

Ballymun Local Drugs Task Force

Revised Action Plan

2000

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1. INTRODUCTION

This Interim Service Development Plan has been put together by the Ballymun Local Drugs Task Force drawing on the experience, goodwill and input of the people of Ballymun.

The Task Force welcomes this opportunity to have a major impact on the drugs problem locally and to suggest measures which can be replicated in other Task Force areas.

For far too long now the people of Ballymun have suffered from the effects of drugs, drug addiction and related difficulties. This plan is the first time community and workers in the area, have had a chance to play a major role in the formation of plans to tackle such a major issue and the Ministerial Task Force is to be commended for providing this opportunity.

The Task Force will continue to develop the plan in the coming months, holding consultation sessions and seminars and further developing our ideas.

In order to adhere to the deadline which the Task Force set itself for the submission of this Interim Plan to the National Strategy Team, some of the data on the extent of drugs problem in Ballymun is incomplete. A revised Plan will be submitted when this information is to-hand.

The Task Force wishes the Ministerial Task Force and the National Strategy Team well in their respective briefs and looks forward to a positive and productive relationship with both in the future.

2. BALLYMUN LOCAL DRUGS TASK FORCE

2.1 History of Ballymun Local Drugs Task Force

The Ballymun Drugs Task Force has its origins in the Ballymun Addiction Forum which was set up in 1995 by the Ballymun Community Coalition. The Ballymun Addiction Forum (BAF) was a forum of community, voluntary and statutory organisations brought together to address the drugs issue in the area. Initially the brief of the BAF was to address issues of drug dealing (Supply) but this was expanded to also address Treatment and Prevention. The BAF worked through three sub-committees, each had a brief to put together proposals and discuss Supply, Prevention or Treatment measures respectively.

When the Local Drugs Task Force for Ballymun was announced it was agreed by the Ballymun Partnership and BAF that the Task Force should incorporate the BAF with certain modifications in membership and structures. It was agreed to continue the work BAF had begun and take account of the proposals which were already being discussed in the three sub-committees.

The number of those attending was reduced from 27 to 18 members including places for the 4 T.D.'s of the area. A new Chairperson was nominated by Ballymun Partnership and the Task Force began meeting on the 3rd of March 1997. A part-time Interim Co-ordinator was made available to the Task Force by the EHB until the full-time Co-ordinator took up duties on May 6th.

2.2 How This Interim Plan Was Developed

This interim plan was produced following on the work which was already being carried out by the Ballymun Addiction Forum. A wide range of groups were consulted and invited to different sub-committee meetings to develop ideas on each of the key areas.

Public Consultation Sessions were held where every household in the area was invited to come along and tell the Task Force the needs they felt were important to address in the plan.

2.3 Consultation Process

The Task Force sees it as essential that the process of developing and implementing this Development Plan is done in conjunction with the people of the area. Regular consultation sessions will be planned (young people from the area will be specifically encouraged to participate) and a regular newsletter will be delivered to every home in the area informing

people of progress. Membership of the sub-committees has been left open so as to facilitate increased participation in the work of the Task Force.

Three key values are central to the strategy as a whole. These are:

- 1). The Task Force sees the community as it's principal ally, it will consult widely in the area throughout it's term of office and will be responsive to the needs and expressed wishes of the community;
- 2). The plan will seek to establish a total community response making use of the services and facilities already in place, seeking better co-ordination between them and integration of drug users into them;
- 3). The implementation of the strategy will itself be an empowering process seeking to involve people, develop leadership and also provide new opportunities for positive participation by drug users.

3. PROFILE OF BALLYMUN

3.1 Context

In the mid 1960's a solution to the serious housing shortage in Dublin city was found by planning the "new town" of Ballymun on the northern outskirts of the city. A total of 3,266 dwelling, mostly flats, were built there between 1966-9. A further 1,700 houses were built subsequently.

Many of the original residents reminisce about the excitement of moving into spacious new accommodation in an area where additional facilities were planned. These hoped for facilities included cinemas, skating rinks, a light-rail link to the city, and a swimming pool (only the latter was eventually built years later). Indeed, when the Ballymun shopping centre first opened there were queues of cars as people came from miles around to shop. However, by the mid 1980's, when the area should have come of age, the Ballymun dream had long faded and the rapid decline of the area was of serious concern. In 1984 an Eastern Health Board Special Committee deemed Community Care Area 7 to be "the most disadvantaged in the State", because of the special and deep-seated problems of two very densely populated sectors within its boundaries - North inner-city and Ballymun.

In 1987 a report published by the local SUSS Resource Centre, *A Block of Facts: Ballymun Twenty One Years On*, described the deterioration in housing conditions and the high levels of dependency in the community. It showed that there was a high level of transience in the area with tenant turnover in the flats particularly high. One in ten of the flats in the area were vacant and one third of the lifts were out of order at any given time.

The SUSS report showed a significant change in the social mix in the area. In 1985, 45 per cent of all single parents housed by Dublin Corporation were allocated homes in Ballymun. In 1986, 59 per cent of all single people (many of whom were men who had recently been transferred from institutional to community care) and 28 per cent of all homeless families housed by Dublin Corporation were placed in Ballymun. Yet the estate accounted for just 10 per cent of the Corporation housing 'stock.' The SUSS report argued that the Corporation should change it's policy and that there should be immediate and massive investment in social and other amenities to meet the exceptional needs of the population of the area. As the Ballymun Housing Task Force later put it: "Stark, unrelieved poverty is the main factor underlying the crisis" (A Programme of Renewal for Ballymun - Towards an Integrated Housing Policy, Ballymun Task Force, 1987).

"The Partnership area is characterised by the highest unemployment rate in the country, extremely poor housing and a high degree of educational deprivation."

(Ballymun APC Report, Commissioned by ADM Ltd., prepared by Gamma Ltd, 1995).

For local people, the reality of poverty and the problems of an estate with a rapidly deteriorating physical and economic environment highlighted the urgent need to channel greater resources into Ballymun. They recognised that, for this to happen, a variety of interest groups and statutory agencies would have to develop a more creative and integrated approach in their response to these problems. But more; they recognised that if they did not take the lead in relieving these conditions then the future would be too bleak to contemplate.

