we will keep an eye on".

PANEL RESPONSE TO THE FAMILY SUPPORT WORKSHOP

Patricia O'Connor, on the Family Support Network

"Firstly, I support very strongly the proposal about the network becoming independent. Because we see since the first service of remembrance, the extent to which it has grown and developed and the extent to which the demand for it has grown right across the country. We can see it in parts of the country before there are any facilities to deal with the drugs issue."

"In terms of the network being able to grow and develop and offer the kind of support and help that's badly needed out there, the NDST would be very much in support of the need for it to become autonomous and get the resources it needs to do that, the need is huge, particularly as part of the roll out of the Regional Drug Task Forces. The argument for a national network is even stronger so that all the experience and learning of the existing family support network can be shared. It's not trying to get away from Citywide but that this needs to happen due to the amount of work involved"

Sean Cassin, on the Family Support Network

"The voluntary network's vision statement is interesting in relation to this. When pulling together all of the

voluntary groups involved in drug treatment and rehabilitation. One of their first statements recognised that the primary location for change is not with the voluntary group itself but with the family and community. I think today is another reminder that for my sector, we continue to leave at the bottom ring of the ladder, the whole concept of the total family in treatment and that was one of the recommendations that came up under the emerging needs that I'm very glad about. Hopefully we can begin to plot total family approaches, not just to treatment and rehabilitation, but also to education and prevention. The parents and children often need as much work around education and awareness around drugs as the people using the drugs do, or those at risk of using the drugs”.

David Connolly, on the Family Support Network

“I think at this point in time and into the future, as Task Forces we should all be looking at the potential to engage with and involve families and drug users living in the areas that we are concerned about. Because there is a gap on many Task Forces between people living in the area, those affected by drugs and the Task Force itself. In order to some way counter the necessary professional side of the Task Force which is needed to deal with a whole range of projects and funding, it is in the interest of the Task Forces to encourage and develop links with family support networks and drug user fora and make sure they come on to the Task Forces to inform us into the future.”

Minister of State, on the involvement of family support representation on LDTFs

“Some LDTF’s have family support persons and user involvement and some do not. LDTF’s should be taking this on board and have a member representing family support, and have a means of listening to users as well. I certainly think there is value in that”.

Kathleen Stack, on the family support network

“As part of the consultation on the mid-term review, we met with family support network and we were very taken with what they had to say and certainly one of the key things that came out of the Mid-Term Review was the inclusion of this area.”

PANEL RESPONSE TO THE OPERATIONAL GUIDELINES WORKSHOP

Patricia O’Connor

“This is at the heart of everything we are talking about in this partnership arrangement. I think that the inputs made by Anna and Tony Geoghegan and Dermot McCarthy really do capture the challenge that we all face in working at local and regional level, bringing this partnership approach fully into play.”

“It’s very difficult because I know as a Civil Servant myself for 30 years, how hard it is to take responsibility and go out into fora like this were everybody has equally rights and try and bat for your own organisation. When you may not have a structure inside that may support a way of feeding back into policy. What Dermot was really saying today was, for statutory reps, the mechanisms have to be found so that they can go out there, they can represent their organisation and they can feed back and challenge their own internal policy matters, and change the system to better meet the needs of clients. Bearing in mind that customer service is at the heart of public service these days. So to do that, we really have to work on the operational guidelines.”

“The operational guidelines that the team developed were done to support and set out clearly everybody’s role. To give clarity across the board about how meetings are run, the role of the chair etc. We will continue to work on those and adjust those should we find they have weaknesses in them.”

“In terms of induction, when new co-ordinators are coming on board, it is part of the NDST Development worker’s role in the NDST to induct the co-ordinators and brief them on every aspect of their work.”

“We can do some more work on clarifying the links between LDTFs and RDTFs, if there are issues arising on the ground from the evolving nature of the process in the RDTFs. If there are difficulties, we have an NDST representative on each RDTF and LDTF and if there are issues arising they will feedback these into the team.”

“In terms of multi-annual plans we know the Emerging Needs Fund is in place at the moment. We put in our submission, the call for multi-annual plans and round 3 but that’s not the case at the moment. We are working

with what we have and as positively as we can in relation to that.”

