

RECREATING HOPE

**Report of the South Inner City
Drugs Task Force.**

May 1997.

SOUTH INNER CITY LOCAL DRUGS TASK FORCE

SERVICE DEVELOPMENT PLAN

MAY 1997

South Inner City Local Drugs Task Force

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PREFACE

Introduction

How we see the drug problem depends on where we're sitting. It is perceived differently by different people, drug users for example see it in a way that might not be shared by either their families or by service providers. The community meanwhile incorporates a variety of perspectives, often coloured by or contingent upon the ebb and flow of the drug problem, the extent and prevalence of drug related crime and the visibility or otherwise of the heroin trade. We should not lose sight of the fact that the heroin trade is a multi million pound business, organised by ruthless and violent criminal gangs who have literally been making a killing at the communities' expense. The heroin trade has caused enormous suffering and death in inner city communities over the last two decades. The lives of all have been affected from the very young to the very old and there has been a steady deterioration in the quality of life enjoyed by these communities. Those responsible should be exposed. There should be no hiding place for the drug barons, they should be pursued and the profits from their trade recycled to develop communities they have helped to devastate.

Local Drugs Task Force

The role of the Local Area Drugs Task Force is to examine the various perspectives that exist with regard to the drug problem and to develop responses which reflect the needs and interests of drug addicts, their families and the community as a whole. We should not underestimate the difficulty of such an undertaking, given that discussion of the drug problem often inspires passionate exchanges between drug users and the wider community as well as between agencies and individuals who see the problem from very different perspectives. Yet this is what we have been asked to achieve and we hope the recommendations arising from this report go some way towards reflecting the various concerns of those who have contributed to its formulation.

The Heroin Epidemics

First and foremost the heroin epidemics are a product of despair. Young people turn to heroin for a variety of reasons. Boredom, excitement, rebellion, experimentation, availability, peer pressure, youth culture and very often for no other reason than to seek escape from the pain, frustration and hopelessness of their everyday lives. Underlying these micro factors is the broader picture of communities where youth unemployment has become institutionalised and where, despair, poverty and marginalisation hangs over communities like a dark cloud. The structural factors of unemployment, poverty, lack of opportunity and community disintegration need to be urgently addressed if we are to make any serious inroads into the heroin culture **This is the fundamental starting point of this report.**

Drug Misuse, dependency and addiction

Young people have always experimented with alcohol and other drugs, and will no doubt continue despite the best efforts of parents and educators to warn them of the dangers. Young people are more impressed by what people do rather than what they say. We should recognise that the drug culture takes place against a background where the widespread misuse of both

alcohol and prescribed drugs is seen as culturally acceptable. It is important also to point out that experimental drug use is a fact of life and that recreational drug use is a different thing entirely from drug misuse, drug dependency or drug addiction. We need to be clear about these distinctions. In the same way that not everyone who occasionally or even regularly uses alcohol goes on to become an alcoholic, neither does it follow that young people who use drugs go on to become addicts, or even get into trouble because of their drug use. Yet significant numbers do go on to develop serious problems and dependencies and it is this group that most urgently require our attention, particularly where the drug of choice is heroin.

Heroin

Heroin, or diamorphine is a refined opiate product and is one of the most powerful pain killers known to man. This much we know and we know also that tolerance to the drug develops quickly, leading to the need for increased amounts when used regularly, and to the rapid development of physical and psychological dependency often referred to as craving. These factors are characteristic of addiction which we have described as

“A compulsive behavioural condition with recognisable symptoms constituting physical dependence, mental obsession and denial..... In seeking to address the downward spiral of addiction, services should aim to facilitate the addicted person to understand, accept, and take the responsibility for their condition.”

(Soilse Philosophy)

The acceptance of addiction as a progressive condition provides another of the fundamental starting points of this report and will have significant implications for the development of treatment, rehabilitation and recovery services.

Reshaping the Drug Treatment paradigm

The Task Force expressed serious concerns with regard to existing drug treatment policy, particularly to what is seen as an overemphasis on methadone maintenance strategies and a consequent dearth of resources in the areas of rehabilitation and recovery. Such strategies it was felt were often motivated by considerations other than those which promote the best interests of drug users, their families and the community as a whole. We believe that the existing pyramidal paradigm whereby the bulk of resources are concentrated in harm reduction strategies needs to be completely reshaped to ensure that appropriate resources are made available for community based rehabilitation and recovery services. Such considerations underlay the thinking behind the projects we have recommended for allocation.

