



**MID WEST REGIONAL
DRUGS TASK FORCE**

Clare • Limerick • N Tipperary

Mid West Regional Drugs Task Force

Research and Evaluation

March 2010

Acknowledgements

Exodea Europe Consulting Limited gratefully acknowledges the assistance and advice of the Members and Staff of the Mid West Regional Drugs Task Force in the development and implementation of this evaluation. We also acknowledge the valued assistance of the Review and Needs Assessment Steering Committee: Helen Fitzgerald, Margaret Griffin, Ger Kirby, Gwen Ryan and Cora Horgan.

We also extend our sincere thanks to all of those many people, agencies and organisations that contributed their time to the consultation process.

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March 2010.



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Glossary of Abbreviations

ADRU	Alcohol and Drug Research Unit
CAB	Criminal Assets Bureau
CAMHS	Child and Adolescent Mental Health Services
CASC	Community Addiction Studies Course
CBCS	Cognitive Behavioural Coping Skills
CBDI	Community-Based Drugs Initiative
CDP	Community Development Project
CTC	Community Training Centre
CYS	Clare Youth Service
DCRGA	Department of Community, Rural and Gaeltacht Affairs
DES	Department of Education and Science
DEWF	Drug Education Workers Forum
EMCDDA	European Monitoring Committee on Drugs and Drug Addiction
EPSCG	Education and Prevention Sub Group
FRC	Family Resource Centre
HRB	Health Research Board
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
IDGD	Inter-Departmental Group on Drugs
IPS	Irish Prison Service
JPC	Joint Policing Committee
LCSCG	Limerick City Sub Group
LGBT	Lesbian, Gay, Bisexual and Transgender
LPF	Local Policing Fora
LYS	Limerick Youth Service
MWRDTF	Mid West Regional Drugs Task Force
NACD	National Advisory Committee on Drugs
NDS	National Drug Strategy
NDS	National Drugs Strategy
NDST	National Drugs Strategy Team
NDTRS	National Drug Treatment Reporting System
NSMS	National Substance Misuse Strategy
OMD	Office of the Minister for Drugs
RAPID	Revitalising Areas by Planning, Investment and Development
RDTF	Regional Drugs task Force
SHEP	Social and Health Education Project
SPHE	Social, Personal and Health Education
TRSG	Treatment and Rehabilitation Sub Group
TRYS	Tipperary Regional Youth Service
VDCG	Voluntary Drug Cluster Group
VEC	Vocational Education Committee
YPFSF	Young People's Facilities and Services Fund

1 Executive Summary

This section provides a résumé of the information gathered, together with the principal conclusions and recommendations.

1.1 Core Recommendations

1.1.1 Project Level Recommendations

- ❑ Reduce seventeen identified projects to a total of seven, largely through the amalgamation of individual projects into integrated and targeted actions.
 - Develop a new approach to engagement with young people through the empowering of existing community and voluntary organisations.
 - Combine a number of projects into an integrated *continuum of care* suite.
- ❑ A series of robust, evidence-based strategies should be drawn up by the MWRDTF to serve each of the pillars of the NDS.
- ❑ Move away from ad hoc project delivery to a closely aligned strategic implementation approach.
- ❑ Introduce an open and transparent process for recommending projects for support, and also for allowing new project to develop.
- ❑ Refocus projects in line with the agreed local strategies emerging from the National Drugs Strategy (interim) 2009-2016.
- ❑ Agree and publish an unambiguous Project Support Strategy.
- ❑ Improve cross-agency knowledge within the sector and ensure that this permeates to worker level.
- ❑ Improve inter-project networking – examine the role of the sub groups.
- ❑ Improve and introduce consistent and comparable reporting standards.
- ❑ Introduce improved and consistent project management procedures and standards.
- ❑ Consider the long-term sustainability and capacity of project host groups.

1.1.2 Sub Group Level

- ❑ Develop and agree clear Vision, Mission and Values Statements.
- ❑ Empower Sub Group Members
- ❑ Improve Governance Standards
- ❑ Improve Reporting Standards
- ❑ Improve Communication - Internal
- ❑ Incentivise Research

1.1.3 Staff Level

- ❑ Staff Capacity Building – Management and IT Skills
- ❑ Consider innovative ways of supporting needs outside of Limerick City

1.1.4 Task Force Level

- ❑ Develop and agree clear Vision, Mission and Values Statements.
- ❑ Empower Task Force Members – Increase clarity around representation - Induction Process and Members Manual.
- ❑ Enforce Governance Standards
- ❑ Improve Routine Evaluation, Review and Monitoring Processes
- ❑ Improve Communication - Internal
- ❑ Improve Communication - External
- ❑ Refocus on Client
- ❑ Incentivise Research
- ❑ Broaden the Scope of Activities – leverage other resources.
- ❑ Map services.

1.2 Research and Evaluation Scope

Faced with increasing budgetary pressures, the Mid West Regional Drugs Task Force considered it prudent to: -

- ❑ Identify priority issues for the Mid-West following the publication of the National Drug Strategy (NDS), September 10th 2009; *and*
- ❑ Evaluate existing MWRDTF funded projects as to their effectiveness and relevance to the region going forward.

To achieve these goals, an element of the research process considered the national policy context following the publication of the new National Drugs Strategy, with a particular focus on identifying current and emerging priority issues in the Mid West in the key areas of: -

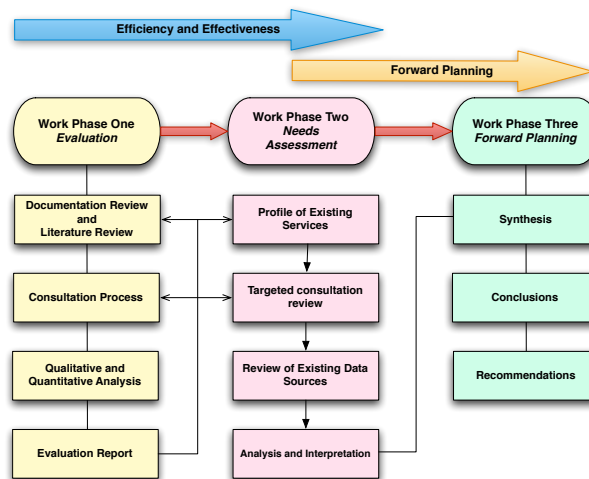
- ❑ Supply Reduction;
- ❑ Prevention;
- ❑ Treatment and Rehabilitation; *and*
- ❑ Drug Misuse Prevalence (Research pillar)

In addition, the range of existing projects supported by the MWRDTF was evaluated, with a special focus on their relative value for money, and their individual relevance to the priority and emerging needs in the Mid-West.

1.2.1 Approach and Process

The review and evaluation process was conducted in three work phases, summarised below.

Figure 1 - Summary Work Plan



1.3 Evaluation of Supported Projects

A summary evaluation of the MWRDTF supported projects was undertaken based on a combination of project site visits and a review of supporting documentation provided by the MWRDTF. Baseline references were primarily drawn from a review of the MWRDTF Action Plan 2005, and the Limerick City Sub Group Plan 2009-2013.

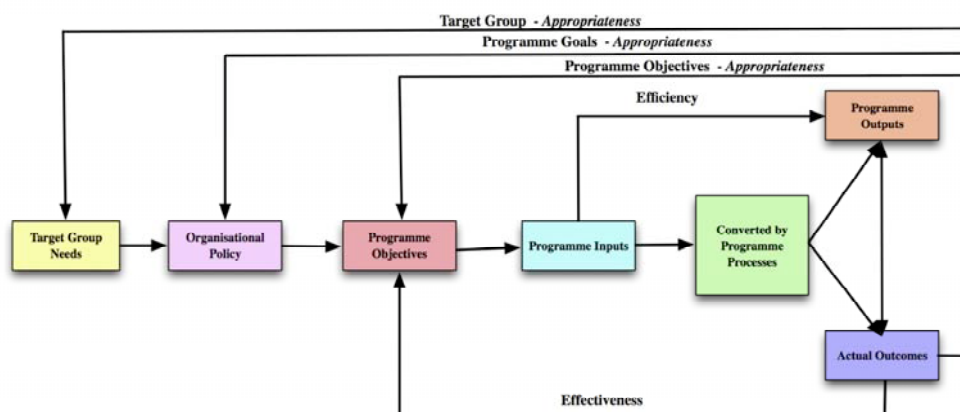
Consultative interviews were held with representatives of the agreed key structures of the Task Force, together with area-based focus groups and a small number of services supported by the MWRDTF.

1.3.1 Project Evaluation Methodology

The following framework was employed for the summary evaluation of each project: -

- ❑ Assessment of the performance of the project based on the delivery of the prioritised objectives relative to the high level goals;
- ❑ Assessment of the effectiveness of the project by considering the extent to which the interventions match the needs of the target groups;
- ❑ Determination of the efficiency of the project in respect of the extent to which it provides good value for money;
- ❑ Determination the relevance of the project as measured by the extent to which the service has led to achieving the high level goals;
- ❑ Identification of any barriers experienced by the project; *and*
- ❑ Identification of any secondary effects that capture unplanned positive or negative effects of the project.

Figure 2 - Evaluation Model



Limitations of the evaluation process were experienced through the necessity of using a snapshot, summative approach in order to meet the required time and resource constraints. It was also found in several instances that the evaluation was being undertaken prematurely within the project life cycle.

1.3.2 Summary Outcomes

The key outcomes emerging from the evaluation process suggest that a number of overarching elements would benefit from consideration into the future.

- ❑ It is considered desirable to create or reinforce clear baselines within individual projects. This would enable the true level of the added-value component of the project to be determined, and points to the need for continuing research to validate the effectiveness of the approach being adopted by the project.
- ❑ With respect to the effectiveness of individual projects, it appears to be the case that in some circumstances there may be an opportunity to achieve more with fewer resources. Both effectiveness and efficiency might be improved by adopting a more integrated approach for the delivery of supports, using the resources of other agencies and flanking community and voluntary groups.
- ❑ A considerable increase in efficiency might occur across the range of interventions supported by the Task Force, and within the Task Force itself, if greater focus was placed on valuing and transferring the models of best practice that are being developed within projects.
- ❑ Whilst it is fully appreciated that each of the projects supported by the Task Force provides a level of much needed services to its client group, and that these client groups are clearly in need of assistance, there appears to be a missing dimension of coordinated research being undertaken by the Task Force that might reinforce the relevance of the suite of projects being supported.
- ❑ Given the present resource situation, opportunity exists for the Task Force to provide a focus for all of its supported initiatives on the advantages of securing as much integrated and coordinated approach with others as is possible.

1.3.3 Exemplary Projects

The evaluation process revealed the fact that all of the supported projects are contributing very significantly to addressing issues relating alcohol and drug misuse

within the region. Given the profile developed above, there are two particular projects that appear to give a strong return on the supports provided: -

- ❑ Northstar Family Support Project appears to have developed a particularly appropriate ethos that enables it to engage very effectively with its target group. It has developed a structure that is wholly in line with its ethos, in that it is built from the bottom-up, and adheres to the concept of inclusivity. Additionally, the project has developed considerable management capacity, and has a focus on forward planning.
- ❑ Co. Clare Youth Drug Prevention represents an innovative structure that embodies many of the same ethical points of focus as Northstar. It also demonstrates a very real appreciation of the need to create strong multiplier effects by conceiving of dimensions of the overall project as demonstrators, and looking for transferability of its actions.

1.4 Priority Issues

The outcomes of the consultative process produced views and perceptions relating to the themes of supply reduction, prevention and education, and treatment and rehabilitation.

1.4.1 Supply Reduction

- ❑ Alcohol and drugs misuse issues are impacting both urban and rural society.
- ❑ It was reported that there is a perception of an explosion of heroin, and cocaine dealing. It was noted that this explosion has led to a significant increase in Garda commitment to tackling the issues at local level.
- ❑ Difficulties relating to the availability of supports to the Gardai after normal working hours were reported.
- ❑ During the course of all of the consultation processes the pivotal role of Limerick city within the region was cited as representing a major problem.
- ❑ It was reported that young people are starting with alcohol and drugs misuse at an earlier age than may have been the case in the past.
- ❑ It was noted that emerging market opportunities are stimulating the demand for drug supply.

1.4.2 Prevention and Education

- ❑ Alcohol is seen as a gateway into drug misuse, and the case was repeatedly made for community-based awareness-building programmes aimed at informing parents and involving the GP's.
- ❑ It was suggested that schools should to be surveyed to gauge the extent of the problems associated with alcohol and drugs misuse.
- ❑ It was reported that drugs are not being discussed in some schools, and that teachers do not seem to be working consistently in terms of intervention.
- ❑ It was noted that some families have difficulty in engaging with a child who is misusing alcohol and drugs. It was suggested that the Strengthening Families

Programme model is generally considered to be an appropriate and successful intervention in providing holistic family unit supports.

- ❑ *Head Shops* were seen as a relatively recent and significant contributor to access, and some felt that the deterrents, for those caught supplying drugs, was in any event, too lenient.
- ❑ It was felt that a specific rural focus needed to be developed, where appropriate, within the responses to alcohol and drugs misuse.
- ❑ At a strategic level it was observed that proactive, rather than reactive, and that an interagency approach should be employed to address the multi-dimensional crosscutting issues.
- ❑ It was generally concluded that there are very considerable information gaps at all levels in respect of addressing alcohol and drugs issues.

1.4.3 Treatment and Rehabilitation

- ❑ It was generally noted that additional Detox and Rehabilitation infrastructure is required, with facilities outside of Limerick city. It was noted that access to a methadone programme, and needle exchange programmes was limited to Limerick city, with individuals from the outlying areas in the region being required to travel.
- ❑ There was a general call for support in the community for the family in helping an individual through detox, and for those who may relapse.
- ❑ In conclusion, it was summarised that greater integration of services across agencies may be beneficial to the creation of a successful treatment and rehabilitation strategy.

2 Report Structure

This report has been structured under three sections.

Evaluation of Supported Projects

The first section carries the evaluation of the current projects supported by the Mid West Regional Drugs Task Force (MWRDTF). The evaluation methodology is presented, together with the limitations of the process.

A total of seventeen projects were evaluated during the process.

Mid-West Priority Issues

This section provides a summary of the national policy context in respect of the National Drugs Strategy (interim) 2009-2016.

The section also provides an outline profile of the prevalence of drug misuse in the region. The section records the outcomes of locally based consultations with focus groups of interested parties.

Finally, a series of options are presented that reflect choices that the Task Force might consider in respect of the future support for projects.

Task Force

Emerging from the consultative process, a further series of strategic observations are made concerning structural issues that are appropriate in the context of finding ways of improving efficiencies.

Evaluation of Supported Projects

3 Evaluation of Projects

The following section provides a review of existing supported projects, with a special focus on their relevance to the priority and emerging needs in the Mid-West.

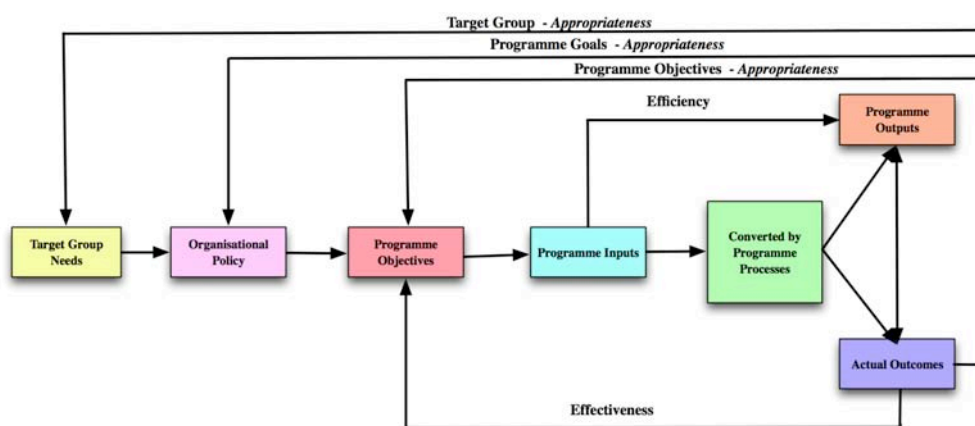
3.1 Evaluation Methodology

Based on the terms of reference, the following evaluation framework was employed to evaluate the range of projects supported by the MWRDTF: -

- ❑ Assess the **performance** of the *MWRDTF* projects – based on the delivery of the prioritised objectives relative to the high level goals;
- ❑ Assess the **effectiveness** of the *MWRDTF* projects – the extent to which the interventions match the needs of the target groups;
- ❑ Determine the **efficiency** of the *MWRDTF* projects – the extent to which the projects are providing good value for money. In addition to key issues around efficiency and effectiveness the VFMR will also include a review of resource utilisation, the evidence base that the projects are using and whether they meet relevant quality standards.
- ❑ Determine the **relevance** of the *MWRDTF* projects – as measured by the extent to which the service has led to achieving the high level goals;
- ❑ Identify **barriers** experienced by the *MWRDTF* projects – specific issues which have prevented engagement with the projects; *and*
- ❑ Identify any **secondary effects** – capturing experience of unplanned positive or negative effects of the *MWRDTF* projects.

The evaluation was structured to identify key policy issues arising from the work to date, and to present specific policy recommendations that would effectively address these issues.

Figure 3 – Schematic Evaluation Model



3.1.1 Evaluation Limitations

The terms of reference for the evaluation are those of a summative process. Summative evaluation is recognised as a process of identifying the patterns and trends in

performance of the project and judging these summary statements against baseline criteria to obtain performance ratings. A summative evaluation is only able to observe the development of the projects, and the manner by which challenges were identified and addressed, by way of the document trail and consultative discussion.

Some of the projects examined during the evaluation process had only been operational for a relatively short length of time, and in some cases less than six months. In these instances the ability to form an accurate opinion on the efficacy of the projects is curtailed by the lack of evidence available.

The research evaluation process was undertaken during an intensive four-week period, commencing on 18th January 2010, and concluding on 12th February 2010. This timeframe necessitated the minimum of on-site inspection, and required the use of supplied documentary evidence.

3.2 Projects Evaluated

On-site evaluation meetings were held with representatives of seventeen of the twenty-two supported projects. The average duration of these meetings was approximately 1 hour.

Table 1 – On-Site Project Evaluation Meetings

Project Code	Project	Summary Description	Meeting Date
MW1	Prison Support Programme - ALJEFF	The provision of an addiction counselling service to substance abuse prisoners in Limerick Prison.	18 th January
MW25	Diploma Addiction Studies	Fund and support students to attend the Diploma in Addiction Studies course.	1 st February
MW28	ALJEFF Day Treatment Programme	Day Treatment Programme	18 th January
MW30	<i>In the Know</i> Project	Targeted drug project with small no. of young people actively using to address their substance abuse issues and to help them continue in education/training.	22 nd January
MW31	Foróige - Newcastle West CBDI	Community Based Drug Initiative. Early intervention/support to drug-using young people and families, referring to specialist services.	21 st January
MW32	LYS CBDI	Community Based Drug Initiative. In Limerick City.	25 th January
MW33	CYS Youth Drug Prevention Project	Targeted drug education and prevention programmes to young people in Ennis.	10 th February
MW34	Foróige - South-East Limerick Youth Drug Prevention Project	Targeted drug education and prevention programmes to young people in South East Limerick.	28 th January
MW35	Strengthening Families Programme	Providing 10 families with substance abuse issues in Mid West with skills to cope with conflict and other family issues.	19 th January
MW37	CASC North Tipperary	Providing Community Addiction Studies Course in North Tipperary	5 th February

/continued

/continued

Project Code	Project	Summary Description	Meeting Date
MW38	Support for Respite and Halfway Houses – Bushypark Cocaine Initiative	Providing support for respite/halfway houses within Region.	4 th & 10 th February
MW1L	Limerick City <i>In the Know</i> Project	Limerick City - 2 nd Worker to LYS <i>In the Know</i>	22 nd January
MW2L	Limerick City Outreach - ALJEFF	Outreach programme in Limerick City	18 th January
MW3L	Limerick City Family/Day Programme - ALJEFF	Family day programme in ALJEFF	18 th January
MW4L	Limerick City Transitional Housing - ALJEFF	Transitional Housing in Limerick City	18 th January
MW5L	Limerick City Northstar	Family Support Project in Limerick Northside	22 nd January
MW6L	Limerick City CBDI - LYS	Community Based Drug Initiative. In Limerick City - 2 nd worker	25 th January

In addition to the above, 14 further evaluation meetings were held with the MWRDTF and with the Sub Structures of the Task Force.

Table 2 – Additional Evaluation Meetings

Ref.	Consultees	Meeting Date
1	MWRDTF Staff	25 th January
2	Voluntary Drug Cluster Group	29 th January
3	Education and Prevention Sub Group	29 th January
4	Advisory Committee	29 th January and 26 th February
5	HSE	1 st February
6	Treatment and Rehabilitation Sub Group	2 nd February
7	MWRDTF	2 nd February
8	Castleconnell Area	3 rd February
9	Tipperary NR Focus Group - Roscrea	3 rd February
10	Roscrea Focus Group	4 th February
11	Tipperary NR Focus Group - Thurles	5 th February
12	Co. Clare Focus Group	10 th February
13	Representatives of LCSG	12 th February

A semi-structured questionnaire (see appendices) was developed to capture the information necessary to inform the evaluation process. This information was designed to augment and validate the primary documentary information that was supplied by MWRDTF. In most cases this took the form of the Year-End Evaluation Reports, prepared by each project on a Framework Worksheet template supplied by the Task Force.

3.2.1 Year End Report Review

Year End Reports were made available by MWRDTF for review. The evaluation process sought to expand on the information provided in the five evaluation questions contained in the Framework Worksheet.

The Year End Reports are used to record responses to the following five Key Evaluation Questions: -

- ❑ *Did we do what we said we would?*
- ❑ *What did we learn about what worked and what didn't work?*
- ❑ *What difference did it make that we did this work?*
- ❑ *What could we do differently?*
- ❑ *How do we plan to use evaluation findings for continuous learning?*

Table 3 - Year End Reports Reviewed

Project Code	Project	Summary Description
MW1	Prison Support Programme - ALJEFF	The provision of an addiction counselling service to substance abuse prisoners in Limerick Prison.
MW12	Alcohol and drug free events.	Thurles. Target Exam students at results time.
MW25	Diploma Addiction Studies	Fund and support students to attend the Diploma in Addiction Studies course.
MW28	ALJEFF Day Treatment Programme	Day Treatment Programme
MW31	Foróige - Newcastle West CBDI	Community Based Drug Initiative. Early intervention/support to drug-using young people and families, referring to specialist services.
MW32	LYS CBDI	Community Based Drug Initiative. In Limerick City.
MW33	CYS Youth Drug Prevention Project	Targeted drug education and prevention programmes to young people in Ennis.
MW34	Foróige - South-East Limerick Youth Drug Prevention Project	Targeted drug education and prevention programmes to young people in South East Limerick.
MW35	Strengthening Families Programme	Providing 10 families with substance abuse issues in Mid West with skills to cope with conflict and other family issues.
MW38	Support for Respite and Halfway Houses	Providing support for respite/halfway houses within Region.
MW40	Family Support	Ensure treatment services provide family support for parents/families of users.
MW1L	Limerick City <i>In the Know</i> Project	Limerick City - 2 nd worker to LYS <i>In the Know</i>
MW2L	Limerick City Outreach - ALJEFF	Outreach programme in Limerick City
MW3L	Limerick City Family/ Day Programme - ALJEFF	Family day programme in ALJEFF
MW4L	Limerick City Transitional Housing - ALJEFF	Transitional Housing in Limerick City
MW5L	Limerick City Northstar	Family Support Project in Limerick Northside
MW6L	Limerick City CBDI - LYS	CBDI Initiative - 2 nd worker

A summary of some of the key points recorded in the Year End Reports is carried in the Appendices.

3.3 Evaluation Baseline

The projects currently supported by the MWRDRF take their reference from the Action Plan (June 2005), and from the Limerick City Sub Group Strategy (November 2009). These serve to identify the baseline against which the evaluation of the projects has been drawn.

3.3.1 MWRDTF Strategy

The MWRDTF Action Plan 2005 provided the strategic framework for the organisation, and was developed following a comprehensive consultation process involving all the key stakeholders including statutory agencies, community and voluntary groups and individuals from the region.

Identified Issues

The Action Plan identified the following key issues¹: -

1. The Mid Western region is largely rural, but is also dominated by a major urban centre;
2. The population of the region exhibits considerable variances in socio-economic status; *and*
3. The area displays relatively higher drug-related issues by comparison with other Regional Drugs Taskforce areas.

Strategic Framework

The following Strategic Framework is summarised from the Action Plan 2005.

Table 4 - 2005 Framework Summary (Source: MWRDTF)

Ref.	Strategic Goal	Strategic Action
1	Resource allocation for Co-ordinator, Project Worker and Administrative Support.	
2	Recommendation for the establishment of a LDTF for Limerick City.	
3	Support interventions to improve the awareness levels and knowledge of all key stakeholders within the Region	<ol style="list-style-type: none"> 1. Ensure parents are informed, educated, aware and supported; 2. To create a two-way learning and support mechanism with service providers in the region; 3. Ensure effective outreach services are in place within the region; 4. Create effective links with youth and communities within the region; <i>and</i> 5. Ensure appropriate education and awareness programmes are provided within, and outside the school structure.

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¹ See appendices for further information.

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Ref.	Strategic Goal	Strategic Action
4	Support the reduction of supply within the Region.	<ol style="list-style-type: none"> 1. Support and work in partnership with law enforcement within in the region; <i>and</i> 2. Establish a coordinated and concerted drugs initiative in partnership with entertainment venue owners and staff.
5	Ensure that there is an adequate and appropriate level of treatment and rehabilitation services provided to respond to the needs of people within the region.	<ol style="list-style-type: none"> 1. Provide a range of accessible treatment and rehabilitation programmes appropriate to meet the needs of those experiencing difficulties with drugs and alcohol, from pre-treatment to rehabilitation; 2. Establish progression routes to holistic treatment and rehabilitation; 3. Ensure adequate funding to enable access to appropriate treatment and rehabilitation services; <i>and</i> 4. Establish partnership models; close working relationships and efficient co-ordination between all agencies (statutory, voluntary and community).
6	Carry out practical and process focussed research to inform and direct responses.	Monitor, review, evaluate and inform stakeholders of alcohol and drugs issues in the region on a regular basis, in a practical manner.

The MWRDTF Action Plan 2005 identified a number of strategic goals that did not translate directly into strategic objectives, thus: -

- Ensure that there is an adequate and appropriate level of treatment and rehabilitation services provided to respond to the needs of people within the region;
- Carry out practical and process focussed research to inform and direct responses;
- Support and deliver a broad range of interventions, to improve the awareness levels and knowledge of all key stakeholders within the region; *and*
- Take meaningful action to support the reduction of supply within the Region.

