



DRUG AND ALCOHOL MISUSE PREVENTION STRATEGY



**South
Eastern
Health
Board**

APRIL 1999

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Introduction

The first “European Action Plan To Combat Drugs” was adopted by the European Community in 1990. This action plan has been updated twice with the most recent version being agreed by Heads of State. The Action Plan is founded on four components:-

- Demand Reduction (meaning prevention and other action in relation to drug use)
- Supply Reduction (through the targeting of trafficking networks and related programmes)
- International Action On The World Stage
- The Pooling and Sharing of Information and Knowledge Among Policy Makers, Professionals and Citizens of the European Union

In 1997 the Draft Treaty of Amsterdam reiterated and widened the focus of concern with a specific mention to reducing drug related damage. This reference to what is sometimes called (harm reduction) or (risk reduction) is a response, in particular, to serious health risks posed by communicable disease such as AIDS.

An Irish Perspective

In July 1995 the Government outlined plans in relation to measures that it wished to introduce to combat the misuse of drugs. The Department of Health was specifically requested to bring forward proposals on the care and treatment of drug abusers and on demand reduction measures.

On 21st February 1996, Mr. Michael Noonan, T.D., Minister for Health, launched the new Government Demand Reduction Measures to prevent drug misuse, which included a strategy compiled in consultation with the Departments of Education and Justice. This Strategy was based on two key elements:-

- reducing the number of people turning to drug misuse in the first instance through information, education and preventative programmes
- providing a range of treatment options for those addicted to drugs, the objective of which must be, a return to a drug free lifestyle, although accepting that this may not be a realistic goal in every instance.

In October 1996 The First Report Of The Ministerial Task Force On Measures To Reduce The Demand For Drugs was launched.

The report recommended that a National Drug Strategy team be established which would include members with a background in voluntary and community sectors already dealing with the drug problem. This team should report to the cabinet committee while liaising with regional and local structures.

The Government adopted their report and approved fourteen million Irish pounds towards the implementation of its recommendations as follows:-

- Ten million for service development in priority areas
- Three million for local estate improvement
- One million for specific anti-drug projects outside of the priority areas

In line with the recommendations of the report, it was also decided that local drug taskforces comprising community representatives and state agencies would be established in each priority area (10 in Dublin – North Inner City, South Inner City, Ballymun, Ballyfermot, Finglas/Cabra, Crumlin, Coolock, Blanchardstown, Clondalkin and Tallaght and 1 in Cork – North Cork City). These were asked to prepare applications for funding for projects in their respective areas which would be evaluated by the National Drug Strategy Team and submitted to the Government for approval. The objective was to allow structure participation by communities in the fight against drugs and to provide funding for worthwhile projects at community level.

The Second Report of the Ministerial Task Force (Appendix 2)

This report made sixteen recommendations which include:

- Effectiveness of the current response to the nation-wide misuse of non-opiates such as Ecstasy and Cannabis.
- Measures to deal with the demand for drugs.
- The targeting of disadvantaged areas and groups with training and other outreach programmes.

Research Information and Summary Results on Drug Misuse.

There are many surveys completed which give good indicators as to the extent of use of illegal drugs and alcohol by young persons.

Extracts from some of these are included in Appendix 3.

View of the Task Force

The Task Force believes that long-term solutions in the areas of education and prevention – especially regarding the conditions which tend to make demand for drugs more likely – represent the best possibilities of bringing the problem under control.

As a Committee we believe the best approach to further the aims of the Task Force is to encourage programmes and activities at local community level.

Regional Structures

The National Co-ordinating Committee on Drug Misuse established Regional Co-ordinating Committees in each Health Board area providing a valuable forum for joint planning between the various agencies and the voluntary/community sector. It recommended that plans be drawn up for the following areas (see also Appendix 1):-

- Information/Research
- Treatment
- Rehabilitation
- Education/Prevention
- Estate Management
- Sport
- Community Policing
- Allocation of funding/resources

The South Eastern Health Board established its Co-ordinating Committee on Demand Reduction Measures for Drugs and the first meeting was held on 25th June 1996 and is representative of a wide range of agencies, professionals and parents.

In order to address its role in an organisational way the Regional Committee established task groups in three areas as follows:

1. Education
2. Treatment and Rehabilitation
3. Research and Audit

(The Terms of Reference for the Co-ordinating Committee on Demand Reduction Measures for Drugs is contained in Appendix 4).

On the establishment of the South Eastern Health Board's Co-ordinating Committee on Demand Reduction Measures for Drugs, funding for a Regional Drug Co-ordinator and for support mechanisms for local initiatives were sought from the Department of Health. A sum of £70,000 was made available.

