Local Development Plan
May 1997 - 1999

A Community Based Approach To Addressing
The Context And Consequences Of Problem Drug Use

TABLE OF CONTENTS 1

EXECUTIVE SUMMARY

The Clondalkin Local Drugs Task Force was initially established by the Clondalkin Partnership in October 1996 and later designated as the Local Drugs Task Force for the area arising out of the First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996). This plan is the result of eight months consultations, research and discussions which took place in the Clondalkin area. The Local Drug Task force's Terms of Reference are:

(1) To compile a profile of existing or planned services and resources available in the relevant area to combat drugs;
(2) To prepare a development strategy to deal with the local drugs problem;
(3) To oversee the implementation of the local drugs strategy;
(4) To provide such information, reports and proposals to the National Drugs Strategy Team as may be appropriate from time to time.

For the purposes of the plan, the Clondalkin area has the same operational boundary as that of the Clondalkin Partnership Company.

Clondalkin is a new suburban town which was developed in the 1970s and 1980s as a result of a growing demand for local authority and low cost private housing, the decentralisation of traditional industries from Inner Cities and the development of a modern civil and industrial infrastructure. Twenty years later the Clondalkin, as planned, has not materialised. Instead, as with other new suburban towns in West Dublin the profile is one of poverty and social and economic disadvantage.

The problem of drug use began to be an issue in the northern part of Clondalkin in 1993 and has stemmed since then. The problem in overwhelmingly concentrated among young males in the 15 to 24 age group and while also a problem for most communities in Clondalkin, it is largely concentrated in particular estates in the North Clondalkin area.

The primary drug of use at this juncture is heroin. This is mainly smoked, although there is increasing evidence, and concern, that the trend is towards intravenous use. Like most communities experiencing drug problems for the first time, the Clondalkin area has not been equipped to tackle the problem. A local response was initiated by groups in the Quarryvale part of the area who mobilised with other interested groups and statutory agencies to form Clondalkin Addiction Support Service. Apart from this, and the treatment service provided by the Eastern Health Board, the area has not had the capacity to respond.

The overarching emphasis in this plan is to create the capacity to respond to the ongoing education and prevention needs of the community, and the treatment and rehabilitation needs of drug users. In the area of education and prevention there is a need for a broader community focus in drug education programmes; a need to tackle the link between school absenteeism and exclusion and the drift into drug use; to provide creative and challenging alternatives to drug use; to provide support and education for families and to involve the community in policing issues. Education and Prevention strategies proposed in this plan include:

- Developing and Supporting Drug Education and Training Programmes;
- Supporting Families;
- Addressing the Supply of Drugs;
- Supporting Provision of Youth Activities in the Community;
- Supporting Young People to Access Training;
- Supporting Young People to Remain Within the Educational System.

The plan has been developed to complement the Eastern Health Board's service development plan for the area and as such it is constructed on the assumption that the greater emphasis should be on preventative strategies. In projecting costs for the plan the Task Force has divided these between Education/Prevention and Treatment/ Rehabilitation on a 70:30 basis.

In the area of treatment, the plan identifies the need to reintegrate drug users into the community by actively countering their exclusion; by ensuring co-ordination between rehabilitation and treatment services; by providing a range of appropriate treatment options which best suit the particular needs and capabilities of drug users; to actively involve local people in the drug treatment and rehabilitation agenda; to keep open, channels of access to further education, training and work for stabilised drug users; to ensure that the welfare of children whose parents are drug users is protected; to provide appropriate residential options for parents who are drug users to enable them to maintain their parental role. As such the plan proposes strategies as follows:

- Countering the Social Exclusion of Drug User;
- Co-ordination and Policy Development;
- Addressing the Broader Needs of Drug Users;
- Creating Community Involvement in Treatment and Rehabilitation Issues;
- Providing Routes Towards Training and Work;
- Supporting Children of Drug Using Parents;
- Supporting Patents who are Heroin Users.

In implementing the plan statutory agencies who do not have a primary brief to provide services for drug users must recognise the importance of their role in tackling the problem at community level. The Task Force also proposes the implementation of an ongoing evaluation of the actions and of the overall impact of the plan itself. In implementing the actions, the Task Force needs to be continued, to ensure an effective and efficient mechanism for delivering on the proposed actions. In addition, this plan has a three year timeframe. It is the view of the Task Force that to have a serious impact on the drug problem in the area that a longer-term view has to be taken.

1. INTRODUCTION

1.1 Mission Statement

The Clondalkin Local Drug Task Force brings together a range of representatives to design and implement an integrated, holistic strategy which seeks to address the context and consequences of problem drug use.

The Task Force places community participation at its centre, and seeks to harness and build on the commitment and good will shown by Statutory and Voluntary Organisations to work together to achieve this end.

1.2 Aims of the Clondalkin Local Drugs Task Force

(1) To support and enhance the community to create a climate which would reduce the demand for drugs by bringing together community, voluntary and statutory organisations in a collaborative way.

(2) To provide a range of treatment options to enhance the opportunities of drug users to become drug free and minimise the level of chaotic drug use and its effect on the community.

1.3 Background to the Establishment of the Clondalkin Local Drugs Task Force

The proposal to establish a Drug Task Force in Clondalkin arose from the Youth Working Group of the Clondalkin Partnership. This group had identified the need for a Task Force to respond in a co-ordinated way to the growing drugs problem and more specifically the heroin problem in the area. It was identified that the growing heroin problem was mainly situated in North Clondalkin but that there was also a need to deal with the emerging problem in South West Clondalkin. Moreover, community groups in the Quarryvale area of North Clondalkin has been instrumental in establishing Clondalkin Addiction Support Programme (CASP) as a response to the growing problem of heroin use in North Clondalkin. Thus the process of mobilising a response to the problem had already been begun in the North Clondalkin area by focusing on the needs of drug users and their families, and by creating access to

treatment, counselling and aftercare. The Youth Working Group of the Partnership recognised the need for an overall strategy to co-ordinate, Community, Statutory and Voluntary effort to become more effective in tackling the drugs problem. A number of specific actions were identified and these included

- The establishment of a Local Drug Task Force to develop a co-ordinated response to the local drugs problem;
- A drugs education programme for parents and community leaders to increase their knowledge, understanding and awareness of drugs;
- An aftercare programme for drug users, to prevent re-entry into drug use and to provide options for continued development;
- Research into the level and extent of drug abuse in South West Clondalkin and identify the level of community support for a drugs response project.

The first meeting of the Clondalkin Drug Task Force wad held in October 1996. Representatives from Voluntary Organisations, Community Groups and Statutory bodies were invited to attend. The purpose of this meeting was to establish a clear picture of existing and planned services in the area and to draw up a programme of action. The Task Force agreed to meet monthly. It was also agreed at this first meeting that it would be useful to have future meetings facilitated by an outside facilitator with experience and expertise around drugs issues.

The Ministerial Task Force on Measures to Reduce the Demand for Drugs was due to report around this time, and it was indicted that it would be making recommendations about setting up Local Drug Task Forces, in which case the group would have a more clearly defined brief.

The early meetings of the Task Force focused on a number of issues including:

- Membership of the Task Force and in particular the need for full Community representation taking account of all areas of Clondalkin;
- Clarifying the status of the Task Force in light of the recommendations of the Ministerial Task Force recommendations;

1.4 Term of Reference

Clondalkin was designated by the Ministerial Task Force on Measures to Reduce the Demand for Drugs as a priority area and in which a Local Drugs Task Force would be established. The terms of reference of the Task Forces at local level was provided by the National Drugs Strategy Team. Thus, the terms of reference are:

(1) To compile a profile of existing or planned services and resources available in the relevant area to combat drugs;
(2) To prepare a development strategy to deal with the local drugs problem;
(3) To oversee the implementation of the local drugs strategy;
(4) To provide such information, reports and proposals to the National Drugs Strategy Team as may be appropriate from time to time.

2. CLONDALKIN AREA PROFILE

2.1 Development History

Clondalkin/Lucan was planned as one of the three new towns for Dublin as part of the proposal developed by the planner Myles Wright in his advisory plan and report on the Dublin Region in 1967. The other new towns planned arising from the Wright Report were Tallaght and Blanchardstown.

The proposed population for each town was 100,000. They were to provide low density housing for a population, which it was presumed, would have both employment and would be car owners. There was to be a social mix of housing and local neighbourhood shopping centres, with schools nearby.

The plan for a new town in Clondalkin/Lucan did not transpire and in 1990 Dublin Country Council determined that the concept of a new town for Clondalkin/Lucan should be abandoned and that each area should develop separately. Clondalkin is now divided into three distinct areas, North Clondalkin, Southwest Clondalkin, and the Village area.

North Clondalkin which comprises the neighbourhoods of Quarryvale, Rowlagh, Neilstown and Balgaddy is separated from the Village and Southwest Clondalkin by the Grand Canal and the Cork/Dublin railway line and the only access to it is over a narrow bridge. This creates problems of distance and isolation. Southwest Clondalkin comprises the neighbourhoods of Bawnogue, Deansrath and Clonburris and the Village area comprises the old Village and the neighbourhoods of Surleen and Knockmitten.

2.2 Area Boundaries Defined

Clondalkin is situated approximately six miles to the west of Dublin City Centre, its neighbouring areas are Tallaght, Lucan, Palmerstown, and Ballyfermot. Clondalkin is divided into three distinct areas: North Clondalkin, the Village and South West Clondalkin. The Task Force operates on the same operational boundary as that of the Clondalkin Partnership Company.

North Clondalkin is Defined by the Following District Electoral Divisions (DED's)

- Clondalkin-Moorfield
- Clondalkin-Rowlagh
- Part of Clondalkin-Cappaghmore
- Part of Palmerstown West
- Part of Lucan Esker

The Village of Clondalkin is Defined by the DED's of:

- Clondalkin-Monastery
- Clondalkin-Village

South West Clondalkin is Defined by the DED's of:

- Clondalkin-Dunawley
- Part of Clondalkin-Cappaghmore

2.3 Demographic and Socio-Economic Profile

2.3.1 Population

- According to the 1991 Census the population of Clondalkin is 47,545 persons.
- The population has grown rapidly over the past ten years with an increase of 67% between 1981 and 1991.
- This population increase is over five times that of Tallaght.

The implications of this increase in population are a corresponding increase in service demand and infrastructure required.

2.3.2 Age Structure

- There is a very high percentage of young people relative to other age groups in Clondalkin;
- In 1991 the number of young people in the area aged between 0 and 14 was 17,596 or 37% of the population;
- Only 3% of the population are over 65;
- The overall age profile results in a high age dependency rate. 40% of the population is age dependant (i.e. under 15 or over 65);
- This high dependency rate relates to the fact that people moved into the area at the one time, and most were young couples with young children.