3.3.2 Limerick City Sub-Group Strategy

The recommendation for the establishment of a LDTF for Limerick City ultimately resulted in the releasing of current and capital funding to the MWRDTF to form a city focused sub-group.

The Limerick City Sub Group (LCSG) produced a Strategic Plan for Limerick City 2009-2013, which was adopted by the MWRDTF. LCSG identified the following strategic aims: -

- Reduce the availability of illicit drugs;
- Promote throughout society a greater awareness, understanding and clarity of the dangers of drug misuse;
- Enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society;
- Reduce the risk behaviour associated with drug misuse; *and*
- Reduce the harm caused by drug misuse to individuals, families and communities.

LCSG has devised an Action Plan, developed within the framework of the Strategic Plan for Limerick City 2009-2013.

Table 5 – LCSG Plan 2009-2013 (Source: MWRDTF)

Action Ref.	Action	Delivery
Supply Reduction		
S1	Development of Southside and Northside Community Policing Fora	LCSG Local Community Groups An Garda Síochána Limerick Regeneration Limerick City Council RAPID Other relevant partners
S2	Highlight concerns raised in relation to the monitoring of CCTV by CE scheme participants rather than the Gardaí	LCSG
S3	Support the HSE and the Irish College of General Practitioners (ICGP) to implement the recommendations of the Benzodiazepines Report around the overprescribing of prescription drugs.	HSE LCSG
S4	Advocate for the re-investment of the funding seized by CAB in Limerick back into the community.	LCSG
S5	Mid West Regional Drug Task Force to review the findings of the evaluation of the pilot drug courts in Dublin and explore if a similar pilot model should be developed for Limerick.	LCSG
G1	Enhance and develop the Garda Youth Diversion Projects in the Northside and Southside of the city.	An Garda Síochána
G2	Enhance the links between the Garda Juvenile Early Intervention Link and relevant Youth and the Youth Diversion Projects	An Garda Síochána
Education and Preventative		
P1	Undertake an Audit of existing Drug Education Programmes and develop an action plan based on any gaps.	LCSG DEWF
P2	Review existing provision and establish a minimum standard for all drug education and prevention programmes.	University of Limerick Mary Immaculate College Limerick Institute of Technology FETAC LCSG
P3	Establish 3 rd Level programme in Drug Education and Prevention.	University of Limerick Mary Immaculate College Limerick Institute of Technology FETAC LCSG
P4	Based on the responses to the training needs assessment undertaken in July 2008, provide financial support for up-skilling for people working in the field of Drug Education and Prevention.	LCSG

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Action Ref.	Action	Delivery
P5	Establish a dedicated Under-18s Sub-group to focus on issues such as under-18 alcohol misuse, or cannabis misuse.	LCSG
P6	Undertake a feasibility pilot study into using ICT as an engine for delivering drug awareness/information messages	DEWF
Treatment and Rehabilitation²		
T1 <i>Tier 2 Service Action</i>	Establish two community based (CBDI) low-threshold drop-in services offering advice, referral to specialist services; pre-treatment support and harm reduction advice / interventions	LCSG
T2 <i>Tier 3 Service Action</i>	In partnership with the HSE, develop family therapy practice linked into counselling services, Under-8 Multi-D team, Family Respite, Parent Support Groups and treatment agencies.	Interagency model, comprising: - HSE Under 18 Team Social Work Voluntary Providers Family Therapist Practice
T3 <i>Tier 4 Service Action</i>	The establishment of a specialist residential detoxification treatment centre with direct access to residential rehab (as part of the same facility and/or as a separate option) in the HSE West.	HSE Community and Voluntary providers National Rehabilitation Co-ordinator
T4 <i>Tier 4 Service Action</i>	Strengthen and support the provision of drug treatment within the prison service.	Irish Prison Service HSE Community and Voluntary providers LCSG
T5 <i>Tier 4 Service Action</i>	The Limerick City Sub-Group will initiate a dialogue with representatives of the Travelling Community to assess what the needs of Travellers are in relation to drug misuse. In partnership with Travellers, develop an appropriate Traveller specific service that will be the first step in having the identified needs met.	LCSG
T6 <i>Tier 4 Service Action</i>	Develop, in conjunction with partners in the community, statutory and voluntary sector the following: - <input type="checkbox"/> A set of protocols for inter-agency working. <input type="checkbox"/> A clear model of integrated treatment pathways. <input type="checkbox"/> A universal screening and referral tool (for under and over 18s).	LCSG

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² Actions under the treatment and the rehabilitation pillars take account of the four-tier model of service provision. Tier one is general access. Tier two is open-access drug treatment (such as drop-in services). Tier three service represents a more formalised drug treatment within the community setting. Tier four refers to residential and inpatient drug treatment and residential rehabilitation.

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Action Ref.	Action	Delivery
Rehabilitation		
Rehab 1	Develop a community based vocational rehab programme and aftercare programmes for clients coming back from residential treatment with a strong focus on integration. Ensure that the specific needs of women are met through this programme.	HSE FÁS VEC/Department of Education Voluntary and community providers
A number of flanking actions that the HSE plan to implement within Limerick City are referenced in the Action Plan: HSE1 - 9.		
Research		
R1	Ensure a robust data collection, interpretation and dissemination of information system	LCSG
R2	Carry out a holistic needs assessment on the specific needs of hard to reach women in Limerick City and implement the recommendations	LCSG University of Limerick
Coordinated Actions		
C1	The establishment of Limerick City Local Drug Task Force	MWRDTF LCSG
C2	The production of a Directory of Local services to include contact details, referral routes, opening times and type of services provision.	LCSG
C3	Development of a communication strategy	LCSG
C4	Development of an induction pack for new members of the Task Force	LCSG
C5	Enhanced supports for community representation of the task force	LCSG

3.3.3 Current Approved Projects

There are twenty-four budget lines that are currently monitored by the MWRDTF. The project code identifies the source of the budget line.

Figure 4 – Approved Projects 2009 (Source: MWRDTF)

Project Code	Project	Revised Allocation 2009
MW1	Prison Support Programme - ALJEFF	€100,001
MW10	Alcohol and Drug Free Events - Co. Limerick and Limerick City	€5,120
MW11	Alcohol and Drug Free Events - Co. Clare	€2,500
MW22	MWRDTF Operational Budget	€137,907
MW25	Diploma Addiction Studies	€15,670
MW28	ALJEFF Day Treatment Programme	€180,084
MW30	<i>In the Know</i> Project	€66,482
MW31	Foróige - Newcastle West CBDI	€62,443
MW32	LYS CBDI	€75,859

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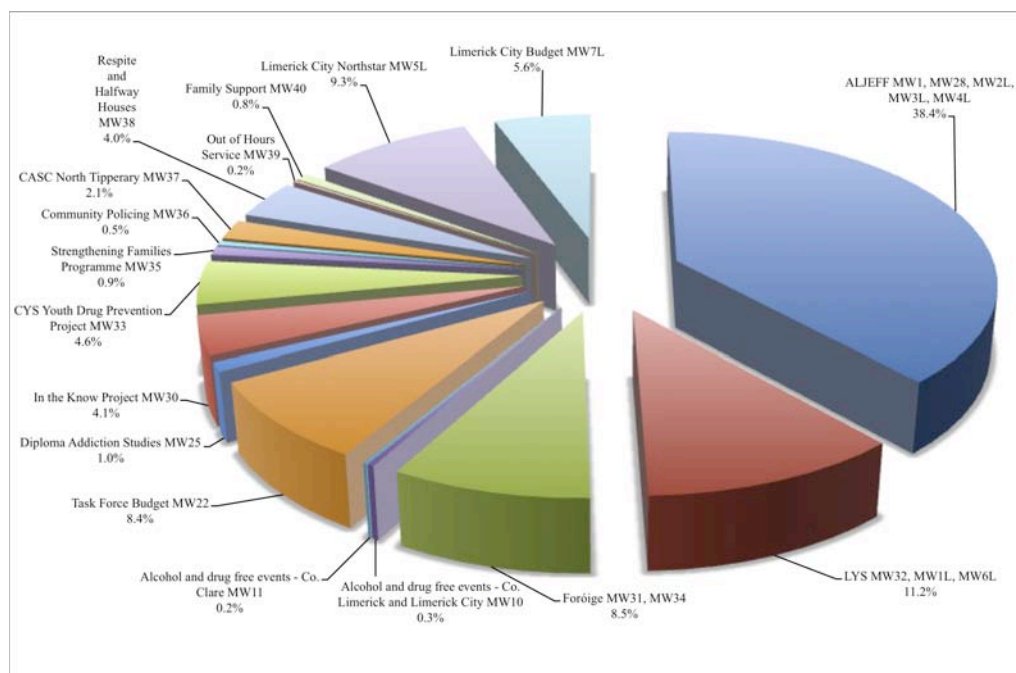
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Project Code	Project	Revised Allocation 2009
MW33	CYS Youth Drug Prevention Project	€75,142
MW34	Foróige - South-East Limerick Youth Drug Prevention Project	€76,568
MW35	Strengthening Families Programme	€15,000
MW36	Community Policing	€7,606
MW37	CASC North Tipperary	€33,890
MW38	Support for Respite and Halfway Houses	€65,677
MW39	Out of Hours Service - Cocaine Training across 4 x Task Forces	€3,287
MW40	Family Support	€12,500
a	Total	€935,736
MW1L	Limerick City <i>In the Know</i> Project	€53,281
MW2L	Limerick City Outreach - ALJEFF	€117,488
MW3L	Limerick City Family/ Day Programme - ALJEFF	€30,000
MW4L	Limerick City Transitional Housing - ALJEFF	€200,000
MW5L	Limerick City Northstar	€152,601
MW6L	Limerick City CBDI - LYS	€53,374
MW7L	Limerick City Operational Budget	€91,970
b	Total	€698,714
	Grand Total a+b	€1,634,450

The above table reflects the funding position of the projects approved by the MWRDTF at the end of 2009.

It is noted that during the course of 2009 a reduction in the level of available funding saw the cessation of the Small Grants Programme. The Small Grants Programme was aimed at stimulating activity amongst the voluntary, and community sector across the region to tackle the drugs problem.

Figure 5 – Profile of Supports by Organisation



The figure above records the relative distribution of financial resources across the administration and projects budgets of the MWRDTF. It is noted that MW7L and MW20 (Administration Limerick City and Task Force) accounts for a total of 14% of the total public funding available. This appears to be broadly in line with the recommendations for the administration budgets of similar multi-agency initiatives.

3.4 Evaluation Findings

The following evaluation findings have been developed with reference to the evaluation model: -

- ❑ *An assessment of the **performance** based on the outputs relative to planned targets;*
- ❑ *An assessment it's **effectiveness**, being a measurement of the extent to which the objectives and outcomes are being achieved;*
- ❑ *A determination of the **efficiency** through the measurement of inputs relative to it's achieved outputs;*
- ❑ *A determination of the **relevance** in the context of the degree of compatibility between what is achieved and the needs of the target group; and*
- ❑ *Identification of any measurable **secondary effects**, with particular reference to the appearance of unplanned positive or negative effects.*

The assessment of the projects evaluated is based on an analysis of the information returned on the Year End Framework Worksheets, together with information gathered through the consultative process.

3.4.1 MW1 Prison Support Project

Project Agency	ALJEFF Treatment Centre Limited, The Gables, Fairgreen, Ballysimon Road, Limerick.
Project Objective	To work with prisoners and recovering prisoners in conjunction with multi-disciplinary teams through the provision of counselling and group therapy.
Responding to Pillar	Treatment and Rehabilitation
Relating to Action Plan Objective	MWRDTF Strategic Goal - <i>Ensure that there is an adequate and appropriate level of treatment and rehabilitation services provided to respond to the needs of people within the region.</i> Echoing LCSG Plan T4 – <i>Strengthen and support the provision of drug treatment within the prison service.</i>
Overview	The Project is one of a suite of five initiatives delivered by ALJEFF that are supported by the MWRDTF. The Project has its foundation in the experience of ALJEFF in providing prison-based voluntary work. ALJEFF reports that the relations and networking within the context of the programme with the authorities at Limerick Prison, the school at the prison, probation and welfare services and the representatives of the various disciplines at the prison who engage in the weekly Multi-disciplinary Meetings at the prison to be positive, supportive and constructive.
Performance Assessment	No long-term baseline figures were available to measure the performance relative to the planned targets. The Year End Report records that approximately 110 individual clients accessed the programme, with 6% reporting significantly reduced drug use. 76% of the clients were deemed abstinent. It was reported that the Project has been successful in establishing a number of valuable background connections that have been created around the initiative.
Effectiveness Assessment	The Project appears to be meeting its objectives in working with prisoners and recovering prisoners. The true measure of effectiveness can only be ascertained through the implementation of a long-term evaluation programme designed to track the incidence of recidivism in the participants. The stated difficulties in engaging with the IPS may impact negatively on the effectiveness of the Project.
Efficiency Assessment	It is reported that the Prison Support Programme worked with 110 participants during the course of 2009. The revised budget for the Programme during the period was €100,001. It is likely that the Project benefits from synergies as a result of being undertaken from within the ALJEFF organisation. It is also likely that a pathway can be created for participants using other interventions delivered by ALJEFF.
Relevance Assessment	Given that the Project is delivered on a voluntary basis within the prison setting, the Project is able to demonstrate a high level of relevance to the needs of the participants and potential participants.
Barriers	It was reported that the nature of individual prisoners has created difficulties, as has the general societal changes that have tended to make participants 'harder'.
Secondary Effects	It was reported that there have been a number of individual case successes that were unexpected given the circumstances of the individuals.
Overall Assessment	The Project aligns directly with the LCSG Plan, and responds to the MWRDTF Strategy. There is recognition that the IPS should be playing a more central role in supporting the Project. The Project would benefit from the development of a medium and long-term sustainability strategy that must involve interagency commitment.

3.4.2 MW2L Limerick City Outreach

Project Agency	ALJEFF Treatment Centre Limited, The Gables, Fairgreen, Ballysimon Road, Limerick.
Project Objective	Provision of a dedicated outreach team for Limerick City focussing on areas of most need in relation to problematic drug use (with particular focus on opiates, cocaine and alcohol) and young people.
Responding to Pillar	Treatment and Rehabilitation
Relating to Action Plan Objective	Not directly related to any LCSG action.
Overview	<p>The Project is one of a suite of five initiatives delivered by ALJEFF that are supported by the MWRDTF.</p> <p>It was reported that LCSG had provided impetus and helped to identify the need for outreach workers linked into the community, to reinforce the need for community groups to work together with interagency interventions.</p>
Performance Assessment	No long-term baseline figures were available to measure the performance relative to the planned targets. The Year End Report records that approximately 263 individuals were engaged through the initiative. ALJEFF report that a further 88 family members and concerned persons presented at the outreach clinics, approximately 200 referrals to treatment and support services were made, and in the region of 1,900 interagency contacts/appointments. The Year End Report notes that approximately 50 referrals were presented to ALJEFF for treatment and support services, and a total of 420 outreach clinics were provided within targeted communities. The initiative references the need for improved awareness building, and aims to provide a reference and referral service.
Effectiveness Assessment	<p>It was reported that initiative supports a dedicated outreach team of two full-time workers are present on a weekly basis at nine locations within communities.</p> <p>To the extent the outreach workers are operating in the field, the Project is fulfilling an objective. It was observed that the outreach workers have a challenging task.</p>
Efficiency Assessment	The reported variability of attendance suggests that the outreach model must be kept under review to ensure that to ensure that unproductive clinics do not arise.
Relevance Assessment	It is understood that the project responds to the LCSG Plan Treatment and Rehabilitation Pillar as part of a continuum of treatment and rehabilitation services, for whom demand is seen to be increasing.
Barriers	It was reported that the city-based scale of implementation of the initiative has caused operational difficulties.
Secondary Effects	<p>It is understood that a programme of bi-weekly meetings has been established with other outreach workers to improve communications and avoid scheduling conflicts.</p> <p>Membership of DEWF is seen to be of value in exchanging information and experience.</p>
Overall Assessment	This Project is one of an array of outreach initiatives supported by a range of agencies. Whilst accepting the particular treatment and rehabilitation basis for this project, it's focus on young people places it in an arena of other projects focussed on the same age cohort and supported by MWRDTF.

3.4.3 MW3L Limerick City Family/Day Programme

Project Agency	ALJEFF Treatment Centre Limited, The Gables, Fairgreen, Ballysimon Road, Limerick.
Project Objective	To provide counselling, support and intervention to family members and clients from Limerick City in recovery from addiction as well as re-integration supports to family members of prisoners and ex-prisoners from Limerick City who are recovering from addiction. The Project also provides therapeutic residential opportunities as part of the overall supports to family members.
Responding to Pillar	Treatment and Rehabilitation
Relating to Action Plan Objective	Flanks LCSG Pan T1 approach – <i>establish...low threshold drop-in services offering advice, referral to specialist services; pre-treatment support, and harm reduction advice and support.</i>
Overview	<p>The initiative commenced in October 2007, and the genesis of the concept was drawn from local knowledge of needs. The Project recognises the importance of an holistic, family-based approach to dealing with the issues of the individual.</p> <p>The Project supports a 10-week programme for the individual and participating family and friends. A twelve-month aftercare support is also provided within the context of the initiative.</p>
Performance Assessment	<p>It was noted that the start-up of the Project saw a lower number of referrals than anticipated, but that the situation had now improved. The Project has benefitted from the ability to provide linkages and pathways for participants, such as those to Respite House.</p> <p>It was reported that some 130 family members had participated in the Project in 2009, with group sessions for family members increasing from two to three per week during the period. The revised cost of support for the Project in 2009 was €30,000.</p>
Effectiveness Assessment	<p>It was reported that referrals for the Family/Day Programme come principally from three sources: -</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family members. <input type="checkbox"/> Social Services. <input type="checkbox"/> ADAPT and other service providers. <p>Given that the Project references the family-based approach, and with the known difficulties of family engagement in supporting the needs of an individual, it is recognised that the effectiveness of the intervention appears to be good.</p> <p>As before, the measure of effectiveness can only be ascertained through the implementation of a longitudinal evaluation programme.</p>
Efficiency Assessment	As with other interventions delivered by ALJEFF, it is likely that the Project benefits from synergies emerging from the scope of the organisation. It is also likely that pathways can more readily be created for participants using other interventions delivered by ALJEFF.
Relevance Assessment	It is generally accepted that treatment in a family context will generally be more beneficial. Thus, the Project is employing a methodology that accords with contemporary good practice models.
Barriers	It was reported that the changing level of awareness and needs of individuals was presenting a challenge in the delivery of the initiative.
Secondary Effects	It was reported that a higher quality response had been achieved by the Project than had originally been anticipated, although no long-term baseline information was made available to verify this.
Overall Assessment	Whilst the Project does not directly respond to an LCSG action, it is allied to the approach that is embedded in the strategy. Given the family-based nature of the intervention it is possible for the initiative to raise awareness in the community.

3.4.4 MW4L Limerick City Transitional Housing/Treatment

Project Agency	ALJEFF Treatment Centre Limited, The Gables, Fairgreen, Ballysimon Road, Limerick.
Project Objective	To provide a comprehensive recovery, rehabilitation reintegration and aftercare programme in Limerick City for those individuals recovering from addiction.
Responding to Pillar	Treatment and Rehabilitation
Relating to Action Plan Objective	Flanks LCSG Plan Action T4 – <i>The establishment of a specialist residential detoxification treatment centre with direct access to residential rehab....</i>
Overview	<p>It was reported that the need for the initiative was identified following the experience of the organisation in working with prisoners.</p> <p>Previously to the provision of the Transitional Housing there was no halfway house for individuals recovering from addiction in Limerick.</p> <p>The Transitional Housing opened in 2008.</p>
Performance Assessment	It was reported that approximately twenty-four individuals participated in the Treatment Programme in 2009, with approximately ten successfully completing the programme. Eight individuals secured voluntary or paid employment, or engaged in training on leaving the programme. Ten clients secured stable accommodation on leaving the programme.
Effectiveness Assessment	The quality of the provision is considered to be high, but numbers participating are lower than had been anticipated. The group approach, with people living together, is considered to be a most successful model.
Efficiency Assessment	<p>The revised budget for the Project for 2009 was €200,000.</p> <p>The Project represents a considerable investment in infrastructure. That was otherwise absent from Limerick City.</p>
Relevance Assessment	The need for quality halfway house accommodation has been referenced in both the Action Plans of MWRDTF and the LCSG.
Barriers	Given that the Transitional House represents a particular type of society, it was reported that individuals relapsing whilst resident could have a negative influence within the close group environment.
Secondary Effects	It was reported that the positive and stabilising influence on the resident's of the two night watchmen was unforeseen (a farmer and a retired member of An Garda Síochána).
Overall Assessment	The Transitional Housing/Treatment Programme represents a considerable investment in clearly needed infrastructure to enable individuals to regain self-esteem and independence.

3.4.5 MW28 Day Treatment Programme

Project Agency	ALJEFF Treatment Centre Limited, The Gables, Fairgreen, Ballysimon Road, Limerick.
Project Objective	Provision of a Day Treatment Programme and relevant support services on a non-residential basis for clients unable to access, or unsuitable for, existing treatment programmes in the region.
Responding to Pillar	Rehabilitation
Relating to Action Plan Objective	MWRDTF Strategic Goal: to <i>ensure that there is an adequate and appropriate level of treatment and rehabilitation services provided to respond to the needs of people within the region.</i> Flanking LCSG Plan Action Rehab 1 – ... <i>community-based vocational rehab programme and aftercare programmes for clients coming back from residential treatment with a strong focus on integration.</i>
Overview	The programme delivered at client's own pace, and it is reported that <i>'the door to the service is never closed.'</i> It was reported that approximately 88 individuals were engaged with the day treatment in 2009, with approximately 85% of these completing the programme. In addition, some 180 individuals were engaged through pre-treatment, with approximately 31 individuals per month availing of aftercare.
Performance Assessment	It is reported that the Day Treatment Programme is performing satisfactorily.
Effectiveness Assessment	Based on the evidence presented, the Day Treatment Programme is clearly delivering on its objective of providing relevant support services on a non-residential basis for clients unable to access, or unsuitable for, existing treatment programmes in the region. Participants in the Programme strongly referenced the urgent need for an accessible Residential Treatment Centre and Detox Facilities to serve the area.
Efficiency Assessment	The revised budget for the Day Treatment Programme for 2009 was €180,000. It was reported that participants are being offered an opportunity to voluntarily contribute to the service cost. Given the above level of public funding support, further examination of the value for money of the intervention may be considered beneficial. As with other interventions delivered by ALJEFF, there was some evidence that the Programme benefits from synergies emerging from the scope of the organisation. It is also likely that pathways can more readily be created for participants using other interventions delivered by ALJEFF.
Relevance Assessment	A focus group of participants of the Day Treatment Programme reported that they were all very positive about the methodologies employed and the personal outcomes.
Barriers	It was reported that individuals are asked to contribute to service costs. It is understood that this requirement is necessary given that the level of grant support is not available to cover the overhead costs of the project. It is noted that ALJEFF consider that it is an element of the recovery process to have clients contributing towards the services they receive. It was noted by some consultees that this was perceived as being intimidating for those unable to pay the perceived rate, although it is accepted that there is not an issue with people being refused any services.
Secondary Effects	The importance of the pre-treatment component of the service has been noted, and particularly its positive impact on progression levels for individuals.
Overall Assessment	It is recognised that the awareness of the Programme is at a lower level than is considered to be optimal. The Programme responds the <i>continuum of care</i> concept, dealing with pre-treatment, treatment and aftercare. Given the level of public funding underpinning the initiative, the need to place a voluntary charge on participation may benefit from further examination.

3.4.6 MW5L Northstar, Limerick City

Project Agency	Northstar Family Support Project, Unit 11C, Watch House Cross, Moyross, Limerick
Project Objective	<p>The Northstar Family Support Project is a community-based project providing non-judgemental, confidential support to families who are affected by, and are trying to cope with, a family member's addiction to drugs and/or alcohol.</p> <p>The initiative emerged from the local community in 2003, in strong adherence to the bottom-up principle. The 'Training for Transformation' initiative provided the foundation.</p>
Responding to Pillar	Prevention and Education
Relating to Action Plan Objective	LCSG Strategic Aim to: <i>enable people with drug misuse problems to access treatment and other supports in order to reintegrate into society.</i>
Overview	<p>Northstar, as an organisation, demonstrates a very positive engagement with local people, and is committed to building trust with people.</p> <p>The structure of Northstar is developed from strong community development principles, and provides for an inclusive approach to dealing with individual issues. The organisation also demonstrates a high level of internal technical capacity.</p>
Performance Assessment	<p>The Year End Report 2009 identified that the Northstar Family Support Project offered an extensive and integrated range of supports through its Open Access Centre.</p> <p>The revised budget for 2009 for Northstar was €152,601. From this support was provided to the following: 20 participants in 3 support groups; development of a Research and Advisory Group; support or Strengthening Families Programme; support for participants using Respite House; establishment of low-cost counselling service; referral system for individuals; complementary therapy services; and service promotion.</p>
Effectiveness Assessment	Northstar appears to be successful in achieving its objectives of providing a community-focussed service that engages with local needs.
Efficiency Assessment	<p>The outputs recorded in the Year End Report 2009 are considerable; yet appear to remain focussed on serving the needs of the local population.</p> <p>It is noted that the organisation has established a forward planning structure, which is currently developing a work plan for the future.</p>
Relevance Assessment	Discussions with participants of initiatives developed by Northstar suggest that there is a considerable level of trust that has been built up between otherwise disparate communities. The number of people that have voluntarily come forward to participate with Northstar's activities evidences this.
Barriers	Northstar recognise that there are difficulties in effectively engaging with men. They also note that they have a major focus on ensuring that the project grows.
Secondary Effects	Northstar reports that the level of success in building trust within the community has been a major secondary effect of their activity.
Overall Assessment	<p>Northstar appears to value networking activity, and reports membership of the following bodies: -</p> <ul style="list-style-type: none"> <input type="checkbox"/> Northside We're Okay Youth Initiative. <input type="checkbox"/> DEWF. <input type="checkbox"/> Community Sector Network. <input type="checkbox"/> Family Support Network. <p>Based on the evidence presented, Northstar appears to be an exemplary project of its type, and appears willing to share its learning with others.</p>

3.4.7 MW30 MW1L *In the Know* Project

Project Agency	Limerick Youth Service (LYS), 5, Lower Glentworth Street, Limerick City.
Project Objective	To encourage adolescents and young people with drug and alcohol problems to enter treatment. To support those who do not avail of treatment, or who are at risk of drug and alcohol problems, to avail of self-aid or self-help organisations and services.
Responding to Pillar	Education and Prevention
Relating to Action Plan Objective	MWRDTF Strategic Goal to: <i>support interventions to improve awareness levels and knowledge of all key stakeholders within the region.</i> LCSG Strategic Aim to: <i>promote throughout society a greater awareness, understanding and clarity of the dangers of drug misuse.</i>
Overview	<i>In the Know</i> is a diversionary programme using outreach designed to promote young people's, and particularly young males, involvement in sport and recreation. This is achieved through one-to-one work, through group work and through work with parents and families.
Performance Assessment	It was reported that there were approximately 400 contacts with the LYS Drugs Worker in 2009. The Project attracted €53,281 under the revised budget for 2009.
Effectiveness Assessment	The Project has identified the following features as being of significance: - <ul style="list-style-type: none"> <input type="checkbox"/> Establishment in a neutral venue in a city centre location to serve the whole of the city. <input type="checkbox"/> Sustaining people in the Youth Centre (keeping people in education). <input type="checkbox"/> Information provision. <input type="checkbox"/> Holistic nature of the service. It is not possible to estimate the true level of added value provided by this initiative, given that it some of the young people may have been attracted into the services provided without the intervention of Drugs Worker.
Efficiency Assessment	The Project is delivered within the context of the general youth work undertaken by LYS. This integration within the Service may have provided additional synergies to support the initiative.
Relevance Assessment	The provision of information and awareness-building tools to encourage adolescents and young people with drug and alcohol problems to enter treatment has been identified as a need. In this context the Project is to be seen as positively relevant. The close integration within the youth work field, and particularly the approach of using sport and recreation as a key may make measurement of the goals in the context of addressing drug issues more difficult.
Barriers	It was reported that the main barriers experienced in the implementation of the Project included issues of accessing and engaging with parents, and the emergence of Head Shops. It was also noted that the lack of integration within the sector was a considerable hindrance in creating effective interventions.
Secondary Effects	There were reported high levels of self-referral by young people, resulting in added value for the Project.
Overall Assessment	The Project provides an additional pathway to disseminate information to young people, and appears to benefit from being delivered through a perceived neutral venue that is appropriate to the needs of young people. Given the close methodological proximity to youth work through diversion into sport and recreation, it is difficult to assess the true extent to which the messages of fighting drug and alcohol misuse are being communicated.