Integrated Services

The Task Force favours the integration of locally based services and the development of quality services that are both complementary to and independent of those provided by the statutory agencies. This can best be achieved through an ongoing monitoring and evaluation of the Strategic Development Plan and through the co-ordination of a holistic “continuum” which actively encourages service users to progress through the system towards recovery from their addiction. We recognise that relapse is part and parcel of the condition of addiction, but reject

out of hand the notion that relapse is inevitable, Relapse management and prevention will be crucial to effecting successful outcomes for both services and users.

The Task Force also recognises that opportunities exist for developing joint management initiatives with both statutory services and other Task Forces, particularly where models of good practice are identified, as in the case of Community Drug Teams and projects such as Soilse.

Education and Prevention

The Task Force believes that communities have a vital role to play in the areas of education and prevention. Prevention is best achieved through the resourcing of strong democratic community organisation and services, and through the provision of a wide range of alternative education, sporting and recreational facilities in disadvantaged areas. Mainstream youth services in particular have a vital role to play, alongside the creation of initiatives which encourage second chance education and appropriate skills training at community level. Leisure services which are both accessible and inexpensive are important pillars of community development. Family support services, including creche and pre-school facilities are required to ensure that children and families in poorer communities are given the opportunity to equally access the mainstream educational service.

Crime and policing

The areas of drug related crime, the criminal justice system, community action against the drug trade and community policing have not been fully addressed by the Task Force. These issues will be dealt with comprehensively upon the completion of this phase of the Strategic Development Plan, when we would hope to engage in a further process of consultation and dialogue with regard to these issues.

Training

The development of an integrated range of community based services will require a genuine commitment towards training in the areas of drug misuse, drug addiction, rehabilitation and recovery. The Task Force will have an important role to play in accessing, developing and monitoring the establishment of quality training for people working at community level, including voluntary workers, recovering addicts and family members.

Conclusion: Recreating Hope

The heroin epidemics, as we have already noted, are the product of despair, neglect and hopelessness. The suffering of working class communities in the South Inner City over the last two decades has been enormous. There have been far too many drug related deaths, too many funerals of the dying young, too much unnecessary sickness, too many broken homes, broken bodies and broken hearts. The range of drug related illnesses, particularly HIV and Hepatitis C, have added fear and uncertainty to communities already overloaded by the consequences of the heroin trade. The belief that for years no one at Government level was listening is widespread in the community and the Task Force accepts and acknowledges that successive Governments over the last two decades failed to take on board the gravity of the heroin epidemics.

This is the legacy we have been left. We see our task as making some small contribution towards beginning the process of re-creating hope in the communities of the South Inner City, and ensuring that while this generation of drug users may benefit from our proposals the next generation of children and young people will we hope, be spared the misery of heroin addiction that was blighted so many young lives.

Vincent Doherty
Co-Ordinator
May 1997

Acknowledgements

This report could not have been compiled without the participation of those members of the Task Force who, with the support of their agencies, gave so freely of their time, patience and expertise. To them all, a warm word of thanks.

In terms of facilitating an exacting schedule of meetings, through the provision of meeting places and other facilities, we are particularly indebted to St. Catherine's Combined Communities Group, Nexus, Community Response, Merchant's Quay, St. Andrew's Resource Centre, Francis Street Parish Centre, Coolmine House, the Eastern Health Board, the South Inner City Treatment Services Group and Dublin Corporation. The latter having been particularly accommodating.

Our thanks as well to those groups who made representations to the Task Force and all of those who contributed in other ways.

Finally, our thanks and appreciation to those community groups and activists who over the years and despite the odds have campaigned to keep the heroin crisis on the agenda. It is they who have ensured by their efforts that those communities most affected by the heroin trade have not been forgotten.

