



**COMMUNITY BASED DRUGS  
INITIATIVE**

Larcoville / Lisduff Ballybeg  
Waterford

**DRUG  
USE IN  
WATERFORD  
CITY**

*The Tapestry Room, Granville Hotel,  
8th June 1998*

**A Report on the  
consultative forum**

prevention

treatment

rehabilitation

community

individual

family

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## **Introduction**

“Strategies which consult with and actively encourage the involvement of local people are most likely to lead to a reduction in the demand for drugs. Local groups and individuals have a very valuable contribution to make to the development of national policy and can bring to the decision table a depth of local experience - some of these local groups have been involved in tackling the drugs problem in their respective areas over a number of years and during that time have built up considerable valuable experience which should be tapped as a resource”.

– *Extract from Combat Poverty Agency’s submission to the Ministerial Task Force on Measures to Reduce the Demand for Drugs.*

The Community Based Drugs Initiative [CBDI] is comprised of local people and groups from the Larchville, Lisduggan and Ballybeg areas of Waterford City. Included in this partnership are representatives of local statutory and voluntary groups. Whilst the focus of CBDI is on working with and within these communities it is recognised that there are people and groups in other parts of the city with a similar interest in the drug question who also have an important role to play. As part of the work of CBDI it was decided to hold a forum to facilitate a debate on drugs and related issues that would include a wide range of people and groups mutually consulting about effects and responses to this complex problem.

In shaping the agenda for the forum, twenty six local organisations were consulted spanning the community, voluntary and statutory sectors, the outcome of this process was a wide-ranging agenda including seven workshops looking at drugs and their effects on the individual, the family and the community. Thematic discussions were also held on supply and demand, prevention, treatment, rehabilitation and responses from the different sectors.

Speakers were arranged using a multi-agency approach, utilising local resources wherever possible. In order to take on board the learning experiences of other groups, two community-based projects from Dublin were invited to give presentations.

The rest of the work was left to the participants themselves - the results of which are contained in this report.

## **COMMUNITY BASED DRUGS INITIATIVE (Waterford)**

The Community Based Drugs Initiative [CBDI] is a project comprised of community based organisations located in the estates of Larchville, Lisduggan and Ballybeg in Waterford, with representation from locally based statutory and voluntary organisations. Being community led, the project's membership is composed of organisations that work out of a community development framework and statutory organisations working in the community. The CBDI is funded by the South Eastern Health Board, Waterford Area Partnership Ltd. and Waterford Corporation.

### **The aim of CBDI:**

To support the three communities to increase their awareness of drugs and drug related issues and to develop strategies to reduce the demand for drugs

### **The Community Based Drugs Initiative is underpinned by several principles:**

- The issue of drug use is linked to social exclusion which is multifaceted in nature
- The initiative will be only one response in a range of community based responses
- It will link and network with existing community based organisations
- The initiative is inclusive and non-discriminatory
- Research on strategies to curb drug use have predominantly stressed the need to focus on community based responses
- During a consultative process a high significance was placed on the effect of drug use in the communities. There was also evidence of a growing fear that if the problem was not addressed that it could escalate and the community would be powerless to respond.

***In meeting the needs of the communities, the CBDI has engaged in several major undertakings and actions:***

- extensive drug awareness programmes for peer to peer trainers, community activists and youth leaders
- the development of an overall training package including conflict resolution and workshops on developing appropriate community based support systems
- various education and awareness programmes initiated for children, young people and youth leaders
- a plan of action to address drug misuse in the targeted communities
- closer co-operation between statutory and voluntary organisations in the area of drug reduction and awareness

*Should you wish to find out more about the work of the Community Based Drugs Initiative please contact:*

Drugs Education Worker,  
Community Based Drugs Initiative,  
c/o The Parish Rooms,  
St. Paul's Primary School,  
Lisduggan, Waterford. Tel:051 351205