3.4.8 MW31 Newcastle West CBDI

Project Agency	Foróige, Community Based Drugs Initiative, Offices 1 and 2, Market Court, Market Yard, Newcastle West, Co. Limerick
Project Objective	<ol style="list-style-type: none"> 1. To enable targeted young people at risk to develop skills in problem solving, assertiveness, communication, decision-making, coping skills, community attachment, and literacy, based on the individual needs of young people. 2. That young people misusing substances, and their parents, will be able to access accurate, age appropriate information, advice, support, and/or treatment, and that young people on a treatment path will be supported in that process by the Project Worker. The Project Worker will refer individuals for counselling, treatment etc. 3. To provide relevant, up-to-date information on drugs for local community groups, schools, Youthreach, Adult Education Groups, and the general public on a needs basis. The project is based on community youth work and development principles and practices, and is thus collective, participatory, empowering, process driven and innovative.
Responding to Pillar	Education and Prevention
Relating to Action Plan Objective	MWRDTF Strategic Goal to: <i>support interventions to improve awareness levels and knowledge of all key stakeholders within the region.</i>
Overview	<p>Foróige has three projects operating in the Newcastle West centre, one of which is funded by MWRDTF and was developed following the advertisement.</p> <p>Foróige undertook limited research into the needs of young people in respect of addressing issues of drugs and alcohol abuse in the area. This was added to research previously undertaken on the issues by West Limerick Resources.</p> <p>As a Community-based Drugs Initiative, the project seeks to provide early intervention and supports for young people and families. The initiative also provides a referral service.</p>
Performance Assessment	It is reported that the Project Worker is seeing eight young people on a one-to-one basis once a week/fortnight, and is also engaging with at least 30 others. The project is referring young people to the Aislinn Adolescent Treatment Centre, Kilkenny, and to Bruree House, Co. Limerick.
Effectiveness Assessment	The relatively large volume of referrals, the excellent relationship with the local community, Youthreach, and the development of positive links with schools are all reported as being important measures of the effectiveness of the intervention.
Efficiency Assessment	<p>The project received revised public financial support of €62,443 in 2009.</p> <p>The Project is delivered within the context of the general youth work undertaken by Foróige. This integration within the youth work setting may have provided additional synergies to support the initiative.</p>
Relevance Assessment	Quality baseline research on the nature and prevalence of drug and alcohol misuse in the area appears to be lacking, although there appears to be much anecdotal evidence to suggest that there is a considerable local issue.
Barriers	It was reported that the nature of the close-knit local community means that the project necessarily took time to become accepted. It was also noted that the nature of addiction causes considerable variance in the ability of an individual to attend meetings and sessions.
Secondary Effects	There was an unanticipated incidence of Traveller community families becoming positively engaged.
Overall Assessment	The initiative appears to be very well managed, focussed and innovative in its concepts and delivery, although very closely aligned with general youth work. Whilst this clearly represents close integration, further investigation would be required to establish the true level of value-added of the project to the MWRDTF objectives.

3.4.9 MW32 MW6L Limerick City CBDI

Project Agency	Limerick Youth Service (LYS), 5, Lower Glentworth Street, Limerick City.
Project Objective	<p>To identify and engage successfully with young people from the St. Mary's Parish within Limerick City who are actively involved in drug and alcohol abuse, anti-social behaviour and petty crime, with the intention of modifying their behaviour.</p> <p>To identify and engage successfully with young people from the North-Side RAPID Area of St. Munchin's Parish within Limerick City who are actively involved in drug and alcohol abuse, anti-social behaviour and petty crime, with the intention of modifying their behaviour.</p>
Responding to Pillar	Education and Prevention
Relating to Action Plan Objective	MWRDTF Strategic Goal to: <i>support interventions to improve awareness levels and knowledge of all key stakeholders within the region.</i>
Overview	<p>As a Community-based Drugs Initiative, the intervention seeks to provide early intervention and supports for young people and families. The initiative also provides a referral service.</p> <p>The RAPID Area Implementation Team helped to identify a gap in services.</p>
Performance Assessment	Both projects report that they have achieved their objectives during the course of 2009, and point to large number of attendees, large volume of referrals, and the development of ongoing positive links with other organisations. St. Munchin's records that up to 100 young people between the ages of 12 and 18 received drug education.
Effectiveness Assessment	It is reported that the Projects have developed operational links with Garda Diversion Projects, Youthreach, St. Mary's Youth Forum, the CDP, local schools, the Probation Service, the Northside Youth Service, the Northstar Research and Advisory Committee, the Northside Youth Forum and DEWF.
Efficiency Assessment	<p>MW32 has received revised budgetary support for 2009 of €75,859, and MW6L has received €53,374, providing for a total of €129,233 across the two elements.</p> <p>As with other youth-focussed projects, the integration within the professional youth work setting may have provided additional synergies to support the initiative.</p>
Relevance Assessment	The use of the research undertaken by RAPID has helped to provide a rationale for the initiatives.
Barriers	<p>It was noted that the target group is generally volatile, with complex social and emotional issues. The lack of any history of drug workers dealing with this group created a barrier to be broken down.</p> <p>The availability of prescription drugs on the street, coupled with the widespread view that <i>'hash is not a drug'</i> created particular difficulties, as did the emergence of Head Shops.</p>
Secondary Effects	The number of people presenting with mental health issues linked to drugs was not anticipated, as was the level of abuse of prescription drugs. There was a greater incidence of parents who want to help for their children, and this was helped by a generally good relationship with local communities.
Overall Assessment	<p>The initiative appears to be very closely aligned with general youth and community work under the umbrella of the LYS.</p> <p>Whilst this may represent close integration, further investigation would be required to establish the true level of value-added of the LYS to the MWRDTF objectives.</p>

3.4.10 MW34 SE Co. Limerick Youth Drug Prevention

Project Agency	Foróige, Community Based Drugs Initiative, Lord Edward Street, Kilmallock, Co. Limerick
Project Objective	<ol style="list-style-type: none"> 1. To enable targeted young people at risk of drug and alcohol misuse, including young members of the Travelling community, to develop and practice skills in problem solving, assertiveness, communication, decision-making, coping skills, community attachment, and help-seeking skills, based on the individual needs of young people. 2. That young people misusing substances, and their parents, will be able to access accurate, age appropriate information, advice, support, and/or referral to treatment. 3. To put in place, in partnership with other youth projects, groups and agencies, good group structures involving young people in diversionary, safe recreation and developmental experiences.
Responding to Pillar	Education and Prevention
Relating to Action Plan Objective	MWRDTF Strategic Goal to: <i>support interventions to improve awareness levels and knowledge of all key stakeholders within the region.</i>
Overview	<p>The initiative seeks to provide early intervention and supports for young people and families. The initiative also provides a referral service.</p> <p>It was reported that Foróige has been working in Croom, Hospital and Kilmallock for a number of years with other organisations, including Ballyhoura Development and the HSE. Croom Partnership, a local development group, identified the need for a drug and alcohol worker to focus on the needs of young men.</p> <p>The area is one that is identifiable, and without existing drug/alcohol services. The main issues experienced relate to access to alcohol and cannabis, with some emerging discussion of heroin, and the level of access to it from Dublin.</p>
Performance Assessment	<p>It is noted that baseline information was absent when the project was established, making assessment of the outputs of the initiative relative to planned targets very difficult.</p> <p>The Year End Report 2009 notes that the project worker developed programmes combining life-skills and drug awareness for a total of 86 young people in Kilmallock, Croom, Hospital and Bruff.</p>
Effectiveness Assessment	The project appears to be effective in its own terms, as evidenced by the number of people who are reported to be looking for services, the level of demand from schools to provide drugs and alcohol advice, and the reported level of requests from other non-Foróige youth groups looking for information and assistance.
Efficiency Assessment	<p>The revised budget for the initiative in 2009 was €76,568.</p> <p>The initiative builds upon the extensive experience of general youth work undertaken by Foróige. This foundation is likely to have provided additional synergies to support the initiative.</p>
Relevance Assessment	The project demonstrates strategic linkages with a number of key local organisations and agencies.
Barriers	<p>It was reported that there have been difficulties in engaging with parents and schools. There is a lack of clear referral pathways, with Sláinte, the Mid Western Health Board drug and alcohol counselling service being the only one that covers the whole county, but where counsellors can't see people for up to 5 – 6 months.</p>
Secondary Effects	There was both more demand, and more requests for assistance from other groups than had been anticipated. It proved relatively easy to establish in Kilmallock and Croom, where there was already youth projects to build upon, and more difficult in Hospital.
Overall Assessment	<p>Appears to be very closely aligned with general youth work.</p> <p>Whilst this may represent close integration, further investigation would be required to establish the true level of value-added of the project to the MWRDTF</p>

3.4.11 MW33 Co. Clare Youth Drug Prevention

Project Agency	Clare Youth Service, Carmody Street, Ennis, Co. Clare
Project Objective	<ol style="list-style-type: none"> 1. Develop effective programmes that can be used with other groups in the county (and country). 2. Provision of drugs education programmes for targeted young people. 3. Development of relationships with young people to enable the planned exchange of factual information on an informal basis. Support of alternative activities and projects. 4. Disseminate information and challenge existing misuse to, and within, the wider youth community. 5. Provision of support for young people on an individual basis. 6. Continue to enhance the training and up-skilling of Youth Workers and CTC staff around drug and alcohol related issues. 7. Provide a baseline with respect to knowledge, attitude and use patterns to enable evaluation of the project.
Responding to Pillar	Education and Prevention
Relating to Action Plan Objective	MWRDTF Strategic Goal to: <i>support interventions to improve awareness levels and knowledge of all key stakeholders within the region.</i>
Overview	The modular construction of the project differs considerably from any of the other youth-focussed initiatives supported by the MWRDTF. Whilst primarily a targeted drug education and prevention programme aimed at young people in Ennis, the project clearly recognises the value of dissemination and transference of experience.
Performance Assessment	The Project Worker appears to have developed a role that extends beyond the delivery of the suite of local actions. The role positively calls for the dissemination of information to, and within, the wider youth community, and the development of effective programmes that can be used with other groups in the county. The Project crucially recognises the need to provide a baseline with respect to knowledge, attitude and use patterns to enable evaluation of the project.
Effectiveness Assessment	<p>The project received a revised public funding budget of €75,142 in 2009.</p> <p>Four programmes that can be used with other groups in the county were developed, and these programmes engaged a total of 49 people in 2009. Four drugs education groups were formed, and up to 400 young people were engaged in events designed to coincide with known high-risk times.</p>
Efficiency Assessment	The project clearly recognises the principle of adding value by creating transferable and demonstrator initiatives. It also recognises the important role of creating baselines.
Relevance Assessment	It is reported that the Project has taken care to maintaining focus on the needs of Ennis town in the context of the identified need for countywide services. The adoption of the principle of using the project to build awareness in other groups around the county is seen to offer a considerable dimension of added value.
Barriers	The lack of access to appropriate mental health supports for young people has been identified as a structural barrier emerging from the work of the project.
Secondary Effects	The strength and capacity of the Youth Worker is seen to be key in allowing the transfer of experience within CYS and to other groups in Co. Clare through the <i>'training of trainers'</i> principle.
Overall Assessment	<p>There appears to be considerable merit in the potential transferability of the <i>Survival Project</i>, the <i>Graffiti Project</i>, <i>Youth Space Drugs Group</i> and the <i>Summer Programme</i>.</p> <p>Based on the evidence presented, the Co. Clare Youth Drug Prevention appears to be an exemplary project of its type, and appears willing to share its learning with others.</p>

3.4.12 MW37 CASC North Tipperary

Project Agency	Tipperary Regional Youth Service (TRYs), Croke Street, Thurles, Co. Tipperary. North Tipperary Community Addiction Studies Course (CASC)
Project Objective	<ol style="list-style-type: none"> 1. To provide a locally based course to the Community, Schools, Voluntary Services, Gardai, Probation Services, and other relevant bodies and agencies. 2. To increase awareness of substance misuse and addiction issues within the community, thereby creating a bank of local knowledge in this sector. 3. To support networking, heighten awareness, and enhance understanding of substance misuse issues, so that North Tipperary will be in a better position to develop projects and become more involved in initiatives supporting the National Drugs Strategy (NDS) in the future.
Responding to Pillar	Education and Prevention
Relating to Action Plan Objective	MWRDTF Strategic Goal to: <i>support interventions to improve awareness levels and knowledge of all key stakeholders within the region.</i>
Overview	South Tipperary HSE model provided the concept for the Community Addiction Studies Course.
Performance Assessment	<p>The project was designed to raise awareness of drugs and alcohol issues in a structured setting, thereby ensuring that local stakeholders were in the position to gain further knowledge, resulting in the empowerment of individuals.</p> <p>The CASC course held during the academic year 2008/9 had 25 participants over a 20-week period. A further 20 participants have enrolled for the 2009/10 course.</p>
Effectiveness Assessment	<p>The initiative attracted a revised 2009 public funding budget of €33,890.</p> <p>The project appears to have been effective in raising awareness of drugs and alcohol issues in a structured setting in a manner that saw key local stakeholders gaining further knowledge.</p>
Efficiency Assessment	The project has developed a cohort of individuals at local level with a more grounded understanding of the issues surrounding drug and alcohol misuse.
Relevance Assessment	It is reported that at the conclusion of the course, participants are encouraged to support and initiate local awareness programmes, and to support the dissemination of information.
Barriers	No major barriers were reported, save for the restricted venue size, and other minor logistical issues.
Secondary Effects	The project has identified that progression route for training and community activity needs to be mapped.
Overall Assessment	This project responds to the aim of improving awareness and standards by supporting accreditation through the Diploma in Drugs and Alcohol Studies. Over time this approach will improve the level of local professionalism in addressing drug and alcohol misuse needs.

3.4.13 MW38 Respite House Support

Project Agency	Novas, 1 Mungret Street, Limerick City. Respite House, Inchidrinagh, Newport, Co. Limerick
Project Objective	<ol style="list-style-type: none"> 1. To provide a respite for families of drug users, to identify issues pertaining to the drug use and the impact that has on the family, to provide information about agencies and services, to identify harm reduction strategies (including coping skills) to implement in the home environment, to promote stress management techniques, and also to assist the family to re-engage with the relevant support services; 2. To work with at risk groups i.e. lone parents promoting greater use of self-care methods and improving family bonding and communication, which allows for greater identification and on-going service response toward previously unidentified at risk family members. To provide much-valued opportunity for family members to re-engage with each other and to strengthen attachments which have been damaged by the drug user's behaviour over a period of time. 3. To enable parents, partners and carers to make significant positive changes in how they cope with addiction within the family unit, and also provide complementary therapies to service users.
Responding to Pillar	Treatment and Rehabilitation
Relating to Action Plan Objective	MWRDTF Strategic Goal to: <i>ensure that there is an adequate and appropriate level of treatment and rehabilitation services provided to respond to the needs of people within the region.</i>
Overview	MWRDTF identified the need for Respite House in its Action Plan.
Performance Assessment	It is understood that Respite House did endure a difficult early stage of development due to the sensitivities of rural dwellers to the imminent arrival of the facility.
Effectiveness Assessment	Respite House attracted a revised 2009 budget of €65,677. Meaningful evaluation of the performance of Respite House is not possible due to the very short time of operation.
Efficiency Assessment	
Relevance Assessment	Respite House responds directly to an identified regional need.
Barriers	It was noted that initially Inchidrinagh Residents' Association had concerns about the development, but that these are now abating. It was reported that the challenge of maintaining a pipeline of referrals was identified.
Overall Assessment	Whilst having suffered from a difficult early stage of development, local sensitivities appear now to be diminishing, resulting in what appears to be an excellent facility that is very highly spoken of by those who have used it. This initiative sees the development of much needed infrastructure to support those facing drug and alcohol related issues.

3.4.14 MW25 Diploma in Drug and Alcohol Studies

Project Agency	University of Limerick, Department of Education and Professional Studies, Faculty of Education and Health Sciences <i>in partnership with the Health Service Executive (West Limerick, Donegal and Dublin Mid Leinster areas), Vocational Education Committees (City of Limerick and Donegal), the Mid West and North West Regional Drug Task Forces, and the North West Alcohol Forum Ltd.</i>
Project Objective	Personal and professional growth and development of individuals working in community, voluntary, statutory and non-statutory organisations that are actively engaged in responding to drug and alcohol issues, or whose work involves interaction with groups at risk of drug and alcohol misuse, across the spectrum of care, from primary prevention and education to treatment and rehabilitation.
Responding to Pillar	Education and Prevention
Relating to Action Plan Objective	MWRDTF Strategic Goal to: <i>support interventions to improve awareness levels and knowledge of all key stakeholders within the region.</i>
Overview	<p>The expressed need had been identified in the community to provide an accredited progression path for those seeking a professional qualification. The project funds and supports students to attend the Diploma in Drug and Alcohol Studies.</p> <p>The accredited course is a joint venture between the University of Limerick and the Health Service Executive (West Limerick, Donegal and Dublin Mid Leinster areas), Vocational Education Committees (City of Limerick and Donegal), the Mid West and North West Regional Drug Task Forces, and the North West Alcohol Forum Ltd.</p>
Performance Assessment	<p>In September 2007 the first enrolment took place at the University of Limerick campus. Seventeen students attended the course. Outcomes included: -</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 student being promoted to a more senior role in their organisation; <input type="checkbox"/> 2 students actively involved in community-based drugs projects; <input type="checkbox"/> 1 student is a member of the MWRDTF Prevention and Education Sub Group; <i>and</i> <input type="checkbox"/> 2 students passed to Masters level.
Efficiency Assessment	It is noted that the academic pathways in the field of Drug and Alcohol Studies are not well developed. Additional value can be added to this initiative by ensuring that an appropriate degree level qualification is devised for the continuation of learning.
Relevance Assessment	The project responds directly to the identified need to improve standards in the sector.
Barriers	The project presented the anticipated challenge of students coming from a diversity of backgrounds.
Overall Assessment	This project responds to the aim of improving awareness and standards by supporting accreditation through the Diploma in Drugs and Alcohol Studies. Over time this approach will improve the level of professionalism in addressing drug and alcohol misuse needs.

3.4.15 MW35 Strengthening Families

Project Agency	City of Limerick VEC, LVEC Administrative Offices, Athenaeum Building, 30 Upper Cecil St., Limerick
Project Objective	Providing the Strengthening Families 14-week programme to support six families in the Mid-West to address substance abuse in the family, train group leaders and referral agencies.
Responding to Pillar	Education and Prevention
Relating to Action Plan Objective	MWRDTF Strategic Goal to: <i>support interventions to improve awareness levels and knowledge of all key stakeholders within the region.</i>
Overview	The issues that underpin the <i>Strengthening Families</i> approach were recognised through research undertaken by the MWRDTF. The approach adopted is based upon an American model that was seen to be transferable and user-friendly. An example of the transference of the model was identified in Cork.
Performance Assessment	The course was optimised at 8 families, although this was localised to 6 families, with 5 being the maximum number attained.
Effectiveness Assessment	The MWRDTF sanctioned a revised public funding budget for 2009 of €15,000.
Efficiency Assessment	Given that the objective of the initiative was to train group leaders and referral agencies, the course provides for an added value component.
Relevance Assessment	The initiative responds directly to the identified need to build awareness in communities.
Barriers	It was noted that the 14-week commitment required from individuals could be problematic for some people. The lack of a clear progression path was also noted as a difficulty, as was the problem of engaging with men, with referrers not being sufficiently engaged.
Secondary Effects	Significant improvements are reported in the behaviour of pre-teens at home and at school. This results in an improvement of family life.
Overall Assessment	It was reported that the initiative had produced increased levels of social skills and confidence in the participants. It was also reported that success had been achieved in working across communities. The spread of facilitators emerging from the initiative was considered satisfactory, as was the reported fact that a support group has been formed amongst parents.

3.4.16 MW38CI Bushy Park Aftercare Supports

Project Agency	Bushypark House, Bushypark, Ennis, Co. Clare.
Project Objective	To employ an Addiction Counsellor to establish weekly aftercare groups to assist cocaine users who have completed treatment in one of the four centres in the region in order to reduce relapse rates and provide additional supports to client group; Establish weekly family support groups; <i>and</i> Up-skill and train aftercare facilitators in the region to work with the target group.
Responding to Pillar	Education and Prevention
Relating to Action Plan Objective	MWRDTF Strategic Goal to: <i>support interventions to improve awareness levels and knowledge of all key stakeholders within the region.</i>
Overview	It is reported that a qualified addiction counsellor has been employed since July 2009 who has met with cocaine users and their family members. A needs assessment has been carried out, and a response to these needs is being implemented. Plans are in place to develop groups in Ennis and Limerick based on the needs identified to date. Contact has been made with the other three treatment centres with a view to referral and training
Performance Assessment	The following information is based upon the evaluation template: 16 clients have been met and received support in relation to cocaine addiction. A family programme has been collated, and family members consulted in relation to this programme. Training has commenced with facilitators to upskill them in the area of cocaine addiction and a further training day has been set. Venues and facilitators have been sourced to enable this work to commence
Effectiveness Assessment	Dimensions of the project respond to the need to both improve awareness levels and standards, and to provide aftercare supports.
Efficiency Assessment	The project was supported through the Cocaine Initiative, with a budget of €57,500. The project has employed a qualified addiction counsellor.
Relevance Assessment	The provision of additional support to vulnerable groups has been identified as an area of need within the <i>continuum of care</i> concept.
Barriers	Some problems have been experienced in the family programme, and it was identified that the approach was the problem. It is recognised that in the field of treatment provision, there is not one approach that will be suitable for everyone. Other organisations have not responded well to the training dimension.
Overall Assessment	The initiative operates within the framework of an established support facility. The initiative recognises the importance a family-based approach.

3.4.17 MW39CI Cross Task Force Cocaine Training

Project Agency	Mid West Regional Drugs Task Force (Task Force Consortium)
Project Objective	To provide suitably accredited training in Cognitive Behavioural Therapeutic type interventions to experienced, qualified addiction/substance misuse counsellors from the voluntary, community and statutory sectors in the four identified RDTF'S, to enable practitioners to deliver appropriate, evidence-based interventions to cocaine users. Also, to provide training in Motivational Interviewing and more basic cocaine information courses to a wide range of front line substance misuse workers
Responding to Pillar	Education and Prevention
Comment	<i>This was a once off initiative funded under the Cocaine Initiative. It was not evaluated under the current process.</i>

3.5 Project Analysis Summary

The following provides a summary of the main points and crosscutting themes drawn from the evaluation findings.

3.5.1 Added Value

It is noted that all of the projects supported by the Task Force are able to demonstrate components of added value. This can be seen fact that projects have been hosted by established organisations that are either active in the sector, or in an allied sector, such as youth work.

Of the organisations that are supported by MWRDTF, three are in receipt of multiple supports.

Whilst accepting that there will be a limited number of organisations that have the particular expertise necessary to effectively deliver initiatives in this arena, in the interests of transparency and openness care must be exercised to ensure that there is not any perceived or real over-dependency created on the supports of the Task Force.

It is accepted that the performance of the majority of projects supported by the MWRDTF appears to be of a generally satisfactory order, it is recommended that a more efficient and effective suite of management tools by employed to demonstrate the true position at any one time.

It is recommended that a strong baseline be created at the outset of every project in order that progress can actually be measured. This should form a vital element of any formative evaluation process, and be a benchmark for both robust monitoring and review processes.

3.5.2 Effectiveness

Several exemplary projects are able to show that they have very considerable capacity to act as models in respect of innovation of approach, integration and appropriateness of delivery. These projects also appear to be the most effectively managed.

Other projects, however, suggest that the resources provided through the Task Force are seen to provide additional worker supports that may only partially serve the primary agenda of responding to the drugs and alcohol issues. Further investigation would be required to fully justify this observation, which was made by several consultees.

It is understood that the Task Force was placed under considerable time pressure to initiate many of the projects during the initial resourcing phase. Whilst the Task Force rose to this challenge, it has produced a suite of projects that may be less than strategic in their distribution and objectives.

Evidence suggests that some projects may be less integrated with the other initiatives than might be ideal. This may be due in part to the fractured nature of the response to the drugs and alcohol misuse issues. This appears to have led to a lack of cohesion between projects, and consequently weak structures that might otherwise ensure any transference of learning, or early warning of new issues arising.

It is recommended that a comprehensive strategic envisioning exercise be implemented within the Task Force to agree a new approach to the provision of supports to projects. The objective of this exercise will be to develop a model that responds directly to the NDS objectives of tackling and reducing community drug problems through a coordinated, inter-agency approach; prioritising prevention interventions on those in communities who are at particular risk of problem drug/alcohol use; and assisting in the development of integrated treatment and rehabilitation services.

