

Local Drugs Task Forces

*A local response
to the drug problem*

Handbook



LOCAL DRUGS TASK FORCES

A Local Response to the Drug Problem

Handbook

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on behalf of the National Drugs Strategy Team,*

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FOREWORD

The Local Drugs Task Forces were set up to ensure a fully integrated response to the drug problem in the worst hit areas which takes account of the specific needs of those areas. Of equal importance, the Task Force process allows local communities - the people most affected by the problem - to work with the State Agencies and voluntary organisations in designing and delivering that response.



Since their inception in 1997, the Task Forces have achieved a significant number of successes, not least in reducing the feelings of isolation and frustration previously experienced by many community and voluntary organisations working at the coalface of the drug problem. These organisations now feel that they are part of a co-ordinated and effective response to drug misuse in their areas. While much still needs to be done, we have nevertheless over the past two years significantly increased the range of programmes and services available to respond to the needs of drug users and potential drug users.

The Task Forces have piloted over 200 separate community-based initiatives to complement the drug programmes and services provided by State Agencies, which themselves have had their funding significantly increased in recent years. The Cabinet Committee on Social Inclusion has given the go-ahead for the Task Forces to update their action plans and significant funding is being made available for this purpose. This should increase even further the range of interventions being put in place to tackle drug misuse.



A unique feature of the Local Drugs Task Force initiative is the intention to “mainstream” projects which are working well and are achieving their aims. In this instance, mainstreaming refers to the process whereby these projects will be formally evaluated and, if deemed to be working successfully, will continue to be funded on an ongoing basis in accordance with agreed procedures. The process, therefore, copperfastens the role being played by community and voluntary organisations in responding to drug misuse at local level.

I would like to congratulate everyone involved in the Local Drugs Task Force process. In particular, I would like to thank the Task Force members for their energy and commitment, as well as the members of the National Drugs Strategy Team, who have assisted and worked closely with the Task Forces since their establishment. I would also like to pay tribute to my constituency colleague, Deputy Pat Rabbitte, and the other members of the Ministerial Task Force which piloted this innovative and imaginative approach under the previous administration. It is my intention to continue to develop and expand on the excellent work which was initiated by that Committee.

Chris Flood, T.D.,
Minister of State for Local Development and with
special responsibility for the National Drugs Strategy

INTRODUCTION

The Local Drugs Task Forces were set up in 1997 to facilitate a more effective response to the drug problem in the areas experiencing the highest levels of drug misuse. This was to be achieved through improved co-ordination in service provision and through utilising the knowledge and experience of local communities in designing and delivering those services.

The Task Forces comprise a partnership between the statutory, voluntary and community sectors. They were mandated to prepare and oversee the implementation of action plans which co-ordinate all relevant drug programmes in their areas and address gaps in service provision. The Cabinet Committee on Social Inclusion allocated £10 million to support the implementation of the initial Task Force plans, which were prepared in 1997. Over 200 separate measures, mainly community-based initiatives, were funded to complement and add value to existing programmes and services under the themes of education, prevention, treatment, aftercare, rehabilitation and reducing supply.

In November, 1998, following an independent evaluation, the Cabinet Committee on Social Inclusion approved the continuation of the Local Drugs Task Forces for a further minimum two year period. The National Drugs Strategy Team¹ subsequently reviewed the operation of the Task Forces, taking account of the findings/recommendations of the evaluator, and reached agreement with them on a number of measures aimed at strengthening their impact. The Minister of State for Local Development

¹ *The National Drugs Strategy Team was set up in late 1996 to co-ordinate a response to the drug problem at central level. The Team, which reports to the Minister of State for Local Development and with special responsibility for the National Drugs Strategy, Mr. Chris Flood, T.D., is specifically mandated to assist the Local Drugs Task Forces in their work. A note on the background to the establishment of the Team, along with its terms of reference and composition is at Appendix I.*

and with special responsibility for the National Drugs Strategy, Mr. Chris Flood, T.D., obtained the approval of the Cabinet Committee for these measures in July, 1999. This handbook outlines the revised arrangements for the operation of the Task Forces, following the review.

The Cabinet Committee has allocated a further £15 million towards the initiative over the period 2000-2001. This funding will enable the Task Forces to update their action plans and also tackle issues which need to be addressed on a cross-Task Force basis.

CONTENTS

LOCAL DRUGS TASK FORCES

A Local Response to the Drug Problem

CONTENTS

Section I:	Local Drugs Task Force Areas	8
Section II:	Objectives of the Local Drugs Task Forces	9
Section III:	Composition of the Local Drugs Task Forces	12
Section IV:	Role of Local Drugs Task Force Members	17
Section V:	Supports for the Local Drugs Task Forces	24
Section VI:	Action Plans of the Local Drugs Task Forces	32
Section VII:	Monitoring/Evaluation/Mainstreaming of Local Drugs Task Force Projects	45

LOCAL DRUGS TASK FORCES

A Local Response to the Drug Problem

APPENDICES

I	National Drugs Strategy Team: Background, terms of reference and composition	50
II	Local Drugs Task Forces: Chairpersons and Co-ordinators	53
III	Local Drugs Task Forces: Administrative Budget	54
IV	Local Drugs Task Forces: Development Budget	57
V	Form used by Local Drugs Task Force projects claiming funding	58

LOCAL DRUGS TASK FORCE AREAS

While the use of illicit drugs is a nation-wide phenomenon, heroin abuse, in view of its public health implications and close association with crime, is a cause of particular concern. The Local Drugs Task Forces were set up in the areas experiencing the highest levels of illicit drug use, in particular the areas where heroin abuse is most prevalent. These areas are defined on the basis of the following criteria: drug treatment data from the health services (especially data relating to opiate dependency); Garda crime statistics; data relating to school attendance/drop-out; and other relevant data on the levels of social and economic disadvantage in the area. The Local Drugs Task Force areas are:-

- Ballyfermot
- Ballymun
- Blanchardstown
- Bray
- Canal Communities (Bluebell, Inchicore, Rialto)
- Clondalkin
- Dublin 12 (Crumlin, Drimnagh, Kimmage, Walkinstown)
- Dublin North East (Coolock, Darndale, Donnycarney, Killbarrack)
- Dublin North Inner City
- Dublin South Inner City
- Dun Laoghaire/Rathdown
- Finglas/Cabra
- North Cork City
- Tallaght

A list of the Local Drugs Task Force chairpersons and co-ordinators is at Appendix II.

OBJECTIVES OF THE LOCAL DRUGS TASK FORCES

The overall aim of the Government's drugs policy is to provide an effective, integrated response to the problems posed by drug misuse.

The key objectives of that policy are:

- to reduce the numbers of people turning to drugs in the first instance, through comprehensive education and prevention programmes;
- to provide appropriate treatment and aftercare for those who are dependent on drugs;
- to have appropriate mechanisms in place at national and local level, aimed at reducing the supply of illicit drugs; and
- to ensure that an appropriate level of accurate and timely information is available to inform the response to the problem.

In contributing to these overall aims and objectives, the Local Drugs Task Forces were set up to develop and implement a drugs strategy for their areas which co-ordinates all relevant programmes and addresses any gaps in services. Of equal importance, the Task Forces provide a mechanism which enables local communities to work closely with State and voluntary agencies in designing and implementing that strategy.

