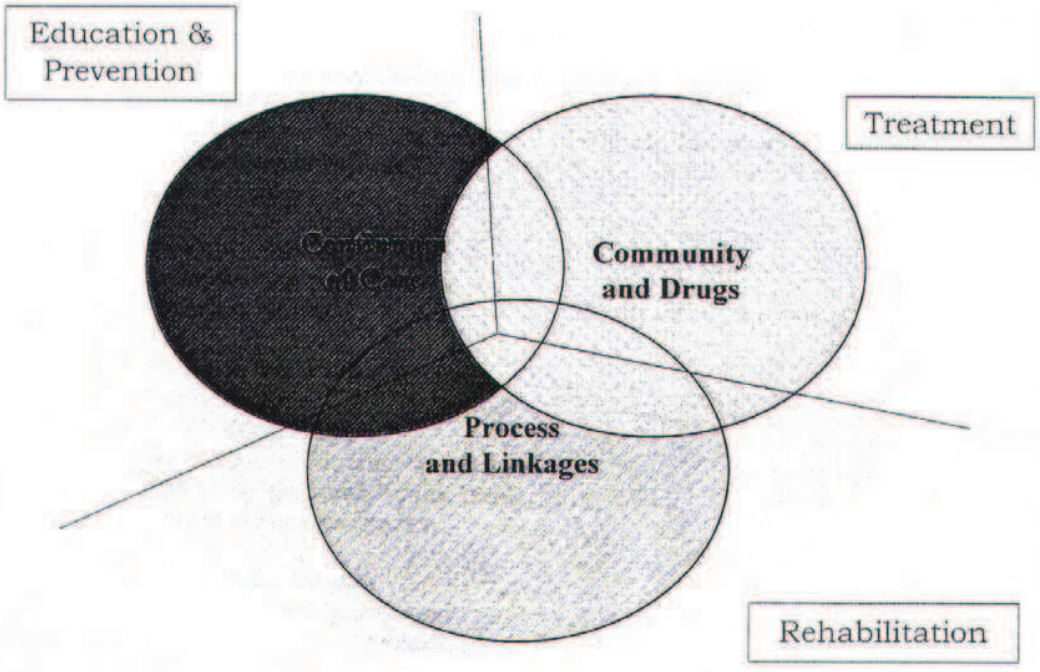
Canal Communities Local Drugs Task Force

Service Development Plan



November 2000

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Context

Following the decision of the Minister of State for Local Development, Eoin Ryan T.D., to make an additional £15 million available in 1999 to Local Drugs Task Forces, the Canal Communities Local Drugs Task Force has been actively engaged in the process of preparing its updated Service Plan.

Review of the Canal Communities Local Drugs Task Force 1997-2000

As part of the process of preparing the updated Service Plan, a review of the work and achievements of the Task Force has been undertaken. As well as documenting the development of the Task Force process and progress to date in implementing the first Service Plan, the review highlights the challenges that have been presented by this process and outlines the key learning points which have resulted.

Social and Economic Context

Using the most recently available data, an updated profile of the social and economic context, together with a profile of the extent of drug use in the Task Force area was prepared. Key findings include:

- The overall socio-economic position of the communities of the Task Force area remained unchanged over the period 1991-1996, as evidenced in the maximum Rank Factor Score of 10 for each area in 1996. This was unchanged over the period 1991-1996, while nationally it fell from 5.1 in 1991 to 4.6 in 1996, reflecting the improved prosperity in the rest of the country over this period.
- In some respects the socio-economic position of the Task Force area actually *deteriorated.* While the national level of unemployment fell between 1991-1996, it actually *increased* in the Task Force area.
- Local research in two of the largest local authority flat complexes, St. Michael's Estate in Inchicore (Morley 1998) and Fatima Mansions in Rialto (Corcoran 1998) highlighted pockets concentrated disadvantage, with unemployment rates of up to 80%.

- The three main flat complexes in the Task Force area – St. Michael's Estate, Dolphin House and Fatima Mansions have all been designated as disadvantaged and are participants in the Integrated Services Process (I.S.P.)
- Of the 13,460 opiate users estimated using the capture-recapture method (Comiskey 1998) the postal district of Dublin 8, in which the Task Force is mainly situated, emerged as having the most extensive drug problem
- **An estimated 17.5% of the population of young males aged 15-24 – or almost one in five – living in the Dublin 8 area was using opiates in 1996.**

Community Consultation Process

Following an extensive process of consultation involving community groups and voluntary organisations in Rialto, Bluebell and Inchicore, a list of strategic needs and issues of concern to the three communities has been distilled. Operating from this list, the Task Force has developed a range of specific targeted actions that have been proposed for funding.

In view of the extent of socio-economic disadvantage and the extent of opiate use in the Task Force area, the Task Force believes that substantial investment in the development of a comprehensive and integrated response is required. The Task Force views widespread problem drug use in communities as symptomatic of underlying problems of poverty and social exclusion. The Task Force believes, therefore, that as **well** as ensuring that an adequate and comprehensive range of services is developed for individuals and their families in the area of education, treatment and rehabilitation, there must equally be significant investment in the regeneration of communities.

This perspective has informed the approach of the Task Force in developing the targeted proposals that are presented in this Service Plan. These are organised within a framework that is comprised of three main strands:

1. **Continuum of Care –** Ensuring that an adequate and comprehensive range of options exists in the area of education and prevention, treatment and rehabilitation for individuals and their families.

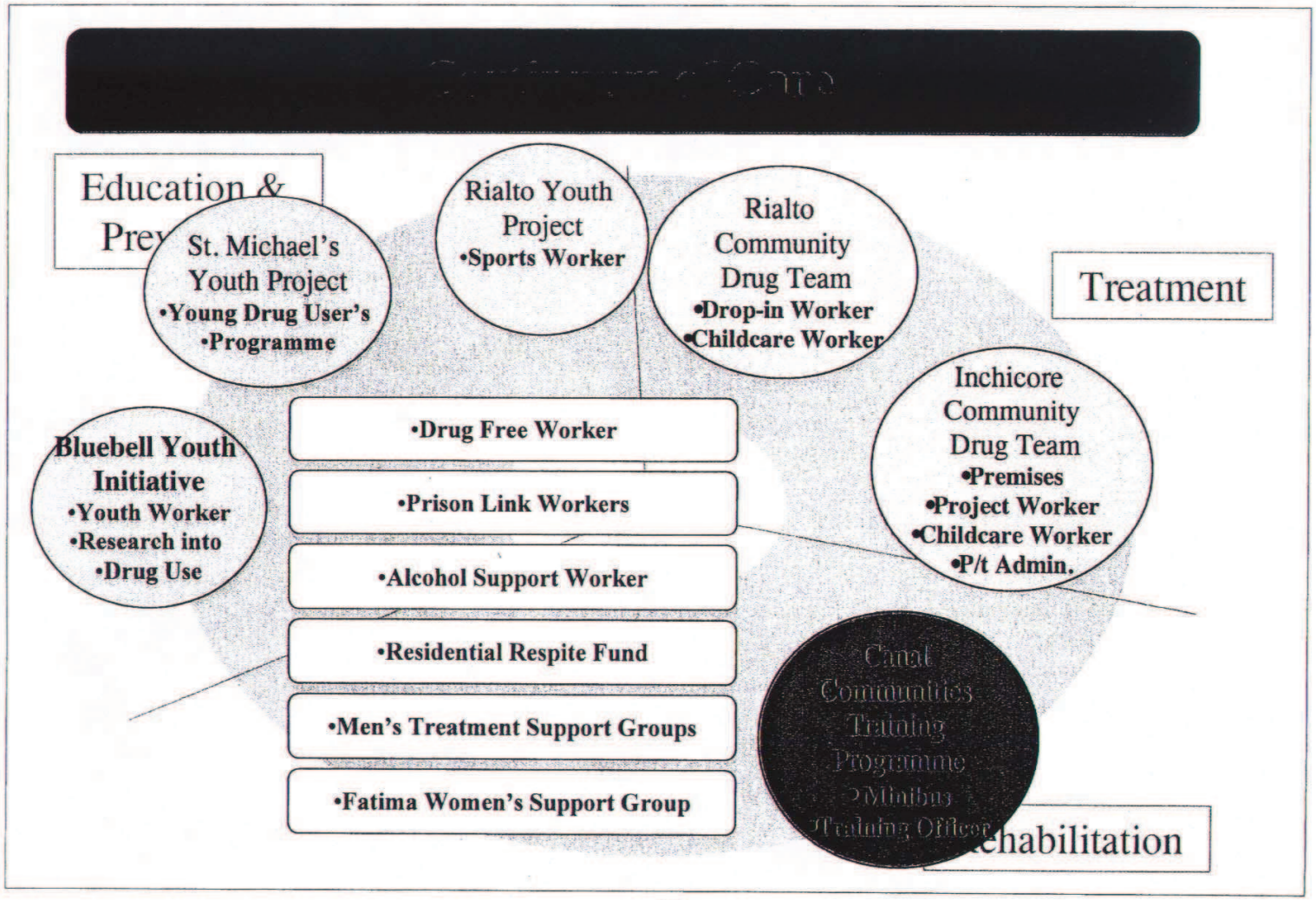
2. **Community and Drugs** – As well as providing services at the level of individual and family, it is necessary to invest in community development processes and regeneration activity and also in training at community level.

3. **Processes and Linkages** – Service development needs to be informed by processes of research and evaluation and the development of good models of practice.

The community consultation process also identified the issue of premises as being of critical importance to community groups and voluntary organisations throughout the Task Force area. Investment in service development and programme delivery has to be matched by investment in the physical infrastructure of community based services if they are to continue to operate. Investment to date has, however, been far short of what is required to enable many community groups to acquire or develop suitable premises to meet their needs.

Targeted Actions

The targeted actions that are proposed in this updated Service Plan are set out here under each of the three headings outlined above. The Task Force believes that in view of the extent and severity of drug use, combined with the uniformly bleak and persisting socio-economic conditions that exist in the communities that make up the Task Force region, there is an overwhelming case for substantial funding to be allocated to this area.


Education &
Prev
St. Michael's Youth Project
•Young Drug User's
•Programme
Rialto Youth Project
•Sports Worker
Rialto Community Drug Team
•Drop-in Worker
•Childcare Worker
Treatment
Inchicore Community Drug Team
•Premises
•Project Worker
•Childcare Worker
•P/t Admin.
Bluebell Youth Initiative
•Youth Worker
•Research into
•Drug Use
•Drug Free Worker
•Prison Link Workers
•Alcohol Support Worker
•Residential Respite Fund
•Men's Treatment Support Groups
•Fatima Women's Support Group
Canal Communities Training Programme
•Minibus
•Training Officer
ehabilitation

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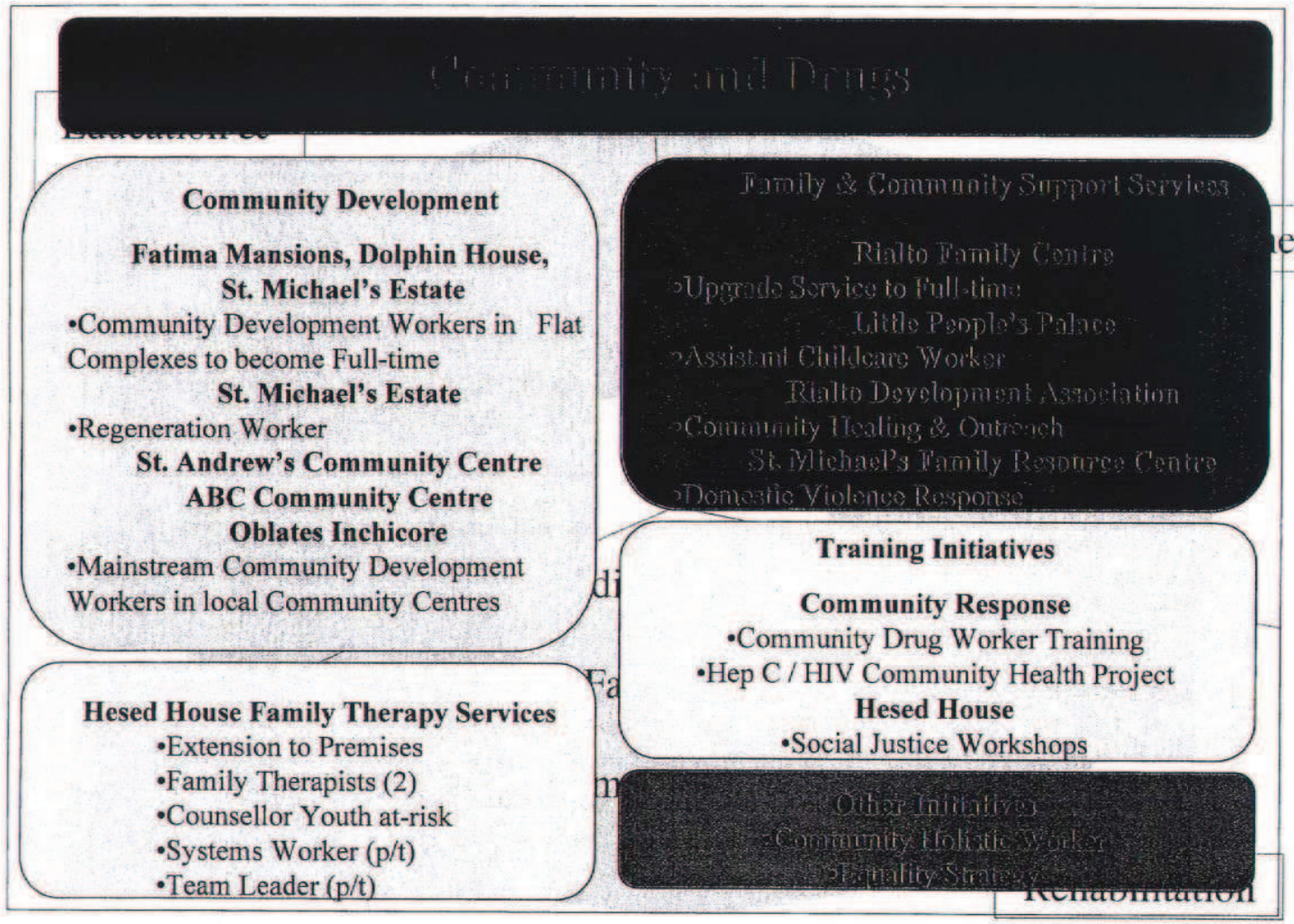
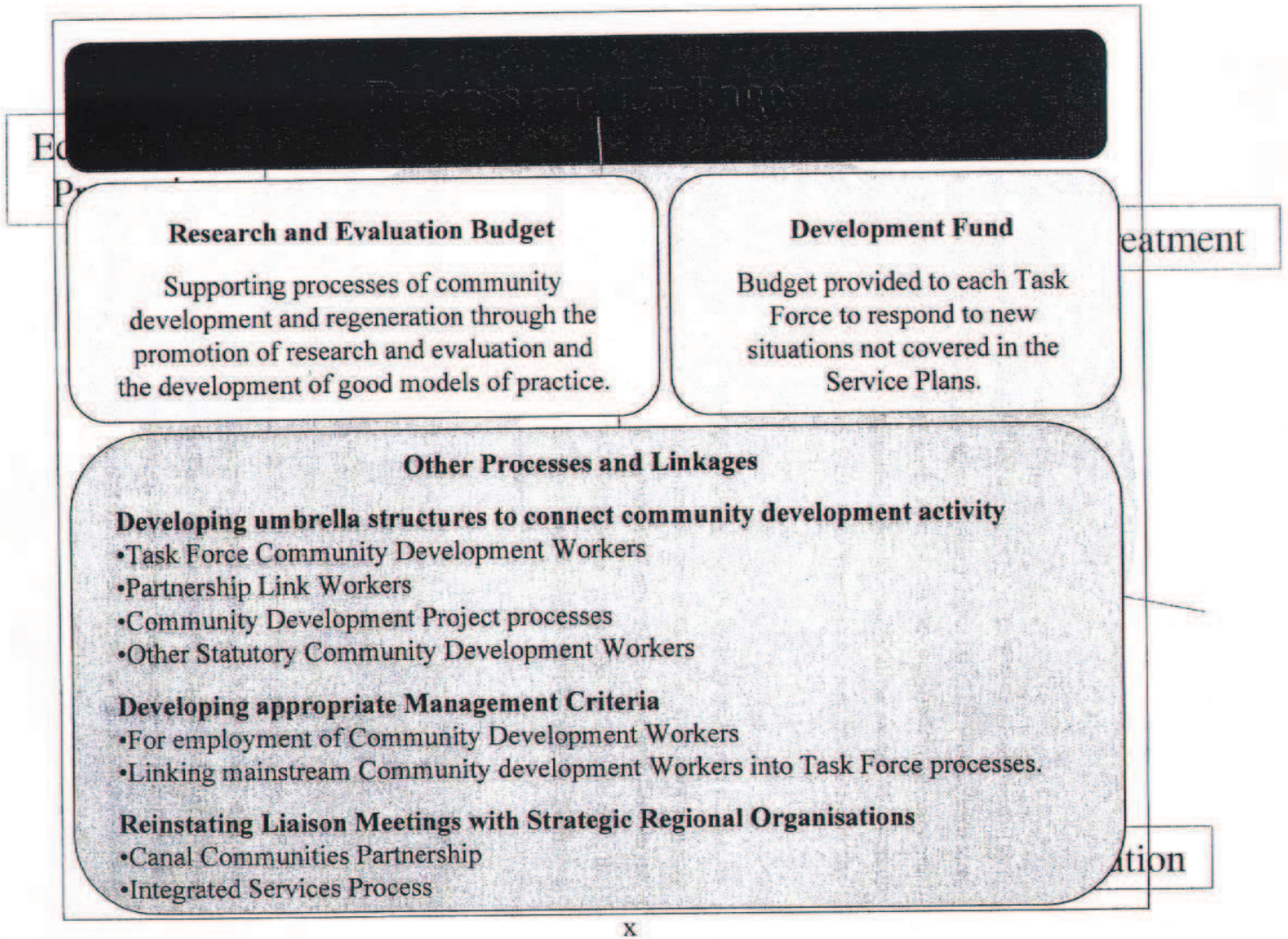

Community and Drugs
Community Development
Fatima Mansions, Dolphin House, St. Michael's Estate
•Community Development Workers in Flat Complexes to become Full-time
St. Michael's Estate
•Regeneration Worker
St. Andrew's Community Centre
ABC Community Centre
Oblates Inchicore
•Mainstream Community Development Workers in local Community Centres
Family & Community Support Services
Rialto Family Centre
•Upgrade Service to Full-time
Little People's Palace
•Assistant Childcare Worker
Rialto Development Association
•Community Healing & Outreach
St. Michael's Family Resource Centre
•Domestic Violence Response
Training Initiatives
Community Response
•Community Drug Worker Training
•Hep C / HIV Community Health Project
Hesed House
•Social Justice Workshops
Hesed House Family Therapy Services
•Extension to Premises
•Family Therapists (2)
•Counsellor Youth at-risk
•Systems Worker (p/t)
•Team Leader (p/t)
Other Initiatives
•Community Holistic Worker
•Equality Strategy


Research and Evaluation Budget
Supporting processes of community development and regeneration through the promotion of research and evaluation and the development of good models of practice.
Development Fund
Budget provided to each Task Force to respond to new situations not covered in the Service Plans.
Other Processes and Linkages
Developing umbrella structures to connect community development activity
•Task Force Community Development Workers
•Partnership Link Workers
•Community Development Project processes
•Other Statutory Community Development Workers
Developing appropriate Management Criteria
•For employment of Community Development Workers
•Linking mainstream Community development Workers into Task Force processes.
Reinstating Liaison Meetings with Strategic Regional Organisations
•Canal Communities Partnership
•Integrated Services Process

1. Introduction

1.1 Background to the Canal Communities Local Drugs Task Force

1.1.1 Development of the Task Force Process

The Canal Communities Local Drugs Task Force (C.C.L.D.T.F.) was set up in 1997 to develop a response to the drugs issue in the Rialto, Bluebell and Inchicore communities. It was one of fourteen Task Forces set up in 1997 in areas worst affected by the heroin problem and stemmed from the publication of the Ministerial Task Force on Measures to Reduce Demand for Drugs which was published by the government in the previous year.

The Task Force has reflected an attempt to bring a multi-agency approach to bear in developing appropriate responses to the drugs problem at a community level, involving key statutory, voluntary and community interests in the area. In August 1997, following an extensive process of consultation across the Task Force area, the first Service Plan was produced. This Service Plan detailed a wide range of measures to tackle the demand for drugs in three key areas:

- **Education and Prevention**
- **Treatment**
- **Rehabilitation**

The plan was holistic in its approach, focusing on the development of community based and community driven solutions and responses. The philosophical approach taken by the Task Force was to view problem drug use not only as an individual and a family problem, but also as symptomatic of structured disadvantage at a community level. As well as proposing measures to address the need for drugs service provision in each of the identified areas above, therefore, there was also a strong emphasis on investing in community development processes and training.

Following its appraisal by the National Drugs Strategy Team and sanction by the Cabinet Sub-Committee of the government, a total of **£846,365** was approved in funding. Much energy has since been invested in implementing the range of measures, initiating projects and developing service planning and provision.

1.1.2 Evaluation and Mainstreaming of Projects

An important feature of the process of developing projects has been the commitment which was given that any projects which were established through funding received from the Drugs Task Force would be mainstreamed (that is, they would be guaranteed to receive continued funding from the relevant statutory agency). This would be subject to their satisfactory evaluation. Earlier this year, eleven selected projects were evaluated for the purposes of mainstreaming. Each of these projects was positively evaluated and mechanisms have since been put in place for the mainstreaming process to commence on 1st January 2001. The remaining projects, together with new initiatives that were set up subsequent to the first Service Plan, are to be evaluated shortly.

1.1.3 Towards an Updated Service Plan

With the allocation of £15 million last year to enable Task Forces to develop updated Service Plans, the process has come full circle. A second round of extensive consultation has been completed, in tandem with the Canal Communities Partnership, and the proposed actions in this revised Service Plan have been developed directly arising out of that process. Beginning with a list of strategic needs and identified issues of concern in each of the three communities, these have been progressively distilled into a range of specific targeted measures. These actions have been organised within a framework that is based on three strands:

1. **Continuum of Care** – The first priority of the Task Force is to ensure the provision of an adequate and comprehensive range of services for drug users and their families in the areas of education and prevention, treatment and rehabilitation.

2. **Community and Drugs** – The Task Force recognises the link between widespread problem drug use and social problems of poverty, unemployment, poor housing and high levels of age dependency, and therefore places emphasis on

promoting community development, the delivery of family and childcare services and training.

3. **Processes and Linkages** – The Task Force is committed to developing appropriate mechanisms for promoting integration and ensuring co-ordination between agencies, services and workers throughout the Task Force area and to promoting processes of research and evaluation

Another key area of concern that was highlighted throughout the consultation process was the issue of premises for community based services across the Task Force area. While this has been addressed by the Task Force previously through a submission on the accommodation needs of community based projects to the National Drugs Strategy Team, the main recommendations are also set out in this service development plan.

Parallel to the process of community consultation (which took over eighteen months to complete), an updated profile of the Canal Communities Local Drugs Task Force was undertaken, detailing socio-economic trends and establishing the extent of the drug problem based on most recently available data. The compilation of current service provision and planning of the key statutory agencies has also informed the process of deliberation by the Task Force.

The product of this extensive work is represented in this updated Service Plan. The Task Force believes that, taken in the context of existing service provision and the areas of need which have been highlighted, the targeted actions contained in this service development plan represent a coherent, holistic and integrated response to the needs of Rialto, Bluebell and Inchicore communities.

The next section sets out the broad approach that the Task Force has adopted in the preparation of the updated Service Plan.

1.2 Methodology

The Canal Communities Local Drugs Task Force commenced the planning process for preparing this updated Service Plan in May 1999. The Task Force was keen to ensure that the process of identifying needs on the ground and developing appropriate measures would result in a Service Plan that would:

- review the work of the Task Force since its inception and document the progress and learning achieved in the development and implementation of the first Service Plan and other areas of work
- build on the substantial achievements in the area of service development and delivery with which the Task Force has been involved reflect a process of consultation which was inclusive of community groups and other relevant organisations to the greatest extent possible
- clearly identify areas of need to which the Task Force could appropriately respond lead to the development of additional measures which would complement and enhance existing levels of service provision
- reflect an integrated, comprehensive and coherent range of responses and which would be owned by those involved in their formulation

The process consisted of a number of key elements:

1. **Review of the work and achievements of the Task Force 1997-2000**
2. **Updated profiling of the socio-economic context and the extent of the drug problem**
3. **Community consultation process to identify and refine strategic needs and issues of concern**
4. **Development of specific targeted actions**

1.3 Structure of the Service Plan

The content of the Service Plan reflects the guidelines set out by the National Drugs Strategy Team for the purpose of preparing updated service development plans. The organisation of material follows a logical sequence:

- Introduction and background to process
- Review of the work and achievements of the Task Force from 1997-2000
- Updated socio-economic profile of the Task Force area
- Updated profile on the extent of the drug problem in the Task Force area
- Profile of current and planned service provision of key statutory agencies
- Documentation and critical analysis of the community consultation process
- Discussion of key concepts underpinning the development of an holistic approach to problem drug use
- Presentation of specific targeted actions
- Summary of proposed costed actions
- Identification of remaining gaps in service provision

1.4 Acknowledgement

Finally, this Service Plan reflects the time, commitment and energy of a large number of individuals, both in a paid and unpaid capacity, who have attended Task Force meetings, participated in community consultation processes and who have been involved in planning groups. Their invaluable support and contributions throughout this process is gratefully acknowledged. Special thanks are also due to the various statutory agencies, including the Health Research Board, which assisted in the compilation of profiling information.