## **Consultative Forum Programme**

10.00 *Chairperson - Martin Stockdale*

**Opening Address/Drugs in Perspective** *Scan Dunne - CBDI*

10.20 **Current Trends in Waterford** *Rosaleen Hanton - Waterford Drug Helpline*

10.35 **Present Services** *Dr Neville de Souza - South Eastern Health Board*

10.50 **Questions and clarification**

11.00 **Workshops - Drugs and Their Effects**

*The individual* - *Sean Dunne*

*The family* - *Richard Frank*

*The community* - *Briege Dowling*

*Supply and demand* - *Ned Hogan*

11.45 **Feedback/Discussion**

12.45 **Lunch**

1.45 **Community Responses the way Forward**

**Robbie Byrne** **Community Response South Inner Dublin**

**Joe Cullen** **Oliver Bond Community Addiction Programme Dublin**

2.30 **Workshops**

*Prevention* - *Sean Dunne*

*Treatment* - *Sister Cait - Athnua*

*Rehabilitation* - *Mary Martin*

*AIDS/Drugs Team* - *Eastern Health Board*

3.30 **Feedback/Discussion**

## 4.0 Summing Up

### Opening Address      Sean Dunne

Sean has many years experience as a community activist and has spent the last five years working in Dublin south inner city as an Outreach Worker and Counsellor for the AIDS/Drug Team of the Eastern Health Board. Sean now lives in Waterford and works as a Drugs Education Worker for the Community Based Drugs Initiative in Larchville, Lisduggan and Ballybeg.

“Despite attempts to stem the flow of illicit drugs into Ireland they continue to be more widely available, in greater variety and in use by even younger people each year.

The drugs supply from the ‘*cocaine triad*’ of Peru, Bolivia and Columbia, the ‘*golden crescent*’ of Pakistan and Afghanistan and the ‘*golden triangle*’ of Burma, Thailand and Laos continue to reach every part of Ireland, including Waterford City. According to Interpol £170 million worth of cannabis seized in one year represented only 10% of the supplies available for sale in Europe.

The so-called ‘War on Drugs’ first coined by Richard Nixon, the discredited US president of the ‘70s, appears to have failed, leaving the community to pick up the pieces, giving rise to initiatives such as the Community Based Drugs Initiative.

The theme of “Drug Use in Waterford City” doesn’t truly represent the spirit of the forum which might be more correctly termed “*For Whom The Bells Toll*” from the poem by John Donne “*No man is an Island*” recognising that drug use not only affects the individual but also the family and ultimately the whole community. It is these effects we have to examine to-day and more importantly what to do about them!

There is no one answer to the drug problem! There are no experts! Drugs and their reasons for use are as complex as human beings themselves. We all bring our own experiences to the forum. While no one person has the answer we may all have a piece of the answer. We can start to-day looking for answers by putting these pieces together!

## **Current Trends in Waterford                      Rosaleen Hanton**

Rosaleen was one of the founders of Waterford Drug Abuse Resource Group in 1984 and is still an active member of Waterford Drug Helpline. She represents the drug helpline at the European Foundation of Drug Helplines [F.E.S.A.T.].

“We in the Helpline have noticed significant changes in the nature of callers to the service over the past five years. Five years ago the drug of choice was cannabis, with alcohol featuring significantly. At that time the age profile of the cannabis user was between 18-25 years. The majority of callers to the Helpline used cannabis and alcohol. Over the past few years cannabis/alcohol have been removed from the top spot by ecstasy and speed. This, despite the much publicised ecstasy related deaths and the almost hysterical media campaigns highlighting the dangers. Perhaps a more cool headed approach would have been more productive. That is not to say that cannabis and alcohol abuse has decreased significantly.

I think it is fair to say that alcohol is by far the most widely used and abused drug in Ireland.

The age profile of the drug user has also decreased. Some of our calls concern users as young as 15 and sometimes even younger. There is a noticeable increase in the use of LSD by young callers. This would concern occasional experimentation rather than regular use in the vast majority of cases.