Terms of Reference

The original terms of reference of the Local Drugs Task Forces required them to assess the extent and nature of the drug problem in their areas and to develop and monitor the implementation of action plans to respond to the problem as identified. The following are their revised terms of reference:

- to oversee and monitor the implementation of projects approved under their existing action plans;
- to ensure the formal evaluation of these projects with a view to their “mainstreaming”, i.e. their continued funding through State Agencies in accordance with agreed procedures (see Section VII);
- in accordance with agreed guidelines (see Section VI), to prepare updated action plans which:
 - update the area profile and take into account any changes in the drug problem since the preparation of their original plans;
 - ensure that emerging strategic issues are identified and policies or actions are proposed to address them; and
 - provide for the implementation of a local drugs strategy, in consultation with appropriate State Agencies and voluntary, community and residents groups;
- to ensure appropriate representation by the voluntary and community sectors on the Task Force;
- to identify any barriers to the efficient working of the Task Force;
- to develop networking arrangements for the exchange of information and experience with other Task Forces, as well as for the dissemination of best practice;
- to identify the training needs of Task Force members and take the necessary steps to meet such needs through appropriate training courses, etc.;

- to take account of and contribute to other initiatives aimed at tackling social disadvantage under the aegis of the Cabinet Committee on Social Inclusion, including the Integrated Services Process, the Area Partnerships, the Young People's Facilities and Services Fund and the Report of the Task Force on the Integration of the Local Government and Local Development systems; and
- to provide such information, reports and proposals to the National Drugs Strategy Team as may be requested from time to time.

COMPOSITION OF THE LOCAL DRUGS TASK FORCES

The Local Drugs Task Forces represent a partnership between the statutory, voluntary and community sectors. Their composition is as follows:

Chairperson

Initially, an independent chairperson was nominated to each Task Force by the Area Partnership² in whose area the Task Force operates. Any subsequent vacancies are filled through nomination by the Partnership, in consultation with the Task Force and the National Drugs Strategy Team. The criteria for nomination include: a relevant expertise, knowledge and experience of the drugs issue in the area and an assurance of the necessary time commitment to carry out the job.

Statutory Sector

The following Departments/Agencies participate in the work of the Task Force:

- Health Boards
- Garda Síochána
- FÁS
- Probation & Welfare Service
- Local Authorities

² *The Area Partnerships were set up in 38 disadvantaged areas around the country (including all the Local Drug Task Force areas) under the Operational Programme for Local Urban and Rural Development 1994-1999, to address the issue of long term unemployment, particularly in the context of social exclusion.*

- Youth Service (through the Vocational Education Committees)
- Education and Science³
- Social, Community and Family Affairs³

Departments/Agencies, in nominating their representatives, are required to take account of the need to nominate persons who are at a sufficiently senior level, or have access to people in their organisation who are in a position to influence policy. Departments/Agencies are also required to ensure that their representatives' work with the Task Forces is seen as part of their core duties and that they have the necessary time available to them to enable them to undertake their role effectively (see Section IV). To ensure a strong and active role by the statutory sector, it is important that statutory representatives have proper organisational supports and the necessary back-up arrangements.

³ *While not originally represented on the Task Forces, in view of the key role which initiatives operating under their aegis play in responding to drug misuse, arrangements are being put in place to enable these Departments to participate in the work of the Task Forces, having regard to the fact that they do not have regionalised structures.*

Community Sector

Six community representatives were nominated to each Task Force by the relevant Partnership, following wide consultation among local community groups. In some instances, this was achieved through the establishment of community fora who, in conjunction with the Partnership, nominated representatives based on criteria which included:

- having an appropriate and adequate geographic spread of representation for the area;
- giving priority to groups with a strong track record in community development;
- nominating individuals who have the relevant knowledge and experience of the drugs issue necessary to play a full and productive role on the Task Force; and
- nominating representatives who have the active support of the communities they represent.

These criteria continue to apply when replacing community representatives for any reason, e.g. at the end of their term, resignations, etc.

Voluntary Sector

Initially, each voluntary agency delivering a drug treatment service in the area was invited to nominate one representative to that Task Force, subject to a maximum of two voluntary representatives per Task Force. In order to strengthen voluntary representation on the Task Forces - particularly as voluntary treatment agencies do not operate in all areas - voluntary representatives will in future be nominated following

consultation between the voluntary drug treatment sector and the Local Drugs Task Force. Criteria for nomination will include:

- giving priority to groups with a strong track record in drug treatment;
- nominating individuals who have the relevant knowledge and experience of the drugs issue necessary to play a full and productive role on the Task Force;
- nominating representatives who have the active support of the voluntary drug treatment sector; and
- recognising the need for representatives to report to the voluntary drug treatment sector as a whole rather than solely to their own voluntary agency.

Elected Representatives

While not initially included in the membership of Task Forces in all areas, local elected representatives are now being invited to formally participate in the work of the Task Forces. In addition to addressing the democratic deficit, the participation of elected representatives, on the same basis as other members, allows them to bring their considerable experience and intimate knowledge of the area to bear on the process. It also affords them an opportunity to influence the drugs strategy being developed by the Task Force for the area and to gain community support for it.

Up to four elected representatives will be nominated to each Task Force through the relevant local authorities, although Task Forces can agree alternative arrangements with their elected representatives to suit local circumstances.

Other Representation

Relevant vocational groups (e.g. general practitioners, pharmacists, teachers, clergy, etc.) have a vital role to play in the work of the Task Forces. This can be achieved through their participation on the appropriate sub committees and working groups of the Task Force.

There is also scope for drug users to make a valuable contribution through, for example, the use of drug user fora, which can act as a mechanism for consultation between Task Forces and local drug users.

Duration of Appointment/Review of Representation

There are no formal guidelines regarding the duration of appointment of Task Force members. Generally, their tenure should be such as to ensure continuity and consistency in the approach of the Task Force in responding to the drug problem in its area.

In this regard, statutory representatives continue to be nominated to the Task Forces by their agencies, having regard to those agencies' responsibilities towards the initiative as outlined in Section IV.

It is equally essential that the chairperson and community/voluntary representatives continue to retain the confidence of both the Task Force and the sectors they represent.

The Task Forces are required to ensure that appropriate procedures are in place to assist them with the regular review of representation. Rules for attendance at Task Force meetings and sub-committee/working group meetings should also be agreed, in accordance with normal procedures.

ROLE OF LOCAL DRUGS TASK FORCE MEMBERS

The Local Drugs Task Forces were given a key role by the Government in responding to the drug problem. Their composition reflects the need to ensure locally-based responses that complement existing or planned drug programmes and services. In this context, the part played by individual Task Force members in representing their particular agencies or sectors is pivotal to the success of the initiative.

Role of Chairperson

The chairperson's role is twofold: firstly, to lead the Task Force and, secondly, to facilitate its meetings.

Leading the Task Force:

The key responsibilities which arise here are:

- taking responsibility for helping everyone involved in the group to work well together towards achieving the Task Force's aims;
- acting as spokesperson and representing the Task Force, as appropriate;
- helping the Task Force to develop policies and priorities and ensuring that it continues to operate to these;
- helping to resolve conflict; and
- making emergency decisions between meetings, where necessary, in accordance with procedures agreed by the Task Force.

Facilitating meetings:

This involves:

- helping members to work well together in discussing and deciding issues;
- encouraging all members to participate fully and ensuring that they are heard;
- suggesting ways of dealing with conflict and ensuring that it is not ignored; and
- ensuring that members are aware of their responsibility to make meetings effective.

Role of Statutory Representatives

The State Agencies were given a unique opportunity to participate in the Local Drugs Task Force process and to assist in the preparation and implementation of integrated strategies to address the drug problem at local level. The representatives of these agencies contribute to this process in a number of ways:

Supporting the work of the Task Forces:

Bringing Task Force projects to implementation stage and further developing the role of the Task Forces is a demanding task that requires significant support from the State Agencies. This needs on-going commitment, both at the level of the individual and the organisations they represent. Such commitment is essential if the various measures in the action plans are to be implemented and the plans themselves further developed.

Statutory representatives are expected to carry out their role in a proactive way, bringing information from their organisations to the Task Force and looking at ways in which their organisation can develop innovative local responses to the drug problem. They must be mandated to act on behalf of their agencies in the planning, implementation and monitoring of the Task Force action plan.