2. Review of the Canal Communities Local Drugs Task Force

2.1 Introduction and Background

On foot of the First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs in October 1996, twelve local drugs taskforces were formed to tackle the rising problems associated with drug misuse and addiction, predominantly in areas of disadvantage in Dublin and Cork. Ultimately the number of Local Drugs Task Forces were to become fifteen throughout the country although all but North Cork City are in the Greater Dublin area.

The Ministerial Report recognised the fragmented nature of the approach to the problem, the lack of a uniform structure and the breadth of organisations which were actively engaged in tackling the issues. These included statutory agencies and a wide range of community-based organisations structured on national, community and voluntary guidelines. The Ministerial Task Force felt that, despite the establishment of Regional Co-ordinating Committees in each Health Board Area, there was a need for further integration in order to attain the optimum level of community and voluntary involvement required for the successful delivery of services. It was also felt that such integration would encourage the adoption of uniform core values for the design of the proposed services while at the same time ensuring that local needs, which may have differed from area to area, would be met.

At the outset, the Area Partnership Companies were also identified as the most appropriate vehicles around which to base the establishment of the local drugs taskforces, their structures, mission and needs identification. It was recognised that the Partnership Companies had already completed extensive consultation work in their local communities and that the work associated with the setting up of the local task forces could be built around those established networks.

Prior to the establishment of the C.C.L.D.T.F., there were essentially five groups in the area which were active, either directly or indirectly and at various levels, in addressing the local drugs issues. These were:

- Rialto Family Centre
- Rialto Youth Project
- Rialto Community Drug Team
- Hesed House
- St. Michael's Parish Youth Project

The Canal Communities Local Drugs Task Force (C.C.L.D.T.F.) was formed in Spring 1997 from the existing community groups in the area working within the drugs issue. A Strategy Group was also established which comprised the Chair of the Task Force, the interim Eastern Health Board Co-ordinator, the Canal Communities Partnership Manager and an outside facilitator from Community Action Network (CAN). This group managed and developed a community consultation process and prepared a strategic response to the call from the Ministerial Task Force for local action. The outcome from this initial work of the C.C.L.D.T.F. was the first Service Development Plan which was presented to the Ministerial Task Force in August 1997.

The C.C.L.D.T.F. strategy centred on actions and projects around the three main themes of:

- Education and Prevention
- Treatment
- Rehabilitation

The broad aim of the actions and projects has been to implement responses which will produce outcomes for short, medium and long-term. The Service Plan attracted funding of £846,365 and its implementation commenced effectively in January 1998. The projects which have been established have been allocated continued interim funding until such time as they are mainstreamed, subject to satisfactory independent evaluation. At the time of writing, eleven projects have been evaluated and approved

for mainstream funding, to commence on January 1st 2000, with a further three projects to be evaluated shortly. Following a lengthy process of consultation with the local community, proposals have been compiled within this updated Service Plan which it is anticipated will be approved and take effect from January 2001.

This review section is a snapshot look at the work of the C.C.L.D.T.F. It details what it set out to achieve in its August 1997 Service Plan and attempts to assess its progress until Autumn 2000. This review has not been an integral component of the planning process for C.C.L.D.T.F.'s next Service Plan, but rather an independent review of progress. Nor is it an evaluation in any sense that is understood within this term.

2.2 The Strategic Context

The C.C.L.D.T.F. has adopted many of the founding working principles of the Ministerial Task Force. One of these is the recognition of the direct relationship between widespread drug use and social and economic disadvantage and the consequent need to develop responses at the individual and family level but also at the macro-level of community development and regeneration.

The Ministerial Task Force Report was the first official recognition of the need to develop locally based, integrated responses as the best opportunity of addressing a most complex social problem. To that extent, Canal Communities Partnership area had been designated an area of acute disadvantage within the targeting of the local area development initiatives. According to the Gamma statistical analysis, four of the six wards in the area are among the most disadvantaged 5% in the whole country. This is a measurement under a range of the ten most accepted indicators of disadvantage.

These indicators undoubtedly outline a compendium of disadvantage across the main indicators of unemployment and particularly long-term unemployment, the high incidence of lone parents, early school leavers, low levels of educational attainment, duration of employment, the low uptake of training and housing ownership. In all of these areas the indicators are well above the average for the country as a whole and in

many cases are some of the highest. They are particularly acute in Inchicore and Rialto. Some of the main indicators are summarised below:

- One fifth of all households in the Canal Communities Local Drugs Task Force area was headed by a lone parent in 1996 – over twice the national average;
- Whereas nationally, 4.7% of lone parent families have children under 15 years, in the Task Force area, it is 13%;
- Unemployment rates, particularly long-term unemployment are among the highest in the country and while they have decreased in recent years, it is believed that they remain more than twice the national average;
- 62% of those who were categorised as unemployed in the Task Force area in 1996 were unemployed for more than 3 years, as compared with a national figure of 48%;
- In Rialto almost 90% had been unemployed for more than one year;
- Very few people had accessed training or re-training;
- 30% of housing was rented from local authority, three times the national average;
- 42% of pupils had left school before the school-leaving age against the national average of 29%;
- 42% of people in the Partnership area have primary education only against 28% nationally;
- A considerable number of people presenting to the Canal Local Employment Service have come from a drug dependency background or are still misusing drugs.

Indeed, the more recent publication of the ADM Gamma Deprivation Rankings in October 1998, support the Small Area Population Statistics (S.A.P.S.) analysis above by indicating that the wards Ushers D, Inchicore B, and Kilmainham C are among the *5% most disadvantaged* in the country.

Given the direct relationship that exists between structured social and economic disadvantage and widespread problem drug use and associated problems, the concentrated disadvantage that exists in the Canal Communities Local Drugs Task Force area has been reflected in the high levels of drug – and particularly opiate – use.

The higher than average levels of drug use which have been recorded, as compared with other areas of Dublin, has required a corresponding level of response from the Task Force. This response has had to take into account the need to develop interventions at the level of the individual drug user, their family and the broader community.

C.C.L.D.T.F.'s Service Plan was based on an integrated, community-based response that accepted the need for a general problem-focused approach that also encouraged and promoted a drug-free lifestyle. The objectives of the Government's drugs policy and the Ministerial Task Force are to:

- Reduce the numbers of people turning to drugs in the first instance;
- Provide appropriate treatment and aftercare for those who are dependent on drugs;
- Have appropriate mechanisms in place at national and local level, aimed at reducing the supply of illicit drugs;
- Ensure that an appropriate level of accurate and timely information is available to inform the response to the problem.

The local drugs task forces were set up to develop and implement a strategy to respond to identified gaps within the context of existing and planned service provision of community, voluntary and statutory organisations. Crucially, a parallel priority of the local drugs task force has been to provide a mechanism to facilitate local communities to work closely with statutory and voluntary agencies in the design and implementation of the strategy. Initially the brief to the local drugs task forces was to assess the extent and nature of the drug needs in their areas and to develop and monitor the implementation of the action plans. These requirements were extended subsequently to include revised terms of reference which were more specific and which provided a continuity of service provision by the task forces.

These were to:

- Oversee and monitor the implementation of projects approved under their existing action plans;
- Ensure the formal evaluation of these projects with a view to their *mainstreaming* – their continued funding through statutory agencies;
- Prepare updated action plans which would:
  - Update the area profile and take into account any changes in the drug problem since the preparation of the initial action plan;
  - Ensure that emerging strategic issues are identified and policies or actions are proposed to address them; and
  - Provide for the implementation of a local drugs strategy, in consultation with appropriate state agencies and voluntary, community and residents' groups;
- Ensure appropriate representation by the voluntary **and** community sectors on the Task Force;
- Identify any barriers to the efficient working of the Task Force;
- Develop networking arrangements for the exchange of information and experience with other Task Forces, as well as for the dissemination of best practice;
- Identify the training needs of Task Force members and take the necessary steps to meet needs through appropriate training courses, 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 Area Partnerships, the Young People's Facilities and Services Fund and the Report of the Task Force on the integration of the Local Government and Local Development systems;
- Provide such information, reports and proposals to the National Drugs Strategy Team as may be requested from time to time.

The C.C.L.D.T.F. has embraced the main drift of the Task Force's policies and has worked hard over the past three years in meeting its terms of reference. The next section details the main action areas that it set out to achieve and charts the progress of each project as at October 2000.

2.3 Canal Communities Local Drugs Task Force

2.3.1 Structure

The Canal Communities Local Drugs Task Force is comprised of representatives of community, voluntary and statutory organisations which are active in the Task Force area, as well as two public representatives. *(The structure and current representation of the Canal Communities Local Drugs Task Force is set out in Appendix A.)*

The **C.C.L.D.T.F.** meets roughly every four weeks and is generally well attended by the various members. It has two direct employees, the Drugs Education Co-ordinator and a Special Rehabilitation Supervisor who are line managed by the Task Force Coordinator. The Task Force Co-ordinator, Chris Pumell, based at the AIDS & Drugs Service at Bridge House, Cherry Orchard Hospital, was succeeded on an interim basis by John Whyte in late Spring 2000. The Task Force enjoys strong affiliations with all of its partners and has established good working relations with all of the associated organisations including statutory, voluntary and community.

2.3.2 First Service Development Plan

Its first service development plan contained an integrated programme of activities designed across the three main central themes of Education and Prevention, Treatment and Rehabilitation *(see Table 2.3.1)*. Altogether there have been fourteen main projects addressing the issues. While some were already in existence in some shape or form, most commenced within the context of the first Service Plan and the subsequent development of the Young People's Services and Facilities Fund. Seven commenced in January 1998 (or continued from existing projects), three during 1998, three in 1999 and funding for one project was reallocated because of the lack of matching funding.

Project	Date Commenced		Annual Budget (2000)	To Be Mainstreamed
Inchicore Community Drug Team	September-98	£	119,000	1st January 2001
Community Drug Worker Training	January-98	£	60,000	1st January 2001
Bluebell Youth Initiative	May-98	£	96,480	1st January 2001
Training Programme – Turas	January-99	£	198,640	1st January 2001
Counselling/Outreach Services Hesed House	June-92	£	50,000	1st January 2001
Refurbishment Rialto Community Drug Team	August-98	£	100,000	Once-off grant
Community Drug Worker, St. Michael's	January-98	£	35,000	1st January 2001
Community Dev Workers – Flats Complexes (3)	January-98	£	37,500	1st January 2001
Community Support Grants	January-98	£	75,000	Not yet evaluated
Drugs Education Co-ordinator	January-99	£	34,640	1st January 2001
Purchases of Premises	*Aborted*	£	50,000	*Funding re-allocated*
Community Representative Support Worker	January-99	£	35,000	Not yet evaluated
Education & Prevention Grants Scheme	January-98	£	20,000	Not yet evaluated
Evaluation of Satellite Clinics	January-98	£	5,000	Once-off grant
Special C.E. Scheme	January-99	£	25,455	1st January 2001

Table 2.3.1 Projects set up arising from the First Service Plan

2.3.3 Mainstreaming Process

An important feature of the process of developing projects funded by Local Drugs Task Forces is that projects can be allocated mainstream funding subject to satisfactory evaluation. Of the thirteen projects established by the Task Force which are currently operational, eight were evaluated in Summer 2000 and are earmarked for *mainstreaming* in January 2001.

Of the remaining five projects, one, which commenced later than the others in January 1999, is capable of mainstreaming – the Community Representative Support Worker. Of the remainder, two relate to the provision of support grants and one was a capital refurbishment project.

Project	Number of Employees	# of Target Groups Reached
Inchicore Community Drug Team	4	150
Community Drug Worker Training	-	16
Bluebell Youth Initiative	4	250
Training Programme – Turas	-	20
Counselling/Outreach Services Hesed House	3	208
Refurbishment Rialto Community Drug Team	-	-
Community Drug Worker, St. Michael's	1	200
Community Dev Workers – Flats Complexes	3	-
Community Support Grants	-	30 Small Projects
Drugs Education Co-ordinator	1	200
Purchases of Premises	-	-
Community Representative Support Worker	1	-
Education & Prevention Grants Scheme	-	7 Small Projects
Evaluation of Satellite Clinics	-	-
Special Community Employment Scheme (C.E.S.)	2	25
Total	19	1,069

Table 2.3.2 Number of Individuals Employed and Target Groups Reached by projects set up arising from the first Service Plan of the Canal Communities Local Drugs Task Force

2.3.4 Outcomes

Table 2.3.2 above outlines some quantitative outcomes of the Service Plan implementation and may be interpreted as a measure of the cumulative impact of the projects over the period January 1998 until July/August 2000 – a period of 31 months. Notable outcomes include the following:

- Thirty-seven small-scale projects were supported within the community support and Education and Prevention Grants Schemes.
- A minimum of 1,069 persons have been *reached* either on a one-to-one basis or in small group units.
- Nineteen people have been directly employed in the implementation process in addition to the Local Drugs Task Force Co-ordinator.

Where some of the projects portray limited outcomes within the period, eg Inchicore Drugs Team and Turas Training Project, it is evident that the main causal factor has been that of external prejudice against the work of the projects. Both of these projects have been impeded in their attempts to develop their services arising from local

resistance to their use of community based premises. Objection to planning applications have been an ongoing feature and local concerns of the NIMBY type (Not In My Back Yard) have resulted in delays in getting programmes up and running.

The next section offers a summary profile of the projects.

2.4 Projects Developed Arising from the First Service Plan

2.4.1 Inchicore Community Drugs Team

The formative work of the Inchicore Community Drugs Team was undertaken by the Inchicore Drugs Initiative which was established in early 1996. Drawing on the model of the Rialto Community Drugs Team and local research and planning, steps to initiate the project were taken shortly after the Service Plan was approved. It set out to be the first point of contact and a resource for individuals affected by drug abuse and saw as its preliminary and necessary remit the need to build the capacity of the local community to respond to identified problems.

The project employs four people and has reached an estimated 150 people in the community through its largely individual services. Its target catchment area includes the Parishes of St Michael's and Mary Immaculate. The Management Committee of 12 comprises representatives from the statutory, community and voluntary sectors and the main services are:

- Referral to medical services
- Assessments and addiction counselling
- Family Therapy
- Family support through home visits
- Open group or drop-in facility
- Young persons' outreach
- Information on educational resources
- Brief therapy skill training
- Weekly aftercare group

While their location is at premises in Inchicore village, as mentioned above, the project has experienced considerable difficulties in becoming fully effective. The importance of village centre location to their prime proposition as an accessible first point of contact for those affected by drug abuse, has been compromised by the local opposition to the premises' accessibility to the target group. Uncertainties with regard to the current leasing arrangements have, however, necessitated the pursuit of alternative premises in the Inchicore area. The time and energy needed to resolve this issue has been a source of ongoing frustration on the part of staff and management and has detracted from the main focus of the work with individual drug users and their families.

The project has been positively evaluated and is due to be mainstreamed from January 2001.

2.4.2 Community Drug Worker Training

The aim of this project was to create a pool of community drugs workers with accredited training who could provide a range of comprehensive, specialist supports within the community at all levels. While there were some difficulties with the South Inner City Local Drugs Task Force resulting in a reduction in planned funding, the evaluation of this project appears to indicate that the project promoters experienced a steep learning curve in the course of developing what has been an ambitious training programme.

Despite that, sixteen from twenty-two participants completed the course out of a target of twenty-five. The project has been mainstreamed and an expanded two-year programme will commence in January 2001.

2.4.3 Bluebell Youth Initiative

This project commenced in January 1998 to provide a range of social, recreational and educational programmes for young people at risk in the Bluebell area. An Administrator and two full time youth workers were employed to deliver an activity and issue-based programme which would engage and educate young people and their families. An additional youth worker was employed under the auspices of the Young People's Facilities and Services Fund.

The project has made great strides since it was established and has reached over 250 young people from the target group. One of the most significant challenges currently facing the project is the need to develop a dedicated facility from which to develop. The service is currently located in temporary portacabins. Negotiations with a consortium of local groups is progressing, however, with a view to developing an integrated youth and sports facility for the Bluebell area. £550,000 has been allocated to date through the Young People's Facilities and Services Fund towards this initiative, although the total estimated cost of the facility is £1.5 million.

The Bluebell Youth Initiative is to be mainstreamed from 1st January **2001.**

2.4.4 Training Programme – Turas

This project has been developed as a rehabilitation service for individuals who are stabilised on methadone. It commenced in January 1999 with the appointment of a Co-ordinator who has secured premises and prepared for the first intake. The first group of trainees was recruited and the training programme commenced in January 2000. The programme aims to provide a comprehensive personal care and career plan for trainees with a fall range of supports. It plans to support clients on training and education through to employment.

Despite local opposition to the development of the service, premises were secured in the Jamestown Road Industrial Estate in Inchicore. It will receive mainstream funding in January 2001.

2.4.5 Hesed House Counselling/Outreach Services

Hesed House has been working in the Canal Communities Partnership area since 1991 offering a variety of services in areas including the counselling of women and children around violence and legal issues, counselling adolescents and acting as a community resource in this specialist field of such counselling.

The Canal Communities Local Drugs Task Force identified counselling as a vital element of its strategy and teamed up with the local Hesed House for its counselling and family therapy resource. The project addresses issues relating to problem drug

use and its attendant problems with all age groups and employs an outreach approach to reach particular client groups such as school children. Over two hundred people have availed of the service mainly through referral. The service will be mainstreamed in January 2001.

2.4.6 Refurbishment Rialto Community Drug Team

Rialto Community Drug Team offers a comprehensive range of services to individuals and families in the rialto area affected by drug abuse and its attendant problems. Services include counselling, referral, treatment, outreach, networking, alternative therapies and follow up.

Funding was allocated for the purpose of redeveloping the church building in St Andrew's Community Centre in Rialto. With a contribution of funding from the Eastern Health Board and the reallocation of unspent funding for the Rialto Family Centre, the work was completed and now provides comfortable and extensive accommodation for both the Drug Team and the Rialto Youth Project.

2.4.7 Community Drugs Worker, St Michael's Parish Youth Project

This project takes the form of a specialist community drug worker as part of the team in St. Michael's Parish Youth Project. It commenced in January 1998 and has developed a personalised approach to prevention and a *linking* strategy between young people, their families, schools and appropriate specialist support agencies. It has catered for overt 200 young people between 8 and 25 years and would see itself involved in the Early School Leavers preventative measures.

It provides an enviable range of specialist drugs services for its small resource and has been positively evaluated recently. It will be mainstreamed from January 2001.

2.4.8 Community Development Workers, Flats Complexes – Fatima Mansions, St Michael's Estate & Dolphin House

Part-time funding for one Community Development Worker has been assigned **to** each of the above Flats Complexes. Essentially the workers were appointed to address the community development requirements of their locality which differed from complex to complex. In Fatima Mansions, the imperative has been to support the

regeneration process and the many aspects associated with that. In Dolphin House, the priority has been the development of the community development association while in St Michael's Estate, the Community Development Worker has provided an additional resource in furthering the work of St. Michael's Family Resource Centre. Common to all of the projects was the need to develop capacity and associated skills through the application of community development models of empowerment and participation.

To the extent that the projects have been earmarked for mainstreaming in January 2001, they have been successful. They were evaluated in summer 2000 and it would appear that the evaluation process was rather inadequate to make clear judgements on the projects. This is probably on account of the multi-faceted nature of the work of the workers and the high level of interdependence of the work on other inputs from a number of other sources. There is a suggestion in the evaluations that the breadth of the work of the Development Workers predicated too thin a coverage of too many aspects thus rendering analysis and objective evaluation impossible. However, in the mainstream environment from 1st January 2001, the experience of the work thus far should enable a more focused approach to the community development brief and the setting of clearer objectives and targets.

2.4.9 Community Support Grants

Through an initial allocation of£60k, some thirty grants were made to community and voluntary groups throughout the Task Force area. The projects have been wide and varied and have not yet been evaluated. The projects had to meet the criteria of supporting the aims and objectives of the Canal Communities Local Drugs Task Force and ranged from training and capacity building for groups to more specific service provision.

2.4.10 Drugs Education Co-ordinator

This project commenced in January 1999 with the recruitment of a Drugs Education Co-ordinator. The main areas of work to date have centred on linking in with the schools in, and serving the children of the area. As well as devising and co-ordinating the delivery of relevant and appropriate drugs education programmes, the Coordinator also undertook to ensure that the existing Department of Education school

initiatives were being delivered. While children, their parents and teachers were the target groups, reaching the former has been the most successful. At the time of evaluation, the project had not been in existence long enough to sufficiently develop effective liaison mechanisms with teachers and parents. This, together with the need to develop initiatives to prevent early school leaving, has been targeted as future areas of activity. One of the difficulties which have been encountered has been the lack of time available for teachers to become involved in developing the various initiatives which the Co-ordinator has sought to promote. The constraints imposed by the need to frame work within the structure of the school calendar have also proved challenging.

However, teachers and parents have regarded the work as valuable it is anticipated that this work can be further developed through greater participation by them. It has been positively evaluated and is a crucial part of the integrated jig saw which will be mainstreamed from 1st January 2001.

2.4.11 Community Representative Support Worker

The Community Representative Support Worker post was established in January 2000 with the objective of supporting the effective participation of the community representatives of the Canal Communities Local Drugs Task Force.

The participation of community representatives in the work of the Canal Communities Local Drugs Task Force is central to its ethos and working principles. The complexity of relationships between the various elements of the service plan and the roles of the various partners are not obvious to the uninitiated, and constant briefing and training is required.

Due to its relatively recent initiation, this project has not yet been evaluated.

2.4.12 Education & Prevention Grants Scheme

These support grants specifically related to the provision of educational materials and resources on the drugs issue. Projects funded under this scheme have included social history projects, together with a range of other creative initiatives. These have not yet been evaluated.

2.4.13 Evaluation of Satellite Clinics

A sum of £5,000 was allocated for the preparation of a framework for self-evaluation for the committees that have been involved in the development of the two Community Satellite Treatment Clinics which were completed in 1998 in Fatima Mansions and Dolphin House. The self-evaluation framework was successfully completed later that same year.

2.4.14 Special Community Employment Scheme (C.E.S.)

The Special C.E.S. was set up in 1999 to enable individuals who are stabilised on methadone and who are moving towards becoming drug-free to avail of the employment and training opportunities offered by the Community Employment Scheme within a supported structure. Participants are placed within existing C.E. Schemes throughout the Task Force area and are supported by two full-time workers who manage placements and develop training plans. There are currently 25 people employed on this Scheme.

2.5 Conclusion

It is clear from this summary review that the implementation of the Service Plan which was launched in 1998, has covered much ground. An appropriate independent observation of the overall strategy is that the impact of the whole of the plan is much greater than the sum of its component parts. Reviewing the plan in the way dictated by the brief does not do justice to other aspects of the Canal Communities Local Drugs Task Force's endeavours since its launch. These include the power **of** the integrative nature of the projects, and the way that one project supports and complements others.

It is difficult to implement such an integrated plan with clear interdependencies between outcomes. Having said that, it is impossible to co-ordinate the delivery of these outcomes, such is the unreliability of synchronisation and ensuring that projects proliferate and grow at the rates desired for definite co-ordination. The projects also rely on the inputs of a range of other organisations operating in the community, and

considerable skill is required to secure the necessary actions at the optimum time to achieve the desired outcomes.

The Canal Communities Local Drugs Task Force has only been operational for the best part of three years and has attempted to bring together agencies, people, policies, medical applications, therapies and other personal and family supports, and many other untried and untested series of interventions addressing drug abuse. It is fair to say that the true outcomes of this multi-faceted strategy will not be evident for many years to come. The indications are, however, that the diversity of approaches currently being applied have the best chance of addressing the socio-economic complexity of drug abuse and associated problems in areas of disadvantage.

3. Profile of the Canal Communities Local Drugs Task Force Area

This Chapter provides an updated profile of the Canal Communities Local Drugs Task Force area. Beginning with the socio-economic context, a wide range of demographic and related features of the area is examined. The primary source of information for this is the *Small Area Population Statistics from the 1996 Census of Population.* Following this, the extent of the drug problem in the Task Force area is examined, with reference to the regional and international context. The main source of data used is that provided by *the National Drug Treatment Reporting System (N.D.T.R.S.)* for 1998. The issue of HIV and Hepatitis B and C is also explored with reference to local research undertaken in the Task Force area involving a survey of eighty drug users.

3.1 Social and Economic Context

This section provides a social and economic profile of the Task Force area. The main source of data is the 1996 Census of Population, although local research is also drawn upon to highlight particular issues within each community.

3.1.1 Area Profile

The Canal Communities Local Drugs Task Force area is situated in the south-west of Dublin city, to the south of the river Liffey. The Task Force area is comprised of three communities, Rialto, Bluebell and East Inchicore, which straddle the Grand Canal. The Task Force area comprises four wards which broadly correspond to the geography of these communities *(Table 3.1.1).*

Community	Ward(s)
Rialto	Ushers D and Ushers E
East Inchicore	Kilmainham C
Bluebell	Inchicore B

Table 3.1.1 Communities and Corresponding Wards of the C.C.L.D.T.F. Area

3.1.2 Population

According to the 1996 Census, the population for the Task Force area in 1996 was 9,125. There was an overall decline of the population in this area of 9.7% over the previous decade *(Chart 3.1.1).* In contrast, there was a 4% increase in the overall population in the greater Dublin region from 1986-1996, and a 2% increase nationally.