In the past twelve months, we have seen an increase in cocaine use in the area. We have reason to believe that there was a small market for cocaine in the area but in the past year there has been a small but significant increase in the availability and use of cocaine.

We are not aware of any major problems concerning the use of heroin but we feel that it is an area that needs careful monitoring. Our annual figures show a slight increase in the number of calls every year. We can look at this in two ways, either there is an increase in the number of users or people are more aware of our service. We tend towards the latter view.



## **Present Services**

## **Dr. Neville de Souza, South Eastern Health Board**

Dr. de Souza is a Specialist in Public Health Medicine with special responsibility in the area of drug misuse. He is also a member of the South Eastern Health Board Committee of Reduction Measures for Drug Misuse. At present he is Acting Programme Manager, Community Care & Health Promotion.

Dr. de Souza outlined the South Eastern Health Board's measures to reduce the demand for drugs in accordance with the government's 1996 decision to tackle illicit drug misuse. A committee was set up consisting of statutory and voluntary organisations in order to develop a policy for demand reduction.

*A survey was carried out in Waterford of children ages 15-17 years of age. The results were:-*

- 637 adolescents were surveyed. 438 boys and 199 girls attending secondary school and youth centres.
- 37% of boys and 27% of girls stated that they had taken drugs, of these 55% said that they had taken drugs once only, (17.6% of the total) but 37.5% (12.7% of the total) took drugs regularly.
- 84% of boys and 78% of girls admitted having drunk alcohol, of these 52% had only consumed alcohol once (42% of the total), by 35% drank regularly (29% of the sample).
- 57.6% of the children stated that drugs had been offered to them.

The Health Board provides preventive and treatment services for Drug misuse either directly or in co-operation with other organisations.

1. Co-operation with the Waterford Abuse resource group and Helpline.
2. Co-operation with the Community based Drugs Initiative.
3. Counselling Services for Drug dependency and Treatment facilities.
4. Treatment by family doctors and
5. Support for treatment services.

## Workshops

### **Drugs and their Effects on the Individual      Sean Dunne, Facilitator.**

The workshop began with an acknowledgement that the effects of drug use on the individual are enormously influenced by:

- (i) the mental make-up of the individual
- (ii) the context in which the drugs are taken

The group then looked at cannabis use. It was acknowledged that cannabis can be used for medical reasons and has some healing properties. It is not physically addictive but may be psychologically as it feels so good that people want to do it again.

The discussion moved to the idea that some individuals have been users of cannabis for over thirty years without necessarily abusing the drug. It was acknowledged that there is a lot of argument in favour of cannabis decriminalisation but that there is a three times greater cancer risk than for cigarettes.

Some of the group questioned this conclusion, highlighting the importance of the ‘slant’ of research on the issue.

The group then looked at the contributing factors that go towards why people use drugs.

#### ***Some of the issues that were identified were:***

- society is changing, where drug use is more acceptable
- peer pressure
- young people are more likely to come into contact with drug use, therefore they have to make a choice whereas previous generations did not
- users can be isolated through the difficulty of communication between parents and children
- it was also acknowledged that the reasons for drug use are many and complex

***In terms of usage, the following points emerged:***

- Drugs can be divided into five main categories: stimulants, sedatives hallucinogens, hallucinogen/stimulant based, opiates
- That there is very little heroin use outside of Dublin
- Crack cocaine has not really caught on but is very cheap
- Different areas of the country have different patterns of drug use, but it is yet to be established why this is the case
- Alcohol is legal and socially acceptable, therefore it does not attract attention, but is very problematic

***The workshop concluded by making some general points about what is needed:***

- Young people must be supported to challenge peer pressure
- A lack of communication between young people, parents and agencies must be tackled to provide an environment where the issue can be faced up to
- Education needs to begin at a very young age as drug use by children as young as five is not unknown.
- Everybody should be encouraged to become part of the solution - we need to avoid the 'somebody else's problem' syndrome
- Young people themselves must play a part in the consultation process and any subsequent solution.