INTRODUCTION TO SERVICE DEVELOPMENT PLAN

The members of the South Inner City Local Drugs Task Force viewed the decision to establish Local Drugs Task Forces in the worst affected areas as a positive and important step in addressing the drugs crisis. We see the Local Task Force as having an ongoing role for years to come – the drugs problem will not be turned around overnight. In order to play this role however it is essential that resources are made available on a continuing basis to fund proposals contained in the service plans which require ongoing funding, as well as future measures deemed necessary to reduce the demand for drugs.

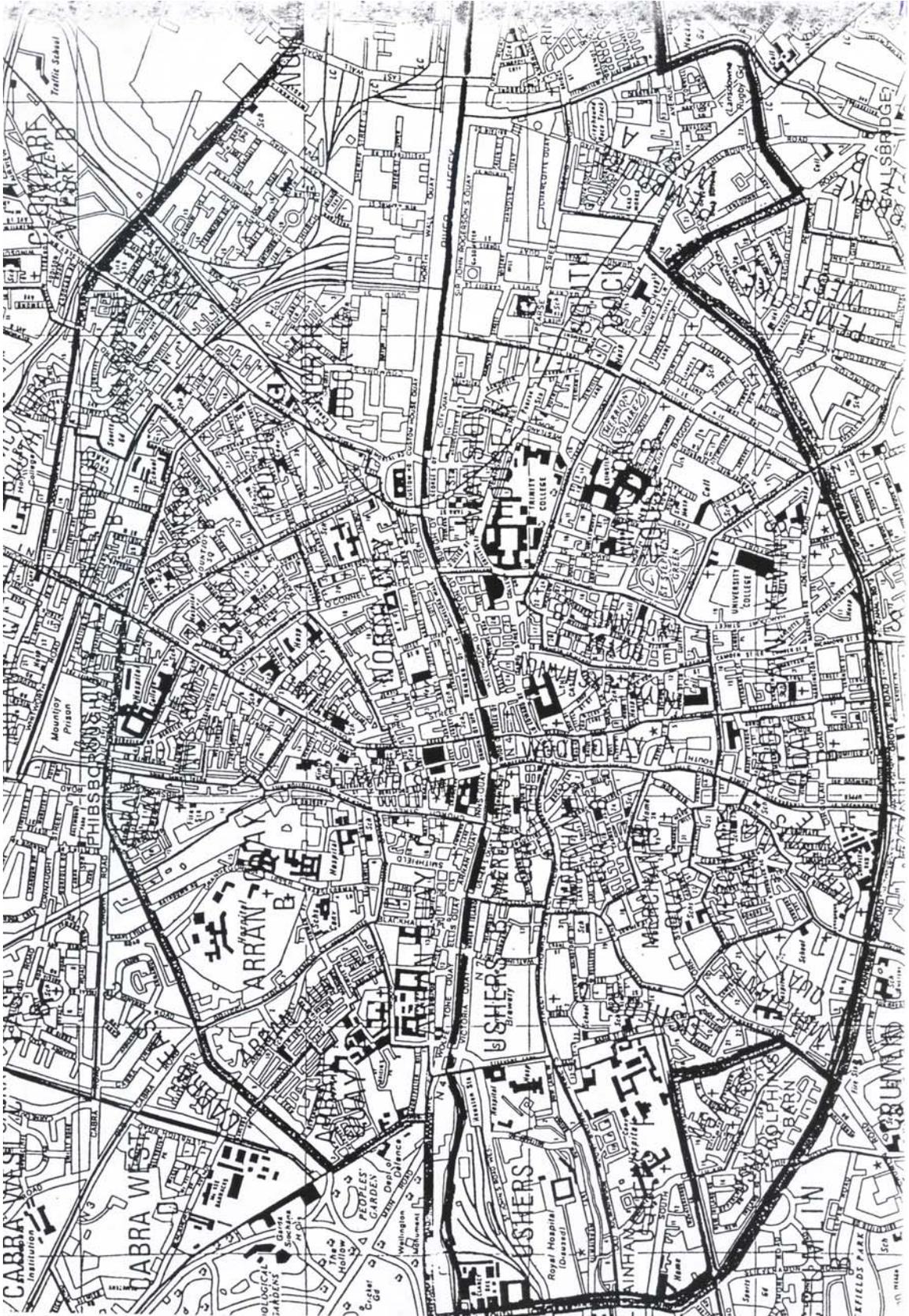
This Service Development Plan was drawn up by the South Inner City Local Drugs Task Force over a period of four months. In this time the Task Force met 9 times. Three working groups were established around the areas of education\prevention, treatment and rehabilitation and these met on numerous other occasions.

