

**REPORT ON THE REVIEW OF DRUGS  
TASK FORCES AND THE NATIONAL  
STRUCTURES UNDER WHICH THEY  
OPERATE**



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## **1.1 BACKGROUND**

Local Drugs Task Forces were established following the report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996). There are 14 Local Drugs Task Forces, 12 in Dublin, 1 in Cork and 1 in Bray. There are also 10 Regional Drugs Task Forces. Task Forces include representatives from statutory agencies, the voluntary sector, local communities and public representatives.

An expenditure review in 2006 reported that “there is clear evidence of higher levels of trust emerging between local communities and the statutory agencies concerned with drug abuse” and that the Local Drugs Task Forces are “likely to have been instrumental in effecting this change”.

The National Drugs Strategy 2009-2016 identified a number of achievements through the Drugs Task Forces including:-

- a targeted response to drugs issues as they effect people on the ground;
- engagement of communities and fostering commitment;
- encouraging ownership of issues and voluntary involvement;
- upskilling and empowerment of people on the ground;
- promoting cooperation between the statutory, community and voluntary sectors.

## **1.2 TERMS OF REFERENCE OF REVIEW**

While recognising the need for structures to promote community support and inter-agency working at the local and regional level, the Government identified a need to assess the impact of Drugs Task Forces in order to ensure that they would continue to remain relevant, effective and fit for purpose.

The terms of reference of the review were to:

- review the role and composition of Drugs Task Forces and the national structures under which they operate;
- streamline the funding arrangements for drugs projects supported by Drugs Task Forces, and where appropriate, transferring responsibility for funding to relevant statutory agencies;
- overhaul the accountability and reporting arrangements for the drugs projects which continue to be supported by Drugs Task Forces.

## **2. CONSULTATION PROCESS**

An extensive consultation has been undertaken with relevant Departments and statutory bodies, the community and voluntary sector and the Drugs Task Forces. Stakeholders were invited to give their views on the six key areas listed below in order to inform the process of developing measures to strengthen the effectiveness and impact of Drugs Task Forces.

- How could national structures be improved to provide better engagement with Drugs Task Forces?
- How could the current funding structures be improved or streamlined to reduce unnecessary bureaucracy?
- How could financial accountability among Drugs Task Forces be improved?

- What are the key performance indicators that we need for Drugs Task Forces?
- How could we achieve a standardised evaluation of Drugs Task Force projects?
- How could the composition of Drugs Task Forces be improved?

The Community and Voluntary Sector were asked to comment on how national structures could be made more effective in relation to the implementation of the National Drugs Strategy. A joint proposal from the coordinators of both the Local and Regional Drugs Task Forces on monitoring and evaluation has also been considered. The following key priorities have been identified from the range of submissions received:

- The need for a National Group, with clear terms of reference, which would drive implementation of the National Drugs Strategy;
- The importance of strengthening the links between Drugs Task Forces and the National Structures;
- The need to re-invigorate statutory agency engagement in the National Drugs Strategy;
- Simplification of the existing funding arrangements in favour of a more centralised system of funding;
- The need for appropriate mechanisms, to ensure accountability for expenditure and service delivery by Drugs Task Forces and the projects they support, through standardised service level agreements;
- The need for a national standardised monitoring and evaluation process for projects that receive funding from Drugs Task Forces and of the Drugs Task Forces themselves in their role of co-ordinating the implementation of the National Drugs Strategy at local and regional levels.

### **3. CONCLUSIONS**

There is a general consensus that the current funding arrangements are unduly complex and may militate against adequate financial monitoring and control of the funding. There is a need for a more effective and standardised system of governance in relation to expenditure by projects recommended for funding by the Drugs Task Force, which will provide the Department with a better level of assurance that public funds are being adequately accounted for and subject to the appropriate level of financial control.

