

Chapter 1

National Drugs Strategy and Structural Mechanisms¹

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1.1 Introduction

In April 2001 the Irish Government approved the National Drugs Strategy for 2001-2008 (2001). The National Drugs Strategy Review Group, which was responsible for developing this new Strategy, had begun its task by undertaking an exhaustive review and consultation process. As a result of this process, the Review Group concluded that the approach to the drugs issue taken to date by the Irish Government provided a solid foundation from which all those trying to tackle the drugs problem should work in the future. The Review Group endorsed the existing approach and, in developing the new Strategy, expanded and strengthened the pillars and principles underpinning this approach (Department of Tourism, Sport and Recreation, 2001).

In this chapter the strategic framework and main structural mechanisms for co-ordinating and implementing the strategy are described under the following headings:

- 1.2 National Drugs Strategy 1996-2000
- 1.3 National Drugs Strategy 2001-2008
- 1.4 National Development Plan 2000-2006
- 1.5 National Co-Ordination and Implementation
- 1.6 Regional/Local Co-ordination and Implementation
- 1.7 Evaluation of National Strategies

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1.2 National Drugs Strategy 1996 - 2000

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 Irish Government's drugs strategy has been 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 raised.

Arising from this overall aim, the key objectives of Government policy have been 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 who are 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 have underpinned 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 attack its causes;
- the response to the drug problem must take account of the different levels of drug misuse, which are being experienced around the country. While illicit drug use is a nation-wide phenomenon (particularly the use of drugs such as cannabis and ecstasy), 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. A more targeted response is required, therefore, in the areas experiencing the highest levels of heroin abuse;
- the need for all agencies, which have a role in responding to the drug problem, to work together so as to ensure that their individual

contributions form part of an overall coherent and integrated approach; and

- the need to tap the depth of experience and knowledge which community groups and voluntary organisations can bring to a response to the drug problem. It is recognised that there is considerable knowledge and experience among communities in the areas experiencing the highest levels of use. These communities, therefore, must have an opportunity to participate in the design and delivery of the response to the problem in their areas (Flood, 1999).

In line with the above strategy and policy directions, national policies and strategies have undergone considerable changes over the past five or so years, involving a more integrated, inter-agency response to the drugs problem, and greater engagement of local communities in policy-making and implementation (e.g. Integrated Services Process, Local Drug Task Forces, and Young People's Facilities and Services Fund). More recently, greater regionalisation in the implementation of initiatives in the drugs area has been taking place within the framework of the new National Development Plan 2000-2006 (NDP, 2000) and related social partnership arrangements, which, inter alia, prioritise social inclusion as an objective of national development.

At the micro level, a major objective of drug policy in Ireland has been to maintain people in, and restore misusers to, a drug-free lifestyle. In practice, it is acknowledged that this 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, i.e. harm reduction, is stressed in treatment and in a number of education and rehabilitation programmes. The emphasis on harm reduction has grown with the concern relating to the public health implications of the growth in AIDS/HIV and hepatitis B and C infections.

1.3 National Drugs Strategy 2001-2008

1.3.1 National Drugs Strategy Review - The Process

A comprehensive review of the National Drugs Strategy was initiated by the Department of Tourism, Sport and Recreation in April 2000. A sub-group of the Inter-Departmental Group on Drugs, which includes representatives of the state

agencies and the National Drugs Strategy Team, oversaw the management of the review. It was assisted by independent consultants.

The objective of the review was to identify gaps or deficiencies in the existing strategy, revise strategies and, if necessary, develop new arrangements through which to deliver the strategies. The review was to identify the latest available data on the extent and nature of drug misuse in Ireland as a whole, attempt to identify any emerging trends and pinpoint the areas with the greatest levels of drug misuse. To be as comprehensive as possible, the review was also required to look at international trends, developments and best practice models (Department of Tourism, Sport and Recreation, Internal Document).

The review involved extensive consultations through invited submissions (over 190 received), discussions with key players in the state, voluntary and community sectors, and a series of eight public regional consultative fora (attendance by approximately 600 people) held throughout the country during June 2000. Over thirty agencies and organisations were invited to make detailed presentations to further assist in the identification of any gaps or deficiencies in the current strategy. These consultations were underpinned by extensive research of international examples of best practice, and a review of various relevant evaluation reports and other literature.

In early 2001 the Review Team published its findings (Department of Tourism, Sport and Recreation, 2001) and the Government approved the National Drugs Strategy 2001-2008 (2001).

1.3.2 Objectives, Aims and Key Performance Indicators

The overall strategic objective of the National Drugs Strategy 2001-2008 is:

to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment, and research (Ireland's National Drugs Strategy, 2001-2008, 2001: 8).

The new Strategy endorses the Irish Government's existing approach to tackling the drugs issue. The four 'pillars' of the new Strategy - supply reduction, prevention, treatment and research - focus on the same four issues as in the Government's previous Drugs Strategy (see Section 1.2 above).

The new National Drugs Strategy, however, seeks to strengthen the strategy and sharpen its focus, by:

- welcoming the Government's positioning of the National Drugs Strategy within the wider Social Inclusion policy and the strong commitment to areas of disadvantage in the NDP 2000 - 2006. The Review Team recognises that the best prospects for communities affected by the drugs problem, in the longer term, rest with a Social Inclusion strategy which delivers much improved living standards to areas of disadvantage throughout the country; and
- requiring all state agencies involved in delivering the National Drugs Strategy to specify annual targets in terms of outputs and desired outcomes for their respective programmes and initiatives.

With these broad considerations in mind, the Strategy has identified seven overall aims:

- to reduce the availability of illicit drugs;
- to promote throughout society a greater awareness, understanding and clarity of the dangers of misuse;
- to enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society;
- to reduce the risk behaviour associated with drug misuse;
- to reduce the harm caused by drug misuse to individuals, families and communities;
- to have valid, timely and comparable data on the extent and nature of drug misuse in Ireland; and
- to strengthen existing partnerships in and with communities and build new partnerships to tackle the problem of drug misuse.

To sharpen the focus, the National Drugs Strategy 2001-2008 (2001) specifies objectives and key performance indicators (KPIs) for each of the four pillars - supply reduction, prevention, treatment and research. These are briefly outlined overleaf.

Supply Reduction

The objectives in relation to supply reduction are:

- to significantly reduce the volume of illicit drugs available in Ireland, to arrest the dynamic of existing markets and to curtail new markets as they are identified; and
- to significantly reduce access to all drugs, particularly those drugs that cause most harm, amongst young people especially in those areas where misuse is most prevalent.

These objectives are underpinned by a quantitative KPI, which seeks to increase the volume of opiates and all other drugs seized in Ireland by 25 per cent by 2004 and by 50 per cent by 2008. To support achievement of this KPI, the National Drugs Strategy Review Team (Department of Tourism, Sport and Recreation, 2001) considered that law enforcement resources should continue to be targeted at disrupting the activities of organised crime groups. It welcomed the progress made in legislating against drug-related crime and developments in the prisons in relation to drug treatment services. Additional KPIs include increasing Garda resources in LDTF areas, and strengthening coastal watch and international co-operation, and enhance drugs policy co-ordination within the Gardaí.

Prevention

The objectives in relation to prevention are:

- to create greater social awareness about the dangers and prevalence of drug misuse; and
- to equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development.

The first KPI sets a quantitative target of bringing drug misuse by school-goers below the EU average and, as a first step, reducing the level of substance misuse reported to ESPAD² by school-goers by 15 per cent by 2003 and by 25 per cent by 2007. Specific initiatives include the development and launch of an ongoing National Awareness Campaign highlighting the dangers of drugs; linking the National Drugs Strategy with the National Alcohol Policy; strengthening the links between the Department of Education and Science and the LDTFs and providing educational supports in LDTF areas.

² European Schools Survey Project on Alcohol and Other Drugs.

Treatment

The objectives in relation to treatment are:

- to encourage and enable those dependent on drugs to avail of treatment with the aim of reducing dependency and improving overall health and social well being, with the ultimate aim of leading a drug-free lifestyle; and
- to minimise the harm to those who continue to engage in drug-taking activities that put them at risk.

Four out of the seven KPIs relate to the quality of treatment services - immediate access for drug misusers to professional assessment and counselling, followed by appropriate treatment within one month; access for under-18s to treatment, following the development of an appropriate protocol; increasing the number of treatment places to 6,000 by the end of 2001, and to a minimum of 6,500 by the end of 2002; and having a service charter in place for each health board by the end of 2002. The Strategy also specifies that the recommendations of the Steering Group on Prison-Based Treatment Services (Irish Prisons Service, 2000) should be implemented as a priority, and that proposals should be implemented to end heroin use in prison by 2008.

The Strategy also requires that, by the end of 2002, each health board should have in place a range of treatment and rehabilitation options as part of a planned progression for each drug misuser, and that the number of opportunities for training and employment for stabilised drug misusers should be increased by 30 per cent by the end of 2004.

Research

The objectives in relation to research are:

- to have available valid, timely and comparable data on the extent of drug misuse amongst the Irish population and specifically amongst all marginalised groups; and
- to gain a greater understanding of the factors which contribute to Irish people, particularly young people, misusing drugs.