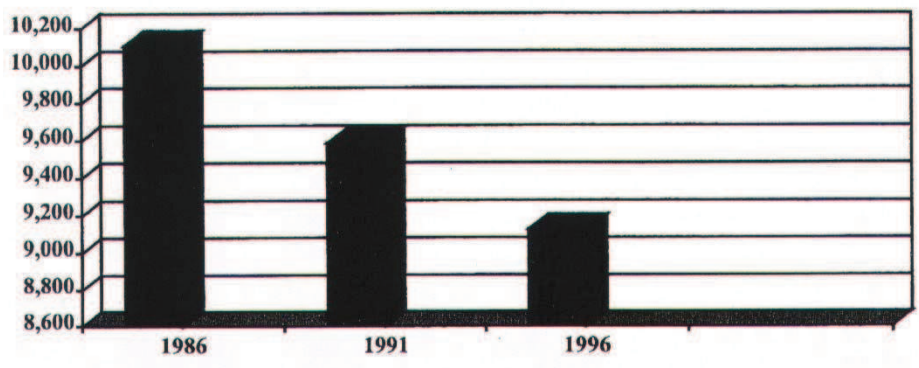


Chart 3.1.1 Population of the C.C.L.D.T.F. Area 1986-1996

3.13 Age Dependency

The age structure of the Task Force area is set out in *Table 3.1.2.* According to the 1996 Census, the total age dependent population (under 14 years and over 65) was 3,440, or 38% of the total population. This represents a slightly higher figure than the national average of 35%.

	Total Population	*Age 65+*	*Dependency Rate*	*Under 15*	*Dependency Rate*
Inchicore B Bluebell	1,983	380	19.16	394	**19.87**
Kilmainham C East Inchicore	3,446	551	15.99	761	**22.08**
Ushers D Rialto	1,802	214	11.88	395	**21.92**
Ushers E Rialto	1,894	296	15.63	449	**23.71**
Total	**9,125**	**1,441**	**15.8**	**1,999**	**21.9**
Country	**3,626,087**	**413,882**	**11.41**	**859,424**	**23.70**

Table 3.1.2 Age Dependency Analysis of the C.C.L.D.T.F. Area (Source: Small Area Population Statistics 1996 CSO)

These figures mask some marked variations that exist within the communities of the Task Force area. For example, while the census indicated that 22% of the population in the Task Force area was under 14 years of age, local research in Fatima Mansions (Corcoran 1998) revealed that 50% of the population of this local authority flat complex were children under 15 years of age. Similarly, concentrations of older people were found to exist in particular areas, with 38% of the population aged over 65 years residing within the Kilmainham C ward in Inchicore.

3.1.4 Household Structure

The 1996 Census identified a total of 3,681 households in the Task Force area, of which 60% were identified as private conventional households *(Chart 3.1.2)*. The national figure was significantly higher at 92%. By contrast, 1,445 private households in a flat or bedsitter were identified, corresponding to 39% of the total. This is over double the average for the Dublin region (15%) and over five times the national average (7%). Some of the largest local authority flat complexes in the city are located here, and include Dolphin House and Fatima Mansions in Rialto, and St. Michael's Estate in Inchicore.

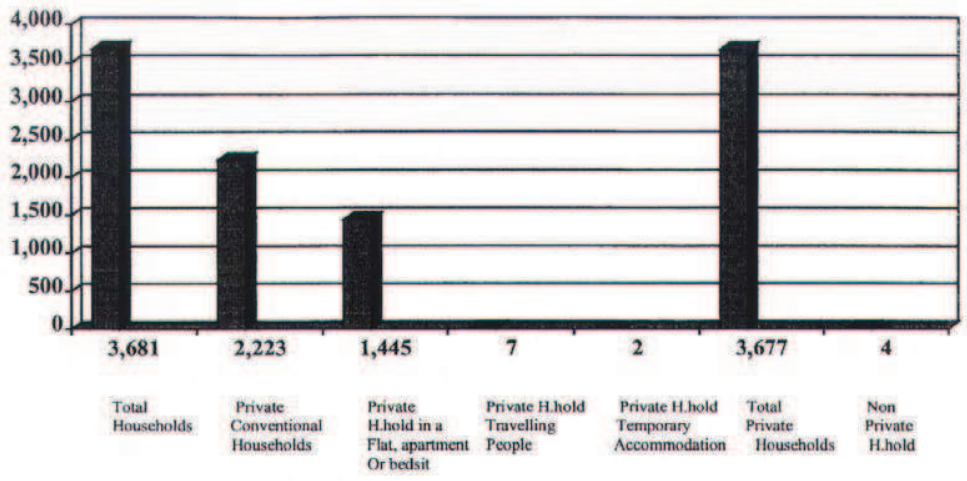


Chart 3.1.2 Household Structure in the C.C.L.D.T.F. Area (Source: Small Area Population Statistics C.S.O. 1996)

It should be noted, however, that significant changes are taking place within the Task Force area with regard to the provision of housing. With plans to demolish and rebuild the communities of Fatima Mansions in Rialto and St. Michael's Estate in Inchicore, the housing profile of the area will change dramatically. (With the imminent demolition of the flats in Ballymun, Dolphin House is set to become the largest of the remaining flat complexes in the city.) The reduction in the level of local authority housing that will result will have implications for those waiting on the housing list, many of whom are currently homeless.

3.1.5 Lone Parents

A characteristic shared by areas of socio-economic disadvantage is a high proportion of households headed by a lone parent. The number of households in the Task Force area headed by a lone parent was 742 in 1996, or 20% of all households in the area. This represents a figure that is double the national average of 10%. *Chart 3.1.3* shows the levels in each of the ward areas in the Task Force. In the Task Force area, 13% of households consisted of a lone parent with at least one child under 15 years of age. This was substantially greater than the figure for the country as a whole (5%). In

Fatima Mansions, research established that the dominant family type is that of a lone parent living with children at 38% of the population (Corcoran 1998).

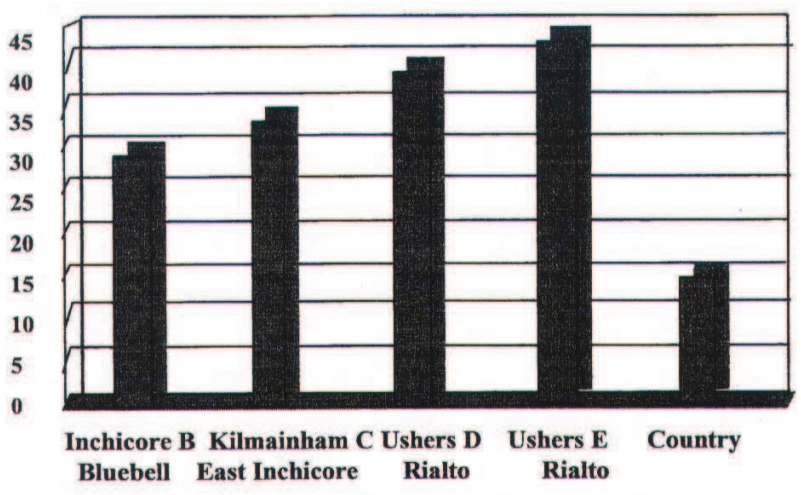


Chart 3.1.3 Lone Parent Units in the C.C.L.D.T.F. Area as a percentage of Households by Ward (Source: Small Area Population Statistics C.S.0.1996)

The Task Force area also contains a high number of households in which elderly people live alone, with 14% of all households comprising people aged 65 years and over living alone. The majority of these (10% of total households) were households in which elderly women were living alone. This compares with a national average of 6% of households in which elderly women lived alone.

3.1.6 Social Class Composition

The distribution of occupational categories in the Canal Communities Local Drugs Task Force in the 1996 Census is skewed towards the semi-skilled and unskilled manual classes (Social Classes 5 and 6), with 29% falling into these *categories (Chart 3.1.4).* This compares with 18% for the Dublin region and 21% nationally. Indeed, over half the Task Force population (50.1%) is categorised as being in the lowest three Social Class categories. By contrast, less than 14% of the Task Force population were categorised as Higher and Lower Professionals (Social Classes 1 and 2), as compared with 27% nationally.

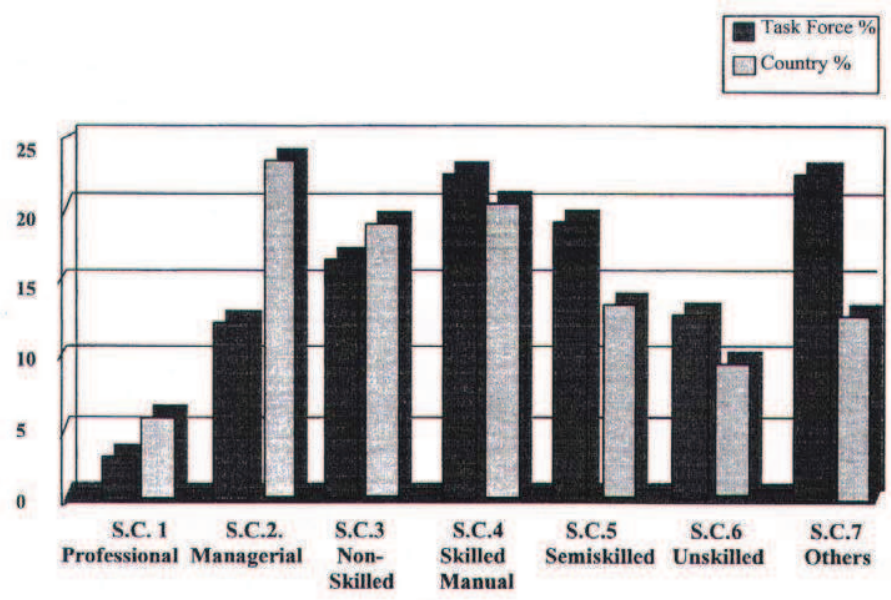


Chart 3.1.4 Social Class Composition within the C.C.L.D.T.F. Area (Source: Small Area Population Statistics C.S.O. 1996)

21% of the population in the Task Force area was classified as belonging to the lowest Social Class (Social Class 7). This category includes those who have never been in paid employment. 24% of the population in Ushers D was classified as being within this Social Class. This compares with a national average of 12%. The proportion of women across the Task Force area in this class according to the Census was 24%, substantially higher than the regional (15%) and national (15%) figures. While the percentage of men thus classified (17%) was lower than for women in the Task Force area, it was itself well above the regional (11%) and national (10%) totals for this category.

3.1.7 Economic Status

Chart 3.1.5 shows the economic status of the 7,125 people aged over 15 years in the Task Force area in 1996. Of these, 37% were classified as being at work and 16.8%

were classified as unemployed. This compares with a national average of 47% and 7% of the population as being classed as employed and unemployed respectively.

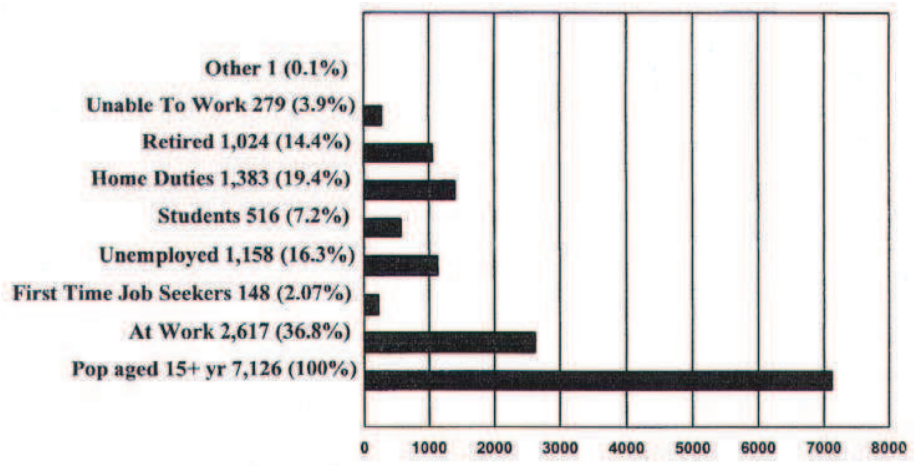


Chart 3.1.5. Economic Status of Individuals aged 15 years and over within the C.C.L.D.T.F. Area (Source: Small Area Population Statistics C.S. 0. 1996)

The economic dependency ratio (E.D.R.) is the ratio of the total economically inactive population to those at work. A rise or fall in the E.D.R. is therefore indicative of an increase or decrease in the proportion of the economically inactive population to be supported by those at work. While the national E.D.R. fell from 2.2 to 1.8 between 1986-1996, it actually rose further within the Task Force area, from 2.45-2.55. The worst affected area was Ushers E, which registered 3.0 in 1996.

3.1.8 Unemployment

Data from the 1996 Census revealed that the unemployment rate in Ireland stood at 14.8% *(Table 3.1.3).* **In the** Task Force area at this time, the figure was significantly higher at 34% of the population. In Rialto, unemployment levels in excess of 40% were recorded, three times the national average. Local research in Fatima Mansions in Rialto (Corcoran 1998) and St. Michael's Estate in Inchicore (Morley 1998) estimated unemployment pockets of up to 75% and have highlighted the deeply rooted and intergenerational nature of unemployment in specific communities. It was also

revealed that those who were in employment **were mostly in areas of** low income within the service industry.

	Total Population	***At work***	***Unemployed***	***Unemployment Rate***
				%
Inchicore B Bluebell	1,983	562	196	**28.9**
Kilmainham C East Inchicore	3,446	1,052	385	**28.0 .**
Ushers D Rialto	1,802	526	278	**37.6**
Ushers E Rialto	1,894	296	299	**42.4**
Total	**9,125**	**2,436**	**1,158**	**34.2**
Country	**3,626,087**	**1,307236**	**199,136**	**14.8**

Table 3.1.3 Unemployment in the C.C.L.D.T.F. Area (Source: Small Area Population Statistics C.S.O. 1996)

A detailed analysis of unemployment in the Canal Communities area is provided within the *Strategic Plan for the Establishment of the Canal Local Employment Service* (Murtagh 1999). This study concluded that, in spite of the overall improvement in the economic fortunes of this country, little has changed in this area in relation to unemployment throughout the nineties:

> The one statistic underpinning almost all of the other indicators of poverty in the Canal Communities Partnership population is that of unemployment.... The statistical analysis of the 1996 Census for the wards in the C.C.P. area reveals unequivocally that the Tiger Economy has had a ZERO impact on the level of unemployment. In fact, the data suggests a worsening of the incidence of unemployment in the C.C.P. area. While unemployment nationally has fallen from 16.9% in 1991 to 14.8% in 1996, a fall of some 12.5%, it has risen in the **C.C.P. area** from 29.4% to 29.6%, an increase of just under 1%. (Murtagh 1999)

According to the 1996 Census, 62% of those unemployed in the Task Force area had been so for three years or more, as compared with a national figure of 48%. In Ushers E ward in Rialto, the percentage thus classified was 69%.

3.1.9 Labour Market Characteristics

The majority of people classified as being at work in 1996 were employed in the commercial sector (22%) and in professional services (20%). Over the period 1986 -1996, there have been marked shifts in sectoral activity, with a decrease in the number of people living in the Task Force area involved in manufacturing activity as compared with an increase of 16% nationally. This period has also witnessed a 37% decrease in the numbers of local people involved in the building and construction industry.

3.1.10 Deprivation Index Scores

The Haase Index of Relative Affluence and Deprivation provides a single measurement of the overall levels of deprivation within an area. Aggregating poverty indices for all District Electoral Divisions (D.E.D.s) nationally and ranking them on a scale from 1 to 10 derives the *Rank Factor Score (R.F.S.),* with 1 representing the most affluent decile and 10 the most deprived decile *(GAMMA APC Report 1995).* The *Mean Rank Factor Score* provides the population-weighted average for the Partnership area as a whole and allows comparison between different areas. **The mean Rank Factor Score for the Task Force area in 1996 was 10, unchanged from 1991.** The national average in 1996 was 4.6, having decreased from 5.1 in 1991 and reflecting the country's overall improved prosperity.

3.1.11 Household Expenditure

The Household Budget Survey for 1994 provides detailed information on household expenditure derived from a survey of approximately 8,000 urban and rural households. The estimated average aggregate household expenditure in the Task

Force area was £272, 84% of the figure for the greater Dublin region (£323) and 87% of the national figure (£311).

3.1.12 Educational Attainment

The data for school leaving within the Task Force is set out in *Table 3.1.4.* Almost half of those who completed their education (47.4%) had done so at or before 15 years of age. This was significantly higher than the regional average of 39% and the national average of 29.3%.

	Target Population	*Left School Under15*	*% o f Population*	*LeftSchool Under16*	*% of Population*	*% U15 and U16*
Inchicore B Bluebell	1,589	664	41.8	228	14.3	**56.1**
Kilmainham C East Inchicore	2,685	874	32.6	400	14.9	**47.4**
Ushers D Rialto	1,407	415	29.5	203	14.4	**43.9**
Ushers E Rialto	1,445	385	26.6	209	14.5	**41.1**
Total	**7,126**	**2,338**	**32.8**	**1,040**	**14.6**	**47.4**
Country	**2,766,663**	**554,303**	**20.0**	**255,518**	**9.2**	**29.3**

Table 3.1.4 Early School Leaving in the C.C.L.D.T.F. Area (Source: Small Area Population Statistics C.S.O. 1996)

Table 3.1.5 sets out the educational attainment of those in the Task Force area whose education had ceased at the time of the 1996 Census. From the table it can be seen that 42.2% of the Task Force population aged 15 and over had either no formal education or only primary education. This is significantly higher than the national figure (28.4%). Similarly, only 1.7% of the Task Force population had completed a third level degree, half the national figure (3.3%).

	Population Educ. ceased	*No Formal Educ.*	*%*	*Primary Only*	*%*	*Leaving Cert*	*%*	*First Degree*	*%*
Inchicore B Bluebell	1,489	1	0.1	759	51.0	148	9.9	11	0.7
Kilmainham C East Inchicore	2,506	8	0.3	1,004	40.1	341	13.6	40	1.6
Ushers D Rialto	1,270	-	0.0	534	42.0	158	12.4	31	2.4
Ushers E Rialto	1,345	-	0.0	486	36.1	163	12.1	29	2.2
Total	**6,610**	**9**	**0.1**	**2,783**	**42.1**	**810**	**12.2**	**111**	**1.7**
Country	**2,427,067**	**5,782**	**0.2**	**687,424**	**28.3**	**451,137**	**18.6**	**79,339**	**3.3**

Table 3.1.5 Educational Attainment in the C.C.L.D.T.F. Area (Source: Small Area Population Statistics C.S.O. 1996)

The low levels of educational attainment of people whose education had ceased by 1996 is also set out by ward in *Chart 3.1.6.* The high proportion of those who left education with only a primary degree, as compared with that of the country as a whole, is particularly striking.

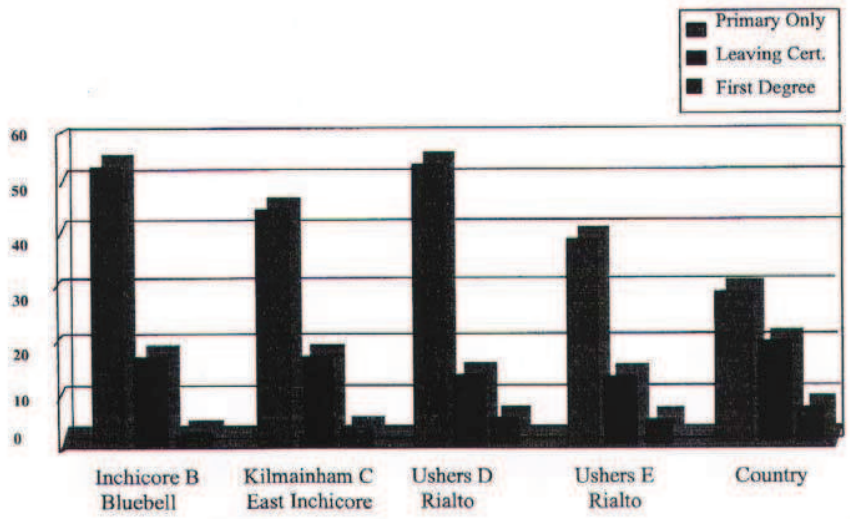


Chart 3.1.6 Educational Attainment in the C.C.L.D.T.F. Area (Source: Small Area Population Statistics C.S.O. 1996)

A strong link exists between educational attainment and earning capacity, and therefore, quality of life. Thus the level of educational disadvantage in an area may be regarded as a strong indicator of social and/or economic deprivation. The class background of participants is also an influencing factor in terms of their experience and outcomes (Collins and Williams 1998: 31). There is also a direct relationship between the level of education achieved and the quality and duration of employment an individual will experience. The lower the level of qualification achieved, the less choice of work options will be available to an individual. This is a reality for large numbers of people in the Task Force area.

3.1.13 Crime

The close link between the combined and interrelated factors of poverty, social class and unemployment with the levels of crime is commonly accepted. The relationship between drugs and crime is also well recognised, with hard drug users on average committing three crimes for each one committed by a non-drug user (Keogh 1997).

The catchment area falls within the 'A' or Kevin St. District of the South Central Division of the Dublin Metropolitan Area (D.M.A.) and is serviced by two Garda stations in Kevin St. and Kilmainham. The 'A' District recorded the second highest number of drug users aged between 15 and 35 in the whole Dublin Metropolitan Area (D.M.A.) (Keogh 1997).

Keogh's (1997) report highlights the particular vulnerability of young people who become involved in drugs. In a survey of drug users conducted as part of the report, the vast majority (90%) left school before they were 16 years old; 66% had no educational qualifications when they left the educational system. Most had come to the attention of the Criminal Justice System by the age of 15. Experimentation with drugs typically began at 17, with a significant proportion of them (30%) starting with heroin, and the rest soon adopting it as their main drug of choice.

The evidence in the report is corroborated by the experience of the Probation and Welfare Service, where it is estimated that about 70% of their case workload relates to offenders who have serious drug problems and resort to criminal activity to fund their habit**.**

3.1.14 Health

Those experiencing poverty are often prone to health problems of a varying nature. In Fatima, research found that one third of households surveyed contain family members affected by a chronic health or disability problem (Corcoran 1998). Whilst asthma was the most common complaint, a wide range of disorders, including bronchitis, tuberculosis, arthritis and breathing problems were also cited.

The Task Force area is situated within the newly created South Western Area Health Board. In the Canal Communities Partnership Area Action Plan 1997-2000, it was recorded that the means-tested General Medical Card Scheme covered 45.6% of the population.

3.1.15 Summary

The socio-economic profile presented here clearly illustrates the degree of structured material inequality experienced by the people living in the communities within the Task Force area. High levels of age dependency, household units headed by a lone parent, unemployment and poor educational attainment are well above the averages for the country as a whole and the maximum deprivation index scores underscores the unacceptable extent of poverty. Local research within particular communities highlights even bleaker socio-economic conditions and concentrations of disadvantage. Some of the main findings are summarised below:

- 20% of households in the Task Force area were headed by a lone parent, double the national average.

- 13% of households consisted of a lone parent with at least one child under 15 years of age, almost three times the national average (5%). In Fatima Mansions, the dominant family type is a lone parent living with children (38%)
- 21% of the Task Force population was classed in the lowest Social Class category, as compared with a national average of 12%.
- Less than 14% of the Task Force population were classed in the top 2 Social Class categories, as compared with 27% of the national population.
- The unemployment rate in the Task Force in 1996 was 34%, well over half the national average of 14.8%. While the level of unemployment nationally fell between 1991-1996, it actually increased in the Task Force area.
- Each of the communities within the Task Force recorded a maximum deprivation index score of 10. This was unchanged over the period 1991-1996, while nationally it fell from 5.1 in 1991 to 4.6 in 1996.
- Almost half of those who left the education system (47.4%) in the Task Force area had done so at or before 15 years of age. This was significantly higher than the national average of 29.3%.
- 42.2% of the Task Force population aged 15 and over had either no formal education or only primary education. This is significantly higher than the national figure (28.4%). Only 1.7% of the Task Force population had completed a third level degree, half the national figure (3.3%).

The glaring structural inequalities in the communities of the Canal Communities Local Drugs Task Force area, as compared with the greater Dublin region and the country as a whole, provides the context in which problem drug use, particularly of opiates, has developed and festered. Indeed, it is the view of this Task Force that widespread drug use can be in itself viewed as a symptom of structural disadvantage. It is to an assessment of drug use in the Task Force area that we now turn.

3.2 Drug Use in the Canal Communities Local Drugs Task Force Area

This section examines available data on the drug problem in the Task Force area, placing in its European and regional context. Consideration is given to the challenges in quantifying the extent of the drug problem generally, with reference to the capture-recapture method of developing prevalence estimates (Comiskey 1998). Using the systematic data provided by the Health Research Board, comparisons are made between the picture of treated drug use in the Task Force region developed in the First Service Plan and the most recently available data for the area.

3.2.1 The European Context

The most recent Annual Report on the State of the Drugs Problem in the EU estimates that are 1.5 million problem drug users in the EU, that is, between 2 and 7 inhabitants per 1,000 aged between 15 and 64 years fall into this category (E.M.C.D.A. 2000). Although different methodological approaches in different countries make accurate estimation difficult and comparisons between countries problematic, Ireland is thought to have a moderate level of drug use, with between 2 and 6 inhabitants per 1,000 in this age group (together with Spain, Denmark and France). Countries with apparently high prevalence rates include Italy, Luxembourg and the UK; those with seemingly low prevalence rates include Germany, Belgium and the Netherlands.