3.2 Demographic Picture

Figures from the 1991 census show that there were 17,045 people living here (there is strong evidence to suggest the real figure is higher with many people not disclosing the true residents for financial reasons such as differential rents scheme, lone parents allowances, etc. Ballymun Partnership and Ballymun Job Centre estimate this "unofficial" population to be as much as 3,000 giving a real population over 20,000) which represents a reduction of 22 per cent since 1981. The age profile is strongly skewed towards a very young population. 34.4 per cent of Ballymun's population was aged 14 years or less, which is 8 per cent above the national average. Over 50 per cent were under the age of 25 years. Just 2.1 per cent of the population were over the age of 65.

At 43.6 per cent of households with at least one child under 15 years of age, Ballymun has by far the highest concentration of lone-parent headed households in the country. The national comparison is a mere 10.7 per cent.

Almost without exception all of the homes in the area are local authority built although a significant number of the houses have been tenant purchased. By 1991, 76 per cent of households were local authority rented. Comparison with the national average in this regard is dramatic; approximately 80 per cent of homes being owner occupied.

3.3 Employment / Unemployment

January 1997 showed a live register for the Ballymun area of 2,380. This represents 27 per cent of the estimated (by Ballymun Job Centre) 10,500 labour force. However Ballymun Job Centre calculates the more realistic number of job seekers (inclusive of 15-17 year olds, women seeking work although not registered in their own right, people living in Ballymun but not formally registered as living here) to be 3,500 or 33 per cent. Of those registered as

unemployed, 60 per cent are long-term unemployed according to the narrow CSO definition (one year continuously signing on). If one uses the definition of a minimum of 12 months unemployed in the last 36 months then the percentage rises to nearly 85 per cent. Added to this figure are the numbers of Lone Parents not on the live register but actively seeking work.

Census data estimated an unemployment rate of 44.7 per cent in 1991. This is now estimated to be 33 per cent by the Ballymun Job Centre. This reduction is the combined effect of strong economic growth, especially since 1993, and concerted local effort to improve the situation.

3.4 Occupational Profile

Only 6.2 per cent of households are classified as Professional. While 19.2 per cent are classified as Unskilled Manual. People classed as Semi-Skilled Manual account for 17.8 per cent. It is important to note that the breakdown is also influenced by the size of the Unclassified category which indicates a large number of homes where the head of the household may **never have been in paid employment**. In Ballymun electoral district D for example more than one third of the population is Unclassified.

3.5 Education

The extent of educational deprivation is striking when statistics on educational achievement in Ballymun are compared to the broader figures. 64 per cent of students in local schools leave before acquiring the Leaving Certificate (based on a study tracing a cohort of 100 pupils over a 5 year period). By 1991, more than half the working age population in Ballymun had left school at the age of 15 years or younger and only 1.2 per cent remained in education after their twentieth birthday (Census, 1991) (This figure is likely to have improved in recent years with the advent of the Ballymun Initiative for Third Level Education, BITE, which has facilitated 105 students (1990-1995) into University and other third-level study, see **Appendix 1** for more detail on BITE Programme).

3.6 Extent of Community Activity

Ballymun has always been able to boast an active and vibrant community. As early as the 1970's successful campaigns to have a gael-scoil and for a swimming pool were organised. In the mid 1980's the level of community activity grew extensively. As the area reached the bottom of it's decline, with over 400 flats vacant (often vandalised) a huge amount of tenant turnover and a third of the population wanting out, this was also the time when local people, aided by professionals and clergy working in the area, took the lead in turning the area around.

In 1984 the Bank of Ireland announced the closure of it's doors in Ballymun. This sparked off a local campaign which had far-reaching positive outcomes in the area. A collection of local people, projects and tenants associations formed the Ballymun Community Coalition to fight the closure. While the bank did eventually close it's doors the Coalition began to build and to discuss other issues affecting the area. As a result successful campaigns were put in place to set up the Ballymun Job Centre, the Ballymun Credit Union, and the Ballymun Housing Task Force which was at the time quite unique in Ireland in that it managed to bring local people, Dublin Corporation, the Eastern Health Board and local TDs together and to collectively lobby for the physical refurbishment of the Ballymun flats.

This community activity has continued to grow and now there are up to 100 active community or voluntary groups operating here offering a diverse range of services from pre-school play groups, to the setting up of industrial development parks. This activity as also reached the area of drugs and significant community activity has been organised around different aspects of the drugs problem.

4. DRUGS IN BALLYMUN

4.1 Context

O'Hare and O'Brien (HRB report 1992) refer to studies carried out in the Wirral and Glasgow area in the late 1980's which showed:

"Consistent, significant and positive correlation's between the rates of known opiate use and these six indicators of social deprivation."

- 1. Unemployment**
- 2. Council / Local Authority Tenancies**
- 3. Overcrowding**
- 4. Larger number of children**
- 5. Unskilled Workforce**
- 6. Single Parents.**

Ballymun scores highly on all of these factors. It is therefore incumbent on us to consider the problem of drug abuse in Ballymun in this context. It also leaves us with a most relevant question: With Ballymun scoring among the highest in the country in most of these factors, why has the drugs problem been so low in comparison with the rates of use and the incidence of HIV/AIDS in the north and south inner-city areas?

4.2 Historical Overview

As early as the mid 1970's drugs were beginning to present themselves as a problem in Ballymun and this was made tragically clear in 1981 when four young people died from drug related causes within a short period of time (leading local people to set up the Ballymun Youth Action Project). The substances used were barbiturates, cough bottles, heroin, diconal, benzodiazepines, cannabis, alcohol.

Barbiturates, and benzodiazepines were often mixed with alcohol and this resulted in many local overdose incidents. Cough bottles (containing codeine) were particularly popular in Ballymun and were often the next step on from smoking cannabis or drinking.

Heroin abuse was gradual and did not hit with the same impact as in other parts of the city. Opioids were and in some cases still are widely used, particularly Diconal, Temgesics,

Codeine, DF 118s, Morphine Sulphate Tablets (NAPPs) and Methadone. There are two explanations given for this: firstly, that Ballymun users preferred to use these manufactured drugs and therefore be sure of the actual dosage they were taking and that this was learned behaviour from old-time users who acquired their drugs in chemist shop raids, by “false-scripting”, etc.; secondly, there was, at the time, an absence of a *major* heroin dealer in the area leading to uncertain supply and an uncertain quality of heroin “scored.”

As the Drug Advisory Treatment Centre put it:

"To date this year (1982) we have seen 27 new referrals from the Ballymun area. This represents 5 per cent of the total number of new attendees...."