The KPIs set targets for the elimination of all major research gaps in drug research by 2003, and the publication of an annual report on the nature and

extent of the drug problem in Ireland, which will include a progress report on achievement of the objectives set out in the National Drugs Strategy.

Co-Ordination and Evaluation

Although not designated one of the 'pillars' of the National Drugs Strategy, KPIs relating to the establishment of an efficient and effective framework for implementing and evaluating the Strategy are identified. They include establishing an effective regional framework to support the measures; completing an independent evaluation of the effectiveness of the overall framework; requiring each agency to prepare a critical implementation path for each of the actions listed in the Strategy that are relevant to their remit; and reviewing the membership, workload and supports required by the National Drugs Strategy Team to carry out its terms of reference.

1.4 National Development Plan 2000-2006

The National Drugs Strategy Review Team (Department of Tourism, Sport and Recreation, 2001) welcomed the Government's positioning its approach to the drugs issue within the context of its Social Inclusion strategy, a plank of its National Development Plan (NDP, 2000) for 2000-2006. Social Inclusion became a major aspect of the NDP arising out of agreements between the Government and the social partners, including the NAPS (National Anti-Poverty Strategy, 1998/99; 1999/2000) and the PPF (Programme for Prosperity and Fairness, 2000).

Under the NDP, spending earmarked for social inclusion amounts to Ir£19,077.7 million / € 24,223.7 million. The NDP involves greater devolution to the regional and local levels, with the Border-Midland-West (BMW) and South-East (SE) regions receiving allocations of Ir£112 million / €142.2 million and Ir£10 million / €12.7 million respectively, specifically to combat drug misuse.

The Government's Social Inclusion strategy involves a range of responses that address the causes and consequences of drug misuse. The Government's response can be characterised as supporting general initiatives to tackle social exclusion, and specific initiatives within the Social Inclusion framework but more specifically targeted at drug-related problems. The general initiatives are targeted at issues seen as contributing to the drugs problem, e.g. unemployment, 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 tackling the drugs problem is focused around two major initiatives - the Local Drug Task Forces (LDTFs) and the Young People's Facilities and Services Fund (YPSF). Both initiatives have been largely focused on urban areas, where the drug problem is most acute.

In the following sections the structural mechanisms to plan, co-ordinate, implement and evaluate the National Drugs Strategy 2001-2008 (2001) are described, together with many of the 100 individual actions identified in the Strategy to address specific gaps in the existing drugs strategy, to strengthen each of the four pillars which underpin it, and to ensure the objectives are met.

1.5 National Co-Ordination and Implementation

The National Drugs Strategy Review Team (Department of Tourism, Sport and Recreation, 2001) endorsed the existing arrangement for co-ordinating and implementing roles at national level, with the addition of an Oireachtas Committee on Drugs (see Table 1.1). The roles and functions, as outlined in the National Drugs Strategy 2001-2008 (2001), are described below under the following headings:

1.5.1 Central Co-Ordination

1.5.2 Key Government Departments and Agencies

1.5.3 Research and Information

1.5.1 Central Co-Ordination

At national level, the policy and co-ordination tasks in relation to the drugs issue overlap with the mechanisms to promote Social Inclusion in general in Ireland. Foremost among these mechanisms is the **Cabinet Committee on Social Inclusion**, which gives political direction to the Government's Social Inclusion policies, including the National Drugs Strategy. Chaired by the Taoiseach, this committee receives input on the drugs issue from the Department of Tourism, Sport and Recreation, the Inter-Departmental Group on Drugs (IDG) and the National Drugs Strategy Team (NDST).

TABLE 1.1
Outline of Structural Mechanisms to Deliver National Drugs Strategy 2001 - 2008

NATIONAL LEVEL	Direction & Co-Ordination	Cabinet Committee on Social Inclusion	<i>Oireachtas Committee on Drugs</i>		
		<ul style="list-style-type: none"> Minister of State for Local Development at DoTSR, with responsibility for National Drugs Strategy. DoTSR 	IDG	YPFSF National Assessment Committee	
NATIONAL LEVEL	Policy & Implementation (Key Government Departments/ Agencies/ Programmes)	DoTSR	Dept. of Health & Children	Revenue Commissioners Customs & Excise Service	
		Department of Education & Science DMRD (HRB) FAS	Department of Environment and Local Government	DSCFA <ul style="list-style-type: none"> Community Development Programme 	Dept. of Justice, Equality & Law Reform <ul style="list-style-type: none"> An Garda Siochana Irish Prisons Service Probation & Welfare Services Courts
REGIONAL/ LOCAL LEVEL	Co-Ordination	<i>Regional Drugs Task Forces</i>	Local Drugs Task Forces	YPFSF Development Groups	
	Implementation	Regional Health Boards		Community and Voluntary Sectors	

KEY: Existing Structure *New Structure proposed in National Drugs Strategy 2001 - 2008*

The National Drugs Strategy 2001-2008 (2001) identifies the need for an **Oireachtas Committee on Drugs**. The Strategy includes an action to establish a dedicated drugs sub-committee of the existing Select Committee on Tourism, Sport and Recreation. This Oireachtas committee would meet at least three times a year.

In 1997 the Government appointed a **Minister of State for Local Development at the newly-created Department of Tourism, Sport and Recreation, with special responsibility for Co-ordination of the National Drugs Strategy**. Under the National Drugs Strategy 2001-2008 (2001) the Minister of State chairs the IDG and reports to the Cabinet Committee on Social Inclusion, bringing to its attention any identified issues with a detrimental effect on the implementation of policy. The **Department of Tourism, Sport and Recreation** has responsibility for the overall co-ordination of national policy to tackle drug misuse, including implementation of the National Drugs Strategy 2001-2008. The Department works in partnership with government departments, state agencies and the community and voluntary sectors, through the IDG and NDST. The Department's co-ordinating responsibilities also include the establishment of an evaluation framework for the National Drugs Strategy (see Section 1.7.2 below).

The National Drugs Strategy Review Team (Department of Tourism, Sport and Recreation, 2001) noted that, in other countries, responsibility for co-ordinating drugs strategies usually resides either in the Department of the Prime Minister or the Department of Health. While the advantages of both these options were acknowledged (in terms of political authority, budget size and service-provision experience), the Team recommended retaining the responsibility in Tourism, Sport and Recreation. The Team considered that the Department of Tourism, Sport and Recreation can be objective in relation to all the thematic areas covered by the national policy. Moreover, given this Department's role in local development and co-ordination of a number of different programmes relating to Social Inclusion, and given the correlation between drug misuse and social exclusion, it was considered that it was strategically well placed to take the lead role in co-ordination. In other words, it can bring a holistic and integrated approach to the drugs issue.

The **Inter-Departmental Group on Drugs (IDG)** plays a key role on overseeing the implementation of the National Drugs Strategy. Strengthened under the National Drugs Strategy 2001-2008 (2001) to comprise senior level representatives from government departments, and the chair of the NDST, and

to be chaired by the Minister of State at the Department of Tourism, Sport and Recreation, the IDG, inter alia, will advise the Cabinet Committee on Social Inclusion on critical matters of a public policy nature relating to the National Drugs Strategy; ensure timely and effective input by relevant Departments and agencies into emerging operational difficulties or conflicts; and approve the plans and initiatives of the LDTFs and the proposed Regional Drugs Task Forces - RDTFs, and monitor and evaluate the outcomes of their implementation, in conjunction with the NDST. By the end of 2001, the IDG, in conjunction with the NDST, is to develop formal links at local, regional and national levels with the National Alcohol Policy, to ensure complementarities between the different measures being undertaken.

The **National Drugs Strategy Team (NDST)** includes representatives from relevant government departments and agencies, and also two non-government representatives, one each from the community and the voluntary sectors, making the NDTS a partnership between the statutory, community and voluntary sectors. Members of the NDTS play a central role in overseeing the implementation of the Government's National Drugs Strategy by ensuring, inter alia, effective co-ordination between departments, agencies and the community and voluntary sectors, in delivering LDTF and the proposed RDTF plans; reviewing the need for LDTFs in disadvantaged urban areas (particularly having regard to evidence of localised heroin misuse); identifying and considering policy issues and ensuring that policy is informed by the work of and lessons from the LDTFs; overseeing the establishment of the proposed RDTFs; drawing up guidelines for the operation of, and evaluating the action plans of, LDTFs and RDTFs. The NDTS has joint monthly meetings with the IDG, and they jointly report to the Cabinet Committee on Social Inclusion every six months (National Drugs Strategy, 2001).

The **YPFSF National Assessment Committee** was established under the Young People's Facilities and Services Fund (see Section 1.6.3 below), to prepare guidelines for the development of integrated plans in the target areas for the Fund; to assess the plans and to make recommendations on funding to the Cabinet Committee on Social Inclusion. The Committee oversees the implementation of the Fund. Membership of the Committee comprises civil servants, representatives of state agencies and representatives of the community and voluntary sector, and the NDST.