In 1997, additional funding (£163,250) was received for the following Demand Reduction Measures:-

1. Development of a drug misuse database.
2. Additional preventative work in community settings.
3. Strengthening the health education/health promotional structured programmes aimed at local level activities in schools and community settings.

4. Training for professionals in early identification and prevention of drug misuse.
5. Upgrading the skills of addiction/alcohol counsellors providing community treatment programmes and other health care professionals.
6. Co-ordination and support for programmes in local communities.
7. Support for a residential supportive environment for persons who are clinically dependent.
8. Supports for the Waterford Drug Helpline.

In 1998, the Department of Health made available a further £75,000 for Drug Demand Reduction Measures, to meet the full years costs of the 1997 developments and to support programmes during European Drug Prevention Week (16th – 23rd November 1998).

The South Eastern Regional Co-ordinating Committee on Demand Reduction Measures for Drugs now wishes to forward to the Board a strategy for the next three years to respond to the issues around drug misuse at local level. The Committee at its very first meeting decided that alcohol should be included as part of the drugs demand reduction strategy in view of the fact that it is of high demand and is readily available to young people at whom programmes and the overall strategy is aimed.

South Eastern Health Board Strategy

The Regional Committee, having considered various reports and the identified needs and responses from within the region, makes the following recommendations on the formulation of an overall strategy within the South Eastern Health Board:-

1. **Health Promotion & Prevention Measures.**

A provision has been made for an appropriate range of education and prevention measures to facilitate the maintenance of a drug free community and to ensure that the responsibility for education extends beyond the schools into the wider community.

2. **Treatment & Rehabilitation**

The provision of treatment and rehabilitation which will enable individuals with substance problems to obtain a substance free lifestyle and develop constructive healthy living strategies, due to provision of locally based, easily accessible services, which operate on the principles of best knowledge and practice and make optimum use of available financial resources.

3. **Research & Audit**

The Board is developing a uniform system of collection and provision of data from all reporting agencies through the Health Board on the incidence of substance abuse and misuse and it recommends that there should be an office with responsibility for ensuring optimum data collection and collation. It is necessary to collate and to keep updated on a regular basis reliable information on drug use and misuse which will allow for changes in trends and needs to be identified.

In this regard it is recommended that anecdotal information should also be collated and assessed as this information provides an indication as to developing trends. A Data Collection Officer is to be appointed to the Board.

4. **Professional Staff Training**

It is recognised that substance abuse, which includes both alcohol and drug misuse, is a growing problem with significant prevalence in the community and that no one service can meet the needs of the community. In this context all health care staff and the staff of services who encounter substance misuse/abuse in the workplace, have a role to play in addressing the problem. The Committee recommends that staff who work in these areas will be encouraged to participate in relevant training.

Discussions are currently taking place with Waterford Institute of Technology to establish an Introduction/Diploma/Degree Course in Drug Prevention Studies.

Discussions are also taking place with the South Eastern Health Board's G.P. Training Scheme and the G.P. Unit.

5. **Expand Demand Reduction Programmes**

To generally improve demand reduction programmes for those who are already using or abusing drugs. This would include the establishment of a forum for the exchange of information on difficult to manage cases. It is necessary to agree on an age range for school and community programmes aimed at young people.

6. **Development of Research Proven Intervention**

It is recommended that discussion would be entered into with health professionals in primary and secondary care with a view to having specific intervention inputs with people in general medical treatment who are using alcohol and drugs. Research has shown that early identification and intervention limit damage of drug or alcohol misuse at individual, family, community and societal levels.

7. **Health Research Board**

The South Eastern Health Board will, through its own information base, forward the required statistics to the H.R.B. which has the task of compiling a national report on the specific drug situation in Ireland in accordance with the guidelines of European Monitoring Centre for Drug and Drug Addiction, E.M.C.D.D.A. which is based in Lisbon and provides detailed analysis and reports on the state of the drug problem in the European Union on an annual basis.

8. **Peer Training Programmes**

It is recommended that the South Eastern Health Board co-ordinates the development of Peer Training Programmes for parents and young people. The Adult Programme will be based on the Training for Trainers Model and the Youth Programmes will build on the Crosscare (C.S.S.C.) and the National Youth Council of Ireland (N.Y.C.I.) Programmes already in existence.

9. **Local Co-ordination**

It is recommended that a local co-ordinating committee on Demand Reduction Measures for Drugs be established in each Community Care area. It is also proposed that the Chairperson or another nominated member of each Local Committee would join the Regional Committee.