While statutory representatives have particular fields of expertise, they are expected to be familiar with all aspects of Task Force activities and the strategies being adopted to address the drug problem in their area. This enables them to participate actively in the work of the Task Force, which should be considered as part of their core duties. They must attend meetings regularly and involve themselves in other Task Force activities, including participation in sub committees and working groups as required.

Monitoring projects being funded through their agencies:

There should be no undue delay in setting up projects which are approved funding. This includes the prompt processing of payments by State Agencies to project promoters, while at the same time observing the need for financial accountability and proper procedures. Statutory representatives are expected to monitor the situation in relation to projects being funded through their own organisations and ensure that any emerging problems are highlighted at an early stage, so that appropriate remedial action can be initiated.

Support for emerging community groups:

As already mentioned, statutory representatives are expected to take an active interest in the implementation and monitoring of projects within their own area of expertise and provide any input which may be of

assistance to the promoters of such projects. This is particularly important in areas where new groups are emerging as project promoters, or where local community structures are not well developed. Such groups can experience difficulty in complying with application procedures in relation to documentation, e.g. signing contracts, financial procedures, etc.

Where such difficulties become apparent, statutory representatives are expected to ensure that the matter is brought to the attention of the Task Force co-ordinator, so that the necessary support can be arranged. Where possible, the representatives are required to lend whatever practical assistance they can in relation to such matters.

Networks:

The Task Force process is providing a valuable opportunity to share ideas and experiences across a broad range of sectors and activities. Statutory representatives should actively engage with their counterparts on other Task Forces and representatives of other agencies, whenever possible, to maximise this potential benefit, broaden their understanding of the issues involved in addressing the drug problem and share best practice in relevant areas.

Role of Community/Voluntary Representatives

There are two key elements in the role of the community/voluntary representative:

- bringing the benefit of his or her own local knowledge and experience of the drugs issue to the Task Force; and
- acting as a representative on behalf of the local community or voluntary sector at the Task Force.

People who are selected as community representatives should be active within their communities, have some experience of local drugs issues and have a commitment to dealing with the problem. The extent of that experience will vary from area to area, as different communities are at different stages of development in responding to the drugs issue. However, as the work of the Task Forces continues, it is likely that the experience of newer members will increase, especially through their involvement with various projects and initiatives.

Equally, the voluntary representatives should belong to a voluntary treatment agency which is delivering a drug programme in Task Force areas generally. They should have a knowledge of the drug problem in the area to which they have been nominated, as well as a commitment to dealing with that problem.

It is essential that the expertise and experience of the community and voluntary sectors is clearly recognised by the other sectors involved.

The community/voluntary representatives are not members of the Task Force as individuals, nor are they there to represent the interests of any particular organisation. Rather, they are nominated as persons who can represent the interests of the wider community/voluntary sectors. Their role, therefore, is to bring the view of these sectors to the Task Force and keep their sectors informed on the Task Force's work.

There are three key processes involved in carrying out that role:

- providing information to the local community or voluntary sector;
- organising and facilitating discussion and debate in the local community or voluntary sector; and
- providing feedback to the Task Force.

The existence of well-developed community structures facilitates the effective performance of this role. However, community representatives are, in some instances, acting for communities where no such structures exist. In representing the views of the local community, representatives will often have to deal with strongly divergent views.

Equally, there is a need for a strong voluntary sector network, through which the voluntary representatives can report. They must also be able to put forward, in a fair and balanced manner, the diverse views which may exist between the different components of that sector.

In order to represent the views of the local community and voluntary sector, the representatives need to be able to feed information back to Task Force meetings in an effective way. This involves their active participation not only in full Task Force meetings but also on any sub committees or working groups of the Task Force. Community/voluntary representatives should also be part of any delegations to meet the National Drugs Strategy Team or other relevant bodies.

The community/voluntary representatives should work together within their respective groupings on summarising and presenting information to the Task Force and in promoting and arguing their case, where necessary.

Role of Elected Representatives

Elected representatives can play an important role in winning support in local communities for the strategies being pursued by the Task Forces. In this regard, it is imperative that they are fully appraised of the Task Forces' strategies and the reasons underpinning them. In this way, they can assist the Task Forces in overcoming misapprehensions and fears around the provision of drug programmes and services in their areas.

Representatives who are nominated to the Task Forces are expected to liaise with and encourage other elected representatives in their areas to support the work of the Task Forces.



SUPPORTS FOR THE LOCAL DRUGS TASK FORCES

A range of supports have been put in place to assist the Task Forces in their work.

Co-ordinator

A co-ordinator was appointed to each Task Force. The co-ordinators are employed by the Health Boards and nominated to the various Task Forces, in consultation with the Task Forces themselves. While the Health Boards employ the co-ordinators and have responsibility for their conditions of employment and salaries, the co-ordinators are assigned full time to the Task Forces for as long as the Task Forces are in existence. The following are the duties of the co-ordinator:

- to profile all existing or planned services and resources available in the local area to combat drugs;
- to review, update, prioritise and amend the local drugs strategy in consultation with the Local Drugs Task Force, to ensure its objectives are met;
- to provide such information reports and proposals to the Local Drugs Task Force, National Drugs Strategy Team and State Agencies, as may be appropriate;
- to facilitate multi-sectoral collaboration through increased participation of drug service provision within the Local Drugs Task Force area;
- to support community, voluntary and statutory groups in establishing needs and prioritising responses;
- to disseminate information on local drugs issues, Local Drugs Task Force plans, services and other responses;

- to liaise with key interest groups, service providers, Government Departments and other relevant groups;
- to contribute to the establishment of mechanisms for monitoring and evaluating Local Drugs Task Force projects;
- to ensure that proper evaluation procedures for projects are put in place so as to ensure their effective delivery, based on agreed objectives as outlined in the local area plan;
- to initiate research, as required, and gather information that will inform organisational, local and national policy development; and
- to co-ordinate other such activities as the Local Drugs Task Force deems necessary or appropriate to furthering its drugs strategy.

Administrative and Other Back-up Support

The Health Boards have primary responsibility for providing and maintaining adequate administrative supports to the Task Force co-ordinators. However, a flexible approach is taken and the ability of other State Agencies to assist in the provision of back-up services and accommodation is explored, where appropriate, having regard to the level of services provided by those agencies in the area and the particular needs of the Task Force.

Task Forces are also permitted to include in their action plans, proposals for whatever additional supports are necessary to enable them to implement the plans, e.g. the employment of development workers for the duration of specific administrative/co-ordination tasks, to assist with getting projects off the ground, or to assist with the development of new plans.

Supports for Community Sector

Community representatives have an important role in providing information to and consulting with local communities in relation to drugs issues, as well as re-assuring them that the Task Force is operating on the basis of genuine partnership.

A crucial part of that role is their coming together to identify issues of common concern, so as to have a joint input and impact on policy development. They are assisted in this role by the Dublin Citywide Drugs Crisis Campaign, which is an umbrella group for community organisations, trade unions and voluntary groups tackling the drug problem. Citywide, which is in the process of establishing networks nationally, facilitates training and regular meetings of the Task Force community representatives.

Supports for Voluntary Sector

In line with the desire to strengthen the role of voluntary agencies on the Local Drugs Task Forces, the National Drugs Strategy Team is encouraging the formation of a network of voluntary treatment agencies, who can then assess the supports which they need to play their full part in the process.

Training

Training for Task Force members is essential to the success of the initiative, particularly as representatives from the voluntary, community and statutory sectors are being asked to work together in a new and innovative setting.

The Task Forces have been asked to identify the training and development needs of their members, with a view to determining how these needs can best be met. These might include, for example:

- training for statutory representatives in relation to voluntary/community issues or services; or
- training for voluntary/community representatives in relation to statutory services, related procedures and project management.

A joint sub committee of the National Drugs Strategy Team and the National Assessment Committee, which was set up under the Young People's Facilities and Services Fund, has been established to prepare a Directory of existing training courses in the drugs area and to identify gaps in training provision and formulate proposals as to how these might be addressed. The Directory on Training in the Drugs Area is available on request from the National Drugs Strategy Team and/or the Department of Tourism, Sport and Recreation.