1.5.2 Key Government Departments and Agencies

A number of government departments and agencies play lead roles in developing and implementing policy to tackle the drugs issue in Ireland. Their roles and responsibilities, including new actions assigned under the National Drugs Strategy 2001-2008 (2001), are outlined below. The departments are represented on the IDG, described in Section 1.5.1 above

Department of Tourism, Sport and Recreation

The Department of Tourism, Sport and Recreation has responsibility for the overall co-ordination of national policy to tackle drug misuse, including implementation of the National Drugs Strategy 2001-2008. The Department works in partnership with government departments, state agencies and the community and voluntary sectors, through the IDG and NDST. The Department's co-ordinating responsibilities also include the establishment of an evaluation framework for the National Drugs Strategy (see Section 1.7.2 below). The Department of Tourism, Sport and Recreation also has responsibility for local development, and the implementation of the Integrated Services Process (ISP) *inter alia*. The aims of the ISP include the development of a more focused and better co-ordinated response by the statutory authorities to the needs of communities with the greatest levels of disadvantage. The ISP is aimed at developing an integrated framework within which ongoing programmes can be rationalised and enriched to do a better job of making services available to communities (O'Brien & Moran, 1998).

In early 2001 the Government launched the RAPID (Revitalising Areas by Planning, Investment and Development) Programme, under the aegis of the Department of Tourism, Sport and Recreation. RAPID is a focused initiative by the Government targeting the twenty-five most concentrated areas of disadvantage in the country. The targeted areas will be prioritised for investment and development in relation to health, education, housing, childcare and community facilities including sports facilities, youth development, employment, drug misuse and policing. The programme is based on ISP principles, involving an implementation team (comprising state agency personnel, the local Area Partnership and residents of the local community) and a co-ordinator. Under the National Development Plan, up to Ir£15 billion / €19.5 billion has been earmarked for Social Inclusion measures, and the RAPID programme will prioritise the twenty-five targeted areas and front-load a significant share of this money to them over the next three years.

The Department also has continuing responsibility for providing accessible, positive alternatives to drug misuse through the YPFSF (see Section 1.6.3 below), through arts and culture youth programmes, the schemes run by the Irish Sports Council and the facilities provided under the Sports Capital Programme. The National Drugs Strategy 2001-2008 (2001) states that LDTF areas should be prioritised and specific efforts made to ensure that the groups who are most at risk of drug misuse are actively engaged in recreational activities at local level.

Department of Health and Children

The Department of Health and Children plays key roles in relation to both prevention and treatment of drug misuse. The National Health Promotion Strategy (Department of Health and Children, 2000) outlines a number of objectives relating to drug misuse. The principal aim of the strategy is to support best-practice models for the promotion of the non-use of drugs and the minimisation of the harm caused by drugs. The objectives are to:

- ensure each health board has in place a comprehensive drugs education and prevention strategy;
- continue to support the implementation of existing drug-related health promotion programmes;
- work in partnership with relevant government departments (e.g. Department of Education and Science) and other bodies to co-ordinate health promotion activities; and
- develop prevention and education programmes, with particular emphasis on schools and the youth sector and on interventions in areas where drug misuse is most prevalent.

The National Drugs Strategy 2001-2008 (2001) has assigned the Department the task of launching a National Awareness Campaign highlighting the dangers of drugs, by the end of 2001. The campaign is to promote greater awareness of the causes and consequences of drug misuse not only to individuals but also to their families and to society in general. The Department works closely with the Department of Education and Science in the design, implementation and evaluation of educational programmes. New strategies and actions in this area are discussed below under the entry for the Department of Education and Science.

In relation to drug treatment and rehabilitation, the Department of Health and Children has overall policy responsibility. The Department's policy on the treatment of drug and alcohol misuse stresses the need for community-based interventions including family support and community medical and social services. The Department funds the regional health boards, which provide drug treatment services at regional and local levels (see Section 1.6.5 below). Increasingly, this service provision involves more active liaison with local government structures.

The National Drugs Strategy 2001-2008 (2001) identifies three actions for the Department of Health and Children, designed to maintain the quality of treatment and rehabilitation services - ensuring adequate training is provided for health care and other professionals engaged in the management of drug dependency; consulting all treatment and rehabilitation providers to ensure that performance indicators accurately and consistently reflect the reality of the drug problem locally; and overseeing the implementation of the recommendations of the Benzodiazepine Working Group.

Department of Education and Science

The Department of Education and Science plays a role in relation to prevention, operating mainly through the formal education system. Its initiatives to combat drug use, such as 'Walk Tall' for primary level and 'On My Own Two Feet' for secondary level, and more recently the Social, Personal and Health Education (SPHE) programme, are linked to its overall package of measures to combat educational disadvantage. The National Drugs Strategy 2001-2008 (2001) stipulates that the Department is to ensure that every second-level school is to have an active programme to counter early school-leaving, with particular focus on areas with high levels of drug misuse.

The Department of Education and Science liaises closely with the Department of Health and Children. Both departments are tasked jointly by the National Drugs Strategy 2001-2008 (2001) with providing school-based education and preventive programmes in all schools by September 2003, and ensuring that evaluation is an ongoing element of the 'Walk Tall' and 'On My Own Two Feet' programmes, from 2002 onwards. Moreover, all programmes are to be informed by ongoing research into the factors contributing to drug misuse by particular groups. Parents of at-risk children are to be specifically targeted in school programmes - providing them with access to factual preventative materials, which will

encourage them to discuss the issues of coping with drugs and drug misuse with their children. Schools are also to be assisted, through the provision of guidelines, developed by the departments of Education and Health, in co-operation with the health boards, on the formation of a school drug policy.

In the non-formal education sector, the Department of Education and Science works closely with FÁS on joint-funded initiatives such as Youthreach, and in the running of workshops aimed at increasing drug awareness in areas where acute drug problems are apparent. In relation to LDTFs, the role of the Department of Education is to be strengthened under the National Drugs Strategy 2001-2008 (2001). The Department is to publish and implement a policy statement on education supports in LDTFs, including an audit of current supports, by the end of 2001, and to nominate a departmental official to serve on each LDTF.

FÁS

FÁS, the state training agency, operates specific drug-related programmes, including the Special Drugs Community Employment Programme, on which 1,000 places have been assigned for recovering drug misusers. Trained staff are available to work with stabilised drug misusers, to help them access employment or further training. Similarly, advocates, located in severely disadvantaged areas, provide a mentoring service to young people experiencing drug problems.

Acknowledging that the FÁS Community Employment Programme has been an important element of the existing approach to rehabilitation, the National Drugs Strategy 2001-2008 (2001) sets a target for increasing the number of training and employment opportunities for drug misusers by 30 per cent by the end of 2004. The Strategy also identifies the need to examine the potential to involve recovering drug misusers in Social Economy projects, and in other forms of vocational training.

Department of Environment and Local Government

The Department of the Environment and Local Government is responsible for policy and programmes in relation to the environment and for a wide range of services, provided mainly through the local government system. It is also

responsible for the local government system, construction industry matters and franchise and electoral systems.

The Department is involved in a broad range of initiatives which are drug-related, e.g. the National Anti-Poverty Strategy (NAPS), and is represented on relevant co-ordination structures. The Department also has a major role in relation to housing, homelessness and estate management.

The National Drugs Strategy 2001-2008 (2001) identifies two actions for the Department, both relating to the issue of homelessness and drug misuse - to commission an external evaluation of the impact of enforcement activity under the Housing Act 1997 on homelessness, and to monitor and evaluate homelessness initiatives in relation to drug issues.

Department of Social, Community and Family Affairs

The Department of Social, Community and Family Affairs' schemes and programmes of support for community development focus on investment in capacity building, so that socially-excluded groups and local communities can be active participants in identifying and meeting their own development needs, working alongside the other social partners.

While the main focus of the Department's programmes is not on drug prevention strategies, rehabilitation etc., local projects working in disadvantaged areas may provide support, in a community development context, to those affected by drug abuse. The Department is represented on the IDG and is to be represented on the proposed Regional Drug Task Forces. Section 1.6.6 below gives an overview of the Dublin Citywide Drugs Crisis Campaign, funded by the Department of Social, Community and Family Affairs, which provides technical assistance and expertise to local communities to develop their capacity to respond to the drugs crisis in their area.

Department of Justice, Equality and Law Reform

The Department of Justice, Equality and Law Reform has overall responsibility for policy and legislation relating to the reduction of the supply of drugs, *inter alia*. In recent years Ireland has put in place one of the strongest legislative frameworks in Europe for countering drugs. Key pieces of legislation include the Criminal Justice Act 1994, the Criminal Justice (Drug Trafficking) Acts 1996 and

1999, the Criminal Assets Bureau Act 1996, and the Proceeds of Crime Act 1996 (Moran, O'Brien, Dillon & Farrell, with Mayock, 2001).

The National Drugs Strategy 2001-2008 (2001) tasks the Department with overseeing the establishment of a framework to monitor the number of successful prosecutions, arrests and the nature of the sentences passed; establishing, after consultation, best-practice guidelines and approaches for community involvement in supply control activities with the law enforcement agencies; reviewing the ongoing effectiveness of crime legislation in tackling drug-related activity; and working with regional health boards in considering how best to integrate child-care facilities in treatment and rehabilitation centres and in residential treatment settings.