It is recommended that a pathway be devised that will encourage a transformation from the existing approach to project support to one designed to do more with less. The proposition that financial resources will become increasingly scarcer is accepted. Increased efficiency of provision must be the key to a new range of project interventions. This approach will require much tighter integration and use of new techniques and technologies to ensure that clients and potential clients can access services rapidly and as required, and that a continuum of care becomes the norm. It is also likely to call for much more flexible working between projects, and between project workers. This latter approach might also benefit from empowering other workers in the broad community and voluntary sector to take a more central role in addressing drug and alcohol issues.

It is strongly recommended that the capacity, role and effectiveness of the Sub Groups be critically examined. These should be the clearing-house for new ideas and concepts feeding into the strategic policies of the Task Force. It is not clear that they are close to achieving this role at the present time.

It is recommended that the Task Force revisit its role as being: *'responsible for the development of a co-ordinated response to tackling drugs problems in counties Clare, Limerick, North Tipperary and Limerick City'*. Based on the evidence presented it is not clear how the concept of a coordinated response is being transferred to project and inter project level. Similarly, it is unclear how the spatial complexities of the region are being addressed through a coordinated approach.

3.5.3 Efficiency

It is noted that relative efficiency is the most difficult of the parameters to quantify for several reasons: -

- ❑ The nature of summative evaluation is to take a *snapshot in time*. Efficiency is only likely to be effectively measured if there is a strong baseline against which the snapshot can be compared.
- ❑ Many of the projects and structures of the Task Force are relatively new, which militates against the provision of historic or trend data to underpin relative efficiency measurements.
- ❑ The Task Force appears not to have a rolling programme of research into aspects of the drugs and alcohol issues in the region. If such a programme of quality research were in place it would inform the development of baseline information that could underpin efficiency analysis.

- At individual project level it is accepted that there will be very considerable variances in efficiency due to the nature and intensity of the intervention. Also, the timescale over which the efficiency of the intervention can reasonably be judged will vary widely. For example, the efficiency of the Respite House provision must be viewed in the long term with possibly the minimum of a five-year horizon. Only during this type of timeframe can the worth of the services provided on the wellbeing of the clients can be observed.

There are a number of projects currently supported by the Task Force that have exemplary qualities. At present there appears to be no mechanism through which the Task Force can celebrate these projects, or transfer the successful elements into other projects that might be less efficient. It is strongly recommended that a mechanism be introduced to enable the positive learning to be drawn from successful projects and transferred to others. This will have the long-term effect of improving standards in the local sector.

There is some evidence that the impact of the strong push for the establishment of a Local Drugs Task Force in Limerick City may have served to reinforce the concept of a regional rural and urban divide. It is recommended that consideration be given to ensuring that the entire region is integrated in respect of its overall strategic approach and that knowledge across pillars is transferred seamlessly between urban and rural locations.

3.5.4 Relevance

At strategic level, a number of projects that have been supported appear to be only partially relevant to the Task Force Action Plan.

Strategic Goal 3 from the MWRDTF Action Plan 2005 is to: *‘Support interventions to improve the awareness levels and knowledge of all key stakeholders within the region’*.

The current education and prevention projects supported appear to be ad hoc in nature and based on applications received from individual groups, rather than on an agreed Education and Prevention Strategy.

It is strongly recommended that a robust, evidence-based Education and Prevention strategy should be drawn up by the MWRDTF. The strategy should clearly identify areas of high substance misuse across the region and focus priority actions in these areas. An integrated and targeted approach, working in partnership with local communities, the local secondary schools and Gardaí may prove to be a more effective use of resources.

Strategic Goal 5 from the MWRDTF Action Plan 2005 is to: *‘Ensure that there is an adequate and appropriate level of treatment and rehabilitation services provided to respond to the needs of people within the area’*.

Treatment and Rehabilitation is a key pillar within the National Drugs Strategy (2009-2016). The consultation process has identified a perception that service provision in this arena is unable to meet the levels of demand in the Mid West Region, with summary views being expressed to the effect that *'there is effectively no detox service, no service provision for those of under 18 years of age, and there are very limited residential treatment options'*.

The HSE report that in relation to detox, there are options for opiate users who stabilise on methadone and are either detoxed through their prescribing GP, or referred to residential methadone detox provided by Cuan Mhuire, Athy, or MQP in Dublin.

It is also reported that residential drug (non-opiate) and alcohol detox is available through Cuan Mhuire Bruree.

It is further reported that in terms of service provision for young people under the age of 18 years, the HSE Drug and Alcohol Service counsellors in the Mid-West all work with young people, and their families, from the age of 14 upwards, and actively prioritise working with those aged under 18 years. Both the Child and Adolescent Mental Health Services (CAMHS) and Social Work / Child Care work directly with young people where substance misuse is a significant issue and the HSE funds beds in Aislinn Kilkenny for young people under the age of 18 years.

With respect to the perceptions about the availability residential treatment options, the HSE reports that the Mid-West enjoys direct access and referral pathways to Aislinn, Bushy Park, Cuan Mhuire and Talbot Grove, and Fellowship House, Cork for aftercare. Additionally, clients have also been referred to residential services in Dublin.

Given the strength and consistency of the perceptions echoed during the consultation process, it is recommended that consideration be given to ensuring that the true picture of service availability is disseminated more widely, and that issues of accessibility are considered from the perspective of service users and potential service users, possibly with a view to exploring additional: -

- Detox service (perhaps using one of the existing hospitals in the region);
- Under eighteens services, utilising a holistic family support model; *and*
- Additional residential and day rehabilitation and treatment services to meet the actual level of demand.

3.5.5 Secondary Effects

Many of the projects supported by the MWRDTF record a number of measurable secondary effects, although these are generally in the sphere of planned targets that have been exceeded.

Northstar have noted that the support provided through the Task Force has added to the critical mass of service provision that they can deliver. This is also true of the projects that support youth interventions, and of the supports provided through ALJEFF. It is less clear, however, the extent to which this added value of the Task Force supports remains focused on the issues relating to drugs and alcohol misuse when it is delivered through a worker hosted by an organisation whose core remit lies elsewhere.

It is strongly recommended that a series of robust, evidence-based strategies should be drawn up by the MWRDTF to serve each of the pillars of the NDS. The strategies should clearly identify areas of high substance misuse and danger of substance misuse across the region, and focus priority actions in these areas. In common with accepted best practice, all strategies should be reviewed periodically (annually) through a robust process of short-term monitoring of activity, and annual review. All of this should be undertaken against a backdrop of formative evaluation.

The concept of primarily providing project funding for the provision of key workers must be challenged since this creates a situation of dependency.

Project delivery concepts will require fundamental redesign to reflect the concept of doing more with less, and obtaining far greater efficiencies by the flexible use of all resources in the state and community and voluntary arenas.

Individual projects should be mandatorily required to implement agreed standards of quality review, monitoring and evaluation, and should be able to demonstrate acceptable levels of leverage on the resources supplied.

Individual projects should be supported by meaningful networking arrangements to require the transfer of knowledge and experience. It should be made clear to the Task Force that projects are required to fill gaps in provision. The medium-term mainstreaming of the actions of successful projects must be accepted as the responsibility of the actors represented on the Task Force.

3.6 Exemplary Projects

3.6.1 Northstar Family Support Project

MW5L - Northstar Family Support Project has developed under a very strong community development ethos that appears to have created an inclusive and caring environment for families who are affected by a member's addiction to drugs or alcohol.

There are a number of dimensions of the Northstar Project that appear worthy of transference to other initiatives, including the marrying of the ethos to a business-like approach for the structure of the organisation. Additionally, the Project recognises the value of meaningful networking, and has also expressed a willingness to share its knowledge and learning with other organisations.

The Project has developed a strong sense of identity, and appears to have a promotional strategy designed to build awareness of its services within the local community, and has also created a forward planning structure.

3.6.2 Co. Clare Youth Drug Prevention

MW33 – Co. Clare Youth Drug Prevention – Clare Youth Service – has developed a project structure that is innovative in that references an integrated series of levels. Within these levels lies the recognition of the need to create baselines against which the future direction of the project can be measured.

The project also explicitly recognises the advantages to be gained from ensuring that the design of interventions is transferable and demonstrable. This will have the effect of

adding value to the lessons learnt through the implementation of the project, and will also enable the project to serve a much larger population base through replication.

3.6.3 Other Notable Projects

It is noted that the level of commitment and professionalism demonstrated by all of the projects being supported by the Task Force is of a high order. Dimensions of every project have the capacity to be used as demonstrators in order that standards can continue to rise into the future.

Both the ALJEFF Transition House and Respite House represent strategically important developments given the level of infrastructural need in the region for rehabilitation interventions.

Those projects that are serving the needs of young people are also of particular value, although care must be taken to ensure that the delivery of drugs and alcohol misuse messages are not diluted with general youth work activities.

Mid-West Priority Issues

4 Defining the Priority Issues

The following section identifies the priority issues for the Mid-West following the publication of the National Drugs Strategy (interim) 2009-2016. The section references a review of the NDS, and the outcomes of the consultative process with both individual projects currently supported by the MWRDTF, and community-based workshops.

4.1 Defining the Region

The region served by the MWRDTF covers counties Clare, Limerick, Tipperary North Riding, and Limerick City.

Map 1 – Service Area Population (Source: CSO 2006)



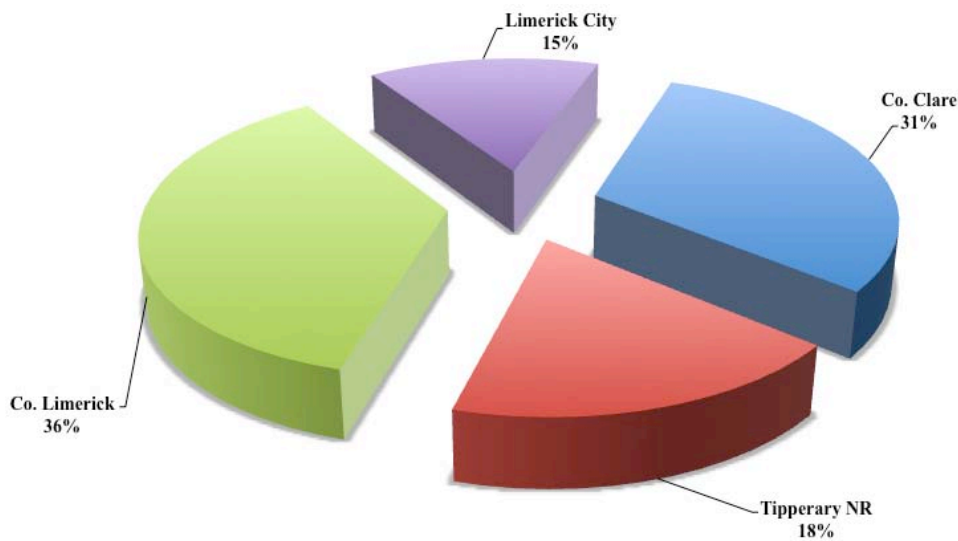
The CSO Census of Population (April 2006) defines the total population of the region to be 316,028 persons, over an area of 824,864 ha., with the highest density of that population being in Limerick City (25.8 persons per ha.).

The region exhibits a considerable variance of settlement pattern, ranging from deeply rural and coastal in Co. Clare, to urban in Limerick City. In total, some 57 per cent of the population live in more rural locations, with Limerick City accounting for 15 per cent of the region's population.

The city has a population more than double that of the next largest centre, Ennis (20,142). The population in Limerick and its environs has grown significantly during the past decade, as it has in Co. Clare.

Given the degree of variance between urban, periurban and rural that exists across the region it is likely that an effective response to drugs-related issues will need to be spatially tailored, and designed to address the specific needs of urban and rural dwellers.

Figure 6 - Population Distribution (Source: CSO 2006)



4.2 National Policy Context

The National Drugs Strategy (interim) 2009-2016³ provides the national policy context within which future strategies of the Task Force must relate. The first National Substance Misuse Strategy (NSMS), which will incorporate the already agreed drugs policy element, will follow the publication of the interim Strategy.

The NDS aims to minimise problem drug use throughout society through the reduction of the supply and availability of drugs for illicit use. The strategy also foresees the need to provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs. Additionally, the strategy reinforces the need for measures aimed at prevention, including education and awareness building.

The Strategy supports the implementation of a response based within a framework of pillars: -

- ❑ Supply Reduction;
- ❑ Prevention;
- ❑ Treatment and Rehabilitation;
- ❑ Research; *and*
- ❑ Coordination

To enable the development of appropriate responses to problem drug use, the Strategy aims to ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance.

For the first time, the Strategy references alcohol as a problem drug.

³ A summary of the main dimensions of the National Drugs Strategy (interim) 2009-2016 is contained in the appendices.

4.2.1 Alcohol

The NDS notes that: *'alcohol is frequently associated with many aspects of Irish social and cultural life and its use has become deeply woven into our national identity. For many, alcohol is also seen as a gateway to illicit drug use, particularly for young people, while poly-drug use - which very often includes alcohol - is now the norm among illicit drug users.'*

The Strategy notes that synergies have been identified between alcohol and drug treatment and rehabilitation services, and in prevention programmes. Where these have been identified they are integrated into measures associated with supply reduction, prevention and treatment and rehabilitation. It is intended that the forthcoming NSMS will address broader issues around the supply and availability of alcohol, pricing, marketing, promotion and sponsorship, and other related aspects.

4.2.2 Supply Reduction Pillar

The Strategy identifies that drug dealing, drug-related crime and anti-social behaviour undermines the stability of many families and communities. The main focus of supply reduction is on reducing the volume of illicit drugs available, while reducing access to all drugs.

The NDS recognises an interagency approach as being necessary to respond to the challenge, and identifies the players thus: -

- ❑ Department of Justice, Equality and Law Reform; including An Garda Síochána, the Courts Service, the Irish Prison Service, the Probation Service and the Forensic Science Laboratory;
- ❑ Office of the Revenue Commissioners - Customs Service; *and*
- ❑ Local Authorities (as regards anti-social behaviour).

The Strategy also notes that: *'The Local and Regional Drugs Task Forces – as well as the community and voluntary sectors - also play an important role in complementing the work of the law enforcement agencies, bearing in mind that law enforcement is only part of the overall supply reduction effort.'*

Priorities

The following priorities have been identified in relation to supply reduction under the new NDS: -

- ❑ The continued disruption of the supply of illicit drugs;
- ❑ The ongoing monitoring of legislative and regulatory frameworks with a view to pursuing changes where necessary;
- ❑ The continued roll-out of Local Policing Fora (LPFs) to all LDTF areas and other areas experiencing serious and concentrated problems of drug misuse;
- ❑ The inclusion of drugs issues in a more central way in the work of Joint Policing Committees (JPCs) to ensure that there is a concerted effort against drugs, including through Drugs Task Force involvement, in the Local Authority areas involved;
- ❑ Renewed efforts to address the issue of underage drinking which is often perceived as the direct cause, or the underlying cause, of many of the problems encountered by individuals and communities;

- ❑ The development of an integrated system to track the progression of offenders with drug-related offences through the criminal justice system;
- ❑ The continued implementation of increased security procedures and arrangements to reduce and eliminate the supply of drugs in prisons; *and*
- ❑ The continued promotion of greater integration and co - operation at EU and international level, focusing on the global dimensions of drugs supply. This would include a focus on precursors for diversion to the manufacture of illicit synthetic drugs.

4.2.3 Prevention Pillar

The NDS defines the prevention of problem drug use as being a process that: *'seeks to prevent the taking of illegal drugs, the prevention of harm where drug taking has initiated, and the prevention of relapse where drug treatment has started'*.

The response to problem drug use must also seek to increase the awareness and understanding of people of the consequences, and to delay the onset of first use.

The Strategy notes that research has identified risk and protective factors, and these show that effective drug prevention must: -

- ❑ Not rely solely on giving information on the harmfulness of drugs; *and*
- ❑ Build self-efficacy through the development of social and personal skills.

It is noted that social and personal skills are only as effective as their implementation within a wider context of complementary policy development relating to: -

- ❑ Educational achievement;
- ❑ Provision of family support;
- ❑ Reducing marginalisation and poverty;
- ❑ Reducing involvement in crime;
- ❑ Rehabilitation of offenders; provision of youth supports/services; *and*
- ❑ Interruption of supply and availability of drugs.

Early School Leaving

There are a range of initiatives referenced in the NDS that recognise the need to maintain young people in a school setting.

Prevention and Awareness Building in Schools

Prevention and awareness programmes in schools are a key element of the overall prevention pillar. The Social Personal Health Education (SPHE) Programme is the foundation for developing awareness of drugs and alcohol issues in schools. It is a mandatory part of the curriculum at primary and junior cycle in second level.

Education and awareness programmes in non - school settings

The YPFSF has been the main funding mechanism for providing alternative activities for young people under the current NDS.

In addition to the YPFSF, the NDS notes that a number of funding streams positively impact on young people who are subject to various risks. These include: -

- ❑ Special projects to assist disadvantaged youth (SPY) (operated through the Department of Education & Science);
- ❑ HSE - funded initiatives in relation to education and prevention; and
- ❑ Garda Juvenile Diversion Programme (operated by Juvenile Liaison Officers) and Garda Youth Diversion Projects (funded by the Irish Youth Justice Service).

The more general Youth Service Grant Scheme/Local Youth Club Grants (operated through the VECs) is also worth noting in this regard.

The Garda Youth Diversion Projects are regarded as being broadly successful in diverting large numbers of young people from the formal criminal justice system.

Future Youth Service Provision

Bringing all youth services under the OMCYA aims to facilitate the integration of youth services at a national level. Co – ordination between the services and provisions for young people is aimed at ensuring better efficiency and effectiveness. In this regard, it is noted that elements of the Youth Work Act 2001 (particularly the county planning mechanism) could promote a more coherent approach to the provision of youth work services across the country.

In terms of the NDS, it is critical that the drugs issue remains central to the ongoing development of youth services and, in particular, to educational/recreational activities for young people who are most at risk.

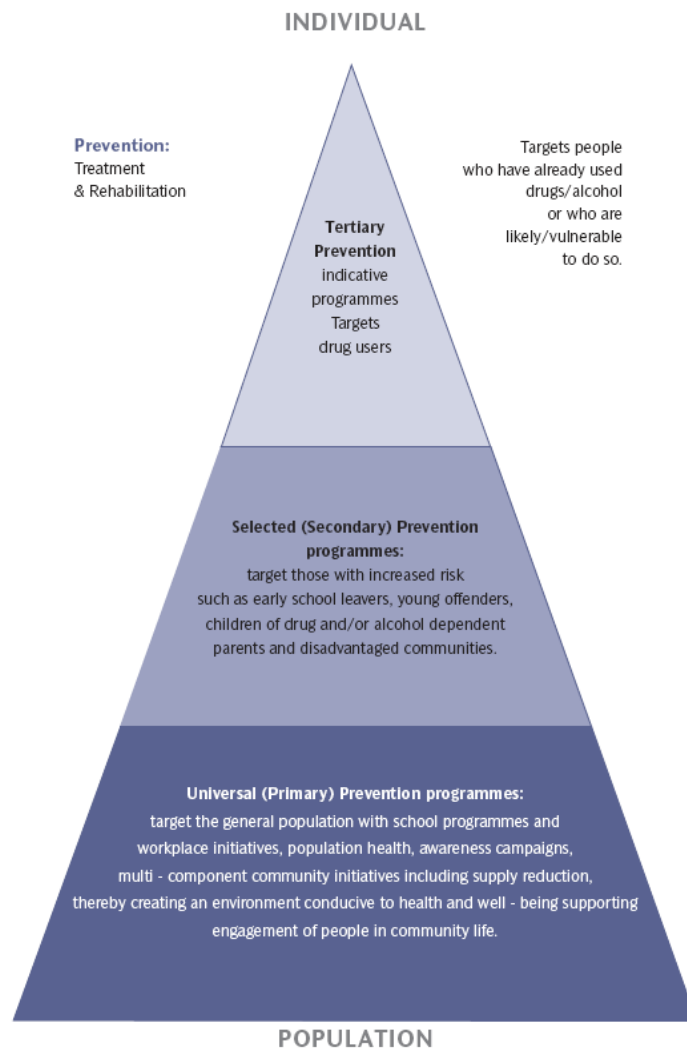
Many youth initiatives in Ireland are aimed at the general youth population (which includes youth at particular risk). These are managed and developed in the main by the various youth organisations and sports clubs, often with Government supports under various schemes. These settings afford an opportunity to promote substance awareness and prevention messages. They also afford a significant opportunity to promote peer - led approaches to the dissemination of prevention messages.

Priorities

The following priorities have been identified in relation to prevention under the new NDS: -

- ❑ The further development of a tiered or graduated approach to prevention and education measures in relation to drugs and alcohol. This approach would provide a framework for the future design of targeted prevention and education interventions;
- ❑ Improved delivery of SPHE in primary and post-primary schools, encompassing the implementation of the recommendations of the SPHE evaluation in post primary schools and the development of a whole school approach to substance use education in the context of SPHE;
- ❑ The co - ordination of the activities and funding of youth interventions in out-of-school settings to optimise their impacts;
- ❑ A continued focus on orienting educational and youth services towards early interventions for people and communities that are most at risk;
- ❑ The promotion of healthier lifestyle choices among young people in regard to the dangers of alcohol, with particular reference to misuse and binge drinking; *and*
- ❑ The development of timely awareness campaigns targeted in a way that takes individual, social and environmental conditions into account.

Figure 7 – Prevention Model (Source: NDS 2009-2016)



4.2.4 Treatment and Rehabilitation

The NDS notes that: ‘originally, the Treatment and Rehabilitation pillar focused on developing services to address the health and social consequences of problem drug use by individuals, particularly those misusing opiates. The focus has now broadened to develop a comprehensive substance treatment service capable of dealing with all substances, particularly given the increasing geographic dispersal of problem drug use (including opiates), the increased prevalence of polydrug use and cocaine use, the increasing strength of cannabis, as well as the pervasive misuse of alcohol, and the level of misuse of prescription drugs in society’.

There is a recognition of the need to bring greater coherence and co-ordination to alcohol and drug issues at a policy, planning and operational level.

It is recommended that the approach of the HSE, involving the re-orientation of its addiction services towards polydrug issues (including alcohol), using the 4-tiered model approach, be adopted as a national framework through which to deliver future services.

Figure 8 - 4-Tiered Service Model (Source: NDS)

Tier	Services
1	Generic services that would include drug-related information and advice, screening and referral and would be aimed at those who might consider, or who are at the early stages of, experimentation with drugs or alcohol. Service providers might include An Garda Síochána, General Practitioners or community and family.
2	Services with specialist expertise in either mental health or addiction, such as juvenile liaison officers, local drugs task forces, home-school liaison, Youthreach, General Practitioners specialising in addiction and drug treatment centres. The types of service delivered at this level would include drug-related prevention, brief intervention, counselling and harm reduction and would be suitable for those encountering problems as a result of drug or alcohol use. Interventions are delivered through outreach, primary care, pharmacies, emergency departments, liver units, antenatal clinics, or in social care, education or criminal settings (An Garda Síochána, the Probation Service, the Courts Service, Irish Prison Service).
3	Services with specialist expertise in both mental health and addiction. These services would have the capacity to deliver comprehensive treatments through a multi-disciplinary team. Such a team would provide medical treatment for addiction, psychiatric treatment, outreach, psychological assessment and interventions, and family therapy. Interventions are mainly delivered in specialised structured community addiction services but can also be sited in primary care settings such as level 1 and 2 GPs, pharmacies, prisons and probation services.
4	Services with specialist expertise in both mental health and addiction and the capacity to deliver a brief, but very intensive, intervention through an inpatient or day hospital. These types of service would be suitable for those encountering severe problems as a result of drugs or alcohol.

Access for Drug Misusers to Treatment within One Month

The NDS notes that over the period 2001 - 07, opiates were the main problem drug treated (on average, opiates accounted for 63% of all cases entering treatment annually over the period), followed by cannabis (23%), and cocaine (7%). The main change has been the increase in the numbers reporting cocaine as their main problem drug, which has increased from approximately 2% in 2001 to 13.5% in 2007.

A central feature of those entering into treatment has been the poly-substance nature of their misuse.

The NDS reports that people who present for treatment are generally assessed within 1 week and offered treatment within 8 to 10 weeks. Notwithstanding this, and the significantly increased numbers in methadone treatment, there are a number of places where services, particularly methadone services, are not provided within one month, as envisaged under the current Strategy.

The main reason for the waiting lists outside of Dublin is the lack of level 2 GPs. Overall it is noted that an underlying problem has been the lack of adequate additional resources for the development of treatment services within the HSE addiction services.

Residential Services/Abstinence

The NDS notes that there has been a significant expansion of treatment services in clinical and community settings since 2001. However, detoxification and residential services have not progressed to the same extent.

Harm Reduction Approaches

The NDP states that a key intervention in reducing the prevalence of blood borne viruses is the provision of Needle Exchange Programmes. Needle exchanges have been expanded but are still only available in 5 of the 10 RDTF areas.

Treatment of Under - 18s

The NDS notes that counselling and family therapy services are both recognised as being important components in the treatment of under - 18s. While counselling and family services have been developed under the current NDS, accessing services by some in this cohort is problematic. This reflects the fact that the level of services in some areas is not sufficiently developed to ensure access to them within an acceptable timeframe.

Treatment in Prison Settings

The NDS reports that the Irish Prison Service (IPS) Drugs Policy and Strategy has witnessed active IPS investment in responding to people with drug problems in the prison system.

- ❑ Phase 1 of the policy has commenced the process of putting in place the necessary staffing levels to provide a quality service to prisoners.
- ❑ Phase 2 will seek to further focus on providing prisoners with access to the range of drug treatment options, consistent with the objective of achieving a standard of care which is equivalent to that available in the community. This will, in part, be achieved by augmenting current staffing levels, and also by strengthening community links.

Rehabilitation

The NDS references the Working Group on Drugs Rehabilitation that reported in 2007, and recommended that the following be addressed: -

- ❑ Development of protocols for inter-agency working;
- ❑ Service level agreements between parties;
- ❑ Case management and care plans;
- ❑ Case managers and key workers; *and*
- ❑ Quality Standards Frameworks.

Training and Skills Development of Staff and Volunteers

The training and re-skilling of staff in a range of existing and emerging addiction issues is seen as a key component in the continuing development of a comprehensive and responsive addiction service.

Quality and Standards for Addiction Services

It is recognised that the provision of quality assurance of the care received by service users of drug treatment services is key to the outcomes that are achieved in terms of treatment and rehabilitation. In addition, such quality assurance has been shown to be critical to patient safety. Quality and standards for addiction services need to be developed within a clinical and organisational governance framework that is based on adopting a systematic approach to assuring the quality of patient care.

Service User – Information and Engagement

The NDS notes that it is vital that information and directories provided by the HSE and RDTFs and the community and voluntary sectors are readily accessible, consistent in format, relevant and regularly updated, as well as being understandable to their target audience.