Given the time constraints imposed upon the Task Force with regard to the production of the Service Development Plan it was not possible to carry out as broad a public consultation as we may have wished. However considerable effort was made to get as wide a range of input as possible. All the community and voluntary groups known to the South West Inner City Network, operational within the Task Force Area, were written to inviting their input and submissions, (appendix 1). The same letter was circulated by the Community Directors of the Dublin Inner City Partnership representing the Pearse St. and Ringsend areas to community and voluntary organisations in their respective areas, (appendix 2)

As a result submissions were received by the Task Force from a wide range of Community and Voluntary organisations, as well as Dublin Corporation, which, were they all to be funded, would require an investment of over £5 million. This is an indication of the needs of the area. The working groups of the Task Force met individually with each organisation which submitted a relevant funding application in order to discuss it with them.

The Service Plan we have produced contains a broad range of proposals covering education and training, the development of youth services, and the establishment of stabilisation, rehabilitation and recovery support projects for those with an addiction problem. It requires an investment of £1.35 million pounds - equivalent to 13.5% of the funding allocated to fund the recommendations of the Task Forces this year. We would argue that the South Inner City warrants this level of investment for several reasons:

1. The magnitude alone of the problem in the Task Force Area. We would believe, for example, that some 12 per cent of the addicts in Dublin reside in the area.
2. The magnitude of the problem compared to the population of the area. This indicates a well entrenched drugs culture that will require considerable attention to uproot.
3. The duration of the drugs problem in the Task Force Area, now approaching two decades, and the level of damage and suffering inflicted on many communities in the area over this extensive period.



AREA PROFILE:

Introduction

The South Inner City Local Drugs Task Force area comprises of 20 wards or district electoral divisions within the Dublin Inner City Partnership area. The area corresponds to the two quadrants of the Partnership area on the south side of the River Liffey: the south-east and the south-west Quadrants.

The South Inner City Local Drugs Task Force area boundaries are from Irish Town in the east to South Circular Rd. in the west. To the south the area is bordered by the Grand Canal (but excludes the wards of Ushers D and E in the Rialto area) and on the northern side by the River Liffey. (Ref: Map)

In 1995 an analysis of the 1991 Census Of Population statistics for the electoral wards comprising the Dublin Inner City Partnership (DICP) Area was prepared by Gamma Ltd. for Area Development Management Ltd. This Baseline Data Report points out that the DICP area, approximately half of which corresponds to the South Inner City Local Drugs Task Force Area, is “a relatively uniformly deprived area, reflected in the fact that no ward within it scores less than 6 on the Rank Factor Score. The variations between wards are therefore less significant than what they have in common: extremely high rates of unemployment, poor housing and a precarious labour market situation. The ensuing deprivation may, however, impact in different ways on different sections of the population. The proportion above 65 years of age and living alone is high by any standards, and there are large numbers of “lone parents”. In a number of wards educational disadvantage is particularly marked, indicating a situation of acute disadvantage.

As the Small Area Population Statistics of the 1996 Census of Population are not yet available we have relied on the Gamma Ltd. analysis of the 1991 figures for the purpose of this Area profile. We are only able to refer to the ‘96 Census in terms of the overall population trends in the area.

Population

(Ref: Table 1)

The *Census 96 Preliminary Report* from the Central Statistics Office indicates the population of the Task Force Area to be 46,844 and shows that the long-term decline of population which the area has experienced has been partially reversed. From 1981 to 1991 the population for the country as a whole increased by 2.4 percent. In the south inner city however, the population declined in every ward. In two wards the population was halved: Mansion House B (-48.1 %) and Ushers A (-54%), while in a further four wards the population reduced between a quarter and a third. For the area as a whole, population fell by 13.5 % from 1981 - 1986 and by a further 7.7 % from 1986 to 1991.