The Department also has administrative responsibility for An Garda Síochána, the Irish Prisons Service, the Welfare and Probation Service and the Courts, which, between them, have roles and responsibilities in relation to supply reduction, prevention, treatment and rehabilitation.

An Garda Síochána has responsibility for the State security services and all traffic and criminal law enforcement functions, including those laws related to drug offences. Special units have been integrated into the organisational structure of An Garda Síochána in an effort to address the drugs issue. In each of the country's twenty-seven Garda Divisions, there is a specialised **Drug Unit**, which has responsibility for the enforcement of drugs legislation. There may also be a Drug Unit in a District where drugs present particular problems (Moran *et al.*, 2001).

The **Garda National Drugs Unit (GNDU)** was established in 1995 with specific responsibility for drug law enforcement. The primary focus of the GNDU is to target major drug traffickers, as well as monitoring, controlling and evaluating all drug intelligence and policies within the force. As part of its focus on the national and international aspects of drug trafficking, the GNDU maintains close liaison with police forces from other jurisdictions, through various police networks and operational exchange programmes (An Garda Síochána, 1999). In 1996 the **Criminal Assets Bureau** was set up as an inter-agency response, including An Garda Síochána, the Office of the Revenue Commissioners and the Department of Social, Community and Family Affairs, to target the proceeds of crime, especially drug trafficking. At a community level **Community Policing Fora** have been established on a pilot basis in several LDTF areas. The Garda

have also been instrumental in implementing a number of operations addressing supply reduction, including Cleanstreet, Nightcap, Rectify, Tap and Dóchas. Under the National Drugs Strategy 2001-2008 (2001) it is intended to extend, and enhance the efficiency of, all the above initiatives - adding resources to existing drug units, and establishing drug units in areas where they don't exist; establishing a co-ordinating framework for drugs policy in each Garda District to liaise with the community and act as a source of information for parents and members of the public; increasing the level of Garda resources in LDTF areas, building on the lessons learned from the Community Policing Fora, and extending the Community Policing Forum model to all LDTF areas, if the evaluation of the pilot is positive.

The Gardaí are also active in prevention, particularly in relation to young people involved in, or at risk of becoming involved in, drugs and crime. Initiatives include the Garda Youth Diversion Projects, generally managed by Foróige and/or the City of Dublin Youth Service Board; the Drug Awareness Programme for communities; Garda Schools Programmes; the Garda Mobile Anti-Drugs Unit; and the Juvenile Diversion Project. Garda Juvenile Liaison Officers are also assigned throughout the country. The National Drugs Strategy 2001-2008 (2001) identifies an opportunity for enhanced co-ordination, whereby incidences of early use of alcohol or drugs by young people coming to Garda attention are followed up by the Community Police and/or the health and social services, so that problem-drug misuse may be diagnosed/halted early on.

The National Drugs Strategy Review Team (Department of Tourism, Sport and Recreation, 2001) saw the **Irish Prisons Service** as playing a key role in relation to supply reduction, treatment and rehabilitation. In relation to supply reduction, the threat of imprisonment is seen as both a sanction against and punishment for supply activity. The National Drugs Strategy 2001-2008 (2001) endorses the recommendations of the first report of the Steering Group on Prison-Based Drug Treatment Services (Irish Prisons Service, 2000), and recommends that they be implemented as a priority, together with proposals to end heroin use in prisons by 2008. The Strategy also seeks an expansion of prison-based programmes with the aim of having treatment and rehabilitation services available to those who need them, including programmes dealing specifically with the reintegration of the drug-using offender into the family/community. The Strategy also calls for an independent evaluation of the overall effectiveness of the Prison Strategy by 2004.

The **Probation and Welfare Service** co-ordinates a range of drug treatment initiatives both within the prison setting and post-release, in conjunction with rehabilitation agencies and the community.

Within the **Courts** system, a Drug Court has been established on a pilot basis in north inner-city Dublin. These courts are intended to be treatment oriented, where people with a drug problem, who are charged with non-violent offences, are diverted to treatment programmes rather than prison. The success of the initiative depends on the formulation and implementation of cohesive treatment and rehabilitation programmes, which will help break the cycle of reoffending and ultimately end all criminal activity. If the evaluation of the pilot study is positive, this type of early intervention system is to be introduced in all LDTF areas, accompanied by appropriate familiarisation for the judiciary on the role of the Drug Court (National Drugs Strategy, 2001)

Office of the Revenue Commissioners

The Office of the Revenue Commissioners includes the Customs and Excise Service. Customs have primary responsibility for the prevention, detection, interception and seizure of controlled drugs, intended to be smuggled or imported illegally into the State (Moran *et al.*, 2001).

In 1992 a Customs National Drugs Team was established, with the principal role of directing the work of Customs on the prevention of drugs smuggling and the enforcement of legislative provisions regarding the import and export of controlled drugs and other substances. The Team's units are strategically located around the coast of Ireland in an effort to prevent drug trafficking (Office of the Revenue Commissioners, 1993).

In 1996 a Memorandum of Understanding was agreed between Customs and Excise and An Garda Síochána regarding drugs law enforcement. As a result, a joint task force comprising Customs, Garda and the Naval Service was established, and personnel are exchanged at national level, and liaise at local level. Customs also liaise with the Garda National Drugs Unit and the Criminal Assets Bureau. Customs have also entered into agreements with trade associations and individual companies regarding detection of illegal drug smuggling, and developed a Coastal Watch Programme, which enlists the help of coastal communities and seagoing personnel in reporting suspicious activities. At an international level, the customs services of all EU member states

are linked electronically to facilitate quick and effective exchanges of information. A Customs official has been assigned to the Irish Embassy in London, and appointments are to be made to Europol in The Hague.

Under the National Drugs Strategy 2001-2008 (2001), these initiatives are to be strengthened and consolidated. Close liaison and collaboration, both nationally and in conjunction with enforcement and intelligence agencies in Europe, are to be developed; coastal watch and other port-of-entry measures to restrict importation of illicit drugs are to be strengthened; and a Customs official is to be assigned to the Europol National Unit. The Customs and Excise Service is also to develop benchmarks, in conjunction with the Gardaí, against which seizures of heroin and other drugs can be evaluated under the EU Action Plan on Drugs (Commission of the European Communities, 1999), in order to establish progress on a yearly basis.

1.5.3 Research and Information

An Interim Advisory Committee on Drugs was established by the Cabinet Committee on Social Inclusion in recognition of the importance of having authoritative information and research findings available as a guide to policy. The Committee was chaired by the then Minister of State with special responsibility for National Drugs Strategy, Chris Flood, TD, and later Eoin Ryan, TD. The Committee reported in February 2000 and, *inter alia*, made a number of recommendations regarding the structure and composition for a National Advisory Committee on Drugs, and recommendations for a three-year programme of research and evaluation on the extent, nature, causes and effects of drug misuse in Ireland.

National Advisory Committee on Drugs

The National Advisory Committee on Drugs (NACD) was established in July 2000. The Committee was established on a non-statutory basis for three years and has responsibility for research and information on drug misuse in Ireland and for a three-year prioritised work programme of research and evaluation.

The functions of the Committee are as follows:

- to advise the Cabinet Committee on Social Inclusion and through it, the Government, in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland, based on the

- C o m m i t t e e ' s
- analysis and interpretation of research findings and information available to it;
- to review current information sets and research capacity in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland and to make recommendations, as appropriate, on how deficits should be addressed, including how to maximise the use of information available from the community and voluntary sectors;
 - to oversee the delivery of a three-year prioritised programme of research and evaluation, as recommended by the Interim Advisory Committee, to meet the gaps and priority needs identified by:
 - using the capacity of relevant agencies engaged in information gathering and research, both statutory and non-statutory, to deliver on elements of the programme;
 - liaising with these agencies with a view to maximising the resources allocated to delivering the programme and avoiding duplication;
 - co-ordinating and advising on research projects in the light of the prioritised programme; and
 - commissioning research projects, which cannot be met through existing capacity;
 - to commission additional research at the request of the Government into drug issues of relevance to policy;
 - to work closely with the Drug Misuse Research Division of the Health Research Board on the establishment of a national information /research database (in relation to the prevalence, prevention, treatment and consequences of problem drug use) which is easily accessible; and
 - to advise relevant agencies with a remit to promote greater public awareness of the issues arising in relation to problem drug use and to promote and encourage debate through the dissemination of its research findings.