Progress To Date

The Board has already commenced a plan of action in a number of areas as follows:-

A. Waterford

Agreement was reached in October 1996 with Waterford Corporation and Waterford Area Partnership for a pilot “Community Based Drug Initiative” in the Ballybeg, Lisduggan and Larchville area comprising of approximately 1400 houses. The project aims to support the local communities in increasing their awareness of drug related issues and to help develop strategies to reduce the demand for drugs in the Communities.

B. Wexford

Agreement was reached with Wexford Area Partnership in December 1996 to establish W.A.S.P. (Wexford Addiction Support Programme). This project will identify the needs of the local communities of Wexford Town, Rosslare/Kilrane, Taghmon, Coolcotts and Castlebridge in the response to misuse of drugs and alcohol within their area. A County Wexford forum comprising of. South Eastern Health Board, Wexford Area Partnership, County Wexford Partnership, County Wexford Drug Prevention Partnership and Wexford Addiction Support Programme is presently working on planning a database for the County.

C. Carlow

Agreement has been reached with Carlow Regional Youth Service and other voluntary and statutory groups in the area to establish a “Community Based Drug Initiative”. Carlow Area Network Development Organisation (C.A.N.D.O.) and the South Eastern Health Board have committed funding towards this project. The post of Drug Project Worker for Carlow was filled in November 1998.

D. Kilkenny

Discussions have taken place in the Kilkenny Area with Community Groups including:-

- Regional Youth Service
- Youth Lynx
- K.C.A.N.
- Addiction Service
- I.S.P.C.C.
- Probation & Welfare Service
- St. Kieran’s College
- Garda
- Foroige
- Kilkenny County Council.

Arising from these discussions a proposal has been submitted for the establishment of a “Community Based Drug Initiative” in Kilkenny. The South Eastern Health Board has committed funding for this project. The post of Drug Outreach Worker for Kilkenny will be filled in early May 1999.

E. Tipperary

A Community Based Drug Initiative has been established in the Garrymore, Elm Park and Wilderness Housing Estates in Clonmel in conjunction with Waterford Regional Youth Service. An Outreach Worker has been in place since January 1999.

F. Regional

A Regional Drug Co-ordinator has been appointed. The Board, on three occasions, engaged the Pyramid Theatre Company to present Drugs Awareness Programmes for parents/family in the South Eastern Health Board area, in Autumn of 1997, January 1998 and May 1998. They have performed at fifteen venues throughout the region. The objectives of this campaign were to target adult and young people to:

- Combat the often distorted reporting in the media of drug issues
- Give young people an understanding of adults fears about drug usage
- Empower both groups to empathise with each other and encourage communication within teenage groups about drug issues.

To date contact has also been made with a wide range of organisations throughout the region such as:-

- Five Regional Youth Services
- Eight Area Partnerships
- Gardai
- Probation and Welfare Services
- Five Addiction Services
- National Drugs Team (Customs & Excise)
- Communities and Schools
- FAS
- Radio Stations
- Four C.A.D. Groups

The Board has been committed to the implementation of Social, Personal and Health Education programmes in primary and post-primary schools since 1987. To date training has been provided for teachers throughout the region and support given to schools for policy development and implementation.

Aislinn is providing a regional residential in-patient treatment facility for young people between the ages of 15 and 20 in Ballyragget, Co. Kilkenny.

The South Eastern Health Board will continue to provide support for peer education for parents in local communities throughout the region.

The South Eastern Health Board has set up programmes with Carlow Regional Youth Service, Ferns Diocesan Youth Service, Ossory Youth, Cashel & Emly Youth Service, Waterford Regional Youth Service and Foroige for co-ordinating the development and delivery of a broad range of out of school training and education programmes.

The ESRI Early School Leavers Survey 1995 shows that 2,200 young people left school in 1993/94 without any qualification and it is estimated that a further 900 – 1000 annually do not transfer from primary to second-level school. As part of the response to this problem, additional funding has been made available towards new preventive measures for the piloting and formal evaluation of a range of structured pilot projects in urban and rural disadvantaged areas which test models for the development of an integrated area based co-ordination of services for young people at risk of early school leaving.

The Irish Bishop's Conference launched an initiative on drug use and drug addiction which is called "Breaking the Silence". It is intended that this Group liaise with the relevant drug groups at County level.

Drug Awareness Programmes & Groups In South Eastern Health Board Area

The purpose of the drug awareness and preventative element of the service is to set out an appropriate range of education and prevention measures to facilitate all bodies, both statutory and voluntary organisations and parents, of working towards achieving a drug free community and to continually update their measures in line with research indicators and actual outcomes.

Government policy has placed a very high emphasis on demand reduction services. It states that this involves interventions aimed at decreasing the demand for drugs at the individual and/or collective level and reducing the harmful consequences of drug use.

