

A BETTER CITY FOR ALL

A partnership approach to address public
substance misuse and perceived
anti-social behaviour in Dublin City Centre

REPORT OF THE STRATEGIC RESPONSE GROUP
TO BUILD SUSTAINABLE STREET-LEVEL DRUG SERVICES
AND ADDRESS RELATED PUBLIC NUISANCE

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INTRODUCTION

The issue of substance misuse related anti-social behaviour in Dublin city centre has for a long time been a source of media focus and public concern.

Following the establishment in 2010 of the Dublin City Local Business Policing Forum, this issue became a recurring item of discussion. A number of agencies and organisations were invited to make presentations on the topic. In January 2011, in his capacity as chairman of the Policing Forum, former Lord Mayor of Dublin, Councillor Gerry Breen, called a meeting of representatives of some of Dublin City's key stakeholders. At the meeting it was proposed that a generic Good Neighbour policy which could be localised by any drug service could be developed. As part of the Ana Liffey Drug Project's suite of services, the Progression Routes initiative was tasked with the job of interviewing relevant stakeholders to develop a suitable policy. During this process those involved expressed an interest in establishing a cross city/inter-agency group to address the issues in a co-ordinated manner and this was presented back to the Policing Forum.

Arising from this, the Strategic Response Group (SRG) was formed with the objective of developing ways to build sustainable street-level drug services and address related public nuisance. The inaugural meeting of the SRG took place in the Mansion House on the 3rd of June 2011. The SRG is independently chaired and its membership includes representatives of the following organisations:

Ana Liffey Drug Project; An Garda Síochána; the City Clinic (HSE); Drug Treatment Centre Board; Dublin City Business Improvement District; Dublin City Council; Dublin Simon Community; Merchants Quay Ireland; the North Inner City Local Drugs Task Force; the South Inner City Local Drugs Task Force; the Union for Improved Services, Communication and Education (UISCE). The on-going work of the SRG has been supported by the current Lord Mayor, Councillor Andrew Montague.

At its inaugural meeting the SRG agreed that the issues being confronted were complex and that future responses needed to be guided by a number of core principles. These included the following:

- Responses should be coordinated and partnership-based
- Responses should be evidence-based
- Responses should complement and not duplicate other relevant policies
- Responses should be measurable
- Responses should not make problems worse or simply shift them elsewhere

The following specific guiding aims were also agreed on:

- To reduce public fears and address perceptions of concern associated with clients receiving drug treatment
- To decrease the visibility of substance misuse
- To address street nuisance associated with substance use/misuse, including noise and loud public behaviour
- To address negative perceptions of the city as an unsafe place to be
- To ensure agencies/services related to the issues are working in a coordinated manner
- To identify short, medium and long term solutions to the issues identified
- To promote a balanced perspective on the issues
- To compile all relevant information and data in relation to the issues arising and the responses to them

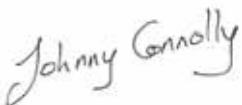
To assist it in its deliberations on a future strategy the SRG commissioned a study, the primary purpose of which was to assemble an evidence base. This involved a Rapid Assessment Research Project. The study was jointly funded by the stakeholders of the SRG. The research and ultimate strategic recommendations are focused on the area between Christchurch and the Irish Financial Services Centre and from Parnell Square to St Stephen's Green (the focus area).

Substance-related anti-social behaviour is an elusive issue to define. It can involve a range of actual activities such as harassment and intimidation and also behaviour such as congregation in groups or shouting that is not intended to offend but can do so. At the same time, the right of people to use and enjoy the civic space must be tempered by the responsibility to use it in a way that does not unduly impinge on the rights and entitlements of others.

The underlying causes of the issues being addressed here must be seen in a historical context. For example, the clustering of drug treatment and homeless supports and services in the city centre should be viewed against a backdrop of a previous need to provide adequate supports to disadvantaged and marginalised inner-city communities and vulnerable individuals. Such concentration of services in the centre of Dublin can also be seen against the backdrop of the reluctance of communities and regions surrounding Dublin to tolerate such services in 'their own back yard'.

The following recommendations are founded on the premise that the issues being addressed are not primarily policing or criminal justice matters. Policing responses can often do little more than displace street-based nuisance elsewhere. The imprisonment of those who commit economically motivated crimes as a consequence of their addiction often amounts to an expensive way of making a bad problem worse. The issue of substance-related anti-social behaviour is primarily a public health issue and any sustainable long-term solution can only be delivered in that context. As a consequence, the following recommendations are aimed at investigating ways to best deliver people's treatment or accommodation needs in a more localised way where appropriate and in a way that can assure greater public support.

On behalf of the Strategic Response group, it is with great pleasure that I present this report and recommendations to the Lord Mayor.



Johnny Connolly

Chairman of Strategic Response Group

KEY FINDINGS AND RECOMMENDATIONS

TREATMENT SERVICES

KEY FINDINGS

It is acknowledged that for a range of historical reasons there is a clustering of treatment services in the inner city. It is also acknowledged by all stakeholders that treatment services are a major part of the solution to the issues being addressed and that the problems would be worse in their absence. Drug-related anti-social behaviour can also undermine the provision of effective treatment. The following recommendations are aimed at minimising any negative impact of such clustering on the city centre while at the same time enhancing the quality of those services and ensuring that vital treatment and drug-related services continue to be made available to those who need them.

RECOMMENDATIONS

Short term actions

- All treatment and drug-related services should ensure the roll-out of 'good neighbour' protocol and involve service users in the development of best practice approaches in responding to anti-social behaviour.
- The fact that all main treatment centres close for lunch from 1pm-2pm contributes to the problems being addressed. Treatment and other service providers should review their opening and closing times to address this issue. This could be done through a review of service provision.
- Design and roll out a peer led campaign on safe disposal of drug paraphernalia to be delivered in each organisation simultaneously.
- Design and roll out a peer led campaign on overdose to be delivered in each organisation simultaneously.
- There should be improved coordination of the available outreach services to optimise service provision.