The first meeting of the Committee took place in late September 2000. It has formulated a three-year work programme under six general headings, as itemised below:

Inventory of Research and Information

- compile a comprehensive inventory of existing research and information sets relating to the prevalence, prevention,

treatment/rehabilitation and consequences of problem drug use in Ireland;

Improved Co-ordination of Research and Data Collection

- open communication channels with key agencies to ensure that the NACD is kept informed of any new research being undertaken or new data being collected;
- establish a research network which will ensure better co-ordination and integration of research projects among relevant agencies and maximise resources in the context of the NACD's programme of research;

Prevalence

- determine the size and nature of the drug problem in Ireland;
- determine the extent and nature of opiate use, poly-drug use and patterns of problem drug use (experimental, occasional, regular non-medical use) particularly among young people under 25;
- identify emerging trends and geographical spread;
- determine the extent and nature of problem use of prescription drugs;
- determine the prevalence of problem drug users not in contact with treatment services;

Prevention

- examine the effectiveness in terms of impact and outcomes of existing prevention models and programmes, with particular regard to evaluation instruments developed at European level;
- undertake comparative studies of different models with particular reference to those in operation in Task Force areas;
- determine transferability of models among different target groups;

Treatment/ Rehabilitation

- examine the effectiveness in terms of impact and outcomes of existing treatment and rehabilitation models and programmes;
- undertake longitudinal studies of the effectiveness of existing treatment and rehabilitation models;
- examine the context in which relapse occurs;
- examine the impact of the treatment setting;

Consequences

- examine the cost to society of the drug problem in terms of:
 - drug-related deaths;
 - impact of drugs on the family and communities;
 - relationship between drugs and crime; and
 - methods for tackling social nuisance related to drug misuse.

The National Drugs Strategy 2001-2008 (2001) has specified that the NACD should examine its three-year research programme to establish whether it can:

- carry out studies on drug misuse among at-risk groups;
- commission outcome studies to establish the current impact of methadone treatment on both individual health and on offending behaviour; and
- conduct research into the effectiveness of new mechanisms to minimise the sharing of equipment.

Drug Misuse Research Division

The Drug Misuse Research Division (DMRD) is a division of the Health Research Board (HRB), a statutory body based in Dublin, and is involved in national and international research and information activities in relation to drugs and their misuse. The DMRD is funded by national and EU sources and contract research. International collaborators include the EMCDDA and Council of Europe Pompidou Group.

The DMRD maintains and develops the national epidemiological database on treated drug misuse in Ireland - the National Drug Treatment Recording System (NDTRS). The NDTRS provides comprehensive data on the numbers and characteristics of those treated for drug misuse in Ireland.

Current and recently completed research studies include research into trends in drug misuse; knowledge, attitudes and beliefs regarding drugs and drug users; drug service provision; crèche availability and use in drug treatment contexts; drug use, impaired driving and traffic accidents; drug use by prisoners and drug use in rural areas.

The DMRD is involved in information and dissemination activities at national and European levels. It publishes research studies on an ongoing basis. These publications are made available to all public and relevant specialist libraries in Ireland. The DMRD also publishes DrugNet Ireland twice yearly.

National Documentation Centre

On foot of the report of the Interim Advisory Committee on Drugs, the Drug Misuse Research Division was nominated to establish a National Documentation Centre. The Government designated the Health Research Board as a central point to which all information on drug use in Ireland should be channelled. (Press release : Minister of State, Eoin Ryan establishes NAC on Drugs, July 2000). The National Documentation Centre will include a drop-in access point and library facility focusing on grey literature in the drugs area, development of an electronic library and, in collaboration with the EMCDDA, a virtual library, which will provide access to a pan-European information network on drugs. In the long term it is planned that this resource will be entirely electronically based. Related added-value activities envisaged include regular publication of a Register of Research on Drug Misuse in Ireland and Annotated Bibliographies on Drug Misuse in Ireland. An information and dissemination function will be an integral part of the Documentation Centre.

1.6 Regional/Local Co-Ordination and Implementation

The National Drugs Strategy Review team (Department of Tourism, Sport and recreation, 2001) welcomed the embedding of the Government's approach to the drugs issue within the context of its Social Inclusion strategy. Consequently, it endorsed the existing regional and local structure of roles and responsibilities, which are funded through the NDP. To strengthen co-ordination at regional level, the National Drugs Strategy 2001-2008 (2001) has proposed the establishment of Regional Drug Task Forces (see Table 1.1).

1.6.1 Regional Drug Task Forces

All regional health boards currently have co-ordination structures in place (Regional Drug Co-ordination Committees) and have appointed Drugs Co-ordinators. The National Drugs Strategy 2001-2008 (2001) calls for the

establishment of a Regional Drugs Task Force in each health board area (including the three health board areas in the ERHA), incorporating and expanding the work of the Regional Co-Ordination Committees (Department of Tourism, Sport and Recreation, 2001). The NDST will oversee this development. The membership and working arrangements adopted by the LDTFs will apply to the RDTFs.

The National Drugs Strategy 2001-2008 (2001) proposes that the RDTFs will include representation from the local authority, VEC, health board, departments of Education and Science and of Social, Community and Family Affairs, An Garda Síochána, Customs and Excise, Probation and Welfare Services, FÁS, area-based partnership, and the voluntary and community sectors.

The roles of the RDTFs will be, *inter alia*, to ensure the development of a co-ordinated and integrated response to tackling the drugs problem in their region; to create and maintain an up-to-date database on the nature and extent of drug misuse and to provide information on drug-related services and resources; to identify gaps in service provision; to prepare a development plan to respond to regional drugs issues for assessment by the NDST and approval by the IDG; to provide information and regular reports to the NDST and to develop regionally relevant policy proposals, in consultation with the NDST.

1.6.2 Local Drugs Task Forces

The Local Drugs Task Forces (LDTFs) were established in 1997 with a three-fold purpose - to ensure effective co-ordination of drug programmes and services at local level; to involve communities in the development and delivery of locally-based strategies to reduce the demand for drugs; and to focus actions on tackling the problem in the communities where it is at its most severe. It was hoped that the establishment of the LDTFs would also help offset the feelings of marginalisation and abandonment being felt by these communities. The LDTFs provide a strategic locally-based response by the statutory, community and voluntary sectors to the drug problem in the areas worse effected.

Fourteen LDTFs³ have been established, in areas experiencing the highest levels of drug misuse and, in particular, where heroin misuse is most prevalent. The LDTFs were mandated to prepare and oversee the implementation of action plans, co-ordinating all relevant drug programmes in their areas and addressing

³ The LDTF areas are Ballyfermot, Ballymun, Blanchardstown, the Canal Communities, Clondalkin, Dublin North Inner City, Dublin South Inner City, Dublin 12, Dun Laoghaire/Rathdown, Finglas-Cabra, North Cork City, North East Dublin and Tallaght. Bray has recently been designated a LDTF area.

any gaps in service. Over 200 separate measures, mainly community-based initiatives, were initially funded to complement and add value to existing services and programmes under the themes of education, prevention, treatment, aftercare, rehabilitation and reducing supply (Department of Tourism, Sport and Recreation, 1999).

The LDTFs comprise representatives from statutory bodies such as the health boards, Garda Síochána, local authorities, FÁS (training agency), the vocational education committees, Probation and Welfare Services, departments of Education and Science and Social, Community and Family Affairs (under discussion at the moment) as well as from voluntary and community groups. It is expected that representatives at a senior level from these agencies be nominated to the LDTFs, i.e. people who are in a position to influence policy. In addition, organisations are required to view staff participation in LDTF activities as core duties and to allocate the time necessary for meaningful participation.

The formal composition of the LDTFs allows for broad representation and, in addition, allows for representation of vocational groups/agencies through the sub-committees and working groups of the LDTFs. Drug users can achieve representation through the use of drug-user fora. Some of these latter groups are campaigning for more direct involvement. LDTFs are required to ensure that appropriate procedures are in place to assist them with the regular review of representation (Department of Tourism, Sport and Recreation, 1999:16). At this stage of the development of LDTFs, formal and informal activists are calling for greater networking and sharing of experiences between LDTFs.

When the LDTFs were being established, an independent chairperson was nominated to each LDTF by the Area Partnership in whose area the LDTF operated. The Area Partnerships were set up in thirty-eight disadvantaged areas around the country (including all the LDTF 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 inclusion. Subsequent chairperson vacancies have been filled through nomination by the Area Partnership, in consultation with the LDTF and the NDST.

A range of supports have been put in place to assist the LDTFs in their work. Each LDTF has a full-time co-ordinator funded by the relevant health board. Each LDTF has been requested to identify its training needs.

Phase 1 of LDTF Operation - January 1997 to October 1998

The LDTFs prepared action plans for their areas and Ir£10 million / €12.7 million were set aside to finance the plans. This money funded over 200 separate projects, mostly community based and designed to complement and add value to the drug programmes and services already being provided or planned by the state agencies. Although projects were initially funded on a one-year basis, they subsequently received interim funding, pending their formal evaluation and a decision in relation to their 'mainstreaming'.

An evaluation of the LDTFs was concluded in October 1998, which focused on the processes and structures associated with the initiative. The evaluation found that the LDTFs had 'achieved a considerable degree of success in the short term since they were established and that their very existence had provided a strong focus for tackling drug issues in the target areas, often reducing the feeling of isolation felt by local communities and preventing a potentially critical situation from developing further' (PA Consulting Group, 1998).

Subsequently, the NDTS undertook a detailed review of the operation of the LDTFs, taking account of the findings and recommendations of the independent evaluator. In July 1999, the Cabinet Committee on Social Inclusion agreed arrangements for the continued operation of the LDTFs, based on the recommendations brought forward by the NDST, on foot of this review.