3.2.2 Quantifying the Extent of the Drug Problem in Dublin

Efforts to accurately quantify the exact extent of the drug problem, both in Ireland and at an international level, have been traditionally fraught with difficulty (Hamoll 1998). The main source of data relating to problem drug user has been based on numbers of drug users presenting for treatment. In a review of treated drug use in Dublin, O'Higgins (1996) found that the numbers in treatment increased by just under 1,000 from 2,037 in 1990 to 2,919 in 1994. Based only on those presenting for treatment, these figures underestimated the true extent of the drugs problem.

In a study of the transmission of HIV and AIDS amongst Irish intravenous drug users, Comiskey (1992) estimated that about 7,500 people were using drugs intravenously. More recently, and in response to the uncertainty that surrounds the true extent of the drug problem in Dublin, Comiskey has put forward a methodology for establishing the prevalence of drug use (Comiskey 1998). Using a technique termed the capture-recapture method and drawing on specific population samples derived from three separate databases of drug users, Comiskey estimated that a population of 13, 460 opiate drug users aged between 15 and 54 inclusive existed in Dublin in 1996. This corresponds to an estimated prevalence of 21/1000 or 2.1% of the population, a figure which was found to be in accordance with estimates published by other European cities utilising the same methods (Comiskey 1998).

The estimated prevalence of opiate use was found to be highest among males aged between 15-24 years. Comiskey estimated that there were 5,404 opiate users in this category alone, representing the single largest group of opiate users and corresponding to an estimated prevalence of 56/1000 or 5.6% of this population subgroup in the city of Dublin.

Significantly, Comiskey found that certain areas within Dublin had particularly high known prevalence rates within this category of young males. Focusing on a breakdown of the city into postal areas, it was found that Dublin 1, 7, 8, 10, 12 and 22 all have rates of 50/1000 or over. In other words, it was found that a minimum of 5% of males between the age of 15 and 24 were opiate users in these areas. Of these, the Dublin 8 area, with which the majority of the Canal Communities Local Drugs Task Force area is situated, was found to have an estimated prevalence rate of 175.7/1000. In other words, 17.5% of young males (or nearly one in five) aged 15-24 and living in the Dublin 8 area were estimated to be opiate users.

Comiskey found that the most hidden group among opiate users, or those who least frequently came into contact with treatment services were males aged between 35 and 54 years of age. By contrast, the most visible group was males aged between 25 and 34. The same pattern was found to exist within the female population.

3.2.3 Drug Use within the Canal Communities Local Drugs Task Force

In spite of advances in the field of assessing the extent of the heroin problem in the Dublin area, the most systematic source of information on drug use continues to be that provided under the National Drug Treatment Reporting System (N.D.T.R.S.) of the Health Research Board (H.R.B.). The H.R.B. has collected data from treatment agencies in the Greater Dublin Area and has been operating the Dublin Drug Treatment Reporting System since 1990. While this system can provide valuable information in relation to levels of treatment uptake and patterns of drug use, it is important to note that the H.R.B. data refers to clients who presented to treatment services on an annual basis and reflect returns to the N.D.T.R.S. from treatment agencies. As such it does not give a definitive picture of the extent or nature of the drug problem. Nevertheless, as it is the only systematic data that is gathered in relation to drug users, it is the only reliable information available.

3.2.4 Treated Drug Use

Figures from the National Drug Treatment Reporting System (N.D.T.R.S.) confirm that although the drug problem is a national issue, the vast majority of treated cases are confined to the greater Dublin region. While the total number of treated cases nationally in 1998 was 6043, 5,076 (84%) were from the greater Dublin region. This represents an increase of over 29% on the figures for 1995. This increase in the numbers presenting for treatment should be interpreted with caution, however, and the increase in the level of service provision in the intervening period needs to be borne in mind.

3.2.5 Number of Treated Cases in the Task Force Area

The data for treatment in the Canal Communities Local Drugs Task Force area should also be viewed in the context of expanded service development that has taken place since 1995. The total number of those presenting for treatment in 1998 in the wards that comprise the Task Force area was 209, or 4.1 % of those presenting from the greater Dublin area *{Table 3.2.1}*. Compared with the total of 129 treated cases in the Task Force area in 1995, this represents an increase of the order of 62%. Of these

treated cases, 73.2% were from the Rialto area. (It should be borne in mind, however, that the Rialto Community Drug Team is one of the treatment centres which provides annual returns to the N.D.T.R.S. The recent opening of the Inchicore Community Drug Team may in time lead to greater numbers of drug users from the Inchicore, or Kilmainham C, area presenting for treatment.)

Area of Residence	*n*	*Valid %*
Inchicore B	10	4.8
Kilmainham C	46	22.0
Ushers D	88	42.1
Ushers E	65	31.1
Total	209	100

Table 3.2.1 Number of Cases by Area of Residence of Drug Users Presenting for Treatment in the C.C.L.D.T.F. Area in 1998

Of those presenting for treatment in 1998, 12.7% had never previously been treated for drug use *{Table 3.2.2).* This was a lower proportion than that for the greater Dublin region, which was 23.1%. This would appear to suggest a high level of engagement by drug users in local treatment services.

Ever Treated For Drug Misuse	**n**	**Valid %**
Never Treated	26	12.7
Previously Treated	178	87.3
Unknown	5	
Total	209	100.0

Table 3.2.2. Number of Drug Users Presenting for Treatment who were ever previously Treated for Drug Use in the C.C.L.D.T.F. Area in 1998

3.2.6 Gender

While the drug problem in Dublin, according to treatment figures, continues to be a predominately male one with 68.4% of those in treatment being male and 31.6% female, the proportion of females seeking treatment was higher in 1998 than in 1995, where females accounted for 22% of treated cases. In the Task Force area, the

proportion of females presenting for treatment was significantly higher than that for the greater Dublin region in 1998, accounting for 44.1% of the overall total *(Table 3.2.3).* In 1995 the proportion of female drug users from the Task Force presenting for treatment was only 28.7% of the overall total.

Gender	*n*	***Valid %***
Males	113	55.9
Females	89	44.1
Missing	7	
Total	**209**	**100**

Table 3.2.3 Breakdown by Gender of Drug Users Presenting for Treatment in the C. C.L.D. T.F. Area in 1998

3.2.7 Current Living Status

According to the 1998 data, most drug users presenting for treatment in the Greater Dublin Area lived at home with their parents (67.2%). The second most significant category, in terms of living status, was that of drug users residing with a partner (17.1%). For the Task Force area, those living with their families represented 62.1% **of** total treated cases whilst those living with a partner constituted 20.2% *(Table 3.2.4).* This latter figure was higher than the Dublin average.

Current Living Status	***n***	***Valid %***
Parents/family	126	62.1
Partner	41	20.2
Alone	19	9.4
Alone with Children	10	4.9
Friends	1	5
Temporary/Homeless	1	5
Other	3	1.5
Not known	6	
Total	**209**	**100**

Table 3.2.4. Current Living Status of Drug Users Presenting for Treatment in the C.C.L.D.T.F. Area in 1998

3.2.8 Age

While the N.D.T.R.S. data for successive years from 1995 onwards has indicated that young male and female drug users still account for the largest proportion of those presenting for treatment in the Dublin region, the relative size of this group has decreased from 63.4% to 56.3% of the total. The most significant decrease has occurred in the proportion of young people presenting for treatment aged between 15 and 19 years, which has decreased over successive years from 29.6% in 1995 to 19.9% in 1998 *(Table 3.2.5).* The older age categories have, by contrast, all registered successive increases over this period.

Age	***1995 %***	***1996 %***	***1997 %***	***1998 %***
UNDER 15	1.1	.8	.7	.5
15-19	29.9	28.6	24	19.9
20-24	33.8	34.4	34.6	36.4
25-29	18.1	16.8	20.2	22.3
30-34	11.1	12.1	12.5	12.2
35+	6.3	7.2	8	8.7
TOTAL %	**100**	**100**	**100**	**100**

Table 3.2.5.Breakdown by Age of Drug Users Presenting for Treatment in the Greater Dublin Region in 1998

These changes were also reflected in the Canal Communities Local Drugs Task Force area over the same period. While in 1995, drug users aged 15-19 years represented 31% of those presenting for treatment, by 1998, this had decreased to 24% of those presenting for treatment *(Table 3.2.6).*

AGE	**n**	*Valid %*
UNDER 15	1	.5
15-19	48	23.2
20-24	65	31.4
25-29	56	27.1
30-34	19	9.2
35+	18	8.7
Missing	2	
Total	**209**	**100 %**

Table 3.2.6. Age of Drug Users Presenting/or Treatment in the C.C.L.D.T.F. Area in 1998

3.2.9 Age of First Use any Drug

In the greater Dublin region, 43.1% of those presenting for treatment began to take drugs before the age of 15 in 1998, with 47.4% commencing between 15-19 years of age. In the Task Force area, this was slightly higher, with 46.9% beginning to take drugs under the age of 15 and with 45.8% of those commencing between the age of 15-19 *{Table 3.2.7).* In 1995, 32.4% of those presenting for treatment commenced their drug use before the age of 15, with 53.5% of drug users starting between the age of 15-19. This may suggest that the extent of drug use engaged in by those aged under 15 years may be increasing over time.

AGE first took drugs	**n**	*Valid %*
UNDER 15	83	46.9
15-19	81	45.8
20-24	8	4.5
25-29	4	2.3
30-34	1	0.5
Missing	32	
Total	**209**	**100 %**

Table 3.2.7. Age of first taking drugs of those presenting for treatment in C.C.L.D.T.F. Area in 1998

3.2.10 Employment Status

Of the 209 drug users from the Task Force area presenting for treatment in 1998, only 8.4% were in regular paid employment as shown in *Table 3.2.8* below. This is significantly less than the figure of 13.2% for the greater Dublin Region. The corresponding figure for 1995 was 5.6%, which reflects a slight increase over the three year period.

Employment Status	n	*Valid %*
In paid Employment	17	8.4
Unemployed	169	83.7
Fas/Training Course	4	2.0
Student	2	1.0
Housewife/husband	5	2.5
Other	5	2.5
Missing	7	
Total	**209**	**100.0**

Table 3.2.8. Employment Status of Drug Users Presenting for Treatment in the C. C.L.D. T.F. Area in 1998

3.2.11 Age of Leaving School

The level of educational disadvantage in the Task Force area has already been explored in the previous section. According to the 1998 figures, 68.1% of drug users from the Task Force area presenting for treatment in 1998 had left school by the age of 15, with 38.4% leaving before the statutory minimum of 15 years *(Table 3.2.9)*.

Age Left School	**n**	*Valid %*
Under 15	66	38.4
15	51	29.7
16+	53	30.8
Still at school	2	1.2
Missing	37	
Total	**209**	**100**

Table 3.2.9 Age of School Leaving of Drug Users Presenting for Treatment in the C.C.L.D.T.F. Area in 1998

3.2.12 Primary Drug of Choice

The vast majority of those from the Task Force in treatment in 1998, as was the case in 1995, were using an opiate as their primary drug of choice. Of the 209 cases in treatment, 200 or approximately 96% (the same level as in 1995) were opiate users, as *Table 3.2.10* shows below. The proportion of opiate users among all treated cases in the Dublin area for 1998 was 81.4%. This figure is over 14 percentage points lower than in the Task Force area and as such gives some indication of the high level of concentration of opiate users to all users in the area.

Primary Drug of Misuse	*n*	*%*
OPIATES	200	96.2
Stimulants	6	2.9
Cannabis	1	.5
Other	1	.5
Missing	1	
Total	209	100.0

Table 3.2.10. Primary Drug of Misuse of Drug Users Presenting for Treatment in the C.C.L.D.T.F. Area, 1998.

3.2.13 Route of Administration

In the greater Dublin region in 1998, 58.4% injected their primary drug, with 30.9% smoking it *(Table 3.2.11).* In the Task Force area, a slightly lower figure, 50.3% of drug users injected their main drug, with 29.6% smoking it. By contrast, over 19% took their drug orally, as compared with only 9.4% of those in the greater Dublin region overall.

Route of Administration	*n*	*%*
INJECT	100	50.3
Smoke	59	29.6
Eat/Drink	39	19.6
Sniff	1	.5
Missing	10	
Total	209	100.0

Table 3.2.11. Route of Administration of Primary Drug of Use by Drug Users Presenting for Treatment in the C.C.L.D.T.F. Area in 1998.

3.2.14 Sharing injection Equipment

According to the 1998 data, over half of those presenting for treatment from the Task Force area in 1998 (55.4 %) admitted to having shared injecting equipment at some time *(Table 3.2.12).* This reflects a higher level of shared drug user than in 1995, when 47.7% of drug users presenting for treatment admitted to having ever shared injecting equipment.

Ever Shared Equipment	*n*	*%*
YES	93	55.4
No	35	20.8
Not known	41	
Total	209	100.0

Table 3.2.12. Drug Users Presenting for Treatment in the Task Force Area in 1998 who Ever Shared Injecting Equipment

3.2.15 Canal Communities Local Drugs Task Force Research on Drug Use

This piece of research is based on a quantitative survey involving eighty drug users from the Task Force area. It was carried out over a three-month period in 1999 and was undertaken in order to get a basic understanding of trends and patterns in drug use as perceived by drug users themselves in the Canal Communities area. Participants were mainly heroin users, most of whom were attending either the Rialto Community Drug Team or the Inchicore Community Drug Team for counselling, support and referral for treatment.

3.2.16 Main Findings

- The total number of respondents was eighty. Of these, 62 (77.5%) were from the Rialto area.
- The age profile of this sample shows that the majority of drug users in the survey were between the ages of 20 and 34. (Only 6 drug users (7.5%) were aged between 15-19 years, as compared with 23% of those reported in the N.D.T.R.S. data above for 1998. By contrast, 13 drug users were aged 35 years or over (16.3%) as compared with 8.7% of those reported under the N.D.T.R.S. in 1998)
- The gender profile was 46% male and 54% female, and almost identical in Rialto and Inchicore. This is almost the complete reverse of the data provided under the N.D.T.R.S. for 1998 which indicated a majority of males (55.9%) to females (44.1%), although the proportion of females was significantly higher than the average for the greater Dublin region (31.6%).
- 80% of respondents identified heroin as their main drug of choice. This compares with 96% in the N.D.T.R.S. for 1998, but is more in line with the average for the greater Dublin region, which was 81.4%. Other drugs identified included cocaine, methadone, cannabis, benzodiazepines and alcohol.
- For the majority of those surveyed, injecting was the primary method of drug taking (68.7%), with 29.6% smoking it and 6.2% taking their drugs orally.
- The drugs most commonly taken in addition to the main drug of choice included benzodiazepines, cannabis, methadone and cocaine.

- 98% of respondents said that they had a knowledge of how to prevent the transmission of HIV.
- Almost half (47.2%) of those who injected their drugs, however, admitted to not practising safer sex. This would appear to indicate that knowledge of the risks of transmission of infectious disease is not leading to safer practices in these cases.

3.3 HIV and Hepatitis B and C

This piece of local research must be viewed in the context of recent reports in relation to increases in the levels of those testing HIV positive and the already high levels of Hepatitis B and C infection among drug users.

3.3.1 Context

Practitioners have noted the high degree of prevalence of HIV and Hepatitis C in particular among the drug using population (Crowley, Irish Medical News 1998). Figures released by the Department of Health have in recent years shown an increase in the number of those testing HIV positive at a national level. With an average of 4 new cases per week in 1999, the total for that year (209) is the highest annual total since recording in Ireland began (Cairde 2000). Indications are that the figures for this year will also reflect another increase in the levels of HIV infection. Unofficial reports have suggested that a significant proportion of these tested positive at St. James' G.U.M. Clinic and relate to drug users resident in this Task Force area.

In relation to Hepatitis C, research has suggested that this virus will create a larger health burden than either Hepatitis B or HIV/AIDS (Addiction, November 1998). The impact of Hepatitis C and HIV on drug users and their families in communities within the Task Force area has been well documented (Community Response 1998).

3.3.2 Conclusions

Although the data arising from this survey is at variance to some extent to that of the N.D.T.R.S., areas of common agreement include the large proportion of drug users in the 20-34 age bracket and the high proportion of female drug users. Heroin remains the primary drug of choice, although poly-drug use appears to be the norm.

The most disturbing fact to emerge from this local piece of research is the high level of unsafe sex practised by drug users, and this in spite of almost universal awareness among the sample of the risks of transmission of HIV and other infectious disease and how to prevent it. Against the backdrop of increases in the numbers of those testing HIV positive and reports that a significant proportion of those are resident within the Task Force area, and Rialto in particular, this is particularly alarming.

In view of these findings, the Task Force has a responsibility also to promote the delivery of health programmes relating to the issue of HIV and Hepatitis B and C and to ensure that this information is reaching both drug users and the wider community. It is apparent, however, that information alone will not necessarily lead to changes in behaviour. It is also essential, therefore, that community based drugs services also renew their efforts to highlight the importance of safe drug use and safe sex among the clients with whom they are working (many of whom formed the sample for this survey).

3.3.3 Summary

<u>The European Context</u>

- Although methods for estimating the extent of the drug problem are imprecise and not consistently applied across countries, it is estimated that there are currently in the region of 1.5 million drug users in Europe. Ireland is thought to have a moderate level of drug use.

<u>Extent of the Drug Problem in Dublin</u>

- Using the capture-recapture method, it was estimated that there were 13,460 opiate users in Dublin in 1996. This corresponds to 2.1% of the population.
- Of the 13,460 opiate users identified, the largest proportion were young males aged between 15-24 years. The postal district of Dublin 8, in which the Canal Communities Local Drugs Task Force is situated, emerged as having the most

extensive drug problem, with an estimated 17.5% of young males aged 15-24 – or one in five – living in the Dublin 8 area using opiates.

- In 1998, 5,076 drug users presented for treatment in the greater Dublin region.

Treated Drug Misuse in the Canal Communities Local Drugs Task Force

- The total number of drug users from the Canal Communities Local Drugs Task Force area who presented for treatment in 1998 was 209, or 4.1% of the total for the greater Dublin region. This represents an increase of 62% since 1995. Almost three-quarters of those treated came from the Rialto area. This may be a reflection of a greater concentration of problem drug use or the effectiveness of services in this area in accessing treatment for clients, or a combination of these.
- Of the drug users which presented for treatment in 1998, 12.7% had previously been treated for drug use. This was significantly lower than the figure of 23.1% for the greater Dublin region as a whole.
- In the Task Force area, the proportion of females presenting for treatment, at 44.1% was significantly higher than that for the greater Dublin region in 1998, which was 31.6%.
- Most drug users presenting for treatment in the Task Force area lived at home with their parents (62.1%).
- The majority of drug users presenting for treatment in the Task Force area were under 25 years of age (54.6%). Within this, however, it is interesting to note that the numbers of those aged 15-19 presenting for treatment between 1995-1998 decreased by 7%. (There was a 10% decrease in this age group in the greater Dublin region over the same period.)
- Over 83% of drug users presenting for treatment were unemployed, with only 8.4% in regular paid employment.
- 67.7% of drug users from the Task Force area presenting for treatment in 1998 had left school by the age of 15, with 38% leaving before the statutory minimum of 15 years.

- 96% of drug users presenting for treatment in the Task Force area cited heroin as their main drug of choice. This is significantly higher than the figure of 81.2% for the greater Dublin region. This illustrates the concentrated nature of opiate use across the Task Force area.
- 55% of injecting drug users in the Task Force area who presented for treatment in 1998 admitted to having shared injecting equipment at some time.

HIV and Hepatitis B and C

- There have been annual increases in the level of those testing HIV positive. With an average of 4 new cases every week in 1999, the year's total of 209 cases was the highest since record keeping began. A significant proportion of those testing HIV positive in 1999 were tested in the G.U.M. Clinic in St. James' Hospital and unofficial reports have indicated that many of these were drug users from the Rialto area.
- Research has claimed that Hepatitis C will create a larger health burden than either HIV or Hepatitis B.
- Research undertaken involving drug users in the Canal Communities Local Drugs Task Force area in 1999 revealed that while 98% of those were knowledgeable in relation to preventing the transmission of HIV, a staggering 47.2% of these said that they did not practice safer sex.
- In view of these findings, the Task Force needs to invest in the promotion of health programmes aimed at raising awareness levels concerning HIV and Hepatitis B and C in the community. It is also essential that community based drugs services engage with drug users to highlight the importance of safer drug use and safer sex practices.

3.4 Conclusions

3.4.1 Socio-economic Context

The socio-economic profile of the Canal Communities Local Drugs Task Force region paints a grim picture of structural inequality. Widespread poverty, high levels of dependency, poor educational attainment and persistently high levels of intergenerational unemployment are endemic here. This is an area in which the Celtic Tiger has had little, if any, impact and in which the socio-economic position actually deteriorated further between 1991 and 1996. This is a time when the rest of the country was beginning to enjoy the benefits of an upturned economy.

In is in this context that many individuals have found themselves without the choices and opportunities which many in this country take for granted. In the context of this vacuum, and faced with the difficulties which face those living in impoverished conditions, the lure of drugs has become an acceptable alternative. Consequently, the Task Force believes that it is only through addressing the structured and by bringing about dramatic improvements in terms of the socio-economic climate that realistic alternatives to drug use can be offered. This will require massive investment and commitment from government at the highest levels.

3.4.1 Drug Use and HIV and Hepatitis C in the Canal Communities Local Drugs Task Force

It is the view of this Task Force that these socio-economic factors explain the fact that this area has the highest levels of drug, and particularly opiate use, in the city. Increasing numbers of drug users from the area testing positive for HIV and Hepatitis C further compound what is already a chronic situation.

The profoundly disturbing fact that many drug users persist in high risk behaviours even with the knowledge of how to reduce the transmission of infectious disease poses significant challenges for the development and delivery of health programmes. The Task Force must invest in the development of such programmes within communities. It must also work with community based drugs services to renew efforts

to highlight the importance of safer drug use and safer sex practices among the drug using population.

In view of the bleak picture presented here, the Task Force believes that there is a critical need to continue to invest in the improvement of existing services and in the development of additional measures to address problem drug use and its attendant problems. However, in view of the connection between structured social and economic disadvantage and widespread and chronic opiate use in this area, it is only through developing measures to rebuild and regenerate communities that an effective long-term strategy to reduce the demand for drugs will be achieved.

4. Statutory Service Provision and Planning

In this section, current and planned service provision for the Canal Communities Local Drugs Task Force area of each of the main statutory bodies is set out.

The statutory bodies which are featured consist of the following:

1. **South Western Area Health Board AIDS & Drugs Service**
2. **Homeless Initiative**
3. **Fas**
4. **Dublin Corporation**
5. **Garda Siochana**
6. **Probation and Welfare Service**
7. **Department of Education and Science**
8. **City of Dublin Youth Service Board**

In addition to this, the main actions arising from the Integrated Services Process (I.S.P.) are also included. The I.S.P. was established to develop a multi-agency response to key priority themes identified by communities in the three main flat complexes which are situated within the Task Force area.

For ease of reference, the information is set out in a series of tables.

4.1 South Western Area Health Board

AIDS & Drugs Services

Rialto

- **Treatment Centre, St. James' Hospital**

Currently provides treatment in the form of methadone maintenance or detoxification for 82 drug users, mornings only. Expected to increase up to 140 people with afternoon service.

- **Satellite Clinics in Dolphin House and Fatima Mansions**

Plans to further develop the services provided, including the redevelopment of premises are being advanced at present, in conjunction with Dublin Corporation the Rialto C.D.T. and local communities.

- **Young Person's Detox. Programme**

This programme will be modelled along the lines of the existing programme in Fortune House in Cherryorchard. This will comprise a 6-8 month programme for young people under 18 years of age, with 12 places available at any given time. It will service the catchment area of St. James' Clinic, but will be located in a different premises. Start-up date: January 2001.

Inchicore

- **Treatment Centre, Inchicore Health Centre**

A 7 day treatment centre will shortly begin operating out of Inchicore Health Centre. This centre will provide treatment in the form of methadone maintenance or detoxification for 30 drug users from the Inchicore area and will link in with the Inchicore Community Drug Team.

Bluebell

Drug users with treatment needs are currently catered for by the Aisling Clinic or the National Drug Treatment Centre in Pearse St.

Cross-Task Force Services

- **G.P. Prescribing**

Following the introduction of the Methadone Prescribing Protocol in 1998, the number of drug users for which G.P.s can prescribe methadone has been limited. Level One G.P.s can treat up to 15 stabilised drug users, while more experienced G.P.s at Level Two can treat up to 35 drug users, including those presenting for treatment for the first time.

- **Pharmacy dispensing**

Pharmacy Liaison Officers are continuing to develop the pharmacy dispensing service within each of the Health Board areas. The grant for premises improvement for chemists has been increased from £2,000 to £5,000.

- **Needle Exchange**

A part-time needle exchange continues to be provided from the Health Centre in Inchicore.

- **Residential Treatment**

A 20 bedded unit to service the whole city is to commence operation by the end of the year. Based in St. Mary's Hospital in the Phoenix Park, this unit which will be named 'Keltoi', will provide treatment on a drug-free basis with a strong emphasis on counselling. Programmes will last for between 8-10 weeks. The introduction of this service will reduce the waiting lists for the existing 6 week facility in Cuan Daire.

A 12-bedded Stabilisation Unit will shortly be opening in Cherryorchard Hospital. This will target people who are experiencing difficulties in terms of their methadone treatment and will have a particular focus on young mothers.