2.3.3 Lone Parent Households

- There are 1,633 lone parent households in Clondalkin;
- Of these 1,202 lone parent households have at least one child under the age of 15;
- Although the figure for lone parents in Clondalkin is lower than the national level, the proportion of lone parents with all of their children under 15 at 15.6% is higher than the National figure of 10.7%;
- CODAN report (1994) based on local authority figures reveals significant increases is the proportion of lone parents is parts of the Clondalkin area
- Households headed by Lone Parents, According to CODAN, make up 17.9% of households in Clondalkin.

2.3.4 Travellers

- There are approximately 186 Traveller families in the Clondalkin area.

2.3.5 Unemployment

- The unemployment rate in Clondalkin as a whole is 26%;
- The unemployment rate is some DEDs is as high as 44%;
- The actual nominal figure for unemployed people in April 1997 was 4,441;
- The unemployment rate for those under 25 to 32% of those under 25 and long term unemployed, the rate is 24%.

2.3.6 Education

- The 1991 census shows that 40% of the population in Clondalkin left school at the age of 15 or under.
- Only 54.1% of the labour force have primary or lower secondary education
- Low levels of educational attainment are even more pronounced for those who are unemployed, when first time job seekers are included. Of these 43.6% have only primary level, 31.6% having lower secondary, 21.6% upper secondary and only 3.2% have third level.

2.4 Development Infrastructure

2.4.1 Schools

There are 13 primary schools in Clondalkin and 6 second level schools.

There is no third level institution in Clondalkin

2.4.2 Community Centres

There are three community centres in North Clondalkin located in Quarryvale, Rowlagh, and Neilstown. Southwest Clondalkin has only one community centre serving the Bawnogue area, and a two roomed parish centre in Deansrath, with a portacabin serving the needs of Clonburris. These community centres are managed through Community Employment Schemes.

The Village area has no community centres or facilities.

2.4.3 Community Houses

- There are three community houses in North Clondalkin rented from the Local Authority.
- Two groups have purchased houses in the area to use as a base for their projects.

2.4.4 Training Facilities

- There is no FAS Training Centre located in Clondalkin, although FAS does provide training on an external basis for the area;
- Ronanstown Training Workshop provides foundation level training to early school leavers, with 50 participants coming from FAS and 50 through Stewards Hospital;
- The Tower Programme provides vocational and social training for young people aged 16-25 in the North Clondalkin area, in conflict with the law. This programme is part of the Probation and Welfare Service.

2.4.5 Leisure Facilities

- There is one leisure centre located close to the Village on the old Nangor Road;
- There are a number of football fields in the area;
- Corcagh Park. Which is located near the Village of Clondalkin, is a large regional park;
- North Clondalkin has no play facilities. There is no cinema, theatre, bowling alley or skating rink in the area. There is a small library in the Village and a mobile library to cater for North and Southwest Clondalkin.

2.5 Service Provision by Statutory Agencies

2.5.1 Eastern Health Board

Clondalkin is part of Area 5 of the Eastern Health Board Community Care Programme.

There are three health centres located at Rowlagh in North Clondalkin, the Boot Road in the Village and a new health centre at Deansrath in South West Clondalkin.

There are a range of Community Care service provided including medical, dental, developmental, school medical services and family support services. Within the range of family services provided are social work, child care and family support services as well as two day nurseries, one at Rowlagh and one at Deansrath.
The Health Board also supports and is directly involved in managing the Dochas Family Project, which is an inter-agency project, with involvement and representation from the Youth Service, South Dublin Country Council, Gardai, Home School Liaison Officers and the local Primary Schools. This project adopts a preventative approach to poor school attendance and early school leaving and caters for children in the later stages of primary school, who have been presenting problems at home, in school and in the community. It promotes an integrated way of working with children and their families.

The Eastern Health Board has also developed its drugs service under a new 4th Programme. The Eastern Health Board's strategic objectives regarding the drugs service are to provide, in conjunction with Voluntary agencies

- Education and Prevention programmes;
- Treatment programmes;
- Aftercare and Rehabilitation programmes.

2.5.2 FAS

Clondalkin is situated in the FAS region which serves Dublin West and Kildare. FAS provides and supports a variety of activities in the area.

Community Employment

There are 34 sponsor organisations with 580 Community Employment Workers.

External Training

FAS supports a number of foundation level training programmes in Clondalkin:

- ***The Ronanstown Training Centre***
- This is a joint Community, Stewards Hospital and FAS initiative providing training for early school leavers.
- ***The Tower Programme North Clondalkin Probation Project Limited***
- This is a Department of Justice, Probation and Welfare Project, which provides vocational and social training for young people in North Clondalkin, who are the subject of the criminal justice system with offending behaviour as its focus of work.
- ***Community Youth Training Programme***
- This foundation level course provides training in sports, arts/music and youth leadership.
- ***Clondalkin Information Technology Initiative (CITI)***
- This project provides information technology to young people in the North Clondalkin area

Mainstream Training

The Clondalkin area is served by both the Tallaght and Ballyfermot training centres which offer up to 1,000 places per centre each year for clients aged 17 years and upwards.

2.5.3 County Dublin VEC

The VEC is the statutory provider of second level education in the County Dublin Area.

There are three Community Colleges in Clondalkin.

The VEC also supports Youth reach and the Tower Programme and administers the funding for the local youth services.

An Adult Education Organiser is assigned to the area.

2.5.4 Department of Social Welfare

The Department of Social Welfare manages the Employment Exchange in Clondalkin.

An information service is also provided for the Exchange.

A money advice service MIDAS is also funded by the Department

A range of grant aid for community development organisations in the area is also provided.

The Department currently funds five Community Development Programmes in the area.

2.5.5 Probation and Welfare Service

The role of the Probation and Welfare Service in the area is to

- Provide court supervision
- Provide supervision for people on release from prison.
- Develop the Tower Programme

The Tower programme provides vocational and social training to young people aged 16 to 25 years in the North Clondalkin are who, have come into conflict with the law. This programme is part of the Probation and Welfare Service, and is overseen by a committee comprising of representatives from the Statutory, Community, Voluntary and Business Sectors.

2.5.6 South Dublin Country Council

Clondalkin is in the administrative are of South Dublin Country Council.

A temporary sub office has recently been opened in Clondalkin.

The Council provides a range of services including

Parks and Environment

The Council has responsibility for the provision of parks, the development of industrial sites, and the upgrading of specific areas locally.

It provided support for the development of the Clondalkin Enterprise Centre and was also involved in the setting up of the Country Enterprises Board.

Housing

The Local Authority housing stock in Clondalkin which was previously managed by Dublin Corporation has in recent months been transferred to the Council.

The Council is currently developing a number of initiatives around the area of tenant participation in estate management.

Community Development

The Council provides a community development service to the Clondalkin area through its Area Community Team, which provides support, and advice to community groups throughout the area.

A grants scheme for groups is also available.

The Council also administers a large Community Employment Scheme on behalf of community centres locally.

2.5.5 An Garda Siochana

The area represented by the Drug Task Force is serviced by two Garda Stations – Ronanstown Station which covers North Clondalkin; Clondalkin Station which covers South and South West Clondalkin. There is one Sergeant and fourteen Gardai devoted full time to Neighbourhood Policing duties in these stations. The Gardai have direct involvement and play a support role in the following projects:

- Give Ronanstown A Future Today. (GRAFT)
- Tower Programme.
- Dochas Family Project.
- Clondalkin Addiction Support Programme. (CASP)

2.6 Voluntary Organisations and Local Development Initiatives

2.6.1 Clondalkin Partnership

In 1995 Clondalkin Partnership was established as part of the Operational Programme for Urban and Rural Development to devise and implement a Local Development Plan to counter disadvantage in the area. This plan has been drawn up, and funding has been approved for a 3 year period from 1996-1999, to fund and implement a range of identified actions in the areas of Employment, Training, Enterprise, Environment, Educational, Childcare, Youth and Community Development. The Target groups are the socially excluded, the long-term unemployed, and particularly disadvantaged groups such Travellers, those with disabilities, disadvantaged women and young people at risk.

2.6.2 URBAN Initiative

North and South West Clondalkin are included in the URBAN programme in South Dublin. The URBAN programme aims to achieve a lasting improvement in the living conditions in the area by supporting business creation, improving infrastructure and the physical environment and, providing customised training.

2.6.3 Community Development Programmes

There are a number of Community Development Programmes in Clondalkin, which are funded by the Department of Social Welfare.

These include North Clondalkin Community Development Programme, Quarryvale Community House, Ronanstown Women's Groups and Clondalkin travellers Development Groups and South West Clondalkin Community Development Project.

2.6.4 Clondalkin Women's Network

There are 17 women's groups in Clondalkin. These groups are based in each of the three areas of Clondalkin. They aim to reduce the isolation of women in the home and offer a range of programmes and activities for women.

The Clondalkin Women's Network, which is funded by the Department of Social Welfare acts as a support organisation to these groups.

2.6.5 Travellers Development Group

This group aims to promote the social, educational and cultural interests of Travellers.

2.7.3 Youth Services

There are two Youth Services in Clondalkin which are managed by the Catholic Youth Council (C.Y.C.).

Ronanstown Youth Service is located in North Clondalkin, and Clondalkin Youth Service caters for the village and south West Clondalkin. Both are funded by the VEC and use Community Employment Schemes to add to their staff compliment. They provide a wide range of youth services and support to a range of youth clubs. They also participate in many Community groups in the area. Their response to the drug problem has been to provide Drug Preventative programmes for young people, and also by working with other agencies and groups attempting to respond to the problem.

2.7.4 Give Ronanstown a Future Today (GRAFT)

This project was set up by the Minister for Justice in 1991 in North Clondalkin. GRAFT is a project which draws together the North Clondalkin Community Development Association, the Gardai, Ronanstown Youth Service, the probation and Welfare Service and local Community representatives to respond to some of the issues presented by young people who are at risk of becoming involved in the criminal justice system. The project has a full-time Co-ordinator employed. In addition, other seasonal workers have been employed for specific tasks. The aims of Graft are:

- to divert young people from conflict with the law;
- to provide positive alternatives for them;
- to support Garda community relations.