Phase 2 of LDTF Operation - October 1998 to October 2000

The proposed new arrangements for the LDTFs included the continuation of the LDTFs for at least a further two years, new terms of reference and the addition of elected public representatives and representatives from the departments of Education and Science and Social, Community and Family Affairs (under discussion at moment) to the membership of the LDTFs. They also included the putting in place of an evaluation framework, which would allow the LDTF initiative to be measured in terms of outcomes and impacts (see Section 1.7.3 below).

In July 1999 the Cabinet Committee on Social Inclusion approved the following terms of reference, revised membership of the LDTFs and designation of LDTF areas for the next phase of the scheme:

New Terms of Reference for LDTFs

LDTF are to:

- oversee and monitor the implementation of projects already approved under their existing action plans;
- ensure the evaluation of current projects, with a view to their mainstreaming by the relevant statutory agencies;
- in accordance with agreed guidelines, prepare updated action plans which:
 - update the area profile and take into account changes in the drug problem since preparation of the original plan; and
 - ensure that emerging strategic issues are identified and propose policies (actions) to address such issues;
- oversee the implementation of the local drugs strategy, in consultation with appropriate voluntary and statutory agencies and community/resident groups;
- ensure appropriate representation by the voluntary and community sectors on the LDTF;
- identify any barriers to the efficient working of the LDTF;
- develop networking arrangements for the exchange of information and experience with other LDTFs and the dissemination of best practice;
- identify the training needs of LDTF members and take the necessary steps to ensure those needs are met through appropriate courses, training programmes etc.;
- 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 Young People's Opportunities 'Facilities and Services Fund, the Local Development Programme, the Community Development Programme, etc.; and
- provide such information, reports and proposals to the NDST, as may be requested from time to time.

Each LDTF was asked to prepare updated action plans, following specified guidelines that stress the need for a more strategic approach. The updated action plans are to be structured in three parts - review of progress in implementing the existing action plans; development of a revised strategy; and development and prioritisation of specific proposals to give effect to the revised strategy. The guidelines provided were very detailed and further guidance in the form of information sessions was made available to LDTFs, particularly with reference to compiling and disseminating examples of best practice under the various themes to be addressed in the plans.

Membership of the Local Drug Task Force

Membership is to be as follows:

- expanded to include representatives from the Department of Education and Science and Department of Social, Community and Family Affairs, and it is recommended that locally-elected public representatives be given the option of becoming members; and

Designation of Local Drug Task Force Areas

It was recommended that the focus should be on those areas, where the drug problem is most acute. The criteria to be used in determining such areas should include:

- drug-treatment data from the Health Services;
- 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.

Using these criteria it was recommended that Bray be added to the list of designated LDTF areas.

In agreeing these arrangements, the Cabinet Committee on Social Inclusion also allocated a further Ir£15 million / €19.05 million to the initiative over the period 2000-2001. This funding was to enable the LDTFs to update their plans, as well as address issues that needed to be tackled on a cross-Task Force basis. As

indicated above, the NDTs has issued detailed guidelines to assist the LDTFs in updating their plans.

Under the revised Drugs Strategy in the National Development Plan, the allocations to combat drug abuse specifically through the LDTFs⁴ will be Ir£122 million / €155 million over the seven-year period of the Plan. The allocation

⁴ Department of Tourism, Sport and Recreation vote.

under the Regional Programmes will be Ir£112 million / €142.2 million, for the SE (South-East) Region and Ir£10 million / €12.7 million for the BMW (Border, Midlands and West) Region (Department of Tourism, Sport and Recreation, Internal Document).

Achievements of the LDTFs

The LDTFs are an innovative response to a serious drug problem, which manifested itself most acutely in a number of deprived communities. Amongst the achievements of the initiative has been the active and constructive community response in areas where resources were few, and the establishment of a broad range of initiatives in the areas of treatment, rehabilitation, education, prevention etc., which address local needs.

Mainstreaming of LDTF projects has been instituted in order to ensure the continuity of projects that are meeting their aims and objectives. The NDST has prepared a set of protocols to govern the mainstreaming of such projects. Fundamental to mainstreaming in this context is the transfer of budgetary responsibility from government departments to agencies/project promoters for specific pieces of work. The exchange is to be consolidated as a formal contract/agreement witnessed by the LDTF. Standards acceptable for Exchequer accounting purposes will apply. These protocols will provide a platform on which project promoters and statutory agencies can enter into an arrangement for the continuous operation of projects on a mutually acceptable basis.

One hundred and forty LDTF projects were evaluated April-June 2000, and 122 were subsequently mainstreamed involving a number of government departments. PR Consultancy coordinated a composite report on the evaluation. Mainstreaming will ensure ongoing funding. The process copperfastens the role played by community and voluntary organisations in responding to drug misuse at a local level.

Documentation provided by the Department of Tourism, Sport and Recreation indicates the following as amongst the achievements of the LDTFs:

- Eight hundred stabilised drug users are participating in specially-designed Community Employment projects developed by the LDTFs, in conjunction with FÁS, the national training agency. These projects, supplemented with treatment and counselling, will assist drug users to improve their employment potential (Department of Tourism, Sport and Recreation, Internal Document).
- The LDTFs have contributed to creating greater awareness about the issues around drug misuse. Nearly 350 schools have undergone drug awareness programmes in LDTF areas, with around 6,000 school-children participating in these programmes. In addition, 350 teachers have received training. Over 300 youth groups have run drug-prevention initiatives; training programmes have also been delivered to 1,300 community workers, 1,200 parents and 1,300 young people outside the school setting. These programmes are aimed not only at creating greater awareness of the dangers of drug misuse among young people, but also at educating communities about the needs of drug users, so that they are in a better position to respond to these needs (Department of Tourism, Sport and Recreation. Personal Communication). Evaluation of the LDTFs will be ongoing.

1.6.3 Young People's Facilities and Services Fund

An innovative and interesting feature of policy in the drugs area in Ireland has been a focus on the potential of sport and recreation to engage young people constructively and thereby discourage or divert them from involvement in drugs and unhealthy life choices.

Under an initiative separate from but complementary to the LDTF initiative, the Government set up the Young People's Facilities and Services Fund (YPFSF). The aim was to develop youth facilities, including sport and recreational facilities, and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. The three-year Fund aims to attract young people in those areas, who are at risk of becoming involved in problem drug use, into more healthy and productive pursuits. The target group for this Fund is youth

aged 10 to 21 years who traditionally have found themselves outside the scope

of mainstream youth activities because of their family background, their

involvement in crime or drug misuse or their lack of education.

The primary focus of the YPFSF is the LDTF areas, and the six Urban Areas of

Galway, Limerick, South Cork City, Waterford, Bray and Carlow, where serious

drug problems exist or have the potential to develop.

Development Groups in the thirteen LDTF areas, and six additional Urban Areas, were established to develop plans and strategies for the YPFSF and to oversee their implementation in conjunction with the relevant VEC and local authority. In the LDTF areas, the Development Groups comprise one representative each from the LDTF, the VEC and the relevant local authority. In the targeted Urban Areas, the local VEC has responsibility for the development and delivery of the strategies, in conjunction with relevant state agencies and the community and voluntary sectors.

To ensure complementarity with the LDTFs plans for the area, the LDTFs nominate a representative, who generally acts as chairperson to the Development Groups. The YPFSF plans and implementation process reports are passed to the LDTFs for their information and views, before submission to the National Assessment Committee (see Section 1.5.1 above), which evaluates them and recommends funding to support their implementation. The Development Groups are responsible for overseeing the effective implementation of the plans.

YPFSF outside the LDTF Areas

Recognising that the issue of problem drug use is not confined to the Urban Areas, YPFSF funding has been allocated to a number of nation-wide initiatives to inform and raise awareness of the dangers of problem drug use, particularly through peer education. Up to Ir£7.2 million / €9.14 million has been allocated under the YPFSF for the Springboard Initiative, which will see the establishment of fourteen family support projects aimed at children at risk in disadvantaged areas around the country.

YPFSF Budget⁶

The YPFSF was established in 1998 with Ir£30 million / € 38.1 million allocated over three years. This has since been increased to Ir£37.4 million⁷ / € 47.5 million. Of this amount, Ir£27.4 million / € 34.8 million has been approved for support of over 295 projects in the LDTF areas. The remaining Ir£10 million / €12.7 million (approximately) has been allocated as follows:

⁶ Acknowledgements to K. Stack of the Department of Tourism, Sport and Recreation, and S. Falvey of the Department of Education and Science, for supplying budgetary information.

⁷ This funding is separate to LDTF funding, and is in Department of Education and Science vote.

- Ir£7.2 million / €9.14 million over three years (1998-2000) has been allocated to the Springboard Initiative, which is administered by the Department of Health and Children. Springboard funds fifteen family support projects. The projects work intensively with mainly 7-12 year olds (who are at risk of going into care or getting into trouble) and their families.
- Ir£2.3 million / €2.9 million was allocated to other urban areas outside the LDTF areas for prevention work, e.g. Waterford, Galway, South Cork City, Limerick, Bray and Carlow.
- Ir£0.5 million / €635,000 goes to voluntary organisations who have the capacity to deliver drug prevention programmes at national or regional level. This was a new initiative in 1999.