## **Drugs and their Effects on the Family      Richard Frank, Facilitator.**

Richard is the Co-ordinator of Childcare Services at St. Brigid's Family and Community Centre and works with youth people and families. This has brought him into contact with both drug users themselves and families that have a drug-using member.

St. Brigid's Family & Community Centre is a voluntary organisation which offers a wide range of services to families and individuals who cannot afford private services. The services provided include counselling, group work for children, play therapy and work with the travelling community. A Citizens Information Centre is also based in St. Brigid's. Although St. Brigid's does not provide a direct service for drug users, it has developed good working relationships with other organisations to provide a comprehensive and user friendly service.

The group identified several issues and needs within the area of the effects of drugs on the family:

### ***Recognition was made of:***

- Drugs always affect families
- All attention is given to the user, other children can be left out. This can cause other problems
- Drug use within the family can cause panic and anger
- Parents and siblings need support as well as the user
- The family may be stigmatised through the shame associated with drug abuse
- Young people get hassle when attending support sessions, often by being "slagged off" by peers

### ***Possible reasons for drug use were suggested:***

- Possible link with poverty
- Those out of the education system have
  - no financial resources
  - no other educational outlet
  - nothing constructive to do

*The group also suggested several potential responses:*

- Community based responses need to be adequately resourced so that they can offer:
  - support to families
  - better education
- Parenting programmes in schools should be developed
- Life-skills programmes should be provided in schools. This should be a facilitated programmes - not taught
- Rehousing of dealers within communities should include consultation with that community

## **Drugs and their Effects on Communities    Briega Dowling, facilitator.**

Briega is the Project Co-ordinator of the Ballybeg Community Development Project. Briega has lived in Ballybeg for the past twenty years and have been involved with the Community Development Project from its beginning in 1991. The aims of the Community Development Project

- To work collectively with local people in the community to bring about social change
- To enable local people to develop their own potential and thus improve the quality of their lives
- To identify the needs and issues of the community and address them collectively.

### **Areas of work undertaken by the Project:**

Voluntary Management Group	Work with Target Groups	Networking
Research & Evaluation	Issue based groups	Representation
Linking into the Community	Policy Work	

### ***The group identified many effects that drug use has on a community:***

- A sense of fear and intimidation can descend. This can lead to a fear of violence
- Members of the community feel angry and desperate
- The image of the area is one that uses drugs contributes to the low self-esteem of the people in the community
- Property theft is likely to increase
- The media often promote a negative stereo-type of the area which drug use can compound
- Despair and division can result form the ensuing problems

The participants acknowledged the good work that is done by and within communities on the drug issue, and went on to analyse why this work isn't more effective:

- Lack of resources
- Low involvement due to fear of threats
- Lack of equality in the valuing of community expertise
- No holistic approach
- Very few services in the communities
- Traditional, rigid ways of working inhibit potential responses

- A lack of trust between and within communities, various agencies - both statutory and voluntary

## **Supply and Demand**

## **Ned Hogan, Facilitator**

Ned Hogan is one of two Juvenile Liaison Officers with the Waterford Gardai. The Juvenile Liaison Scheme is operated by The Garda Siochana and is intended to deal with first time young offenders. Those involved are not prosecuted in the courts but are placed under the supervision of a JLO. The role is seen as a supportive one and comes from the Garda Siochana increasing awareness of the need to prevent and intervene at the earliest possible stage to divert young people from a life of crime.