Administrative Budget

Each Local Drugs Task Force was allocated a budget to cover expenses such as travel and family care expenses for community representatives; training; advertising; postage; stationery; convening public meetings; etc. This funding is additional to the supports offered by State Agencies, who are expected to assist Task Forces in whatever way possible (e.g. providing premises for meetings, etc.). The Task Forces received an initial administrative budget of £10,000 in 1997 and a similar amount is being made available to assist them over the next two years. The procedures governing the administration of this budget are set out at Appendix III.

Development Fund

It is considered essential that each Task Force should have funds available to enable it to respond promptly to new or emerging situations in its area, or to assist new community or voluntary groups by way of “seed” funding. Each Task Force received an initial development fund of £10,000 for this purpose and a further budget of £15,000 is being made available over the next two years. The procedures governing the use of this fund are set out at Appendix IV.

Networking

Networking is an integral part of the process in that it allows the Local Drugs Task Forces to share their experiences and come to agreed solutions on common problems. Networking is facilitated in a number of ways as follows:

Chairpersons Group:

The Chairpersons of the Task Forces hold ad-hoc meetings, as the need arises. Secretarial support and facilitation is available to them for this purpose. The National Drugs Strategy Team also meets the Chairpersons group periodically.

Co-ordinators Group:

The Task Force Co-ordinators have formed a network group which meets regularly to discuss matters of common interest. The National Drugs Strategy Team meets regularly with this group.

Joint Meetings:

It is planned to hold annual meetings between the National Drugs Strategy Team and the full Task Forces, to review progress in implementing the drugs strategy and consider any issues arising. Arrangements are also in place for the State Agencies to brief the Task Force Chairpersons and Co-ordinators in relation to their policies and strategies for tackling the drug problem.

State Agency Groups:

All statutory representatives hold group meetings to ensure that individual concerns are addressed and that progress is monitored centrally. Statutory representatives are also expected to meet in plenary session as required, to ensure that a uniform drugs policy is reflected throughout all agencies and that there is an awareness of developments.

National Drugs Strategy Team:

The relationship between the National Drugs Strategy Team and the Task Forces is perceived by all involved as being very effective. In order to ensure that this continues, a liaison person from the Team has been assigned to each Task Force.

Newsletters:

The National Drugs Strategy Team produces a newsletter for circulation to all Task Forces, to keep them informed of progress, successes, developments, issues, models of good practice, etc.

Linkages with Other Bodies

Effective co-ordination with other bodies and complementary initiatives is ensured through the following arrangements:

Area Partnerships:

Partnerships, in consultation with the Task Forces, have responsibilities in relation to nominating Task Force chairpersons and community representatives. They also channel funding to certain projects and administer the Task Force administrative budgets.

Some Partnerships have very close working relationships with the Task Forces and are represented at Task Force meetings. Where this is not already the case, the Task Forces are being encouraged to formalise arrangements for further co-operation, taking into account any future developments in local development structures.

Young People's Facilities & Services Fund:

The Local Drugs Task Forces nominated the chairs of the development groups which were set up in Task Force areas to prepare facilities and services plans under the Young People's Facilities and Services Fund. These plans were submitted to the Task Force, prior to their submission to the National Assessment Committee which evaluated them and recommended funding to support their implementation.

The development groups are responsible for overseeing the effective implementation of the plans. The Local Drugs Task Forces receive regular reports from them on the implementation of the plans and must be consulted in relation to any major changes to the plans.

Integrated Services Process:

In the areas where this process is currently operating on a pilot basis (Fatima Mansions, Dolphin House, St Michael's Estate, St. Teresa's Gardens, Jobstown, Dublin's North East Inner City), the work of the Local Drugs Task Forces is taken into account in the context of co-ordinating all relevant programmes and services, including those responding to drug misuse.

ACTION PLANS OF THE LOCAL DRUGS TASK FORCES

Initial Action Plans

When the Local Drugs Task Forces were set up in 1997, they proceeded to prepare action plans to respond to the drug problem in their areas. £10 million was allocated to support the implementation of these plans, on foot of which over 200 separate initiatives received funding. These initiatives were mainly community-based and were designed to complement and add value to the drug programmes and services already being provided or planned by the State Agencies.

Initiatives in the Action Plans

The initiatives in the Task Force plans can be categorised under the broad themes of education, prevention, treatment, rehabilitation and reducing supply. Examples of the types of measures funded include:

- research into the extent and nature of the local drug problem, with a view to assessing the needs of local drug misusers;
- the development of materials for delivering drug awareness messages relevant to local circumstances (e.g. videos, information leaflets, pamphlets, comics, painting books, etc.);
- the setting up of local information and advice centres for drug misusers and their families;
- measures to target special client groups which normal drug information services may not reach (e.g. early school leavers, travellers, etc.);
- the establishment of Community Drug Teams, to provide a holistic, inter-agency response to the needs of local drug misusers;

- “stay at school” projects and after-school activities, aimed at children involved or at risk of becoming involved in drugs;
- the development of activities aimed at “at risk” children and young people outside the school setting (in youth clubs, etc.);
- the development and/or expansion of premises through which community-based drug programmes and services can be delivered;
- the provision of training for community groups and individuals, to enable them to work with drug misusers and their families;
- the provision of training on drug issues for local teachers, youth workers, Gardai and other professionals;
- ensuring that drug misusers have access to a continuum of treatment/rehabilitation options to meet their diverse needs;
- the development of programmes and services for stabilised drug misusers, with the aim of fully re-integrating them into the community, including the use of initiatives, such as Community Employment, to achieve this aim;
- the provision of support for families or the extended families of drug misusers, through advice and assistance;
- the appointment of “link workers” to assist drug misusers in accessing services at critical transitional periods (e.g. on leaving prison, moving from rehabilitation towards training/employment, etc.);

- the development of new or specific services to cater for the diverse needs of drug misusers (e.g. crèche facilities for single parents, residential drug treatment/rehabilitation centres where parents can bring their children with them, etc.);
- the development of initiatives to allow local communities to participate in estate management/community policing issues around the supply of drugs in their areas; and
- the establishment of mediation fora with a view to resolving local issues around supply in a balanced and equitable fashion.

Updated Action Plans

The next phase of the work of the Task Forces involves the preparation of updated action plans and the Cabinet Committee on Social Inclusion has allocated a further £15 million for this purpose over the period 2000-2001. This funding will also support responses to issues of a cross-cutting nature which impinge on the work of the Task Forces generally.

The following guidelines are not necessarily exhaustive but have been issued to assist the Task Forces in updating their plans.

Guidelines for Preparation of Updated Action Plans

The updated action plans should at least contain the following elements:

Part I: Review of progress in implementing the existing plan.

Part II: Development of a revised strategy.

Part III: Development and prioritisation of specific proposals to give effect to the revised strategy.

Part I: Review of progress in implementing the existing plan

The updated plan should, as a first step, review progress to date in implementing the existing Task Force strategy. This review should set out, in concise terms:

- the objectives which the Task Force sought to achieve in its original plan;
- the extent to which those objectives have been achieved; and
- the Task Force's views on the factors which impacted on progress in achieving its objectives.

This part of the plan should contain an objective assessment of the progress made by the Task Force in achieving its original aims. It should review the progress made in implementing the various projects and, where possible, indicate the reasons why some projects commenced quickly and appear to be working well, while others have not yet commenced or are unlikely to proceed at this point.

Where new proposals have been substituted for projects which are not proceeding, the rationale for doing this should be explained and the updated plan should indicate how the need which the original proposal was designed to meet will now be addressed. The Task Force should also take account of the findings/ recommendations emanating from the formal evaluation of projects being funded on foot of the original plans, with a view to applying the lessons learned from that process.