Medium to long term actions

- There should be greater access to and prompt provision of treatment options nationally.
- People should be treated and provided with support services as close to their home as possible. The treatment provided should be of the level of complexity required to meet their needs. This should ensure that people are only using services that are essential and appropriate to meet their needs and that are local to their place of residence. This should involve a relocation of service provision for some people from the focus area where possible.
- While acknowledging the need for specialised treatment clinics, there needs to be an increase in the proportion of treatment taking place in a primary care setting, and a related reduction in the

use of specialised treatment centres. Treatment in primary care involves being prescribed substitution treatment, for example methadone, by a trained GP, and having medication dispensed at a community pharmacy. A greater emphasis on GP prescriptions should ease the pressure on centrally located (i.e. in the focus area) specialised centres. The implementation of the relevant recommendations of the report: The introduction of the Opioid Treatment protocol by Professor Michael Farrell and Professor Joe Barry will assist in this respect.

- The continued promotion of a model of individual supported care planning in treatment centres, seeking to increase stabilisation and promote recovery & progression on to GP's and community pharmacies.
- There is a need to engage more GPs, moving from different levels (1 to 2)¹ of service. The implementation of the relevant recommendations of the report on the Opioid Treatment Protocol by Professor Michael Farrell and Professor Joe Barry will assist in this respect.
- There is a need to make community-based residential crisis stabilisation/detoxification unit(s) available. These should target people with problematic poly-substance use (including alcohol) and multiple needs i.e. public injectors, people with mental health issues and people who are homeless.
- There should be an extension of the current pilot of Regional Pharmacy Needle Exchange across Dublin City and County.
- The provision of psycho-social support should be expanded for those attending level 1 and level 2 GP's.
- Evidence has shown that many attending drug-related services require mental health interventions & assessments to receive appropriate treatment. There needs to be better integration of drug treatment services and mental health services.
- There needs to be continuing development and implementation of inter-agency protocols towards more effective and responsive Care and Case Management.
- Alcohol and drug services tailored to the needs of people who are homeless across the spectrum of service provision should be expanded to include harm reduction, access to substitution treatment², detoxification, rehabilitation and aftercare. People who are homeless have been identified as specific 'at risk group' in the National Drugs Strategy.
- There is a group of problematic intravenous drug users who may continue to engage in unsafe injecting practices, possibly in public places, which can contribute to anti-social behaviour, such as the unsafe disposal of needles and drug paraphernalia. International approaches to such problems include:
 - the establishment of medically supervised injecting centres
 - the prescribing of injectables including pharmaceutical opioids.

Such approaches have proven controversial. Research, informed debate and further public consideration is needed in order to establish how best to engage with this group of people in an Irish context. Future approaches may or may not require legislative change.

REHABILITATION

KEY FINDINGS

There needs to be a greater level of partnership between treatment and rehabilitation services to ensure a seamless package of required supports are made available to the individual.

RECOMMENDATIONS

Short term

- Rehabilitation-Integration Service or key workers should be linked in with all treatment centres in the area for the purpose of developing an integrated, inter-agency care plan based on the needs of the service user on assessment.

¹ Level 1 GP's treat stabilised opiate dependent persons who have been referred to them from HSE drug treatment centres or a level 2 GP. They can treat up to a maximum of 15 patients. A level 2 GP has undergone more training and is more experienced in working with opiate dependent persons than a level 1 GP. They can treat up to a maximum of 35 patients or a maximum of 50 in partnership with other doctors in their practice.

² This is the procedure of replacing a drug usually heroin with a medically prescribed substitute e.g. methadone or buprenorphine.

- Rehabilitation work should begin immediately once a person presents for treatment. There should be a focus on integrated rehabilitation, not only for those who are detoxing, but also for those who are stabilising and receiving methadone substitution treatment. The redeployment and up-skilling of existing workers is required in state agencies to fulfil this role.

Medium to Long term

- There is a need to develop links between treatment agencies and projects in the voluntary sector with a view to maximising the capacity of existing services. This should be included as part of a partnership approach.
- Links should be developed between the business community and treatment centres to encourage employment schemes for stabilised drug users and to encourage further links with existing services. Business community support in the development of community employment schemes should be provided.

HOMELESSNESS

KEY FINDINGS

It is clear from the research findings and discussions of the SRG that homelessness is a factor that impacts on perceptions of anti-social behaviour. There is a concentration of hostels for people who are homeless or at risk of becoming homeless, and a clustering of homelessness services in or adjacent to the focus area. Hostels are, at best, a short term measure. Hostels are not designed nor are they appropriate for people to live in the long-term. Some hostels have problems with drug use and intimidation which can undermine treatment and rehabilitation efforts. The research findings indicate that some people in hostels must leave hostels (and B&B's) in the morning and are not permitted to return until the evening. Treatment centres and other SRG stakeholders also report evidence of this from their clients. Consequently, such people have little option but to spend their days on the streets. It is acknowledged at a national policy level that access to appropriate long term accommodation/housing is a major block in delaying the implementation of the national Homeless Strategy The Way Home and Delivering the Pathway to Home – the Framework Homeless Action Plan for Dublin. Some of the issues which arose in the research would be addressed by the full implementation of these strategies.

RECOMMENDATIONS

Short term

Emergency provision and Day Time Services

- Emergency accommodation should only ever be used in an 'emergency'. This is often not the case, due to a lack of suitable long-term housing options people often spend long periods in emergency accommodation. Private B&B's are a form of emergency provision which are often not fit for purpose and are without regulatory provision.
- Street drinking is an issue which arose in this research. To discourage street-drinking, to reduce harm and to offer safer alternatives accommodation models should be provided where people who wish to consume alcohol can do so in their accommodation under regulated conditions. Existing services should be reconfigured to ensure that more 'Wet services' are made available where required, i.e. hostel/temporary accommodation or supported housing that allows the consumption of alcohol on the premises.
- Models of emergency provision should be further developed where residents have 24/7 access. This is working effectively in some services.
- In addition, effective day time services should be provided to offer support and options for people during the day.
- The SRG has been invited to make a formal submission to the Dublin Joint Homeless Consultative Forum to discuss actions required to mitigate and effectively respond to issues associated with problematic drug and alcohol use and abuse.

Medium term

Health and Social Care Supports

- Given the high levels of health care needs amongst people who are homeless, on site specialist services are required to work in conjunction with, and complement, mainstream services. Examples of such interventions are the SafetyNet Primary Care Network for Homeless Health Services (Safetynet) and the Mobile Health Bus; run in partnership with Dublin Simon Community, Chrysalis, Safetynet and the Order of Malta which aims to bring primary health care and harm reduction services to people who are homeless and to female street-workers.
- Once people are in secure long-term accommodation they should be supported to access mainstream Primary Care Teams and Social Care Networks. Critical to the efficiency of such an approach is the roll-out of the Community Mental Health Teams.