From 1991 to 1996 the population for the area increased by 12.9 % and this can be largely attributed to the proliferation of private, mainly one or two bedroom apartments. Fourteen of the twenty wards had positive population change ranging from a 1.8 % increase (Wood Quay B) to a 98.3 % increase (Royal Exchange A). Six wards continued to experience a decrease in population ranging from -1.6% (Pembroke East A) to -7.6% (Ushers F).

Age Profile

(Ref: Table 2)

With the exception of Ushers B the proportion of the population aged 14 years or less is smaller in every ward in the Task Force Area than the national average of 26.7 %. In seven wards the percentage of those under age 14 is less than half the national average.

The percentage of the population in every ward in the area over 65 years of age is, however, higher than the national average. One third of the population in Ushers F is over the age of 65 (29.5 %). Five further wards have populations approximately one fifth of the population over age 65.

The age dependent percentage population (under 15 and over 65) tends to be lower than the national average. By far the greater part of this is 'old age' dependency, given the low percentages under 15 years of age.

Household Structure

(Ref: Table 3)

Families with one parent are a marked feature of this Task Force area. All wards considerably exceed the national average (18.5%) of lone parent families. Nine of the 20 wards have over twice the national average of lone parent families while Ushers B and Merchants Quay A have three times the national average of lone parent families.

Another feature of the Task Force area is that the number of elderly, male and female, living on their own is greater than for the country as a whole.

Education

(Ref: Table 4)

The Task Force Area is highly deprived in educational terms as comparison with statistics for Dublin County Borough and for Ireland as a whole clearly demonstrates. For the country as a whole the percentage of people in the labour force whose highest level of education is primary is 24%, for County Dublin it is 24.2%. Thirteen of the twenty wards in the Task Force area exceed these levels. In four wards the percentage is twice the national average (Merchant's Quay A, Merchant's Quay C, Usher's B and Wood Quay A). In three quarters of the Wards the number who had left formal education by 15 years or earlier exceeded the national average of 36.1 % and in many cases by a considerable degree.

Housing

(Ref: Table 5)

The Task Force Area is characterised by an extremely high concentration of Local Authority Housing. In 10 wards the percentage of households renting from the local authority was twice the county average, in 5 wards more than 50% of all households rent from the Local Authority with a high of 93.9% in Ushers B and 91.7 % in Merchants Quay A.

Occupational Profile

(Ref: Table 6)

The distribution of the population between the different occupational classes differs significantly in the Task Force Area from the County Borough and national distributions. The greatest disparity is in relation to the Unskilled Manual Class. The national average in this category was exceeded in three quarters of the wards in the Task Force Area and was twice, or more, the national average in 6 wards. The percentage Unclassified is also disproportionately large, indicating a large number of households where the head of household may never have been in paid employment. Every ward in the Task Force Area exceeded the National Average in this category, 8 Wards were over twice the National Average and two wards (Ushers B and F) were three times the national average.

The Gamma Ltd. report points out that in the entire Dublin Inner City Partnership Area, “the most deprived wards in terms of social class are Merchants Quay A, Wood Quay A, and Merchants Quay B. The percentage in the Semi- and Unskilled Manual Classes in these wards is 52.6%, 45.2% and 43.1% respectively, compared to 30 per cent in the Partnership generally.” These wards are all in the South Inner City Local Drugs Task Force Area.

Employment

(Ref: Tables 7A, 7B and 8)

The Task Force Area has a considerable unemployment problem. In 1991 the National Average was just under 17% and this was exceeded in every ward in the Task Force Area apart from Pembroke East. The unemployment rate in 8 wards was over twice the National Average (Table 8). Distinguishing between male and female unemployment, 6 wards in the Task force Area had male rates which exceeded 40% and three were above 50% (Ushers B, Merchants Quay A, and Wood Quay A). The same areas also have disproportionately high female unemployment rates – in the case of Merchants Quay A again over 50%.

Indicators of Relative Deprivation

(Ref: Table 8)

The methodology used in deriving a single indicator of deprivation (Rank Factor Score) is outlined along with Table 8. DEDs with a Rank Factor Score (RFS) of 1 fall into the most affluent 10 per cent of all DEDs in the country, while a RFS of 10 indicates that the DED belongs to the most disadvantaged decile. 13 of the wards in the Task Force Area have a RFS of 10 while the mean for the area as a whole is 8.9%. 75% of the wards are in the top 20%, indicating severe deprivation. The lowest deprivation score in the Task Force Area was 6, which applied to four wards.