Priorities

The following priorities have been identified in relation to treatment and rehabilitation under the new NDS: -

Development of General Problem Substance Use Services

- ❑ Develop an integrated national treatment and rehabilitation service for all substances, using the 4-tier model approach, underpinned by an appropriate clinical and organisational governance regime;
- ❑ Maximise operational synergies between Drug Addiction Services, Alcohol Treatment and Rehabilitation Services, General Hospital Services and Mental Health Services;
- ❑ Expand the availability of detox facilities, opiate substitution services, under - 18 services and needle exchange services where required;
- ❑ Implement the recommendations of the: -
 - (i) Report of the Working Group on Drugs Rehabilitation; *and*
 - (ii) Report of the HSE Working Group on Residential Treatment and Rehabilitation (Substance Abuse);
- ❑ Establish a drugs interventions programme, incorporating a treatment referral option, for those who come to the attention of the Gardaí due to behaviour caused by substance misuse.

Specific Groups

- ❑ Further develop engagement with, and the provision of services for, specific groups: Prisoners, Homeless, Travellers, New Communities, LGBTs and Sex Workers.

Quality and Standards Framework

- ❑ Develop a clinical and organisational governance framework for all treatment and rehabilitation services.

Training and Skills Development

- ❑ Develop national training standards for all those involved in the provision of substance misuse services, and co-ordinate training provision within a single national substance misuse framework.

4.2.5 Research and Information

Drugs Task Forces have sought to develop local data sources to facilitate needs analysis and planning, and they have also undertaken a number of research projects over the lifetime of the current Strategy. Drugs Task Forces have also been effective in tapping into any information that is available through their statutory representatives.

It has been identified that there is an issue of a lack of consistent reliable local data in a useable form.

Priorities

The following priorities have been identified in relation to research and information under the new NDS: -

- ❑ Continue to develop indicators and reporting systems on the extent and nature of problem substance use in Ireland (seeking to remove barriers to the development of these reporting systems and indicators);
- ❑ Develop a prioritised research programme, to be reviewed annually;
- ❑ Continue the Drug Prevalence and the ESPAD Surveys; *and*
- ❑ Develop a research management framework and disseminate research findings and models of best practice.

4.3 Drug Misuse Prevalence

Drug Treatment Centre Board⁴ definition of drug misuse: *'Illegal or illicit drug taking or alcohol consumption which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. Drug misuse is, therefore, drug taking which causes harm to the individual, their significant others or the wider community. Those requiring drug treatment are drug misusers.'*

The following information on the prevalence of drug misuse within the Mid-Western Region is taken directly from the National Advisory Committee on Drugs (NACD) Report⁵.

4.3.1 Illegal Drugs

Eighteen percent of respondents reported having ever taken any illegal drugs in their lifetime; 6 per cent had done so in the previous year, and 1 per cent in the previous month. Among all adults aged 15-64 in the Mid West Region, the prevalence rates for any illegal drugs were lower than the corresponding national figures.

Males were more likely than females to report lifetime use (22 per cent compared to 14 per cent), last year use (8 per cent, compared to 4 per cent) and last month use (3 per cent compared to 0 per cent) of any illegal drugs.

Young adults aged 15-34 had higher prevalence rates than older adults aged 35-64 for use of any illegal drugs in each of the three time periods examined.

4.3.2 Cannabis

Cannabis was the most commonly used illegal drug: 17 per cent of all respondents reported ever taking it, 5 per cent had done so in the previous year, and 1 per cent in the previous month.

⁴ Formerly: National Drug Advisory and Treatment Centre

⁵ *Drug Use in Ireland & Northern Ireland: Drug Prevalence Survey 2006/2007: Regional Drugs Tasks Force Areas (RDTFs) Results: Bulletin 2: Confidence Intervals (February 2009)*

4.3.3 Other Illegal Drugs

Apart from cannabis, highest levels of lifetime use were recorded for magic mushrooms, ecstasy, cocaine powder and amphetamines (each 3 per cent); and LSD, solvents and poppers (each 2 per cent).

Poppers, cocaine powder, ecstasy and amphetamines (each 1 per cent) were the most commonly reported drugs used in the past year.

Current use of ecstasy and LSD (each 0.3 per cent) was low.

4.3.4 Sedatives, Tranquillisers and Anti-depressants

Nine per cent of respondents reported ever using sedatives and tranquillisers, 4 per cent had done so in the previous year and 2 per cent in the previous month.

Males were as likely as females to report current use of sedatives and tranquillisers (2 per cent). However, females were at least twice as likely as males to report lifetime use (13 percent compared to 5 per cent) and last year use (6 per cent compared to 3 per cent).

Older adults reported higher prevalence rates than young adults, across the three time periods examined.

Ten percent of respondents reported having ever used anti-depressants, 4 per cent had done so in the previous year, and 2 per cent in the previous month.

4.3.5 Other Opiates

Six percent of respondents reported ever using other opiates; 3 per cent had used other opiates in the previous year, and 1 per cent in the previous month.

Young adults were more likely than older adults to report last year use (5 per cent compared to 1 per cent) and last month use (2 per cent compared to 0.2 per cent).

4.3.6 Alcohol

Ninety per cent of respondents surveyed in the Mid West Region reported that they had ever taken alcohol, 83 per cent had done so in the previous year, and 72 per cent in the previous month.

Young adults aged 15-34 were more likely than older adults ages 35-64 to report use of alcohol in their lifetime, in the last year and in the last month.

Alcohol prevalence rates within the Mid West Region were broadly similar to the corresponding national rates, although older adults reported slightly lower rates for last year and last month use.

4.3.7 Tobacco

Sixty per cent of respondents reported having ever smoked tobacco, 39 per cent had done so in the previous year, and 36 per cent in the previous month.

Young adults were more likely than older adults to report last year use (40 per cent compared to 38 per cent) and current use (38 per cent compared to 34 per cent) of tobacco. Males were more likely than females to report recent and current smoking.

4.3.8 National Drug Treatment Reporting System

The Health Research Board collates and analyses the returns for the National Drug Treatment Reporting System. They found that 'a total of 2953 cases residing in the HSE Mid Western Area were reported entering treatment for drug or alcohol problem use between 2004 and 2007'. The following presents the breakdown of treatment cases by year and county of residence.

Table 6 - Drug and Alcohol Treatment by County

County of Residence	Year Treated ⁶				Total
	2004	2005	2006	2007	
Clare	138	160	160	201	659
Limerick	390	386	388	649	1,813
Tipperary NR	95	122	118	142	477
Mid West Area <i>unspecified</i>	0	4	0	0	4
Total	623	672	666	992	2,953

For the period 2004-2007, there was a 66.4 per cent increase in people from Limerick (City and County) being treated (649 cases in 2007 compared to 390 in 2004). The majority (65 per cent) of those who sought and accessed drug or alcohol treatment from the South West in 2007 were from the Limerick area. Similarly, 70 per cent of participants in the Mid-West Region's methadone maintenance programme are from Limerick City.

The table below provides an overview of the main problem drug reported within the Mid West at assessment, by year of presentation.

Table 7 - Main Problem Drug Reported (Source: HRB)

	Year Treated ⁷				Total
	2004	2005	2006	2007	
Opiates	49	56	111	184	400
Ecstasy	15	11	10	5	41
Cocaine	15	20	36	70	141
Other stimulants	3	7	9	7	26
Benzodiazepines	2	6	3	17	28
Volatile inhalants	3	5	3	4	15
Cannabis	92	79	114	121	406
Alcohol	443	488	380	584	1,895
Others	1	0	0	0	1
Total	623	672	666	992	2,953

⁶ Source: HRB (2008) Analysis of 2004-2007 National Drug Treatment Reporting System (NDTRS) data for Mid Western HSE Area.

⁷ Source: HRB, 2008:6 Analysis of 2004-2007 National Drug Treatment Reporting System (NDTRS) data for Mid Western HSE Area.

Alcohol was by far the main problem drug identified at the assessment stage for the treatment of drug and alcohol services within the Mid West. Between 2004 and 2007 it accounted for the primary drug problem in 64 per cent of assessments. This was followed by cannabis (13.7 per cent), and opiates (13.5 per cent).

4.3.9 Summary

The national prevalence for lifetime use of any illegal drug is 25 per cent. Thus, one in four adults between the age of 18 and 64 have taken an illegal drug at least once in their lifetime.

In the Mid-West region, the lifetime prevalence for any illegal drug is 22 per cent for males and 14 per cent for females.

In 2007, 649 individuals commenced treatment in Limerick city and county for drug and/or alcohol problems. This is a substantial increase of 66.4 per cent on the number of people that received treatment in 2004.

4.4 Consultation

A consultation process was implemented to capture the views of service users, and other key stakeholders, of the priority drugs-related issues that are currently facing the population of the region. *It must be noted that the summary views expressed are those of the participants that engaged in the consultation process.*

4.4.1 Methodology

The profile of individuals and representatives that were engaged in the consultative process included: -

1. Service Users (including young people, recovering substance misusers, families, community representatives);
2. Key stakeholders including: -
 - Community Groups
 - Counsellors and psychologists
 - Schools
 - Probation services
 - Youth services
 - Family Support Agencies.
3. Management and staff of funded projects.

In total, twenty-six consultative sessions⁸ were undertaken in the preparation of this report. A semi-structured questionnaire⁹ was used to guide the consultations, which also served to gather information on individual projects, where this was appropriate.

⁸ See appendices for details.

⁹ See appendices for details.

Focus group meetings that were of particular relevance in identifying local priority issues were convened in Roscrea, Thurles and Ennis. These meetings were structured to involve representation of key agencies and organisations reflecting the views of the county or sub-county.

The semi-structured questionnaire was designed to allow participants to develop and discuss the issues that were of priority in the locality in the context of the themes of prevention, treatment and rehabilitation, supply reduction, and other structural support matters.

4.4.2 Consultation Outcomes

The outcomes below are collected into thematic groups for presentation purposes. It will be appreciated that most of the priority issues are multi-dimensional, or crosscutting through the themes.

4.4.3 Alcohol

Many observed that alcohol was the biggest problem drug, and that it provides a direct lead in to drug addiction for many people. It was observed that the strong, recreational drink culture in Ireland, particularly amongst young people, does little to help this situation.

4.4.4 Young People

All of the focus groups reflected on the need for supports to be provided for schools to assist with drug education. It was generally noted that the level and quality of prevention education appeared to be quite variable, both between individual schools, and across areas. A possible cause of this variance that was suggested was the level of confidence of individual teachers with the topic, and the time that was available within the curriculum to provide teaching.

It was generally noted that any supports that are provided must compliment the drug education programme delivered through the Social, Personal and Health Education (SPHE) curriculum.

There was little common consensus around the ideal time in a child's life when an early intervention initiative should commence. Some people voiced fears about providing too much information to young people at too earlier an age. Others took the opposite view citing that the suppliers to young people are likely to be their friends. It is noted that there is a considerable body of research that has identified key life-transition points as being crucial to the susceptibility of the young person.

The Department of Education and Science has adopted the view that information in isolation does not lead to prevention since it will not influence behaviour. The rationale underpinning this view has been explored in the LCSG Strategic Plan for Limerick City 2009 – 2013, thus: -

- ❑ *There is a proven tendency for the young person to believe in his or her own invulnerability;*
- ❑ *The difference between the young person own experience of drug use, and the consequences shown in an education programme. Young people may have seen their parents or peers using drugs without appearing to come to harm;*

- ❑ *The dangers associated with raising curiosity or glamorising behaviours; and*
- ❑ *Programmes that depend on information only, and are based on the assumption that people will or do use drugs, can send the message that it is the norm to use drugs.*

4.4.5 Families

Some consultees noted not only the need to build awareness in young people, but also in the entire family as part of an holistic approach. In one instance it was suggested that a form of strategic alliance might be formed between a community-based project and the SPHE teacher or Home School Liaison Officer to implement an awareness programme with both young people and their parents.

It was generally agreed that there was very limited support available for parents or other family members and friends supporting an individual who is misusing. Denial, and an unwillingness to accept the existence of a drug or alcohol problem were cited as being the first reaction of many families. It was also noted that many families are unwilling to engage in the supports that are offered, perceiving the problem to be owned by the individual that is misusing.

It was generally agreed that most parents are unaware of the drugs that are available, their appearance, and their effects, reinforcing the need for complementary awareness building to be provided.

Given the involvement of organised crime, and the centrality of Limerick city to the supply lines, some consultees observed that there is at least a perceived fear of intimidation amongst some local communities in addressing the issues.

4.4.6 Facilities for Young People

In a rural context, some participants noted that the lack of availability of Youth Cafés, or other appropriate facilities for young people, often coupled with the lack of public transport, results in a dearth of social opportunities for them. It was reported that the mobile telephone, texting and social networking sites were all being routinely used by suppliers and young people in a far more sophisticated supply chain than had been possible prior to the widespread availability of these technologies.

The role of *Head Shops* in introducing people to addiction was raised as a topical issue by many consultees.

4.4.7 Treatment and Rehabilitation Services

Several parents noted that very distinct gaps in information existed, resulting in confusion about the existence of appropriate services that might assist should they become aware that their child is engaging with drugs or alcohol. Many expressed the view that there was no clarity about where they should go for support, or to whom they should refer.

Some observed that the fact that detoxification and rehabilitation services are limited obviously makes accessibility to them very difficult. The cost of accessing the services that do exist was seen to be excessive by many observers. It was noted that the true cost of service access also included a very considerable transport component for many.

It was generally noted that the requirement for an individual to be clean of drugs before admission is granted to rehabilitation services could be seen as an insurmountable barrier for some. The expectation being that the family and friends of an individual would provide the pre- and post-treatment support for the individual was unreasonable given that expert skills are necessary to ensure effective treatment is provided. A call for a dedicated residential detoxification facility was made.

It was universally noted that there is a lack of services available for young people who are under the age of 18 years, and that some of the services that have been provided at this age are inappropriate.

It was noted that a needle exchange programme was not operating in many areas. It was also observed that methadone may be seen as a long-term solution for some individuals given that there is no pathway leading away from methadone maintenance.

It was generally concluded that a comprehensive range of services is not yet in place to service the apparent scale of demand. Similarly, the services that are available are not generally provided on the principle of a continuum of care.

It is notable that there appears to be a divergence between the views expressed above, and the services reported to be delivered by the HSE. In relation to detox, it is reported that there are options for opiate users who stabilise on methadone and are either detoxed through their prescribing GP, or referred to residential methadone detox provided by Cuan Mhuire, Athy, or MQP in Dublin.

It is also reported that residential drug (non-opiate) and alcohol detox is available through Cuan Mhuire Bruree.

It is further reported that in terms of service provision for young people under the age of 18 years, the HSE Drug and Alcohol Service counsellors in the Mid-West all work with young people, and their families, from the age of 14 upwards, and actively prioritise working with those aged under 18 years. Both the Child and Adolescent Mental Health Services (CAMHS) and Social Work / Child Care work directly with young people where substance misuse is a significant issue and the HSE funds beds in Aislinn Kilkenny for young people under the age of 18 years.

With respect to the perceptions about the availability residential treatment options, the HSE reports that the Mid-West enjoys direct access and referral pathways to Aislinn, Bushy Park, Cuan Mhuire and Talbot Grove, and Fellowship House, Cork for aftercare. Additionally, clients have also been referred to residential services in Dublin.

Given the strength of opinion expressed during the consultative process, it may be considered appropriate for the MWRDTF to examine the options for improving the dissemination of information in this arena, or alternatively, to determine the reasons for the prevalent perceptions.

4.4.8 Mid West Region

During the course of the consultation process it was noted that the Mid West region contains some significant areas of disadvantage, with those in Limerick city being some of the most disadvantaged in the State.

The focus groups identified a strong and consistent view that the drug and alcohol misuse issue was as prevalent in deeply rural locations, as in Limerick city. This view appears to be borne out by initiatives such as that in Kilkee and Newcastle West. Awareness must, therefore, be built everywhere, since suppliers do not recognise city or county boundaries, and the whole region performs as an integrated area.

It was noted that there appears to have been little quality research undertaken into the scale and nature of the issues surrounding drug and alcohol misuse in the region. This may lead to the lack of a truly local approach to addressing issues.

4.4.9 Summary

The following summary identifies the priority issues emerging from the area-based workshops. *It will be noted that these represent the views as expressed during the workshops.*

Supply Reduction

It was generally reflected that alcohol and drugs misuse issues are impacting on society as a whole, both urban and rural. It was observed that the problems of alcohol and drugs misuse may be invisible in rural areas, but are nonetheless present, and their effects can often be seen in towns and villages at weekends after the pubs and clubs close.

There was an understanding that there is a clear linkage between alcohol misuse and drug misuse. There was an awareness expressed of both alcohol and drugs related issues, and the fact that locally, there can be '*massive difficulties*' in the scale of alcohol and drugs misuse. It was reported that there is a perception of an explosion of heroin, and cocaine dealing. It was noted that this explosion has led to a significant increase in Garda commitment to tackling the issues at local level. However, with no supports available to the Gardai after normal working hours, and consequently nowhere to refer individuals, the response might be considered to be less than satisfactory.

During the course of all of the consultation processes the pivotal role of Limerick city within the region was cited as representing a major problem. The supply of alcohol and drugs to feed misuse was generally considered to be relatively easy to obtain across the region¹⁰.

It was reported that young people are starting with alcohol and drugs misuse at an earlier age, with children of 9 years of age who are believed to be drinking.

It was noted that emerging market opportunities are stimulating the demand for drug supply. It was observed that segmentation of the market for drugs has occurred in favour of new clients from the higher (professional) social groupings.

Prevention and Education

Accepting that alcohol is seen as a gateway into drug misuse, and that it is referenced as a big issue in the community, the case was repeatedly made for community-based awareness-building programmes aimed at informing parents and involving the GP's. Through this process, it was reasoned; families would have the ability to reliably inform their children on alcohol and drugs related issues. Additionally, it was proposed that a programme of empowerment of community and voluntary organisations should be implemented to enable each to have someone who has knowledge of alcohol and drugs misuse issues. It was generally agreed that community-led interventions would be more successful, with integrated follow-through community-based actions.

On the issue of young people, it was suggested that schools should be surveyed to gauge the extent of the problems associated with alcohol and drugs misuse. It was

¹⁰ Information coming from the local streets suggests that prescription drugs are selling at €5 each, and that 12-15 year olds may take up to 5-10 tablets daily.

observed that children must be educated on awareness, starting at primary school, however, some considered that this maybe exposing children at too young an age.

It was accepted that some young people have an age-related reckless attitude to alcohol and drugs misuse, and that a way of addressing this is to try and present drugs as not being *cool*. It was reported that drugs are not being discussed in some schools, and that teachers do not seem to be working consistently in terms of intervention. In one workshop it was proposed that the schools Career Guidance counsellor might be trained in alcohol and drugs misuse issues, and that organisations, such as Bushy Park, might outreach into schools.

It was noted that some families have difficulty in engaging with a child who is misusing alcohol and drugs. The lack of effective parental control over some young people and dysfunctional family structures were both identified as fuelling the problems of those who have become addicted. It was suggested that the Strengthening Families Programme model is generally considered to be an appropriate and successful intervention in providing holistic family unit supports.

Head Shops were seen as a relatively recent and significant contributor to access, and some felt that the deterrents, for those caught supplying drugs, was in any event, too lenient. Further, the government was seen to be transmitting contradictory messages in respect of alcohol pricing.

It was felt that a specific rural focus needed to be developed, where appropriate, within the responses to alcohol and drugs misuse. Generally, but in rural areas in particular, there is a sense of isolation in the community from the supporting agencies. It was suggested that a '*Community Alert*' type of approach might be adopted to address alcohol and drug misuse in rural situations.

At a strategic level it was observed that proactive, rather than reactive '*joined-up thinking*' is required to effectively counter alcohol and drugs related issues, particularly given that the primary line of communication between people and suppliers is understood to be the mobile phone. In this context it was suggested that an interagency approach should be employed to address the multi-dimensional crosscutting issues.

It was generally concluded that there are very considerable information gaps at all levels in respect of addressing alcohol and drugs issues. There was some support for the concept of creating a strategic linkage between the MWRDTF and local communities, possibly through the community sector representatives. It was noted that there might also be advantage in creating and sustaining a county-based forum to reflect local alcohol and drugs issues, and relate these to the MWRDTF. Any such forum must be empowered and meaningful.

Treatment and Rehabilitation

From Thurles, Roscrea and Nenagh there were consistent views expressed at the focus group meetings concerning the availability of services, and access to those services.

It was generally noted that additional Detox and Rehabilitation infrastructure is required, with facilities outside of Limerick city. It was noted that access to a methadone programme, and needle exchange programmes was limited to Limerick city, with individuals from the outlying areas in the region being required to travel. It was also reported that it was very difficult to get admission to services.

There was a general call for support in the community for the family in helping an individual through detox, and for those who may relapse. It was also observed that aftercare supports are missing, and that there is no long-term support for those

recovering from addiction. Further, the system pathways to support people out of alcohol and drugs misuse were perceived to be less than obvious.

In conclusion, it was summarised that greater integration of services across agencies may be beneficial to the creation of a successful treatment and rehabilitation strategy.

4.5 Future Road Map

It is noted that public funding available to support the work of the MWRDTF into the future will be diminished over its present levels. The NDS points towards the closer integration of flanking funding streams into supporting the strategies to address drug and alcohol misuse. This is particularly true in the prevention and education arena, and potentially returns the Task Force to its core coordination role.

4.5.1 Building on Experience

The key overarching points that may be drawn from the evaluation of the projects can be used to enable the Task Force to build upon the positive experience gained, and to incorporate this into the future road map for project support.

There is a need to create or reinforce clear baselines within individual projects. This would enable the true level of the added-value component of the project to be determined, and points to the need for continuing research to validate the effectiveness of the approach being adopted by the project. These baselines need to extend beyond considering the quantity of individuals who pass through any given service to include a researched and validated assessment of the progression of the individual into other services, or back into unsupported life.

With respect to the effectiveness of individual projects, it appears to be the case that in some circumstances there may be an opportunity to achieve more with fewer resources. This observation is particularly drawn from consideration of the nature of projects in the education and prevention arena, where individual drugs worker costs constitute a considerable component of the total project support costs. Both effectiveness and efficiency might be improved by adopting a more integrated approach for the delivery of supports, using the resources of other agencies and flanking community and voluntary groups. This approach is specifically referenced in the National Drugs Strategy (interim) 2009-2016 (NDS), *Provision of professional youth services aimed primarily at youth at risk*, 3.3.4:

'There is a wide range of youth services...these services try to address broadly similar risk factors associated with the individuals involved, their families, their peers and their communities, and it is generally accepted that there is a need for greater integration and cooperation between agencies.'

A considerable increase in efficiency might occur across the range of interventions supported by the Task Force, and within the Task Force itself, if greater focus was placed on valuing and transferring the models of best practice that are being developed within projects. During the course of the consultation process a number of participants suggested simple processes that might be adopted to encourage the transference of ideas and experience, ranging from community-based workshops to large-scale seminar-style conferences. In addition, there was clear evidence of the need to improve the performance of some of the Sub Groups of the Task Force, and of the Task Force itself.

Whilst it is fully appreciated that each of the projects supported by the Task Force provides a level of much needed services to its client group, and that these client groups are clearly in need of assistance, there appears to be a missing dimension of coordinated

research being undertaken by the Task Force that might reinforce the relevance of the suite of projects being supported. Without the underpinning detailed research, the Task Force clearly finds itself in a position of merely reflecting the views of its members, with no independent mechanism for informing forward planning processes. The true relevance of the strategies (and hence projects) supported by the Task Force must be continuously tested against the needs of the clients that it serves, requiring a research dimension to the work of the body.

During the course of the evaluation process it was noted that there are a number of positive secondary effects being developed from the resources supported by the Task Force. These secondary effects can be seen in the degree to which some individual projects were connecting to their communities, and in the ability of some to be actively pursuing multiplier effects through process such as the training of trainers. Given the present resource situation, opportunity exists for the Task Force to provide a focus for all of its supported initiatives on the advantages of securing as much integrated and coordinated approach with others as is possible.

4.5.1 Project Support Reconfiguration

Four scenarios designed to address the further reduction of project support funding were presented and discussed as a key element in the process of developing the future road map.

Table 8 – Future Project Support Options

Option	Description	Observations
1	Continue all projects with reduced funding levels in accordance with budgets received.	<ul style="list-style-type: none"> <input type="checkbox"/> This option will see the budget lines of all current projects being reduced on a pro-rata basis. <input type="checkbox"/> This option is not strategic, in that it does not allow for any refocusing of the activity of the Task Force in line with the outcomes of the consultative meetings, or the priorities of the NDS (interim) 2009-2016. <input type="checkbox"/> The resulting projects will all be under-funded using the current benchmark. This will possibly result in underperformance or collapse of some initiatives.
2	Conclude current projects and establish criteria for a new round of projects.	<ul style="list-style-type: none"> <input type="checkbox"/> This option is dependent on the preparation of a new strategy by the MWRDTF, making the projects supported align with the strategy. <input type="checkbox"/> The option may mean that certain projects are not eligible within the framework of the new strategy. <input type="checkbox"/> The option should mean that future projects are more directed, and are focussed on achieving mainstream support, if appropriate. They might also see the emergence of time-limited interventions. <input type="checkbox"/> The option must result in some projects not being successful in the future.
3	Seek integration across a number of thematic projects.	<ul style="list-style-type: none"> <input type="checkbox"/> This option would call for a reduction, for example, in the number of youth workers employed under the various projects in favour of more shared resources and tighter integration with other community and voluntary sector providers. <input type="checkbox"/> This option would allow for continued activity across the pillars of the NDS, but would favour smarter ways of integrated action.
4	Build out from the identified exemplary projects.	<ul style="list-style-type: none"> <input type="checkbox"/> Transfer the identified positive elements of the exemplary projects into all new supported initiatives.

Of these options, it is recognised that Options 3 and 4 above offer a pathway forward, which, when combined with an integrated strategic planning process, will provide a reconfigured approach to project development. Embedded within this will be the multiple objectives of: -

- ❑ Maintaining a service-based focus on those who need assistance;
- ❑ Achieving the delivery of more and better supports, but with diminishing resources; *and*
- ❑ Ensuring that all future project supports respond to Specific, Measurable, Achievable, Relevant and Time Bound (SMART) objectives.

Using these parameters, and subject to the outcomes of the integrated strategic planning process, it is recommended that the following approach be adopted in respect of the existing supported project portfolio.