Drugs Task Forces are very well placed to develop proposals to respond to emerging local needs as they have local area knowledge, community support and cross-sector expertise. However, Drugs Task Forces must exercise their oversight and decision making role in an independent, credible and transparent manner. There is an urgent need to develop a governance framework which will provide greater management and control of expenditure by Drugs Task Force projects and contain the necessary safeguards to ensure that Drugs Task Forces carry out their functions in a way which will stand up to external scrutiny. The review has identified this issue as a matter that remains to be resolved.

The Minister has therefore requested his officials to bring forward specific proposals which will ensure that his Department has greater visibility in relation to the activities of Drugs Task Forces and community drugs projects funded through the Drugs Task Force network. In reaching these conclusions, the Minister has taken account of concerns expressed by many stakeholders in the course of the consultation. Given the imperative to make progress in this matter, he would ask those who may have further comments to make on the issue to submit their views to his office at the earliest opportunity.

In the interim, the report contains recommendations which can be implemented in the short term, focusing on the role and composition of Drugs Task Forces, the

overarching national structures, the boundaries of Drugs Task Forces and performance measurement and evaluation.

#### **4. RECOMMENDATIONS**

##### **Recommendation 1**

The Drugs Advisory Group should be reconstituted as the National Co-ordinating Committee for Drug and Alcohol Task Forces (NCC-DATF) with the following terms of reference:

- to drive implementation of the National Drugs Strategy (NDS) at Local and Regional Level;
- to oversee, monitor and support the work of the Drug and Alcohol Task Forces to ensure that policy on drugs is informed by their work;
- to ensure effective co-ordination between statutory bodies and the community & voluntary sectors in delivering on the objectives of the NDS at Local and Regional Level;
- to monitor implementation of NDS actions specific to Drug and Alcohol Task Forces;
- to ensure accountability for the expenditure and activities of the projects supported by Drug and Alcohol Task Forces and
- make recommendations to the Minister in relation to the implementation of the NDS and effective coordination of service delivery at local and regional level.

##### **Recommendation 2**

The NCC-DATF should be chaired by the Department of Health with a membership comprising:

- (i) two representatives of each of the four Networks representing the Local Chairs, the Local Coordinators, the Regional Chairs and the Regional Coordinators;
- (ii) representatives of the key Departments and agencies involved in the implementation of the NDS (to include the Department of Children and Youth Affairs or the Child and Family Support Agency, when established); and
- (iii) two Community Sector representatives and two Voluntary Sector representatives.

### **Recommendation 3**

The roles and responsibilities of members of the NCC-DATF should be clearly set out in guidelines for membership of the committee.

### **Recommendation 4**

The NCC- DATF should meet at least six times a year.

### **Recommendation 5**

Drugs and Alcohol Task Forces should have the following terms of reference:

- To implement the National Drugs Strategy in the context of the needs of the region/local area;
- To support and strengthen community based responses to drug misuse;

- To maintain an up-to-date overview on the nature and extent of drug misuse in the area/region;
- To identify and report on emerging issues and the development of proposals on policies or actions needed to address them;
- To promote the implementation of local/regional drugs strategies; and
- To monitor, evaluate and assess the impact of the funded projects and their continued relevance to the local/regional drugs task force strategy and to recommend changes in the funding allocations as deemed necessary.

### **Recommendation 6**

The NCC-DATF should develop a common evidence based assessment tool incorporating key performance indicators to measure the impact of the Drugs Task Forces, having regard to best practice internationally.

### **Recommendation 7**

The representatives of the respective networks representing the Local Co-ordinators and the Regional Co-ordinators should be responsible for briefing the NCC-DATF on:

- the implementation of NDS actions at Local and Regional Level including those actions specific to the Drugs Task Forces;
- models of good practice and actions or initiatives which should be replicated elsewhere or which could inform policy on drugs; and
- lessons learned in relation to those initiatives which did not work or were found not to be effective.

### **Recommendation 8**



Each DATF coordinator should provide the Drugs Programmes Unit of the Department of Health with a quarterly report on progress which should address any significant operational issues in relation to funded projects including but not limited to financial control and governance issues and outline, where applicable, details of blockages or barriers to the work of the DATF.