- 1. Two were experimenters.*
- 2. Sixteen who used heroin and Diconal intravenously.*
- 3. Five who abused a mixture of tranquillisers, cough bottle, barbiturates and Diconal orally.*
- 4. Two who used heroin intravenously and also abused cough bottles.*

"This pattern of choice of drugs of abuse reflects quite accurately what we have found in more extensive studies of new referrals. However, the incidence of abuse of cough bottles appears to be considerably greater than we have found elsewhere." Drugs Advisory Treatment Centre (Jervis St. / Trinity Court), Reply to EHB Special Committee On Ballymun, 1983.

Ballymun, in the eyes of the national media, became synonymous with drugs in the 1980's and was seriously effected by the amount of 'anti-social' drug-related activity which occurred. This was compounded by the reported arrival of those who moved out of inner-city areas when local residents there began bringing about evictions because of drug dealing. Ballymun being the one local authority area where it was easy to get accommodation.

4.3 Treated Drug Misuse In Ballymun

The available figures on treated drug misuse for clients with an area residence in Ballymun in 1995 was 189. Of these 63 were new cases. At present, Domville House, the Eastern Health Board Drug Treatment Centre for the Ballymun area has a total of 135 people availing of medical services with a further 108 on waiting lists for methadone maintenance or detoxification. Domville House (**see 4.4.2**) opened in 1996 and a number of clients transferred from services based elsewhere, such as Trinity Court, National Drug Treatment Centre. Added to this is a number of people not availing of medical treatment but who are using counselling services in Domville House and the Ballymun Youth Action Project a community response to drug abuse (**see 4.4.1**). A further 40 are currently availing of the

local Needle Exchange and only 10 per cent of these are linked in with other services or on a waiting list for treatment or detox.

Total Treatment Figures (Ballymun)

	Domville	Trinity Court	GP	Other
Methadone Maintenance	86	10 (EHB)	awaited	awaited

	Domville	Beaumont	Cuan Dara	GP	Other
Detoxification awaited	25	3	10		awaited

Interim Programme	15
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Waiting List	108	1
<i>Detox</i>	<i>68</i>	
<i>Maintenance</i>	<i>40</i>	

Needle-Exchange	40
<i>male</i>	<i>31</i>
<i>female</i>	<i>9</i>
<i>under 25yrs</i>	<i>28</i>
<i>under 20yrs</i>	<i>9</i>

90 per cent from Ballymun area, 10 per cent from outside.

Non-medical	Domville	BYAP	Other
	awaited	awaited	awaited

TOTAL	***	***	***	**	***
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Because of the very nature of the problem of addiction which involves secrecy, criminal activity, denial and family codes of silence, without a long-term research project it will be impossible to get an accurate actual number of drug abusers.

It is important to note however that with the removal of barriers to medical treatment, the commitment to eliminate waiting lists and the tolerant treatment regime of the local Addiction Centre we feel that there are fewer addicts unwilling to present for treatment than may have been the case in previous times. This coupled with the availability of support for young users locally, the amount of their peer group using medical treatment, the increased awareness among parents of the availability of help (although this is still not satisfactory), would indicate that the number of drug dependent, non-recreational users in Ballymun who are not in touch with services (in treatment, on waiting lists, availing of non-prescribing services) may be relatively small. However, there is evidence of an upsurge in the number of new heroin smokers and these, it would appear, are mainly younger people. With heroin so cheap on the streets today this is especially worrying for parents in the area and the community as a whole.

Proper quantitative research needs to be carried out to establish the extent of the actual drug using population already here, or developing here, who are not involved with drugs services. Research is also required to establish the numbers, origins and needs of those non-indigenous users who arrive in Ballymun on a daily basis seeking to score. This has occurred, reportedly, because of the absence of drugs in their own neighbourhoods or the emergence in Ballymun of a new supply (some ascribe this to pushers moving into Ballymun after been forced out of other parts of the city). These users, deemed "drug tourists" by one local Garda, have caused a lot of local concern. The stairwells and communal areas of the flat blocks are used as *shooting galleries* and often as overnight accommodation and people fear the bands of sometimes up to 50 users congregating awaiting drug supplies.

4.4 Profile of Existing or Planned Drug Services in the Area

4.4.1 Ballymun Youth Action Project

The Ballymun Youth Action Project was established in 1981 after four young people in Ballymun died from drug related causes. A local committee was set up and began offering support to drug users and their family members. Eventually money was secured to employ professional Counsellors and the Project expanded over the years. Today BYAP has a staff of thirteen (nine local) and offers a range of non-medical services for drug users, their families and the wider community. BYAP is funded from National Lottery money through the Dept.'s of Education (Youth Affairs Section), Justice (Probation & Welfare and by the Eastern Health Board.

Services provided by BYAP include:

- Advice, information & referral
- Crisis counselling / Telephone crisis counselling
- One-to-one counselling
- Parents and other support groups
- Family support
- Outreach / Visitation - prison, detox units, hospital, residential, home, etc.
- A three month Holistic Day Programme is presently being piloted for drug users who are contemplating change in their lives and it is planned to continue to run more such programmes in the future. This programme runs for five days per week and uses a holistic healing, rehabilitative approach. There are five participants on the current programme.

As well as being aimed at the addict/user, BYAP services are very definitely also aimed at family members of users or concerned others.

BYAP offers other services in the Education, Training and Community Development areas and these will be mentioned in other parts of this report.

4.4.2 Eastern Health Board ~ Domville House Addiction Centre

Domville House was opened in 1996 by the EHB for the treatment of drug users in the Ballymun area. There are a range of services available to the 140 current users of the service including:

- Five GP's attend the centre on a sessional basis to provide medical care
- A nurse assists the GP's and provides health information
- Counsellors provide ongoing support to both the drug abusers and their families
- A Community Welfare Officer offers advice on Social Welfare entitlements, housing, etc.
- Outreach workers work with the drug users in the community and provide educational programmes, etc.
- Methadone maintenance and detoxification programmes are available.
- It is hope that during the next six months the waiting lists will be eliminated. This will be achieved by extending the existing opening hours of the centre.
- A young persons programme targeting 14 to 18 year olds is due to commence shortly.
- An emergency assessment facility is also planned

The building of a rehabilitation centre is expected to be under way this year. This will provide rehabilitation and aftercare programmes for those who have stabilised or detoxed.

4.4.3 Self-Help Groups

Self-help groups have been offering support to Ballymun people since the 1980s and one of the oldest and most established Narcotics Anonymous meetings in the country is still held here.

These groups have provided a solid support to those needing help at different times and have been used as a referral point by addiction counsellors locally for clients who may need help over a weekend, etc.

A local Nar Anon group is also providing support for family members and *concerned others*.