Part II: Development of a revised strategy

Based on its experience in implementing its original plan and the lessons learned from that process, the Task Force should then proceed to examine what revisions are now necessary to its overall strategy.

The over-riding aim should be to provide a strategic, co-ordinated response to the drug problem in the Task Force area, through the development of a single, integrated plan, which all organisations and agencies - statutory, voluntary and community - support and are committed to implementing.

Part II of the plan, therefore, should seek to do this under the following headings:

- an outline of the current extent and nature of the drug problem in the area;
- a profile of current or planned service provision;
- an assessment of whether current/planned service provision meets current or anticipated needs;
- the development of a revised strategy, with particular reference to addressing any gaps in service provision and eliminating duplication or overlap.

The following sections outline in broad terms what should be included in the updated plans under the above headings.

Outline of the current extent and nature of the drug problem in the area

The updated plan should profile, as accurately as possible, the current extent and nature of the illicit drug problem in the area. This should include an assessment of likely trends in the coming years. In compiling the profile, the Task Force should ensure that all contacts local drug users have with treatment and other relevant statutory, voluntary and community services are included. In doing this, however, all reasonable steps should be taken to prevent double counting.

The statutory representatives on the Task Force - while having regard to data protection and any other relevant legislation - should ensure that all relevant information available to their organisations is provided to the Task Force for this purpose.

Where a Task Force proposes to conduct or commission research into the nature, extent or prevalence of drug misuse in its area, it is important that it has regard to accepted norms for the conduct of such research, taking into account the need to produce objective, valid and comparable data. It would be important, therefore, that research is conducted on the basis of a standardised approach and the Health Research Board should be consulted for guidance on this issue.

Profile of current or planned service provision in the area

The updated plan should set out the current level of service provision in the area to respond to the drug problem. In addition to all projects being developed through the Task Force (as outlined in part I of the updated plan), this should include other relevant statutory, voluntary and community programmes and services. It should also include all planned programmes and services.

The statutory representatives should ensure that all current or proposed programmes and services delivered by their agencies are brought to the attention of the Task Force. The Task Force should also contact any relevant organisations or agencies not represented on it (e.g. the local Partnership) and invite them to give details of any relevant initiatives which they are operating or have planned.

An assessment of whether current/planned service provision meets current or anticipated needs

Having examined the nature and extent of the local drug problem and profiled the services being delivered to respond to it, the Task Force should then form a view as to the extent to which current service provision meets the identified needs, under the following headings:

- drug awareness/education/prevention;
- treatment programmes and services for drug misusers;
- rehabilitation programmes and services for stabilised or recovering drug misusers; and
- community involvement in issues relating to reducing supply at local level.

Task Forces should determine whether the diverse needs of current or potential drug misusers are being met or are capable of being met under existing plans and programmes.

Development of a revised strategy, with particular reference to addressing gaps in service provision and eliminating duplication or overlap

Having profiled the extent of the problem, the current or planned level of service provision and identified the needs which are not currently being met, the Task Force should then decide what measures are now necessary to address gaps in programme or service provision. Specifically, the updated plan should:

- **in relation to drug awareness/education/prevention:** seek to develop a range of measures to alert people, particularly young people, to the

dangers of substance abuse and prevent them from becoming involved in drugs. In developing appropriate measures, cognisance should be taken of the need to avoid overlap or duplication with other similar or complementary initiatives which focus on diverting young people away from drug misuse, in particular the Young People's Facilities and Services Fund, the Area Action Plan of the local Partnership, the Disadvantaged Youth Scheme (operated by the VEC's) and Garda Diversionary Projects;

- in relation to treatment programmes and services: identify any gaps in service provision, with a view to ensuring that there is a continuum of treatment options available to drug misusers in the area. Proposed new services should complement those already provided or planned by the Health Board, as well as voluntary, community and other relevant organisations. The overall aim should be to ensure that the diverse needs of different drug misusers are fully catered for in terms of the type of treatment provided, the settings in which it is delivered and providing the other back-up and supports needed by the client;

- in relation to rehabilitation programmes and services for stabilised or recovering drug misusers: identify gaps in the rehabilitation programmes currently available or planned and propose new services to address these gaps. As more and more drug users present for treatment, considerable strain is being put on the rehabilitation services currently available. The Task Force, therefore, should give priority to the development of these services, having regard to the proposals contained in their original plans and their experience in attempting to implement them.

- in relation to community involvement in issues on reducing supply at local level: the Task Force should develop strategies to allow local communities to work in close co-operation with the relevant authorities

(e.g. Gardai, Local Authorities, etc.) in estate management and community policing initiatives, aimed at reducing the supply of drugs in the area in a balanced and equitable fashion.

Part III: Development and prioritisation of specific proposals to give effect to the revised strategy

Having drafted a coherent strategy to respond to the local drug problem, the next step is to develop and prioritise a series of specific proposals to give effect to that strategy.

In preparing these proposals, the Task Force should bear in mind that initiatives to fill gaps in service provision do not necessarily have to be funded through the Task Forces and the onus on State Agencies to deliver programmes and services in their own areas of responsibility remains. The Task Force should take into account the review carried out in Part I of the updated plan and make any adjustments to its original proposals which it feels are necessary at this point in order to achieve the objectives of the revised strategy.

All proposals should be fully costed and prioritised. The updated plan should set out concisely the objectives of the proposals being put forward and, as far as possible, set clear targets to be achieved. In this regard, the Task Force should indicate, in precise terms, the proposed inputs and expected measurable outputs, outcomes and impacts in relation to each proposal and how it integrates into the overall drugs strategy.

The Task Force should also pay particular attention to identifying any unnecessary overlap or duplication in current or planned service provision, proposals for the elimination of which should be agreed between the relevant parties and included in the plan.

Cross-Task Force issues

In preparing its updated plan, the Task Force should identify issues which - while not impacting directly or exclusively on its area - are nevertheless important in developing an integrated, coherent response across all Task Force areas. An example of this is the issue of homeless drug users, a problem which some Task Force areas “export” while others “import”. The Task Force should:

- identify which issues need to be examined in this context; and
- make recommendations as to how they might best be addressed.

The National Drugs Strategy Team will then consider these issues and - following further consultation with the Task Forces - will make recommendations to the Minister of State on the matter.

Process by which the updated action plan should be developed

A comprehensive consultation process is essential when preparing the updated plan. This should include consultation with local statutory, voluntary and community organisations which, although not represented on the Task Force, are nevertheless delivering programmes and services in the area relevant to addressing the overall drug problem. Consultation should take place in relation to:

- profiling the nature and extent of the local drug problem;
- compiling an inventory of current and planned service provision, with a view to filling gaps and eliminating overlap or duplication; and
- identifying the measures now required to ensure that an integrated drugs strategy is developed for the area.



It is vitally important that local communities have an opportunity of inputting into the planning and development of proposals affecting their areas if they are to take ownership of the projects once they commence. It is recommended, therefore, that the Task Forces engage in a widespread process of public consultation in preparing their updated plans.

Timeframe for preparation of the updated action plans

No specific deadline is being imposed for the submission of the updated plans. The time taken by Task Forces to complete their plans will not affect the eventual level of funding provided to implement them. Funding to implement the plans will be available from January, 2000 and it is anticipated that plans will begin to be submitted after that date.

Assessment of updated plans

The updated plans will be assessed by the National Drugs Strategy Team in line with the criteria outlined below, while having regard to the extent and nature of the drug problem in the area and the merit of the measures being proposed.

The Team's recommendations in relation to funding to implement the recommended projects will be submitted to the Minister of State, who, in turn, will make his recommendations to the Cabinet Committee on Social Inclusion.