2.8 Community Groups

There are approximately 300 voluntary groups active in the community in the following categories:

- Adult and Leisure
- Advice Services
- Charitable Support Groups
- Children/Parenting Groups
- Counselling/Support
- Cultural/Historical
- Development Groups
- Disability Interest groups
- Enterprise and Business Support
- Environment
- Employment/Unemployment
- Elderly
- Health/Recovery
- Lone Parents
- Men's Groups
- Playgroups / Nurseries / Creches
- Residents/ Tenants Associations
- Resource/ Community Centres

3. DEVELOPMENT OF THE CLONDALKIN DRUGS TASK FORCE PLAN

3.1 Identifying the Tasks

An outline for the Development Plan was drawn up which detailed the tasks involved and the timescale. This was discussed and accepted by the Task Force as the agreed workplan for the ensuing months. The proposal included the following.

Tasks to be carried out

- Planning the work
- Information gathering
- Consultation
- Identifying issues
- Prioritising issues and agreeing specific actions
- Drafting Development Plan

3.2 Stages in the Planning and Consultation Process

Stage 1. Planning

The Task Force needed to be clear about the following:

- The role of the Task Force
- Terms of reference
- Guidelines for preparation of the plan
- Timescale
- Areas of responsibility
- Stages involved in drawing up the plan

Stage 2. Information Gathering

The overall purpose of information gathering was to establish a profile of the drug problem in Clondalkin and also to become more aware models of good practice elsewhere.

Information was gathered in preparing the profile and plan, using a variety of methods and approaches:

- Questionnaires - (a) Community, (b) Voluntary and Statutory Organisations
- Survey - 4 Agencies providing services to drug users
- Data - Eastern Health Board Treatment Services

The Task Force recognised the need to establish a process of developing a profile of drug use in Clondalkin. It was aware that quantifying the extent of drug use is fraught with difficulties in that figures generally relate to treated drug misuse only and not all users. It was agreed that a questionnaire would be drawn up for use by statutory and voluntary agencies that have contact with drug users. This questionnaire was to be applied on a given day or days by those agencies and voluntary organisations who had contact with or were providing a service to drug users. Ti was hoped that the information provided would give a clearer picture and some hard data on drug use in Clondalkin. A second questionnaire was designed to gather information from tenant, resident and community groups, to provide insights into the problem form a qualitative perspective. All data was to be used to progress the profile of drug use in the area.

Other sources of information included

- Research carried out in South West Clondalkin commissioned by the Youth Working Group of the Partnership titled ‘A survey of drug use/knowledge among young people in South West Clondalkin’ (Brennan 1997);
- Garda survey into illicit Drug use and related Criminal Activity.

Stage 3. Consultations

A number of consultation meetings were held, the purpose of the consultations was to

- Build on the information base;
- Widen the scope for discussion by including other not directly involved in the Task Force;
- Explore the issues in detail in relation to the key areas of Treatment and Rehabilitation, Education and Prevention, while also addressing the issue of supply.

The Consultation process took a number of forms:

1. Workshops involving wider participation at Statutory, Voluntary, and Community levels;
2. Interviews with key Statutory and Voluntary organisations to gather information;
3. Written proposals and submissions.
4. Presentation of final report to Community Organisations

Workshops

The first stage of consultation was through local workshops. Two were organised and interested individuals, Groups, Organisations and Statutory Agencies were invited to attend.

- The theme of the first workshop was Education and Prevention;
- The theme of the second workshop was Treatment and Rehabilitation;

Each was held in a local community centre and attended by over 100 people in total.

The format for each workshop included:

- Background information about the Clondalkin Drugs Task Force and its role in responding to the recommendations of the Ministerial task Force to Reduce the Demand for Drugs;
- Information on the workshop themes of Education/Prevention, and Treatment/Rehabilitation;
- Small group discussions to identify specific issues and possible responses;
- Feedback and discussion.

Interviews

A series of meetings/interviews were arranged with representatives and Statutory and Voluntary organisations on the Task Force.

These included on the Statutory side FAS, South Dublin Country Council, Probation and Welfare, Eastern Health Board (both Community Care and the Aisling Clinic) and the Gardai.

Voluntary sector organisations included were: Teen Counselling, Clondalkin Addiction Support Project (C.A.S.P) and Ronanstown Youth Service.

The purpose of these meetings was to clarify the following:

- Present service provision by the Agency or Organisation
- Services planned
- Key client groups
- Data available on drug use/drug users
- View of Agency / Organisation of drug issue
- Gaps in services identified
- Particular needs to be addressed
- Policy issues.

Submissions

The Drug Task Force sought ideas, proposals, or submission under the key headings of Education/Prevention and Treatment/Rehabilitation for consideration as part of the Local Development Plan in response to the local drugs problem. This was done in a number of ways.

- A notice was placed in the local newspaper, the Clondalkin Echo;
- Over 300 local Groups and Organisations were circulated;
- All relevant Statutory Agencies were notified.

The purpose of seeking submissions was to broaden the consultation process and to enable people to contribute to the Development Plan.

Presentation of Plan

Prior to the submission of the final Plan to the National Drugs Strategy Group, it was presented to local groups for comment. There was widespread support for the proposals and strategies identified.

Stage 4. Identifying Issues

Through the consultation process (workshops, interviews and submissions) and through the meetings of the Task Force, many common issues were agreed under the headings of Education/Prevention and Treatment/Rehabilitation. These are outlined in the overview in Section 5.

Stage 5. Prioritising issues and agreeing specific actions

Having identified the issues the next stage of the Development Plan for the Task Force was to identify possible actions.

The Task Force took on board at this stage issues from the consultation process and submissions made.

4. PROFILE OF DRUG USE IN CLONDALKIN

4.1 Introduction

Almost all research into the nature and extent of drug use in Ireland has relied upon data available from treatment agencies. Thus it is impossible to establish 'safe' estimates of the problem at any one time. In drawing together a profile of the drug use is Clondalkin the following main sources have been used:

- Data gathered from a survey in contact with four Agencies operating in Clondalkin, with particular emphasis on North Clondalkin, conducted by the Local drugs Task Force (referred to as the four agency survey);

- Data on those presenting to the Aisling clinic drug 1996 and the first two months of 1997;

- Reference to relevant findings from a survey on drug use and drug knowledge among young people in South West Clondalkin undertaken by Teen Counselling and the South West Clondalkin Community Development Project (Brennan, 1997);

- Data on existing and new EHB treatment services in 1996 including data on those on waiting lists for methadone treatment;

- A localised breakdown of findings from a survey conducted by the Gardai in the Dublin Metropolitan Area (DMA).

4.2 The Four Agency Survey and clients in Contact with the Aisling Clinic.

4.2.1 Data Gathering

The four agencies feeding into the survey were:

- Teen Counselling – a counselling service operated by the Mater Dei Counselling Centre and based in both North and South West Clondalkin;

- Ronanstown Youth Service – a special programme for young people operated and administered by the Catholic Youth Council (CYC) in North Clondalkin;

- Probation and Welfare Service - an agency which has a statutory role in relation to offenders and who operate a special programme for young offenders in North Clondalkin;

- Clondalkin Addiction Support Project (CASP) – which offers methadone detoxification, counselling and aftercare programmes to drug users, and is based in North Clondalkin.

Data was gathered for drug using clients presenting to the services up to the first week in February 1997. A two page client information sheet was prepared for relevant clients by each agency. The questionnaire contained a unique client identification number only known to the agencies supplying the information. As the four agencies have varying types of contact with their clients, the level of response varied dramatically. The Ronanstown Youth Service does not provide direct services for drug users but does have informal contact with drug users from their streetwork, youth club and drop-in services. A total of 170 cases, as opposed to individuals, were identified in the survey of which 109 or 64% were returned by the Ronanstown Youth Service.

4.2.2 Drug of Use

Most of the clients identified in the survey were those who were presently using heroin. Of the 170 cases identified, 152 or 89.4% were heroin users with only nine cases (or 5.3%) of cannabis use as in Table. The '*other'* category included substances such as solvents, alcohol and prescribed drugs.

Table 1: Present Main Drug of Use

Drug of Use	n
Heroin	152
Cannabis	9
LSD	1
Other	4
None	4
Total	170

4.2.3 Age and Gender of Drug Users

The drug users identified are predominately male: 121 or 71%compared to 40 or 23.5% females. Drug users in Clondalkin, based on this survey are typically aged between 15 and 24 years as in table 2, given that users in this cohort represent 91% of the overall contact identified. These figures would seem then to indicate that drug use in Clondalkin is a youth problem, with very few users in their thirties known to the local agencies. A study conducted amongst school-going 12 to 15 year olds in the South West Clondalkin Area revealed that of 303 respondents 77 had 'ever tried' an illicit drug giving a lifetime prevalence rate of 26%. This rate compares with that for the Midlands region (27%)[1] of the 77.53 or 77% were male and 16 or 23% were female. Most of those who have tried drugs (29%) trying drugs between the ages of 10 and 12 years (Brennan, 1997).

[1] Based on a report on a similar study undertaken by the Department of Public Health, Midland Health Board, 1996.

Table 2: Age and Gender of Clients of Four Agencies

Age Group	n Male	n Female	n No Data	Total
unknown	3	0	1	4
under 12	0	0	1	1
12 to 14 years	1	1	0	2
15 to 19 years	55	26	4	85
20 to 24 years	55	13	2	70
25 to 29 years	7	0	1	8
Total	121	40	9	170

4.2.4 Family / Living Situation

Most drug users in the four agency survey were found to be living with their parents (140 or 82.3%) with females only slightly more likely to be living with parents than males (87.5%) females compared to 82% for males) as in Table 3.

Table 3: Family/Living Situation by Gender

Family Situation	Male	Female	No Gender Data	Total
Unknown	9	2	1	12
With Parent(s)	99	35	6	140
With Partner	6	0	2	8
Living Alone	3	0	0	3
Lone Parent	1	2	0	3
Homeless	2	0	0	2
In Care	1	1	0	2
Total	121	40	9	170

4.2.5 The Geographic Distribution of Drug Use

Drug users in the four agency survey were mostly from the North Clondalkin area give in that it draws heavily upon cases identified by the Ronanstown Youth Service which is wholly based in North Clondalkin. Thus it is not possible to make comparisons between areas within the whole of Clondalkin. Also as agencies did not supply consistent data on area of residence, it is difficult to map out precisely the concentration of drug use to particular estates. However table 4 illustrates the significance of the concentration of heroin users in the area of Neilstown, Rowlagh and Quarryvale.

Table 4: Area of Residence by Main Drug Used

Area of Residence	Cannabis	Heroin	LSD	None	Other	Total
Bawnogue	0	2	0	0	0	2
Deansrath	0	1	0	0	0	1
Lucan South	0	3	0	0	0	3
Neilstown	1	77	0	1	1	80
Quarryvale	2	20	0	1	0	23
Rowlagh	1	42	0	1	0	44
Village	1	2	1	1	0	5
Non-Clondalkin	4	0	0	0	3	7
No Area Data	0	5	0	0	0	5
Total	9	152	1	4	4	170

4.2.6 Those Presenting to the Aisling Clinic

The Eastern Health Board provided data for those presenting to the Aisling clinic during 1996 and the first two months of 1997. Those presenting to Aisling are mostly aged between 15 and 24 as in Table 5. There is a male-female ratio of 60:40. Females outnumber males in the 15 to 19 age group. Those from North Clondalkin outnumber drug users the South Clondalkin area except for males in the 15 to 19 year cohort.