Demand reduction activities currently in existence are wide ranging, from attempts to prevent young people from starting to use drugs, to strategies to minimise and prevent further damage once drug use has begun, to management of damaging forms of drug use. Co-ordination and an equitable spread of these activities are now required as a matter of urgency.

To date within the S.E.H.B. area many groups have, with or without specific state help, become involved in this process. Accordingly there is a wide spread of interest groups essentially working towards a common objective.

WATERFORD

Drug Helpline

Waterford Drug Abuse Resource Group was founded in 1984 in answer to the growing drug problem in the South Eastern Health Board Area. Waterford Drug Helpline was formed as a project of Waterford Drug Abuse Resource Group in 1990 and operates from premises at 52 Upper Yellow Road, Waterford City.

The Helpline provides a telephone counselling and information service Monday to Friday (10 a.m. – 12 p.m.) and on two evenings Tuesday/Thursday (8 p.m. – 10 p.m.) and also by appointment outside these hours. Telephone: 051 373333, fax: 051 354743.

The Helpline also runs Parent Education Support Programmes and is a member of the European Foundation of Drug Helplines.

Waterford Drug Co-ordination and Advisory Group

Waterford Drug Co-ordination and Advisory Group was formed in late 1993 and is representative of both statutory and voluntary groups in Waterford City 051 871424, Ext.

2799, Michael Crossan. The Group meets every month and has focused its attention on the following areas:-

- Information sharing and network
- Co-ordination of services
- Training

Dungarvan Awareness Groups

This new Group, working out of the Youth Resource Centre at Friary Street, Dungarvan, 058 41698, was formed in response to increasing use of illegal drugs in the West Waterford area and is concentrating its efforts on Awareness Programmes for parents and young people.

A.C.C.E.P.T. (Addiction Centre Co-ordinating Education, Prevention and Treatment) This is a South Eastern Health Board service for the people of Waterford and South Kilkenny and operates from Brook House, Cork Road, Waterford, 051 854977. This service provides information, detailed assessment and a comprehensive treatment and counselling service for people with alcohol and drug problems. The Team consists of addiction counsellors and a consultant psychiatrist.

WEXFORD

County Wexford Drug Prevention Partnership

The County Wexford Drug Prevention Partnership is a group of agencies involved in drug prevention. Established in 1994 its objectives are to:-

- Foster co-operation between agencies
- To promote programmes which assist in prevention of drug misuse
- To develop strategies to make people aware of the need for their personal active involvement in the prevention of drug misuse

Contact 053 23262 (Hazel Percival), 054 33110 (Dr. Crowe).

Community Awareness of Drugs (Gorev)

Community Awareness of Drugs (C.A.D.) is a network of Community Workers engaged in the prevention of drug misuse through the provision of information, aimed at parents. Regular presentations to and contact with other community groups forms the core of this approach.

The parenting for prevention programme aims to provide accurate information, explore attitudes, benefits and decisions and to encourage participants to develop their own “preventative” parenting strategies. Contact Ms. Cicely Roche, 055 21179.

New Ross Drug Awareness Group

This newly formed group has been very active in New Ross and Wexford, running the Coolmine Education Programme “Parent to Parent”. Contact Ms. Helen Whelan, 051 420311.

Community Counselling Service

This is a South Eastern Health Board service for the people of Wexford and operates from St. Senan’s Hospital, Enniscorthy, 054 33110. This service provides information, detailed assessment and a comprehensive treatment and counselling service for people with alcohol and drug problems. The team consists of addiction counsellors and a consultant psychiatrist.

TIPPERARY

LINKS Group

Based in Carrick-on-Suir, LINKS is a group of people who have come together to identify needs and to respond to them in the local community. The Group is involved in public education and in particular run the Coolmine “Parent to Parent” programme. Contact Sr. Bridget O’Keeffe 051 641005.

Task Force on Drugs in South Tipperary

Following a survey of Tipperary Post Primary Students a task force on drugs was set up by Chief Superintendent W.C. Harris for the South Tipperary Area. Its aim is to design programmes to address the drug issue, which will be implemented by teachers, parents and health care workers. Contact Sgt. Helen O’Regan, 0504 21111.

South Tipperary Alcohol and Addiction Service

This is a South Eastern Health Board service for the people of South Tipperary and operates from Coolgrainy House, Clonmel, 052 26533.

This service provides information, detailed assessment and a comprehensive treatment and counselling service for people with alcohol and drug problems. The team consists of addiction counsellors and a consultant psychiatrist.

KILKENNY

Community Alcohol Treatment Service (C.A.T.S.)