Criteria for assessing plans

The following are the criteria which will be used to assess the updated plans:

- the extent to which the plan is area-based, integrated and maximises the use of existing resources;
- whether the measures proposed are additional and complementary to existing or planned programmes and services - statutory, voluntary and community - in the area;
- whether the proposed measures link effectively with complementary initiatives, existing or planned, including the Young People's Facilities and Services Fund and the Area Action Plan of the local Partnership;
- whether the Task Force has clearly demonstrated a partnership approach to filling gaps in service provision and eliminating duplication or overlap;
- whether it has been clearly demonstrated that the proposed programmes and services meet the identified needs of the area, having regard to the extent and nature of the local drug problem, the diverse needs of the target group and the current or planned level of service provision;
- whether the proposed measures accord with the aims, objectives and targets of the overall initiative;
- the extent to which the proposed projects have the potential to be successfully "mainstreamed" (see Section VII), following full piloting and evaluation;
- whether the promoters have demonstrated the capacity to deliver the proposed projects;

- whether the proposed projects are viable and sustainable;
- whether the plan incorporates new, innovative approaches in responding to the drug problem, which are capable of being replicated elsewhere;
- whether the proposed projects have been fully costed and prioritised;
- whether the proposed projects set out clear aims, objectives and targets, in terms of inputs and expected measurable outputs, outcomes and impacts;
- whether the Task Force has demonstrated a wide consultation process in the development of the plan; and
- the mechanisms proposed to ensure the effective implementation and monitoring of the approved proposals.

Technical assistance

A technical assistance budget of up to £10,000 is available to each Task Force, if required, to assist it in preparing its updated plan. To access this funding, the Task Forces should submit their proposals to the National Drugs Strategy Team, for consideration.

Information sessions

Taking account of the experience gained to date is an important part of the preparation of the updated plans. Therefore, the National Drugs Strategy Team has arranged a series of information sessions for the Task Forces to facilitate the dissemination of best practice under the various themes to be addressed in the plans.

MONITORING/EVALUATION/MAINSTREAMING OF LOCAL DRUGS TASK FORCE PROJECTS

Evaluation

Evaluation is an integral part of any programme or initiative. As well as an evaluation of the overall process to measure its success or otherwise, it is proposed to evaluate the individual projects being funded through the initiative, with a view to mainstreaming those ones which are operating successfully. The term “mainstreaming”, as used throughout this handbook, refers to the process by which responsibility for the funding of a project transfers to the relevant State Agency in accordance with the procedures and protocols outlined in this section.

Funding/Monitoring Arrangements for Projects

When a project has been approved for funding, the project promoter submits a claim form (LDTF1), via the Local Drugs Task Force, to the relevant State Agency in order to access funding. The form should be accompanied by a monthly cash-flow statement. Following processing of the claim by the State Agency, the flow of funding to allow the project to commence begins.

A copy of the LDTF1 form, cash flow statement and explanatory note is at Appendix V.

Reports are submitted to the Task Force co-ordinator by the project promoter on a quarterly basis, or more regularly where appropriate. These record progress in relation to the project, as well as setting out the position in relation to expenditure and the drawdown of funding.

If it becomes apparent that problems are developing with a particular project, the statutory representative on the Task Force within whose remit

the project falls should, in association with the Co-ordinator, enquire into the difficulties and report back to the Task Force and State Agency. The Task Force as a whole must agree a position where continuing difficulties persist. Where appropriate, the National Drugs Strategy Team should be consulted. Where there is any evidence or suggestion of financial impropriety, the State Agency should be informed immediately.

Interim Funding

Task Force projects have an initial one year timeframe. However, as a general principle, projects which have exhausted their initial budgets, but are considered by the Task Force to be meeting their objectives, will continue to be funded on an interim basis until such time as they have been formally evaluated and a decision is taken in relation to their mainstreaming. The National Drugs Strategy Team has discretion to approve such funding.

Criteria for Mainstreaming

Projects will only be mainstreamed where they have been formally evaluated in accordance with the agreed criteria and, following this evaluation, there is a clear recommendation that they should continue. It would also be essential that any modifications recommended in the evaluation (i.e., amended operating procedures, etc.) be put in place prior to any project being mainstreamed.

Evaluation Process

The evaluation process must be objective and transparent and must be carried out by individuals with a recognised and proven track record, in accordance with agreed criteria. The following mechanism has been put in place to facilitate this process:

- a steering group (comprising representatives of the National Drugs Strategy Team and the Task Forces) has been set up to oversee and monitor the process;
- a specially appointed Evaluation Co-ordinator will devise terms of reference for the conduct of the evaluation, along with appropriate performance indicators and these will be approved by the steering group; and
- a panel of evaluators will then be formed. Task Forces are free to nominate persons or companies to this panel, provided they meet the criteria outlined above. Task Forces can then make their selection of evaluators from the approved panel. In the event of there being excessive demand for the services of particular evaluators, the steering group will determine their assignment.

Evaluation Criteria for Projects

Over 200 projects were approved for funding on foot of the initial Task Force plans. There is a wide variation in the range, type and size of these projects. From a financial viewpoint, projects can be divided into three types: those costing over £50,000 per annum; those costing between £10,000 and £50,000 per annum; and those costing less than £10,000 per annum. The majority of projects were set up with a view to being ongoing, but some were once-off.

Acknowledging the wide variability of projects (including the fact that they address the drug problem under different themes, i.e. education/prevention, treatment, rehabilitation and community policing/estate management), it would be difficult to devise an evaluation framework that would equally suit all projects. It will be necessary, therefore, to develop a process that can be applied in a flexible manner, depending on the type of project. More rigorous evaluations will take place with the more expensive projects.

Guidelines as to how the evaluations are carried out, along with the ground rules, will also be necessary and these will be developed by the steering group, in consultation with the Evaluation Co-ordinator, Local Drugs Task Forces and project promoters as the process develops.

Protocols/Guidelines for Mainstreaming

The following protocols/guidelines have been developed to provide a platform on which project promoters and State Agencies can enter into an arrangement for the continued operation and funding of projects on a mutually acceptable basis.

It is vitally important that both sides' rights and responsibilities are acknowledged and respected. The origins and ethos of individual projects should not be lost sight of. Equally, the expertise of State Agencies should be seen as an asset, while their responsibilities in relation to auditing of funding, etc. must also be recognised.

The following are the protocols which must be observed if the mainstreaming process is to work effectively:

- prior to mainstreaming, a contract/agreement should be drawn up between the project promoter and the State Agency and witnessed by the Task Force, which will outline the service to be delivered by the project and the funding, supports, etc. to be provided by the agency;
- the introduction of changes to the project - either in terms of funding, nature, type or scale - can only be done following consultation between the three parties involved, i.e. the project promoter, the State Agency and the Task Force;
- the project promoter must respect the responsibility of the State Agency to account for Exchequer funding and must, therefore, comply with the agency's reporting and auditing requirements; and
- the State Agency must be assured that funding at an agreed level will be transferred to it simultaneously with its taking over responsibility for the project.

NATIONAL DRUGS STRATEGY TEAM

Background

Effective action against drugs requires a sustained, co-ordinated effort across a range of Government Departments and Agencies. This is a critically urgent example of what the Strategic Management Initiative in the Public Service (SMI) describes as a “cross-cutting” issue, which cannot be met satisfactorily by any one Department or Agency.

The National Drugs Strategy Team was established as a cross-departmental team of the type envisaged in the SMI. The Team comprises experienced personnel from relevant Departments and Agencies. Those seconded to the Team have direct access to their Ministers and heads of Department on all matters related to drugs. While accountability for individual programmes and services remains with relevant Ministers and their Departments/Agencies, the Team is mandated by the Government to work together to implement its drugs strategy, so that - while remaining officers of their parent Department or Agency - they have been instructed to take an overview of the requirements of that strategy.

Another important feature of the National Drugs Strategy Team is the inclusion of one person each from the voluntary and community sectors, who bring their extensive knowledge and experience of the drug problem to the Team’s work. In addition to being established on SMI principles, therefore, the Team also represents a partnership between the statutory, voluntary and community sectors and works exclusively on the basis of consensus.