### ***The group began by looking at some of the connections between crime and drug use:***

- 68% of all Juvenile crime in Waterford is in Ball Project Area
- There is a link between drugs and crime
- The age that young people start using and experimenting with drugs is increasingly getting younger
- Juvenile crime in Waterford rose by 27% in the five months up to 31st May, 1998
- Due to the magnitude of the problem, community Gardai on their own cannot provide a solution to the problem.
- Concern was expressed that people in the community could start taking the law into their own hands out of sheer frustration
- People in the community have a fear of repercussions if they give information on drug dealing activity in their area
- Convicted dealers/users still have access to drugs in prison which can compound the problem by not breaking the cycle

### ***In response to these difficulties and challenges the group identified several potential measures:***

- Drug pushers should be punished to the limit of the law
- More drug education should be provided in schools
- A national drug education policy should be formulated
- Small scale suppliers should be targeted and not just “moved on”

- More facilities should be provided for young people in order to give them alternative options to socialise, making it harder for dealers to target them
- More responsibility and accountability is needed from shops, supermarkets, in who they sell cigarettes and alcohol to.
- All interested agencies need to work together

## **Community Response                      Speaker: Robbie Byrne.**

Robbie is employed by Community Response as a Community Artist and Community Drug Worker. Community Response has its origins in a seminar held in 1990 attended by various local activists and workers including, social workers, community workers and Guards. At this stage Community Response was founded, it was agreed that a new approach was needed and that Community Response was to develop a positive, united front for the future. It was also agreed that the “One common aim of Community Response was towards working together to develop and devise practical and pragmatic solutions to the problems devastating Dublin’s South Inner City”.

The constitution of the organisation was drafted through an eclectic mix of experiences and disciplines and recognition that solutions may begin to be found by mixing the experience. The two fundamental points from the constitution are:

1. South Inner City community is in the lead of the organisation and it is in the interest of this community that it will work.
2. It will promote a partnership of statutory, voluntary and community interests, concerned with the issues of problem drug use, drug related HIV, AIDS and drug related crime, environmental, educational and other social conditions that perpetuate and exacerbate drug use in the target area.

At this stage it was pointed out that in the organisation there was need for a clear and precise mission statement that defines the way we work and a strategic plan that outlines out objectives and priorities and how we intend to achieve them. It was stated that Community Response works out of a community development ethos. Our motto/slogan is Community Response works with



individuals, families and communities in helping them to determine their own solutions to drugs and related problems.

Various different definitions on community development were given but it was suggested that we work to a radical community development approach, which relies on: Process, Solidarity, Participation, Collectiveness and Skills Passing.

Family issues were put in the agenda of Community Response back in 1992. An open family “crisis” group was established through C.R. structure, operated by addiction counsellors and a Theatre Group “Inside Out” who had experience in working on the drugs issue. At the same time Community Response helped establish The Basin Back In Action Group and the “Drop In” in the Small Club. The open group eventually formed themselves into Tenterhooks Drama Group and produced the play Taking Liberties which was shown to packed halls across the South Inner City and further afield. Arising from the staging of the play was the formation of nuclei or new groups. During this time C.R. also published its research document Dealing With The Nightmare which highlighted the needs of family members and made several recommendations regarding them.

***The aim of the programme is:***

To train local people as community drug workers so that they are in a position to take an informed active role with recognised authority in the development and delivery of local drug services within a community development framework.

***Some of the objectives are:***

- To develop culturally relevant materials
- Highlight connection between multiple disadvantage and widespread problem drug use. Ongoing development of integrated responses that take account of wider societal factors that impinge or influence local trends in drug use
- Equip participants with the knowledge and skills in the principles and practice of good adult education approaches which have at their centre that people can and do if properly resourced, in collaboration, determine their solutions to their own problems.

- To promote the above as effective tools for engaging with people, identifying needs, formulating a plan of action, planning programme that is related to actual needs.
- To promote an approach that recognises that no one service or discipline has the solution, rather a wide range of skills utilised at various levels in the spirit and practice of genuine partnership in the context of community development has the potential to transform the situation.
- Build on and deepen knowledge, skills and critical awareness of participants in the area of addiction and its impact on the life/needs of the individual, family and community.
- Through training process define the role and potential of Community Development
- Through training process and collaboration with relevant agencies, contribute to, creation of new models of practice.
- To ensure participants are trained to a level whereby they would have equal opportunity and access to employment in local drugs services.