In terms of the new structures set up under the National Development Plan, the breakdown of this money is as follows:

- | | |
|---------------------------------------|--------------------------------------|
| • South and Eastern Region: | Ir£29.756 million / €37.782 million |
| • Border Midlands and Western Region: | Ir£0.450 million / €0.571 million |
| • Department of Health and Children: | Ir£7.200 million / €9.142 million |
| • Total: | Ir£ 37.406 million / €47.496 million |

The type of projects and initiatives approved as part of the plans and strategies submitted to date include:

- capital projects such as building, renovating or fitting out **community centres, youth facilities and sports clubs** so as to provide suitable accommodation for programmes and services geared for the most 'at risk' young people in an area. Access for the target group is an essential condition of funding for capital projects;
- a number of **purpose-built youth centres**, which will provide a focal point for youth activities in an area, particularly areas such as Tallaght, Ballymun, Clondalkin and Blanchardstown, where there is a dearth of dedicated youth facilities;
- the appointment of **youth and outreach workers** to work on the ground with the target group, offering developmental activities and educational programmes for young people who have traditionally found themselves outside the scope of mainstream youth work owing to family background, involvement with crime or drug misuse or lack of education;

- the appointment of **sports workers** to encourage greater involvement of the target group in sports and recreational activities;
- a wide variety of **community-based prevention/education programmes**, including Early School Leaving Programmes, Sports and Recreational Activities, Family Support Programmes, Art, Drama and Music Programmes, Counselling and Transport Services;
- **targeted interventions** for particular groups such as youth work projects for young travellers;
- the appointment of **national drugs education and training officers** for youth organisations catering for the target group who will deliver programmes throughout the organisation; and
- a provision to meet the training needs arising from the Fund, particularly in the area of drugs training for youth workers.

Innovative measures, which can serve as a model for such projects, have been applied to the draw-down of funds under the YPF SF. These measures ensure that the most deprived groups will have access to funded facilities and services and will prevent 'creaming' or the admission of only the 'more desirable clients', which can be a feature of some programmes. The measures include, *inter alia*:

- clear focus on target group;
- mandatory access for the target group;
- proof of the operation of strategies to attract the target group into the facility/programme; and
- integration with existing or proposed initiatives in the area.

Access for the target groups will be enforced where possible through the involvement of the local authorities and/or the VECs in the management structure. If this is not possible, then it will be necessary for projects to provide a satisfactory access programme showing how the target group will be reached and quantifying the extent of access.

Main Achievements of YPF SF

A speech by Minister of State for Local Development, and with special responsibility for the National Drugs Strategy, Mr Eoin Ryan, TD, at European Cities Against Drugs, Millennium Mayor's Conference, held in Cork, on 28 April 2000, overviewed achievements under the YPF SF. He stated, 'Through the Young People's Facilities and Services Fund, we are supporting the building or

refurbishment of nearly fifty youth facilities, twenty sports clubs and nearly twenty community centres in disadvantaged areas. Almost eighty youth and outreach workers are being appointed to work with young people, offering them the type of developmental activities and educational programmes which were previously outside their reach, due to their family circumstances or their involvement with drugs or crime. The Fund is also supporting a wide variety of programmes, including early school leaving projects, family support programmes, art, drama and music, counselling and transport services.'

1.6.4 County/City Development Boards

Preliminary arrangements have been made to advance the objective of regional devolution, as outlined, for example, in the NDP (2000). 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. It is likely that the YPFSF will adopt similar procedures when their next funding is due, i.e. 2002.

The recently-established County and City Development Boards (CDBs), whose primary function will be 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 and under the local government umbrella, 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 relevant programmes and projects, and their delivery mechanisms, covered by the NDP, will be expected to accord with this framework.

1.6.5 Regional Health Boards

Responsibility for the provision of treatment and rehabilitation services for drug misusers throughout the country rests with the ten regional health boards. Each health board provides services in response to emerging trends in their own region, targeting specific segments of the local population and tailoring their services to the needs of their particular target groups.

With Government strategy beginning to address the drug problem on a nationwide basis, in particular the use of recreational drugs, such as cannabis and ecstasy, particularly among young people, regional drugs co-ordinators have been appointed to assist the regional health boards in developing appropriate programmes and services, mostly in relation to drug awareness, education and prevention. The health boards have also 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 drug problem, having regard to the needs of their particular regions. Under the National Drugs Strategy 2001-2008, Regional Drugs Task Forces are to be established in each of the health board areas, incorporating and expanding on the work of the regional co-ordinating committees (see Section 1.6.1 above).

The boards also provide support and training for community groups involved in drug-related prevention or rehabilitation activities.

Over 20 per cent of the actions identified in the National Drugs Strategy 2001-2008 (2001) are to be implemented by the regional health boards. The actions relate to the improved range and management of treatment and rehabilitation services.

In relation to range, health boards are to introduce a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser by the end of 2002. These options are to be appropriate to the drug users' needs and circumstances and assist in their re-integration back into society. In addition, health boards are to explore the scope for provision of alternative and non-medical treatment types; oversee the development of comprehensive residential treatment models including detoxification, intervention, pre-treatment counselling, motivational work, therapeutic treatment and rehabilitation for misusers who wish to become drug-free; consider developing drop-in centres, respite facilities and half-way houses to help prevent relapse; and consider the feasibility of new suitably-trained peer-support groups to act as a rehabilitative support.

For drug misusers who are continuing to misuse, health boards are to review the existing network of needle-exchange facilities to ensure access for all injecting drug misusers to sterile injecting equipment. Moreover, they are to continue to develop good-practice outreach models, including models to outreach drug misusers who are not in contact with mainstream treatment or support agencies.

Standards for timeliness, volume and quality of service provision are all specified in the National Drugs Strategy 2001-2008. Drug misusers are to have immediate access to professional assessment and counselling by health board services, followed by commencement of treatment not later than one month after assessment. The number of treatment places for opiate addiction is to be increased to at least 6,500 by the end of 2002. In parallel, health boards are to consider how to increase the level of general practitioner and pharmacy involvement in primary treatment programmes, as a means of alleviating the pressure on the secondary treatment services. Health boards are to pursue the setting up of a Pilot Community Pharmacy Needle and Syringe Exchange programme in the ERHA area.

The quality of services to the drug misuser is to be enhanced. Well-publicised, short, easily-read guides to the drug treatment services available are to be distributed widely, with a view to enhancing access. Service-use charters specific to treatment and rehabilitation facilities will help ensure a greater balance in the relationship between the service provider and the service user. Moreover, treatment plans will be based on a 'continuum of care' model and a 'key worker' approach, which will provide a seamless transition between each different phase of treatment and after-care. To meet the needs of clients with parental responsibilities, health boards are to consider how best to integrate childcare facilities with treatment and rehabilitation centres and in residential treatment settings. Special consideration is given to the needs of young people, with the requirement to develop a protocol for the treatment of under 18 year olds presenting with serious drug problems; the provision of easy access to counselling services for young people seeking assistance with drug-related problems; and using means such as family therapy and community integration phases, to encourage family involvement in the treatment of young people.

Ensuring the long-term sustainability of the above actions, health boards are required to have in place by the end of 2002, a clearly co-ordinated and well publicised plan for the provision of a comprehensive and locally accessible range of treatments for drug users, particularly young people. This is to be implemented by the end of 2004. In conjunction with the production of this plan, health boards must develop a management plan in consultation with local communities to consider the location and establishment of treatment and rehabilitation facilities. Health boards are to report to the NACD on the efficacy of different forms of treatment and detox facilities and residential-drug free regimes on an ongoing basis, and all treatment providers are encouraged to co-

operate in returning information on problem drug use to the National Drug Treatment Reporting System (NDTRS), managed by the Drug Misuse Research Division of the Health Research Board.

1.6.6 Community and Voluntary Sectors

The National Drugs Strategy Review Team 2001-2008 (2001) acknowledged the community and voluntary sectors as 'key actors' in the areas of drug supply reduction, prevention and treatment.

Through the LDTFs (see Section 1.6.2 above), local communities and voluntary organisations have participated in the planning, design and delivery of services. The action plans of the LDTFs focus on developing community-based initiatives to link in with and add value to the programmes and services already being planned by the statutory agencies in the LDTF areas. Representatives of the two sectors are to sit on the proposed RDTFs as well. The National Drugs Strategy Review Team identified a need to strengthen and improve the level of community representation on task forces in order to ensure their effective engagement. However, the Review Team also warned that greater 'integration' might lead to greater 'formalisation', thereby alienating community groups themselves from their constituencies. The Strategy, therefore, recommends that the NDST consider funding, on a pilot basis, training initiatives to strengthen effective community representation and participation on Task Forces. The Strategy also recommends that the NDST examine the feasibility of introducing a standards and accreditation framework for all individuals, groups and agencies engaged in drug work.