The Task Force recognises the vital role these groups play in many local people's lives and is grateful for their existence.

Unity Centre

At present a group of concerned people are setting up a support service for families called the Unity Centre. It is hoped that a premises will be made available for this group soon. The Unity Centre will develop a service which offers families *in recovery* a chance to meet, socialise, learn new skills, arts and crafts and re-integrate with the community. The Unity Centre will aim it's services at all of the members of the family and will incorporate a creche.

5. Ballymun Local Drugs Task Force Plan

5.1 Approach

This plan is produced against the back-drop of many years of community action on a wide number of issues. Although Ballymun is one of the poorest communities in the country and faces a combination of environmental, social and economic conditions likely to result in the direst of drugs problems, it also has one of the most active communities.

This plan takes account of this and is prepared on the principle that How it is carried out is as important as What is carried out.

Three key values are therefore central to the strategy as a whole. These are:

- 1). The Task Force sees the community as it's principal ally, it will plan to consult widely in the area throughout it's term of office and will be responsive to the needs and expressed wishes of the community;**
- 2). The plan will seek to establish a total community response making use of the services and facilities already in place, seeking better co-ordination between them and integration of drug users into them;**
- 3). The implementation of the strategy will itself be an empowering process seeking to involve people, develop leadership and also provide new opportunities for positive participation by drug users.**

With this in mind we have included recommendations and proposals on matters required to address drug dealing locally. Not to do so would be to ignore the wishes of the people of the area and to disregard actions which they have already seen bearing positive tangible results.

The approach we are taking in preparing the plan is to identify the broad strategies we intend to follow, broken down into the five headings, each as important as the other and each interacting with the other in forming a seamless web of action on the drugs crisis facing Ballymun. These five headings are:

- Reduction of Drug Dealing**
- Education**
- Prevention**
- Treatment**

- **Rehabilitation / Integration**

We will identify, based on the headings, needs which are not being met or which require strengthening. We will make recommendations about how such needs should be met. We will propose specific actions which will strengthen current efforts and propose new initiatives aimed at filling gaps in existing service provision (***Chapter 6***).

5.2 Strategy One: Reduction of Drug Dealing

Over the past few months tenants in a number of the flat blocks in Ballymun have become very active in trying to reduce the amount of drug dealing and related activity around their immediate neighbourhoods. They have maintained a watch at the entrances of their individual blocks. Sometimes these watches are kept for 24 hours of every day. The tenants have been supported by Dublin Corporation who have provided specially built security doors for the block entrances and premises where meetings can be held or cups of tea made. Paint and decoration equipment/material has been made available to the tenants to improve the state of the communal areas.

This grass-root led initiative is a positive development in Ballymun and has far reaching potential in two respects: the reduction of drug dealing activity ; and, the new positive involvement of a number of people who would otherwise probably never have become active in their community. Already spin-offs are being noticed such as new youth groups planned or children's activities being run.

These watches enjoy the support of the Garda Siochana as well as Dublin Corporation. Dublin Corporation has initiated a serious clampdown on tenants who are involved in drug pushing. The policy is simple: Any tenant who uses a Corporation dwelling for drug dealing or who allows that dwelling to be used by others for drug dealing will be evicted. However, the legal process must be gone through and this is slow. Although some forty tenants in Ballymun have been served with notices to quit, only three evictions have actually taken place since January. An eviction can take as long as 18 months and even then the subject of that eviction often moves in next door with a partner or family member.

The Task Force finds this legal process to be too slow and recommends that quicker routes be found to bar drug pushers from their market areas. Special court sittings for given drug related offences need to be set up as a matter of priority.

The amount of effort and time involved in keeping up a Drug-Watch, as well as the obvious stress related with refusing entry to potential drugs purchasers, has meant that some of these watches are in danger of finishing up and require carefully considered support from the Task Force..

5.2.1 Recommendations

The Ballymun Local Drugs Task Force recognises the good work being done by the tenants in the Drug-Watch, by the Garda Siochana and Dublin Corporation. We feel that this work should be supported and promoted. This support should come in these eight ways :

1. Recognition of the huge effort being made by the tenants by providing practical support and running costs..
2. Legal support for the tenants through the speeding up of the court process and finding new ways of barring drug dealers from certain areas.
- 3.** Continuation of Operation Dochas and the furthering of the good foundations of co-operation which have been laid between the community and the Garda Siochana locally.
- 4.** Capital investment in the Drug-Watches in the form of radio equipment, video surveillance equipment, direct telephone links with the Ballymun Garda Station **(see Chapter 6)**.
- 5.** Training programmes for the tenants who organise the Drug-Watch and for any new groups setting up **(see Chapter 6)**.
6. The employment of a support worker who will act as a resource for the Drug-Watches and be a source of ongoing, information, advice and active encouragement. This support worker would also act as a link with the Local Drugs Task Force thereby ensuring that it is aware of all new developments **(see Chapter 6)**..
7. The continued improvement in communal areas and the refurbishment of basement or flat facilities for use by the tenants of each Drug-Watch.
8. The establishment of a local security company which would provide cover for the Drug-Watches during unsociable hours and who will boost areas where there is increased drug activity or a build up in tension or fear among the tenants because of drug-related behaviour **(see Chapter 6)**.
- 9.** The continued promotion of tenant involvement in Estate Management. The scheme which was successfully run in one area of Ballymun (Shangan) circa 1990 whereby tenants in individual blocks had the opportunity to vet prospective new allocations in their neighbourhoods has just been re-introduced the Task Force welcomes this initiative **(see Chapter 6)**.

5.3 Strategy Two: Education

The Health Research Board Review of Treated Drug Misuse in the Greater Dublin Area, for the Five Years 1990-1994, shows that people who were 15 years and under when they left school accounted for 56.2 per cent of those presenting for drug treatment (based on the average for those five years). On the five years average just 1.7 per cent had reached third level education. This comes as no great surprise and has been backed up in many studies of the same cohort. Low educational attainment, unemployment, family breakdown and lack of recreational and other facilities are each closely associated with the development of drug problems among young people. In Ballymun, 64 per cent of those attending local schools leave before achieving Leaving Cert standard. Some 360 of those on the Ballymun Job Centre register are under the age of 18 years.

Clearly there is a need for radical investment in education in the area. This investment can be divided into general educational investment and investment with the explicit goal of the prevention of drug abuse..

5.3.1 Recommendations

The Task Force recommends the following strategies to further invest in the provision of education and positive alternative activity for all of the people of the area.