Table 9 – Project Support Reconfiguration

Project Code	Project	Recommendation	Rationale
MW1	Prison Support Programme - ALJEFF	Transfer the financial support of the Prison Support Programme to the IPS.	Build upon positive and beneficial discussions with the IPS on the coordinated delivery of services.
MW2L	Limerick City Outreach - ALJEFF	It is recommended that this project be integrated as part of a <i>continuum of care</i> initiative. Integrate resources with MW3L and MW28.	Achieve economies of scale by ensuring that staff resources are used as efficiently as possible across initiatives.
MW3L	Limerick City Family/ Day Programme - ALJEFF	It is recommended that this project be integrated as part of a <i>continuum of care</i> initiative. Integrate resources with MW2L and MW28.	
MW4L	Limerick City Transitional Housing - ALJEFF	It is recommended that this project be considered as part of the <i>continuum of care</i> initiative.	
MW28	ALJEFF Day Treatment Programme	It is recommended that this project be integrated as part of a <i>continuum of care</i> initiative. Integrate resources with MW2L, and MW3L.	
MW5L	Limerick City Northstar	It is recommended that this project be continued.	Exemplary qualities – use as a demonstrator for encouraging community-based initiatives.
MW30 MW1L	In the Know Project Limerick City In the Know Project	It is recommended that this project be integrated into a single community-based youth initiative designed to empower existing youth groups.	Respond to need for greater integration and cooperation between agencies supporting youth work. Draw upon aspects of MW33.
MW31	Foróige - Newcastle West CBDI	It is recommended that this project be integrated into a single community-based youth initiative designed to empower existing youth groups.	Respond to need for greater integration and cooperation between agencies supporting youth work. Draw upon aspects of MW33.

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Project Code	Project	Recommendation	Rationale
MW32 MW6L	LYS CDBI Limerick City CDBI - LYS	It is recommended that this project be integrated into a single community-based youth initiative designed to empower existing youth groups.	Respond to need for greater integration and cooperation between agencies supporting youth work. Draw upon aspects of MW33.
MW34	Foróige - South-East Limerick Youth Drug Prevention Project	It is recommended that this project be integrated into a single community-based youth initiative designed to empower existing youth groups.	Respond to need for greater integration and cooperation between agencies supporting youth work. Draw upon aspects of MW33.
MW33	CYS Youth Drug Prevention Project	It is recommended that key aspects of this project be further developed to serve as a model for youth-based provision.	Respond to need for greater integration and cooperation between agencies supporting youth work. Draw upon exemplary aspects.
MW37	CASC North Tipperary	It is recommended that the key <i>training of trainer</i> aspects of this project be further developed and transferred.	Encourages the community-based development of quality learning.
MW38	Support for Respite House	It is recommended that support be continued.	A key infrastructural plank in the treatment and rehabilitation strategy.
MW25	Diploma Addiction Studies	It is recommended that the key <i>training of trainer</i> aspects of this project be further developed and transferred.	Encourages the community-based development of quality learning.
MW35	Strengthening Families Programme	It is recommended that this initiative be rolled out across the region in key, accessible locations.	Call for a further roll-out of this initiative, which increases awareness.

4.5.2 Conclusion

Based on the above table, it is proposed that the seventeen identified projects might be reduced to a total of seven. This would generally be achieved through the amalgamation of projects into integrated actions, and would result in a new approach to engagement with young people through the empowering of existing community and voluntary organisations. It would also see the combination of a number of individual projects into an integrated *continuum of care* suite.

In all cases economies of scale would have to be sought from the new range of more integrated projects, and the role of the MWRDTF would be focussed in coordinating its supported projects with those of other appropriate agencies.

Task Force

5 Task Force

The Mid West Regional Drugs Task Force (MWRDTF) is a multi-agency group convened as directed by the National Drugs Strategy Team (NDST) and overseen by the Department of Community, Rural and Gaeltacht Affairs (DCRGA), and the Minister of State with responsibility for National Drugs Strategy, John Curran TD.

The Task Force was established under the National Drugs Strategy 2001 – 2008 to research, develop, implement and monitor a co-ordinated response to illicit drug use at regional level, based on evidence of what is effective.

The Task Force is responsible for ensuring the development of a co-ordinated response to tackling drugs problems in counties Clare, Limerick, North Tipperary and Limerick City.

Map 2 – MWRDTF Area



The stated objectives of the Task Force are: -

- ❑ To ensure the development of a co-ordinated and integrated response to illicit drug use;
- ❑ To create and maintain an up-to-date database on the nature and extent of illicit drug use in the region and provide information on drug related services and resources in the region;
- ❑ To identify and address gaps in service provision, having regard for evidence available on the extent and specific location of illicit drug use in the region;
- ❑ To prepare an action plan to respond to regional drug issues for assessment and ultimately funding by the NDST;
- ❑ To develop regionally relevant policy proposals in consultation with the NDST; *and*
- ❑ To provide information and regular reports to the NDST.

5.1 Role of the Task Force

The MWRDTF has identified its role as being: *'responsible for the development of a co-ordinated response to tackling drugs problems in counties Clare, Limerick, North Tipperary and Limerick City'*¹¹.

5.2 Task Force Members

The MWRDTF was established as an independent company in April 2007, and is chaired by an independent Chairperson.

There are 26 members of the Task Force, representing the community, voluntary and statutory sectors.

The community representatives are nominated through the Community Fora of the respective City and County Development Boards. The voluntary representatives are nominated through the Mid West Voluntary Drug Cluster Group.

Composition of the statutory sector reflects that of the National Drugs Strategy.

Note: The following tables do not include representatives of the Executive of MWRDTF, who service the structures.

Table 10 – Task Force Membership (Source: MWRDTF)

Ref	Sector	Organisation	Representative
1	Chairperson	MWRDTF Chairperson	Mick Lacey
2	Community	Community Representative	David McKnight
3	Community	Community Representative	Ger Kirby
4	Community	Community Representative – Co. Clare	Debbie Brown
5	Community	Community Representative – Tipperary NR ¹²	Jim Finn
6	Statutory	An Garda Síochána	Inspector Séamus Ruane
7	Statutory	City of Limerick VEC - Drugs Projects Coordinator YPFSS	Mary Rose Ryan
8	Statutory	Customs Service	Frank Woods
9	Statutory	Customs Service	Tony Ford
10	Statutory	DES	Patricia Sheehan
11	Statutory	Elected Representative – Co. Clare	Cllr. John Egan
12	Statutory	Elected Representative – Co. Limerick	Cllr. Brian Meaney
13	Statutory	Elected Representative – Co. Tipperary NR	Cllr. Phyllis Bugler
14	Statutory	Elected Representative – Limerick City	Cllr. Kathleen Leddin
15	Statutory	FÁS	Cormac O'Connell
16	Statutory	HSE Mid Western	Rory Keane
17	Statutory	Limerick City Council Homeless Service	Rob Lowth
18	Statutory	NDST Liaison	Liam Keane
19	Statutory	Pharmaceutical Representative	Gillian Burke
20	Statutory	Probation and Welfare Service	Margaret Griffin

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¹¹ www.mwrdf.ie - accessed 17th February 2010.

¹² As of 26th February 2010

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Ref	Sector	Organisation	Representative
21	Statutory	VEC	Bernadette Cullen
22	Voluntary		Catherine Smyth
23	Voluntary	Aljeff Treatment Centre, Limerick City	Billy Fox
24	Voluntary	Bushy Park Treatment Centre, Ennis, Co. Clare	Margaret Nash
25	Voluntary	LYS	Catherine Kelly
26	Voluntary	Talbot Grove Treatment Centre, Castleisland, Co. Kerry	Con Cremin
27	Voluntary	TRYS	Cora Horgan

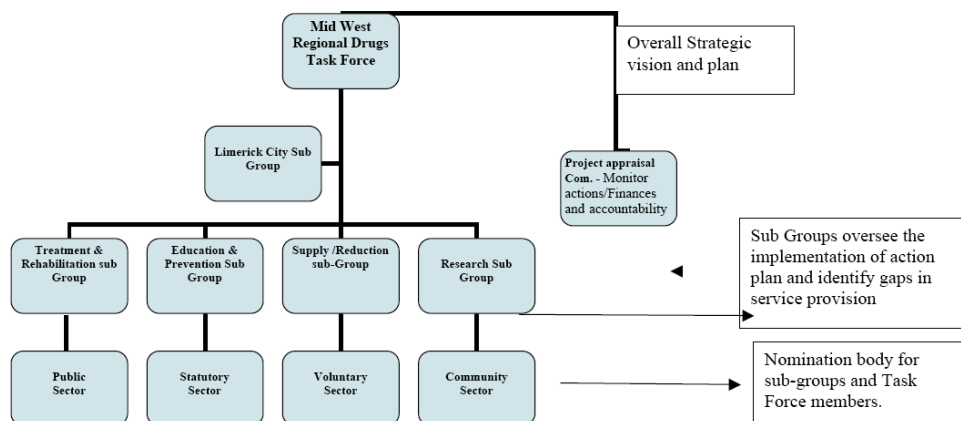
5.3 Task Force Structures

The MWRDTF is supported by a staffing compliment of four officers, comprising of the Task Force Coordinator, two Development Officers and an Administrator. Of the two Development Officers, one services projects and issues relating to Limerick City, the other supports activity in the counties.

The Task Force has established four groups, based upon the *pillars* that underpinned the National Drugs Strategy 2001-2008: -

- ❑ Supply Reduction;
- ❑ Prevention (including Education and Awareness);
- ❑ Treatment and Rehabilitation (the latter added as the fifth pillar after the Mid - Term Review of the Strategy in 2005); *and*
- ❑ Research.

Figure 9 – Task Force Structures (Source: MWRDTF)



5.3.1 Limerick City Sub Group

The MWRDTF has established the Limerick City Sub-Group (LCSG). This reflects the relative importance of the city within the greater MWRDTF area from the perspective of population concentration, and the incidence of deprivation. The establishment of this group reflects a long-established understanding of the particular needs of the City.

The first Action Plan of the MWRDTF (June 2005) identified very significant issues within the Limerick City area that could only be effectively addressed through the establishment of a Limerick City Local Drugs Task Force (LDTF). This view was reinforced by the National Drug Strategy Team (NDST), which identified to the Inter Departmental Group on Drugs (IDG) that Limerick was the priority location with a significant community drug problem.

The Fitzgerald Report (2007)¹³ re-iterated the call for priority to be given to addressing the drugs issue in Limerick City, and offered the following recommendation: ‘... *It has been recognised that the problems of drug abuse in Limerick City are particularly acute. A local focus for intervention should be immediately established for Limerick City and should work closely with the Development Agencies to identify interventions appropriate to the needs of these communities. These should include prevention and educational initiatives*’.

In response, the MWRDTF was asked by the Minister of State to establish a city-focused Sub Group to consider responses to the drugs and alcohol issues presenting in Limerick City.

The Sub Group has a membership of twelve representatives, three of whom do not sit on the MWRDTF.

Table 11 – Limerick City Sub Group Membership

Ref.	Member Body	Representative
1	ALJEFF Treatment Centre limited	Billy Fox
2	An Garda Síochána	Séamus Ruane
3	City of Limerick VEC	Mary Rose Ryan
4	Community	Mick Lacey
5	Community	Ger Kirby
6	HSE Mid Western Region	Rory Keane
7	Limerick City Council Homeless Service	Rob Lowth
8	Limerick Regeneration	Gwen Ryan
9	LYS	Catherine Kelly
10	NDST Liaison	Liam Keane
11	PAUL Partnership	Anne Kavanagh
12	Probation and Welfare Service	Margaret Griffin

The Strategic Plan for Limerick City 2009-2013 (MWRDTF, November 2009) identified the following strategic aims of the Limerick City Sub Group, thus: -

- ❑ *Reduce the availability of illicit drugs;*
- ❑ *Promote throughout society a greater awareness, understanding and clarity of the dangers of drug misuse;*
- ❑ *Enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society;*
- ❑ *Reduce the risk behaviour associated with drug misuse; and*
- ❑ *Reduce the harm caused by drug misuse to individuals, families and communities.*

¹³ *Report to the Cabinet Committee on Social Inclusion: Addressing issues of Social Exclusion in Moyross and other Disadvantaged Areas of Limerick City.*

In 2008, the Minister of Community Rural and Gaeltacht Affairs provided €1.3 million to establish the specific Limerick City Sub Group to develop an appropriate local response. By 2010 Limerick City Sub Group had no specific budget line.

5.3.2 Education and Prevention Sub Group

The stated role of the Education and Prevention Sub Group (EPSG) is to: *'support and recommend proposals that lead to an understanding of the dangers of drug and alcohol misuse'*. The Sub Group also has a role in identifying and prioritising prevention interventions to support those who are at particular risk.

The Sub Group is designed to disseminate information on the issues and challenges that are being identified in the domain of education and prevention to the supporting bodies and organisations within and across the Task Force. *Note also the stated role of the Voluntary Drug Cluster Group.*

Table 12 – Education and Prev'n Sub Group Membership

Ref.	Member Body	Representative
1	CYS - Youth Drug Education Worker	Eamonn Lodge
2	DES	Patricia Sheehan
3	DES - Limerick Prison	Tony O'Gorman
4	Foróige – Regional Director	Denis O'Brien
5	HSE - Education Officer - Ennis	Anna O'Neill
6	Limerick City Sports Partnership - Coordinator	Elaine Barry
7	City of Limerick VEC - Drugs Projects Coordinator YPFSF	Mary Ryan Rose
8	LYS- Director	Catherine Kelly
9	North Tipperary LEADER Partnership	Deirdre Cahir
10	North Tipperary VEC - Youth Officer	Lorraine Duane
11	Our Lady of Lourdes CDP, Limerick – Drugs Worker	Catherine O'Neill
12	SHEP Support Service (Post Primary)	Anne Jones
13	TRYS - CEO	Cora Horgan
14	University of Limerick	Eva Devaney

5.3.3 Treatment and Rehabilitation Sub Group

The Terms of Reference of the Treatment and Rehabilitation Sub Group (TRSG) were approved by the Task Force on 23rd September 2009. These establish the following objectives for the Sub Group: -

1. To make recommendations/proposals pertaining to treatment and rehabilitation to the MWRDTF;
2. Identify new treatment and rehabilitation actions;
3. Oversee the development and implementation of treatment and rehabilitation actions as defined by the MWRDTF within its action plan;
4. Identify gaps and needs in the current provision of treatment and rehabilitation in the region, and work with the MWRDTF towards filling those gaps;
5. Inform local, regional and national strategy in relation to treatment and rehabilitation issues and input into policy development; *and*
6. Engage with other service providers in the field of treatment and rehabilitation.

The NDS notes that the focus for treatment and rehabilitation has broadened over recent years to include the *'re-engineering of services to develop a comprehensive substance treatment service capable of dealing with all substances, particularly given the increasing geographic dispersal of problem drug use (including opiates), the increased prevalence of polydrug use and cocaine use, the increasing strength of cannabis, as well as the pervasive misuse of alcohol and the level of misuse of prescription drugs in society'*.

Table 13 - Treatment and Rehab Sub Group Membership

Ref.	Member Body	Representative
1	Aljeff Treatment Centre, Limerick City	Billy Fox
2	Bushy Park Treatment Centre, Ennis, Co. Clare	Margaret Nash
3	HSE Mid West	Rory Keane
4	Talbot Grove Treatment Centre, Castleisland, Co. Kerry	Con Cremin
5	<i>Voluntary Treatment and Rehabilitation Representative</i>	<i>Vacant</i>

Other proposed members:

6	Merchant's Quay, Ireland	Lejla Krutovic
7	<i>General Practitioner</i>	<i>Vacancy</i>
8	<i>Pharmacy</i>	<i>Vacancy</i>
9	ACET - AIDS Care Education and Training Ireland Ltd	Nicholas Schofield
10	Cuan Mhuire Treatment Centre, Bruree, Co. Limerick	Michael Dunford
11	LYS	Catherine Kelly
12	Red Ribbon Project, Limerick	Ann Mason

5.3.4 Project Appraisal Sub-Committee

The Project Appraisal Sub-Committee makes recommendations to the Task Force in respect of ensuring that projects are monitored in accordance with the guidelines agreed by the MWRDTF and funders in accordance with the Service Level Agreements. The Sub Committee also assesses the RDTF1 forms on behalf of the MWRDTF and in co-operation with the funders for the project, and oversees the quarterly reporting process. The Sub-Committee must approve any amendments to a project plan. The Project Appraisal Sub-Committee was also responsible for the approval of the Small Grants funded initiatives.

Figure 10 – Project Appraisal Sub-Committee

Ref.	Member Body	Representative
1	Co. Limerick VEC/Channel of Funding	Bernadette Cullen
2	Community Representative	Ger Kirby
3	HSE/Channel of Funding	Rory Keane
4	Limerick City Council/Channel of Funding	Rob Lowth
5	Public Representative	Shay Riordan
6	Statutory Representatives	Patricia Sheehan/Margaret Griffin
7	Voluntary Representative	Cora Horgan
8	Voluntary Representative	Margaret Nash

5.3.5 Drug Education Worker's Forum

The Mid West Drug Education Workers Forum (DEWF) operates at local level, and uses the support of the National DEWF¹⁴. The membership is open to anyone who has an education role, and encounters drug or alcohol issues directly or indirectly in the course of their work.

The key stated objectives of the Mid West DEWF are to provide: -

- ❑ **Information:** At the request of the members, specific presentations and guest speakers are invited to attend. The purpose is to increase member's knowledge, update them on current issues and enable discussion of issues of importance to the members, which have a regionally focus or impact.
- ❑ **Support:** The DEWF provides a safe environment for members to discuss, in a supportive setting, issues that have arisen for them in the course of their work. It also provides a networking space to get to know people who have different and specific knowledge relating to drug and alcohol misuse that would be of help to them in their work.

Table 14 – DEWF Attendees

Ref.	Member Body	Representative
1		Eddie O'Shaughnessy
2	CBDI	Patricia Whealan
3	CBDI	Eithne Stembridge
4	CYS - Youth Drug Education Worker	Eamonn Lodge
5	Drugs Education Worker	Noel Phealan
6	Drugs Education Worker	Caroline Keane
7	Drugs Education Worker	Nina Smyth
8	Foróige – Newcastle West, Co. Limerick - Coordinator	Sandra Burke
9	HSE - Education Officer - Ennis	Anna O'Neill
10	<i>In the Know</i> Worker	Eoin McInerney
11	<i>In the Know</i> Worker	Sarah Butler
12	Limerick VEC - Drugs Projects Coordinator YPFSF	Mary Ryan Rose
13	North Tipperary VEC - Youth Officer	Lorraine Duane
14	Northside	Séan Ward
15	Northstar Family Support Project, Limerick	Terry Byrnes
16	Northstar Family Support Project, Limerick	Peggy Frahill
17	Our Lady of Lourdes CDP, Limerick - Drugs Education Worker	Catherine O'Neill
18	Outreach Worker	Justin Sherin

5.3.6 Voluntary Drug Cluster Group

The Mid West Voluntary Drug Cluster Group is a sub-committee of the Task Force. The group is of long-standing, having evolved from structures that predate the establishment of the Task Force. There are thirteen members representing voluntary

¹⁴ The National Drug Education Workers Forum is a voluntary organisation committed to identifying and responding to the needs of voluntary, community and statutory drug education workers in Ireland.

groups¹⁵ from all parts of the region. These groups all have a strong focus on alcohol and drug work. The group nominates seven members to the Regional Drugs Task Force.

The stated role of the Mid West Voluntary Drug Cluster Group includes: -

- Assessing and representing the Prevention and Education, and the Treatment and Rehabilitation needs of Voluntary Groups in the region;
- Contributing to the five pillars at both regional and national levels;
- Supporting its nominated representatives on various fora;
- Agreeing priorities concerning alcohol and drug issues;
- Endorsing project proposals from the region;
- Sharing information and supporting voluntary groups.

The adopted principles of membership of the Voluntary Drug Sector requires nominee's to have a strong degree of involvement with drug and alcohol services at either, or both, the education and prevention, and treatment and rehabilitation levels.

The other stated core principles require the Group to ensure: -

- Balanced representation between treatment, rehabilitation, education and prevention;
- Regional and geographical balance;
- A primary focus on drug and alcohol services; *and*
- A commitment to tackling alcohol and drug issues across the region.

Table 15 - Voluntary Drug Cluster Group Membership

Ref.	Organisation	Representative
1	ACET	Nicholas Schofield
2	Aljeff Treatment Centre	Billy Fox
3	Ballyhoura Development Company	Olivia O'Brien
4	Bedford Row	Larry de Cleir
5	Bushy Park Treatment Centre	Margaret Nash (Chairperson)
6	Clare Local Partnership Company	Sue Targett
7	Cuan Mhuire Bruree Treatment Centre	Michael Dunford
8	CYS	Margaret Slattery
9	Foróige	Denis O'Brien
10	Homeless Alliance (Novas)	Darren Crowe
11	LYS	Catherine Kelly
12	Merchant's Quay, Ireland	Lejla Krutovic
13	Northstar Family Support	Iris Deniffe
14	Red Ribbon Project, Limerick	John Simons/ Tony Rose
15	St Munchin's FRC, Limerick	Eddie O'Shaughnessy
16	Talbot Grove Treatment Centre, Castleisland, Co. Kerry	Con Cremin
17	TRYS	Cora Horgan

¹⁵ The Voluntary Drugs Sector Cluster defines 'Voluntary Organisations' as organisations that are incorporated, with paid staff and who do not fit the 'Community' criteria of unpaid and/ or operating with a particular community focus.

Non-attendees

Ref.	Organisation	Representative
1	Hospital FRC, Hospital, Co. Limerick	Vacancy
2	North Tipperary LEADER Partnership	Vacancy
3	Our Lady of Lourdes CDP, Limerick	Vacancy

5.3.7 Review and Needs Assessment Steering Committee

In December 2009 the MWRDTF convened a Review and Needs Assessment Steering Committee with the objective of overseeing the commissioning and implementation of a research and evaluation process, culminating in the publication of this report.

Table 16 - Review Steering Committee Membership

Ref.	Organisation	Representative
1	PAUL Partnership: Research Section	Helen Fitzgerald
2	Probation and Welfare Services	Margaret Griffin
3	Community Representative	Ger Kirby
4	Limerick Regeneration	Gwen Ryan
5	TRYS	Cora Horgan

5.3.8 Cross Representation

It is clear from the above that the MWRDTF enjoys representation from a considerable number of agencies and organisations representing various supports to address the issues of drug and alcohol misuse across the region. The matrix below serves to illustrate this level of cross representation.

Table 17 - Cross Representation on Structures

Ref.	Organisation	Representative	MWRDTF	LCSG	EPSP	TRSG	DEWF	VDCG	Total Representation
1	ACET	Nicholas Schofield							1
2	Aljeff Treatment Centre	Billy Fox							4
3	An Garda Síochána	Insp. Séamus Ruane							2
4	Ballyhoura Development	Olivia O'Brien							1
5	Bedford Row	Larry de Cleir							1
6	Bushy Park	Margaret Nash							3
7	CBDI	Eithne Stenbridge							1
8	CBDI	Patricia Whealan							1
9	City of Limerick VEC	Mary Rose Ryan							4
10	Clare Local Partnership Company	Sue Targett							1
11	Community Representative	David McKnight							1
12	Community Representative	Ger Kirby							2
13	Community Representative – Co. Clare	Debbie Brown							1

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Ref.	Organisation	Representative	MWRDTF	LCSG	EPSC	TRSG	DEWF	VDCG	Total Representation
14	Cuan Mhuire Brúee Treatment Centre	Michael Dunford							1
15	Customs Service	Frank Woods							1
16	Customs Service	Tony Ford							1
17	CYS	Margaret Slattery							1
18	CYS	Eamonn Lodge							2
19	DES	Patricia Sheehan							2
20	DES - Limerick Prison	Tony O’Gorman							1
21	Drugs Education Worker	Caroline Keane							1
22	Drugs Education Worker	Nina Smyth							1
23	Drugs Education Worker	Noel Phealan							1
24	Elected Representative – Co. Clare	Cllr. John Egan							1
25	Elected Representative – Co. Limerick	Cllr. Brian Meaney							1
26	Elected Representative – Co. Tipperary NR	Cllr. Phyllis Bugler							1
27	Elected Representative – Limerick City	Cllr. Kathleen Leddin							1
28	FÁS	Cormac O’Connell							1
29	Foróige	Denis O’Brien							2
30	Foróige – Newcastle West	Sandra Burke							1
31	Homeless Alliance (Novas)	Darren Crowe							1
32	Hospital FRC, Hospital	Vacancy							1
33	HSE - Education Officer - Ennis	Anna O’Neill							2
34	HSE Mid Western	Rory Keane							3
35	In the Know Worker	Eoin McInerney							1
36	In the Know Worker	Sarah Butler							1
37	Limerick City Council Homeless Service	Rob Lowth							2
38	Limerick City Sports Partnership - Coordinator	Elaine Barry							1
39	Limerick Regeneration	Gwen Ryan							1
40	LYS	Catherine Kelly							4
41	Merchant’s Quay	Lejla Krutovic							2
42	MWRDTF Chairperson	Mick Lacey							2
43	NDST Liaison	Liam Keane							2
44	North Tipperary LEADER Partnership	Deirdre Cahir							1
45	North Tipperary LEADER Partnership	Vacancy							1
46	North Tipperary VEC - Youth Officer	Lorraine Duane							2
47	Northside	Séan Ward							1
48	Northstar Family Support	Iris Deniffe							1
49	Northstar Family Support	Peggy Frahill							1
50	Northstar Family Support	Terry Byrnes							1

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Ref.	Organisation	Representative	MWRDTF	LCSG	EPFG	TRSG	DEWF	VDCG	Total Representation
51	Our Lady of Lourdes CDP, Limerick	Vacancy							1
52	Our Lady of Lourdes CDP, Limerick – Drugs Worker	Catherine O’Neill							2
53	Outreach Worker	Justin Sherin							1
54	PAUL Partnership	Anne Kavanagh							1
55	Pharmaceutical Rep.	Gillian Burke							1
56	Probation and Welfare Service	Margaret Griffin							2
57	Red Ribbon Project, Limerick	John Simons/Tony Rose							1
58	SHEP Support Service	Anne Jones							1
59	St Munchin’s FRC, Limerick	Eddie O’Shaughnessy							2
60	Talbot Grove Treatment Centre	Con Cremin							3
61	TRYS	Cora Horgan							3
62	University of Limerick	Eva Devaney							1
63	VEC	Bernadette Cullen							1
64	Voluntary Treatment and Rehabilitation Representative	Vacant							1
65		Catherine Smyth							1

From the above it can be seen that 65 individuals representing some 56 organisations and bodies participate in the MWRDTF and its structures. 55% of those participating in the structures are female.

5.4 Governance

The Mid West Regional Drugs Task Force Limited is registered as a Company Limited by Guarantee with the Companies Registration Office (Registration No. 438429). It is understood that the Task Force converted from a multi-agency voluntary body to a Limited Company structure primarily to enable it to employ its own Development Officers and Administrative Staff.