4.1 South Western Area Health Board

AIDS & Drugs Services Continued.

- **Drug Liaison Mid-wife**

A mid-wife, with particular expertise in working with expecting female drug users was appointed to the Coombe Hospital last year. Over 140 female drug users have been linked into this service over the last year.

- **Clinical Psychologist**

A Senior Clinical Psychologist has been appointed to the AIDS & Drugs Service within the South Western Area Health Board.

- **Rehabilitation**

The Eastern Regional Health Authority is committed to appointing Key Workers in each of its Addiction Centres to focus on the issue of rehabilitation. A Rehabilitation Officer will take up post in the S.W.A.H.B. in September, whose remit will include liasing between the various addiction services, Fas and employers. The Board is committed to supporting the future development of the Canal Communities Training Programme – Turas which has been set up.

- **Outreach Services**

Two Outreach Workers are currently employed by the S.W.A.H.B. who work within the catchment area of the Task Force.

- **Community Welfare Officer**

A Community Welfare Officer (C.W.O.) is currently employed by the S.W.A.H.B. whose remit includes the Rialto area. The Board is in the process of appointing a C.W.O. for the greater Dublin 8 area, who will be based in St. James' Hospital.

- **Alcohol**

A sub-group has been established within the AIDS & Drugs Service and Alcohol Services in the S.W.A.H.B. to discuss the proposed merging of alcohol services with the AIDS & Drugs Service.

- **Cocaine**

The standard form of treatment for cocaine users seeking treatment is based on counselling approaches, together with medical interventions (prescribed medications).

- **Benzodiazepines**

The standard form of treatment for benzo. users seeking treatment is based on counselling approaches and appropriate medical interventions. The E.R.H.A. policy is not to prescribe benzodiazepines as part of treatment unless it is part of a detoxification programme. Where a client who is receiving methadone treatment is obtaining benzodiazepines from a G.P., this G.P. will be informed that the client is also receiving methadone treatment. The G.P. cannot be instructed in relation to continued benzodiazepine prescribing, but the treatment centre will continue to work with the client around their benzodiazepine usage.

A committee has been set up by ministerial directive to examine the whole area of benzo. Prescribing and dispensing.

4.2 Homeless Initiative

Policy Context

The publication of a new policy document entitled "An Integrated Strategy – 3 Year Programme" by an inter-departmental group has established the joint responsibility in principle of the local authorities and health boards for responses to the homeless issue and sets out a long-term strategy to the homeless issue.

Key Strands of the 3 Year Programme

1. Set up 2 Multidisciplinary Homeless Teams*
   - Key Worker System
   - To comprise:

   GPs, C.P.N., Drugs Outreach Worker C.W.O., Social Worker, Care Attendant
2. Working with mainstream service providers
3. Specialist hostel for drug users and a wet hostel for alcohol users to be established
4. Health and Local Authorities to work to ensure a seamless service

*** The multidisciplinary teams will undertake an initial needs assessment with regard to the nature and extent of the homeless problem and will develop service provision accordingly. If the need for additional resources is identified in order to ensure that the Canal Communities Local Drugs Task Force area receives an adequate response, there should be no difficulty principle with securing the necessary additional resources.**

4.3 Fas

Context

Fas provides broad based support for projects dealing with prevention, treatment and rehabilitation. It is Fas policy to support drug service providers at community, voluntary and state agency levels. Fas have allocated 1,000 C.E. places under the umbrella of the local drugs Task Forces.

Fas directly supports the following projects in this Task Force:

- **Canal Communities Training Programme – Turas**
  - Provision of up to 75 places
  - Funding of 3 Training Officers and a Project Worker
- **Special Dispersed C.E. Scheme**
  - Provision of up to 35 places
  - Funding of 2 Supervisors

4.4 Probation & Welfare

Context

The Probation and Welfare Service works intensively with people convicted of crimes. Of these, it is estimated that 90% are active drug users. The Dublin 8 area features the highest case-load for the south inner city area. Although not a major service provider in itself, the Probation and Welfare Service provides funding to a number of organisations, including the Bridge Project, Merchant's Quay Project and Treble R Industries.

Programme for Offenders

The Probation and Welfare Service is currently setting up a programme for offenders and individuals at risk of offending.

This programme is being developed in conjunction with the Task Force, and will focus on the provision of a range of pre-training educational activities, drawing on existing resources of Treble R. Emphasis will be placed on helping young people leaving the prison system to integrate back into the community and in ensuring that their needs are .met in a planned and focused manner.

4.5 Garda Siochana

Current Policing in the Task Force area:

- Community Gardai operating in:
  - Fatima Mansions/ Dolphin's Barn/Rialto
  - St. Michael's Estate
  - Inchicore
  - Bluebell
  - One Community Sergeant
- Priority policing to Fatima and St. Michael's Estate – almost continuous policing presence
- District level policing by uniform and detective patrols on foot and in motor vehicles
- Garda Drugs Unit (staffed by 1 sergeant and 6 gardai)
- Policing reviewed regularly and resources deployed as required.

Regional Policing Forum

In June 2000, the Regional Policing Forum was officially launched. This is a pilot initiative which involves the setting up of Community Policing Fora in the south inner city and Inchicore in addition to the Forum already operating in Rialto. The aim of this initiative is to develop a joint approach to community policing between the Gardai and the local community in each area initiative will be independently evaluated.

4.6 Dublin Corporation

Bluebell Bernard Curtis House

- Window Replacement Scheme and central heating works have been completed in Bernard Curtis House under the Area Regeneration Programme (A.R.P.)
- Plans drawn up following local consultation for Precinct Improvement Works which will cover the courtyards and common areas. Work to commence by the end of 2000.
- An Estate Office has been opened, staffed by two Corporation officials and it is intended to maintain this presence indefinitely.

Inchicore
St. Michael's Estate

- There are major proposals for the future of St. Michael's Estate which cover the demolition of the majority of the blocks. They will be replaced by a combination of private, social and affordable housing units.
- An Estate Office has been opened, staffed by two Corporation officials and, while alternative premises will have to be provided, it is the Corporation's intention to maintain this presence and to ensure that tenants of a newly constructed estate will continue to have access to locally based Corporation personnel.

Tyrone Place

- Window Replacement and Central Heating works in Tyrone Place completed
- Precinct Improvement Scheme under preparation in consultation with local residents. Work to commence in the next few months.

Rialto
Fatima Mansions

- Consideration being given to the regeneration of Fatima Mansions. A final decision on the proposals for the future of the estate will be made only after extensive and detailed consultation.

Dolphin House

- Window Replacement and Central Heating works completed in Dolphin House.

4.7 Department of Education & Science

Bluebell

- **Home School Community Liaison Scheme**
  - Our Lady of the Wayside [Not yet appointed]

Inchicore

- **Home School Community Liaison Scheme**
  - Inchicore Girls & Boys N.S.
  - Scoil Mhuire Gan Smal
  - Our Lady of Lourdes N.S.
  - St. Michael's C.B.S.
- **On Your Own Two Feet**
  - Mercy Secondary School Goldenbridge
- **Grants for Special Projects to assist Disadvantaged Youth**
  - St. Michael's Youth Project

Rialto

- **Home School Community Liaison Scheme**
  - St. James' C.B.S.
  - Mater Dei N.S., Basin Lane
  - Scoil Iosagain, Aughavannagh Rd.
  - Marist N.S., Clogher Rd.
- **Support Teacher Pilot Project**
  - St. James'
  - Mater Dei N.S. Basin Lane
  - Marist N.S., Scoil Iosagain, Crumlin.
- **On Your Own Two Feet**
  - St. James' C.B.S.
- **Early Start Pre-School Pilot Project**
  - Marist N.S., Clogher Rd.
  - Presentation N.S., Warrenmount
- **Grants for Special Projects to assist Disadvantaged Youth**
  - Rialto Youth Project

4.8 City of Dublin Youth Service Board (C.D.Y.S.B.)

Key Strategy elements:

- Provision of comprehensive training for staff and volunteers
- Provision of Outreach services
- Provision of full-time community absed youth projects
- Initiatives with other agencies,
- Grants and tutor scheme
- Financial Statements

The activities of the C.D.Y.S.B. include:

- **Funding**

Direct Funding is provided through the Department of Education Disadvantaged Fund to the following youth service organisations:

  - St. Michael's Youth Project
  - Rialto Youth Project
  - Bluebell Youth Initiative (to be mainstreamed in Jan. 2001)

- **Small Grants Scheme**

A Small Grants Scheme is available to youth clubs/youth groups

- **Tutor Scheme**

Participants in the Tutor Scheme have included:

  - Ferrini Youth Club
  - St. Joseph's Youth Club
  - Bulfin Youth Club

4.9 Integrated Services Process (I.S.P.)

Covers 3 Flat Complexes in the Task Force Area (also includes St. Teresa's Gardens):

- Dolphin House Fatima Mansions St. Michael's Estate

Strategy

- Develop a multi-agency response to key priority themes identified by the community in each flat complex
- Address a number of common themes across these communities:
    - Local on-site service provision
    - Information provision
    - Integrated planning
    - Improved integration within agencies.
    - Improved integration between agencies.

Dolphin House

- Improve Security
- Improve the physical environment
- Improve Health and Well-being
- Deliver Education and Welfare Programme
- Provide leisure and social opportunities

St. Michael's Estate

- Pilot a new Community based family support service
- Provide a play facility for young children
- Improve provision and access to quality day-care
- Develop an integrated response to the problem of early school leaving

- **Fatima Mansions**
- Improve the integration of statutory services for 'at risk' children
- Develop integration between statutory and voluntary/community services for 7-12 years and their families
- Provide a community based family support service
- Promote networking among childcare and family support services

5. Community Consultation Process

5.1 Introduction and Background

This chapter provides an analysis of the process of community consultation upon which this updated Service Plan has been developed. As well as documenting the key meetings that took place between May 1999 and November 2000 involving voluntary groups and community based organisations, the nature of the process is explored and important areas of learning along the way are examined. The challenges of engaging in processes of consultation at a community level are weighed and, finally, consideration is given to identifying the criteria for assessing whether a consultation process has been a good and effective one. *(A list of organisations that participated in the consultation process is provided in Appendix C.)*

The Community Consultation for the Canal Communities Local Drugs Task Force's new service plan was, for the most part, a joint consultation process with the Canal Communities Partnership company. 'An *Integrated Planning Team* was set up in May 1999 with the intention of delivering several essential elements of the plans for both organisations.[2] These included a review of the work to date of both groups, a socio-demographic profile of the area remit of each, consultation with the various state agencies, and finally an extensive consultation with community groups within the area. It is the *community consultation* stage of this process that is being discussed here.

[1] The Partnership company had an earlier timescale (October 2000) for lodgement of its plan than that of the Drugs Task Force.

[2] The planning team included the Local Drugs Task Force Co-ordinator and Chair, the Partnership manager, a community facilitator from Community Action Network (CAN) Cecilia Forestal, a local community worker (John Bissett) who was contracted to work on consultation with state agencies and also to produce a socio demographic profile of the area and a consultant/planner (Frank Murtagh) from Belfast who was to review the previous service plans of both the Partnership and the Local Drugs Task Force and who was later given the job of writing the Partnership action plan in its entirety.

5.2 The Community Consultation Process

5.2.1 The Process Begins

The first official stage in the consultation process was held in October 1998 in the Oblates hall, Inchicore. This was the first attempt to bring together a range of groups and community based organisations from across the whole of Inchicore, Rialto and Bluebell. A facilitation team was employed for the day with the intention of beginning this process. At this point we wanted to begin to ask groups what the experience of Partnership and the Local Drugs task Force had been like. Given the fact that both organisations were relatively new to the community landscape such a question was indeed a pertinent one. The idea was to explore the nature and meaning of working in *partnership* in order to tackle marginalisation, exclusion and inequalities within the Canal Communities area around a variety of issues. However the basic drive behind posing such questions had to do with understanding how the task force and the partnership stood with groups working at the coalface. Community groups had participated in both processes since their inception whether it was on working groups or at board/management level.

This first attempt at answering such questions was marked by low participation from some areas and some confusion as to the nature of the process being embarked upon. In many ways it was a learning experience for all involved. Perhaps the key lesson that was learned was that we tried to cover too much ground, too quickly with too many groups. Another factor which may have led to difficulties was the entire concept of an integrated consultation process. The drugs task force and the partnership have different remits and cover different briefs, therefore people found it difficult to answer me question simultaneously for each organisation. Having said that, the idea of two separate consultations for organisations that had worked closely together did not seem tenable. It was difficult enough to draw the community into one lengthy consultation let alone two. Therefore the joint process continued but with a good deal of refinement and more precision as to how to identify key needs and issues.

5.2.2 First Round of Local Meetings

Upon reflection after this first meeting it was decided that we would be better served by going to ground and talking to groups at a more detailed face to face level. A much closer ear needed to be given to the issues which they felt were most prominent for them on a day to day basis. The basic brief throughout these individual group meetings was to provide a space where they could identify the key needs and issues facing them. A series of meetings took place throughout each of the three parts of the canal communities with just such an intention. Youth projects, Community Drug teams, Family based projects and a whole host of other services and community based organisations were facilitated at this point. Groups responded to a series of questions around identifying the key issues on the ground. An example of the sort of material which came out of these interviews can be seen in the following short passage from a meeting with Inchicore Community Drug Team in November 1999.

> Major issue is premises for the drug team. In the integrated plan for Kilmainham/Inchicore the Corporation made a commitment to the drug team. Where is that commitment in practice? At present there is a three year lease on the building and they're a year and a half into it. By the time the building is sorted they'll have to move. Community Technical Aid have given them a good deal of support. Help on appeals and planning. No fee charged. Question of where to locate?

This phase of the consultation was crucial in that it provided an opportunity for groups to clearly articulate issues in a clear and unhindered fashion. Groups were generally met locally within their own premises or space and responded from there. A huge amount of information was generated from this stage in the process.

5.2.3 Area Based Meetings

This information engendered the next stage which was a series of three area based meetings in the Sheldon park hotel in December 1999. At this point each of the areas was met individually. It was felt that a canal communities meeting with all three coming together was still a while away. Bluebell, Rialto and Inchicore were each allocated a full day's consultation time. At these meetings the information and issues gathered at the local group meetings was fed back to groups and provided a stimulus for each day. Themes and patterns began to emerge from the individual group

meetings. There were common issues which were raised across all three areas. Premises was perhaps the most notable. Many community based organisations were seeking improved or in some cases new premises on the basis of their current situations. Other broadly based issues raised at this time included education, community development and childcare. Drug use and all of the attendant issues remained a constant throughout the consultation at a broad, community level. The refinement of the issues raised during all stages of the consultation was ongoing. Again a passage from a consultation session in December 1999 highlights the depth and complexity of the issues facing, in this case, the community of Bluebell.

Small Group Discussion on Bluebell:-[3]

Discussion centred on:

1. Need for the development of a Bluebell Development Forum which eventually could take the form of a Task Force – community driven but with statutory representatives. This needs to happen before the setting up of a Community Development Project – it is needed now. The first step to setting this up is for all the groups to come together to work out their differences and start working for the overall good of area. The initiative facilitated by Liz Hayes might be the way this could be developed. This needs to be discussed further by the planning group.
2. A CDP (Community Development Project) for Bluebell only is needed. It won't work with North Inchicore. They are not a 'community' and there is enough work of a particular nature – for Bluebell to warrant one of its own.
3. There is an urgent need for an adequate health care facility in the area.
4. Premises – Discussions are ongoing, major issues.

5.2.4 Planning the Second Phase of Consultation

After the sessions in the Sheldon park Hotel in December 1999 the integrated planning team assessed the situation and poured over all of the new information raised there. It was decided that at an individual area level we needed to go back for one more round of consultation with Rialto, Bluebell and Inchicore. It was also decided

[3] Notes from a consultation session with a number of community groups from the Bluebell area in the Sheldon Park Hotel in December 1999. .

that we needed to consult with the newly formed regional organisations that had grown out of the previous service plans and which had been working for a couple of years at this stage. These included the Canal Communities *Equality Strategy, Flats Complex Forum, Environmental Group, Arts Agency, Training Programme* and *Regional Youth Service* which all had a remit which transcended the local area and worked at a canal communities level. The first round of consultation with these organisations took place early in 2000 and proved to be extremely important not only in relation to identification of issues but also by way of sharing information and resources across all of these groups. A second meeting took place in April which coincided with the second and final round of individual area based meetings.

Much of this second phase of the consultation with Rialto, Inchicore and Bluebell was about asking very specific questions to groups in relation to issues already raised. Much time was spent teasing out the possibilities and issues in relation to specific requests. A good example of this can be seen in relation to the proposed community development project which had been earmarked jointly to Bluebell and North Inchicore by the Department of Social Community and Family Affairs. Throughout the meetings with Bluebell it was pointed out quite forcefully that Bluebell merited a CDP of its own. Two reasons were put forward supporting such an assertion. The first had to do with the overwhelming need for such a project given the low level of community development within the area generally. The second revolved around the fact that while Bluebell and North Inchicore were adjacent geographically, historically they were not connected in any strong sense. This issue was followed up over time with the eventual conclusion that such a proposal made sense. This has since been acted upon by the department and a support agency is now mapping the territory for prospective CDP's in *both* of these areas.

It would be naïve however, to paint a picture of the consultation as a harmonious conflict free affair where all things were agreed upon without any complication. There were many disagreements over the course of the time that the consultation was taking place. Some of these were specific issue based disagreements over the content of specific proposals, whereas others had much more to do with the philosophy and practice of partnership processes such as the ones at hand. Given the relatively recent introduction of partnerships and local drugs task forces such questions are hardly

surprising. However the acknowledgement of such concerns and the acting on them at both levels has been and remains the most formidable challenge facing both the partnership and the local drugs task force.

5.2.5 Final Stage of Consultation Process

The final stage of the consultation as an *integrated/joint* process between the Canal Partnership and Local Drugs Force took place in July and August of 2000. As has been pointed out already the partnership had an earlier submission date for its plan to *Area Development Management* (ADM). A meeting took place in the Sheldon Park Hotel in July 2000 where both the task force and the partnership presented their most up to date ideas on the content of their respective plans. A morning was allowed for such discussion and it proved to be immensely unsatisfactory to those present. The sheer volume of information that was being given out proved too much to take on board. The result of that meeting was that the partnership would give people a chance to respond to the issues raised in writing and through a follow up meeting two weeks later which would deal with issues relating to the partnership only. Effectively at this point in time the partnership and local drugs task force decoupled themselves from each other and each began to pursue its own plan at its own pace. In the case of the partnership company the plan was to be deposited at an earlier lodgement time than that of the drugs task force.

As part of the ongoing drugs task force process there was a constant check back with groups who were seeking to be part of the drugs task force plan. A series of proposals were becoming clearly identified on an ongoing basis. Clarification was sought wherever it was needed. This was done either through the co-ordinator or the community representative support worker, or on some occasions both. *This funnelling* of the plan has continued right up until its presentation to a final community gathering in the Oblates hall in Inchicore on 8/11/2000. At this point in time the consultation had come full circle. The drugs task force co-ordinator presented back to a large community gathering the entire content of the plan in finalised form. Once again the volume of information was quite substantial. However given the clarity of the presentation this did not appear to be a major issue. It appeared quite clear that there was a general acceptance and support for, the drugs task force plan by all of those present.

5.3 Conclusions

In conclusion it can be said that the community consultation for the Canal Communities Local Drugs Task Force proved to be a major challenge. When we look back over the consultation we can pose some valid questions and maybe provide some tentative answers. However perhaps the first point that needs to be made revolves around the perception of what a drugs task force is and how that appears to community based organisations. There is no doubt that some groups use the drugs task force in a pragmatic fashion and see it very much as a funding agency. But having witnessed the consultation over a period of twelve months of direct contact such ruthlessness was a rarity. The concept of dealing with the drug problem in a cohesive, collective fashion was much more the norm. Groups viewed the resources as necessary in dealing with the problem but the multifaceted, multi-layered nature of the plan as a response was generally accepted as the way forward.

To return to the questions then. Perhaps the most important question which has arisen is: ***How do you know when a consultation is good?*** A tentative answer may well be: When the contributions and participation of groups has been respected, appreciated and valued, and as far as possible, acted upon. At a tacit level at least, the answer to whether this has happened or not was in the affirmative in the Oblates hall on 8/11/2000. If the consultation and the plan itself was about something then it was about two things: It was about 'truth' and power. Whose truth does the drugs task force plan speak? Is it a truth which has been reflexive to what has been going on at a community level? Or is it an imposed truth which was generated at a remove from the reality of community based organisations and those they work with. How has power been exercised throughout the consultation and the drawing up of the plan? Has it been a negative, persuasive use of power or has it been a productive power whereby community based organisations *effectively produced the* plan themselves? If anything the drugs task force plan highlights the importance of process and the inherent potentiality and possibility within the community. The community has a truth to tell and it has told it. In doing so it has exercised and enacted a power all of its own.

6. Preparing the Updated Service Plan

The focus on this chapter is on outlining the framework within which the proposed actions have been organised. In order to set the context in which this framework was developed, it is helpful to revisit the concept of problem drug use and the problem-focused approach to the drugs issue. The basic principles that guided the development of the actions set out in the first Service Plan are also restated.

6.1 Defining Problem Drug Use

The following definition of 'problem drug user' offers an insight into the complexity of the problem – a problem that embraces personal, family and community levels.

> Problem drug users are persons for whom the continuous use of psychoactive drugs creates profound difficulties. These difficulties include:
>
> - addiction, in relation to drugs which create a psychological craving; withdrawal symptoms, which create a physiological dependence;
> - financial hardship and an involvement with crime, in relation to drugs which cannot be bought at a price which the user can afford;
> - isolation from family and community, in relation to drugs which are not socially approved;
> - serious illness and risk of HIV infection and Hepatitis B and C, in relation to drugs which have been adulterated with impurities or administered intravenously with unclean syringes and needles;
> - and, the prospect of being permanently labelled as junkie, alcoholic, unemployable, outcast, and deviant, in relation to drugs which have caused problems over a prolonged period.
>
> (Ana Liffey Project 1992)

It is accepted that there is no one solution to the problem, that a comprehensive range of services delivered locally with community participation and involvement is required and that there is need for integration of these services.

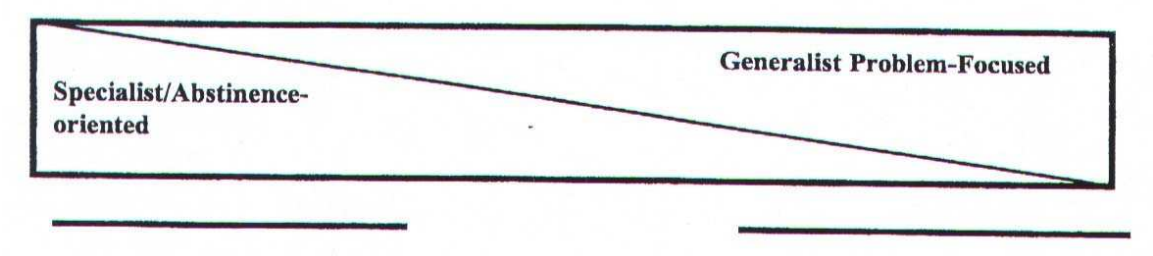
6.2 Responding to Problem Drug Use: An Holistic Model

The approach to developing an integrated range of responses to the drugs issue is largely guided by how individuals position themselves in relation to different models and view the tensions between them. The two broad approaches taken in relation to understanding the drugs issue are the specialist/abstinence model and the general/problem-focused approach. The particular features and emphasis within each approach is presented below:

	Specialist/Abstinence-oriented	**Generalist/Problem-focused**
Definitions	Drug-use is perceived as an individual condition, that of: – Addict – Drug-dependent – Person/Drug-abuser	Drug-use is perceived as a complex psycho-social problem: – Problem drug-user – Problem drug-takers
Underlying Principles	– Individual behaviours are understood as associated with a condition (liars, manipulators and deviants). – Addict is considered as unable to make rational decisions or choices. – Addict often needs some form of persuasion (coercion) into treatment.	– Behaviours are understood as a response to complex (and confusing situations) – Drug-users can make rational decisions and choices in relation to their own needs and those of others – Drug-user must freely choose to be in treatment if it is to have any real benefit.
Objectives	The primary objective of intervention is to achieve a long term state of being free of addictive drugs.	To achieve a state of being in control of problems associated with drug-use.
Methods	Detoxification, (both short-term and long-term) backed up by directive counselling/therapy. Drug-intake is rigidly monitored (or forbidden) and there is a continuous emphasis on confrontation, and the mobilising of pressure from family, other social contacts, and social service personnel (and residential peers in therapeutic communities.)	Non-directive (and outreach) contact/counselling in relation to problems associated with drug-use, backed up by detoxification (both short-term and long-term), methadone maintenance and specialised therapy.
Comments	– Specialist – Institutional – Reliance on medical models – Focus is on those who are likely to succeed – Can be rejecting of those who cannot adapt.	– Non-specialist, non-institutional – Can be focused in the community setting provided there is support from generalist workers (GP's, Social workers, nurses, community workers etc.) – Open to individuals who otherwise would not be interested in treatment – Continues to maintain contacts/support to individuals while they still use drugs.

Table 6.2.1 Features of the Specialist/Abstinence and Generalist/Problem-Focused Approaches to Drug Use (Source: Devised by Barry Cullen for a presentation to EHB social workers in North Clarence Street Health Centre, Dublin 1 in 1991.)