1. A substantial increase in the budget of every local school aimed at reducing the size of classes by the granting of Special School Status.
2. A capital investment in each local national school aimed at increasing the amount of educational resources and extra-mural facilities. This would include proper gymnasiums, computer labs, communications labs, etc.
3. Further provision for and promotion of physical exercise and sports development should be made in all local schools by the Dept. of Education.
4. An investment in after-school activity should be made. This would have a strong emphasis in developing creative, artistic and sporting ability as well as supporting children who need extra help with the more academic subjects, thus increasing their chances of remaining in education until Leaving Certificate and beyond.
5. The establishment by the Department. of Education, as a matter of priority, of an Alternative School Project equipped with the resources to cater for the needs of those

children who have left or have been excluded from the formal school system. The School would be similar in design to the Youth Encounter Project or the Neighbourhood Youth Project.

6. An increase in investment in the non-formal education system. This would be specifically aimed at increasing the amount of positive, healthy activities available to local children particularly in the areas of sports, arts, music, creative fields and in certain areas of information technology (*see Chapter 6*).
7. The extension of the Health Promoting Schools Project to all of the local schools both secondary and primary (*see appendix 3*).

5.4 Strategy 3: Prevention

One of the simplest reasons given as to why people use drugs is because they are there. They are available. The Ballymun Local Drugs Task Force, while proposing the measures contained in Strategy 1, accepts that drugs will be available in the area for the foreseeable future. This may be in the form of Class A drugs such as Heroin but will also take the form of other drugs such as benzodiazepines. A Drug Prevention Strategy is required to ensure that children are equipped to recognise various drugs and the risks associated with each, and equipped to make their own informed decisions about what they put into their bodies. The strategy will be mindful of the links made between low self-esteem, low confidence, lack of hope for the future and the development of drug habits.

5.4.1 Recommendations

The Ballymun Local Drugs Task Force recommends the following strategies to put in place a comprehensive Prevention Plan in the area:

1. The immediate extension of the Dept. of Education's Substance Abuse Prevention Programme, which is being piloted in one local school, to all schools in the area.
2. An increase in resources to put in place a Drug Awareness Programme for the fourth class pupils in the local national schools **(see Chapter 6)**.
3. The appointment, by the Dept. of Education, of a Drugs Education Resource Teacher to instigate and carry out drugs education in all of the local schools, primary and secondary. This person would work in close liaison with the Task Force.
4. An increase in resources to expand Drugs Awareness Programmes for parents **(see Chapter 6)**.
5. Development of new training programmes for use in youth groups, schools, parents groups, etc. should be made available to anyone interested in learning more about drugs and these should be tailored to meet the needs of particular groups e.g. youth leaders, social workers, etc. **(see Chapter 6)**.
6. Research is needed to establish the numbers of children living with addiction in the area. Evidence to hand regarding the problems experienced by this group is quite wide ranging

from emotional neglect to physical abuse. The research should seek to examine these problems and point out directions which could be taken by the school and the different services surrounding them.

7. Addiction is often proven to be cyclical i.e. transfers from generation to generation in families. These families should be prioritised by schools, community care teams and drug treatment agencies. Measures should be introduced to ensure that the amount of harm done to children in such families is reduced (***see Chapter 6***).
8. An Addiction Counsellor should be employed to work in the schools of the area (national and secondary). Not only would this counsellor be available to help with difficult situations arising for students and parents but would also source effective training and other relevant material for school staff (***see Chapter 6***).
9. The Juvenile Liaison Youth Diversion Scheme should be expanded in Ballymun and extra resources and staff should be provided to work with those young people falling through the net and on a definite path towards drugs and crime.
- 10.** The Task Force welcomes the set up of the City Of Dublin Youth Service Board provision for disadvantaged youth and will seek to compliment this initiative (***see Chapter 6***).

5.5 Strategy Four: Treatment / Rehabilitation

The Ballymun Local Drugs Task Force recognises that drug abuse in our area is a multi-faceted problem and that the patterns of abuse vary greatly. This Task Force aims to address the issues of drug abuse for individuals and families in the community through a holistic approach. In adopting this approach we view treatment and rehabilitation as twin aims and consequently this strategic plan contains proposals in relation to both. It is generally agreed that the process of change is cyclical with a number of identifiable stages. Often the movement between stages is not sudden, but occurs over a long period of time. The Task Force has found it useful to identify the various services which are involved in helping bring people through these stages we refer to as the Wheel of Change (**see Appendix 3**). Some of the services are drug user-specific while others cater for the general population. The following proposals aim to expand and co-ordinate existing services, providing greater access and more relevant, targeted intervention to those most affected.

The Task Force is mindful of the continuously growing and evolving services being implemented for drug users and recommends that these services be co-ordinated through the Treatment Sub-Committee.

5.5.1 Recommendations

We recommend that all general hospitals throughout the city should have a **Drug Dependency Unit** staffed by medically trained workers and a counsellor. This service should offer basic support and care for individuals at a time of crisis, which is an optimum time for change. It would create the opportunity for making connections with relevant services on the part of a person taken into casualty (frequently because of drug-related incidents).

Example Case: *Mary, 21 years, lives at home with her parents and three young siblings. She has been using drugs over a period of five years. She is now a daily user and progressed to injecting heroin nine months ago. She has not presented to any drug specialist agency. Her parents are confused, struggling to understand what is happening to their eldest child. They are scared to contemplate the reality of daily injecting.*

One night she is admitted to casualty because of an overdose and her parents are sent for.

The team envisaged here would be called in to work with the casualty service, assess the situation, meet the parents, offer support and information about help available for them and link Mary in with drugs services available locally.

1. We recommend that the EHB treatment facility incorporate a **Contact Service** which would deal with telephone enquiries, people calling seeking information, meeting people and matching enquiries to services available in the community.

We envisage that this service could operate from 12 noon-8pm seven days a week. Outside these hours the hospital teams would be available in emergency situations.

Example Case 2 *Anne is the mother of three children. She has been worried about her fifteen year old son who she strongly suspects is using drugs of some kind. A friend offers to go with her to the EHB drugs service. She is not even sure what questions to ask, but she knocks on the door very apprehensive and very distressed.*

The contact service meets with her to help her ask questions and decide what she wants to do next. They tell her of all the relevant supports at hand and ensure she has clearer information about courses of action available to her when she leaves.