David Connolly

“The Chairs and co-ordinators feel we have to get back to producing another three year strategic action plan. In the absence of that we don’t have the capacity locally to look at co-ordination issues or even at how we are going to respond to the drug problem locally over the next couple of years.”

“I know the Minister of State about a year back had a reservation about that. Well I think that now we have had the Mid-Term Review of the NDS, it makes sense for Local Task Forces to produce plans till the end of the current strategy [2006 – 2008], to look at the wider issues other than emerging needs, which is a particular funding line”.

Minister of State response to David Connolly regarding LDTF round 3 plans

“I hear what you are saying, it’s not what we are thinking and there is no point in asking people to draw up plans if we don’t think they are going to be implemented. Right now the priority is the regional plans. After saying that, I think we now have a considerable resource out there. The scene has changed, there’s up to 500 people working in LDTF initiatives. There is about 50million of plans spent every year that started at LDTF level; there are a lot of resources out there.”

“I’m not suggesting everything is perfect, it’s not, but we have to get value for money for what we are giving. As we keep on saying, the drug situation is in constant change, it’s very flexible and before we come forward with demands for new plans, we should be looking all the time to see if everything we have already is being put to proper use and proper value being made out of that.”

“The outcome of today will be discussed at political level. Up to now we haven’t been thinking in that direction, and in fact the Emerging Needs Fund last year was established to try and deal with really burning issues on the ground that might come forward. We haven’t been thinking of a round 3 up to now anyway.”

PANEL RESPONSE TO THE REHABILITATION WORKSHOP

Sean Cassin

“I think that the need for the pillar emerged out of the success of the treatment pillar, in that we have something like 7,000 people on methadone and no matter what your kind of criticism of methadone it brings measures of stability to people’s lives which can’t be contradicted.”

“But on the downside it has caused some difficulties where there is a sense among drug users and certainly amongst some of the frontline agencies that drug users for a variety of reasons have become parked there.”

“The issue that is coming up all over the place was the issue of progression. A lot of drug users don’t like to have the term in rehabilitation applied to them. It suggests pre-existing levels of disability that may not apply. So certainly, my sector has been advocating for greater progression and one of the immediate challenges facing us and one of the anomalies facing us, is that one of the biggest carriers of rehabilitation at the minute is the F.A.S. Community Employment Scheme. I think this is an issue which is going to be addressed by the Rehabilitation Working Group.”

“I prefer myself that idea of progression, people needing to have progression in their lives, and I hope that the group working on the development of the Rehabilitation Pillar will also have the resources attached to it to develop the considerable numbers of drug free places needed, residential places for longer and short-term places. This is going to carry a cost, and I’m glad the Minister of State is here to hear that.”

Fergus McCabe

“Sometimes setting up committees is a way of putting off action. The Mid-Term Review looked at the issue of rehabilitation and the fact that we spent the last 7 years focusing on the needs to provide some treatment options. It was obvious that at some stage the whole issue of rehabilitation was going to catch up with us. So I think it was the view of the Mid-Term Review steering committee that something fundamentally important had to happen.”

“If we are serious about having a coordinated/integrated response to the drugs issue we’ve got to look at what happens to those people who’ve suffered for many years and who had huge education

disadvantage problems on top of their drug use etc. If we wanted to give them hope on methadone, hope to be integrated back into their community. It's in that spirit the Mid-Term Review Steering Group came up with the proposal for a National Drug Rehabilitation Working Group."

"The Mid-Term Review echoed some of the recommendations of the discussion in the workshop this morning. While that is happening existing projects; existing FAS projects, already agreed would continue working. We won't be waiting until this group comes up with the way forward and we will proceed with those rehabilitation actions needing to be implemented now. Alongside this we will be having a fundamental look at the needs of rehabilitation through the working group. That will of course, again, require resources and hopefully the group will indicate that."