Table 5: Aisling Clinic First Time Attenders (1996 and 2 months of 1997) by Area of Residence, Gender and Age Groups

Age Group	Clondalkin	Female	Male	Total
15 to 19 years	North	10	7	17
	South	6	8	14
20 to 24 years	North	5	10	15
	South	1	6	7
24 to 29 years	North	1	2	3
30 to 34 years	North	0	1	1
	South	1	1	2
34 to 39 years	South	0	1	1
Total		24	36	60

It would seem that on the basis of data in Table 6 that the EHB Aisling Clinic sees more younger users than older users and overwhelmingly more smokers than injectors. As interview with the Area Manager in the Eastern Health Board revealed that the demand for needle exchange is on the increase from those presenting to the Aisling Clinic from Clondalkin in recent months. This could indicate the beginning of a shift towards injection.

Table 6: Aisling Clinic First Time Attenders, Age by Route of Administration

Age Group	n Injectors	n Smokers	Total
15 to 19 years	5	26	31
20 to 24 years	6	16	22
25 to 29 years	1	2	3
30 to 34 years	2	1	3
35 to 39 years	0	1	1
Total	14	46	60

4.2.7 Heroin Users in the Four Agency Survey

A closers look at the heroin users in the four agency survey provides some further insights into the problem as illustrated in Table 7. Detailed information was supplied for 132 of the 152 heroin users. In general, the majority of heroin users identified (101 or 77%) are those who choose to smoke rather than inject. Thirty-one or 23% of heroin users were reported as being injectors. The longest known cases are using for more than four years but the model time length is 24 to 29 months indicating that the heroin use problem escalated from mid to late 1994. More significantly, there appears to be a positive relationship between the length of time used and how it is used. The more recent users are smokers in total. The first case of an injector is reported as being a user of more than 18 month. Smokers outnumber injectors in the distribution up to the 30 to 35 months category after which the relationship reversed. It would seem then that the longer the time in which heroin is used (i.e. smoked) the more likely it is that injection becomes an option.

Table 7: How Long Used Heroin by Route of Administration

Length of Time Used Heroin	Injected	Smoked	Row Summary
Less Than 6 Months	0	9	9
6 to 11 months	0	5	5
11 to 17 months	0	22	22
18 to 23 months	1	12	13
24 to 29 months	10	42	52
30 to 34 months	10	7	17
36 to 47 months	6	7	9
4 or more years	4	1	5
Total	31	101	132

Heroin injectors are more likely to be in the 20 to 24 age cohort than in the 15 to 19 cohort as in Table 8. It then appears that clients known to the services while more likely to be smokers than injectors are increasingly likely to be injectors as they get older. The four agency survey did not gather data on the age of first use. The Teen Counselling/SWCCDP (South West Clondalkin Community Development Project) school based survey in South West Clondalkin noted that of 303 respondents, there was only one case of a heroin user in the 12 to 15 years age group and that the primary drug used by those who have tried, and continue to use is, cannabis (Brennan, 1997). Most drug users in treatment in the Greater Dublin Area have first taken their drug between the ages of 15 and 19 years and that those using before the age of 15 tend to use cannabis (O'Higgins and Duff, 1997)[2].

[2] O'Higgins, K. and Duff P., *Treated Drug Misuse in Ireland,* Health Research Board, Dublin.

Table 8: Age of Heroin Users by Route of Administration (Four Agency)

Age Group	Injected	Smoked	Total
Under 12 years	0	1	1
12 to 14 years	0	0	0
15 to 19 years	4	59	63
20 to 24 years	20	38	68
25 to 29 years	6	1	7
no age data	1	2	3
Total	31	101	132

4.3 Contacts of the Youth Service

4.3.1 Additional Data

Having reviewed the returned questionnaires in the four agency survey, it was considered opportune to gather additional data from the Ronanstown Youth Service. This process dealt with questions relating to the nature of contact with the agency, the client's treatment option, reasons for not taking up available options, and extent of contact with other services. The type of contact which this service has with drug users is through a variety of channels: at street level; through ongoing contact with the users family members; with users as participants; as prisoners who contact them when out or by phone from the prison; as clients form whom detox facilities have been arranged; as participants or former participants in youth service activities, and as people who drop in on a regular or informal basis. The type of information sought in the questionnaire seemed to suit the Youth service better than the other three agencies and so fuller answers were provided. All cases identified by the Ronanstown Youth Service were heroin users.

Table 9: Preferred Treatment Option of Client by Availability

Option	n Yes Available	n No, but waiting	n Not available	n Not Applicable	Missing Data	Total
Detox	43	7	5	1	0	59
Group Therapy	1	0	0	0	0	1
Has not recognised problem	0	0	0	1	0	1
Hasn't sought help	0	0	0	16	0	16
Maintenance	3	0	0	0	0	3
No data	0	0	0	2	0	2
None	0	0	0	1	0	1
Not known	1	0	0	25	1	27
Self detox	1	0	0	0	0	1
Unmotivated	0	0	0	1	0	1
Total	49	7	5	47	1	109

4.3.2 Why Youth Service Contacts do not Take Up Available Treatment Options

In examining the known preferred treatment options of 109 heroin users a total of 49 or 45% had this option available to them as against 5 or 4.6% who did not, as set out in table 9 above. Of the 49 cases, 43 preferred the detoxification option. However, serious questions have to be asked about how people are referred to detoxification services and how they are taken into the service, given that the reason why clients did not take up an available treatment option is their persistent failure with detoxification Table 10 outlines reasons cited for not taking up options, and as is revealed, of the 43 who preferred detoxification, 23 or 53.3% had failed one or more detoxifications.[3] This may indicate that drug users take up detox as a convenient option, not understanding the commitment to remaining drug free, or are unable to remain drug free, or that detoxification in isolation is an inadequate form of treatment.

[3] Here, it is assumed that failure means that a drug user undergoing detox fails when he / she does not complete the programme or resumes using the substance from which they have been detoxified.

An interview with a member of staff revealed that many clients undertake a detoxification programme not knowing the implications of that choice for themselves. Thus there is a need for effective interventions before the client is referred for detoxification, during and following the treatment. In addition, there is a need for a broader range of treatment options.

Table 10: Reason Cited as to Why Clients do Not Take Up Available Preferred Treatment Options

	Preferred Treatment Option		
Reason for Not Taking Treatment Option	**detox**	**other**	**Total**
Client is in prison	2	0	2
Family are trying to sort out problem at home	1	0	1
Going to prison. Very unstructured life	1	0	1
Has failed One or More Detoxification	23	0	23
Has now gone to Coolmine	0	1	1
Hasn't sought	1	0	1
On a Home Detox	4	1	5
No reason	1	0	1
None	0	2	2
Not actively seeking	3	0	3
Not making contact	1	0	1
Not motivated has yet inform family	1	0	1
Not organised enough to avail; on run	1	0	1
Undergoing private detox, cash is an issue	1	0	1
Unstructured lifestyle, inability to stay out of prison longer than 6 months	1	0	1
Very unstructured lifestyle	0	1	1
Missing Data	2	1	3
Total	43	5	49

4.3.3 Contact With Other Agencies

Just over half of the drug users identified by the Ronanstown Youth Service have contact with another agency, the majority of whom are known to have contact with the Probation and Welfare Service as can be seen in Table 11 below. Significantly, the remaining half has either no contact with other agencies, or it is unknown if contact exists.

Table 11: Number of RYS Clients in Contact with Other Services

Other Services	n
Care and Prison	1
Merchants Quay Project	1
Prison	3
Trinity House	1
Coolmine	2
GP non-prescribing	1
GP prescribing	5
Tower Programme	4
EHB Community Addiction Services	3
EHB Psychiatric Services and GP non-prescribing	1
Probation and Welfare (PWS)	21
PWS and Gardai	1
PWS and Prison	1
PWS and CASP	1
PWS GP(presc.) and CASP	1
CASP	7
Unknown	46
None	9
Total	109

4.4 Clients from Clondalkin Presenting to the Eastern Health Board Addiction Service

4.4 EHB Data

Limited aggregate data was made available from the Eastern Health Board Addiction Services, based on the clients area of residence and on whether an ongoing or a new client. A total of 196 drug users from the Clondalkin area were receiving treatment from the Eastern Health Board Services in 1996 of whom 106 or 54% were first treatment contacts in that year as can be seen in table 12. Also, it is noteworthy that while earlier tables indicated a 61:40, North – South ratio, data in table 12 indicates that a total of 160 cases or 81% emanated from the North Clondalkin area (DEDs 3008,3009, 3015 and 3020). The remaining cases are resident in the South East and South West of Clondalkin. Those DEDs in the South West have the second highest number of Clondalkin drug users in treatment with the bulk of these being new treatment contacts in 1996. The DEDs of Ballymount and Monastery have the lowest numbers of clients in treatment in that year. While treated drug use is never a reliable indicator of the spatial concentration of the drug problem, it is nevertheless, the only available one. On this basis it can be concluded that the drug problem in Clondalkin is largely concentrated in the Northern part of the area.

Table 12: Eastern Health Board Addiction Service Treatment (Tx) Contacts 1996 By District Electoral Division (DED)

DED #	DED Name	n Total Tx	n First Tx	n waiting
3004	Clon-Ballymount	4	2	0
3005	Clon-Cappaghmore	10	8	0
3006	Clon-Dunawley	8	7	0
3007	Clon-Monastery	3	1	1
3008	Clon-Moorfield	54	30	2
3009	Clon-Rowlagh	50	26	4
3010	Clon-Village	11	6	1
3015	Lucan-Esker	11	5	0
3020	Palmerstown West	45	21	4
	Total	196	106	12

4.4.2 Drug Use and its Association with Social and Economic Disadvantage

Area Based Partnerships are designated by the Government partly on the basis that they score highly on objective indices of deprivation. Aggregating poverty indices for all DEDs nationally, and ranking them on a scale from 1 to 10, derives the Rank Factor Score. Hence, the most affluent decile is ranked 1 and the most deprived decile ranked 10 (Clondalkin APC Report, 1995)[4]. The nominal values for clients in the Eastern Health Board Addiction Services are compared with Rank Factor Scores (RSF) for Clondalkin DEDs in Table 13. The relationship between socio-economic disadvantage and concentrations of drug use is complex. There can be no doubt that those areas with higher levels of treated drug use have high scores on the RFS (Rowlagh, Moorfield and Palmerstown West). Equally, Cappaghmore which has the same RSF has a relatively low number of drug users in treatment, and interestingly, the Village DED while being more affluent than Cappaghmore has more drug users in treatment. While those DEDs with high scores on the RFS, have higher concentrations of drug use compared with the most affluent DEDs, it doest no necessarily follow that all socially and economically disadvantaged areas will have high levels of drug use. A closer study of areas such as that in Cappaghmore might provide interesting insights as to how some disadvantaged areas manage to have such low levels of drug use.