These represent polar positions. Most characterisations of problem drug use and responses to it would fall somewhere between the two with a definite tendency towards one or other position. This could be illustrated as follows:

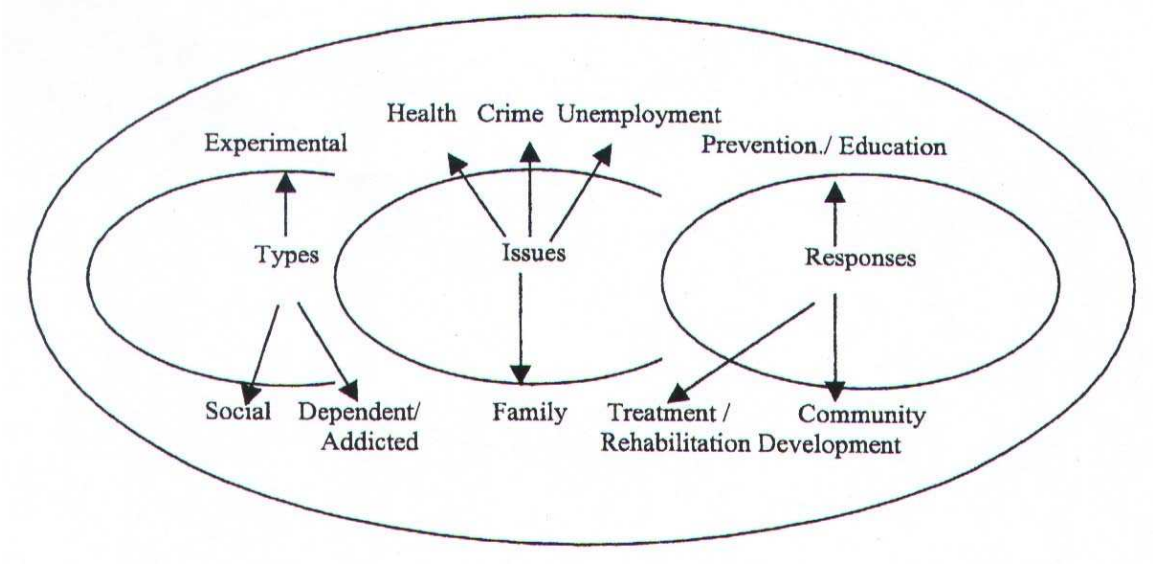


The Government Strategy to Prevent Drug Misuse of 1991 could be viewed in policy terms as a commitment to move away from an approach which was driven primarily by the medical, specialist/abstinence model and towards a more problem-focused one. The Ministerial Task Force and the consequent setting up of Local Drugs Task Forces have represented the first substantial attempt to implement this commitment and to promote the development of a diverse range of services in each of the communities which have been most seriously affected by the drugs problem.

The approach adopted by the Canal Communities Local Drugs Task Force in the formulation and implementation of the first Service Plan was in line with the problem-focused approach. This continues to be the approach that has guided the Task Force in the preparation of the updated Service Plan.

Problem drug taking may be underpinned by, or result in, a range of attendant difficulties for individuals and their families. These can include physical health problems (such as HIV, Hepatitis C, etc.), social problems (such as family/relationship breakdown, unemployment, poverty, crime, homelessness), psychological problems (stress, cravings), and problems stemming directly from the effects of addiction (tolerance, physical withdrawals, overdose, etc.).

The following diagram (presented in the first Service Plan) provides a useful way of looking at and understanding the complexities of drug use:



It is important also to emphasise the personal responsibility of those who take drugs and of their ability to make rational decisions and choices in relation to their own needs and the needs of others (Mayock 2000). This is a crucial element when it comes to personal motivation and the use of treatment and rehabilitation choices. Drug use also raises issues for those who are related to or care for drug users. For families and partners fear, isolation, tension and bereavement may be a constant feature. And at the level of community, drug use may result in crime and vandalism, and lead to' insecurity and a breakdown in social cohesion.

The complexity that surrounds drug use when viewed in these terms calls for a response which is holistic and which recognises the fact that these problems are also symptoms of general dysfunction in our society.

6.3 Philosophical Approach to Devising Actions

Context

The consultation process which took place both at a local and regional level highlighted a range of gaps and needs across the broad range of existing service provision. As well as seeking to further develop and refine service provision at the level of individual, family and community, previously unaddressed areas of need were also identified which required a response.

In seeking to respond to these areas of unmet need, and in order to develop an overall approach to service planning and delivery that would ensure integration between service providers, it was felt that the updated Service Plan needed to have a broader focus.

As well as continuing to address deficiencies in service provision in the area of prevention and education, treatment and rehabilitation, attention was also needed to promoting and sustaining community processes of development, training and regeneration and in seeking to link all the various strands of service provision together. This, it was felt, would be essential if the broad range of services which are currently being planned or delivered at a community, voluntary and statutory level are to ensure a cohesive and integrated strategy.

While this approach is consistent with the approach adopted in preparing the first Service Plan, this updated Service Plan has adopted a different format for organising and presenting the range of measures that are being proposed. The measures proposed in this Service Plan are therefore organised under three broad categories as follows:

6.3.1 Continuum of Care

This category encompasses the three strands of prevention and education, treatment and rehabilitation as set out in the first Service Plan. The Task Force remains committed to ensuring that there is an adequate and a comprehensive provision of services providing options in each of these key areas.

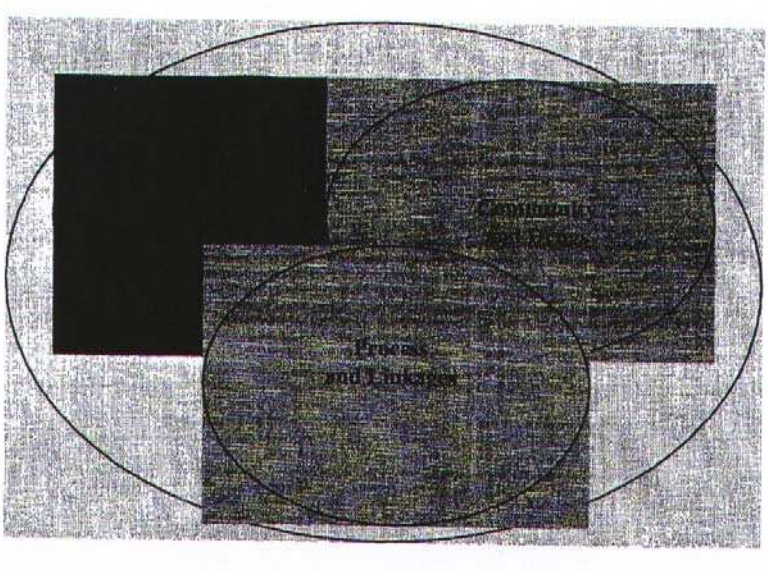
6.3.2 Community and Drugs

The philosophy that informed the first Service Plan was underpinned by the perspective that widespread drug use should be viewed not only as an individual problem and a family problem, but also as symptomatic of what is happening at a community level. As well as providing services at the individual and family level, therefore, it is also necessary to invest in community development and regeneration activity and in promoting education and training at community level. This becomes an explicit focus of attention in this updated Service Plan, with a range of interventions proposed to enhance and further develop the capacity each of the communities in the Task Force to develop their own tailored response to the drugs issue.

6.3.3 Processes and Linkages

The Task Force places emphasis on the need to support processes of community development and regeneration through the promotion of research and evaluation and the development of good models of practice. In the context of developing new services and responses, this not only serves a monitoring purpose in terms of ensuring that services are responding to identified needs, but also can enhance the capacity of individuals and groups to learn from their experience, farther understanding and refine practice.

These three strands can be represented diagrammatically as follows:



The interlocking rings symbolise the interconnectedness and interdependence of each of these three dimensions. The provision of a range of preventative, treatment and rehabilitative services along a continuum of care must be grounded in the context of community development. The delivery of these services and the undertaking of community development activity must, in mm, be linked together to ensure an integrated and co-ordinated response if an holistic approach is to be achieved. The Task Force believes, however, that this represents the best approach to addressing the needs of individuals and families who have been, and continue to be affected by drug use and in supporting processes of community development and regeneration.

6.4 Principles Guiding Actions

It is worth restating the set of principles previously adopted by the Canal Communities Local Drugs Task Force to inform the process of developing an appropriate range of responses to problem drug use in the area. These are:

Equality	Create opportunities where all groups can participate on an equal basis
Networking	Between groups and communities across issues and between community, statutory, voluntary, etc. sectors
Integration	Bringing together key players to tackle complex issues and to maximise impact
Sustainable Actions	Promote actions that can be sustained beyond the life of the Task Force and strengthen what already exists
Inclusion	Include those who will be affected by the actions in designing the actions
Consultation	Engage in consultation and feedback to the community

Table 6.4.1 Principles Guiding the Actions of the C.C.L.D.T.F.

7. Continuum of Care

7.1 Context and Overview

The provision of a continuum of care calls for a broad range of differentiated services in response to the multi-faceted needs of drug users and their families. In view of the widespread availability of drugs and the fact that many of our young people will engage in some form of drug taking activity at some stage in their lives, there is a need also for an active preventative strategy (Mayock 2000). The provision of accurate information about drugs and the availability of alternative choices for young people to make informed choices needs to be provided both within the school system and in the community setting.

7.2 Education and Prevention

7.2.1 Formal Education

The appointment of a Drugs Education Co-ordinator arising from the First Service Plan has resulted in valuable work being undertaken with individual schools around the implementation of existing Department of Education initiatives and the development of a network within the area.

The continued apparent low priority accorded to resourcing the needs of schools in the Task Force area by the Department of Education, however, remains an ongoing source of concern to the Task Force. Although the Integrated Services Process has put welcome pressure on a number of statutory agencies to develop an appropriate and measured response to the needs of 4-8 year olds and early school leavers, much more needs to be done. The development of early school leaving responses and alternative education, for example, must be viewed in the context of the absence of a secondary school for boys in Inchicore.

The main challenge facing this and other Task Forces, however, is the issue of securing appropriate representation from the Department of Education.

7.2.2 Proposed Actions:

- Secure an appropriate level of Department of Education Representation at the Task Force
- Continue to pursue the development of acceptable levels of formal and alternative education provision within the Task Force area.

7.2.3 Informal Education

As well as continuing to seek to improve the level of response within the formal education system to the drugs issue and the integration between school and community, it is also important to invest in informal education and prevention services. In particular, the Task Force wishes to support the work of the specialised youth projects in each of the Task Force communities.

The Rialto Youth Project, St. Michael's Parish Youth Project, and more recently the Bluebell Youth Initiative have made a significant contribution in working with marginalised young people through the provision of a range of diversionary services of an educational, social and recreational nature.

7.2.4 Proposed Actions:

Rialto

Action 1. **Sports Worker**

Project Promoter: **Rialto Youth Project**

Context: The Rialto Youth Project has been at the forefront of youth services in the Rialto area which have been working with young people at risk in the community. An important emphasis of this Project's work has been in engaging marginalised young people in a range of programmes and activities of a social and recreational nature in order to provide alternatives to the drug taking culture in the area. To this end, the Youth Project received seed funding for a Sports Worker, who has been active for the last year in providing a wide range of physical activities and in co-ordinating training initiatives with young people and youth groups in the area. In

order to ensure that this valuable preventive work can be sustained and further developed, the Task Force proposes to provide continued funding for this position.

Brief: The brief of the Sports Worker will be to continue to act as a co-ordinator and direct provider of physical pursuits for young people. The Sports Worker will also act as a resource to youth groups, identifying needs and sourcing training in the area of sports and other indoor and outdoor physical pursuits as appropriate.

Inchicore

Action 2. **Programme for Young Drug Users**

Project Promoter: **St. Michael's Parish Youth Project**

Context: A Youth Drugs Worker in St. Michael's Youth Project (funded from the first Service Plan) has been in place since 1997. Over this time, positive relationships have been developed with young people deemed to be at risk of drug use in the Inchicore area.

Proposal: Arising from the work of the Youth Drugs Worker, the need for a structured afternoon programme for young drug users and potential drug users between the age of 16-18 years has been identified for the Inchicore area. A similar structured programme is also required to address the needs of young people who have completed treatment for drug use in services such as Fortune House. (Efforts to address the needs of this latter group should be undertaken in conjunction with the Health Board and the possibility of further extending the programmes offered by Fortune House and the forthcoming service for young drug users in St. James' Hospital should be explored.)

The organisation, planning and delivery of appropriate programmes for these target groups, which would feature educational and activity based components, would require a dedicated worker on a full-time basis, with a programme budget to include provision for sessional workers and materials.

Bluebell

Action 3. **Youth Worker**

Project Promoter: **Bluebell Youth Initiative**

Context: The Bluebell Youth Initiative was established in 1998 to provide a youth service for young people at risk of drug use in the Bluebell area. A particular gap which has been identified was the need for supports for young women at risk of drug use between the age of 14-18 and a dedicated group was set up accordingly earlier this year. This group currently has a membership of 12 young people. In order to consolidate and further develop this group, it is proposed to recruit an additional Youth Worker for the service.

Brief: It is envisaged that the role of the Youth Worker will be to

- Identify the needs of the young people who are at risk
- Draw up appropriate and relevant programme of activities for young people based on the needs identified.
- Build up constructive relationships with young people in the area in order to work with them in a supportive way.
- Implement the programmes of activities together with other staff.
- Develop links with all relevant groups and organisations in the local area.
- Develop links with relevant statutory bodies and agencies.
- Represent the project on other bodies relevant to young people

7.3 Treatment

7.3.1 Definition

Treatment is taken to mean a direct service provided to drug users and their families. This embraces the provision of information, support, counselling, outreach and medical intervention through the provision of maintenance and detoxification programmes. The Task Force asserts that treatment must:

- Be situated within an holistic framework, guided **by community** development principles and involving a genuine partnership between community and statutory bodies; and
- Should endeavour to address the drug issue not only as a symptom, but also focus on underlying causes at either the level of the individual, family or community.

7.3.2 Proposed Actions:

Rialto

Action 4. **Drop-In Worker**

Project Promoter: **Rialto Community Drug Team**

Context: The Rialto Community Drug Team has been in operation since 1992 and is a partnership between the community and the Health Board. In providing a range of services for individuals, families and the broader community, the Drug Team places great emphasis on the creation of an hospitable, friendly and safe environment for its clients. A major focal point in attempting to create this atmosphere resides in the Drop-in facility which operates on a sessional basis from Tuesday to Thursday. The Drop-in is supervised by a full member of staff on a rotating basis, together with **a C.E.** worker.

Care is taken to provide a safe environment and positive behaviour is strongly encouraged. This work is crucial to the activities and ethos of the team and provides a hub around which many of the Team's activities operate. These include counselling, crisis work, treatment, alternative therapies, groupwork, community outreach and networking.

Brief: In order to further build and develop this service, it is proposed to employ a dedicated worker on a full-time basis. His/her role would consist of the following:

- Building relationships with visitors to the Drop-in
- Ensuring that visitors are accessed into and engaged within a continuum of care and that each has a key worker.
- Overseeing the implementation of a care plan for each Drop-in visitor.
- Updating key worker lists and liaising with key workers

- Developing a programme of structured activities for visitors to the Drop-in
- Training and supporting workers involved with the Drop-in, including volunteers
- Providing information to visitors or referring such requests on as appropriate
- Linking in with the Child Care Worker as required
- Developing and maintaining links with the Satellite Clinics
- Assisting with the development of Drop-ins in the Satellite Clinics

Action 5. Child Development Worker

Project Promoter: Rialto Community Drug Team

Context: Although there is a recognised need for child care facilities generally in the Drugs Task Force area, a particular need has been identified for childcare services which are dedicated to children of parents who are seeking or are engaged in treatment for drug use. A particular difficulty which drug users with children experience when engaging in treatment programmes is the difficulty of making suitable child-minding arrangements.

As part of its holistic approach to working with drug users, their families and the wider community, the Rialto Community Drug Team has identified the need for a child care service for service users attending the Drug Team in St. Andrew's Community Centre. What is envisaged, however, is more than just a child-minding facility, but a service that could undertake work of a more developmental nature with individual children, in conjunction with their parents. Brief: The Rialto Community Drug Team therefore proposes to recruit a Child Care Worker. This person would be responsible for looking after children of drug users attending the Drug Team and also undertaking work of a more developmental nature in conjunction with the Rialto Family Centre.

Action 6. Prison Outreach Worker Project Promoter: Rialto Community Drug Team

Context: An important, although under-resourced, aspect of the work in the Rialto Community Drug Team is to undertake prison visits to clients who are serving sentences. Due to the amount of time necessary to facilitate such visitation, it has not been possible to provide the level of service deemed necessary for clients who are in

the system or those re-entering their community following custodial sentences. A significant difficulty for the latter group is in managing the transition from prison to community and in particular accessing appropriate treatment services. In view of the need for this area of work to be more fully resourced, it is proposed to recruit a Prison Outreach Worker to undertake dedicated link work with the prisons.

Brief: The role of the Prison Outreach Worker would be to develop relationships with drug users from the Rialto area who are in the prison system and to seek to provide a link between them and their community. An important aspect of this work would be to support individuals who are leaving the prison system to re-integrate back into their community and to facilitate them to access appropriate services. While the Prison Outreach Worker would be a member of the Rialto Community Drug Team, they would also act as a resource to other organisations working with people who enter the prison system.

Action 7. **Womens' Support Group, Fatima Mansions**

Project Promoter: **Fatima Groups United**

Context: The Womens' Support Group was established in 1997 arising from the treatment programme operating in the Satellite Clinic in Fatima Mansions. This group has developed over time and has moved from examining issues relating to domestic violence, sexuality and arts and crafts work to a more recent focus on educational issues concerning the current process around the regeneration of the flats complex. The group currently comprises a core group of 10-15 women which includes women receiving treatment, women who are in recovery and women affected by drugs in the community.

Proposal: In order to further develop the work of this Support Group, which has proved invaluable for those who have participated in it, it is proposed to provide continued funding for this group. An important focus of the work of this group over the forthcoming period will be on the current regeneration process in Fatima Mansions and on documenting the history of the flat complex and providing a comprehensive social analysis. This project will constitute an important educational tool and will provide a valuable social record as this community enters a critical stage of redevelopment.

Inchicore

Action 8. Project Worker

Project Promoter: Inchicore Community Drug Team (C.D.T.)

Context: The Inchicore C.D.T. was established arising out of the first Task Force Service Plan to provide an holistic response to the drug problem in Inchicore. This includes aspects of prevention, education, treatment, aftercare and community development. The staff complement of Team Leader, Community Drugs Worker and Administrator has been enhanced recently by the recruitment of an Addiction Counsellor. In order to enable this project to more fully develop the services which it offers, however, it is proposed to recruit an additional Community Drugs Worker/Project Worker.

Brief: The role of this worker will be to act as the main contact person **in the** premises, and will engage with and build relationships with clients by delivering individual programmes to those who access the service. This worker will support clients to meet their goals and targets and will act as a resource in terms of providing and accessing information on welfare, housing, education, etc. This worker will also be involved in outreach and community development work.

Action 9. Childcare Worker

Project Promoter: Inchicore Community Drug Team (C.D.T.)

Context: The Inchicore C.D.T. has identified childcare as a huge need in seeking to engage women drug users in its services. Although a number of statutory and voluntary agencies are engaging in the development of plans to provide child care services in the area, the Inchichore C.D.T. management believes that the needs of drug users and their children are very specific and require dedicated provision.

The Inchicore C.D.T. is fortunate, however, to have access to a fully equipped creche facility, and a pilot programme has already been run which offered child care to a number of clients who wanted to participate in the Team's Personal Development Programme. In order to develop this service further, it is proposed to recruit a Childcare Worker.

Brief: The Childcare Worker will engage in developing and delivering individual programmes with children while their parents are engaging in the C.D.T.'s services. The worker will also be responsible for developing a long-term child care strategy based on the needs of families attending the C.D.T.

Action 10. **Prison Outreach Worker (full-time)**

Project Promoter: **Inchicore C.D.T.**

Context: In view of the importance of maintaining links between community based drugs services and their clients who are serving sentences, it was felt by the Task Force that there was a need for a second full-time Prison Outreach Worker to be dedicated to the Task Force area. This additional worker would be linked to the Inchicore C.D.T. and would also be available as a resource to the Bluebell area.

Brief: The role of the Prison Outreach Worker would be to develop relationships with drug users from the Inchicore and Bluebell area who are in the prison system and to seek to provide a link between them and their community. An important aspect of this work would be to support individuals who are leaving the prison system to reintegrate back into their community of origin and to facilitate them to access appropriate services. While the Prison Outreach Worker would be a member of the Inchicore Community Drug Team, they would also act as a resource to other organisations in Inchicore and Bluebell working with people who enter the prison system.

Action 11. **Part-time Administrator**

Project Promoter: **Inchicore Community Drug Team**

Context: In view of the recent rapid development of the Inchicore C.D.T., and in view of the forthcoming recruitment of additional personnel, there is a need for this service to have a dedicated worker **to** oversee the administrative aspects of the operation.

Brief: The brief of the Administrator will be to take responsibility for financial record-keeping and the maintenance of up-to-date accounts, together with whatever other duties the management committee deem appropriate.

Bluebell

Action 12. **Research Drug Use Trends in the Bluebell Area**

Project Promoter: **Bluebell Youth Initiative**

Context: Although some limited data can be gleaned from Health Research Board statistics and from various drug treatment centres, it has proved difficult to establish the extent of drug – and particularly opiate – use in the Bluebell area. In order to more accurately establish the nature and extend of drug use in this area, therefore, it is proposed to undertake a piece of applied research .

Brief: The brief of the researcher will be to agree suitable terms of reference with local community groups. On the basis of the findings of the research, recommendations for future service provision in the Bluebell area should be made.

Regional

Action 13. **Men's' Support Groups**

Project Promoter: **Counselling/Outreach Services in St. James' Hospital Drug Treatment Clinic**

Context: The Men's Health Programme was set up in Rialto Community Drug Team in January 2000 to meet a growing demand for a service to address, support and provide information for men struggling with addiction and recovery. An initial pilot programme over ten weeks, which included sessions on stress management, anger management, information on drugs/alcohol, social welfare and legal issues, counselling, self-development, sexuality, safer sex and alternative therapies, was completed and positively evaluated by participants.

Proposal: On the basis of the success of the initial pilot programme, it is proposed to farther develop the Men's Support Group in Rialto and to establish additional groups in Inchicore and in Oliver Bond in the South Inner city. This programme will be structured around weekly workshops based on modules incorporating the above sessions and which will be interactive in nature. It is intended that this programme will be jointly funded between the South Western Area Health Board, the Canal Communities Local Drugs Task Force and the South Inner City Task Force. A Men's Health Worker position will also be created (to be funded by Fas), to oversee the operation of the programme.

Action 14. **Alcohol Support Worker**

Project Promoter: **Regional Youth Service (to be confirmed)**

Context: While significant resources have been allocated to responding to the opiate problem in Task Force areas, there is also a need to recognise and address the impact of problems arising from alcohol use in families and communities. Although services have been developed in relation to alcohol use, many people are not reaching these. There is consequently a need to bridge the gap between communities and these services. It is therefore proposed to recruit an Alcohol Resource Worker to work in a co-ordinating capacity within the Task Force area as a support to voluntary agencies and community groups for whom alcohol use impacts on those they work for.

Brief: The Resource Worker would have the following role across the Task Force:

- Work to improve services for people with a dual addiction to opiates and alcohol.
- Education/prevention programmes to youth organisations and schools in relation to alcohol issues
- Seminars and workshops on alcohol and related issues.

Action 15. **Residential Respite Fund**

Project Promoter: **Canal Communities Local Drugs Task Force**

Context: In working with families who are in crisis arising either directly or indirectly from difficulties relating to family members who are taking drugs, the availability of respite facilities can provide a valuable space in which families can seek short-term relief. In order for community and voluntary groups to offer respite services to families with whom they are working, it is proposed therefore to provide a small fund which can be accessed for this purpose. This fund could be accessed by voluntary and community groups who wish to refer a family for a short period of respite care and would provide for a worker to accompany the family and to be available to them as a support during their stay.

7.4 Rehabilitation

7.4.1 Context

The Task Force believes in the importance of providing rehabilitation options as a follow-up to treatment, and as a crucial part of the process for those who wish to

improve the quality of their lives to build on their recovery. It also offers an inspiring hope of the possibility of change and growth for both drug users and their communities.

The experience of the Canal Communities Training Programme (Turas) and of the Special Dispersed Community Employment Scheme has provided vindication, if it were needed, of what individuals with problem drug use can achieve if they are provided with the necessary support, encouragement and environment. Although both projects are still in their relative infancy, they have enabled a number of individuals to make positive changes in their personal circumstances and to develop alternative lifestyle choices outside of the drugs culture.

7.4.2 Proposed Actions:

Regional

Action 16. **Drug Free Worker**

Project Promoter: **Canal Communities Training Programme – Turas**

Context: Although the Task Force is keen to further invest in supporting the development of rehabilitation responses, concern has been expressed in relation to the development of formalised structures at this end of the continuum of care. It is felt that while recovering drug users frequently require assistance and support as they disengage from treatment services, and although many may not be ready for work or structured training, it is nevertheless felt that developed service provision may lead to a culture of dependency and ultimately, disempowerment. Rather than continue to develop rehabilitation models, there is a preference for seeking to support recovering drug users to integrate into mainstream employment and training supports as appropriate.