Long term

Access to Appropriate Long Term Accommodation/Housing

- There is a need to end the clustering of homelessness services in the city centre. People should be accommodated in the most appropriate setting for their circumstances.
- It is critical that a range of appropriate accommodation types are sourced for people who are homeless and that the following provision options are pursued:
 - social housing provision
 - privately rented options
 - properties under the influence of NAMA
- In addition, there is potential for appropriate accommodation to be sourced in partnership with homeless services and the business community.
- Support is needed to help people to move into independent accommodation, appropriate housing support and health and social care support based on need must be provided. In addition, high support housing for those who need more intensive, on-going support must also be an option.
- Homeless policy in Ireland is working towards a 'Housing led' approach which aims to provide housing, with support as required, as the initial step in addressing all forms of homelessness. This must be pursued as a matter of urgency.

ALCOHOL SUPPLY IN THE FOCUS AREA

KEY FINDINGS

Alcohol was identified in the research as a key contributor to public order & property crime within the focus area. There are two dimensions to the alcohol problem. Firstly, the contribution of alcohol misuse in the night-time economy to public disorder. Secondly, problems associated with the impact on public perception of visible street-drinking by a small number of individuals during day-time hours. There is a clustering of off-licenses and mixed products retail outlets in the area. The Dublin Development Plan 2011-2017 has identified the city centre area as being sufficiently supplied with off-licence units. All that is necessary in the case of the District Court ruling is for the Superintendent from the relevant Garda Station to give evidence in objection or for a resident in the local area to give evidence in objection. Objections can also be made to the planning authority for a change of use of a premise to an off-licence.

RECOMMENDATIONS

Short to medium term

- The SRG endorses the recommendations of the Steering Group on the National Substance Misuse Strategy in relation to the supply of alcohol and the findings of the Oireachtas Committee on the Health report on Alcohol published in Jan 2012.
- In accordance with the Dublin Development Plan, no new planning permissions should be given for off-sales in the focus area.
- The relevant Garda Síochána superintendent should consider the Dublin Development Plan 2011-2017

when considering applications for any further off-licence units in their respective area of responsibility.

- To ensure that District Court objections to the provision of Off Licences in a certain area can also be made by local businesses, not just by local residents. Local community and city wide Policing Forums should also have a role in this area.
- Given the concentration of alcohol outlets in the area, the provisions of the Intoxicating Liquor act 2003 relating to the responsible sale of alcohol should be strictly enforced, as should all other relevant regulations including advertising & the promotion of alcohol sales.
- Reporting on licensing should become a part of the regular agenda of relevant Joint Policing Committee, local & community policing forums.

POLICING RESPONSES

KEY FINDINGS

It is acknowledged that this is primarily a public health issue, not a policing or criminal justice one. Covert and overt policing operations were deemed effective but resulted in displacement within and outside of the research area. Qualitative narratives described satisfaction with policing efforts but highlighted the need for increased vigilance, along with service level policing in deterring congregating, loitering and drug activity.

RECOMMENDATIONS

Short to medium term

- There is a need to build on the positive links that already exist between An Garda Síochána and treatment services through integrated structures. However, there needs to be a further structured engagement at strategic and operational level between local Gardaí and the main treatment and rehabilitation centres. This should happen with a view to providing appropriate behavioural management and enhanced public safety in the vicinity of treatment centres.
- Policing responses such as Operation Stilts (involving surveillance, stop-and-search and regular street patrols) have had a positive and lasting effect in certain locations in the research area, by reducing congregations of large groups of people who can be perceived as engaging in anti-social behaviour. These initiatives should be continued, and extended as a short and medium-term strategy. Their overall impact should be monitored and regularly reviewed.
- Gardaí should continue to maintain a visible presence in the areas prone to anti-social behaviour as this serves to deter disorder and reassure members of the public who reside in, visit or frequent the areas to work.
- Integrated policing approaches incorporating business, community and other statutory agencies involving 'Problem Orientated Policing' solutions should be maintained and enhanced further to build on current and previous positive outcomes.
- Police Partnerships with individual stakeholders or stakeholder groups should be maintained and further enhanced to improve positive intervention initiatives such as the recent 'Arrest Referral Pilot' between the Gardaí and the Ana Liffey Drug Project and the weekly reports and joint planning between Dublin City BID and the Gardaí in the target area.
- As part of the roll-out of the 'Crime Stoppers Dial to Stop Drug Dealing' free phone, a high visibility promotion campaign including retail outlets as well as pubs/clubs & hotels should be undertaken in the city centre area.

PLANNING AND URBAN DESIGN

KEY FINDINGS

The built environment including transport infrastructure can have a negative impact on people's enjoyment of public space.

RECOMMENDATIONS

Short term

- Explore the potential use of audio technology, complimenting CCTV with a public address function.
- Enhanced public lighting is required to increase public perceptions of safety in particular locations & in general street planning to predict potential use of public spaces.
- Laneways prone to anti-social behaviour should have double yellow lines and have bins removed. This can also reduce unsafe drug-related behaviour.

Medium term

- There is a need for integrated urban, shop and transport planning including the expansion of the use of CCTV monitoring and policing systems to enhance public safety.
- Further development, planning and design of future Luas line stops should take place in collaboration with all relevant stakeholders so as to minimise the development of hot-spots for anti-social behaviour
- In design planning, there is a need to avoid the development of concealed areas conducive to anti-social behaviour.
- There is a need to provide incentives to develop areas and locations prone to anti-social behaviour

Long term

- There is a clustering of Pre 1963 Declaration buildings that are capable of being used for hostel emergency accommodation in the city centre, and are being used due to existing demand³. This demand needs to be addressed appropriately as identified in the section under the heading "Homelessness". In the meantime it must be ensured that, Pre 63 buildings, that are being used for emergency accommodation or other multi occupied purposes are subject to all appropriate regulations, including health and safety and fire regulations.

LEGISLATION AND REGULATION

KEY FINDINGS

Sometimes there is a perception that people are dealing illegal drugs when often they are selling legal, albeit possibly non-prescribed drugs, such as benzodiazepines. The street-sale of benzodiazepines and Z-Hypnotics (Zimovane) has been identified as a major issue.