This is a South Eastern Health Board service for the people of Kilkenny based at St. Luke's Hospital, 056 63677. This service provides information, detailed assessment and a comprehensive treatment and counselling service for people with alcohol and drug problems. The team consists of addiction counsellors and a consultant psychiatrist.

HEALTH PROMOTION UNIT

Family Communication and Self-Esteem Programme

This programme developed by the Southern Health Board and supported by the Health Promotion Unit, Department of Health & Children aims to support parenting by skill development and the provision of information on drugs. Fourteen trainers have been recruited to facilitate courses for parents organised through the schools.

Leadership Training Programme of Primary Prevention of Drug Misuse

This programme which is a Crosscare (Catholic Social Service Conference) initiative, is jointly funded by the Health Promotion Unit of the Department of Health & Children, the European Commission and Crosscare. It is a pilot project which aims to develop and implement a flexible process to facilitate people in the communities to tackle their own drug prevention issues and to enable them to develop their own skills and resources so that they may address these issues more effectively.

CARLOW

Community Awareness of Drugs (Carlow)

Community Awareness of Drugs (C.A.D.) is a network of community workers engaged in the prevention of drug misuse through the provision of education programmes.

The parenting for prevention programme aims to provide accurate information, explore attitudes, benefits and decisions and to encourage participants to develop their own family preventative strategies. Contact Lisa McDonald 0503 40903.

Community Alcohol Service

This is a South Eastern Health Board service for the people of Carlow, based at St. Dymphna's Hospital, 0503 31166, ext. 317. This service provides information, detailed assessment and a comprehensive treatment and counselling service for people with alcohol and drug problems. The team consists of addiction counsellors and a consultant psychiatrist.

Plan of Action & Priorities for 1999

1. To support Drug Prevention Programmes that are in existence throughout the Region.
2. Review all existing practices in the provision of drug/alcohol education within the Region.
3. Evaluation of programmes and projects.
4. Develop a satisfactory data collection system.
5. Training – improve awareness of G.P.s, General Hospital and Community Care Staff and Teachers. Utilise the Irish College of General Practitioners, the Pharmaceutical Society of Ireland and the Irish Pharmaceutical Union training programmes for G.P.s and pharmacists.
6. Devise a policy on effective practices in view of what is already happening and in line with recommendations outlined by the European Commission in 1994.
7. Health Promotion and Prevention should be emphasised in all aspects of Board's Policy.
8. Support and further encourage current school based programmes including:-
 - S.P.H.E. (Social, Personal and Health Education)
 - S.A.P.P. (Substance Abuse Prevention Programme)
 - Social and Health Education in Primary Schools
9. Provide a directory of referral and treatment procedures and centres for addiction services.
10. The Co-ordinating Committee of the South Eastern Health Board on Demand Reduction Measures for Drugs will continue in existence to allow it to plan and monitor progress in the development of trends and strategic plan.
11. A service plan for each county.
12. Establishment of a Local Co-ordinating Committee in each Community Care area.
13. Publish a newsletter twice yearly.
14. The Committee recommends that an annual progress review be prepared for the South Eastern Health Board. This will include information on the development of trends, services and identification of Regional, Local and Resource Issues which can be incorporated into the evolving strategic plan.

APPENDIX 1

FIRST REPORT
OF THE
MINISTERIAL TASK FORCE
ON
MEASURES TO REDUCE
THE DEMAND FOR DRUGS

OCTOBER 1996

Summary of Recommendations

Structures

It is recommended that:

- There be structures for the effective, co-ordinated delivery of the drugs services at national, regional and local level.
- **A Cabinet Drugs Committee**, chaired by the Taoiseach and comprising the Ministers for Health, the Environment, Education and Justice and the Minister for State to the Government.
- **A National Drugs Strategy Team**, reporting to the Cabinet Drugs Committee and comprising experienced personnel from relevant Departments and their agencies be established as a cross-departmental team of the type envisaged in the Strategic Management Initiative in the Public Service.
- **A Local Drugs Task Force** be established in each of the eleven areas identified in this report as having the most acute drugs problem and, therefore, requiring priority action.
- Each Local Drugs Task Force will be mandated to prepare a development plan, which will build on existing or planned services in the area, while also taking account of the local Partnership and LES programmes.
- The National Co-ordinating Committee on Drug Misuse is establishing **Regional Co-ordinating Committees** in each Health Board area

Information/Research

It is recommended that:

- The Regional Health Boards proceed with the planned establishment of information databases.
- An early-warning system be developed to alert the appropriate authorities to new types of drugs coming onto the market.
- The information available to community/voluntary organisations and all relevant professionals be fully reflected in the compilation and dissemination of data.
- The scientific and research community be assisted to contribute to the fight against illegal drugs.
- The further development of expertise in *addiction studies* in third level institutions be encouraged.