Brief: The role of the Drug Free Worker would be to support people to become and remain drug free. The worker will have a roving remit and the work will involve outreach and support work to recovering drug users, and will include setting up support groups and developing other services, as appropriate and based on a needs assessment. An important emphasis will be on linking recovering drug users back into their community, addressing integration and other needs.

Action 17. **Minibus**

Project Promoter: **Canal Communities Training Programme – Turas**

Context: Due to difficulties experienced by the Canal Communities Training Programme – Turas – in relationships with the local community, it has proved necessary to bus trainees in and out each day. The cost of bus hire for this, together with other excursions by trainees as part of their programme, has been very expensive for Turas (in the region of £600 per month).

Proposal: In view of the need for dedicated access to transport, it is proposed that Turas be provided with a minibus so as **to** provide the project with increased flexibility to meet the needs of trainees on the programme. It is envisaged that funding to employ a bus driver will be provided by Fas.

Action 18. **Training Officer (contribution to salary)**

Project Promoter: **Canal Communities Training Programme – Turas**

Context: The Canal Communities Training Programme – Turas – has been in operation for over a year now since it moved into its premises on Jamestown Road and its first group of trainees are now six months into their programme. The group has shown great commitment and is actively involved in all aspects of the programme. In order to fully maximise time spent by individuals in the training programme, however, a higher staff ratio is required. The project therefore wishes to recruit a Training Officer, to be funded primarily by Fas, topped up by funding from the Task Force, and a Team Leader.

Brief: The role of the Training Officer would be to identify and secure job placements for the trainees and to guide the trainee in their quest for mainstream integration into the workplace and/or further training. The remit of the proposed Training Officer would also include the delivery of the training programme. This would require a subsidy of £3,500 per annum from the Task Force to allow for pay parity.

8. Community and Drugs

8.1Community Development

8.1.1 Overview and Context

As well as continuing to invest in the development of a range of preventive, educational, treatment and rehabilitative services for individuals and their families, the Canal Communities Local Drugs Task Force also places strong emphasis on tackling broader structural problems at a community level. The Task Force believes that it is essential to meaningfully addressing the issues of poverty and social exclusion, with all its attendant problems of poor housing, health, unemployment and crime if the quest to reduce the demand for drugs is to be realistically achieved.

The promotion of community development activity forms a central plank in that quest. The Combat Poverty Agency (1999) has offered the following definition of community development:

> Community development is about promoting positive change in society in favour of those who benefit least. It is about involving people, most especially the disadvantaged, in making changes which they identify to be important and which use and develop their own skills, knowledge and experience. (Combat Poverty Agency 1999)

The Task Force therefore proposes to build upon the community development work that was initiated arising out of the first Service Plan. Firstly, it is proposed to increase funding to community development worker posts in the three largest flat complexes in the Task Force to make them full-time and to put their funding on a more secure formal footing. Secondly, in recognition of the valuable work undertaken by the main community centres in each of the areas of Rialto, Inchicore and Bluebell, it is proposed to allocate dedicated Community Development Workers to three Community Centres. These workers should further enable each Community Centre to respond to the needs of their respective communities and also to support local responses to the drugs issue. Finally, the Task Force wishes to further resource the

regeneration process in St. Michael's Estate through the allocation of a full-time Community Development Worker with a brief of advancing the process of redeveloping the community and maximising the participation and involvement of the local community in this process.

8.1.2 Proposed Actions:

Action 19. **Community Development Workers (Fatima Mansions, Dolphin House and St. Michael's Estate)**

Project Promoters: **Rialto Network/St. Michael's Family Resource Centre**

Context: In order to support communities in their attempts to deal with the drugs and associated problems in each of the major flat complexes within the Task Force area, funding for part-time Community Development Workers was allocated in the first Service Plan for each of Fatima Mansions, Dolphin House, St. Michael's Estate and Bernard Curtis House. These part-time positions are currently in the process of being mainstreamed. In order to build upon the work that has been achieved, it is proposed to fund these positions on a full-time basis.

Brief: The role of the Community Development Workers will continue to be to support their respective communities to identify issues arising from drugs and associated problems and to engage with a range of statutory, voluntary and community agencies to seek to develop a range of appropriate responses.

Action 20. **Mainstream Community Development Workers**

Project Promoters: **Rialto Development Association/ABC Community Centre Bluebell/Oblates, Inchicore**

Context: Much of the work of community and voluntary groups which have been active in addressing the drugs issue and in working with marginalised communities within the Task Force area has been underpinned and supported by the contribution of mainstream community centres. The Rialto Development Association in Rialto and the ABC in Bluebell are particularly notable in this regard and the Oblates in Inchicore has also made a valuable contribution. Although these community centres may not have been directly involved in the provision of services relating to the drugs issue, they have nevertheless been instrumental in providing the

much needed back-up support and infrastructure upon which more specialised groups and organisations have depended. These community centres have also been largely dependent on the voluntary efforts of management committees and have **not** been **in** receipt of mainstream funding.

In order to support the invaluable work of these community centres which are actively collaborating with specialist projects, and arising from the consultation process, it is proposed to provide funding for full-time Community Development Workers in each of the three Community Centres.

Brief: The role of the Community Development Workers would be to

- Co-ordinate and further develop the activities of each Community Centre.
- Promote and develop relationships with community groups and voluntary organisations which are directly addressing the drugs issue
- Act as a resource to these community groups and voluntary organisations

Action 21. **Regeneration Worker**

Project Promoter: **St. Michael's Family Resource Centre**

Context: St. Michael's Estate in Inchicore is currently approaching a critical stage in the process of regeneration that is taking place. Negotiations are underway with Dublin Corporation and other key statutory agencies to decide the future composition of the community arising from the decision which has been taken to demolish the local authority flat complex and to replace it with different mix of housing types. In order to ensure that community interests are appropriately represented and safeguarded throughout this process, it is proposed to recruit a Regeneration Worker.

Brief: The role of the Regeneration Worker will be to work to advance the process of redeveloping the local community on behalf of the residents and community groups in the area and to ensure appropriate levels of representation, participation and feedback throughout.

8.2 Family and Community Support Services

8.2.1 Context

An essential dimension of community infrastructure is the provision of family support and childcare services. This is particularly important in marginalised communities, where family networks may be strained and the support that may often be taken for granted in other areas may not be available. The opportunities for lone parents, in particular, to participate in training and work opportunities may be severely curtailed and the huge deficit in the availability of childcare facilities plays a central role in maintaining this situation.

In view of the significant role that family support and childcare services play in supporting vulnerable families and in enabling parents to participate in training, work and other activities, the Task Force proposes to invest in the farther development of certain key services that have an excellent track record in this regard.

Another important element in building healthy communities is the availability of services that can provide complementary therapies within the community setting. These also have a vital role to play in helping to reduce individual stress levels and in the area of acupuncture can provide a valuable contribution in treating addiction.

Finally, in investing in family and community support services, the Task Force has also felt it important to address the issue of domestic violence. Although continuing to remain largely hidden in Irish society generally, it is literally a life or death issue for many vulnerable members – particularly women – living in our communities. Together with other forms of abuse, it is also frequently to be found at the root of problem drug use and is also a prime cause of women becoming homeless. It is vital, therefore, that the Task Force continues to support and highlight this critical issue and to ensure that appropriate responses are developed and sustained.

8.2.2 Proposed Actions:

Action 22. **Rialto Family Centre Service Development**

Project Promoter: **Rialto Family Centre**

Context: The Rialto Family Centre was established in 1997 as a partnership between the South Western Area Health Board and local community groups. The project presently employs 3 part-time workers – a co-ordinator (30hrs) and two childcare workers (20hrs) – enabling the Family Centre to open four days a week. The Family Centre provides an early intervention programme aimed at meeting the needs of vulnerable and disadvantaged families with children aged up to 7 years in Rialto. The staff have developed particular expertise in working with families affected by drug use and this has resulted in an increase in demand for the service which cannot be met due to its part-time nature.

Proposal: In view of the valuable service which the Family Centre provides to vulnerable families in the Rialto area, the Task Force proposes to provide funding to further develop this service, and in particular to promote outreach work to each of the two flat complexes in the area. This would involve the recruitment of an additional full-time childcare worker, together with set-up and programme budget for developing two outreach satellite services.

Action 23. **Assistant Childcare Worker (Part-time)**

Project Promoter: **Fatima Children's Day Care Centre -Little People's Palace**

Context: The Little People's Palace was officially opened in 1999, having evolved from a community development initiative which was set up in 1994 through a Community Employment (CE) project. It has been managed since 1996 by Fatima Groups United (F.G.U.), who, with the help of the Canal Communities Partnership and the Health Board, have transformed it from an informal child-minding facility to a professional day care centre for the community in Fatima Mansions.

Since its launch, this service has been staffed by two qualified workers and five Fas workers who themselves are currently studying the NCVA Childcare course, level 2. In April of this year, seed funding was provided for the employment of a Childcare Assistant. This additional qualified staff member has taken pressure off existing

staffing, has enabled the service to remain open five days per week and has reduced the dependency of the Centre on untrained workers. It has also allowed for more one-to-one work to take place with children who require it. In order to secure this position in the long-term, it is proposed that the Task Force continue to fund this position.

Action 24. Community Healing and Outreach Centre

Project Promoter: Rialto Community Drug Team

Context: Since the beginning of the year, a voluntary service has opened in the Rialto Community Drug Team, and which offers a range of complementary services to the local community. This includes the provision of acupuncture and a range of other holistic therapies. This service operates each Saturday and is provided by trained volunteers, who offer their services either free of charge to the community. Such has been the response to this service that it is proposed to provide it with funding in order to better organise its current services and to develop outreach services to other areas of the Task Force.

Action 25. Domestic Violence Resource Worker Project Promoter: St. Michael's Family Resource Centre

Context: A response to the issue of domestic violence has been developed in Inchicore through an initiative involving Hesed House, the Family Resource Centre and in conjunction with Womens' Aid. This has led to the setting up of the Womens' Information Service, which provides information, support and court accompaniment to women in the Inchicore and surrounding areas. A support group, Women Overcoming Violent Experiences (W.O.V.E.) also meets on a weekly basis in the area. In order to consolidate and further develop this valuable work throughout the Task Force area, it is proposed to recruit a Resource Worker.

Brief: The role of this Resource Worker would be to:

- Provide information and referral, supporting women to access appropriate services
- Undertake outreach and talks to individuals and groups
- Provide facilitation of support groups and training to facilitators
- Develop a programme of awareness and education in relation to domestic violence and child abuse.

8.3 Counselling Services

8.3.1 Context

The Task Force recognises the huge impact which problem drug use has on individuals and their families and the damage that can result. It is also accepted that conditions of poverty, unemployment and other aspects of social exclusion, of which drug use can be viewed as a symptom, can result in high stress and anxiety levels. Issues of abuse and domestic violence, which continue to be largely invisible in this society, also frequently manifest themselves, further compounding the isolation and fear experienced by the most vulnerable in our communities and society generally.

Hesed House has been providing a counselling and support service to individuals, families and community groups in the Inchicore area since 1993. The first Task Force Service Plan provided funding to develop community support and counselling services through the recruitment of two part-time counsellors and a full-time family therapist. This enabled Hesed House to develop outreach services to Rialto and Inchicore and to develop linkages with Community Drug Teams, Family Centres and schools throughout the area. This has proved to be extremely successful and has provided a valuable resource to these communities. The work in the schools with teachers and with children and families known to be at risk was particularly important in a preventive capacity.

In order to further build upon and consolidate the work of providing counselling and support in these communities, it is intended to further develop the services which are provided. Following an evaluation undertaken by Hesed House and following meetings and the completion of questionnaires by local schools where Hesed House had initiated services, the following strategies have been developed:

- To pinpoint the families most at risk
- To network closely with all other agencies and new initiatives, such as the Integrated Services Process

- To be even more available in the community and to local workers, to act as resource and supports for them.

The further development of its services will enable Hesed House to achieve the following objectives:

- To work with the two Community Drug Teams
- To work in more of the schools in the area as requested by them
- To provide training in counselling and communication skills appropriate to the culture and the area
- To develop skills in working specifically with families around therapy where violence and abuse are the major issues.

8.3.2 Proposed Actions:

Action 26. Family Therapists (Two)

Project Promoter: Hesed House

Context: In order to cater for the growing demand for family therapy services throughout the Task Force area, it has been proposed to recruit two additional full-time family therapists who will be dedicated to working in the Rialto and Inchicore areas respectively.

Brief: It is envisaged that these workers would work closely with local community services, including Community Drugs Teams, Family Centres and other family support services (including Clannoir Family Support Service), as well as the local Community Development Associations in St. Michael's Estate, Dolphin House and Fatima Mansions.

Action 27. Counsellor for Young People at Risk (Part-time)

Project Promoter: Hesed House

Context: Although provision exists for undertaking therapeutic work with young people at risk in the Task Force area, this is currently extremely limited and a waiting list of several month frequently applies to those seeking help. In order

to ensure that a more responsive service is provided, it is proposed to recruit a counsellor on a part-time basis to work specifically with this vulnerable group.

Brief: An essential aspect of the counsellor's brief would be to work closely alongside existing youth services in the Task Force area and to further consolidate the links with local schools. In addition to undertaking individual work, and in order to ensure that young people could be more easily accessed into the service, it would be important to develop appropriate peer support programmes.

Action 28. Systems And Group Worker (Part-time)

Project Promoter: Hesed House

Brief: In view of the increasing need to provide supports to families and community groups across the Task Force area, it is proposed to recruit a person who can work with families and community groups and provide group facilitation. This would, it is envisaged, provide an essential underpinning to local community development activity and act as a resource to a wide range of organisations throughout the Task Force area.

Action 29. Team Leader (Part-time) Project Promoter: Hesed House

Brief: In order to ensure that the work of the family therapists and Systems Worker is properly co-ordinated and supervised, it is proposed to recruit a dedicated Team Leader. The responsibility of the Team Leader would be to provide support, guidance and the opportunity for structured reflection which will be needed to support each of these new workers as their work evolves and develops in each of the communities which will be served.

8.4 Training Initiatives

8.4.1 Context

As well as promoting community development activity, it is also important to invest in training initiatives. With the development in recent years of a wide range of community based services and the involvement of individuals from the community in their development, operation and. management, there has been a corresponding

increase in the demand for quality training to enable people to more effectively participate in the provision of these services.

The Task Force believes that much of the success of Task Force initiatives arising from the first Service Plan has been due to the active participation and experience of local people and the grounded work of community and voluntary groups. The Task Force views it as essential, therefore, to continue to invest in the training needs of those in the community who wish to develop their knowledge and skills and apply them in the development of community based services. To this end, the Task Force proposes to support the expansion of a training programme developed by Community Response which was initially funded in the first Service Plan.

In view of the disturbing evidence of the increase in the rates of HIV and Hepatitis C within the drug using community in the Task Force area over the last year, the Task Force believes that it is crucial that information about these diseases and the importance of safer drug using practices is promoted at a community level. The lack of general awareness at a community level in relation to HIV and Hepatitis C can only contribute to this and it is vital that information, in a culturally relevant format, can be distributed. The Task Force therefore proposes to build on work developed by Community Response in this area.

Finally, with the mushrooming in service development in all sectors within and across the Task Force area, there is a need to promote awareness and understanding of approaches to community development and good models of practice. This will, it is hoped, lead to increased co-operation and collaboration among various professionals and agencies and greater consistency in work practices and shared endeavours.

8.4.2 Proposed Actions:

Action 30. **Training for Community Drug Workers**

Project Promoter: **Community Response**

Context: The Training for Community Drug Workers Course is part **of a** pilot project that began in January 1998. During this first year of the project sixteen people from the South Inner City and Canal Communities area took part on the

course. Accreditation for the course was secured through NCVA Level 2 and completed successfully by all participants. In order to further develop and build on the experience and learning generated in the pilot programme, it is proposed to extend the training programme over two years, and to seek formal accreditation for the course from UCD.

Action 31. **Hepatitis C/HIV Community Health Project**

Project Promoter: **Community Response**

Context: In view of the need to engage individuals, families and communities which have been affected by Hepatitis C and HIV, it is proposed to support and develop a health education process. This process will seek to:

- Provide current, accurate and culturally accessible information on Hepatitis C and HIV, including treatment options and routes of transmission.
- Increase individual capacity to engage in medical and other services
- Build solidarity in communities through an education process as a way of addressing issues of isolation and stigma which can result from fear and ignorance
- Create a climate in which it is possible to implement a community-led health campaign with a view to deepening awareness, informing policy and treatment developments.

Action 32. **Series of Workshops on Justice Therapy**

Project Promoter: **Hesed House**

Purpose of Workshops: Efforts to address the drug problem at local level have brought into communities workers with many different training backgrounds. They come into areas where people have been disempowered for many generations arising from poverty and unemployment.

It is envisaged that the purpose of these workshops would be to support workers in the Task Force who are involved in community work in varying capacities (youth and community workers, teachers, etc) to work in ways which are empowering. A series of workshops would develop good models of practice for promoting the following:

- Accountability to clients and community

- Participation and Inclusion
- Social Justice
- Gender equity

These workshops could lead in the second year to a Foundation Course in working locally and with families using systemic theory as applied to disenfranchised communities. A part-time professional worker in the community could organise and where necessary, buy in the necessary expertise, for workshops and a second year course.

8.5 Other Initiatives

8.5.1 Context

As well as investing in community development and training and family and child care support and counselling services, it is also important to seek to inform and nourish the vision and sense of mission which underpins all of this activity. Accordingly, the Task Force proposes to recruit a worker whose role would be to undertake work of a reflective nature with community workers and community groups.

The Task Force also believes that it is essential that practice, whether it be by paid professionals or unpaid volunteers is informed by the principles of equality and awareness of the needs of specific groups which tend to be marginalised in our communities and in broader society. The Task Force therefore proposes to provide continued support to the Equality Strategy which received seed funding from the Canal Communities Partnership to enable it to carry its work forward.

8.5.2 Proposed Actions

Action 33. **Community Holistic Worker**

Project Promoter: **Hesed House**

Context: The effort to address the drug problem in its different facets requires an holistic approach – seeking to integrate community, family and personal needs. One

need which probably does not get the attention that it deserves is that concerning spirituality, or the soul dimension. It has been observed by counsellors working in the field of addictions that many drug users are sustained by a belief system. Although they may be alienated from formal religion, many draw succour and nourishment from spirituality, as reflected in the philosophy which underpins Alcoholics Anonymous and Narcotics Anonymous. Commenting on the tendency to view the dimension of spirituality in relation to drugs as obscure or esoteric, Rolheiser (1998) asserts:

> "Spirituality is more about whether or not we can sleep at night than about whether or not we go to church. It is about being integrated or falling apart, about being within community or being lonely"
>
> (Rolheiser 1998: 6).

Workers engaged with individuals, families and communities can also benefit enormously from spiritual sustenance. Work with violence, death and other calamities can lead to a condition known as 'secondary trauma' Arlene Vetre () which, if not addressed, can easily lead to exhaustion and bum-out.

Brief: The role of this worker would be to engage with individuals, families and community groups to act as a resource in providing a spiritual dimension to work at the level of body, mind and soul. Work would focus on supporting workers, clients and community groups and would include

- Provision of pastoral care for individuals and families
- Developing and resourcing meaningful and creative rituals marking significant moments in life for individuals/communities/groups.
- Exploring with individuals and groups the richness and depth or given traditions and religions.
- Developing and resourcing meditation days for community activists.

Action 34. **Equality Strategy Worker**

Project Promoter: **Canal Communities Local Drugs Task Force**

Context: The Equality Initiative developed through the work of the Community Development Working Group of the Canal Communities Partnership. This working group developed a research brief to profile the issues and needs of certain groups – in particular the Travelling community, lone parents, those with disabilities and the New Communities – the services, supports and information they were accessing and how the Partnership should be responding. An Equality Strategy Worker was recruited to implement the recommendations of the research brief. Having received initial seed funding, there is now a need to secure continued funding to facilitate the further development of this important area of work within the Task Force area.

Brief: The brief of the Equality Strategy Worker will be to:

- Continue to identify and plan responses to the needs of each of the four main groups;
- Support local organisations to enhance their response to the needs of these target groups;
- Identify good models of practice with regard to the four groups accessing services and supports;
- Continue to develop and implement an action programme which will inform the development of equality work within the Task Force area.

9. Processes and Linkages

9.1 Research and Evaluation

9.1.1 Context

The last number of years has witnessed the expansion in the number of projects and services within and across the Task Force area. This time of unprecedented growth has led to the availability of an increased range of options for individuals, families and community groups in the areas of prevention and education, treatment, rehabilitation and community development activity.

In the process of delivering services to individuals, families and groups, tremendous learning and growth has been achieved at the level of individual practice and organisational development. In order to ensure that this learning can be effectively harnessed and good models of practice can be learned from, the Task Force is committed to the importance of encouraging voluntary organisations and community groups to invest in processes of evaluation and research in their field of work. The Task Force believes that it is through promoting such formal reflection that valuable insight and learning can be achieved and made available to others.

9.1.1 Proposed Actions:

Action 35. **Research and Evaluation Budget**

Project Promoter: **Canal Communities Local Drugs Task Force**

Context: An important way of ensuring that services are achieving their stated aims and objectives and in evaluating their effectiveness is through regular monitoring and evaluation. This can also highlight important learning for individuals and organisations as they seek to improve their services.

Proposal: In order to support the processes of community development and regeneration and the development of good models of practice throughout the Task Force area, it is proposed to provide a budget for research and evaluation. This fund would **be** accessed by all community and voluntary groups in the Task Force area to

commission pieces of research or to facilitate the evaluation of their respective projects.

9.2 Other Processes and Linkages

9.2.1 Context

With the substantial investment in and growth of a wide range of services at community, voluntary and statutory levels, the Task Force also believes that there is a need to put in place appropriate mechanisms to ensure that service provision is pursued in an integrated and co-ordinated manner.

Of particular concern for the Task Force is the potential for overlap and, at worst, unnecessary duplication of services that might arise in the context of the continued expansion of services and the recruitment of an array of additional community development workers. While the Task Force is confident as regards the necessity of investing in human resource activity as set out in this Service Plan, it is mindful **of** the need to ensure that the services that are developed arising out of the first Service Plan and the updated Plan are planned and delivered within the context of an overall coherent strategy.

In this regard the Task Force is committed to seeking to link the different strands of community development activity not only of the Task Force, but also of the Canal Communities Partnership, the Community Development Projects (C.D.P.s) as well as statutory Community Development Workers. In deploying and managing community development workers, it will be important to develop appropriate management criteria for recruiting and overseeing the implementation of their work. All of this needs to take place within a framework of co-ordinated activity and will require the maintenance of networking relationships involving all the key sectoral players operating in the Task Force area.

9.2.2 Proposed Actions:

The Task Force is committed to implementing the following measures:

- **Developing umbrella structures to connect community development activity**

The Task Force will establish an appropriate structure to facilitate networking activity among community development workers who are active in the Task Force and Partnership area. This structure will involve:

- Task Force Community Development Workers
- Partnership Link Workers Community Development Project processes
- Other Statutory Community Development Workers

- **Developing appropriate Management Criteria**

The Task Force will pursue the development and consistent application of agreed criteria in relation to the recruitment and management of Community Development Workers funded through the Task Force. In particular, criteria will relate to:

- The employment of Community Development Workers
- Linking mainstream Community development Workers into Task Force processes.

• Reinstating Liaison Meetings with Strategic Regional Organisations

Recognising the importance of developing a strategic approach to service development and planning within and across the Task Force area, the Task Force will seek to develop and maintain formal networking structures involving:

- Canal Communities Partnership
- Integrated Services Process

10. Capital Development Projects

10.1 Context

One of the most pressing needs facing various community and voluntary groups identified in the consultation process was the issue of premises. While there has been extensive expenditure on human resources and programme development, this has not in all cases been matched by investment in relation to the accommodation needs of community based services.

Much of this is due to the lack of funding allocated by key statutory agencies, including the Health Board and Dublin Corporation, to promote the development of physical infrastructure at a community level. Even where funding has been made available – arising from specific initiatives including the Local Drugs Task Forces and the Young People's Facilities and Services Fund – this has in many cases been insufficient to enable community groups to initiate or to fully realise their planned developments. While this has partly been due to factors in the economy, relating to surges in building costs and the increase in property values, subventions to make up the shortfall have not in all cases been sufficient or forthcoming.

The key projects linked to the Task Force which have identified accommodation needs are set out below:

Organisation	Accommodation Required	Cost	Shortfall in Funding
1. Inchicore C.D.T.	Dedicated Premises for Service	£500,000	**£500,000**
2. Bluebell Groups	Integrated Youth and Sports Facility	£1,500,000	**£950,000**
3. Hesed House	Conversion of Garage to rear of premises	£80,000	**£80,000**
4. Ferrini Youth Club	Extension to existing premises	£120,000	**£60,000**
5. Dolphin House Community Devt. Ass.	. Redevelopment of Community Centre	£1,000,000	**£800,000**
6. Rialto Family Centre	Purchase of Dedicated Premises for Service	£300,000	**£300,000**

Table 10.1 Accommodation needs of Projects Supported by the Canal Communities Local Drugs Task Force

In recognition of the fact that this has become a major issue for community groups across a number of Task Forces, the National Drugs Strategy Team this year sought reports from each Task Force on the accommodation needs of community based drugs services. Although no commitment has officially been given, it is to be hoped that additional funding will be made available to enable the various community groups to initiate and complete their projects so as to enable them to concentrate on service planning and delivery. It will be important for the Task Force to continue to press for a satisfactory resolution of this issue, in conjunction with other Task Forces and agencies, including Citywide.