### **Recommendation 9**

The DATF coordinator shall apply to the Drugs Programmes Unit for approval prior to any proposal to make a material change to the purpose of a funded project or to recruit staff to support the work of the DATF whether employed directly by the DATF or another body.

### **Recommendation 10**

In the interests of good governance, Drug and Alcohol Task Forces should comply with the following provisions:

- With the exception of elected members, the term of office of members of the DATFs, including the Chairperson, shall be limited to three years;
- With the exception of elected members, members may be appointed for two consecutive terms and a third term after a break of three years;
- Staff members of a DATF, whether employed by the DATF or another body, may attend Task Force meetings in an official capacity but shall not be eligible to be voting members of the Task Force;
- Staff members of a DATF, whether employed by the DATF or another body shall not be members of the boards of community and voluntary organisations funded by the Task Force;
- Active community involvement in DATFs should be encouraged through capacity building initiatives.

- Initiatives or proposals that are agreed by sub-committees of the Task Force shall not be implemented unless approved by the Task Force;
- Members of DATFs shall declare any conflict of interest and shall not participate in any deliberations where such a conflict arises.

### **Recommendation 11**

Local members of the Oireachtas and members of relevant Local Authorities should have automatic entitlement to become members of DATF and should be notified of this when elected, and given a specific time frame to take up their membership.

### **Recommendation 12**

The Minister of State with responsibility for the National Drugs Strategy should meet with both the Chairs and Coordinators of the Local and Regional DATF Networks at least once a year.

### **Recommendation 13**

The membership of the Oversight Forum on Drugs should include a representative of each of the Networks representing the Local and Regional Chairs of the DATFs.

### **Recommendation 14**

The Oversight Forum on Drugs should meet on a quarterly basis.

### **Recommendation 15**

The Minister will consult with Local and Regional Drugs Task Forces in relation to implementing the boundary changes set out in Appendix 1 of this document.

## **Appendix 1**

### **Proposals in relation to boundary changes**

There are 14 Local Drugs Task Forces, 10 in the greater Dublin area, 1 in Bray and 1 in Cork city. 10 Regional Drugs Task Forces cover the rest of the country.

In the greater Dublin area, the East Coast RDTF, North Dublin City and County RDTF and South West RDTF cover the areas which are not addressed by the Local Drugs Task Forces.

It is proposed that the Local Drugs Task Forces will extend to cover these gaps in alignment, as far as possible, with local authority boundaries and area partnership boundaries where relevant.

The revised coverage arrangements will reduce the catchment areas of the Regional Drugs Task Forces in the greater Dublin area, Kildare and Wicklow and provide opportunities for some amalgamations.

#### **Dublin City Council**

##### **The following arrangements are proposed:**

- Ballyfermot and Canal Communities LDTFs to merge;
- South Inner City and Dublin 12 LDTFs to expand;
- North Inner City LDTF will continue to cover existing area;
- Ballymun, Finglas Cabra, Dublin North East LDTFs to expand;

#### **South Dublin County Council**

- Tallaght LDTF and Clondalkin LDTF to expand to cover South Dublin.

### **Dun Laoghaire Rathdown**

- Dun Laoghaire Rathdown LDTF to expand and cover full area

### **Fingal**

- Blanchardstown LDTF to amalgamate with North Dublin City and County;

### **Kildare and Wicklow**

The South West Regional Drugs Task Force to amalgamate with Bray LDTF and East Coast RDTF to provide a single Task Force for Kildare/Wicklow.

### **Cork and Kerry**

The merger of Cork LDTF and Southern RDTF, which would result in one Task Force for Cork and Kerry and a reduction of 1 in the number of Task Forces.

### **Remaining Task Forces**

North Eastern RDTF

North West RDTF

South Eastern RDTF

Midlands RDTF

Western RDTF

Mid West RDTF

The reductions proposed would reduce the total number of Drugs Task Forces from 24 to 19.