The National Drugs Strategy 2001-2008 (2001) has identified a new community-based initiative in the area of prevention. RDTFs are to consider developing community-based initiatives to raise awareness. The goal of these initiatives would be to develop best-practice models, which send a clear and consistent message and which are capable of being mainstreamed. In the communities where drug misuse is most prevalent and where there is considerable knowledge about all aspects of the drugs issue, schools could tap into and use this knowledge as a beneficial aspect of their programmes.

The community and voluntary sectors participate in the development of drugs policy and drugs initiatives through a number of structures and consultative processes besides the LDTFs, as specified in the National Drugs Strategy 2001-

2008 (2001). Both sectors are represented on the NDST. They are to be increasingly involved in prison drug policy via the ongoing development of the Local Prison Liaison Groups and the formal meetings between the sectors and the Steering Group on Prison-Based Treatment Services. The Department of Justice, Equality and Law Reform is to consult with both the community sector and the Gardaí in establishing best-practice guidelines and approaches for community involvement in supply control activities, such as the Coastal Watch Programme. From 2002, regional health boards will be required to consult with local communities in developing a management plan for considering the location and establishment of treatment and rehabilitation facilities in local areas.

Structures exist to support community and voluntary groups working in the drugs area. The Department of Social, Community and Family Affairs funds the Dublin Citywide Drugs Crisis Campaign, a specialist support agency to its Community Development Support Programmes. The role of this support agency is to provide technical assistance and expertise to local communities to develop their capacity to respond to the drugs crisis in their areas and work alongside statutory and other agencies in tackling the problem at local level. As well as supporting local communities to develop skills to tackle the drug crisis, the agency also seeks to involve local communities in developing policies and making decisions on how resources are spent. The development of effective partnership relationships is key to this process.

The Voluntary Drug Treatment Network provides a framework for voluntary drug groups working in the area of treatment to meet, share issues of concern and develop more comprehensive responses to the prevention and treatment of problem drug use. The Network is an umbrella group that aims to challenge drug misuse and related issues in a creative, caring and motivational way. It is represented on the National AIDS Strategy Committee, NDST and NACD. However, the Network does not have a national remit to represent all voluntary drug treatment organisations in Ireland. It is mainly for Dublin-based organisations, which deal with drug misuse, but some of its members have a national focus in terms of treatment and training.

1.7 Evaluation of National Strategies

1.7.1 Social Inclusion and Evaluation of Drugs Initiatives

The policy frameworks underlying actions in the drugs area - the National Development Plan (NDP), National Anti-Poverty Strategy (NAPS) and Programme for Prosperity and Fairness (PPF) - are underpinned by a culture of evaluation and accountability. Thus, targets, review, evaluation, benchmarking and indicators are core concepts and, increasingly, resources are being set aside to develop the research capacity which can deliver good quality monitoring and evaluation (see Inter-Departmental Policy Committee, 1999- 2000). Poverty- and equality-proofing are also to become an integral aspect of national and regional programme development. The more general Social Inclusion initiatives in the drugs area, such as the LDTF and YPFSF, will be evaluated within this framework.

This culture of evaluation, however, is not as developed or formalised within drug treatment environments. Thus, few evaluations of treatment programmes have been conducted to date. However, the three-year research programme of the National Advisory Committee on Drugs (NACD) includes a number of evaluation studies in the drugs area, and regional health boards are increasingly adopting evidence-based approaches in their work and developing research and evaluation capabilities.

The implementation of Exchange of Drug Demand Reduction Action - EDDRA in Ireland by the Drug Misuse Research Division has also helped promote a culture of evaluation in the demand reduction context. Actors in the drugs area are aware that inclusion of projects in the EDDRA database requires such projects to have built-in evaluation. In addition, EDDRA training was made available to all regional drug co-ordinators by the DMRD, in collaboration with the EMCDDA. This training covered, *inter alia*, the planning and implementation of project evaluation and was evaluated highly by participants.

1.7.2 National Drugs Strategy 2001-2008

The National Drugs Strategy 2001-2008 includes a requirement for an evaluation framework. The strategy specifies:

- overall strategic objective;

- overall strategic aims;
- objectives under the four pillars of the strategy; and
- key performance indicators (KPIs) for the objectives.

The IDG, in conjunction with the NDST, is to establish an evaluation framework for the Strategy, focusing on the KPIs. Annual reports and mid-term evaluations, in 2004, will facilitate progress towards the key strategic goals. The cost-effectiveness of the various elements of each pillar of the new Strategy is to be established for the mid-term evaluation, to enable priorities to be reviewed and strategic objectives refocused if necessary.

Furthermore, evaluation is to be an integral stage in the implementation of the initiatives and programmes within each of the four pillars of the strategy. For example, the Irish Prisons Service is to commission an independent evaluation of the overall effectiveness of the Prison Strategy, to be carried out by mid 2004; the departments of Education and Science and Health and Children are to evaluate on an ongoing basis school-based education and preventative programmes; the Department of the Environment and Local Government is to commission an external evaluation of enforcement activity under the Housing Acts on homelessness, and also monitor and evaluate homelessness initiatives in relation to drugs issues. Agencies involved in service delivery, moreover, are to collect relevant data that will assist in evaluating programmes, e.g. recording and monitoring outputs, assembling best-practice guidelines, researching and establishing benchmarks.

1.7.3 Local Drugs Task Forces

The culture of evaluation outlined above ensures that evaluation is seen as an integral part of the planning exercises of the LDTFs. The Phase-2 updated plans were required to specify the proposed inputs and expected measurable outputs, outcomes and impacts in relation to each proposal and how it integrated into the overall drugs strategy. Thus, in addition to the evaluation of the overall process to measure its success or otherwise, evaluation of individual projects takes place with a view to mainstreaming those which are operating effectively (Department of Tourism, Sport and Recreation, 1999: 45).

In the handbook *Local Drugs Task Forces - A Local Response to the Drug Problem* (Department of Tourism, Sport and Recreation, 1999), the National Drugs Strategy Team names three mechanisms to facilitate the evaluation process:

- a steering group (comprising the National Drugs Strategy Team and LDTFs) was set up to oversee and monitor the process;
- a specially-appointed evaluation co-ordinator devised terms of reference for the conduct of the evaluation, along with appropriate performance indicators and these were approved by the steering group; and
- a panel of evaluators was formed. LDTFs were free to nominate persons or companies to this panel, provided they met the criteria outlined above. LDTFs could 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 determined their assignment.

The handbook also states that 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.

Evaluation Criteria for LDTF Projects

Over 200 projects were approved for funding on foot of the initial LDTF plans. There was a wide variation in range, type and size of projects. From a financial viewpoint, projects were divided into three types: those costing over Ir£50,000 / €63,487 per annum; those costing between Ir£10,000 / €12,700 and Ir£50,000 / €63,487 per annum; and those costing less than Ir£10,000 / €12,700 per annum. The majority of projects were set up with a view to being ongoing, but some were once-off.

Acknowledging the wide variety of projects (including the fact that they address the drug problem under different themes, e.g. education/prevention, treatment, rehabilitation, and community policing/estate management), it was acknowledged that it would be difficult to devise one evaluation framework that would suit all projects. It was recommended to develop a process that could be applied in a flexible manner, depending on the type of project. It was envisaged

that more rigorous evaluations would take place with the more expensive

projects.

Guidelines as to how the evaluations were to be carried out, along with the ground rules, were considered necessary and were developed by the steering group, in consultation with the evaluation co-ordinator, LDTFs and project promoters as the process developed.

As reported above, 140 LDTF projects were evaluated in April-June 2000, and 122 of these were mainstreamed. PR Consultancy co-ordinated a composite report on the evaluation.

1.7.4 Young People's Facilities and Services Fund

An overall evaluation of the YPFSF is to be undertaken in 2001. The evaluation will be based on good practice as established by preceding evaluation mechanisms, e.g. mechanisms for the LDTF and the mainstreaming of youth service projects.

1.8 Conclusions

Ireland's National Drugs Strategy 2001-2008 has been 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),⁸ the UN Conventions on Narcotic Drugs and Psychotropic Substances,⁹ the EU Action Plan on Drugs 2000 - 2004 (Commission of the European Communities, 1999), and the EU Drugs Strategy 2000 - 2004 (CORDROGUE 64, 1999). Development of the strategy has also involved extensive consultation, including public fora in a number of centres throughout the country.

The main changes and new directions in Irish drugs policy, strategies, implementation and evaluation can be summarised as follows:

⁸ 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 an outline of how targets are to be achieved over the period 2000 to 2008.

⁹ 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/

- publication of a major review of the National Drugs Strategy;
- adoption of the promotion of Social Inclusion as one of the priorities of the National Development Plan 2000-2006, and the situation of the drugs issue within this context;
- adoption of National Drugs Strategy for 2001-2008 (2001);
- greater devolution of power to regional structures, with which existing structures in the drugs area will co-operate;
- continued adoption of an integrated, inter-agency response to the drugs problem involving local communities;
- continued involvement of local communities in the development and implementation of drugs policy;
- increasing role of voluntary and community sectors;
- continued development of a culture of evaluation and increased resources of knowledge infrastructure to support same; and
- development of drug-related research and information capability.

1.9 References

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