RECOMMENDATIONS

Medium to long term

- Gardaí need to be given powers to deal with street dealing of non-prescribed drugs so as to initiate prosecutions. The SRG supports the current proposals by Roisin Shorthall TD, Minister of State with special responsibility for the National Drugs Strategy, to update the Misuse of Drugs legislation in relation to Benzodiazepines.
- Provisions should also be made for the scheduling of Z-Hypnotics (Zimovane)
- Seek Irish Medicines Board support to include Gardaí as authorising officers, which would enable them to enforce IMB regulations. This would allow action within existing legislation on Tablet prosecutions.
- The impact of any proposed legislative change needs to be monitored. Specific treatment issues for some individuals and the need for specific treatment supports might arise as a result of this legislation.

³ A pre 1963 declaration is where an owner of a property which is sub-divided into residential units, makes a declaration that the property was divided and in use prior to the Planning and Development Act, 1963. This allows the property to continue to be used for accommodation without meeting the requirements of the 1963 Act. However, if alterations are made to the property, i.e., extensions, conversions etc., then the requirements of the Act will apply to the property.

IMPLEMENTING THE RECOMMENDATIONS THROUGH A PARTNERSHIP APPROACH

KEY FINDINGS

The SRG has been seen by all stakeholders as a very useful initiative. The coming together of all stakeholders is one of the most important outcomes of this process. Any future response to this issue, and the delivery of the recommendations in this report, need to be conducted using a similar partnership approach that includes all relevant stakeholders. An integrated and inter-agency, inter disciplinary, voluntary and community, service, business, family, youth, service user and Gardaí partnership approach is required.

Some of the recommendations included here are cross-cutting and consequently their successful implementation will require improved interfaces and 'joined up thinking' between different policy/strategy areas, departments, agencies and services.

They span a range of government departments including the Minister for Primary care within the Department of Health, the Health Service Executive, the Department of the Environment, Community and Local Government and the Dublin Regional Homelessness Executive. They are also relevant to, and are designed to complement, a range of existing or proposed policies such as the National Substance Misuse Strategy, the National Homeless Strategy The Way Home and Delivering the Pathway to Home – the Framework Homeless Action Plan for Dublin, the Primary care strategy, the Mental Health Strategy A Vision for Change, the Dublin Development Plan and existing Garda Síochána Policing Plans, the report on Needle Exchange Provision in Ireland (National Advisory Committee on Drugs/National Drugs Strategy Team 2008), the report of the HSE Working Group on Residential Treatment and Rehabilitation (Substance Users)(2007) and the Report of the Working Group on Drugs Rehabilitation (2007).

It is also difficult to identify any single authority for the city that has the capacity to deliver all the recommendations in this report. Any such body or bodies would need to have sufficient authority to bring agencies and services together when required. Furthermore, many existing state agencies in Dublin have administrative boundaries that are divided by the River Liffey. The problems and issues identified here do not however, recognise such a physical boundary.

RECOMMENDATIONS

The delivery of the recommendations can be facilitated by the following.

- There is a need to strengthen the links between existing Local Drug Task Forces, particularly in the City Centre area (North Inner City, South Inner City). There is a need to explore a cross North Inner City Local Drugs Task Force and South Inner City Local Drugs Force Partnership Group with a specific focus on implementing the recommendations within this report at a local level.
- There are a number of local & community policing forums in the area concerned. There are also the Joint Policing Committees and the City Central Policing Forum, chaired by the Lord Mayor. These bodies are key structures and have the potential to deliver a comprehensive response at both a policy making level and in terms of implementing actions on the ground. However, the issues arising are not just policing matters and representation on these bodies would need to be enhanced to ensure a fully inclusive approach involving all relevant stakeholders.
- There needs to be better linkages between the regional Homeless Forum (Dublin Regional Homelessness Executive) & relevant Local and Regional Drug Task Forces especially as the Regional Homeless Forum are on statutory footing.
- All future interventions to address this need to be monitored and managed so as to avoid the potential 'dispersal effects' of problems into the surrounding communities, particularly of high visibility public nuisance & street drug dealing. Rather than shifting problems elsewhere, the ultimate goal should be the development of long-term solutions.

A RAPID ASSESSMENT RESEARCH (RAR) OF DRUG AND ALCOHOL RELATED PUBLIC NUISANCE IN DUBLIN CITY CENTRE.

Dr Marie Claire Van Hout, Tim Bingham, 2012

EXECUTIVE SUMMARY OF REPORT

RAPID ASSESSMENT RESEARCH

The research aimed to assemble an evidence base around perceived anti-social behaviour associated with the provision of drug treatment in Dublin's city centre, upon which to build a strategic response incorporating short/medium/long term goals and actions within the area. It will be used to guide discussions on how to reduce visibility of drug related public nuisance, improve public perceptions of safety in the area and provide comprehensive, safe, effective and appropriate treatment services within a series of short, medium and long-term strategies.

METHODS EMPLOYED

The RAR method combined various research methods and data sources in order to construct an overview of the problem by cross-checking and comparing the information from several different sources, which included the following;

1. A critical review of literature using the following inclusive search terms: anti-social behaviour, public nuisance, open drug scenes, public place injecting, intimidation, drug related litter, situation crime prevention, policing, community activism, urban regeneration and drug mandated treatment from the period 1998 to 2012 and using several electronic databases (Google Scholar, Ebsco Host, Science Direct, PubMed).
2. PULSE data for the research area was analysed and provided by An Garda Siochana.
3. A mapping exercise inclusive of an environmental visual assessment using digital photographs to view the geographical distribution of drug and alcohol related public nuisance was undertaken to assess levels of 'hotspots' for public nuisance, anti-social drug and alcohol using congregations, drug related littering, alcohol retail outlets and placement of drug treatment, housing, policing and community services in the area.
4. Interviews and focus groups were conducted with business and transport stakeholders (n=19), community, voluntary and statutory stakeholders (n=19), and service users (n=23).
5. Random street intercept surveys were conducted with passers-by (n=25) and with drug users (n=26).

The chosen methodologies are essentially concerned with participant experiences of anti-social behaviour in this research area, types of behaviours recorded and opinions around potential strategic response. Data was collected over a four-week period in November and December 2011 and January 2012 by an experienced Privileged Access Interviewer [PAI].

ETHICAL CONSIDERATIONS

All potential research participants partook voluntarily and were advised of their right to withdraw from the study at any stage if they so wished. Prior to seeking verbal informed consent, each participant was given a comprehensive information leaflet, and in the case of street intercepting and telephone interviews, were provided verbally with details of the research aim, and were asked for verbal informed consent. All participants were assured of confidentiality and were allocated a code to ensure anonymity.