"The working group is supposed to report back by the end of the year. It has got a huge task in front of it but again it's one of those key issues, which if we are serious about it, we'll address it. It's an area that everyone that knows anything about the drugs issue knows needs to be addressed urgently. So we'll wait to see what the Working Group on Rehabilitation comes up with. But the membership reflects the broad partnership approach. So again the Minister of State will be faced with another resource implication. Not just the Minister of State, but also all of us, in this society and the State."

"If we are serious about addressing the rehabilitation needs of those thousands and thousands of drug users who have undergone treatment and who are in treatment, then we've got to be serious about the amount of money we put into it".

Kathleen Stack

"The Working Group on Rehabilitation had its first meeting last week and I chaired it. I think many people who are on the group are here today. We had a very lively discussion to kick off proceedings. We probably asked more questions than we answered in some ways. But I think it will be a very useful group. I think we will come up with something quite practical and positive at the end of it. While we may not make the end of year deadline, we will certainly have something in the early spring to report on."

PANEL RESPONSE TO THE NDS MID-TERM REVIEW WORKSHOP

Kathleen Stack

"The whole issue of alcohol and the link between drugs and alcohol and whether we should have a combined policy was something that came up quite strongly during the Mid-Term Review, particularly during the consultation process. A lot of people felt that making that distinction between the two wasn't an appropriate or healthy way to go and we should have a combined policy. We gave a fair bit of time to it during the course of the discussions of the steering group and I suppose what I felt was that while there are certainly overlaps and cross-cutting areas, that perhaps it is an area that needs a little bit more work as well."

"We talked a little bit about it in the workshops today as well and some people had strong views that the way to go is to have a combined policy. What the Mid-Term Review recommended was a working group to be chaired by the Dept. of Health to look at that whole area, in terms of how you can make better links between the two policy areas. With a view to having a combined policy, if that is considered to be the best way to go. So think that will be an interesting piece of work for the Department of Health to be involved in for the coming period as well. They are due to report towards the middle of next year."

"The other issue we talked about in the workshop today was the notion of statutory representatives and support from their parent organisations in terms of the work they do at the Task Forces. Some people spoke very strongly from personal experience about feeling a little bit isolated and exposed and not having back up and support coming from their parent organisations. I know Dermot McCarthy touched on it as well this morning in some of the comments he made. So I suppose that people feel working on a Task Force shouldn't be an add-on to what they do, it should be very much an integrated part of what their day job should be. The back-up and support from the parent organisation should be there to make the whole thing function a lot better."

PANEL RESPONSE TO THE EMERGING NEEDS FUND WORKSHOP

Anna Quigley

“Just to respond to the points made by the Minister of State regarding LDTFs preparing new strategic plans. It struck me in the feedback on the Emerging Needs Fund that people were talking about it being too narrowly defined, about the need for C.E. to fit into a broader rehabilitation structure, the whole idea of total family care, the whole idea of health promotion, including harm reduction. That to me sounds like a need for planning, it doesn’t sound like a need for funding for once off projects. It sounds to me like we need to plan and maybe because it is getting towards the end of the day, but what I think I heard the Minister saying is that because we need to get value for money we are not going to ask people for plans. To me I do not understand that, because I think you get far better value for money if you do ask people for plans, and I think in all of the areas that were identified in the workshop, it strikes me that what people are asking for is something more than just individual projects being funded. They are asking for some sort of plan or overall structure that those projects can fit into.”

“Again, the Minister of State referred to the RDTFs being the priority at the moment. We are all in total agreement that the RDTFs are priority. They need to get their funding and they need to get adequate funding. I don’t think we would be happy there being an either or, we didn’t think that the RDTFs being funded had any implications for the LDTFs being less of a priority. I don’t think there is anything in the Mid-Term Review or in any document that could justify that kind of position. Maybe at the end of the day I’m not picking up what the Minister meant to say, from what he said though that is what I’m hearing”.

Patricia O’Connor

“The reason the guidelines were developed for the emerging needs was to try and give a bit of a focus and support for LDTF’s to highlight the key flagship issues that we had raised in our paper to the Departmental Group in July 2004.”

