

## CHAPTER 1

# DRUGS STRATEGY, BUDGET AND FUNDING ARRANGEMENTS

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### 1.1 Introduction

This chapter describes Irish government strategy in relation to illegal drugs, the main institutional mechanisms to implement this strategy, and the budget and funding arrangements to resource implementation. A companion volume will describe the main programmes and initiatives under way (Moran, Dillon, O'Brien, Mayock & Farrell, forthcoming). The chapter focuses on developments up to mid-2000, and its format follows, in large part, guidelines provided by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (see General Introduction).

### 1.2 Drugs Strategy

Significant changes have occurred in Irish society over the last six years. Foremost among these are dynamic economic growth, improved living standards, ending of large-scale emigration, improved employment opportunities, and the emergence of a young, educated population. Amid these positive developments, however, there exist pockets of poverty, homelessness, drug addiction and disaffection, particularly among young people in certain urban areas (Inter-Departmental Committee, 1998–1999: 56). The Government, recognising the inequitable distribution of societal resources, has made

social inclusion a policy priority, and on foot of wide social partnership arrangements such as the National Development Plan (NDP, 2000), the Programme for Prosperity and Fairness (PPF, 2000), and the National Anti-Poverty Strategy (NAPS, 1998/99; 1999/2000), has allocated much-needed financial resources to combat poverty and social exclusion.

The Government's approach to the drugs problem is embedded in this broad social inclusion framework (Drug Misuse Research Division, 1999). The effects of social exclusion are seen 'to contribute to the deep rooted and intractable problems of serious drug misuse' (Flood, 1999). An integrated inter-agency approach to tackling these problems has been put in place; power to tackle social exclusion is being devolved to local and regional authorities, through the development of appropriate structures; and local community participation in the formulation and implementation of policy is being nurtured and resourced.

Ireland's National Drugs Strategy is currently being framed. It is being developed in the context of various international and EU agreements, for example the Political Declaration on the Guiding Principles of Drugs Demand Reduction (UN Special Session on Drugs, held in New York, 1998)<sup>1</sup> the UN Conventions on Narcotic Drugs and Psychotropic Substances,<sup>2</sup> the EU Action Plan on Drugs 2000 – 2004 (Commission of the European Communities, 1999), and the EU Drugs Strategy 2000 – 2004 (CORDROGUE 64, 1999). The development of Ireland's National Drugs Strategy has also involved extensive consultation, including public fora in a number of centres throughout the country. The new strategy is due to be launched in early to mid 2001.

Since 1996 the Irish Government's drugs strategy has been underpinned by the findings, recommendations and policies established by the two reports of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996 & 1997). The overall aim of the Government's current drugs strategy is to provide an effective, integrated response to the problems posed by drug misuse, and to work in partnership with the communities most affected by the drugs problem in tackling the issues involved.

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1 At a UN Special Session on Drugs, held in New York in 1998, a Political Declaration on the Guiding Principles of Drug Demand Reduction was adopted. It put an onus on every member state to have in place a comprehensive drugs policy and outline of how targets are to be achieved over the period 2000 to 2008.

2 Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs, 1961; the Convention on Psychotropic Substances, 1971; and the UN Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. The conventions may be accessed through the website – [www.incb.org/e/conv/](http://www.incb.org/e/conv/)

The key objectives of the Irish Government's current drugs strategy are to:

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

In line with these overall aims and objectives, four basic principles underpin the Government's strategy.

- It is recognised that an effective strategy must encompass a range of responses, which not only address the consequences of drug misuse, but also address its causes.
- The response to the drugs problem must take account of the different levels of drug misuse being experienced around the country. Illicit drug use, particularly of drugs such as cannabis and ecstasy, is a nationwide phenomenon. However, heroin abuse, in view of its public health implications and close association with crime, is currently seen as the most pressing aspect of the problem. Therefore, the areas experiencing the highest levels of heroin abuse require a specific targeted response.
- All agencies with a role in responding to the drugs problem need to work together, to ensure that their individual programmes and services are delivered in a coherent, integrated manner.
- There is considerable knowledge and experience to be found in the communities experiencing the highest levels of drug misuse, and these communities must have an opportunity to participate in the design and delivery of responses to the drugs problem in their areas (Flood, 1999).