2. Day Programmes: It is envisaged that a number of different programmes, targeted to meet needs at different points on the cycle of change, could be developed. Some mentioned to-date which we recommend be followed up are:

- Holistic Day Programme*
- Women's Programme*
- Pre-Treatment Programme*
- On-Detox Programme*
- Post-Detox Programme* .

*** (see Chapter 6)**

3. The EHB plan to build a **Rehabilitation Centre** based on the Soilse idea (*see appendix 4*) on the grounds of Domville House. Work is set to get under way this year. This building should be designed and developed to cater for these programmes where deemed appropriate and co-ordination procedures should be set up under the auspices of the Treatment Sub-Committee.

4. Effective means need to be developed for **working with families** on issues such as re-integration, destigmatization, healing damaged relationships, etc.

5 Young Users Programme: This would incorporate a number of agencies - EHB, Probation & Welfare Service, Youthreach, YAP. The focus here, after an initial detox, would be on group work which has been shown to be more effective with this age group. Sessions would include of activities and creative exercises. Domville House is currently investigating the needs of young users in this regard. The Task Force also urges the development of a specially set up **Young Persons Treatment Centre** to cater for the needs of young users from all Task Force areas. The idea for this we understand, is currently being examined.

6. **Individual Counselling:** Independent reviews of drug treatment services in Britain highlights the importance of counselling as a core component of drug treatment. The Task Force recommends that there should be a "quota" for each counsellor of 10 clients. This would require an extension to existing counselling services. An effective crisis centre could reduce the demands on existing counsellors.

7. **Dependency on Tranquillisers / Sedatives:** It is agreed that the use of benzodiazepines is impeding progress for those on methadone maintenance programmes. Research needs to be carried out on the best ways of addressing this issue. Local GP's and Pharmacists have a key involvement here also and should help set the parameters of the research.

8. **A special treatment facility** (perhaps residential and available to all Task Force areas) should be set up to address the particular difficulties encountered when detoxing from these drugs.

9. Vocational Training Towards Re-Entry to the Workforce

An innovative training budget should be created for recovering users aimed at accessing programmes related to openings in the labour market where real job opportunities exist. These programmes would be accessed for those who are drug-free and should in most ways simulate the environment of an industrial / private sector job with all the conditions which would apply to this. This will enhance the chances of re-entry to the labour market for

recovering users and allow the Special Employment Officer (see below) to recommend applicants to prospective employers. Those availing of this service would be required to agree to certain conditions and make a contract which the Special Employment Officer would monitor. This contract could address such items as regular urine testing and be used as a guarantee/ assurance for possible employers (*see Chapter 6*).

10. **Special Employment Officer**

Money should be allocated to employ a Special Employment Officer. This position could be linked to the range of job-placement and training programmes currently being provided through the Local Employment Service. The Special Employment Officer would be responsible for looking at the training and education needs of those undergoing rehab programmes and sourcing opportunities whereby these needs can be met. The Officer would also act as a link with the LES making recommendations, where appropriate, matching clients with job orders made to the Job Centre and FAS (*see Chapter 6*).

Placements may also come through local Community Employment type schemes thereby ensuring that progress can be monitored and also allowing recovering users a chance of re-integrating into the community, building positive relations with local leaders and thereby ensuring support for themselves in the future. To facilitate this the budget for CE or Job Initiative type scheme should be increased in all Task Force areas.

11. **Involvement in the Ballymun Re-Build**

Physical facilities for the measures proposed in this strategy should be provided for in the new plan for Ballymun and the Task Force should be invited to participate in the planning process, thereby learning of employment opportunities for recovering users and ensuring that proper physical provision is made.

A sub-committee should be set up with relevant members of the Task Force and others to examine opportunities whereby those on rehab programmes could source employment or put in place job training which would meet specific requirements coming from the Ballymun re-building programme.

6. Specific Actions Proposed by Ballymun Local Drugs Task Force

6.1 Reduction of Drug Dealing

6.1.1 Employment of Drug-Watch Support Worker

This worker would act as a liaison between the tenants in the Drug-Watch blocks and the Gardai, Dublin Corporation, the Drug-Watch Security Company and the Local Drugs Task Force. S/He would provide advice and information, organise training courses and promote the expansion to other blocks. S/He would also monitor trends and developments and advise the Task Force on any new courses of action worth considering. The worker would promote tenant associations and tenant involvement in the Estate Management Initiative and would work under the auspices of the Ballymun Housing Task Force.

cost: £30,000 (based on one salary, employment costs and programme budget).

6.1.2 Provision of Block-Watch Security Company

A company would be set up to provide security cover for the Block-Watch areas. This company will not replace the efforts of the tenants but seek to support and encourage their present involvement and encourage new Watches in other areas of the estate. The company would provide relief during unsociable hours and times of increased fear or tension in tenants because of increased drug-related activity

Set up costs such as preparation of business plan, purchase of patrol vans, uniforms, telephone and office equipment, insurance cover, etc., are required as well as salaries.

cost: £120,000 per annum

6.1.3 Capital Investment in Drug Watches:

In order to maximise the effort of the tenants, the Gardai and the Security Company the Task Force proposes capital investment in communications, telephone and surveillance/monitoring equipment aimed at increasing the safety of the tenants and ensuring that Gardai and the Security Company are informed of developments as they happen.

Purchase of Communication and Closed Circuit T.V. equipment

cost: £100,000

6.1.4 Provision of Grants Scheme

This scheme would be aimed at enhancing the ability of the tenants to organise themselves and link in with the various supports in the community more effectively. Training would be provided under this scheme so as those in the Block-Watches would be able to recognise drugs or related behaviour, be able to use equipment such as walky-talkies or personal alarms correctly, be able to protect themselves if required.

cost: £15,000

6.2 Education

6.2.1 Building on existing effort

The Task Force would invest in the good work already being undertaken by youth organisations in the area by providing:

6.2.1 (a) Extra Youth Support Workers

These workers would link with local voluntary youth groups and organisations providing additional educational and diversionary programmes for members of youth groups, they would promote the establishment of new groups in areas where there is little or no provision for young people and they would seek to involve more young people and adults in young people's activities. They would link also run the Ballymun Youth Centre (below) and with the measures outlined in **6.2.3**.

cost: £50,000 (based on 2 salaries plus employment costs, overheads and programme)

6.2.1 (b) Mini-Bus

A mini-bus for use by all youth groups would be purchased. The bus would be particularly available for use by the programmes proposed in *6.2.3, 6.3.4, 6.4.1, 6.4.2, and 6.4.3*. It would also be used to service groups using the small grants for preventative programmes (*6.3.5*)

cost: £25,000 (based on purchase of minibus and related cost such as insurance)

6.2.1 (c) Equipment Pool. Again for use in the general area and the particular programmes mentioned above. This would include equipment for:

Outdoor Pursuits - canoeing, walking, orienteering, etc.,

T.V./Video-making

Photography

Various sports activities

cost: £5,000

6.2.2 Ballymun Youth Centre

A Youth Centre should be built / developed which would include in it some of the following:

- A young people's Drop-In, incorporating a Tea/Coffee shop
- Computer / IT facilities and courses
- Information/Advice Service
- Venue for youth group meetings and training courses
- Venue for safe, drug-free dances/gigs where regular events will be held and where young people's active involvement in the management is encouraged (**see appendix 5**) for details of a similar project "The Nucleus" in Derry).