“So again, the issues we are hearing in the workshops and the issues we are hearing from the community and the LDTF’s is that it’s broader than what we have defined in the guidelines. When the NDST was

responding to the Minister in July [recommending projects for funding] we did say as with any new programme, there are teething problems and we are willing to sit down and work that through and I look forward to doing that with the Minister, so that we can bring more clarity into the situation.”

Minister of State Ahern

“Approval for the emerging needs fund was given some months ago when the drug scene was seen to be changing, to deal with issues very much at the coalface of communities, to deal with poly-drug use, deal with cocaine. We needed flexibility and we needed to be able to respond to these things.”

“The notion that it is a few years since we had round 2 and nothing new happened since then is entirely untrue. A lot of the items that were approved in round 2 of the plans really only started in the last 12 months, adding to the development of services over the last 12 months. The fact that last plans were agreed 2 years ago wouldn’t necessarily tell the truth, but we clearly said that there was not to be a round 3.”

“The Emerging Needs Fund was not to be a replacement fund, and can I say to some colleagues in the statutory side of the business, there is a bit of a trend from some Government Departments and some agencies, who ought to be providing extra funding under their own headings, to toss everything over to us. Our funding was very much meant to be for gaps in services. It does not, and was never intended to excuse other agencies or other Departments from providing good services. Maybe this arises from our success at getting funds, maybe that’s the excuse.”

“I have been a bit surprised by some of the projects that have come in under emerging needs, then I am told that’s not the full list, there is more to come. We didn’t approve everything on the first list but perhaps if I saw the full list I might have a better feel for where we were going. It was very much meant to be additional items that needed flexible quick responses. I am sure when I see the full list of projects approved by the NDST for the Emerging Needs Fund, we can try and make a bit of progress on it. It is for emerging needs; it is not for anything else. Maybe there has been a bit of confusion about that, I am sure we can sort it out”.

SECTION 7

CLOSING SESSION

Closing comments by Padraic White, Independent Chair, NDST

“This conference today makes a very strong statement of solidarity amongst all of the people in all the work, some of which is very frustrating. It conveys a message that you are not alone; there are a lot of people with you. There are very few conferences in this country where people are clamouring to get to and actually can’t get a place. So I think it is a great testimony to the interest, passion and the commitment of everybody involved. Despite all of the frustrations the morale during the day, instead of people being downbeat or giving up, there was a tremendous sense of people wanting to do the right thing.

The messages I got from today: We have to keep challenging ourselves, we have to keep asking ourselves are we relevant, are we being effective, are we in touch with what is actually going on. Emily Reaper of UISCE really posed a big challenge to us. How can we make sure, what’s going on with our clients, our customers, those who are victims of drug abuse is being heard. She posed a real challenge and that is something that I take away, how do we actually meet that challenge.

Within the NDST and the Chairs & Co-ordinators, we have begun to put on the agenda the topic of the revitalisation of the LDTF’s. And with the support of the Minister of State over the past year we have broken through. We are beginning to make progress in terms of funding of mainstreamed projects, in terms of the approval of funding for the project workers and support staff. These are important breakthroughs and a bit of momentum can be felt.

We are terribly conscious in the team of the need to support you because a lot of responsibility has been placed on the LDTF’s and under the NDS even more. So all of us have to ask ourselves, have we given you the tools and the capabilities to actually do this, because it is a huge task. So we are extremely conscious of that. We’re delighted that there are Regional Drug Task Force Chairs and members here today. They have been able to learn from you and so forth. That’s a huge development bearing in mind that

outside of Dublin and Cork we all know that serious drug problems are appearing in all towns and villages.

Finally the whole relation between the state and this initiative, one of the virtues of this initiative is that its community lead. The danger is while the community lead, they look behind and where is the state? Clearly we’ve got to get that relationship right. I think this has been well aired today, from Dermot McCarthy and through all the contributions.”

Closing comments, by Minister of State, Mr. N. Ahern T.D.

In closing the conference the Minister of State said that *“he heard what was being said at the conference. “ He felt it was important to hear the various complimentary and critical views. He also acknowledged the progress that has been made by the LDTFs and all involved in addressing drug problems.*

He said that there had been huge extra resources made available to the Task Forces; “an 18% increase in 2005”. He said, “in fact the process was way over budget and with the use of funds from other sections that hadn’t been using theirs it was now 15% over new budget.”