Treatment

It is recommended that:-

- The overall strategy of the Health Boards be to:-
 - Eliminate the current treatment waiting lists; and
 - Organise locally-based treatment access/outreach services, so that those who have not yet presented for treatment can be encouraged to do so.
- The Health Boards continue to expand their range of services, paying particular attention to the needs of young drug misusers.
- Treatment waiting lists in the Eastern Health Board region be eliminated during 1997.
- As locally-based treatment centres provide the best response to the needs of drug misusers, the Eastern Health Board consult fully with, and involve communities, to gain support for and confidence in their plans for such centres.
- Further mobile clinics be developed.
- The GP/Pharmacist methadone prescription/dispensing scheme continue to be expanded, evaluated and strictly regulated.
- A telephone helpline be established in the Dublin area.

Rehabilitation

It is recommended that:

- More emphasis be placed on providing options for stabilised drug misusers by way of occupational and social skills training.

Education/Prevention

It is recommended that:

- Expanding its anti-drugs programme into primary schools during the current school year.
- The Department of Education involve the Education partners and the community and voluntary sectors in the delivery of education programmes in schools and consult them in regard to the review of the programmes.
- In-service training be provided, as a matter of priority, for teachers in schools in the “priority” areas.
- Specific training be provided for home/school liaison teachers, so that, in programmes with parents, the schools anti-drugs programme can be explained and parental support elicited.
- The “On My Own Two Feet” project be expanded.

- Particular emphasis be placed on early childhood intervention.
- As a priority, a range of Departments and their supporting agencies develop programmes aimed specifically at addressing the deficit in parenting skills.
- Home/school liaison teachers be appointed, on a phased basis, in each school in the “priority” areas.
- Family support services be strengthened through the Health Boards.
- Enhanced truancy measures be put in place.
- Information campaigns be more realistic and targeted.
- The Youthreach programme be expanded in the “priority” areas.

Estate Management

It is recommended that:

- An Estate Improvement Programme be introduced by the Department of the Environment to assist local authorities in tackling the problems of severely run-down urban housing estates.
- The relevant local authorities and Partnership companies work particularly closely with the local communities in the management of housing.

Sport

It is recommended that:

- The relevant Local Authorities take the initiative in maximising the use of existing sports and recreation facilities in the “priority” areas.

Community Policing

It is recommended that:

- A comprehensive community policing strategy be developed in the “priority” areas, involving a re-deployment of Garda personnel to these areas.

Allocation of Funding/Resources

It is recommended that:

- More emphasis be placed by Departments on targeting all relevant programmes, including those financed from the National Lottery, at the “priority” areas.

APPENDIX 2

SECOND REPORT
OF THE
MINISTERIAL TASK FORCE
ON
MEASURES TO REDUCE
THE DEMAND FOR DRUGS

MAY 1997

Summary of Key Recommendations

- The establishment of a Youth Service Development Fund – with contributions from the Exchequer and the corporate sector – to develop youth services in disadvantaged areas where there is a significant drug problem. We envisage that the contribution from the Exchequer will be of the order of £20 million.
- The preparation of development proposals by relevant bodies to meet the prioritised needs of young people in disadvantaged areas where there is a significant drugs problem.
- The according of a high priority in the allocation of the “demographic dividend” in education to the provision of staff to lead the development of the youth services in disadvantaged areas.
- The training and employment of youth leaders from disadvantaged communities under Community Employment and other social economy measures.
- The development and implementation of a substance abuse prevention programme specifically for the non-formal education (youth work) sector, to be introduced with an accredited “Training for Trainees” programme.
- The employment of a training team to develop, co-ordinate and implement this education strategy throughout the Youth Service.
- The development of specialised outreach programmes to reach those not in contact with any services or organisations i.e. those who are often most at risk.
- The development and implementation of information strategies designed specifically to target young people with low literacy skills.
- The establishment of pilot projects in urban areas, where locally-appointed Sports Development Officers will work in partnership with local authorities, vocational education committees, health boards, sports clubs, sports centres and community groups to attract isolated young people into sport and physical recreation.
- The establishment of Local Sports Development Forums to co-ordinate local activities and bring local clubs and groups together.
- The continued development of education/awareness initiatives, including the expansion of the programmes of substance misuse prevention/education in primary and second level schools.
- The development of information/media campaigns in relation to drugs such as ecstasy, which replicate the approach being taken in some other countries, like Britain.