10.2 Proposed Actions:

Action 36. Premises for Inchcicore Community Drug Team.

Project Promoter: Inchicore Community Drug Team (C.D.T.)

Background: The Inchicore C.D.T. has been in operation for two years, although it has only recently commenced delivery of its services from its premises on Emmet Road. The lease for this premises is, however, temporary and its future is **at** present uncertain. In order to ensure its long term security of tenure, the Task Force is proposing that capital funding be made available for the purchase

Proposal: In view of the fact that this project is providing key services to drug users and their families in the Inchicore area, the Task Force has accorded this project overall priority in terms of capital development needs. The Task Force proposes to include provisional costings for the purchase and fitting out of a premises within the costings of the updated Service Plan. The Task Force will, however, seek, to involve the Health Board in any negotiation process concerning the acquisition of premises and will seek matching sources of funding as appropriate.

Action 37. Extension to Hesed House

Project Promoter: Hesed House

Context: In view of the significant human resource investment by the Task Force in the development of the counselling and family support services offered by Hesed House, it has become necessary to further develop the existing premises in order to provide additional counselling and meeting rooms. It is proposed, therefore, to convert an existing garage to the rear of the premises for this purpose.

11. Action Priorities and Costed Proposals

11.1 The Process of Prioritising Actions

The key purpose of the consultation process was to identify the areas of local need in each of the three communities and also the needs at a regional level. These were gradually distilled into the format of a list of strategic needs and prioritised issues off which both the Task Force and Canal Communities Partnership worked in developing their updated Service Plans.

Within the Task Force, a team comprising the Task Force Chair, Co-ordinator and Community Support Representative met to draw up a draft framework of proposals in response to the needs that were identified. These were subsequently presented back to the Task Force and feedback and recommendations were received. Over successive Task Force meetings, this framework was progressively honed down and tightened. Meetings with various community and voluntary groups continued to take place to inform the process and to identify outstanding gaps which remained and the role of the Task Force in responding to these. Key questions asked at Task Force meetings included:

1. Do these proposals fit within the remit of the Task Force?
2. Do they represent an appropriate use of Task Force resources?
3. Do they meet the needs which have been identified in each of the areas?

11.2 Summary of Proposed Actions

On the basis of this process, the following finalised framework has been completed and is presented below:

SUMMARY OF PROPOSED MEASURES

Area	Project Title	Project Promoter	Costing
	1. Continuum of Care		
Prevention & Education			
1. Rialto	**Sports Worker**	Rialto Youth Project	£27,500
2. Inchicore	**Programme for young Drug Users**	St. Michael's Parish Y.P.	£42,500
3. Bluebell	**Community Youth Worker**	Bluebell Youth Initiative	£27,500
Treatment			
4. Rialto	**Drop-in Worker**	Rialto C.D.T.	£27,500
5.	**Childcare Worker**	Rialto C.D.T.	£23,500
6.	**Prison Link Worker**	Rialto C.D.T.	£32,500
7.	**Womens' Support Group**	Fatima Groups United	£11,150
8. Inchicore	**Project Worker**	Inchicore C.D.T.	£27,500
9.	**Childcare Worker**	Inchicore C.D.T.	£23,000
10.	**Prison Link Worker**	I.C.D.T.	£32,500
11.	**Administrator (Part/time)**	Inchicore C.D.T.	£11,000
12. Bluebell	**Research Drug Use in Bluebell**	Bluebell Youth Initiative	£10,000
13. Regional	**Mens' Support Groups**	Counselling/Team	£10,000
14.	**Alcohol Support Worker**	Regional Youth Service*	£37,500
15.	**Residential Respite Fund**	Task Force	£15,000
Rehabilitation			
16.	**Drug Free Worker**	Turas	£37,500
17.	**Minibus**	Turas	£27,000
18.	**Contribution to Training Officer**	Turas	£3,500
	2. Community and Drugs		
Community Development			
19. Inchicore	**Regeneration Worker**	St. Michaels F.R.C.	£27,500
20. Flat Complex	**Comm. Development Workers**	Fatima, Dolphin, St. Michaels	£42,000
21. Comm. Centres	**Comm. Development Workers**	R.D.A./A.B.C./Oblates	£82,500
Counselling Services			
22.	**Family Therapists (2)**	Hesed House	£55,000
23.	**Counsellor for youth-at-risk (P/t)**	Hesed House	£14,000
24.	**Team**	Hesed House	£14,000
25.	**Systems**	Hesed House	£14,000
Family and Community Support Services			
26. Rialto	**Rialto Family Centre Development**	Rialto Family Centre	£36,500
27.	**Assistant Childcare Worker**	Little Peoples' Palace	£22,000
28.Regional	**Community Healing Centre**	Rialto Development Assoc.	£25,000
29.	**Domestic Violence Worker**	St. Michael's F.R.C	£32,500
Training Initiates			
30.Regional	**Comm. Drug Worker Training**	Community Response	£55,000
31.	**Hep.C/HIV Comm. Health Project**	Community Response	£37,500
32.	**Social Justice Workshops**	Hesed House	£10,000
Other Initiatives			
33. Regional	**Spirituality Worker**	Hesed House	£37,000
34.	**Equality Worker**	Canal Equality Strategy	£32,500
	3. Process & Linkages		
35. Regional	**Research and Evaluation Budget**	Task Force	£60,000
	4. Capital Development Projects		
36. Inchicore	**Premises for Inchicore C.D.T.**	Inchicore C.D.T.	£500,000
37.	**Extension to Hesed House**	Hesed House	**£ 80,000**
	Total cost of proposed measures:	**£1,603,650**	

- Regional Youth Service to be confirmed as Project Promoter of the Alcohol Support Worker

Table 11.2.1 Summary of Proposed Measures and Costings

11.3 Other Accommodation needs relating to Task Force Projects

11.3.1 Context

One of the most significant areas of need highlighted over the course of the community consultation process was the need for premises for community based projects. Indeed, the issue of accommodation has emerged as one of the key challenges facing community and voluntary groups as they seek to develop and consolidate their programmes and services in responding to the drugs issue.

The lack of available capital funding programmes, difficulties in relation to identifying appropriate premises, local opposition to community based services and the need for long-term commitment to service development have emerged as significant issues and potential barriers to developing and sustaining a multi-faceted response to the drugs issue.

11.3.2 Key Recommendations

In addition to the two projects for which capital funding is being sought in this updated Service Plan (the Inchicore Community Drug Team and Hesed House), there are four other key community based projects supported by the Canal Communities Local Drugs Task Force for which urgent accommodation issues arise. These are listed below in order of priority:

Organisation	Project	Funding Required
Bluebell Youth Initiative	Youth & Community Facility	**£950,000**
Ferrini Youth Club	Extension to premises	**£ 60,000**
Dolphin House Youth Facility	Extension to premises	**£800,000**
Rialto Family Centre	New Premises	**£300.000**
Total Capital Investment Required		**£2,110,000**

Table 11.3.1 Key Projects Supported by the C. C.L.D. T.F. for Capital Funding

The **case for** allocating funding for these services has already been made by this Task Force in a submission to the National Drugs Strategy Team this year. This was in response to a request from the National Drugs Strategy for a report on the accommodation needs of community based services in their areas.

The services outlined here that have been supported by the Canal Communities Local Drugs Task Force form key elements of the long-term strategy which has been adopted to reduce the demand for drugs and to support the process of regenerating the communities of which they form a part. Investment in physical infrastructure for community based services will be key to ensuring that this strategy can be effectively implemented in terms of developing a consistent and sustained approach to service provision and local development.

12. Remaining Gaps

While the Task Force has endeavoured to respond to the needs that were highlighted over the course of the consultation process, there inevitably remain gaps to which the Task Force was unable to directly respond. This was due to the limitations of available funding and the nature of certain issues which demands a long-term and multi-agency response.

The Task Force believes, nonetheless, that concerted efforts will need to be made to ensure that these various needs continue to be addressed. This will involve not only the Task Force, but also the Canal Communities Partnership, and a range of statutory and other agencies not represented on these structures. The remaining gaps are set out below, by area and by region:

Rialto

Youth Services

- Neighbourhood Youth Project
- Youth Workers (Fatima Mansions and Dolphin House)
- Youth Drugs Worker
- Youth Worker New Communities
- Homework Clubs
- Alternative Education Facility

Family & Childcare

- Social Work Patch system

Inchicore

Youth Services

- Alternative Education facility
- Boys Secondary School needed
- Mainstreaming of after-schools projects
- Accredited training for volunteers

Bluebell

Youth Services

- After-schools projects to become full-time

Cross-Task Force

Education

- Early Start Programmes needed in schools within the Task Force
- Psychological, speech therapy and counselling services needed in primary and secondary schools.

Drug Treatment

- Waiting lists for treatment

Community Facilities

Significant investment required in the physical infrastructure of community and youth services

- Integrated Youth Centre Facility in Bluebell
- Ferrini Youth Club
- Dolphin House Community Development Association

Appendix A

Canal Communities Local Drugs Task Force
Structure and Current Membership

Community Representatives	Name	Telephone
Four Flat Complex Task Forces		
St. Michael's Estate	Margaret Somerville	4734513
Fatima Mansions	Roisin Ryder	453 4722
Dolphin House	Anna Flood	453 4474
Bernard Curtis House		-
Three Networks/CDPs		
Rialto Network	Irene Ward	473 2003
Family Resource Centre – St. Michael's	Eilish Comerford	453 3938
- Bluebell C.D.P. (Proposed)	Wally Boden (interim)	409 7830
Two Service User Representatives		
Service User – Turas	Darren McKenna	454 6366
Service User – Rialto C.D.T.	Tony May	0868195720
Statutory Representatives		
Eastern Regional Health Authority	Evelyn Norton	620 6400
Fas	Harry Higgins	804 4600
Dublin Corporation	Robert Chester	672 2047
V.E.C.	Brendan Hester	453 5358
Probation and Welfare	Liz O'Donoghoe	492 5625
Garda Siochana	Insp. Michael McKenna	4752713
Dept. of Education and Science	Not yet appointed	
Dept. of Social Community and Family Affairs	Not yet appointed	
Voluntary Representatives		
Hesed House	Sr. Jo Kennedy	454 9474
Community Response	Paul Billings	454 9772
Rialto Community Drug Team	Tony MacCarthaigh	4540021
Inchicore Community Drug Team	Celine Martin	473 6502
Regional Youth Service	Dorothy McKeown	473 8439
Canal Communities Training Programme – Turas	Maria Fox	454 6366
Public Representatives		
Labour	Cllr. John Gallagher	473 4592
Fianna Fail	Cllr. Michael Mulcahy	676 1319
Attenders		
Task Force Co-ordinator	John Whyte (interim)	6206413
Community Representative Support Worker	John Bissett	473 8384
Canal Communities Partnership Manager	Brian Kenny	473 2196
Integrated Services Process	Marie Carroll	473 8488

Appendix B

Table of Projects developed from First Service Plan and Progress to date

Project	Project Promoter	Progress to Date	Mainstreaming
Inchicore Community Drug Team	Hesed House (1998-2000) Inchicore C.D.T. (2000)	• Established in September 1998. • Acquired 3 year lease for premises on Emmet Road which expires in August 2000 • Commenced service delivery in March 2000 • Staff complement of 4 full-time workers following allocation of an Addiction Counsellor in July 2000 • Established as a Ltd. Company this year • Acquisition of dedicated premises currently being pursued	• Service positively evaluated by N.D.S.T. • Mainstreaming to commence on 1st January 2001.
Community Drugs Worker	St. Michael's Parish Youth Project	• Youth Worker recruited in January 1998 • Work has focused on developing programmes for young people at risk of drug use and after-care for those completing programmes of treatment. • As well as direct work, the role has included supporting organisations to develop and implement preventive education strategies with young people. • The project has worked with in excess of 200 young people between the age of 8-25 years.	• Project positively evaluated. • Mainstreaming to commence on 1st January 2001.

Project	Project Promoter	Progress to Date	Mainstreaming
Bluebell Youth Initiative	Canal Communities Partnership (1998-2000) Bluebell Youth Initiative (2000)	• The service commenced operation in May 1998. • An additional Youth Worker to undertake mainline youth work was employed in January 1999 arising out of the Y.P.F.S.F. This brings the staff complement to 3 full-time youth workers and 1 full-time administrator. • The project is currently involved in negotiations with a consortium of community groups to develop an integrated youth facilities centre in Bluebell.	• Service positively evaluated. • Mainstreaming to commence on 1st January 2001.
Refurbishment of Rialto Community Drug Team	Rialto Development Association	• £100,000 originally allocated, with additional £40,000 from the E.H.B. • Work commenced on-site in August 1998. • With subsequent re-allocation of funds from the Task Force, the work was completed in May 1999	• Once-off capital grant • Not yet evaluated
Purchase of Premises	Rialto Family Centre	• Allocated £50,000 towards purchase of premises. • Unsuccessful in attracting additional matching funding • Funding was re-allocated to the Rialto Community Drug Team to enable them to complete refurbishment.	• Not evaluated.

Project	Project Promoter	Progress to Date	Mainstreaming
Counselling Services	Hesed House	• Hesed House established in 1992 to provide a range of individual and family support, counselling and family therapy services in Inchicore. • Areas of focus have included support around domestic violence and legal issues and work with adolescents. • Allocated £50,000 to employ one full-time and two part-time therapists. • Work has focused on the provision of counselling for individuals and families affected by drug use and attendant problems	• Evaluated positively • Mainstreaming to commence on 1st January 2001.
Educational and Prevention Grants Scheme	Canal Communities Partnership	• £20,000 allocated to project in 1998. • 7 projects allocated funding for a variety of projects relating to the production of educational materials around the drugs issue and social history projects • Further interim funding allocated in 2000 to operate grants scheme again	• Not yet evaluated

Project	Project Promoter	Progress to Date	Mainstreaming
Drugs Education Co-ordinator	Canal Communities Partnership	• Co-ordinator commenced work in January 1999. • Has been successful in developing a network of relationships with schools serving the Task Force area, community groups and other drugs education workers • Has supported schools to implement existing Department of Education initiatives and to draw up policies on drug use • Work has begun to develop a pilot drug awareness programme for parents • Other areas of work include the development of a Primary to Secondary school transition programme, and a schools based youth leadership programme.	• Service positively evaluated. • Mainstreaming to commence on 1st January 2001.
Evaluation of Satellite Clinics	Rialto Community Drug Team	• Allocated £5,000 to develop framework for self-evaluation. • Project completed in 1998	• Once-off grant • Not yet evaluated
General Community Support Grants Scheme	Canal Communities Local Drugs Task Force	• Originally allocated £60,000 • 30 community and voluntary groups received funding in 1998 for a range of projects • Allocated additional funding to operate grants scheme this year. 30 projects funded.	• Not yet evaluated

Project	Project Promoter	Progress to Date	Mainstreaming
Community Drug Worker Training Course	Community Response	• Joint funding endeavour between the Canal Communities and South Inner City Local Drugs Task Forces. • One-year training programme accredited by N.C.V.A. successfully completed by 16 participants in 1998. • An introductory phase of an expanded 2 year programme has commenced.	• Positively evaluated • Mainstreaming of Canal Communities funding of £60,000 to commence on 1st January 2001
Community Development Workers in flat complexes	Rialto Network, St. Michael's Family Resource Centre	• 3 part-time Community Development Workers recruited in 1998 for three flat complexes • Posts in Fatima Mansions and Dolphin House made full-time through additional funding arrangements • Areas of work have included drugs, unemployment and community regeneration processes.	• Service positively evaluated. • Mainstreaming to commence on 1st January 2001.

Project	Project Promoter	Progress to Date	Mainstreaming
Canal Communities Training Programme — Turas	Rialto Network	• Co-ordinator initially employed to develop a service for drug users stabilised on methadone in January 1999. • Commenced training programme with 20 trainees in January 2000. • Several trainees are now pursuing further training and education, up to and including third level. • Independent Evaluation to be undertaken in 2001	• Service positively evaluated. • Mainstreaming to commence on 1st January 2001.
Community Representative Support Worker	Rialto Development Association	• Project established in January 1999 • Worker with brief to support participation of Task Force Community Representatives. • Worker has also undertaken research and consultation work towards the preparation of the updated Task Force Service Plan	• Not yet evaluated.
Special Community Employment Scheme (C.E.S.)	Rialto Network	• Project established in November 1998 • Aims to provide training and employment options for individuals stabilised on methadone and moving towards becoming drug-free. • Currently providing support to 25 individuals.	• Mainstreaming to commence on 1st January 2001.

Appendix C

Voluntary Groups and Community Based Organisations that Participated in the Consultation Process

Bluebell:
Bluebell Youth Initiative
Bluebell Afterschools
Bluebell Women's Group:
Bluebell Drugs Awareness Group:
Bernard Curtis House Development Association
Associated Bluebell Communities:
Bluebell Drama Group:
Active Age Group:
Belgrave Football Club
51st Scout troop:

Inchicore:
ECORE: East Inchicore Network
St Michael's Youth Project:
Inchicore Community Drug team:
Family Resource Centre:
The Oblates:
Hesed House:
North Inchicore Network:
De Mazoned House:
Bulfin Residents Association:
St Michael's Parish Community Centre:

Rialto:
Rialto Youth Project:
Dolphin House Community Development Association:
Rialto Network:
Rialto Parish Centre
Rialto Family Centre
Fatima Groups United:
Rialto Community Drug Team:
Clannoir:
Ferrini Youth Club
Little People's palace:
Dolphin House treatment Group:
Fatima Treatment Group
Fatima Children and Adult Development Project

Canal Communities Regional Organisations:
Equality Strategy
Flats Complex Forum
Environment group
Arts Agency
Regional Youth Service
TURAS Training programme

Appendix D

Canal Communities Local Drugs Task Force
Submission to the National Drugs Strategy Review

Preface

It is now almost four years since the publication of the First Ministerial Report on Measures to Reduce Demand for Drugs in 1996. This period has witnessed the advent of Local Drugs Task Forces in many of the areas worst affected by drug use and by the use of heroin in particular and the investment of funds in a wide range of measures aimed at addressing the supply of and demand for drugs. The Task Force structures and processes have been aimed at developing a multi-faceted approach to the drugs problem and the issue of community regeneration. Although much progress has been made over the last number of years, it has not been without its difficulties and continues to present challenges to all involved. The review of the National Drugs Strategy is therefore timely and appropriate.

Resources

One of the key issues which it is felt that a review of the National Drugs Strategy must address is the issue of resources for service development. Although the resources which were originally allocated to the Canal Communities Local Drugs Task Force enabled the development of badly needed services for drug users, their families and communities, it must be recognised that the existing budgetary allocation is still grossly inadequate to meet the needs which have been identified in the current consultation process to develop an updated Service Plan. In order to develop an holistic and comprehensive approach to the drugs issue and the regeneration of communities, it is vitally important that this and other Task Forces are adequately funded and supported. The disproportionately small level of funding allocated to Local Drugs Task Forces, as compared with enormous statutory budgets puts this in context.

Supply Reduction

In order to ensure community safety and a context in which community development and regeneration can take place, it is vital that renewed energy and commitment is given to addressing the area of drug supply reduction at both a local and national level. The development of Community Policing fora, while welcome, needs to be prioritised and adequately resourced and maintained in order to ensure that they are effective in achieving a collaborative approach to community policing.

Education, Prevention and Awareness

In terms of addressing issues of education and prevention, more work is needed to ensure that culturally relevant information and awareness-raising programmes is developed and targeted at schools and communities. In particular, it is vital that the Department of Education reviews its current approach to participation in Local Drugs Task Forces and adopts a more fully integrated and localised approach.

Risk reduction, treatment and rehabilitation

It is important to recognise and acknowledge the positive advances which have been made in the provision of resources and facilities targeted at the treatment and rehabilitation of those affected by drug use.

Despite the commitment of the first Ministerial Task Force to eliminate all waiting lists for methadone maintenance in Dublin during 1997, however, waiting lists remain and many drug users in this and other Task Force areas are unable to access the treatment which they are seeking. This, together with the need to develop services aimed at promoting harm minimisation and the reduction in the spread of infectious disease, must be addressed as a matter of urgency. As well as developing services for individuals and families to address the effects of the endemic heroin use which has crippled communities across this city, there is also a need to address emerging trends in drug use, including cocaine and other poly-drug use.

Inter-agency co-ordination and integration

Statutory services need to be fully committed and representatives adequately resourced to ensure effective integration in Local Drugs Task Forces and ownership of the developmental and planning processes. It is essential that statutory

representatives have the capacity to deliver on the needs which are identified in each Task Force area. Furthermore, the lack of a consistent presence of key statutory representatives, particularly the Department of Education and the Eastern Regional Health Authority, has served to limit the development of a fully comprehensive response and multi-faceted approach which the government has espoused in tackling the drugs issue.

Working in Partnership

How you view the drugs problem depends largely on where you are sitting. The inter-sectoral approach which is embodied in the Task Force structures and processes inevitably reflects different and even competing perspectives and priorities in terms of understanding the drugs issue and the appropriate nature and level of response required. In the endeavour to work in partnership and to adopt a constructive approach based on consensus between the various community, voluntary and statutory parties involved, it may be appear expedient to set aside uncomfortable tensions which inevitably exist and to avoid issues which may be viewed as conflict provoking. While it is important to adopt a constructive approach based on a common approach, however, it is equally important to recognise and acknowledge different perspectives and the tensions which these may entail. Done constructively and sensitively, this can ultimately lead to a more creative approach to collaboration.

Community/Voluntary sector participation in the design and delivery of strategies.

The Local Drugs Task Forces were set up to facilitate the development of a collaborative approach between statutory, voluntary and community agencies to arrive at a broad-based response to the drugs issue. Important learning to date within this Drugs Task Force has been the need to adequately resource and support community representatives in particular to fully participate in Task Force structures and processes. It is essential that adequate support is available to all Task Force participants within the Task Force and to each Task Force as a whole to promote and maintain healthy working relationships.

Impact of National Drugs Strategy to Date

It is important to acknowledge the positive developments which have taken place since the inception of the Drugs Task Forces. In the Canal Communities area, this has led to the development of many badly needed services and the availability of additional resources to the many community and voluntary groups which have been responding to the drugs issue over the last fifteen years. It is important, however, to recognise the significant challenges with which we are faced if we are to adequately address the huge toll which the drugs problem has taken – and continues to take – in each of our communities.

Remaining Gaps and Deficiencies

In addition to gaps and deficiencies which have already been mentioned here, significant issues which need to be addressed in a revised National Drugs Strategy include:

a) Waiting lists for drug treatment

b) Provision for poly-drug users, including cocaine and alcohol

c) Homelessness

d) Family Support for those affected by drugs and drug use

e) Child care facilities for drug users seeking help

f) Developing a response to the spread of Hepatitis C

Young Peoples Facilities and Services Fund (Y.P.F.S.F.)

It is also important to highlight the difficulties that many organisations in the Task Force area have experienced in relation to realising capital projects for which they received funding under the Y.P.F.S.F. Due to unforeseen increases in building and other related costs, the funding originally allocated to these projects is now insufficient for completing or even initiating many of these projects. In order to ensure that these projects can be completed, it is essential that further funding is allocated to them.

References

Ana Liffey Project (1992) *Annual Report* (Dublin, Ana Liffey Project)

Cairde, (2000) *HIV/AIDS-A Fresh Approach* (Dublin, Cairde)

Combat Poverty Agency (1999) *Annual Report* (Dublin, Combat Poverty Agency)

Comiskey, C. (1998) *Estimating the Prevalence of Opiate Drug Use in Dublin, Ireland during 1996* (Submission to the Department of Health and Children)

Corcoran, M. (1998) *Making Fatima a Better Place to Live* (Dublin, Fatima Groups United)

European Monitoring Centre for Drugs and Drug Addiction (2000) *Annual Report on the State of the Drug Problem in the European Union* (Lisbon, E.M.C.D.A.)

GAMMA (1998) *Canal Communities Partnership Baseline Data Report – September 1998* (Dublin, Area Partnership Companies)

Hamoll, R. (1997) 'Guidelines Regarding Issues to be Addressed in Carrying out Prevalence Estimation of Drug Misuse' in Hamoll et *al Estimating the Prevalence of Problem Drug Use in Europe* (Luxembourg, Office for Official Publications of the European Communities)

McCarthy, D. and McCarthy, P. (1998) *Dealing with the Nightmare: Heroin Addiction in the South Inner City* (Dublin, Community Response)

Mayock, P. (2000) *Choosers or Losers? – Influences on Young People's Choices about Drugs in Inner-City Dublin* (Dublin, The Children's Research Centre)

Morley, C. (1998) *Consultation Process on the Future of St. Michael's Estate* (Dublin, St. Michael's Estate Task Force)

Murtagh, F. (1999) *Strategic Plan for the Establishment of Canal Local Employment Service to serve the Communities of Rialto, Kilmainham, Islandbridge, Bluebell and Inchicore* (Dublin, The Canal Communities Partnership)

O'Brien, M. Moran, R., Kelleher, T. and Cahill, P. (2000) *National Drug Treatment Reporting System Statistical Bulletin 1997 and 1998* (Dublin, The Health Research Board)

O'Higgins (1996) *Treated Drug Misuse in the Greater Dublin Area. A Review of Five years 1990-1994* (Dublin, The Health Research Board)

Keogh, (1997)

Crowley, D. (1998) Irish Medical News

Collins and Willliams (1998) unemployment

Rolheiser (1998) spirituality quote

Vetere, A. (?) burnt-out quote

Addiction (1998) ref Hep C burden

Government Strategy to prevent drug misuse 1991