The Minister of State said that the Mid-Term Review has set out priorities for National Drug Policy in Ireland. In this there has been no prioritising of LDTFs over RDTFs. Overall the conference had been interesting and valuable to all involved.



APPENDICES

APPENDIX I

‘Vital Connections’
Local Drugs Task Forces Leading the Response
Royal Hospital Kilmainham
Monday 3rd October 2005

- 8.30am: Registration
- 9.30am: Official Opening- **An Taoiseach, Bertie Ahern T.D.**
- 9.40am: Introduction to the Conference- **Mr David Connolly, Chairperson.**
- 9.45am: “Local Drugs Task Forces- Some Perspectives”.
- ▲ The Community – *Anna Quigley, Citywide.*
 - ▲ The Voluntary – *Tony Geoghegan, Merchants Quay.*
 - ▲ The Statutory – *Dermot McCarthy, Department of the Taoiseach.*
 - ▲ UISCE (North Inner City Drug Users Forum) - *Emily Reaper.*
 - ▲ The LDTF – *Hugh Greaves, Coordinator.*
 - ▲ Family Support Network – *Sadie Grace.*
- 11.00am: Comments from the floor.
- 11.30am: Tea and Coffee
- 12.00md: Workshops.

Workshop	Facilitator	Speaker
1. Operational Guidelines	Mick Cowman	Joe Doyle
2. Evaluation & Mainstreaming	Brian Nugent	Joe Barry
3. Cross Task Force Issues/ Emerging Needs	Tony McCarthy	Sean Cassin
4. Policing	Ray Henry	Barry OBrien
5. Mid-Term Review and NDS Actions	Jimmy Duggan	Kathleen Stack
6. YPFSF	Fergus McCabe	Padraig Stanley
7. Rehabilitation	George Ryan	Cathal Morgan
8. Family Support	Phillip Keegan	Role Play

1.15pm: Lunch

2.30pm: Continuation of Workshops.

3.45pm: Tea and Coffee

4.15pm: Workshop Findings:
Lisa Baggott and John Bennett

4.30pm: Panel Response to Workshop Findings

Chairperson: *Padhraic White*

Panel Members: *Noel Ahern T.D., Minister of State with Responsibility for National Drugs Strategy, Dept. of Community Rural and Gaeltacht Affairs*
Kathleen Stack, Department of Community Rural and Gaeltacht Affairs
David Connolly, Chairperson of Chairs/Coordinators Network
Sean Cassin, Voluntary Representative
Fergus McCabe, Community Representative
Patricia O'Connor, Director of National Drugs Strategy Team
Anna Quigley, Citywide

5.00pm: Official Closing of Conference
Address by Minister of State, Noel Ahern T.D., Dept. of Community Rural and Gaeltacht Affairs

5.30pm: **Reception hosted by Minister of State, Noel Ahern T.D.**

**APPENDIX 2**

VITAL CONNECTIONS
Local Drug Task Forces- leading the response.

CONFERENCE
Royal Hospital, Kilmainham.

Monday 3rd October 2005.

CONFERENCE DECLARATION.

This conference acknowledges the huge amount of progress made by the local drug task forces over the past eight years in relation to the drugs issue and believes that the genuine partnership process involved should be retained and strengthened.

The conference calls on the Government, relevant Ministers and their Departments and Agencies to re-engage fully with the drug task forces in their efforts to respond to the crisis of drug misuse throughout the country.

In order to support the response to the drug misuse crisis at national, regional and local levels, it is proposed that the key Government departments and agencies implement the specific dedicated actions outlined in the National Drug Strategy mid-term review as a matter of priority.

To ensure that a strategic and coordinated response is maintained at a local community level it is proposed that each local drug task force is mandated to produce a new strategic action plan for the remaining period of the National Drug Strategy to 2008.

An urgent response is required to the emerging problems of drug misuse in the cities and towns across Ireland. It is proposed that the Government increase and target resources to these areas by establishing additional local drug task forces.



NOTES