Terms of Reference

The National Drugs Strategy Team's terms of reference are as follows:

- to ensure that there is effective co-ordination between Government Departments and State Agencies in implementing the Government's drugs strategy;
- in relation to the Local Drugs Task Forces:
 - to oversee their establishment and assist them in their work on an ongoing basis;
 - to draw up guidelines to assist them in preparing their action plans;
 - to evaluate their plans, when submitted, and make recommendations to the Cabinet Committee on Social Inclusion regarding the allocation of funding to support their implementation;
- to monitor developments at local level, ensuring that the problems and priorities of communities are being addressed at central level; and
- to contribute to the development of Government policy on drugs.

Composition

The following Departments/Agencies/Sectors are represented on the Team:

- Health and Children (chair);
- Justice, Equality and Law Reform;
- Education and Science;
- Environment and Local Government;
- Tourism, Sport and Recreation;
- Eastern Health Board;
- Garda Síochána;
- FÁS; and
- one person each from the voluntary and community sectors.

The involvement of the community and voluntary representatives helps, in particular, to ensure that the Team can fulfil its mandate of monitoring closely the problems and priorities of communities in the Task Force areas and ensuring that these are addressed at central level.

APPENDIX II

Task Force	Chair	Co-ordinator	Address of Co-ordinator	☎/fax
Ballyfermot	David Connolly	Mairéad Lyons	AIDS/Drugs Service Cherry Orchard Hospital Ballyfermot, Dublin 10.	☎ 6206412 fax-6206401
Ballymun	Mick Cowman	Hugh Greaves	18 Thomas McDonagh Tower Ballymun, Dublin 1.	☎ 8424630 fax-8424466
Blanchardstown	Seamus Maguire	Robert Markey	James Connolly House James Connolly Memorial Hospital Blanchardstown, Dublin 15.	☎ 8220221 fax-8221092
Bray	<i>A Chairperson & Co-ordinator are being assigned to this newly-formed Task Force</i>			
Canal Communities	Tony MacCarthaigh	Chris Purnell	AIDS/Drugs Service Cherry Orchard Hospital Ballyfermot, Dublin 10.	☎ 6206413 fax-6206401
Clondalkin	Aileen O Donoghue	Enda Barron (interim)	Ulster Bank Buildings Monastery Road Clondalkin, Dublin 22.	☎ 4579445 fax-4579422
Dublin N.E.	Michael Murphy	Peter Foran	Coolock Development Centre Coolock, Dublin 17.	☎ 8479788 fax-8479525
Cork	Cllr. James Corr	Rebecca Loughry (Co-ordinator) Willie Collins (Secretary)	Community Care Offices Southern Health Board St. Finbarr's Hospital Douglas Road, Cork.	☎ 021923132 fax-021923137
Dublin 12	Insp. Pat Kavanagh (interim)	Sheila Stone	Cherry Orchard Hospital Ballyfermot, Dublin 10.	☎ 6206422 fax-6206401
Dun Laoghaire/Rathdown	Dr. Des Corrigan	Jim Ryan	Centenary House 35 York Road, Dun Laoghaire	☎ 2803335 fax-2300690
Finglas/Cabra	Michael Bowe	Fiacra McGuirk	c/o Eastern Health Board 2nd Floor, Phibsboro Tower, Phibsboro, Dublin 7	☎ 8820311 fax-8820330
North Inner City	Fergus Mc Cabe	Julie Cruickshank	51 Amiens Street Dublin 1.	☎ 8366592 fax-8366595
South Inner City	Cllr. John Gallagher	Vincent Doherty	Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10.	☎ 6206438
Tallaght	Rosaleen Walsh	Maurice Farnan	Cherry Orchard Hospital Ballyfermot, Dublin 10.	☎ 6206414 fax-6206401

LOCAL DRUGS TASK FORCES ADMINISTRATIVE BUDGET

Introduction

Each Local Drugs Task Force received an initial allocation of £10,000 to cover certain administrative and other expenses related to its work, as well as work carried out by Task Force members on its behalf. In July, 1999, the Cabinet Committee on Social Inclusion made a further allocation of £10,000 to each Task Force to cover the next two years of their operation. These payments are administered by the relevant Partnerships, in consultation with the chairpersons of the Task Forces.

The expenses which may be paid from this budget fall into 2 broad categories:

- travel and family care expenses for community/voluntary representatives; and
- other incidental expenses.

Travel and Family Care Expenses

Payments in relation to travel and family care expenses should be made in accordance with the same guidelines and procedures which apply to the payment of expenses to community directors of Partnership boards, subject to the following general guidelines.

Eligibility

Expenses may only be re-couped by community representatives and, in certain cases, by representatives of the participating voluntary agencies.

Expenses will not be paid to representatives of State Agencies who, should the question of expenses arise, make separate arrangements with their parent organisations.

Eligible Expenses

The following expenses may be recouped:

travel: the presumption is that public transport will be used except where this is not feasible. Shared travel arrangements should be encouraged, where possible, to keep down costs. In all cases, recoupment should be made only on the basis of vouched invoices or receipts.

family care: expenses incurred in relation to the care of young, sick or elderly persons, while members are attending to Task Force business, may be recouped on the basis of vouched invoices or receipts.

In all cases, members should seek the clearance of the Task Force chairperson before incurring the expense.

Ineligible Expenses

The underlying principle governing the membership of the Task Forces by community and voluntary representatives is that they do so on a voluntary basis. Therefore, payments by way of salary, fee payments for loss of earnings or for giving up their own time to attend meetings, etc. are ineligible for funding.

Other Incidental Expenses

Funding allocated under this budget may also be used to cover other administrative expenses incurred by the Task Force, or its members, in relation to its work. Examples of the purpose for which the funding may be used include expenses relating to:

- training for Task Force representatives (group facilitation, seminars, workshops, etc.);
- vouched incidental expenses for work carried out by members on behalf of the Task Force (e.g. telephone calls from home, etc.);
- advertising;
- postage;
- stationery;
- public meetings.

Reducing Costs

Where possible, Task Forces should make use of existing resources, particularly those of the State Agencies. These agencies have been requested to assist, wherever possible, in relation to items such as venues for meetings, secretarial back up, snacks and refreshments for meetings on their premises, etc.

Important

It should be noted that the £10,000 allocation is being made on a once-off basis. Accordingly, arrangements should not be entered into by Task Forces which would commit funding over and above this allocation (e.g. entering into a long-term contract for the provision of services, etc.).

LOCAL DRUGS TASK FORCES

Development Budget

The development budget is designed primarily to respond to new situations not covered in the Task Force plans. While the budget may be used to respond to specific or unanticipated situations, it may also be used to provide “seed” funding to new or emerging community or voluntary groups, as a pre-cursor to involving them more actively in the Task Force’s overall drugs strategy at a later date.

The Cabinet Committee on Social Inclusion initially allocated a £10,000 development budget to each Task Force. In July 1999, the Committee allocated a further development budget of £15,000 to each Task Force, to be accessed by them once they have used up their initial budgets.

This funding is subject to the following conditions:

- allocations are on a once-off basis. Any group or initiative is not entitled, as of right, to continued funding when its allocation is exhausted. However, this does not preclude such groups or initiatives from submitting proposals for funding at a later date, should additional funding become available;
- except in exceptional circumstances, a limit of £3,000 is placed on individual allocations;
- the money should not be used for the recruitment of personnel, although this does not preclude the engagement of consultancy/facilitation services on a contract basis;
- all allocations must be approved by the Minister of State for Local Development and with special responsibility for the National Drugs Strategy, Mr. Chris Flood, T.D., on foot of a recommendation from the National Drugs Strategy Team; and
- Task Forces must show that the cost of any new proposal cannot be met from savings within their current overall allocations.