DATA ANALYSIS

The environmental visual assessment was undertaken whilst mapping the area, and yielded a series of maps outlining 'hot spots' for drug littering, outlets selling alcohol, placement of treatment and community services, community policing forums and An Garda Síochána stations. PULSE data assisted in presenting a detailed context relating to law enforcement and crime statistics for the research area. For the purpose of analysing the PULSE data, the research area was divided into seven quadrants. Participant observation techniques, reflexive field accounts, photographic records and detailed memos supported the data analysis of primary and secondary data. The data were analysed to identify trends in attitudes, perceptions and emerging patterns relating to stakeholder, service users, street drug user and passers-by perspectives on anti-social behaviour and drug related public nuisance in the area.

RESEARCH LIMITATIONS

The research is exploratory and limited by a small sample size of participants willing to partake. However, despite the small numbers of participants, the validity and accuracy of the findings are optimised by the use of triangulated data sources from PULSE data relevant to the area, service user perspectives, business and transport, community, voluntary and statutory stakeholder perspectives, passers-by and street problematic drug user perspectives, photographic and environmental mapping analysis.

KEY FINDINGS

Definitions and experiences of anti-social behaviour

A continuum of acceptable versus not acceptable forms of public behaviours, and level of impact between anti-social, nuisance and criminal elements of the behaviours was described in the research. A range of definitions of anti-social behaviour were recorded in the interview narratives, with anti-social behaviour deemed to be (typically) illegal, causing interference, visual and physical intimidation, and feeling unsafe, impacting negatively on businesses, services, customers, tourists and individuals accessing the area whether on foot, in private transport or on public transport. Particular anti-social activities mentioned included; visible drinking and drug use, intoxication, aggressive and loud behaviour, youth and child drinking and drug dealing on the streets, phone snatching, graffiti, night time alcohol abuse, mobile phone theft, harassment, street assaults, begging/'tapping' on the street and at Luas ticket machines, car break-ins, pick pocketing and other petty crimes. Pulse Data reflected drug crime detections which correspond closely with typical business hours, peaking between the hours of 10am to 5pm. A clear distinction between specific quadrants is presented in terms of crime profile, which corresponds to the predominant commercial activity of these areas, retail and night-time entertainment respectively. Quadrant 6 is significantly different to all other areas of the study, due to the inclusion of Temple Bar, which has its own specific crime profile. Property crime is associated with the retail areas and public order offences are associated with the night-time entertainment areas.

PERCEPTIONS OF THREAT AND INTIMIDATION IN THE RESEARCH AREA

Negative media portrayal of anti-social behaviour in the research area was described. The urban design and poor lighting of certain streets was mentioned in the interviews and focus groups as contributing to perceptions of fear and lack of safety. Tourists and visitors to the area spoken to during 'walkabouts' in the research area had not observed any forms of anti-social behaviour, and reported feeling safe and happy with the Garda presence in the area. However, those working in the area had all observed anti-social behaviour, had felt intimidated, and reported feeling unsafe in the area both during the day, and at night times.

OPEN DRUG SCENES IN THE RESEARCH AREA

Congregations of drug users and loitering were particularly visible during 'walkabouts' on a number of streets and near specific Luas stops. The greater the footfall on certain streets, the less visible congregations of problematic drug users appeared. There was a noticeable increase in congregating at lunchtime during 'walkabouts' when services closed for lunch. Qualitative narratives observed concern for aggressive and vocal behaviour occurring due to withdrawals and use of prescribed medication and alcohol.

Drug dealing in the research area appeared both transient due to availability of types of drugs for sale (i.e. heroin, cannabis, new psychoactive drugs such as mephedrone, prescribed medication; zopiclone (zimovane), diazepam (valium), crack cocaine, methadone and crystal meth) and also filtering into middle class drug consumption at the weekends. Open drug scenes are mobile with both users and dealers walking and cycling in the research area. Service user interviews described increasing competitiveness with child and youth involvement in drug dealing, greater numbers of individuals dealing, and many mobile by using bicycles. Surveyed drug user street intercepts and service user narratives reported knowledge of 'hotspots' for drug dealing often outside of known treatment centres, occurring in response to drug availability, and transient drug dealing networks in the research area.

STREET AND PUBLIC PLACE INJECTING IN THE RESEARCH AREA

The research found that public place injecting was confined to a small number of drug users who are homeless or rough sleepers. Drug related litter was observed during 'walkabouts' in a number of streets and alleyways in the area. Interviews and focus groups highlighted concerns about unsafe injecting practices, particularly during times when needle exchanges were closed. Photographed deterrents included the use of fluorescent lighting to restrict injecting, and notices placed on service doorways.

PRESCRIPTION MEDICATION USE IN THE RESEARCH AREA

The issue of prescription medication use by a variety of drug using groups and dealing within visible and transient open drug scenes and identified 'hot spots' (i.e. at Luas stops) in the research area were discussed in interviews and focus groups. Prescription medication use contributed to dis-inhibition and vocal street intimidation of passers-by. Service users described use of prescribed medication as helping to pass the day, 'tapping' and encouraged walking around the research area. Littering of benzodiazepine packaging was observed and photographed during 'walkabouts' in the research area. Garda sanctioning and control of use was viewed as problematic due to lack of powers in relation to prescribed drugs. Market availability of anti-anxiety and sedation medication is sustained by purchase via web based outlets serving Ireland, pharmacy and factory theft. Concerns were also raised with regard to importation of counterfeit medicines, with unidentified contents and potential for user harm. Interviews with service users also identified a need for greater service support systems for those with depression, anxiety and at risk of suicide.

HOMELESSNESS IN THE RESEARCH AREA

The research underscored the relationship between homelessness, street based public nuisance and tensions over the civic right for space. The impact of the Housing (Miscellaneous Provisions) Act 1997 was regarded as largely negative and it was deemed inappropriate as a way of dealing with both antisocial individuals and their families, or problematic drug and alcohol use. The legislation was viewed as contributing to increased levels of rough sleeping and uptake of emergency accommodation. Reported accommodation of surveyed drug user street intercepts ranged from 'living with friend's, to living on the street and in B & B accommodation, and with females reporting living with friends, to a greater extent than males, and with males living on the street more often than females. Interviews described gender restrictions in hostel and B&B accommodation with males required to vacate during daytime hours, and thereby contributing to daytime boredom, endless walking around the research area, loitering and drug activities. The need for more beds, hostels and accommodation options for homeless individuals of both genders, and particularly drug free accommodation provision with 24 hour access, was observed to be fundamental in reducing street based public nuisance, contact with drug users, and opportunity to purchase and use both licit and illicit drugs.