*It was pointed out that with formation of the partnership arrangement key questions still remain unaddressed:*

- a) Is the partnership arrangement about bringing together different philosophies and disciplines to create one common framework?
- b) Is it about sharing of power in a local decentralised way?
- c) Is it about pooling together and exchanging the different experiences?

***At present Community Response's programmes are:***

- Community Drug Work Training programme
- Family Project
- Education/Facilitation Work
- Campaigning/Networking
- Research

Although we work to a community development approach there are other disciplines that we use or that impinge directly on our work. These were named as: Community Arts Addiction Work, Youth Work, Social Education, Social Work, Community Health, Group Work

Community Response are working directly with families effected by drugs and HIV. We are also working with other community activists who together will produce culturally relevant materials and develop their own strategies that will respond to the community health needs of families.

### **Oliver Bond Community Addiction Programme, Dublin.**

#### **Speaker: Joe Cullen,**

Joe is a Community Worker based in and living in the Oliver Bond Flats in the South Inner City of Dublin. He is a founding member of the Community Addiction Programme and is currently a member of the management committee.

Joe outlined the escalating drug problem in the South Inner City of Dublin. The effects of heroin and HIV had dealt a severe blow to the hard-pressed communities who were already reeling from other social problems such as unemployment, bad housing and poverty. He traced the community responses from the turbulent 80's to the present development of community based services in his own flats.

Through negotiations with the Health Board, direct contact with drug users and their families, and the Merchants Quay Project the community established the Community Addiction Programme spanning four flat complexes. A Board of Management was organised and services commenced in April 1977 providing a Drop-In facility, counselling, stabilisation and detoxification programmes. The community representatives undertook a training programme dealing with issues around providing a drop-in.

The communities now felt that, at least, they are starting to deal with the problem but are also aware of its complexity. The problem of drug use had existed for nearly twenty years in the south inner city and was not going to disappear overnight.

## **WORKSHOPS**

### **Prevention    Facilitator: Scan Dunne, CBDI.**

*The group began by looking at the different elements within the concept of prevention:*

- Primary prevention - i.e. stopping people using drugs at all
- Further prevention - i.e. the use of techniques such as treatment centres to ‘intercept’ drug use and stop it
- Harm reduction - i.e. acknowledging that people will use drugs and then concentrating on educating how to use drugs safely

The group looked at the issue of primary prevention, acknowledging that this has been less than successful, shown by the high levels of usage. The point was made that in Ireland’s case that drug education is only a very small part of school health education.

*It was suggested that:*

- Drug education should be introduced at primary level
- Teachers should be trained in drug education
- There needs to be a heightened sense of parental responsibility
- Increased numbers of community based facilities are required
- Outreach programmes are needed for high risk young people

Having acknowledged these measures, the group looked at why people use drugs in the first place identifying curiosity, experimentation, escapism, social reasons, low esteem, boredom, peer pressure and educational pressures as caused factors. The specific responses outlined at the start of the workshop were generalised into the following principles:

- Responses must work at three levels: the personal, community and national
- With regard to communities, only communities can identify its own needs.
- Conflicting messages from different programmes/agencies/groups must be unified so that everyone is giving one message.

**Treatment     Facilitator: Sister Cait O’Leary, Athnua.**

Sister Cait is a Good Shepherd Sister and addiction counsellor. She was Director of Athnua which is now re-located in Cork.

Athnua is a halfway house women’s residence providing a supportive environment and residential aftercare for women who are in the early stages of recovery from chemical dependency. The facility provided places for six females over the ages of 18 years. The length of stay is approximately three months.

The group looked at current models of treatment - discussing their success and potential for future treatment.