- The establishment of an independent Expert Group – containing international expertise – to assess how treatment services inside and outside prison interact and to make recommendations for the improved co-ordination/integration of those services for drug misusers coming into contact with the criminal justice system.
- The development of properly supervised treatment programmes for “low risk” offenders who misuse drugs and are convicted of petty crimes, as an alternative to prison.
- The continued development of security measures in Mountjoy to prevent the smuggling of drugs into the prison.
- The establishment of an Advisory body to conduct research into the causes, effects, trends, etc. of drug misuse and to evaluate the effectiveness of different models of treatment.

APPENDIX 3

Relevant research and study findings in relation to Drug, Illicit Drug and Alcohol misuse – Ireland, United Kingdom, Northern Ireland.

1. A study on the responses of young people from Kilkenny on issues relating to their everyday life experiences was carried out by the ISPCC in 1997.

68% of respondents stated they do consume alcohol and 65% of respondents claimed they got their alcohol more often from a pub.

22% claimed to have used drugs (123 people)

26% of these stating they use them every week, and

72% stating that they got drugs from a friend

58% of respondents claimed to have smoked cigarettes and 38% are still smoking.

2. Survey of Drug Misuse, Waterford Community Care Area, November 1997 (S.E.H.B.) of 637 adolescents – 438 boys

37% of boys and 27% of girls admitted every having taken drugs

84% of boys and 78% of girls admitted to have taken alcohol

55% of the adolescents who had taken drugs said they had taken them only once

37.5% of the adolescents said they took drugs once a week or more often

52% of those who took alcohol said they tried it only once

35.5% of those who took alcohol said they drank once a week or more often

12% admitted to drinking alcohol and using drugs

57.6% said drugs had been offered to them

This is similar to the pattern in the U.K. where it is estimated that nearly half of the young people under the age of 16 have experienced with, or have been offered drugs.

3. Other studies in Ireland and in the South East Region e.g. Garda Survey, Tipperary 1996, and ISPCC general study, Kilkenny 1996 point to a similar pattern of experimentation, first use and continued use of both alcohol and illegal drug misuse.

4. A UK report published in March 1998, Young People and Illegal Drugs in 1998, compiled by the schools Health Education Unit and Exeter University had identified that the overall level of drug taking is five times what it was eleven years ago. The study of more than 27,000 children between the age of 12 and 16 shows that:

2 out of 5 admit having taken drugs

1 out of 5 admit taking drugs within one month of the survey

1 in 9 boys said they were regular users

1 in 11 girls said they were regular users
then half of the regular users and one third of the occasional users never do homework

These findings clearly show an increase in the use of illegal drugs. The English research shows that children in rural and middle class areas are the most common users, ahead of deprived teenagers in inner city areas. While not directly applicable to Ireland, it clearly shows the trend towards illicit drug misuse and the findings are not dissimilar to ourselves.

5. A report in knowledge and awareness of drugs among 3,560 10-17 year olds in Northern Ireland was published in February 1998.

The report examines the unprompted awareness of names for drugs,
: prompted awareness of names for drugs
: knowledge of drugs

The findings show that 54% of 10-13 year olds and 69% of 14-17 year olds spontaneously referred to the drug Ecstasy.

There was a marked increase in unprompted awareness with age. This marked rise occurred between the ages of 15 and 16.

The report states “the clear variation of knowledge, awareness and preferred information in respect of illicit drugs and solvents across the 10-17 age range support the notion that drug education needs to be carefully formulated and targeted”. It encourages debate on the type and nature of preventative drug education of young people of different ages.

APPENDIX 4

Co-ordinating Committee of the South Eastern Health Board on Demand Reduction Measures for Drugs

Terms of Reference

- To act as a forum for co-operation between the various agencies (community, voluntary and statutory) involved in demand reduction measures for drugs.
- To agree an appropriate range of education and prevention measures to facilitate the maintenance of a drug-free community.
- To recommend strategies for the treatment, rehabilitation and on-going support of persons who misuse drugs.
- To consider trends in substance abuse and, in the light of this, to review the effectiveness of current policies and responses.
- To advise on appropriate areas of research aimed both at understanding the underlying causes of drug misuse and the effectiveness of the responses.
- To make regular reports to the Health Board on the Demand Reduction Subcommittee of the National Co-ordinating Committee.

APPENDIX 5

USEFUL INFORMATION

The Irish College of General Practitioners published a report of its task group in drug misuse in May 1997. The group was chaired by Dr. Declan Murphy from Kilkenny.