Table 13: Total Treatment Contacts and Deprivation Rank Factor Score (RSF)

DED Name	DED #	n Total Tx	RFS
Clon-Ballymount	3004	4	2
Clon-Cappaghmore	3005	10	10
Clon-Dunawley	3006	8	10
Clon-Monastery	3007	3	2
Clon-Moorfield	3008	54	10
Clon-Rowlagh	3009	50	10
Clon-Village	3010	11	4
Lucan-Esker	3015	11	4
Palmerstown West	3020	45	10
Total		196	

[4] APC reports are made available by Area Development Management Limited (ADM) to Partnerships. The current reports are based on 1991 Census Data.

4.5 Preliminary Findings of Garda Survey into Illicit Drug Use and Related Criminal Activity

4.5.1 Background

All Garda districts in the Dublin Metropolitan Area (DMA) provided records for the survey of "all known hard drug abusers recorded or known to be residing in their District…For the purpose of the project, hard drug abuse is opiates plus their substitutes, hallucinogens and ecstasy, it does not include cannabis use" (Garda briefing to Task Force, 19 March 1997). The study was conducted over a one month period. Clondalkin is in two Garda Sub-Districts Clondalkin (South and South West Clondalkin) and Ronanstown (North Clondalkin).

4.5.2 Main Findings as they relate to the Clondalkin Area

Main Points arising from the Garda Survey:

- "From Garda records the number of known 'hard' drug abusers in this area is 299. This figure includes all those who have come in contact with the Gardai;
- The principle drug abused is heroin, which is used by ninety percent (90%) of drug abusers, eight percent (8%) use ecstasy, amphetamine and cocaine are used by one percent (1%) each;
- The majority of drug abusers are male, ninety one percent (91%) with nine percent (9%) female;
- Eighty percent (80%) are recorded as being unemployed;
- Seventy-four percent (74%) of all drug abusers are in the 15 to 25 year age groups. Eighty-six percent (86%) are in the 15 to 30 years age group;
- Over seventy five percent (75%) of drug abusers have some from of criminal record;

- Eighty-five percent (85%) of all drug abusers are recorded as being single and seventy percent (70%) are still residing with their parents;

Drug abusers are known to the Gardai for a variety of reasons: [while in custody], 55% have admitted they use drugs; 32% have been found in possession of either drugs or drug taking paraphernalia and 3% have sought methadone while in custody. A variety of other reasons make up the remaining 10%. In general, however, it is for a combination of reasons that Gardai know an individual is a drug user" (Garda briefing to Task Force, 19 March 1997).

4.6 Summary

The drug problem in Clondalkin is characterised by

- The extent to which the problem is a youth phenomenon as it is concentrated in the 15 to 24 age group. Moreover, the use of heroin seems to begin during these ages as most of those who have 'ever tried' a drug have experimented with cannabis;

- A higher level of drug use among males;

- The level of drug users who live at home with their parents (91% in the four agency survey);

- The spatial concentration of use, particularly heroin use in North Clondalkin area as in tables 4, 5 and especially table 12: although it is clear that other parts of Clondalkin have a drug problem even if relative numbers are small;

- The extent to which those who use heroin opt to smoke rather than inject their drug, yet as in tables 7 and 8, those who are using longer, and those users who

are aged 20 to 24 years, were shown in considerable numbers to opt for injection as a route of administration;

- The fact that the problem has escalated in the last three years, as there are few drug users known to be using for more than 3 years;

- The overwhelming demand for detoxification amongst users known to the youth service, yet the majority of those who are known to seek this as a treatment option, have failed detoxification as in tables 9 and 10 above;

- Significant numbers of drug users with no contact with agencies or whose level of contact is unknown, as in table 11 above;

- The fact that areas with high levels of drug sue, as indicated by treatment numbers, are also those socially and economically most disadvantaged. By and large, as revealed in the data in table 13, yet whether an area has a high rank in an index of relative deprivation, doest not indicate a serious drug problem.

ISSUES IDENTIFIED AND STRATEGIES PROPOSED

5.1 Education and Prevention Issues

5.1.1 Drug Education

There is a lack of information, knowledge and contact locally about the content, delivery and effectiveness of school based programmes. The need for drug awareness and education programmes for parents was identified. Particularly vulnerable groups such as the 12 - 15 year olds (as identified in local research findings) should be specifically targeted in any drug education programme.

Strategies to address these issues should include:

- A broader focus than the present school based approach to drugs education.
- The development of school based programmes that are more locally appropriate.

There are gaps at present in education and awareness programmes at community level and a need for more appropriate, factually correct information on drugs, with local people more directly involved in this education process. Linked to the gap in community education is the need for access to information and training for parents, community leaders, and workers in voluntary and statutory organisations, to develop a better understanding, awareness and ability to deal with drug issues.

Strategies addressing this issue need to focus on:

- A community based approach to education and training which provides appropriate and consistent information and training and takes account of the differing needs of different groups within the community.

5.1.2 Young people out of school.

Another issue highlighted was the problem of young people wanting to leave school early with no academic qualifications, and no skills to prepare them for the workplace. Some children who are expelled from schools are faced with no alternative school options. This presents problems, and can be one of the contributing factors for involvement with drugs.

There is also a serious school attendance problem in Clondalkin. A study commissioned by the pre-Partnership Group to investigate the levels of absenteeism in the area found that it was as high as 41%. The current method of dealing with the school attendance problem is through the Gardai, which is a very limited service. The causes of absenteeism is two fold in that there are those who do not attend

- because of their poor relationship with school
- because of family difficulties which can result in poor motivation or the lack of interest in education.

Both aspects of the problem need to be addressed and strategies put in place to encourage young people to continue with their education. The high level of absenteeism and the lack of alternative activities outside school could also be contributory factors in young people becoming involved with drugs. The lack of access to appropriate and flexible training opportunities for young people who leave school early, also needs to be addressed.

5.1.3 Alternatives to Drugs

Given the high percentage of young people living in Clondalkin (approximately 37% of the total population) there are very few facilities in the area for young people. Although there is a large amount of community activity, in the form of Youth Groups and Sports Clubs, such groups are often under-resourced, and operate out of inadequate premises. There is the added problem of recruiting and training volunteers and of gaining access to local facilities. There is a particular need to target the younger age group and those experimenting with drugs by offering other more creative and challenging options.

Any strategies developed need to take account of the needs of young people in general in the community, as well as young people at risk, to encourage greater participation in youth activities and provide alternatives to drugs.

Strategies also need to build on the structures already in place in the community, and should aim at broadening the range of services and activities available to young people, and make them more accessible through the establishment of Drop-in Centres locally. A more creative approach to drugs awareness and information for young people through innovative programmes should also be explored as a means of addressing the need for alternatives to drugs.

5.1.4 Family Support Services

There is a lack of preventative family support services to help families deal with problems and difficulties that arise in their day-to-day lives. Given the nature of the development of the Clondalkin area, most people who moved to the area left behind extended families and family support systems. The social work and child care services provided by the Eastern Health Board Community Care Service, tends to have a crisis focus, directed specifically at children at risk with the result that families in need of information, advice, support and counselling have very limited access to such services. Strategies in relation to family support need to address the need for a broader range of family focused services, and incorporate and respond to the need for information, education, support and training about drugs.

5.1.5 Co-ordination of Local Service and Programmes.

The lack of clarity about services available creates difficulties. People are often unaware of the services in the community, and in relation to drugs, there is a lack of information about the type of drug treatment services or programmes available. A need for better co-ordination and networking was identified, particularly in relation to any new services that are planned.

5.1.6 The Availability of Drugs in the Area

The supply of drugs, particularly heroin is obviously a cause of concern within the community. As part of the effort to deal with the supply issues, different factors need to be taken into account in any strategies developed. These include the need for better co-operation between the Gardai and the Community, whereby the Community, whereby the Community can voice their concerns, and where there can be a clear understanding of policing policy in relation to drugs and crime, with both sides working together to address the issues. Initiatives, such as Operation Dochas, need to continue because the impact of Gardai being visible in the area is an important one. Establishing Clondalkin as a separate and distinct Gardai District, with a clear service policy for the area, could provide the best way forward in addressing the problem on an area basis.

Linked to the availability of drugs, is the role of the Local Authority and its policy on housing allocations and dealing with anti-social behaviour. Proper estate management is a primary means of ensuring priority is given to creating a more stable and safe community, and where anti-social behaviour such as drug dealing, is dealt with efficiently and effectively. An Estate Management group has recently been established in Clondalkin and the Task Force is very supportive of such initiatives. Other strategies to deal with the supply issue will need to focus on the establishment of workable structures, that bring together the Gardai, Community and the Local Authority and operate on a partnership basis.

5.2 Education and Prevention Strategies (Numbers 1 to 6)

The Clondalkin Local Drugs Task Force has discussed the above issues in detail. To address these issues, the following strategies and associated actions are proposed:

Education and Prevention

STRATEGY: 1: **ACTION:1:**	**Developing and Supporting Drugs** **Education and Training Programmes**
ISSUE BEING ADDRESSED:	The lack of access to information and training about drugs at community level.
POSSIBLE ACTION:	Innovative community arts programmes.
DESCRIPTION OF ACTION:	Developing innovative community arts programmes, as a means of crating awareness about drugs.
TARGET GROUP:	Community Groups Young People in General Young People using Drugs Parents Statutory and Voluntary agencies.
NEED BEING ADDRESSED:	The Lack of access to information about drugs. The need for accurate and appropriate information about drugs. The need for increased community awareness about drugs.
OBJECTIVE OF ACTION:	To reduce the use of and demand for drugs by providing good community education about drugs.
IMPLEMENTATION OF ACTION:	Contract with Community based Organisation.
BUDGET REQUIRED:	’97 - £65,000 ’98 - £71,500 ’99 - £78,650

STRATEGY: 2: **ACTION:1:**	**SUPPORTING FAMILIES**
ISSUE BEING ADDRESSED:	The lack of family support services within the community.
POSSIBLE ACTION:	Family Support project.
DESCRIPTION OF ACTION:	To establish a Family Support project for older children and their families, based on an inter-agency approach to providing intensive support for specific children and their families in helping them deal with particular issues and difficulties, and with a specific focus on health and drug education - age 12–15.
TARGET GROUP:	Vulnerable/at risk families.
NEED BEING ADDRESSED:	The need to support families and to prevent drug use within families.
OBJECTIVE OF ACTION:	To support families to function effectively.
IMPLEMENTATION OF ACTION:	Establish a Management Group,
BUDGET REQUIRED:	’97 - £124,000 ’98 - £134,200 ’99 - £147,620

STRATEGY:2: **ACTION:2:**	**SUPPORTING FAMILIES**
ISSUE BEING ADDRESSED:	Lack of family support services within the community.
POSSIBLE ACTION:	Locally based Family Centres.
DESCRIPTION OF ACTION:	To provide a range of preventative family support services, including social work and counselling.
TARGET GROUP:	(a). Vulnerable/At risk families. (b). All families in the Community.
NEED BEING ADDRESSED:	To provide a range of preventative services that offer support to families.
OBJECTIVE OF ACTION:	To support families to function effectively.
IMPLEMENTATION OF ACTION:	Establish a Management Group.
BUDGET REQUIRED:	Cost to be met from Infrastructure Budget.