5.4.1 Genesis

The National Drugs Strategy Team established the MWRDTF in May 2003.

One of the key recommendations of the NDS 2001-2008 was the establishment of RDTFs throughout the country. The strategy proposed that RDTFs be set up in each of the ten former Health Board areas to develop appropriate policies to deal with drug misuse in the regions.

The RDTFs were established to bring together all the State Agencies involved in the field of drug misuse, as well as the voluntary and community sectors.

Each RDTF was required responsible for putting in place a strategy to tackle drug misuse specifically in their regions. At the time, their establishment represented an

innovative approach to tackling the drug problem on a regional basis. The role of the RDTFs was defined as being to research, develop and implement a co-ordinated response to drug misuse through a partnership approach.

5.4.2 Terms of Reference

The original terms of reference for the MWRDTF, as laid down by the NDS 2001-2008 were as follows: -

- ❑ To ensure the development of a co-ordinated and integrated response to tackling the drugs problem in their region;
- ❑ To create and maintain an up-to date database on the nature and extent of drug misuse and to provide information on drug-related services and resources in the region;
- ❑ To identify and address gaps in service provision having regard to evidence available on the extent and specific location of drug misuse in the region;
- ❑ To prepare a development plan to respond to regional drugs issues for assessment by the NDST and approval by the IDGD;
- ❑ To provide information and regular reports to the NDST in the format and frequency requested by the Team; *and*
- ❑ To develop regionally relevant policy proposals, in consultation with the NDST.

5.4.3 Original Representation Requirements

The NDS 2001-2008 required that the MWRDTF was to include representation from the following sectors: -

- ❑ Chair;
- ❑ Regional Drug Co-ordinator of the Health Board (*providing secretarial/administrative support*);
- ❑ Local Authority;
- ❑ VEC;
- ❑ Health Board;
- ❑ Department of Education and Science;
- ❑ Department of Community, Rural and Gaeltacht Affairs;
- ❑ Gardaí;
- ❑ Probation and Welfare Service;
- ❑ FÁS;
- ❑ Revenue Commissioners - Customs and Excise Division;
- ❑ Voluntary Sector;
- ❑ Community Sector;
- ❑ Public Representatives; *and*
- ❑ Area Based Partnerships.

It can be seen the current composition of the MWRDTF corresponds directly to the originally specified representational requirements. An independent chairperson currently chairs the Task Force.

5.4.4 Staffing

The Development Officers and Administrative Officer are employed directly by the Task Force. It follows that the Coordinator enjoys the terms and conditions of employment of the HSE Mid West, whilst the employment terms and conditions of the Development Officers and Administrative Officer are determined by the MWRDTF.

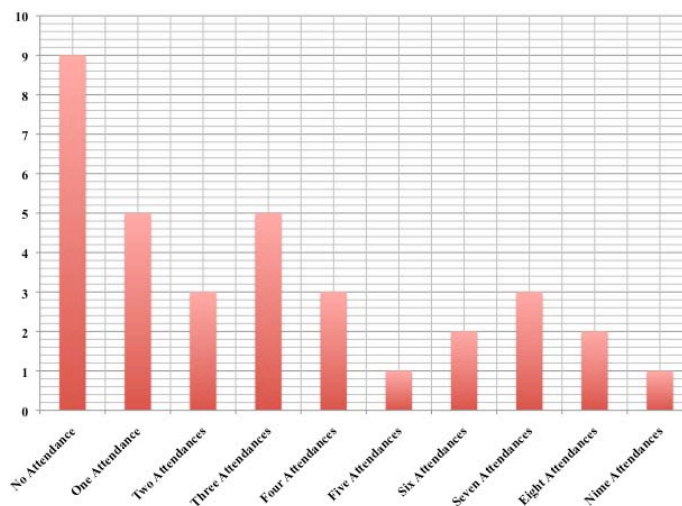
5.4.5 Governance Standards

It is understood that the internal governance standards adopted by the MWRDTF generally accord with those adopted by other Task Forces, reinforced by the statutory requirements of the Companies Act 2009.

With respect to the widely accepted seven principles of good governance, there is recognition within the MWRDTF of the following: -

- **Participation:** the need to create a conducive environment for efficiently and effectively discharging its duties and responsibilities. It is noted that from the period January to December 2009 there was a total of nine meetings of the Task Force.

Figure 11 - Meeting Attendance 2009 (Source: MWRDTF)



During the course of 2009 it is reported that nine members of the MWRDTF attended no meetings, with eleven members attending three or fewer meetings.¹⁶ Only one member is recorded as having attended all meetings of the Task Force.

The Statutory Sector - Elected Representatives recorded the highest rate of absence.

- **Effectiveness and Efficiency:** – the Members must meet regularly, retain full and effective control over the organisation, and monitor the Co-ordinator and any other resources.

The relatively low rate of attendance at Task Force meetings, as reported above, may be worthy of closer inspection given the role of the task force in controlling effectiveness and efficiency.

¹⁶ Nine representatives sitting on the Task Force were changed during the course of 2009, with all being in place by 23rd September. This included all of the Statutory Sector Elected Representatives.

- ❑ **Control:** - collective accountability and responsibility for ensuring and monitoring that the organisation is performing well, is solvent, and is complying with all legal and statutory obligations.
- ❑ **Transparency and Accountability:** – in accordance with norms in the public finance sector.
- ❑ **Leadership:** – providing the policy and strategic vision for the organisation.
- ❑ **Consensus Orientation:** - mediation of the conflicting interests at play in every organisation.
- ❑ **Equality, Diversity and Ethics:** – issues relating to ensuring equality and embracing diversity are generally well understood.

6 Core Recommendations

The following recommendations are based on a summary of the research and evaluation processes detailed previously.

6.1 Project Level Recommendations

Ref.	Recommendation	Evidence Base
1	Reduce seventeen identified projects to a total of seven through the amalgamation of individual projects into integrated actions. Develop a new approach to engagement with young people through the empowering of existing community and voluntary organisations. Combine a number of ALJEFF projects into an integrated <i>continuum of care</i> suite.	Evaluation of the individual projects, coupled with information gathered from the consultative processes and the literature review.
2	A series of robust, evidence-based strategies should be drawn up by the MWRDTF to serve each of the pillars of the NDS. Move away from ad hoc project delivery to a closely aligned strategic implementation approach.	The apparently ad hoc dispersion of projects by geography and type appears to be a relatively loose fit with the MWRDTF Action Plan, and appears to lack strategic cohesion.
3	Introduce an open and transparent process for recommending projects for support, and also for allowing new project to develop.	Confusion over the criteria used to recommend projects for support.
4	Refocus projects in line with the agreed local strategies emerging from the National Drugs Strategy (interim) 2009-2016.	Changes in agreed local strategies should be reflected in the nature of projects supported.
5	Agree and publish an unambiguous Project Support Strategy.	Expectation over consistent annual funding (mainstream equivalent) and project orientation (time-limited funding) needs to be managed carefully.
6	Improve cross-agency knowledge within the sector and ensure that this permeates to worker level.	The interagency nature of the sector produces confusion at many levels.
7	Improve inter-project networking – examine the role of the sub groups.	Evidence suggests that little transference of learning is taking place between projects.
8	Improve and introduce consistent and comparable reporting standards.	Reporting standards, as evidenced by the End of Year Reports are very variable.

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Ref.	Recommendation	Evidence Base
9	Introduce improved and consistent project management procedures and standards.	Considerable variance in the quality of reporting and management procedures adopted.
10	Consider the long-term sustainability and capacity of project host groups.	Dependency on MWRDTF related support appears to be accepted by all.

6.2 Sub Group Level

Ref.	Recommendation	Evidence Base
1	Develop and agree clear Vision, Mission and Values Statements.	Lack of clarity of role of the majority of Sub Groups expressed in consultative meetings. Lack of common understanding concerning relationship with MWRDTF.
2	Empower Sub Group Members	Need to improve engagement of many Sub Group Members. Clarification of expectation of Sub Group membership. Improve value-added component of Sub Group membership – more effectively transferring specialist experience and knowledge.
3	Improve Governance Standards	Ensure up to date Governance Manual, and Terms of Reference for Sub Groups.
4	Improve Reporting Standards	Paper trail of meeting reports appears to be absent for some sub groups.
5	Improve Communication - Internal	MWRDTF perceived as remote. Virtual networking appears not to be used – blogging – texting – e-zines.
7	Incentivise Research	Little evidence of a structured programme of issue-based research at sub group level to underpin future actions, advocacy or lobbying.

6.3 Staff Level

Ref.	Recommendation	Evidence Base
1	Staff Capacity Building – Management and IT Skills	Evidence suggests that increased depth of management skills might offer improved efficiencies. Improved use of IT might encourage the development of web-based networking opportunities.
2	Consider innovative ways of supporting needs outside of Limerick City	Considerable geographic spread of the area, coupled with the range and remoteness of settlement types.

6.4 Task Force Level

Ref.	Recommendation	Evidence Base
1	Develop and agree clear Vision, Mission and Values Statements.	Lack of clarity of role of MWRDTF expressed in consultative meetings. Lack of common understanding concerning potential lobbying and advocacy functions of MWRDTF.
2	Empower Task Force Members – <i>Increase clarity around representation - Induction Process and Members Manual.</i>	Clear need to improve engagement of MWRDTF Members. Clarification of expectation of MWRDTF membership. Improve value-added component of MWRDTF membership – more effectively utilising specialist experience and knowledge. Widely referenced need to improve coordination role.
3	Enforce Governance Standards	Possible need for improved strategic policy focus. No evidence of standards for reporting.
4	Improve Routine Evaluation, Review and Monitoring Processes	No evidence of a robust hierarchy of evaluation, review and monitoring processes that can easily inform key management decisions.
5	Improve Communication - Internal	Need to break down compartmentalisation between sectors, organisations, projects and geographical divides – improve integration. Improve transfer of knowledge and experience.
6	Improve Communication - External	Web site is not seen as a useful information repository. Virtual networking appears not to be used – blogging – texting – e-zines. MWRDTF has weak profile – <i>what and who is MWRDTF?</i> No evidence of a programme of regional or local issue-based seminars, meetings or conferences.
7	Refocus on Client	MWRDTF structures are developed around serving projects. The connection with clients needs may be weakened.
8	Incentivise Research	Little evidence of a structured programme of issue-based research to underpin future actions, advocacy or lobbying.
9	Broaden the Scope of Activities – leverage other resources.	Little evidence of the MWRDTF structure being used to access other streams of enabling funding and resources.
10	Map services.	No evidence that many have a clear picture of the level, dispersion and type of services t available across the region. No service user interviewed was able to present a picture of all services available to them, or the ideal contact point for referral.

A Appendices

A.1 Terms of Reference

The stated objective of the Review and Evaluation process was to: -

- ❑ Identify priority issues for the Mid-West following the publication of the National Drug Strategy (NDS), September 10th 2009; *and*
- ❑ Evaluate existing MWRDTF funded projects as to their effectiveness and relevance to the region going forward.

The process was required include a review of the national policy context following the publication of the new National Drugs Strategy, with a particular focus on identifying current and emerging priority issues in the Mid West in the key areas of: -

- ❑ Supply Reduction;
- ❑ Prevention;
- ❑ Treatment and Rehabilitation; *and*
- ❑ Drug Misuse Prevalence (Research pillar)

In addition, a review of existing projects was undertaken, with a special focus on: -

- ❑ Value for money; *and*
- ❑ Relevance to the priority and emerging needs in the Mid-West.

A.2 Project Review Summary

The following provides a précis of key information recorded on the Framework Worksheets. The five evaluation questions are designed by the MWRDTF to record the following information: -

- i. Did the project do what it said it would do?
 - Review goals/ objectives of the project to ensure they are consistent with overall goals of funding contract i.e. RDTF 1 form
 - Record what happened as a result of implementing the project e.g. resources developed, training sessions completed, etc.
 - Describe the changes that occurred in relation to the indicators of success.
- ii. What was learnt about what worked and what didn't work?
 - Outline key learning from the project about making things work e.g. producing effective resource materials, structuring productive advisory committees, etc.
 - Identify learning's about what strategies didn't work and why.
- iii. What difference did the project make (outcomes)
 - Outline results from the evaluation that shows how the project made a difference to consumers, project funders and the wider community.
 - Identify any changes – tangible and intangible: attitudes, knowledge, skills or behaviour - that occurred from the project work.
 - Quantify where appropriate and possible e.g. how many people attended
 - If appropriate, show how the project contributed to increased public participation and strengthening the work of community groups. This can include personal statements, anecdotal material from project evaluations i.e. *'One thing I plan to use after completing this project is to....'* etc
- iv. What could be done differently?
 - List the learning obtained from the project about different ways to do the work e.g. improving cost-effectiveness of projects, adapting the project model to make it more responsive, more accountable.
 - Review cautions and challenges about doing similar project work.
 - How will the project promoter plan to use the evaluation findings to maximise future learning or project planning
- v. Now what for the forthcoming year?
 - This is a question that should be considered at the very beginning of a project and not just at the end. Having ideas at the start of a project about uses for the evaluation findings helps ensure that the evaluation is conducted and the results reported in a way that meets people's needs.
 - To support this process of maximising future learning and project planning projects should:

- ❑ Review the results from the quarterly project reports looking at ways the results can be used to increase performance, improve project administration, enhance planning activities, etc.
- ❑ Attempt should be made to ensure input is obtained from project participants on project evaluation. There maybe scope for instance, to build on their stories and personal experiences to give a human face to the evaluation results.
- ❑ Identify other projects that are doing related work.

Table 18 – Framework Worksheet Review

Project Code	Did we do what we said we would?	What did we learn about what worked and what didn't work?	What difference did it make that we did this work?	What could we do differently?	How do we plan to use evaluation findings for continuous learning?
MW1	Programme delivered in line with project proposal.	Approach to delivery of programme to clients appears to be working satisfactorily.	Project made a significant therapeutic and rehabilitative difference among prisoners.	Need for further development of the programme.	Ongoing review/evaluation of the project.
MW12	Two weekly drop in and weekly Friday night drop in sessions were organised.	Providing drop in on Friday night worked but was slow to take up.	Young people get involved in different activities and also in community based activities, therefore encouraging them to engage in diversionary activities.	Based more activities in the youth centre, rather than the bowling.	We have undertaken research with young people in the schools to look at additional issues around substance misuse.
MW25	The Diploma was developed as a response to a need in the community for progression routes in the field of drug and alcohol studies in three regions	The focus of the programme is on participants developing theoretical and evidence-based knowledge together with a range of practical skills to enable them to respond and appropriately to drugs and alcohol issues.	Got opportunity to learn about other sectors and agencies through personal interactions. Enhanced professional networks.	Overall the evaluation was very positive in all areas.	The vision of the course is to continue to fill existing gaps in educational progression routes in this field through further development of the programme to degree and post-graduate levels.
MW28	Continued provision of programme achieved.	Establishing pre-treatment element of the programme has proven successful in increasing progression levels	The programme has made access to an effective treatment programme and support services available to large number of people who would not otherwise have access to suitable services.	Publicise the programme better.	The maintaining of a pre-treatment element of the programme will continue in light of its beneficial impact on progression levels.

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Project Code	Did we do what we said we would?	What did we learn about what worked and what didn't work?	What difference did it make that we did this work?	What could we do differently?	How do we plan to use evaluation findings for continuous learning?
MW31	The project worker is currently seeing 8 people on a one to one basis once a week/fortnight.	Young people referred for a substance misuse problem thrive when they feel they have someone to listen to them.	8 young people now feel welcome and heard by the Project Worker.	Thanks to funding received through the Drugs Task Force structural funding, Foróige in Newcastle West have procured new premises which has proven to be much more user friendly for participants.	The Project Worker uses all reporting mechanisms to build on current work being carried out and to help plan for the future.
MW32	In line with the National Drugs Strategy 2001- 2008, the overall aim of the Community Based Drugs Initiative (CBDI) is to develop effective drug specific prevention strategies for young people within the St Mary's Parish	The importance of allocating adequate time to engaging with the target group in order to build the necessary trust for the young person themselves, their families and the local community	Project has provided a range of services and in particular consultations and direct work with individuals and their families.	The project would have benefitted from a facility in the community where project worker could have been established.	The Drugs Worker will continue to develop a range of one-to-one and small group interventions, group work, personal development programmes, coffee mornings with young mothers, outreach and inter-agency working
MW33	A database was developed which will monitor and evaluate project activity on an ongoing basis.	During development and testing of the database, we learned that there was a need to record information on three levels.	Initial use of the database has given the worker a structured method of reflection on programme activities and on work practices.	When the information that has been gathered, reviewed and analysed, a evaluation of how effective that method of recording the information will be conducted and the database updated accordingly	The information recorded which provides a baseline for knowledge and attitude will be used in three keys ways – Worker reflection and development, Programme design and delivery and Regional and National Development
MW34	Programmes targeted young people at risk of substance misuse according to the project criteria and relevant research. We also provided one to one support to one referred young person.	The programmes run helped to develop a core body of resources and activities to use in further programmes.	The programmes provided information, support and an outlet for young people at risk of substance misuse.	Involve more written or verbal evaluation in each session, in order to be continuously evaluating throughout the programme.	The project plans to use evaluation findings for continuous learning, by including groups' needs and feedback in the evaluation process.
MW35	14 week programme being delivered. However, a full capacity of 6 families has not been achieved to date and 5 families are currently involved.	The training of group leaders and co-ordinator worked well and was effective.	Significant improvements are reported in behaviour at home and at school of pre-teens.	It may be beneficial to deliver the programme within local communities rather than from a central location if this was possible to achieve.	Need to develop further procedures and practices for participants' families' feedback.
MW37	We have organised and completed a CASC course 2008/2009 with 25 participants.	Holding the course on a weekday night facilitated volunteers to participate in a location central to the majority of participants was useful.	Community Activists have now achieved FETAC 5 certification in a topic that will benefit them in a community based setting.	Considering the course was the first of its kind in North Tipperary it was extremely beneficial.	All participants undertook a number of evaluations throughout the course and had nightly "check-ins"

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Project Code	Did we do what we said we would?	What did we learn about what worked and what didn't work?	What difference did it make that we did this work?	What could we do differently?	How do we plan to use evaluation findings for continuous learning?
MW38	The families who have used the service, appear to benefited substantially from the services provided	So far everything that was planned and envisaged for successful service delivery has proved to be of considerable benefit to families once the service got up and running.	Evidence from families who have used the service suggests it is one of the most necessary and valued services available.	Nothing obvious has been identified that could potentially be done or needs changing.	All evaluation findings will be taken on board by NI Staff and utilized to improve on service delivery and positive outcomes for the families using the service.
MW40	22 families to date have been referred to the programme	Families need to be reminded of service coming up to date of appointment date	It gave families the support and encouragement to make life changing decisions and behavioural changes in their families units.	We would leave it for a nit later before we refer clients to the family therapy programme.	To leave it until the client's second review before we would refer clients onto the programme
MW1L	The project used youth work methodologies to involve its target group through programmes of personal development, support and drug education and through its referral system.	The project felt that when working with high-risk young people as in bringing them together in groups, there was a risk of increased substance use.	The Project has provided a range of services and in particular diversionary group activities that engages a vulnerable sector of the population in positive healthy behaviours.	The establishment of a more effective information system and suite of standardised performance indicators in order to ensure closer monitoring of project outcomes	The Drug Worker will continue to develop a range of one-to-one and small group interventions, group work, outreach and inter-agency working.
MW2L	Dedicated outreach team of two full-time outreach workers present on a weekly basis at 9 locations within communities.	Links made with service providers in the community have proven beneficial in the establishment of outreach clinics.	Increased awareness within targeted communities of treatment and support services.	Need for targeted initiatives to increase awareness of outreach clinics.	Targeted awareness raising initiatives planned.
MW3L	Peer led support groups in place with training and facilitation of these groups ongoing.	Project now becoming autonomous.	Supported families trying to cope with substance misuse through providing information, support and respite.	Facilitating the development of plans around training with peer led support.	Research and Advisory Group provides platform for participants to provide feedback.
MW4L	Although outcomes show varying levels of success have been achieved with clients on the programme, not all clients completed the programme successfully.	The establishment and consistent implementation of clear expectations has worked in allowing effective supervision of client's sense of independence and initiative.	A significant difference has been evident for those who successfully completed the programme with most of these successfully reintegrated into society.	Supports provided to clients to assist them to obtain voluntary or paid work have been beneficial and it may be necessary to try to develop this aspect of the programme further.	There is a need to continue to monitor and evaluate outcomes, to identify factors giving rise to relapse and dropout to see if the programme negate some of these factors and increase completion rates.

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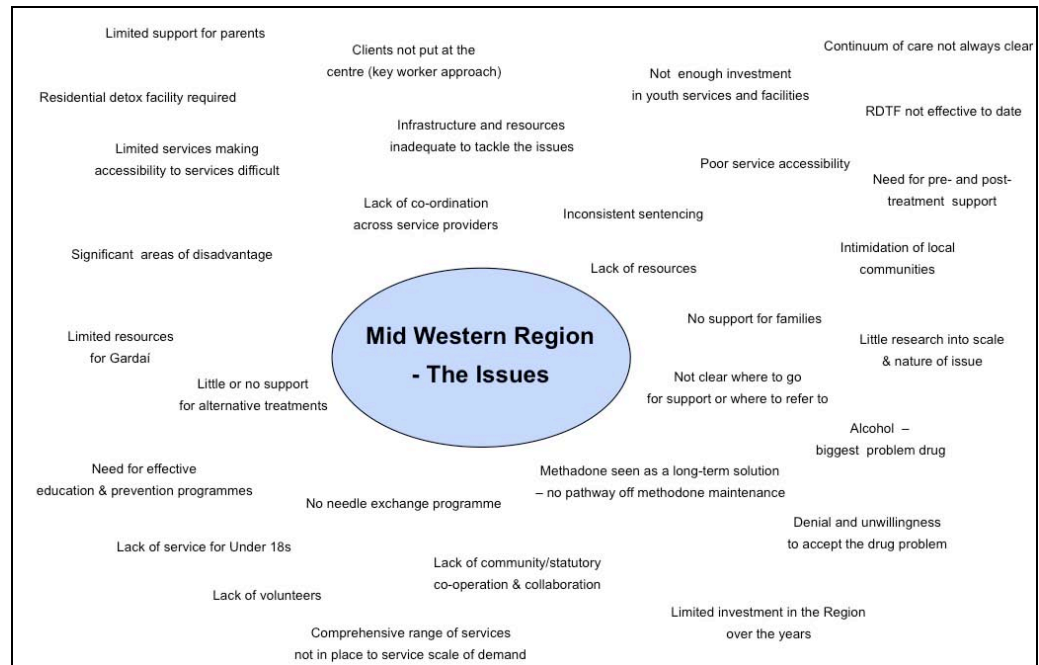
Project Code	Did we do what we said we would?	What did we learn about what worked and what didn't work?	What difference did it make that we did this work?	What could we do differently?	How do we plan to use evaluation findings for continuous learning?
MW5L	Varying levels of success has been achieved with clients on the programme.	An increased involvement of clients in the upkeep and maintenance of their accommodation facilities has worked well.	Most have successfully reintegrated into society.	Supports provided to clients to assist them to obtain voluntary or paid work have been beneficial.	Need to continue to monitor and evaluate outcomes.
MW6L	The project did meet its first objective completely having identified and engaged with a cohort of young people from St. Munchin's Parish who are regular drug users and linked them with appropriate services in the area.	Manner in which young people engaged Availability of worker within the community Interagency work when all parties were committed. Lack of affordable treatment Lack of knowledge of drugs within the community.	Through the project up to one hundred young people between the age of twelve and eighteen have received drug education through various modes of engagement.	The Project Worker would have begun group work with smaller groups to ensure more effective, intensive work was carried out.	Projects will develop innovative methods on how the target group can be engaged with and alternative methods of communication, continuously explored given the changing nature of young people.

The above table provides a summary of some of the key factors contained in the responses in the Framework Worksheets.

A.3 Action Plan 2005 – Issues

The following diagram is extracted from the MWRDTF Action Plan 2005, and summarises the issues identified through the consultation process.

Figure 12 - Action Plan 2005 – Issues (Source: MWRDTF)



A.4 National Drugs Strategy 2009-2016

The following contains a précis of the National Drugs Strategy (interim) 2009-2016, as published by the Department of Community, Rural and Gaeltacht Affairs, November 2009.

A.4.1 Strategic Objective

The overall strategic objective for the NDTS 2009–2016 is to continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

A.4.2 Strategic Aims

The Strategy has the following overall strategic aims: -

1. To create a safer society through the reduction of the supply and availability of drugs for illicit use;
2. To minimise problem drug use throughout society;
3. To provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs;
4. To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland; *and*
5. To have in place an efficient and effective framework for implementing the National Substance Misuse Strategy 2009 - 2016.

A.4.3 Objectives and Key Performance Indicators

The NDTS 2009–2016 records a series of objectives, and key performance indicators for each of the five pillars.

Table 19 – NDTS Objectives 2009–16

Pillar	Objectives	Key Performance Indicators
Supply Reduction	<ol style="list-style-type: none"> 1. To significantly reduce the volume of illicit drugs available in Ireland; 2. To prevent the emergence of new markets and the expansion of existing markets for illicit drugs; 3. To disrupt the activities of organised criminal networks involved in the illicit drugs trade in Ireland and internationally and to undermine the structures supporting such networks; 4. To target the income generated through illicit drug trafficking and the wealth generated by individuals involved in the illicit drugs trade; <i>and</i> 5. To tackle and reduce community drug problems through a coordinated, inter-agency approach. 	<ol style="list-style-type: none"> a. Increase of 25% in the number of supply detection cases by 2016, based on 2008 figures; b. Increase of 25% in the volume of drugs seized that are considered to be intended for the Irish market by 2016, based on 2008 figures; <i>and</i> c. Twenty Local Policing Fora established and operating by 2012.