The report has nineteen recommendations as follows:-

1. General Practice has an important contribution to make in the management and prevention of drug misuse, together with other medical, social and political agencies. *(Section 1)*
2. The causes of drug misuse have major social, economic and educational roots, as well as medical, and proposed solutions to the problem must address all of these factors. *(Section 2)*
3. Alcohol and benzodiazepines (whether prescribed or obtained illegally) are the most common causes of drug misuse in Ireland, but this document deliberately confines itself to the problem of opiate addiction.
4. The Task Group recommends a model of care for opiate addicts based in general practice, with GP's providing methadone maintenance (Level 1) where appropriate, or methadone initiation as well as maintenance (Level 2) where appropriate. *(Section 4)*
5. There must be an adequate number of GP facilitators appointed, who have the necessary expertise and commitment to enrol, support, liaise with, and advise GP's. *(Section 4)*.
6. There must be a confidential national treatment list on which all patients receiving methadone will be entered. *(Section 4)*.
7. All patients receiving methadone must have an individualised treatment card, which is supplied to and kept at their pharmacy. *(Section 4)*.
8. Methadone treatment, including prescriptions, should be free of charge to opiate addicts. *(Section 4)*.
9. Prescribing of methadone should be budget neutral to GPs. *(Section 4)*.
10. Methadone must be dispensed at a local pharmacy, and where indicated in daily doses, preferably with supervised ingestion on the premises. *(Section 4)*.

11. There must be local access to the full range of services needed to assess and follow-up opiate dependent patients. (*Section 4*).
12. There must be a flexible, quick, and easily accessible referral and re-referral system available to GPs. (*Section 4*).
13. There must be suitable training and education for participating doctors, including assessment for certification and re-certification. (*Section 4*).
14. There must be adequate, negotiated, and agreed payment for certified participating doctors. (*Section 4*).
15. The number of addicts being treated by any single GP should not exceed 10-15 for Level 1 doctors, or 30-35 for Level 2 doctors. (*Section 4*).
16. The criteria for patients suitable for treatment in general practice by Level 1 and by Level 2 GPs are proposed. (*Section 4*).
17. A joint ICGP/Health Board Review Group is proposed which would have responsibility for overseeing and approving education and assessment, as well as policy development. (*Appendix C*).
18. The field of drug misuse is dynamic and rapidly changing, and ICGP policy in this area will need to be kept under continuous review.
19. The ICGP expects that this policy document, together with the Fact Files, will encourage its members to take part in the medical management of drug misusers at all levels, and to participate in the Methadone Protocol where clinically appropriate.

The Pharmaceutical Society of Ireland's Drug Abuse Policy Document prioritises health promotion skills training for Community Pharmacists interested in the area of drug misuse. The group is chaired by Cicely Roche, MPSI, Gorey, Co. Wexford.

APPENDIX 6

Membership of Committee

1. **Dr. John Cuddihy** (Representative from Irish College of General Practitioners)
2. **Ms. Patricia Tyrell** (Representative from Department of Education)
3. **Mr. Christopher McQuinn** (Representative from Association of Principals and Vice-Principals of Community and Comprehensive Schools)
4. **Mr. Malcolm Byrne** (Representative from National Youth Council of Ireland)
5. **Ms. Phyliss Barry** (Representative from Probation and Welfare Service)
6. **Mr. Joe Kennedy** (Representative from National Parents Council)
7. **Mr. Paul Glennon** (Representative from Secretariat of Secondary Schools)
8. **Sr. Veronica Mangan** (Aislinn Adolescent Addiction Treatment Centre, Ballyraggett, Co. Kilkenny).
9. **Dr. A.N. deSouza** (Representative from Public Health)
10. **Dr. Derek O’Sullivan** (Consultant Psychiatrist St. Otteran’s Hospital)
11. **Ms. Roseleen Hanton** (Representing Waterford Drug Helpline)
12. **Mr. Tony Barden** (Regional Drug Co-ordinator)
13. **Dr. Bryony Crowe** (Consultant Psychiatrist St. Senan’s Hospital, Enniscorthy)
14. **Ms. Hazel Percival** (Representing Ferns Diocesan Youth Service)
15. **Ms. Biddy O’Neill** (Representing Health Promotion, Dean Street)
16. **Mr. John Casey** (Addiction Counsellor, Clonmel)
17. **Superintendent Vincent Duffe** (Representing Garda Siochana)
18. **Ms. Mary Dorgan** (Regional Director, FAS Training Centre)
19. **Ms. Cicely Roche, MPSI** (Representing Pharmaceutical Society of Ireland)
20. **Mr. Joe Gough** (Youth Development Officer)
21. **Mr. Matt Lynch** (Programme Manager, South Eastern Health Board – Chairman)
22. **Ms. Barbara Kelly** (South Eastern Health Board – Secretary)