STRATEGY: 2: **ACTION:3:**	**SUPPORTING FAMILIES**
ISSUE BEING ADDRESSED:	The lack of family support services within the community, specifically in relation to drugs information and advice.
POSSIBLE ACTION:	Locally based drug/education and training programmes.
DESCRIPTION OF ACTION:	To provide a Community based approach to education & training about drugs, which provides appropriate and consistent information and training.
NEED BEING ADDRESSED:	The need for more information and training about drugs at community level.
OBJECTIVE OF ACTION:	To create more awareness and how to deal with the issue at family and community level.
IMPLEMENTATION OF ACTION:	Contract with Community based Organisation(s)
BUDGET:	’97 - £30,000 ’98 - £33,000 ’99 - £36,300

STRATEGY: 3: **ACTION:1:**	**ADDRESSING THE SUPPLY OF DRUGS**
ISSUE BEING ADDRESSED:	The availability of drugs in Clondalkin
POSSIBLE ACTION:	Community Policing Forum.
DESCRIPTION OF ACTION:	The establishment of a policing forum with representatives from the Gardai, Local Community, Local authority, Department of Justice, Eastern Health Board and Public Representatives, meeting regularly to address issues of local concern.
TARGET GROUP:	Relevant Statutory and Community Organisations.
NEED BEING ADDRESSED:	The need to deal with the supply issue in the area. The need for an improved Gardai service. The need for better co-operation and communication between the Community, Gardai and Local Authority. The lack of effective mechanisms for people in the Community to voice concerns and highlight issues relation to crime and the availability of drugs.
OBJECTIVE OF ACTION:	To reduce the supply and availability of drugs and to establish a better partnership between Gardai, Local Authority and Local Community in tackling the drugs problem.
IMPLEMENTATION OF ACTION:	To be initiated by Mediation team
BUDGET REQUIRED:	'97 - £7,000 '98 - £7,700 '99 - £8,470

STRATEGY: 4: **ACTION:1:**	**SUPPORTING THE PROVISION OF YOUTH ACTIVITIES IN THE COMMUNITY**
ISSUE BEING ADDRESSED:	The lack of alternatives for young people to drug use.
POSSIBLE ACTION:	Support for Youth Groups.
DESCRIPTION OF ACTION:	To provide Financial Support for local Youth Groups to assist them with: (a) Recruitment and Training of volunteers. (b) Programme Development to provide more challenging activities for young people.
TARGET GROUPS:	(a) Young people in general in the Community. (b) Young people not involved with youth activities and at risk.
NEED BEING ADDRESSED:	The need for a youth development programme which would include more young people in youth services.
OBJECTIVES OF ACTION:	To provide alternatives for young people within the community, and reduce the likelihood of them becoming involved with drugs.
IMPLEMENTATION OF ACTION:	Contract with Community based Organisations.
BUDGET REQUIRED:	’97 - £62,000 ’98 - £68,200 ’99 - £75,020

STRATEGY: 4: **ACTION:2:**	**SUPPORTING THE PROVISION OF YOUTH ACTIVITIES IN THE COMMUNITY**
ISSUE BEING ADDRESSED:	The lack of alternatives for young people to drug use.
POSSIBLE ACTION:	Development of Drop - In Centres.
DESCRIPTION OF ACTION:	To establish a number of Drop-In centres for young people within the community, which are accessible, and available at different times, and offer a range of supports to young people.
TARGET GROUP:	Young people in general. Young people at risk.
NEED BEING ADDRESSED:	The lack of facilities and activities for young people, where they can access information, advice and support and become involved in a range of youth activities.
OBJECTIVE OF ACTION:	To provide better access to local facilities for young people, and a wider range of services and supports, and reduce the likelihood of young people becoming involved with drugs.
IMPLEMENTATION OF ACTION:	Contract with Community based Organisations
BUDGET REQUIRED:	’97 - £70,000 ’98 - £77,000 ’99 - £84,700

STRATEGY:5: **ACTION:1:**	**SUPPORTING YOUNG PEOPLE TO ACCESS TRAINING**
ISSUE BEING ADDRESSED:	Accessing Training
POSSIBLE ACTION	Re-integration Training
DESCRIPTION OF ACTION:	Establish a number of foundation courses to enable young people to access mainstream courses, and to identify the individual training needs of young people.
TARGET GROUP:	People who have left school early in the 18 - 21 age group.
NEED BEING ADDRESSED:	The lack of appropriate training opportunities locally for young people.
OBJECTIVE OF ACTION:	To improve the range of options for young people and prevent them becoming involved with drugs.
IMPLEMENTATION OF ACTION:	Contract with Community based Organisations
BUDGET REQUIRED:	’97 - £55,000 ’98 - £60,500 ’99 - £66,550

STRATEGY: 5: **ACTION:2:**	**SUPPORTING YOUNG PEOPLE TO ACCESS TRAINING**
ISSUE BEING ADDRESSED:	Accessing training - individual training budget.
POSSIBLE ACTION:	Develop innovative skills based training programmes linked to employment.
DESCRIPTION OF ACTION:	Providing specific training linked to identified employment opportunities, and also providing training programmes identified by young people themselves.
TARGET GROUP:	Early school leavers aged 15+
NEED BEING ADDRESSED:	The lack of appropriate training opportunities locally for young people
OBJECTIVE OF ACTION:	To improve the range of opportunities for young people and reduce the likelihood of them becoming involved with drugs.
IMPLEMENTATION OF ACTION:	Youth Support Unit
BUDGET REQUIRED:	’97 - £10,000 ’98 - £11,000 ’99 - £12,100

STRATEGY: 6: **ACTION:1:**	**SUPPORTING YOUNG PEOPLE TO REMAIN WITHIN THE EDUCATION SYSTEM**
ISSUE BEING ADDRESSED:	Absenteeism.
POSSIBLE ACTION:	Pilot Education and Welfare Service and outreach programme.
DESCRIPTION OF ACTION:	To establish an Education & Welfare Service and Outreach Programme on a pilot basis to provide individual support for young people and their families.
TARGET GROUP:	(1) Young people who do not attend school because of a poor relationship with school (2) Families where there is poor motivation or a lack of interest in education
NEED BEING ADDRESSED:	The lack of services to deal with the problem of absenteeism.
OBJECTIVE OF ACTION:	To improve school attendance and to reduce the likelihood of involvement with drugs.
IMPLEMENTATION OF ACTION:	Establishment of inter-agency group
BUDGET REQUIRED:	’97 - £120,000 ’98 - £132,000 ’99 - £145,200

STRATEGY: 6: **ACTION:2:**	**SUPPORTING YOUNG PEOPLE TO REMAIN WITHIN THE EDUCATION SYSTEM**
ISSUE BEING ADDRESSED:	Absenteeism.
POSSIBLE ACTION:	Alternative school based programmes.
DESCRIPTION OF ACTION:	To improve the options available to young people, through alternative school based programmes, that meet the specific needs of identified young people.
TARGET GROUP:	Young people who do not attend school on a regular basis, and have a problem coping with school.
NEED BEING ADDRESSED:	The problem of absenteeism, and the lack of appropriate responses to deal with the issue.
OBJECTIVE OF ACTION:	To improve school attendance, and reduce the likelihood of getting involved with drugs.
IMPLEMENTATION OF ACTION:	Partnership of School and Community based Organisations.
BUDGET REQUIRED:	’97 - £55,000 ’98 - £60,500 ’99 - £66,550

STRATEGY: 6: **ACTION:3:**	**SUPPORTING YOUNG PEOPLE TO REMAIN WITHIN THE EDUCATION SYSTEM**
ISSUE BEING ADDRESSED:	Absenteeism.
POSSIBLE ACTION:	Provision of limited school meals.
DESCRIPTION OF ACTION:	To research and deliver a programme in two pilot areas.
TARGET GROUP:	Young people who do not attend school because of family circumstances.
NEED BEING ADDRESSED:	The need to encourage better school attendance, by providing better services within the schools.
OBJECTIVE OF ACTION:	To improve school attendance and provide better opportunities for young people, and reduce the likelihood of involvement with drugs
IMPLEMENTATION OF ACTION:	Two primary schools in Clondalkin or by Community Organisation as a Community Business.
BUDGET REQUIRED:	’97 - £27,500 ’98 - £30,250 ’99 - £33,275

5.3. Treatment and Rehabilitation Issues

5.3.1 Supports to Integrate Drug Users in Their Own Communities

Treatment for drug dependence through methadone is insufficient in isolation. Drug users require ongoing support through appropriate counselling and aftercare supports. There is a danger that drug users will be isolated further from the community, and further socially. If the necessary supports are not established in order to facilitate the transition from treatment to reintegration into community life. The issue of the need to balance the rights of drug users and those of the local community was a recurring theme in discussion. There are fears in neighbourhoods that congregating drug users are a negative influence on younger children. Equally, drug users, as members of the community have a right to access whatever treatments are available and be able to enjoy the support of their families and neighbours when undergoing treatment and/or rehabilitation.

A strategy is required to assist in maintaining the balance of both sets of rights and to enable negotiation to take place where this process breaks down. The prime purpose of such a strategy will be to ensure that drugs users are not socially excluded further and to take due cognisance of the needs and rights of those living in the local community.