LDTF1 FORM

Details of Project to be funded as part of the Local Drugs Task Force Action Plan

Local Drugs Task Force: _____

Part A: Details of Project Promoter

Please complete each of the following sections in BLOCK CAPITALS

1.

Name of Project Promoter:

Address:

President/Chairperson

Name:

Address:

Telephone Number: _____

Fax Number: _____

Tax Reference No: _____

and/or

Charitable status (CHY No.):

Tax District dealing with tax affairs:

Secretary or Treasurer

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Date when the group promoting project
was established:



2.

What are your main aims and objectives?

3.

What are your links with other local services?

Part B: Project Details

Location: _____

4.

Describe the project for which funding is being sought.

This Section must be completed and further information may be attached on a separate sheet if necessary.

APPENDIX V

5.

a) When is the start-up date?

b) Expected duration?

6.

Who is expected to benefit from this project?

(and how many clients will take part?)

7.

How will the project contribute to addressing the drug problem in the area?

8.

Under which of the following headings does your project fall?

1. Education and Prevention: _____

2. Treatment: _____

3. Rehabilitation: _____

4. Other (Please Specify): _____



Part C: Funding

9.

If the project relates to a building or premises, please give details of ownership or leasing arrangements, and your role in the management structure.

10.

Please give a breakdown of the funding separating current and capital costs, and complete the attached cashflow statement.

11.

Have you already received any funding from another Government Department, State Agency, Local Authority or any EU funded agency for this project?

12.

Have you looked for any matching funding for this project?
If so, please specify the amount sought, and when the decision is expected?

13.

Amount of funding now being sought: £ _____

DECLARATION

(To be completed by the Chairperson, Honorary Secretary or Honorary Treasurer of the Project Promoter)

On behalf of _____

I, _____

wish to apply for funding towards the project/service named on the LDTF 1 form and I declare that all the information given is true and complete and to the best of my knowledge and belief. I acknowledge that I have read the terms and conditions relating to “Funding to Support Projects included in the Action Plans of Local Drugs Task Forces” and also the tax and accounting requirements of the funding agency and that I agree to comply fully with all of the terms.

Signed: _____

Address: _____

Position Held: _____

Date: _____ Telephone No.: _____

Certified by LDTF
(Chairperson): _____

Address of Witness: _____

Date: _____ Telephone No.: _____

PLEASE NOTE THAT THE FOLLOWING SHOULD BE ENCLOSED WHERE APPROPRIATE:

1. A Tax Clearance Certificate unless you have charitable status.
2. Copy of latest audited Accounts including Balance Sheet.
3. Copy of latest Annual Report.
4. Copy of Architect's, Contractor's or other estimates.

Forward completed LDTF 1 form and Declaration to Local Drugs Task Force.

FUNDING TO SUPPORT PROJECTS INCLUDED IN THE ACTION PLANS OF LOCAL DRUGS TASK FORCES

Explanatory Note

SECTION I: Introduction

1. Proposals are approved for funding by the Cabinet Committee on Social Inclusion, following assessment of the action plans of the Local Drugs Task Forces by the National Drugs Strategy Team and subject to the conditions outlined in Section IV below.
2. The purpose of this note is:
 - to describe the process by which organisations who submitted approved proposals (hereafter referred to as project promoters) may access funding;
 - to set out the roles of the Local Drugs Task Forces and the State Agencies designated as channels of funding (hereafter referred to as Funding Agencies) in this process; and
 - to outline the conditions under which funding is being allocated
3. The National Drugs Strategy Team will notify each Local Drugs Task Force and Funding Agency of relevant proposals which have been approved for funding, along with the amount provisionally allocated to support their implementation. It should be noted that the merits of individual proposals, together with the general level of funding, will already have been evaluated by the National Drugs Strategy Team and this process need not be repeated by the Funding Agency. The definitive allocation will be made by the Funding Agency - in consultation with the Local Drugs Task Force - following an examination

of the detailed proposals and costings. This is to ensure consistency in approach to the allocation of funding across Task Force areas.

4. Local Drugs Task Forces and Funding Agencies should refer all matters about which there is any doubt or disagreement to the National Drugs Strategy Team for clarification/determination.

SECTION II: Role of Local Drugs Task Force

5. On being notified of the proposals in its plan which have been approved for funding, the Local Task Force will:
 - notify each project promoter of such approval, along with the amount of funding provisionally allocated;
 - forward the LDTF1 form to the project promoter, who will complete it and return it to the Local Drugs Task Force. The purpose of completing the form is to ensure that all relevant information is available to the Funding Agency and Local Drugs Task Force in determining:
 - that the proposal meets the conditions outlined in Section IV below;
 - and
 - the final allocation to be made to support it;
 - examine the completed form, when returned, to ensure that all the information requested has been furnished and that the conditions outlined in Section IV below are complied with; and
 - when satisfied that all relevant conditions have been met, certify the form and transmit it to the relevant Funding Agency.

SECTION III: Role of Funding Agency

6. The role of the Funding Agency will be to:
 - ensure that the conditions under which funding has been approved are complied with;
 - determine the final allocation to be made to support the proposal, in consultation with the Local Drugs Task Force, based on the detailed proposals and costings received and taking account of the need to ensure consistency in relation to the allocation of funding across the Task Force areas;
 - enter into a contract with the project promoter in respect of the funding which is being allocated; and
 - ensure that the projects are commenced on a viable basis within a set period of the date of allocation, with any funding of the projects not commenced within the period being deemed to be de-committed. There must be a provision allowing for the recovery of any funding previously disbursed to de-committed projects.
7. The Funding Agency will prepare aggregate monthly profiles of expenditure in respect of Task Force areas and submit these to the National Drugs Strategy Team. Funding will be transferred to the Funding Agency in advance instalments, based on the monthly profiles, for transmission to the project promoters. Funding allocated to the Funding Agency for this purpose should be retained in a separate account and the Funding Agency may be required to furnish the National Drugs Strategy Team with periodic reports of income and expenditure in relation to that account.

SECTION IV: Conditions Under Which Funding is Allocated

8. Funding to support proposals is being made available subject to the following conditions:
- funding will be allocated to support only those proposals specifically identified in the action plans of the Local Drugs Task Forces and approved for funding;
 - funding will be provided on the basis of supporting the projects initially for a period of one year. Projects which require funding to continue beyond one year will be reviewed by the Task Force prior to the end of that period in the light of an evaluation of their effectiveness and impact on the drug problem in the area and taking account of whether funding should more appropriately be made available from a different source. Continuation of funding via the National Drugs Strategy Team will be subject to a Government decision in relation to the process⁴;
 - where a project is being funded on a one-year basis, as opposed to a once-off grant, the profile of expenditure for the year (appended to the LDTF1 form) should be completed. In such cases, funding will be made available to the project promoter in advance instalments based on the profiles, which may be revised by the Funding Agency in consultation with the Local Drugs Task Force, in the light of the examination of the detailed proposals and costings;

⁴ *The Cabinet Committee on Social Inclusion subsequently agreed to allocate funding beyond the one year timeframe, on the basis outlined in section VII, pending the formal evaluation of projects and a decision in relation to their mainstreaming.*

- the project promoter must complete the LDTF1 form and forward it to the Local Drugs Task Force, as well as furnishing any other information requested by the Task Force or the Funding Agency relevant to the proposal being funded;
- the project promoter must satisfy the Local Drugs Task Force that appropriate management and personnel arrangements are in place to ensure that the proposal for which funding has been allocated can be successfully completed;
- the project promoter must comply with the tax and accounting requirements of the State Agency through which the funding is being channelled;
- where the project promoter proposes to recruit staff in order to implement a proposal, it is expected that such posts will be filled through open competition. Where a project promoter proposes to depart from this practice, due to exceptional circumstances, the prior consent of the National Drugs Strategy Team should be sought;
- normal public sector tendering arrangements should be applied as appropriate.