***The points that emerged from the workshop were:***

- Treatment can/should be divided into three distinct areas:
  - counselling
  - detox
  - support
- Counselling should be individually tailored

- Those undergoing treatment need to utilise natural supports so as to reduce dependency
- There is a need for more treatment facilities
- It was acknowledged that there is a lack of adequate funding for the sector
- There is a sense of ‘doing the job for them’ by voluntary/community groups as statutory agencies are not as involved as they might be
- Political action is required if these concerns are to be addressed

## **Rehabilitation                      Facilitator: Mary Martin**

Mary is an Addiction Counsellor working for the HIV/AIDS Drugs Team of the Eastern Health Board. She is based in Dublin South Inner City and provides services in Castle Street and in drop-in facilities based in the communities. She is on the board of management of Community Response and Oliver Bond Community Addiction Programme.

This workshop had a wide-ranging discussion on the elements that should go towards a successful rehabilitation programme.

### ***The issues that emerged were:***

- Support networks are vital to the success of a rehab programme. This needs to come from partners, families, communities, clubs, non-using addicts
- People need to change their habits by avoiding high risk areas, people and situations
- Positive diversions are very useful such as entertainment, work, clubs, etc.
- Positive environments for recovery must be developed, e.g. amenities, facilities, community development groups
- Counselling is central to recovery i.e. someone to talk to and who will listen
- there is a need for understanding and not judging addicts .. they are people

- Addiction problems should not be hid at either a personal or community level
- A holistic approach that include learning opportunities on social, emotional, psychological, education and nutritional issues is required
- Childcare support is essential during rehab
- As rehab takes a long time, planning, support and encouragement is vital
- Existing services are overtaxed, understaffed and some - as a consequence - have inadequate training
- The building of self-esteem is essential in relapse prevention

## **Summing Up**

A lot of ground was covered at the forum. All the participants tackled major questions in a limited amount of time. They analysed many facets of the drug problem through the medium of seven workshops and five presentations.

We have heard the responses from the statutory, voluntary and community sectors. We have raised issues, identified needs and perhaps dispelled some myths in the short time available. This was achieved in the context of the involvement of twenty-six organisations represented by over fifty people who attended and participated in the forum.

The workshops left us with a wealth of information that will have to be analysed on other occasions. This feedback will form the core of our work, and will go a long way in determining our response to the drug problem here in Waterford.

We may not have answered all the questions but we have certainly put in motion a process which will seek to do so. The fruits of our work will be recorded in a report measuring our progress.

In some way this progress has already been measured. Our forum theme has changed from the bland “Drug Use in Waterford City” to the suggested “For Whom The Bell Tolls” and finally to the emotive “Taking Drugs is like having a Day Out” - so well articulated by one of the clients from the Oliver Bond programme, all of whose words will remain with us for a long time.

The Community Based Drugs Initiative aims to support the community to increase their awareness of drugs and drug-related issues and to develop strategies to reduce the demand for drugs. The consultative forum has brought us further on this road and has brought us closer to the statutory and voluntary agencies in a spirit of co-operation.

## **TO OUR FRIENDS**

Eleven participants from the Oliver Bond Addiction Programme, Dublin, attended the forum. Three of them addressed the audience and told of their experiences of drugs and ultimately heroin addiction. No record was taken of their deliberations. We were honoured that these young people shared their lives with us. However this report would not be completed without some words portraying their experiences and giving some sense of their lives. In the spirit of the moving statement that “taking drugs, is like having a day out” we have put together the following words:

### **DAY OUT**

*Sean Dunne*

Seagull screams, distant dreams,  
The kids chase down the lane,  
The Angelus bell, the Liffey smell,  
The ecstasy and the pain,  
  
Flats piled up one on one,  
A girl walks on the street,  
A baby cries, a school friend dies,



Before her sunshine comes,  
Calls and bawls, graffiti walls,  
Words of fear and hate,  
Mother's life, love and strife,  
Embrace eternal fate,  
  
Day turns into one long night,  
And youth was stole away,  
Tears and drink and cruses flow,  
A siren lights the dark,  
  
Empty room, burned out spoon,  
A needle finds its mark,  
Ten pound bag, eyelids sag,  
Waiting for sunrise,  
  
Dirty floor, abcess sore,  
Blood stains upon the wall,  
A bang, a shout, a hungry mouth,  
Thinking of her dead pal,  
Her young face, devine grace,  
Free again at last!