5.3.2 Ensuring Co-ordination in the Provision and Implementation of Treatment and Rehabilitation Services

The process of establishing a Task Force itself highlighted the need for networking, consultation and co-operation in the development of appropriate responses for drug users and their families. The consultation process highlighted the need to ensure that services and initiatives were co-managed and implemented by Statutory bodies and local Community Organisations. The importance of establishing an appropriate forum for this was also identified. This would have the effect of enabling those with an interest in the drug issue to pool resources and to develop an integrated response. Drug services have been developed in the past without the benefit of ongoing consultation

and without the space for community groups to have an input into service and policy development. The opportunity is presented now for ensuring effective networking and co-ordination.

A strategy to enable this process would require a commitment from community and statutory organisations to work in partnership to exchange ideas, share resources and develop effective initiatives. Moreover, action is required to facilitate this process of networking and exchange on an ongoing basis.

5.3.3 Creating Access to Treatment and Providing Development Options for Stabilised Drug Users

Drug users are not a homogenous group. Some are not prepared to commit themselves to a drug free life in the shorter term yet do not want to be continuously dependent upon an illegal substance which brings them into contact with crime, with indebtedness to drug pushers and rejection from the community. Others are at an experimental stage where drug use is not problematic for them, and are not seeking treatment. Some, as highlighted in the profile of drug use in Clondalkin, undertake detoxification without comprehending the dull implications of that option. Others have such a severe dependence problem that detoxification is not an option and they may require a more gradual long term treatment requiring methadone maintenance. Hence, there is a need for a *wide rage* of treatment options to allow users access the *appropriate* treatment. This requires early and effective assessment together with early intervention for those under 18 years.

Drug users have more than the need for treatment. As members of the community they face the same issues and difficulties as most people, and for them, drug use in but one of a number of problems they face together with housing, relationships, sexuality, education needs and employment issues. There is a need to ensure that the strategy for tackling drug use and helping drug users also deals with the root causes of drug taking.

While CASP provides a detoxification and aftercare support service in the North Clondalkin Are there is a need to develop appropriate locally based rehabilitation and

reintegration programmes to bridge the gap between the entry to medical treatment and a drug free state or stabilisation. Many drug rehabilitation services are located at a distance from the community or from the conditions which underpin the drug problem. In order to deal with the broader needs and to address the social and economic context in which drug taking takes place, locally based initiatives are necessary. At the same time it is recognised that for some individuals, a physical distance from the area to undergo rehabilitation is another valid option.

A treatment strategy is required which allows user to inter at the level appropriate to their needs and which will act as a referral point to appropriate rehabilitation or reintegration programmes. As local communities are keen to develop the treatment response which best with local conditions, support services are required in local satellites in North and South Clondalkin, supported by a centrally based drug treatment and rehabilitation team.

5.3.4 Involving the Community in the Treatment Agenda

Local people have a role to play in developing the appropriate treatment responses in their area. Although there is a lack of credible information and training for those wishing to get involved in the issue. Moreover, there are many myths, apprehensions and fears about drug user and drug users. Local resources could be mobilised to provide support networks for families, siblings and peer groups of those affected by the problem. There is potential to develop the 'buddy' system as a support system for drug users and their families. In addition there is a need for human resources to be involved in health promotion and community development actions to raise awareness and promote a consciousness about drugs and the implications of their use.

A strategy is required to provide people with the knowledge and skills to support and participate in developing appropriate treatment responses within their own areas.

5.3.5 Training, Education and Work: Rehabilitation Options

There are legal and procedural difficulties with drug users participating in mainstream training. This is especially true where trainees are required to use machinery. Moreover, as yet, most staff of training services and training initiatives have little training and knowledge to deal effectively with drug users. At the same time, it may be counter productive to exclude young people who experiment with drugs or who are developing drug dependency, are ejected from training programmes.

A strategy is required to develop routes back to mainstream training or work which is an essential component of the rehabilitation process.

5.3.6 Child Welfare and Family Supports

In recent years the number of families where drug misuse is a serious issue, being dealt with by the Social Work and Child Care Team in EHB Community Care Area 5 has increased significantly. So far in 1997, the primary reason for admission to care of the 10 children placed in care has been parental drug misuse and consequent neglect/abuse. The existing range of family support and childcare services, according to the EHB staff, is not adequate to meet the particular need of families where drug use is a staff, is not adequate to meet the particular needs of families where drug use is significant issue. A range of factors impinge upon service provision which either diminish their impact or make them non-viable. These factors would include unpredictability and erratic time-keeping, a context of criminality and health issues.

A strategy is required which promotes the welfare of those children whose parents have drug dependency problems. It may be necessary to adapt the range of existing services- and provide training to service providers in order to facilitate an integrated approach by staff in the different Agencies providing services to these families.

5.4 Treatment and Rehabilitation Strategies

The approach of the Task Force to spending on Education and Prevention versus spending on Treatment and Rehabilitation has been to allocate funding on a 70:30 cost ratio basis, in favour of Education and Prevention. This is on the assumption that the EHB will be providing treatment services and that the Task Force's Plan is additional to the Board's actions. Having due regard to the issues raised and to add value to services currently operated or planned by the Eastern Health Board, the Task Force proposes the following strategies and associated actions.

Treatment and Rehabilitation

STRATEGY: 1: **ACTION:1:**	**COUNTERING THE SOCIAL EXCLUSION OF DRUG USERS**
ISSUE BEING ADDRESSED:	Supports required to integrated drug users into the community.
POSSIBLE ACTION:	Medical Programme
DESCRIPTION OF ACTION:	Mediators will raise awareness of needs and issues about drugs users and drug use, and provide training to local people who wish to become involved in the drug treatment issue.
TARGET GROUPS:	Community groups, drug users, Statutory and non-Statutory Institution, Schools, Mediators.
NEED BEING ADDRESSED:	To reduce conflict and build solidarity between users and their Communities.
OBJECTIVE OF ACTION:	To assist the local Community and drug users to develop a respect for each other's rights and responsibilities. To create an environment where both can interact and engage responsibly.
IMPLEMENTATION OF ACTION:	Inter-Agency Group.
BUDGET REQUIRED:	'97 - £125,000 '98 - £137,500 '99 - £151,250

STRATEGY: 2: **ACTION:1:**	**CO-ORDINATION AND POLICY DEVELOPMENT**
ISSUE BEING ADDRESSED:	Ensuring co-ordination re the provision planning and implementation of services.
POSSIBLE ACTION:	Establish and develop a network involving Statutory Agencies, Community Groups and service providers.
DESCRIPTION OF ACTION:	Network will work with organisations to formulate and establish service and practice guidelines.
TARGET GROUPS:	Service Managers, Practitioners, Community Groups, Administrator and policy makers.
NEED BEING ADDRESSED:	Practitioner and Organisations working in isolation. This requires an appropriate structure for networking. Sharing resources and planning integrated actions.
OBJECTIVE OF ACTION:	Establish, develop and maintain a network.
IMPLEMENTATION OF ACTION:	Mediation Team and EHB Co-ordinator.
BUDGET REQUIRED:	’97 - £10.000 ’98 - £11,000 ’99 - £12,100

STRATEGY:3: **ACTION:1:**	**ADDRESSING THE BROADER NEEDS OF DRUG USERS**
ISSUE BEING ADDRESSED:	Creating better access to Treatment and Rehabilitation
POSSIBLE ACTION:	Developing a Local Contact, Treatment and Rehabilitation service, which will be centrally based and supported by neighbourhood services.
DESCRIPTION OF ACTION:	Contact, guidance and advocacy workers to link with clients over period of treatment and rehabilitation and to work on providing options for clients on a continuous basis; Keyworkers remains in contact over the period of treatment and rehabilitation.
TARGET GROUPS:	Drug Users
NEED BEING ADDRESSED:	To provide a range of appropriate, locally based treatment option for client; to fill the vacuum between entry to treatment and profession to rehabilitation programmes.
OBJECTIVE OF ACTION:	To expand treatment capacity in Clondalkin; establish rehabilitation programmes on local or regional basis between programmes on local or regional basis between Community, State and participants. Provide assessment, counselling and referral.
IMPLEMENTATION OF ACTION:	Community based Organisation with the EHB
BUDGET REQUIRED:	’97 - £125,000 ’98 - £137,500 ’99 - £151,250

STRATEGY: 4: **ACTION:1:**	**CREATING COMMUNITY INVOLVEMENT IN TREATMENT AND REHABILITATION**
ISSUES BEING ADDRESSED:	Develop and maintain Community support and input.
POSSIBLE ACTION:	Training and Development Programme for Community Groups and activists.
DESCRIPTION OF ACTION:	Training and Development staff to develop and manage outreach and educational modules in conjunction with EHB Education and Training officers; develop communications including newsletter and multimedia; be involved in training of trainers programme to develop supports for drug users and families.
TARGET GROUPS:	Community, Community groups, activists, families, friends, peers, siblings of drug users.
NEED BEING ADDRESSED:	To develop credible and legitimate communication, involve Community in active response in treatment and rehabilitation.
OBJECTIVE OF ACTION:	Create community awareness and establish effective mechanisms for local people to become involved in building a supportive and conducive environment.
IMPLEMENTATION OF ACTION:	Drugs Task Force – contract with Community Organisations
BUDGET REQUIRED:	’97 - £60,000 ’98 - £66,000 ’99 - £72,600

STRATEGY: 5: **ACTION:1:**	**PROVIDING ROUTES TOWARDS EDUCATION, TRAINING AND WORK**
ISSUE BEING ADDRESSED:	Maintain training and work options for drug users.
POSSIBLE ACTION:	Locally based training opportunities with links to mainstream education, training and labour markets.
DESCRIPTION OF ACTION:	Participants will be referred from drug Treatment/Rehab team, and will commit themselves to stabilisation, or drug free. Testing will be necessary to objectively establish this.
TARGET GROUPS:	Drug users who become drug free or those who have been stabilised.
NEED BEING ADDRESSED:	Maintain open channels and opportunities for work and training
OBJECTIVE OF ACTION:	Provide routes to Employment and Training.
IMPLEMENTATION OF ACTION:	Contract with Community based Organisations.
BUDGET REQUIRED:	’97 - £20,000 ’98 - £22,000 ’99 - £24,200

STRATEGY: 6: **ACTION:1:**	**SUPPORTING CHILDREN OF DRUG USING PARENTS**
ISSUE BEING ADDRESSED:	Ensuring Child Welfare.
POSSIBLE ACTION:	Staffing for support services to children and families where drug use is an issue.
DESCRIPTION OF ACTION:	Family support workers to work with families, training of foster families and family support service.
TARGET GROUPS:	Children and families at risk because of drug abuse.
NEED BEING ADDRESSED:	Provide services to ensure welfare of children at risk because of drug abuse within the family.
OBJECTIVE OF ACTION:	Provide appropriate flexible support services.
IMPLEMENTATION OF ACTION:	Inter-Agency Drug Group to include E.H.B.
BUDGET REQUIRED:	’97 - £150,000 ’98 - £165,000 ’99 - £181,500