At the level of the individual, the objective of drugs policy in Ireland is to maintain people in, and restore misusers to, a drug-free lifestyle. However, in practice, it is acknowledged that the latter is not an option for a number of citizens in the short term. Accordingly, a pragmatic approach is taken, and the importance of the minimisation of risk, or harm reduction, is stressed in treatment and in a number of education and rehabilitation programmes. The emphasis on harm reduction has grown in line with the growing concern about the public health implications of the increase in the incidence of AIDS/HIV and hepatitis B and C infections.

The Government's drugs strategy involves a range of responses, addressing both the causes and the consequences of drug misuse. The Government's response may be

characterised as supporting general initiatives to promote social inclusion, and also specific initiatives within the social inclusion framework that target drug-related problems. The general initiatives target issues seen as contributing to the drugs problem, for example, unemployment and social deprivation (Drug Misuse Research Division, 1999). Such programmes provide scope for agencies and communities affected by the drugs problem to avail of financial and other resources to tackle the broader problems associated with drug misuse in their communities.

The Government's specific response to the drugs problem focuses on two major initiatives – the Local Drug Task Forces (LDTFs) and the Young People's Facilities and Services Fund (YPFSF). The LDTFs were established to provide a strategic local response, by statutory, community and voluntary sectors, in areas where drug misuse is a serious problem. There are twelve LDTFs in Dublin, one in Cork, and one in Bray. The YPFSF was established by the Government in 1998 to assist in the development of youth facilities, including sport and recreation facilities and services, in disadvantaged areas, where a significant drugs problem exists or has the potential to develop. The aim of the fund is to attract 'at-risk' young people into these facilities and activities, thereby diverting them from the dangers of substance misuse. A more detailed description of these two major initiatives is given in Moran *et al.* (forthcoming).

In addition to the LDTFs and the YPFSF, which are largely focused on urban areas, where the drugs problem is most acute, Government strategy has begun to address the drugs problem on a nationwide basis. It has begun to address the use of so-called 'recreational drugs', such as cannabis and ecstasy, particularly among young people. There is a growing recognition that illegal drugs, particularly cannabis and ecstasy, are readily accessible in towns and rural areas throughout the country and, along with alcohol, are becoming an increasingly common feature of recreational activity among certain categories of youth (Kelleher, forthcoming; O'Brien & Moran, forthcoming). Pockets of heroin use in some larger rural towns have also been reported. Regional drugs co-ordinators have been appointed to assist the regional health boards in developing appropriate programmes and services, mostly in relation to drugs awareness, education, prevention, and also treatment and rehabilitation when needed. Since 1992 these programmes and services have been in receipt of a specific financial allocation from the Department of Health and Children. This allocation represents additional funding for regional health boards to respond to the drugs problem.

Regional drugs co-ordinators also have a role in co-ordinating the responses of agencies at a local level. At the request of the Department of Health and Children, all health boards now have co-ordination structures in place, which work with varying degrees of

success and involvement from other agencies and groups (Department of Health and Children, 2000). Thus, a number of the regional health boards have set up regional co-ordinating committees in their areas, which work in partnership with other relevant agencies in developing a co-ordinated response to the drugs problem, having regard to the needs of their particular regions.

The Government's strategy involves a number of major initiatives to tackle the drugs problem from the supply side (see Chapters 2 and 6). Legislation has been introduced over the past few years to increase significantly the powers of the Gardaí and other authorities in tackling organised crime and drug dealing. But agencies working on the supply side have recognised that supply reduction measures must be accompanied by demand reduction measures, and these have now become an increasingly important aspect of the work of law enforcement agencies. Chapter 7 describes some projects on demand reduction, which represent interventions in the criminal justice system. A summary of recent initiatives in the criminal justice area can be found in Chapter 2.

### **1.3 Institutional Mechanisms**

The institutional mechanisms to implement the National Drugs Strategy, not surprisingly, overlap with the mechanisms to promote social inclusion in general. Foremost among these mechanisms is the Cabinet Committee on Social Inclusion, which gives political direction to the Government's social inclusion policies. This committee receives input from the Inter-Departmental Group on the National Drugs Strategy and the National Drugs Strategy Team. The relevant government departments and agencies are represented on these two bodies. The Inter-Departmental Group on the National Drugs Strategy includes senior-level representation from government departments and representatives from the National Drugs Strategy Team. The National Drugs Strategy Team also includes two non-government representatives, one each from the community and the voluntary sectors.