## **Attendance**

Ger Doyle	Waterford Area Partnership Ltd
Sean Dunne	Community Based Drugs Initiative
Anne Kiely	St. Saviours Camogie
Marian Murphy	Waterford Drug Helpline
Rosaleen Hanton	Waterford Drug Helpline
Jimmy Moloney	St. Saviours Camogie
Pauline Power	Kilcohan/St. Herblain Community Development Group
Caroline Acheson	Kilcohan/St. Herblain Community Development Group
Penny O'Brien	Clonard Park Residents Association
Aoife Halligan	Children's Grouplink
Anna Brady	Ministry
Ursula Brophy	Waterford Youth Information Centre
Jim Quinn	Bally beg Forum
Anne Lenihan	Oasis
Carmel Terry	St. Brigid's Family & Community Centre
Richard Frank	St. Brigid's Family & Community Centre
Gail O'Sullivan	Foroige
John O'Connell	B.A.L.L. Project
Renate Banzhaf	S.H.Y. Project
Richard Frank	St. Brigid's Family & Community Centre
Miriam Quinn	Waterford Corporation
Cait O'Leary	Athnua
Michael Simpson	Ballybeg Men's Club
Ned Hogan	Juvenile Liaison Office
Pat Doyle	Juvenile Liaison Office
Brendan Roche	Garda Siochana
Gary Butler	Garda Siochana
John Glavey	Waterford Youth Industries
Elaine Houlihan	Ballybeg Community Development Project
Briega Dowling	Ballybeg Community Development Project
Sharon Houlihan	Ballybeg Community Development Project
Ruth Houlihan	Skips Youth Club
Mary Daniels	Skips Youth Club
Joe Gough	Waterford Youth Committee
Biddy Connolly	Key Project - Ballybeg C.D.P.
Una Ryan	Women's Sector
Eoin O'Neill	Waterford Regional Youth Service
Miriam Griffin	Ballybeg Community Development Project
Robbie Byrne	Community Response Dublin
Joe Cullen	Oliver Bond Community Addiction Programme Dublin
Liam McGuinness	Oliver Bond Community Addiction Programme Dublin
11 Residents	Oliver Bond Programme
Mary Martin	Aids/Drugs Team - Eastern Health Board

## **Acknowledgements**

When any process like this is undertaken, its successful outcome is reliant on the hard work and diligence of many people and groups. Whilst the forum was initiated by CBDI, its work would not have been possible without these interested and dedicated people.

Suffice to say, CBDI would like to take this opportunity to thank all those who were involved - the participants, the speakers, group facilitators, group notetakers and all the others who helped set the day up. In particular, we would like to thank Ger Doyle (Community Development Co-Ordinator, Waterford Area Partnership), Briege Dowling (Project Leader, Ballybeg Community Development Project), Richard Frank (Social Worker, St. Brigid's Family and Community Centre) and Martin Stockdale (Manager, Waterford Youth Industries) without whom the day would not have been possible.

The Community Based Drugs Initiative (CBDI) is a project comprised of community based organisations located in the estates of Larchville, Lisduggan and Ballybeg in Waterford, with representation from locally based statutory and voluntary organisations. The projects membership is composed of organisations that work out of a community development framework and statutory organisations working in the community. The CBDI is supported by the South Eastern Health Board, Waterford Area Partnership Ltd. and Waterford Corporation

The aim of CBDI is to support the three communities to increase their awareness of drugs and drug related issues and to develop strategies to reduce the demand for drugs.