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Pillar	Objectives	Key Performance Indicators
Prevention	<ol style="list-style-type: none"> 1. To develop a greater understanding of the dangers of problem drug/alcohol use among the general population; 2. To promote healthier lifestyle choices among society generally; <i>and</i> 3. To prioritise prevention interventions on those in communities who are at particular risk of problem drug/alcohol use. 	<ol style="list-style-type: none"> a. Decrease in the number of opiate users in Dublin area and stabilisation of opiate users in rest of country by 2011; b. Stabilisation in recent, and reduction in current prevalence of illicit drugs in 15 - 34 population (Drug Prevalence Survey 2010/2011); c. Reduction in numbers engaged in poly-drug use (Drug Prevalence Survey 2010/2011); d. Reduction of level of drug misuse reported by school students (regular survey results and ESPAD Survey 2011); e. Delaying the age of first use of illicit drugs f. (ESPAD Survey 2011); g. Delaying the age of first drink and reduction in binge drinking among young people (ESPAD, National Prevalence Survey, HBSC Surveys); <i>and</i> h. Reduction in the Early School Leaving figures from 11.5% (2007) to 10% by 2012, utilising the widely recognised definition of 'early school leaver' used by EUROSTAT¹⁷.
Treatment and Rehabilitation	<ol style="list-style-type: none"> 1. To develop a national integrated treatment and rehabilitation service that provides drug free and harm reduction approaches for problem substance users; <i>and</i> 2. To encourage problem substance users to engage with, and avail of, such services. 	<ol style="list-style-type: none"> a. 100% of problem drugs users accessing treatment within one month of assessment by 2012; b. 100% of problem drugs users aged under - 18 accessing treatment within one week of assessment by 2012; c. 25% increase in residential rehabilitation places by 2012 based on 2008 figures; d. 25% increase in Hepatitis C cases among drug users treated by 2012; <i>and</i> e. Put a drugs intervention programme in place by 2012, incorporating a treatment referral option, for people who come to the attention of An Garda Síochána and the Probation Service due to behaviour caused by substance misuse.

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¹⁷ The proportion of persons aged 18 to 24 years whose highest level of education attained is lower secondary or below, and who did not receive formal or non - formal education in the previous four weeks.

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Pillar	Objectives	Key Performance Indicators
Research	a. To ensure the availability of data to accurately inform decisions on initiatives to tackle problem substance use; <i>and</i> b. To provide appropriate research to fulfil the information needs of Government in formulating policies to address problem substance use.	a. EMCDDA indicators developed on the extent and nature of problem drug use in Ireland; b. Comprehensive and timely reporting systems in place for: - i. Treatment and rehabilitation; <i>and</i> ii. Progression of offenders with drug - related offences through the criminal justice system c. Completion of identified research programme by the NACD.

The NDTs 2009–2016 also establishes objectives and key performance indicators for the coordination role: -

Pillar	Objectives	Key Performance Indicators
Coordination	1. To bring greater coherence to the co - ordination of substance misuse policy in Ireland across all sectors; <i>and</i> 2. To maintain and strengthen partnerships with communities to tackle the problems of substance misuse.	a. Establishment of the Office of the Minister for Drugs by mid 2009; <i>and</i> b. Development of an overall performance management framework by end 2010.

A.4.4 Inclusion of Alcohol


The NDTs 2009–2016 introduces the inclusion of alcohol into a National Substance Misuse Strategy (NSMS).

The NDTs states: *‘Alcohol is frequently associated with many aspects of Irish social and cultural life and its use has become deeply woven into our national identity. For many, alcohol is also seen as a gateway to illicit drug use, particularly for young people, while poly-drug use - which very often includes alcohol - is now the norm among illicit drug users’.*

A.5 Research and Evaluation Questionnaire

The following questionnaire was developed and used to underpin the consultative process with each of the funded projects surveyed. It also formed the basis of a facilitated discussion with representative geographical groupings convened in Ennis (Co. Clare), Thurles and Roscrea (Co. Limerick), and with the MWRDTF Sub Groups.

Figure 13 – MWRDTF Questionnaire

<p style="text-align: center;">Mid West Regional Drugs Task Force - Research and Evaluation Questionnaire</p> <div style="display: flex; justify-content: space-between; align-items: center;">  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Research and Evaluation</p> </div> </div> <p>Terms of Reference</p> <p>The MWRDTF is seeking to :-</p> <ul style="list-style-type: none"> □ Identify priority issues for the Mid-West following the publication of the National Drug Strategy (NDS), September 10th 2009; and □ Evaluate existing MWRDTF funded projects as to their effectiveness and relevance to the region going forward. <p>Particular focus on identifying current and emerging priority issues in the Mid West in the key areas of :-</p> <ul style="list-style-type: none"> □ Supply Reduction; □ Prevention; □ Treatment and Rehabilitation; and □ Drug Misuse Prevalence (Research pillar) <p>Review of existing projects, with a special focus on :-</p> <ul style="list-style-type: none"> □ Value for money; and □ Relevance to the priority and emerging needs in the Mid-West. <p>Evaluation questions previously asked :-</p> <ol style="list-style-type: none"> 1 Did the project do what it was established to do? 2 What was learnt about what worked and what didn't work? 3 What difference did the project make? 4 What could have been done differently? 5 Now what for the forthcoming year? <p style="font-size: small;">337-Questionnaire 1.2.doc Page 1 18/02/2010</p>	<p style="text-align: center;">Mid West Regional Drugs Task Force - Research and Evaluation Questionnaire</p> <p style="text-align: center;">Section 1 – Current Project</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 5%;">Ref.</th> <th style="width: 65%;">Question/Prompt</th> <th style="width: 30%;">Response</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">1a</td> <td style="vertical-align: top;"> Do you want to add anything to the information that you gave in your End of Year Evaluation Report? 1. Did the project do what it was established to do? 2. What was learnt about what worked and what didn't work? 3. What difference did the project make? 4. What could have been done differently? 5. Now what for the forthcoming year? - Section 2 </td> <td style="vertical-align: top;"></td> </tr> <tr> <td style="vertical-align: top;">1b</td> <td style="vertical-align: top;"> Where did the idea for your project come from? Needs based? Evidence Based? How much research have you done? </td> <td style="vertical-align: top;"></td> </tr> </tbody> </table> <p style="font-size: small;">337-Questionnaire 1.2.doc Page 2 18/02/2010</p>	Ref.	Question/Prompt	Response	1a	Do you want to add anything to the information that you gave in your End of Year Evaluation Report? 1. Did the project do what it was established to do? 2. What was learnt about what worked and what didn't work? 3. What difference did the project make? 4. What could have been done differently? 5. Now what for the forthcoming year? - Section 2		1b	Where did the idea for your project come from? Needs based? Evidence Based? How much research have you done?																
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A.6 Consultation Schedule

The following projects, organisations, and groupings were consulted during the research and evaluation process.

Figure 14 – Consultation Schedule

Ref.	Date (2010)	Consultee	MWRDTF Project Code(s)
1	18 th January	ALJEFF: <i>Prison Support Programme, Limerick City Outreach, Limerick City Family/Day Programme, Limerick City Transitional Housing, Day Treatment Programme</i>	MW1, MW29, MW2L, MW3L, MW4L
2	19 th January	Limerick Youth Service – <i>Strengthening Families-Workers</i>	MW35
3	21 st January	Foróige – Newcastle West CBDI - Worker and Advisory Group	MW31
4	22 nd January	Northstar Family Support Project – Workers and Clients	MW5L
5	22 nd January	Limerick Youth Service – <i>In the Know</i> – Workers and Participants	MW30
6	25 th January	MWRDTF Staff	
7	25 th January	Limerick City CBDI Workers	MW6L, MW32
	28 th January	Foróige – South East Co. Limerick - <i>Youth Drugs Prevention Project</i> - Workers	MW34
8	29 th January	Education and Prevention Sub Group	
9	29 th January	Voluntary Drug Cluster Group	
10	29 th January	Research Advisory Group	
11	1 st February	UL Diploma; Drug and Alcohol Studies - Staff	MW25
12	1 st February	HSE Mid West: Coordinator for Drugs and Alcohol Services	
13	2 nd February	Respite Families	
14	2 nd February	Treatment and Rehabilitation Sub Group	
15	2 nd February	DEWF	
16	2 nd February	MWRDTF	
17	3 rd February	Co. Tipperary NR – Nenagh/Roscrea Area Group Meeting – Needs Assessment	
18	3 rd February	Co. Limerick – Castleconnell Area Needs Assessment	
19	4 th February	Respite House, Inchidrinagh, Co. Limerick	
20	4 th February	Tipperary NR – Roscrea Town Group Meeting – Needs Assessment	
21	5 th February	TRYS – CASC – Thurles, Co. Tipperary NR	MW37
22	5 th February	Tipperary NR – Thurles and environs Group Meeting – Needs Assessment	
23	10 th February	Bushy Park House, Co. Clare - Cocaine Initiative Project	MW38
24	10 th February	Co. Clare – Area Group Meeting – Needs Assessment	
25	10 th February	CYS – Advisory Group – Youth Drug Prevention Project	MW33
26	12 th February	Limerick City Sub Group	

A.7 Summary Consultation Outcomes

The following provides a record of some of the key issues identified in the context of the area-based focus group meetings.

Table 20 – Roscrea, Co. Tipperary NR Consultation

Roscrea 2000, Roscrea, Co. Tipperary – 3rd. February 2010

Discussion Topic	Observation
Supply Reduction	<ul style="list-style-type: none"> <input type="checkbox"/> There is an awareness of alcohol and drugs related issues in Nenagh. There are 79 registered heroin users. <input type="checkbox"/> Information coming from the local streets suggests that prescription drugs are selling at €5 each, and that 12-15 year olds may take up to 5-10 tablets daily.
Prevention and Education	<ul style="list-style-type: none"> <input type="checkbox"/> Alcohol is big issue in the community. <input type="checkbox"/> A specific rural focus needs to be developed for appropriate responses to alcohol and drugs misuse. <input type="checkbox"/> A community-based awareness-building programme needs to be implemented, aimed at informing parents and involving the GP's. <input type="checkbox"/> Schools need to be surveyed to gauge the extent of the problem around potential alcohol and drugs misuse. <input type="checkbox"/> In raising awareness with young people, the <i>'coolness has to be taken out of drugs'</i>. <input type="checkbox"/> Children must be educated on awareness, starting with SPHE at primary school, however, some considered that this maybe exposing children at too young an age. <input type="checkbox"/> Families must be given the tools to educate their children on alcohol and drugs related issues. Drop in centres should be provided for young people. <input type="checkbox"/> Proactive, rather than reactive, <i>'joined-up thinking'</i> is required to effectively counter alcohol and drugs related issues. <input type="checkbox"/> There is a sense of isolation in the community from the supporting agencies. <input type="checkbox"/> The old definitions of those <i>'At Risk'</i> from alcohol and drug misuse are outdated – the impact is now broad. <input type="checkbox"/> <i>Head Shops</i> are a significant contributor to access. <input type="checkbox"/> A <i>'Community Alert'</i> type of approach should be adopted to address alcohol and drug misuse. <input type="checkbox"/> The deterrent, for those caught supplying drugs, is too lenient. Clubs should be at risk of losing their license. <input type="checkbox"/> Families have difficulty in engaging with a child who is misusing alcohol and drugs. <input type="checkbox"/> The Strengthening Families Programme model is considered to be successful. <input type="checkbox"/> A strategic linkage needs to be created between the MWRDTF and the local community, possibly through the community sector representatives.
Treatment and Rehabilitation	<ul style="list-style-type: none"> <input type="checkbox"/> Detox Centres and Rehabilitation Centres are required. <input type="checkbox"/> There is no methadone programme operating in the town, and the nearest needle exchange programme is in Limerick city. <input type="checkbox"/> It is currently very difficult to get admission to services. <input type="checkbox"/> A much tighter integration of services across agencies is required. <input type="checkbox"/> Access to addiction counsellors is required. <input type="checkbox"/> There is no support for the family in helping an individual through detox. <input type="checkbox"/> There is no support for those who relapse – aftercare supports are missing. <input type="checkbox"/> There is no long-term support for those recovering from addiction.

Table 21 – Thurles, Co. Tipperary NR Consultation

Tipperary Regional Youth Service, Thurles – 5th February 2010

Discussion Topic	Observation
Supply Reduction	<ul style="list-style-type: none"> <input type="checkbox"/> Alcohol and drugs misuse issues are affecting local society as a whole. <input type="checkbox"/> There are 80 cases of drug addiction involving males up to the age of 30 years. <input type="checkbox"/> Alcohol is affecting adults from the ages of 25 years through 50+. <input type="checkbox"/> Locally, there are '<i>massive difficulties</i>' in the scale of alcohol and drugs misuse. <input type="checkbox"/> The supply of alcohol and drugs is easily available in the town and beyond. <input type="checkbox"/> Young people are starting with alcohol and drugs misuse at an earlier age. Children of 9 years of age are believed to be drinking. <input type="checkbox"/> It is understood that heroin users from Roscrea are now coming to Thurles. <input type="checkbox"/> Problems of alcohol and drugs misuse are invisible in rural areas, but are nonetheless present.
Prevention and Education	<ul style="list-style-type: none"> <input type="checkbox"/> Engaging parents in addressing the issues is a major problem, but is essential. <input type="checkbox"/> Young people have an age-related reckless attitude to becoming '<i>bombed</i>'. <input type="checkbox"/> The primary line of communication between people and suppliers is the mobile phone. <input type="checkbox"/> The lack of effective parental control over young people is of great concern.
Treatment and Rehabilitation	<ul style="list-style-type: none"> <input type="checkbox"/> The system pathways to support people out of alcohol and drugs misuse are not obvious. <input type="checkbox"/> In Thurles and its environs, services for those facing alcohol and drugs abuse issues are non-existent. <input type="checkbox"/> There is a lack of methadone maintenance services of any kind in community.

Table 22 – Co. Clare Consultation

The Old Ground, Ennis, Co. Clare – 10th February 2010

Discussion Topic	Observation
Supply Reduction	<ul style="list-style-type: none"> <input type="checkbox"/> The link between alcohol and drugs is clearly recognised. <input type="checkbox"/> There appears to have been an explosion of heroin, cocaine dealing. <input type="checkbox"/> Over recent times there has been a two-fold increase in Garda commitment, with no supports available to them after 5:00 p.m., therefore, nowhere to refer individuals. <input type="checkbox"/> The proximity to Limerick city is creating a major problem. <input type="checkbox"/> Demand for drug supply is being stimulated by: - <input type="checkbox"/> Market opportunity; <i>and</i> <input type="checkbox"/> Segmentation of the market for drugs away from those from the traditional lower social profile to those of higher (professional) social standing.
Prevention and Education	<ul style="list-style-type: none"> <input type="checkbox"/> Dysfunctional family structures are often identified with those who have become addicted. <input type="checkbox"/> An interagency approach must be employed in addressing the problems of alcohol and drug addiction. <input type="checkbox"/> There may be advantage in creating and sustaining a county-based forum to reflect local alcohol and drugs issues, and relate these to the MWRDTF. Any such forum must be empowered and meaningful. <input type="checkbox"/> The Small Grants initiative of the MWRDTF was useful in that it enabled local groups to become meaningfully engaged. <input type="checkbox"/> There are very considerable information gaps at all levels in respect of addressing alcohol and drugs issues. <input type="checkbox"/> A programme of empowerment of community and voluntary organisations should be implemented to enable each to have someone who has knowledge of alcohol and drugs misuse issues. Community-led interventions will be more successful, with follow-through community-based actions. <input type="checkbox"/> Drugs are effectively not being discussed in (some) schools. Teachers do not seem to be working consistently in terms of intervention. <input type="checkbox"/> In schools, the Career Guidance counsellor should be empowered with knowledge of alcohol and drugs misuse issues. <input type="checkbox"/> Bushy Park should outreach into schools. <input type="checkbox"/> Government, at policy level, is transmitting contradictory messages; reducing excise duty on alcohol whilst recognising the linkage with drug misuse.
Treatment and Rehabilitation	<ul style="list-style-type: none"> <input type="checkbox"/> Treatment in Co. Clare is non-existent; individuals have to travel to Limerick <input type="checkbox"/> Methadone is considered to be another form of addiction. <input type="checkbox"/> Early intervention is the key to successful treatment. <input type="checkbox"/> Empty beds in every hospital should be used for detox. <input type="checkbox"/> The Strengthening Families Programme model is recognised as a positive scheme for high-risk families, targeting 14 to 18-year-olds in particular, and should be more widely introduced.

References

The following key documents were reviewed in the course of the evaluation process.

Ref.	Project	Document
1		Agenda Mid West Regional Drugs Task Force: 03 rd February 2010
2		Drug & Alcohol Free Events 2009 Project Expenditure
3		End of Year Evaluation Report: Mid West Regional Drugs Task Force: (02.02.10)
4		Evidence-based Monitoring and Evaluation of Projects: Instructions from the Office for Minister of Drugs indicate Task Forces are to evaluate projects in order to assist in the allocation of funding for 2010.
5		FINAL DRAFT LCSG PLAN 2009-2013
6		Mid West Regional Drugs Task Force - Attendance Record January to December 2009
7		Mid Western Regional Drugs Taskforce, Action Plan June 2005.
8		Minutes of Meeting: Mid West Regional Drugs Task Force: (11.12.09)
9		Minutes: Mid West Regional Drugs Task Force: December 11 th 2009
10		MWRDTF Attendance 2009: January – December – 9 Meetings
11		MWRDTF End of Year Project Evaluation Template Oct 2009
12		MWRDTF Funding 2010 Final Letter of Approval from Micheál O’Corcora, Office of the Minister for Drugs.
13		MWRDTF Treatment & Rehab Subgroup: July 2009
14		MWRDTF Treatment & Rehab Subgroup: March 2009
15		MWRDTF Treatment & Rehab Subgroup: November 2009
16		MWRDTF Treatment & Rehab Subgroup: October 2009
17		MWRDTF Treatment and Rehab Sub-group, Terms of Reference: Sept 2009
18		Staffing Hours Summary 2009 RDTFs for PAC: Staffing Levels Under MWRDTF Funding
19		Terms of Reference approved by MWRDTF: Treatment and Rehab Subgroup (23 rd September 2009)
20		Terms of Reference: Treatment and Rehab Subgroup: (12.03.09)
21		Terms of Reference: Treatment and Rehab Subgroup: (22.07.09)
22		Transition Programme Jan-March 2009 data: ALJEFF Transition Programme
23		Treatment and Rehab Position Paper - MWRDTF Facilitation Day: Treatment and Rehab Subgroup (13 th November 2009)
24	MW 37	Tipperary Regional Youth Service
25	MW1	2009 2 nd Quarter: Prison Support Programme – ALJEFF
26	MW1	2009 Project Expenditure: Prison Support Programme – ALJEFF
27	MW1	Prison Jan-March 2009 Client Reports: ALJEFF Treatment Centre Addiction Counsellors
28	MW1	RDTF Apr-Jun 2009 Client Reports: Prison Support Programme – ALJEFF
29	MW1	RDTF Jul-Sept 2008 Client Reports Quarterly Report: Prison Support Programme – ALJEFF
30	MW1	RDTF Oct-Dec 2007 Client Reports: ALJEFF Treatment Centre Addiction Counsellors
31	MW1	RDTF Oct-Dec 2008 Client Reports Prison Oct. to Dec 2008 - Prison Support Programme – ALJEFF
32	MW10	Drug and Alcohol Free Events LYS
33	MW12	2009 Expenditure Alcohol & Drug Free Events: TRYs
34	MW1L	2009 Project Expenditure LYS: Limerick City <i>In the Know Project</i>
35	MW22	Project Expenditure: Task Force Budget: 2009

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Ref.	Project	Document
36	MW25	Project Expenditure: Diploma: Diploma Addiction Studies: 2009
37	MW28	2009 2 nd Quarter: ALJEFF Day Treatment Programme
38	MW28	2009 Project Expenditure: ALJEFF Day Treatment Programme
39	MW28	Day Treatment and Family Programme Client Statistics 2008: ALJEFF
40	MW28	Day Treatment data 2 nd Quarter 2009: MW28 ALFEFF Day Treatment Programme
41	MW28	Day Treatment Programme. 2 nd Quarter 09: MW28 ALFEFF Day Treatment Programme
42	MW2L	2009 2 nd Quarter: Limerick City Outreach – ALJEFF
43	MW2L	2009 Project Expenditure: Limerick City Outreach – ALJEFF
44	MW2L	Outreach Data Jan-March 2009: Limerick City Outreach – ALJEFF
45	MW30	2009 Project Expenditure LYS: <i>In the Know Project</i>
46	MW30	LYS In the Know Drug Workers 1 st Quarterly Report (15.12.08): <i>LYS In the Know</i> .
47	MW30	Quarterly Report: July to September 2009: Limerick Youth Service <i>In the Know Project</i> .
48	MW31	2009 Project Expenditure: Foróige NCW CBDI
49	MW31	Community Based Drugs Initiative: Schedule of Staffing Report: Reporting Period, October – December 2009: Foróige
50	MW31	Drugs Quarterly Report Apr - June 2009 CBDI NCW
51	MW31	Summary of Meeting of Foróige Youth Projects Steering Group on 23 rd October 2008: Foróige
52	MW31	Summary of Meeting of West Limerick Foróige Youth Projects Steering Group: 17 th September 2009: Foróige
53	MW31	Summary of Meeting of West Limerick Foróige Youth Projects Steering Group: 30 th April 2009: Foróige
54	MW32	2009 Project Expenditure LYS: LYS CBDI
55	MW32	3 month report CBDI: LYS CBDI
56	MW32	Actions, Agenda: Minutes of Meeting: LYS/CTC MWRDTF Board Sub Committee:
57	MW32	Minutes 21 st October 2009 LYS/CTC MWRDTF Board Sub Committee: LYS CBDI
58	MW32	Minutes July 22 nd 2009 LYS/CTC MWRDTF Board Sub Committee: LYS CBDI.
59	MW32	Minutes May: Community Training Centre Sub Committee: Limerick Youth Service.
60	MW32	Report of St Marys Parish CBDI: CBDI
61	MW32	West Limerick Youth Projects Steering Group Meeting 28 th May 2008 2.30pm, Desmond Complex: Foróige
62	MW33	Clare Youth Service Quarterly Report April 2009: Clare Cocaine Initiative: (2009)
63	MW33	Clare Youth Service Quarterly Report January 2010: Clare Cocaine Initiative: (2009)
64	MW33	Clare Youth Service Quarterly Report July 2009: Clare Cocaine Initiative: (2009)
65	MW33	Clare Youth Service Quarterly Report October 2009: Clare Cocaine Initiative: (2009)
66	MW33	Clare Youth Service Quarterly Reports
67	MW33	CYS 2009 Project Expenditure: CYS Youth Drug Prevention Project
68	MW33	DEPP CYS Advisory Group Agenda: Ennis Drugs Education and Prevention Project Advisory Group
69	MW33	DEPP CYS Advisory Group minutes 20-10-09: Drugs Education and Prevention Project Advisory Group.
70	MW33	DEPP CYS Advisory Group Minutes: Drugs Education and Prevention Project Advisory Group
71	MW33	Draft Project Plan 2010: Ennis Drugs Education and Prevention Project:
72	MW33	Mid Term Review: CYS Youth Drugs Education & Prevention Project: July 1 st 2009
73	MW33	Quarterly Report Template: CYS Youth Drugs Education & Prevention Project: April 1 st 2009
74	MW33	Quarterly report template: CYS Youth Drugs Education & Prevention Project: Oct 1 st 2009

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Ref.	Project	Document
75	MW33	Review of Database Recording System: Drugs Education and Prevention Project – Ennis: February 2010
76	MW34	2009 Project Expenditure revised: South-East Limerick Youth Drug Prevention Project
77	MW34	Report from South East Limerick Drugs Project 4 th Quarter 2008: Foróige, National Youth Development Organisation.
78	MW34	Steering Group Foróige Youth Prevention Project/Loobagh area Youth Project Meeting Minutes Wednesday April 8 th 2009: 11am: Foróige
79	MW34	Steering Group Foróige Youth Prevention Project/Loobagh Area Youth Project Meeting Minutes, Friday 10 th July 10:30am: Foróige
80	MW35	Advisory Group Minutes Strengthening Families Programme Meeting: Strengthening Families Programme
81	MW35	Advisory Group Minutes: Strengthening Families Programme Meeting: 23 rd September 2009: Strengthening Families Programme.
82	MW35	Minutes Strengthening Families Programme Meeting 23 rd Sep: MW35 Strengthening Families Programme
83	MW35	RDTF 1 Form 2009: Strengthening Families Programme
84	MW35	SFP Expenditure 2009: Strengthening Families Programme
85	MW36	Community Policing Project Expenditure: Community Policing
86	MW37	CASC TRYS: CASC North Tipperary
87	MW38	Advisory Group Minutes 2 April 09 Draft: Respite House for Families of Substance Misusers
88	MW38	CI Amended Bushy Park Evaluation Template - Dec 2009: Bushypark Treatment Centre
89	MW38	Evaluation Report: MW Cocaine Initiative: January 2010
90	MW38	Minutes 13 th May 2009: Respite House for Families of Substance Misusers
91	MW38	Minutes 17 th July 2009: Respite House for Families of Substance Misusers
92	MW38	Minutes 22 nd April 2009: Respite House for Families of Substance Misusers
93	MW38	Minutes 28 th May 2009: Respite House for Families of Substance Misusers
94	MW38	Minutes 6 th Oct 2009: Respite House for Families of Substance Misusers
95	MW38	Minutes 7 th July 2009: Respite House for Families of Substance Misusers
96	MW38	Minutes 8 th June 2009: Respite House for Families of Substance Misusers
97	MW38	Quarterly Report Respite House Q4 2009 Oct - Dec 2009: Respite House for Families of Substance Misusers
98	MW38	Respite House 2009 Expenditure Breakdown
99	MW38	Respite House Fact Sheet: Respite House for Families of Substance Misusers
100	MW39	CR Amended Evaluation Template CBCS: Cross Task Force Cocaine Training: Out of Hours Service.
101	MW39	OHS 2009 Expenditure Breakdown: Out of Hours Service
102	MW3L	2009 2 nd Quarter: Limerick City Family/Day Programme – ALJEFF
103	MW3L	2009 Project Expenditure: ALJEFF Day Treatment Centre
104	MW3L	MW3L Family Programme January to March 09 data: Limerick City Family/Day Programme –ALJEFF
105	MW40	Family Therapy 2009 Project Expenditure: Bushypark
106	MW43L	April-June 2009 quarterly report: Northstar Family Support Project
107	MW43L	January - March 2009 Quarterly Report: Northstar Family Support Project
108	MW43L	July -September 2009 Quarterly Report: Northstar Family Support Project
109	MW43L	Northstar Structure (24.02.09): Northstar Family Support Project
110	MW43L	October - December 2009 Quarterly Report: Northstar Family Support Project
111	MW43L	Work Plan 2009 Final (23.03.09): Northstar Family Support Project

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Ref.	Project	Document
112	MW43L	Worksheet for the Five Key Evaluation Questions: Northstar Family Support Project
113	MW44L	Service Agreement Between Health Service Executive, Regional Drug Co-Ordination Unit, Limerick, and Limerick Youth Service: September to December 2008: (CBDI)
114	MW4L	2009 Project Expenditure ALJEFF: Limerick City Transitional Housing
115	MW4L	2 nd Quarter: Limerick City Transitional House – ALJEFF
116	MW5L	October - December 2008 Quarterly Report: Northstar Family Support Project
117	MW6L	2009 Project Expenditure LYS: Limerick City CBDI –LYS
118	MW6L	Work Plan for 2009: Limerick Youth Service.
119	MW7L	2009 Project Expenditure – City Operational Budget: Limerick City: (2009)