The Inter-Departmental Group on the National Drugs Strategy addresses issues in the drugs area with an inter-departmental dimension. The National Drugs Strategy Team plays a central role in overseeing the implementation of the Government's drugs strategy. It also plays a role at an operational level, for example monitoring the work of the LDTFs. The team was established on the principles outlined in the Strategic Management Initiative (SMI) for addressing issues that cut across the remit of a number of government departments and agencies.

Finally, the LDTFs provide a strategic locally-based response by the statutory, community and voluntary sectors to the drugs problem in the areas worst affected. The National Assessment Committee and Development Groups, established under the YPFSE, are also involved at the implementation level. A full description of the LDTFs and YPFSE, and their programmes, is provided in Moran *et al.* (forthcoming).

Preliminary arrangements have also been made to advance the objective of regional devolution, as outlined, for example, in the NDP. Accordingly, the LDTFs and area-based partnership companies are to work with the newly-appointed Directors of Community and Enterprise and the County/City Development Boards (CDBs) when drawing up their integrated local action plans. Arrangements for co-ordination of planning and delivery of services are also to be agreed with the CDBs. Further information on the role of the CDBs is given below, in Section 1.4.

A National Advisory Committee on Drugs (NACD) was established in 1999 by the Cabinet Committee on Social Inclusion, in recognition of the importance of having authoritative information and research findings available to guide policy. The NACD has responsibility for research and information on drug misuse in Ireland. It is implementing a prioritised three-year programme of research and evaluation on the extent, nature, causes and effects of drug misuse in Ireland, and is identifying the contribution to be made by all the relevant interests. The NACD is described in more detail in Moran *et al.* (forthcoming).

## **1.4 Budget and Funding Arrangements**

Given the positive state of the national finances, and the priority the Government has given to the drugs issue, it is not surprising to find that financial allocations in the NDP 2000 – 2006 to address the drugs problem have increased greatly over that allocated in the previous national plan. Accounted for under the broad heading of Social Inclusion, much of the money is being channelled to support local action and community groups in their efforts to tackle the drugs problem. Moreover, where previously, resources were focused on areas where the drugs problem was most acute, with smaller allocations only to other regions, the NDP allocates funds to a number of more geographically-dispersed sub-programmes that address the drugs problem.

Details of funding to support the drugs initiative and Social Inclusion measures are outlined below.

Funding for the drugs area is most appropriately viewed within the context of the Irish Government's NDP, and particularly the NDP's commitment to tackling social exclusion as a policy priority. The NDP covers a seven-year period (2000 – 2006) and involves an investment<sup>3</sup> of Ir£40.588 billion/G51.55 billion of public, EU and private money. The NDP is one element of a nexus of social partnership agreements, which also includes the National Anti-Poverty Strategy (NAPS) and the Programme for Prosperity and Fairness (PPF). Between them they embrace the major sectors and interest groups of civil society and they all address the issue of social inclusion.

The NDP has four broad national objectives:

- continuing sustainable national economic and employment growth;
- consolidating and improving Ireland's international competitiveness;
- fostering regional development; and
- promoting social inclusion.

The NDP comprises three National or Inter-Regional Operational Programmes, as follows:

- Economic and Social Infrastructure;
- Employment and Human Resources;
- Productive Sector;

and two Regional Operational Programmes:

- Border, Midlands and Western (BMW) Region; and
- Southern & Eastern (S&E) Region.

It also contains a separate Operational Programme for the PEACE Programme, which operates in the border counties and Northern Ireland.

Most of the Government's spending in the drugs area is accounted for under the broad objective of Social Inclusion, and is channelled through either National Operational Programmes or the Regional Operational Programmes.