STRATEGY: 7: **ACTION:1:**	**SUPPORTING PARENTS WHO ARE HEROIN USERS**
ISSUE BEING ADDRESSED:	The need for parents to be given support with their drug use and maintain their parenting role.
POSSIBLE ACTION:	Residential places for parents to stabilise with their children.
DESCRIPTION OF ACTION:	Residential setting outside of the Community with support staff.
TARGET GROUP:	Parents and women parenting alone who are heroin users.
NEED BEING ADDRESSED:	The lack of an 'out of Community' residential setting to assist parents and women parenting alone and using heroin; to stabilise and maintain their parenting role to their children.
OBJECTIVE OF ACTION	To support parents who are heroin users, to deal with their drug problem and maintain their role as parents.
IMPLEMENTATION OF ACTION	Community based Organisations.
BUDGET	'97 - £100,000 '98 - £110,000 '99 - £121,000

IMPLEMENTING THE PLAN

6.1 The Task Force Plan and the EHB Service Plan

The Eastern Health Board is the Statutory body responsible for the provision of addiction services in its area and as such is the primary provider of services within the Clondalkin area. The actions proposed in this report are intended to add value to the services currently being operated and those planned by the EHB. As such the Task Force plan is complementary to the Board's plan. In addition, the actions proposed are designed to fill gaps in areas of activity in which there is no service or where there is no one agency with overall responsibility to provide a particular service. The strategies outlined in this report are designed to optimise health gain and social gain. In addition, the structures and processes outlined for implementing them are consistent with current health policy as outlined in the Government's Health Strategy.

6.2 Policy Issues

In the course of the consultation process, it became clear to the Task Force that the position which many statutory Agencies and some non-statutory Organisations adopt in relation to drug users is a 'hands off' one. This is largely to do with the absence of training and guidelines for dealing with the drug issue, and with individual drug users. In the context of this plan, it is evident that drug use, especially in the North Clondalkin area, is so all-pervasive that it requires all agencies to recognise the necessity and importance of their role in addressing the problem. This is an issue which will have to be worked through at local and at national level in order to develop policy, practice and procedures for agencies involved in the provision of social services, training, housing, welfare and education. The Clondalkin Task Force is of the view that the overall impact of the actions implemented arising out of the Ministerial Task Force on Measures to Reduce the Demand for Drugs be evaluated nationally.

6.3 Evaluation

The actions in this plan are aimed at addressing the social context in which drug use takes place along with drug use itself. As such it is designed to have a broad impact which will in turn create an environment within which drug use can be dealt with in a community context. This is a novel and innovative approach. As such the impact of the overall plan will require ongoing evaluation and monitoring. In addition, the individual actions of the plan will require regular review and analysis. The Task Force sees these actions as a way in which all those involved can learn from the process and also that they provide a testing ground for actions which may be transferable to other situations. As such the Task Force has proposed the allocation of £15,000 per annum for three years to assess the impact of the plan and the individual actions.

6.4 Role of the Task Force

As in its terms of reference, the Clondalkin Local Drugs Task Force will have an initial life of one year. Its primary goal is to design and submit this plan. Following this, a structure will be required to engage in the process of implementing and monitoring the plan. As already outlined in the actions, the Task Force will invite proposals from community based organisations and agencies as to how they will implement actions. In addition, it will be necessary to develop new initiatives with their own management structures. The Task Force proposes the continuation of the group as an inter-agency body, which will seek to be designated by the Government as the body responsible for implementing, monitoring and evaluating the actions, contained in this plan. In order to have an impact on the implementation of the plan the Task Force should be party to any contract to implement an action in this plan between the Government Department(s) through which funding will be channelled and the organisation(s) implementing the action with Government for the implementation phase.

6.5 Timescale for Implementation

The Task Force is of the view that in order to tackle the drugs issue effectively in Clondalkin, that the actions should be implemented over a three year period. This effectively means necessary human, physical and financial resources be made available over this period. A detailed three year costing is projected for the plan in section 7.

6.6 Infrastructural Needs of Clondalkin

Unlike other areas of Dublin, Clondalkin doest not have available suitable premises to effect the implementation of certain actions. Firstly, there are insufficient commercial premises available and, second, there is inadequate space presently under communal ownership. As such, the Task Force proposes that an adequate matching infrastructural allocation be made available to underpin the actions to be implemented in this plan.

7. PROJECTED COSTS

7.1 Costs Per Action:

The actions as outlined in section 5 of this plan have been costed as follows:

Education and Prevention	**1997**	**1998**	**1999**	**Total**
Action	£	£	£	£
Innovative Community Arts Programme	65,000	71,500	78,650	215,150
Family Support Project	124,000	136,400	150,050	410,440
Local Family Centres (see infrastructure costs)	0	0	0	0
Drugs Education and Training	30,000	33,000	36,300	99,300
Community Policing Forum	7,000	7,700	8,470	23,170
Support for Youth Groups	62,000	68,200	75,020	205,220
Drop-in Centres	70,000	77,000	84,700	231,700
Re-integration Training	55,000	60,500	66,550	182,050
Skills Training Programmes	10,000	11,000	12,100	33,100
Pilot Education Welfare/Outreach service	120,000	132,000	145,200	397,200
Alternative School Based Programmes	55,000	60,500	66,550	182,050
School Meals	27,500	30,250	33,275	91,025
Treatment and Rehabilitation	**1997**	**1998**	**1999**	**Total**
Actions	£	£	£	£
Mediation Programme	125,000	137,500	151,250	413,750
Establish and Maintain Network	10,000	11,000	12,100	33,100
Local Contact, Treatment/Rehab. Centre	125,000	137,500	151,250	413,750
Training and Development Programme	60,000	66,000	75,600	198,600
Community Based Training	20,000	22,000	24,200	66,200
Supports to Children	150,000	165,000	181,500	496,500
Residential Places	100,000	110,000	121,000	331,000
IMPLEMENTATION COSTS				
Matching Infrastructure	250,000	100,000	100,000	450,000
Evaluation	15,000	16,500	18,150	49,650
	1,480,500	**1,453,550**	**1,588,905**	**4,522,955**

7.2 Cumulative Costs Summary:

	1997	1998	1999	Total
Cost Heading	£	£	£	£
Education and Prevention	625,500	688,050	756,855	2,070,405
Treatment and Rehabilitation	590,000	649,000	713,900	1,952,900
Matching Infrastructure	250,000	100,000	100,000	450,000
Evaluation	15,000	16,500	18,150	49,650
Total	**1,480,500**	**1,453,550**	**1,588,905**	**4,522,955**

Appendix .1.

BIBLIOGRAPHY

Bowden, M. (1996), *Rialto Community Drug team Policy Discussion Paper,* Rialto Community Drug Team, Dublin.

Brennan, E. (1997), *Drug Use and Young People: A Survey of Drug Use/Knowledge Among Young People in South West Clondalkin,* Unpublished Draft Report, Teen Counselling and South West Clondalkin Community Development Project, Dublin.

Butler, S. (1994), 'Alcohol and Drug Education in Ireland: Aims, Methods and Difficulties, *Oideas,* No. 42, Stationery Office, Dublin.

Butler, S. (1991) 'Drug Problems and Drug Policies in Ireland, A Quarter of a Century Reviewed' ,*Administration* No. 39, Institute of Public Administration, Dublin

Clondalkin Partnership (1996) Draft Area Action Plan, *Unpublished,* Author, Dublin.

Department of Health (1991), *Government Strategy to Prevent Drug Misuse,* Stationery Office, Dublin.

Department of Health (1993), *Shaping a Healthier Future: A strategy for Effective Health Care in the 1990s,* Stationery Office, Dublin

Department of Health (1995), *A Health Promotion Strategy,* Stationery Office, Dublin

Eastern Health Board, (1997) *Service Plan 1997,* Author, Dublin.

Forrestal, C., (1996), *Evaluation Report on Ballymun Community Drug Team,* Community Action Network, Dublin

GAMMA Ltd 1995, *Clondalkin APC Report,* Area Development Management, Dublin

Inter Agency Drug Project (1996) Interim Report, IADP, Dublin

Ireland: First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996), Stationery Office, Dublin

O'Higgins, K., Duff, P. (1997), *Treated Drug Misuse in Ireland: First National Report,* Health Research Board, Dublin.

APPENDIX. 2.

Written Submissions

Deansrath/Bawnogue Youth Project/A.B.C. D.

Moorfield Lawns Environment Residents Association

Ashwood Residents Association

Rowlagh Residents Association

Catholic Youth Council

Carline Project

Teen Counselling

Clondalkin Addiction Support Project

Clondalkin Addiction Support Project/Department of Education

FAS

Eastern Health Board/Social Work Department

Eastern Health Board/Public Health Nurses (Boot Road)

Collinstown Park Community College

St Kevin's Community College

Presentation Convent

Mater Dei Counselling Services

Rowlagh Area Parish services (R.A.P.S.)

South West Clondalkin Community Development Project

Merchants Quay Project

North Clondalkin Community Development Programme

Appendix. 3.

Clondalkin Local Drugs Task Force Members

Chairperson	Aileen O Donoghue	Clondalkin Partnership
Interim Co-Ordinator	Marguerite Hanratty	Eastern Health Board
Researcher	Matt Bowden	

MEMBERS	**COMMUNITY ORGANISATIONS**
Anne Corrigan	Sth West Clondalkin Community Development Project
Tony Furlong	Sth West Clondalkin Community Development Project
Hughie McGeown	C.O.C.A.D
John Flannery	Knockmitten Area
John McCann	Quarryvale Community Development Association
Tony Hollywood	Ronans/Neilstown/Moorefield Residents Association
Margaret Hogan	Rowlagh Residents Association
	VOLUNTARY ORGANISATION
Maria McCully	Clondalkin Addiction Support Services
Cathy Nolan	Nth Clondalkin Community Development Association
John Bennett	Nth Clondalkin Community Development Programme
Eddie D'arcy	Ronanstown Youth Service
Vincent Jackson	Clondalkin Youth Service
Mary Forrest	Teen Counselling
Patricia Reynolds	Dochas Family Centre
	STATUTORY AGENCIES
Siobhan Steed	Eastern Health Board
Michael Keyes	South Dublin Country Council
Insp. Michael Byrnes	Gardai Siochana
Maurice Walsh	FAS
Marie Dooley	Probation & Welfare Service
Michael McLoughlin	County Dublin V.E.C.