ALCOHOL SALE AND CONSUMPTION IN THE RESEARCH AREA

A clustering of outlets selling alcohol in the research area was observed during 'walkabouts', with shops situated in a number of locations. However, instances of street drinking were not visible during 'walkabouts', with consumption of alcohol taking place off the main streets, and often disguised by being poured into soft drink bottles. Interviews and focus groups with stakeholders reported that easy access to retail outlets selling alcohol in the focus area, availability of cheap alcohol, lack of staff responsibility in the sale of alcohol, increased levels of child and youth drinking (with purchase of alcohol by adults), contributed to alcohol and drug related public nuisance (in the form of street violence, harassment, begging and assaults, particularly during the night time economy, and near Luas lines).

POLICING IN THE RESEARCH AREA

Covert and overt policing operations were deemed effective, but appeared inconsistent across north and south of the focus area, and contributed to displacement of (already transient) open drug scenes within and outside of the area. Drug market responses to increased Garda presence included use of children on bicycles, the Luas and reduced carrying of drugs. PULSE data reflected that suspect offenders for all crimes are predominately male and of Irish nationality, the average age across all quadrants is 30. Qualitative narratives described satisfaction with policing efforts but highlighted the need for increased vigilance, along with service level policing in deterring congregating, loitering and drug activity outside of services. Decreased child and youth fear of retribution, alongside poor relations with Gardaí were described, and highlighted the need for improved Garda and community partnership, and family support initiatives designed to target youth crime.

INFLUX AND TRANSPORT INTO THE RESEARCH AREA

Over half of surveyed drug user street intercepts lived in the immediate area, with the remainder accessing the area for services. Key services such as treatment centres are easily accessible via transport hubs (i.e. Luas and buses). A greater number of surveyed drug user street intercepts were male, and the majority were aged over 30 years and of Irish nationality. None of the surveyed drug user intercepts were employed. A majority reported using the bus, Luas and walking in order to access the research area, with none using the DART, train or taxis. A large majority of surveyed drug user-street intercepts reported coming into the research area daily, with friends, and in order to access services in the locality. Just over half of surveyed drug user street intercepts reported that services were satisfactory. Qualitative narratives described the influx of individuals coming into the research area as contributing to open drug scenes, loitering outside treatment centres, and congregations of drug and alcohol users, homeless people and drug dealers in certain 'hot spots', and directly contributing to continued networking between those in treatment and those actively using drugs on the streets. A proportion were described as originating from outside of the research area (Tallaght, Clondalkin, Lucan, Blackrock) and outside of Dublin itself (counties Waterford, Louth, Kilkenny, Kerry, Meath, Kildare and Wexford).

POTENTIAL RESPONSES

This RAR presented visual and illustrative data upon which to build future discussions within the SRG and has highlighted a series of key themes for future strategy building. Qualitative narratives discussed potential relocation of services, along with integrated urban, shop and transport planning using CCTV monitoring and policing systems. Stakeholders observed the need for improved rehabilitative pathways for those on Methadone treatment, greater access to and provision of treatment options across Ireland in order to reduce the levels of influx into the research area, and to address and reduce user perceptions of the area as a hive of drug dealing activity. The need for integrated and inter agency community, service, business, family, youth, service user and Gardaí using a partnership approach to address anti-social behaviour are important, alongside the potential business community investment in the development of community employment schemes, as part of improved detoxification and treatment pathways for clients accessing services in the research area.

APPENDIX 1

Profile of key treatment centres and attendance figures in focus area.

ANA LIFFEY DRUG PROJECT	
Types of Services Offered	The ALDP Dublin service provides Drop-in Key-working Case Management Medical Services Peer Support Group (Harm Reduction) Pre-entry Group (Preparing people for treatment and rehabilitation options) Family Support Assertive Outreach Adult Literacy and Communication skills Holistic Needle Syringe Programme Mountjoy Prison Programme
2011	2,523 Individuals
Number of Clients Per Month	578 Individuals
Average number of clients daily	110 Individual
Number of needles distributed, the number collected and outreach workers going out collecting needles.	355 NSP outreach transactions were conducted in Dublin in 2011 by Ana Liffey, there were 306 personal sharps bins given out in the same period.
	Majority of people are from Dublin.
Description of the procedures in place to deal with inappropriate behaviour.	Ana Liffey has a proactive local neighbourhood policy, which ensures that we engage, support and advise our neighbours as appropriate. Interventions include regular outreach, removal of discarded drug paraphernalia where appropriate, monitoring of the surrounding area, promoting responsible behaviour within the area, one-to-one meetings with neighbours, attending neighbourhood forums and providing training to the staff of local businesses.

DRUG TREATMENT CENTRE BOARD (DTCB)	
Types of Services Offered	<p>Outpatient treatment facilities are provided onsite. Inpatient detoxification facilities are located at St. Michael's Ward, Beaumont Hospital and Cuan Dara, Cherry Orchard Hospital.</p> <ul style="list-style-type: none"> • General Medical and Psychiatric Assessment Counselling • Primary Care Services • Social Work • Treatment Programmes – Poly Substance • Specialised Groups • Young Persons Programme • Welfare • Onsite Sexual Health Services • Outreach • Dual Diagnosis/ADHD Services • Play Therapy • Onsite Hepatitis C Services • Research • Advisory Services to other professionals • National Central Treatment List • Liaison Midwifery • National Drug Analysis Laboratory
2011	1,763
Number of Clients Per Month	n/a
Average number of clients daily	300
Number of needles distributed, the number collected and outreach workers going out collecting needles.	n/a
Client Origin	<p>Our referrals come from the Psychiatric Services, Acute and General Hospitals, the Prison Service, Probation, General Practitioners, Homeless Agencies, Voluntary and Statutory Agencies and treatment services internationally.</p> <p>No Fixed Abode 18% Outside Dublin 10% Dublin 72%</p>
Description of the procedures in place to deal with inappropriate behaviour.	<p>They aim to enhance the local environment and achieve this by continuing to deliver a best practice model for the management of their external environment. The emphasis is on prevention/early intervention on issues which if unaddressed could have a negative impact on the local community.</p> <p>In partnership with local agencies, residents and the business community, they have developed a number of initiatives. These include easy access and open door policy to give the local community an understanding of the range and extent of the services we provide. They respond to concerns/issues that may be raised on a day to day basis and have established a number of formal committees, as well as informal networks with the local business community and residents.</p> <p>This is further supported by contractual commitments from service users not to engage in loitering or anti-social behaviour in or around the vicinity of the centre. The environs are also monitored by CCTV. Further awareness is achieved through the service users group and peer education.</p>
CITY CLINIC	
Types of Services Offered	<p>City Clinic is a HSE funded drug treatment centre (methadone dispensed on site). The centre opens from 9.00 am to 5.00 pm (closes for lunch). At weekends from 9.00 am to 12 midday and.</p> <p>Treatment is provided by a multidisciplinary team consisting of GP specialist in substance misuse, pharmacists, nurses, counsellors, consultant psychiatrist, and outreach staff supported by general assistants and administrative staff.</p> <p>Services provided.</p> <ul style="list-style-type: none"> • Opioid substitution treatment(methadone and buprenorphine) • Opioid detoxification. • Counselling and psychological supports. • Assessment, • Viral screening. • Referral to other agencies as appropriate (statutory and non-statutory). • Care planning. • Wound and ulcer management, • Management of acute medical emergencies • Liaison with GP and other medical services. • Outreach and Harm reduction. • Management and treatment of mental illness .(Dual Diagnosis) • Management and treatment of other addictions including alcohol, benzodiazepine , cocaine.(poly substance use and cross addictions) • Referral for residential detoxification, stabilisations, rehabilitation as appropriate.