The National Operational Programmes include projects which relate broadly to social inclusion, with important implications for all citizens, including drug misusers – for example, the development of rural transportation will improve access to resources,

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3 At 1999 prices.

including treatment. This type of 'macro-spending' on social inclusion is complemented by spending under the S&E and BMW Regional Operational Programmes, which are designed to promote, *inter alia*, balanced regional development. The focus at this regional level is on sub-programmes such as Regional Infrastructural Investment, Social Inclusion and Productive Investment. Measures under the Social Inclusion Sub-Programme include Childcare, Equality, Community Development/Family Support, Crime Prevention (many measures here address the drugs area), Youth Services and Services for the Unemployed.

Table 1.1 summarises expenditure on Social Inclusion in the NDP National and Regional Operational Programmes.

**TABLE 1.1**  
**Expenditure (G million) on Social Inclusion, NDP 2000 – 2006.\***

<b>Operational Programme</b>	<b>National G million</b>	<b>BMW Region G million</b>	<b>S&amp;E Region G million</b>
Economic and Social Infrastructure	10,157.9	2,451.9	7,706.0
Employment and Human Resources	7,576.7	2,154.7	5,422.0
Regional Programmes/ Social Inclusion	1,343.1	280.1	1,063.00
<b>Total</b>	<b>19,077.7</b>	<b>4,886.7</b>	<b>14,191.0</b>
<b>Expenditure Per Capita</b>	<b>5,261</b>	<b>5,062</b>	<b>5,333</b>

*Source : NDP (2000) Ireland, National Development Plan, 2000 – 2006.*

\* In addition to the Community Support Framework there will be four Community Initiative Programmes – Interreg, Equal, Leader and Urban – each supporting some projects in the social inclusion arena.

Under the Regional Operational Programmes, the allocations to combat drug misuse will be IR£112 million/G142 million for the S&E Region, and IR£10 million/G12.7 million for the BMW Region. These funds (IR£122 million/G155 million in total) will be allocated to the LDTFs, and will address the drugs problem under the themes education, prevention, treatment rehabilitation and supply reduction (Department of Tourism, Recreation and Sport, personal communication).



Funding for the LDTFs, and most likely for the YPFSF in 2002, will be channelled through new or adapted structures, which are being or will be put in place to deliver the NDP. Through these structures the implementation of the initiatives will be devolved to the regional level and will involve continued integration of the relevant agencies. Thus, the recently-established CDBs, whose primary function is to draw up a comprehensive Strategy for Economic, Social and Cultural Development by January 2002, have a key role in co-ordinating local delivery of social inclusion measures. The CDBs will operate on the partnership principle, with the Regional Assemblies under the local government umbrella, and with membership drawn from local development organisations, social partners, local representation of State agencies and local government itself (NDP, 2000). A Director of Community and Enterprise has been appointed by each CDB. All the programmes and projects specified by the NDP, and their delivery mechanisms, are to be organised and implemented within this framework.

Key principles underpinning this framework will be (1) the use of common delivery areas, for example, county/city and, where appropriate, local electoral areas for community development/social exclusion, and (2) single agencies being assigned to deliver specific components (e.g. micro-enterprise) of local development in any one area, so as to avoid overlap, confusion and competition between agencies (NDP, 2000).

Preliminary arrangements have been put in place to co-ordinate existing structures involved in the implementation of actions in the drugs area with these new local structures (see Section 1.2 above). Thus, the LDTFs, area-based partnership companies and ADM Community Groups (the local implementing agencies) are due to work with the Directors of Community and Enterprise and the CDBs when drawing up their integrated local action plans. Arrangements for co-ordination of planning and delivery of services are to be agreed with CDBs by the time of the mid-term review of the Regional Operational Programmes in 2003 (Department of Tourism, Recreation and Sport, personal communication).

No detailed breakdowns are available of national expenditure relating to drugs in the areas of law enforcement; epidemiology, prevention and treatment; and evaluation, quality and training; although they were requested by the EMCDDA. The Drug Misuse Research Division's submission to the National Drugs Strategy Review included a recommendation to start work on costing expenditure on drugs; this is also in line with recent EU recommendations, for example, CORDROGUE 64 (1999).

In conclusion, the approach to the drugs problem in Ireland could be described as an integrated, holistic and intersectoral one, which involves the co-ordination of drug

programmes and services at local level and focuses on actions to deal with the drugs problem in communities where it is most severe. The forthcoming National Drugs Strategy will frame official analysis of and response to the issue of drugs in Ireland for the immediate future.

## 1.5 References

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