Capital cost: £400,000

Ongoing running cost: £100,000 per annum (based on 3 salaries, sessional hire of tutors, equipment and running costs).

6.2.3 Special Diversion Through Sports Scheme

A scheme will be established for young people who are identified by the drug or youth services in Ballymun or by the Garda Juvenile Liaison Scheme as being experimenters, or being in danger of developing from experimental to problematic drug use. This scheme will seek to use participants sporting abilities to build confidence, self-esteem, self respect, awareness of their bodies and health, and respect for others. It will enable them to improve their communication skills and employment potential and they will take appropriate coaching courses and exams. It will create in them healthy, positive peer leaders thereby having a knock on effect on other young people (especially drug-users) in the area. This scheme will also seek to re-establish a young people's sports network in the area in the longer term by the use of a special FÁS scheme to **employ the young people to offer sports coaching**. At present there are little or no sports groups available locally for young people to join and it takes the most motivated of parents to go outside the area in support of their children's sporting development.

cost: £100,000 (based on salaries, capital investment in equipment, hire of sessional tutors and running costs).

6.2.4 Feasibility Study of Alternative Schools Project

The need for such a facility has been called for over a number of years in Ballymun. The Task Force will directly employ a Researcher/ Facilitator whose brief it will be to develop this idea.. Based on this work the Task Force will identify appropriate funding organisations and seek to bring this school into existence.

cost: £30,000 (based on 1 salary plus employment costs).

6.2.5 Development of After School Activities / Groups

The Task Force will bring together a group representative of parents, projects and schools in the area who will put in place a pilot programme of after-school activities. Initially, as part of the pilot phase, the activities will be concentrated on three schools where the needs are clearly defined and where the preparatory work is already well advanced. The activities will be broad-based aiming to increase the level of involvement that children (and parents) have in the school. The activities will facilitate a renewal of children's enjoyment of school, building social, creative and sporting interest as well as assisting those needing extra help with schoolwork and homework.

The BITE Programme is to be congratulated for the excellent work it has done in facilitating extra study and after school activity in local schools and the Task Force hopes to build on its positive work in this regard.

As part of this pilot programme an Evaluation component will be built-in from the outset. This ongoing evaluation will seek to report on the benefits the after-school work has on children and how it effects their enjoyment of and performance in school. The evaluation will also monitor the implementation of the programmes and make recommendations about their future potential in Ballymun.

cost: £140,000

6.3 Prevention

6.3.1 Appointment Drugs Education Resource Teacher

As many children at fourth class level are already quite aware of different drugs and how they are used, it is imperative that provision is made to run specially designed drug awareness programmes for this age group. A Drug Education Resource Teacher should be appointed, by the Dept. of Education, to activate such a scheme in the local primary schools and be available to all of the schools of the area (primary & secondary) for drugs educational work. A scheme will also be designed for use with the parents of these children.

Programmes would be designed with the existing Ballymun Youth Action Project, Drugs Awareness Programme in mind and would seek to complement this. The appointed person would work in close liaison with the Task Force.

6.3.2 Education for Local Adults, Community Leaders and Professionals

In pursuing a community response the Task Force would like to increase the amount of training and educational courses available to adults, community leaders, local professionals and parents. This will help people realise what they can do to reduce the incidence of drug taking locally and enhance their skills in responding to drug related issues. Much work has been done in this regard by Ballymun Youth Action Project, through it's EU / EHB funded, Community Addiction Studies Centre, URRUS.

cost: £60,000 (based on cost of 40 localised training programmes, sessional hire of additional tutors, running costs and production of promotional materials).

6.3.3 Employment of Addiction Counsellor Resource Worker for Local Schools & Youth Groups

An Addiction Counsellor should be **appointed by the Dept. of Education**. This person would be available to all local schools and youth groups. This would give the school staff and local youth providers a valuable specialist support when they are met with the often very complicated scenarios thrown up by addiction and which, all too often, leave children experiencing the worse effects. Among the obvious benefits of this is the chance of retaining children in school where they may well have dropped out or been expelled.

6.3.4 Disadvantaged Youth Provision Scheme

A scheme will be put in place to offer youth groups and organisations resources, materials and incentives to work with groups of young people deemed to be at serious risk of becoming involved in drugs and developing drugs problems. This scheme would be co-ordinated so as to enhance current provision in this area and to avoid duplication of support.

cost: £80,000

6.3.5 Grant Scheme for Preventative Measures In Local Youth Organisations

A scheme will be set up by the Task Force aimed at encouraging preventative programmes in local youth groups and organisations.

cost: £10,000

6.4 Treatment

The Task Force will make a contribution towards the cost of setting up and running some of the following programmes. In putting these ideas forward the Task Force is mindful of the development of a Rehabilitation Centre attached to Domville House and proposes that all programmes developed are co-ordinated properly through the Treatment sub-committee so as to enhance the benefits and matrix of options available to local drug users:

6.4.1 Women's Programme

This programme would follow the same approach as the Saol Project, Amiens St. and also the Holistic Day Programme. A special premises would be sought from Dublin Corporation which would have enough facilities to incorporate a creche and space for a variety of classes of varying types. The Programme could be run in conjunction with the Ballymun Community & Family Training Agency which has a long experience of training women in the area on return to work courses, etc.

cost: £75,000 (based on 3 salaries including a creche worker, hire of special sessional staff, premises & running costs).

6.4.2 Pre-Treatment Programme

This programme for groups of 10 over 6 week periods, would aim at bringing about a clear outlook on the part of the participants in terms of realistic goals, routines and available supports when they embark on their next drug treatment programme (maintenance or detox). The Programme Team would include a Doctor linked to the Treatment Centre. The Programme would co-ordinate so as in ending it coincides with the beginning of the Holistic Day Programme (see below).

cost: £90,000 (based on 3 salaries, hire of special sessional staff & running costs).