2011	465 Treatment episodes As of march 2012 there are 292 patients attending the centre for treatment. There are 193 patients attending from the Dublin 1 area and a total of 63 patients from the Dublin 3 area. Of the other 36 patients 5 are from outside the Dublin region and 31 are from the Dublin area.
Number of Clients Per Month	n/a
Average number of clients daily	205
Number of needles distributed, the number collected and outreach workers going out collecting needles.	n/a
Client Origin	The centre provides treatment for primary opioid and cocaine dependant patients living in the Dublin 1 and 3 areas
Description of the procedures in place to deal with inappropriate behaviour.	The centre works closely with Garda and local community groups to minimise loitering, dealing and public nuisance issues.

MERCHANTS QUAY IRELAND

Premises at which services are delivered	Description Of Services	Scope of Services Provided	No. of Service Users Availing of the Service.
28 Winetavern Street Dublin 8	Needle Exchange / Health Promotion Service for Injection Drug Users <ul style="list-style-type: none"> Provision of needles, syringes, sterile water, citric acid and other equipment and materials aimed at reducing risks of infection and other drug related harm Provision of condoms and advice on safer sex to reduce risk of transmission of STDs and BBVs Referral to primary health care services Provision of safer injecting advice/workshops Referral to community based and residential drug treatment services We offer Pre and post HIV /HCV test counselling CBT, MI and other brief counselling Interventions for clients with a range of issues MQI provides premises for this service 	Monday – Friday 10am – 4.30 pm	20,000 visits are made annually to MQI needle exchange and harm reduction services (including 1000 individual safer injecting sessions). MQI has 3,000 individual clients.
Progression Pathways Programmes Chapelizod Industrial Estate Dublin 20	These services are aimed at clients who are stabilising their drug use through counselling and drug treatment. Programmes include two structured day programmes offering training and personal development opportunities, one aimed at stabilized drug users, the other at drug free clients leaving residential programmes, a Client Work Service to support the methadone prescribing programme offered at Merchants Quay. And a range of other initiatives aimed at providing bridging mechanisms that facilitate the movement of clients from crisis drug use to a more stable lifestyle	Monday – Friday 9.00am – 5.00 pm	We had 12 persons on our year-long stabilisation programme at any one time in 2011. 5 clients graduated in 2011. Our Drug Free Programme had an average of 15 clients over the course of 2011. 4 clients graduated in 2011. Numbers on prescribing programme were 18 throughout 2011
Gateway Service Winetavern Street Dublin 8	This low threshold programme provides a bridging mechanism from active, chaotic or chronic drug use towards a point where clients can engage in a more structured full-time stabilisation and rehabilitation projects	Monday – Friday 9.30am – 4.30 pm	An average of 93 participants per month
High Park Residential Drug Treatment Service Dublin 9	This thirteen-bed residential treatment facility aims to help drug users to become drug free. This is done through the provision of a structured 3-month programme.	24 hours per day, 7 days per week, 52 weeks per year	In 2011 this service dealt with 50 admissions, Average stay was 11 weeks and bed occupancy was over 81%. & 66% of admissions were homeless
St. Francis Farm Therapeutic Training Facility	The rehab unit runs a program over 14 weeks with the goal of helping drug users to become drug free.	24 hours per day, 7 days per week, 52 weeks per year	Services worked with 40 admissions in 2011 each spending up to 14 weeks at the facility.
St. Francis Farm Medical Detox Facility	The unit opened in November 2011, this 10 bed facility will, based on average 4 week detox and optimum 80% capacity be able to offer detox for 104 clients per annum	24 hours per day, 7 days per week, 52 weeks per year	This service aims to work with 104 clients in 2012.
Aftercare / Step Down Facilities Ballymount Dublin 10 and Leixlip, Co. Kildare	We provide aftercare housing in Dublin and aftercare support for homeless persons leaving drugs or alcohol treatment We offer tenants secure housing through probationary licence agreements linked to participation in transitional support programmes	24 hours per day, 7 days per week, 52 weeks per year	The 3 bed Ballymount Service worked with 83% occupancy in 2011. The 6 bed Leixlip step down facility had 78% occupancy in 2011. Aftercare support was provided for an average of 14 persons per month
Community Outreach Service Winetavern Street Dublin 8	The overall aim of this programme is to reduce the level of public and individual harm and public health risk caused by drug use in the local area and to increase access to services for drug users not in contact with any service.	Monday – Friday 8.30 to 4.30	Service worked with an average of 100 client contacts per week and the collection of 250 pieces of discarded injecting equipment each week in 2011. Also included is attendance at regular police and community forums