6.4.3 Holistic Day Treatment Programme

This 12 week programme is currently being piloted with a group of five drug users and uses a holistic approach. Sessional workers are brought in to provide expert input and treatment on a range of subjects such as relaxation, stress management, herbal detoxing, creativity, drama, etc. The programme uses a group therapy approach and while it has yet to be evaluated the Task Force sees this model as relevant to the other programmes mentioned below.

cost: £60,000 (based on 2 salaries, plus employment & running costs and hire of sessional tutors).

6.4.4 Post-Detox Rehabilitation Programme

This programme aims to address the self-esteem, confidence, literacy and vocational skills needs of the group. It would also provide group therapy aimed at addressing what could be called the primary issue among the participants i.e. their addictions (*see Appendix 5 for further details on the Soilse Programme*). The Task Force welcomes the building of the Rehabilitation Centre by the EHB and the announcement of a Soilse-type programme in Ballymun.

6.4.5 Relapse Management

A special counsellor will be employed to provide aftercare to those who have been through the various programmes mentioned above and who will still require support.

cost: £30,000 (based on one salary & employment costs)

6.4.6 Vocational Support Scheme / Special Employment Officer

A Special Employment Officer will be appointed and a training budget allocated to meet the job training needs of participants coming through the different programmes. The training accessed will be job-specific aimed at opportunities opening in the labour market. The Scheme will link in with the Local Employment Services and the Rehabilitation programmes.
cost: £40,000 (based on one salary plus training budget)

6.4.7 Client Manager

A Client Manager will be employed by the Task Force to ensure that all of these programmes / measures are properly co-ordinated and that clients can avail of the opportunities presenting without falling or getting lost between programmes.
cost: £30,000 (based on one salary plus employment costs).

6.5 Additional Actions Proposed by the Task Force

6.5.1 Research & Evaluation

The Task Force sees it as essential that resources are allocated to the carrying out of research in order to further build an accurate picture of the drug scene locally. The Task Force recommends that this be taken up in all Task Force areas.

The research should address:

- a. Numbers involved in drugs in the area
- b. The nature of the current drug problem
- c. Numbers and origins of those travelling here regularly to score
- d. Impact of current responses
- e. The needs of the community in relation to the drug problem, the current level of the community response and possible ways of developing and enhancing the community response
- f. Evaluation of the different aspects of this plan, outcomes from the various measures proposed and the workings of the Task Force.

cost: £60,000 (based on one salary plus hire of sessional researchers & evaluators).

6.5.2 Promotional Materials, Poster Campaigns, Publication of Information leaflets and materials.

These materials would be developed to take account of local needs and services and would produce material aimed at parents, users, those seeking help, Drug-Watch areas, etc.

cost: £30,000

The Task Force would also like to put forward the idea of material being produced, perhaps in conjunction with the Health Promotion Unit. This material would be of benefit to drug users from all task force areas. For example, a leaflet on self-detoxing which, it would seem, is quite widespread and especially designed material is unavailable on the subject.

6.5.3 Employment of Task Force Development Officer/Researcher

This person would be employed to follow through some of the outline ideas mentioned in this plan and to provide detailed data and research and follow up on specific measures. S/he will also research additional financial sources available in the EU or otherwise.

cost: £30,000 (based on one salary plus employment costs).

6.5.4 Set-up Costs of Office Facility for Ballymun Local Drugs Task Force

cost: £10,000

6.5.5 Ongoing Consultation

A budget will be provided to meet the costs of ongoing consultation in the community.

cost: £5,000

7. Membership of the Ballymun Local Drugs Task Force

Mr. Sean O’Cionnaith	Chair
Mr. Hugh Greaves	Local Area Co-ordinator
Ms. Marie Cooper	Ballymun Community Links Against Drugs
Ms. Winnie Ryan	Ballymun Community Coalition
Ms. Mary-Ellen McCann	Ballymun Youth Action Project
Ms. Claire Casey	Ballymun Community Action Programme
Mr. Donnacadh Hurley	Ballymun Job Centre
Mr. Michael Cowman	Ballymun Partnership
Dr. Mary Scully	Eastern Health Board
Ms. Ursula Fernee	Probation & Welfare Service
Mr. Brendan Kenny	Dublin Corporation
Inspector Gabriel McIntyre	Garda Siochana
Mr. Gerry McDonagh	FAS
Ms. Marian Dooley	City Of Dublin Youth Service Board
Roisin Shortall T.D.	
Mary Flaherty T.D.	
Prionsias De Rossa T.D.	
Noel Aherne T.D.	

8. Summary of Costs Proposed

<i>No.</i>	<i>Measure</i>	<i>£</i>
<u>Reduction of Drug Dealing</u>		
6.1.1	Drug-Watch Support Worker	30,000
6.1.2	Block-Watch Security Company	120,000
6.1.3	Capital Investment in Drug-Watch	100,000
6.1.4	Block-Watch Grants Scheme	15,000
		<hr/>
		265,000
<u>Education</u>		
6.2.1	Building on Existing Effort	
6.2.1 (a)	Youth Support Workers	50,000
(b)	Equipment Pool	5,000
(c)	Mini-bus	25,000
6.2.2	Youth Centre (Capital)	400,000
	(Running Costs)	100,000
6.2.3	Diversion Through Sports Scheme	100,000
6.2.4	Feasibility Study of Alternative School	30,000
6.2.5	After School Activities / Groups	140,000
		<hr/>
		850,000
<u>Prevention</u>		
6.3.2	Education /Training for Local Adults/Leaders	60,000
6.3.4	Disadvantaged Youth Work Scheme	80,000
6.3.5	Grants Scheme for Preventative Measures	10,000
		<hr/>
		150,000
		 Over.../..
<u>Treatment /Rehabilitation</u>		
6.4.1	Women's Programme	75,000
6.4.2	Pre-Treatment Programme	90,000
6.4.3	Holistic Day Programme	60,000
6.4.5	Relapse Management	30,000

6.4.6	Vocational Support Scheme	40,000
6.4.7	Co-ordinator	30,000
		325,000

Additional Measures

6.5.1	Research / Evaluation	60,000
6.5.2	Production of Promotional Materials	30,000
6.5.3	Programme Development Worker	30,000
6.5.4	Set up of Office	10,000
6.5.5	Ongoing Consultation Costs	5,000
		135,000

TOTAL COST OF PLAN £1,725,000