Training Service C/o Sophia Housing Cork Street Dublin 8	This service works to meet the need for trained drugs workers both in our own agency and throughout the city and country.							Monday – Friday 9.30 to 5.30			817 persons undertook training provided by MQI in 2011 with 26 different courses offered. This includes 67 persons who participate in our MQI/UCD Addiction Counselling Certificate and Diploma Courses. There were 6 courses specifically focussed on Health and Safety, and 20 courses focussed on professional skills development.		
SRG Total Visits	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	
Drugs & Homeless Services & EDS	4,161	4,635	5,657	5,376	5,679	6,136	6,188	6,981	5,938	4,868	4,979	4,563	
Number of Clients Per Month	See above												
Average daily number	145												
Number of needles distributed, collected by outreach workers.	On drug services there are typically 800 unique NX clients in any given month but over the course of a year we see 3,000 unique clients.												
Client Origin													
Description of the procedures in place to deal with inappropriate behaviour.	<p>Streetlink Details The new Riverbank Centre (replacing the Open Access Drop In) accommodates 85 service users at any one time. The current "Streetlink" team would avoid problems of queuing or clients congregating in the local area</p> <p>From 6.30 am, 2 staff would enable clients to access an off street queuing area, before the service opens at 7 a.m. To reduce loitering and friction with the public, Dublin Bus have relocated the bus stop.</p> <p>A CCTV system is installed to supervise the facility's vicinity; the feed from the CCTV will be based in the main reception area and will be monitored by a staff member at all times. Should any issues appear, 2 staff will be dispatched to deal with the matter. If this fails to resolve the issue the Gardaí will be called.</p> <p>The Streetlink service (funded through the South Inner City Local Drugs Task Force) will provide a harm reduction oriented outreach service in the area surrounding the Riverbank Centre. There would be 2 workers on duty (Monday to Friday) between 8 a.m. and 4 p.m. These workers would be supported by a Team Leader and Senior Manager.</p> <p>The team will engage with Persons causing nuisance in the immediate vicinity whereby individuals would be asked to move on and offered referral to the appropriate services. The Streetlink Team will also engage with local community groups to apprise them of the service and to ensure their support. In addition the Streetlink team will provide a mobile outreach service providing a daily tour of the area and responding to community call outs, collecting discarded injecting equipment and engaging with active drug users.</p> <p>Daily Outreach Route Schedule: The mobile outreach unit will make daily tours of the immediate area outside the building and the South Inner City area. The mobile unit will monitor the area with a full tour each morning, while focusing on specific places in the afternoon. The particular "using places" or hot-spots are liable to change from day to day and local information and engagement is vital in this regard.</p> <p>The service will also continue to meet people on an outreach basis. While some of these people are known from contact with existing services the emphasis is on engaging with them and seeking to refer them to services as appropriate to their needs.</p> <p>Responding to Local Call Outs: The service will respond to a wide range of calls for assistance in relation to issues of drug users congregating, public drug use or discarded injecting equipment. In this regard the locations covered will include the following: the Stat Oil Garage on Ushers Quay, City Gate Apartment Complex, Andrews Lane Theatre, Legal Eagle Public House, Copper Alley, Boris Court, Werburgh Street (waste-ground area), Cork Street (opposite school), Jurys Hotel, The Simon Shelter on Ushers Island, up to James Street, School Street and Cork St, back to Patrick Street, over to Aungier Street, down to Dame Street, on up to Christ Church, and all the areas in between. Calls to clean up equipment that has been discarded will be responded to quickly.</p> <p>The majority of contacts will be made with groups of people congregating in particular areas, often engaged in either street drinking or drug use.</p>												

	<p>This type of contact is by its nature fairly perfunctory, the Worker introduces himself, provides information on services, asks about needs and directs the client towards the relevant service. The majority of the contacts, perhaps 90%, are of this nature. While this level of contact involves minimal intervention, it is nonetheless extremely important in terms of building familiarity, acceptance and rapport with the particular client group.</p> <p>Perhaps 10% of contacts are of a more in-depth nature, involve a one to one situation and afford the opportunity for greater levels of intervention and referral to appropriate services.</p> <p>Local Community Engagement: In addition the Streetlink Team will engage with a range of other statutory and voluntary service providers, with local community or residents groups and with other interest groups in the area</p> <p>The Team will visit the following projects or services either to inform them about the service or as on-going liaison</p> <ol style="list-style-type: none"> 1. Focus Ireland Outreach Project. 2. Probation Service. 3. Casadh Project. 4. Choices Exhibition, Homeless Agency. 5. Turas. 6. Dublin Community Forum, Dublin City Council. 7. South West Inner City Network. 8. South Inner City Drugs Advisory Group. 9. South Inner City Community Policing Forum. 10. St Catherine's Church. 11. Homeless Agency Emergency Network. 12. Uisce – Drug Users Advocacy Group. 13. South Inner City Local Drug Task Force Forum. 14. Dublin Simon Rough Sleepers Team. 15. RADE Project. 16. Coolmine Therapeutic Communities. 17. Sophia Housing. 18. De Paul Trust. 19. Exchange House – Travellers Drug Specific Project. 20. Robert Emmet Community Development Project. 21. Barnardos. 22. Residents Association, City Gate Apartments Complex. 23. Client Forum, Merchants Quay Ireland. <p>Future Development: The community outreach service has been in operation for 4 years and is now well integrated and established within the South Inner City area. The service is playing a valuable role in reducing potential harm at community level as evidenced by the range of local links established and the amount of discarded injecting equipment being collected across the area. The outreach facility has also been successful in engaging with clients as borne out by the level of contacts made to date.</p> <p>This service is currently funded by the South Inner City Task Force (SICT). MQI has a long-term commitment to Streetlink and will use other resources to fund the service should funding ever become an issue.</p>
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APPENDIX 2

Members of Strategic Response Group

Johnny Connolly - Health Research Board (SRG Chair)

Colm Browne – South Inner City Local Drugs Task Force

Chief Superintendent Pat Leahy, Superintendent Sean Ward & Inspector Jo O'Leary – An Garda Síochána

Dr. Des Crowley – City Clinic Amiens Street

Charlie Lowe, John McPartlan & Simon Brock – Dublin City Council

Mark Kennedy – Merchants Quay Ireland

Mel MacGiobúin – North Inner City Local Drugs Task Force

Niamh Randall – Dublin Simon Community

Richard Guiney & Gerard Farrell – Dublin City BID

Tony Duffin – Ana Liffey Drug Project

Ruaidhri McAuliffe – UISCE

Sheila Heffernan & Seamas Noone – Drug Treatment Centre Board (Trinity Court)



SOUTH INNER CITY LOCAL DRUGS TASK FORCE



USCE
Union for Improved Services, Communication and Education