Table 1: Population and Change in Population 1981 -1996

DED No.	DED/Ward	Pop 1981	Pop 1986	Pop 1991	Pop 1996	% Change '81-'91	% Change '91-'96
2117	MANSIONS HOUSE A	3243	2986	3011	3123	-7.2	3.7
2118	MANSION HOUSE B	1160	817	602	726	-48.1	20.6
2119	MERCHANTS QUAY A	1685	1327	1124	1514	-33.3	34.7
2120	MERCHANTS QUAY B	2404	1756	1621	2353	-32.6	45.2
2112	MERCHANTS QUAY C	2623	2202	2012	1964	-23.3	-2.4
2122	MERCHANTS QUAY D	2414	2306	2142	2070	-11.3	-3.4
2123	MERCHANTS QUAY E	1396	1034	1221	1464	-12.5	19.9
2124	MERCHANTS QUAY F	3241	2517	2414	2322	-25.5	-3.8
2125	PEMBROKE EAST A	4655	4458	4427	4354	-4.9	-1.6
2130	PEMBROKE WEST A	3674	3233	3070	3290	-16.4	7.2
2144	ROYAL EXCHANGE A	1620	1141	1140	2261	-29.6	98.3
2145	ROYAL EXCHANGE B	1555	1336	1183	1611	-23.9	36.2
2146	ST. KEVIN'S	3497	3067	3047	3549	-12.9	16.5
2147	SOUTH DOCK	3123	2968	2589	3294	-17.1	27.2
2152	USHERS A	1421	1017	654	846	-54.0	29.4
2153	USHERS B	691	569	565	928	-18.2	64.2
2154	USHERS C	3576	2804	2610	2563	-27.0	-1.8
2157	USHERS F	3123	2748	2648	2446	-15.2	-7.6
2161	WOODQUAY A	2574	2148	1949	2641	-24.3	35.5
2162	WOODQUAY B	3862	3361	3462	3525	-10.4	1.8
	TOTAL	51537	43795	41491	46844	-22.4	21.0

Table 2: Age Profile 1991

DED No.	DED/Ward	Total Persons 0-14 (%)	Total Persons 15-19 (%)	Total Persons 20-24 (%)	Total Persons 25-29 (%)	Total Persons 30-44 (%)	Total Persons 45-65 (%)	Total Persons 65+ (%)	%Age Dependent
2117	MANSION HOUSE A	21.2	6.2	19.3	7.5	16.2	17.1	12.5	33.7
2118	MANSION HOUSE B	3.2	6.1	16.1	19.1	21.1	17.9	16.4	19.6
2119	MERCHANTS QUAY A	23.8	6.0	6.9	9.1	19.8	20.7	13.7	37.5
2120	MERCHANTS QUAY B	13.6	7.2	8.3	9.2	18.9	23.5	19.4	32.9
2121	MERCHANTS QUAY C	18.0	8.2	8.5	6.4	14.9	21.3	22.7	40.7
2122	MERCHANTS QUAY D	14.3	7.8	11.1	8.5	17.8	21.1	19.4	33.7
2123	MERCHANTS QUAY E	10.6	9.9	15.4	13.3	20.8	16.1	13.8	24.5
1224	MERCHANTS QUAY F	26.2	6.8	11.8	10.6	20.9	12.9	10.9	37.0
2125	PEMBROKE EAST A	21.8	9.0	10.3	8.4	18.8	19.9	11.8	33.5
2130	PEMBROKE WEST A	13.0	7.7	11.2	9.4	19.4	20.7	18.6	31.6
2144	ROYAL EXCHANGE A	10.6	9.6	11.6	8.4	21.7	18.6	19.5	30.1
2145	ROYAL EXCHANGE B	16.6	6.6	9.6	8.2	20.6	23.5	15.0	31.5
2146	ST. KEVIN'S	8.9	10.3	19.6	12.4	19.0	15.1	14.7	23.6
2147	SOUTH DOCK	16.7	8.0	12.9	10.7	17.3	16.6	17.9	34.6
2152	USHERS A	6.0	4.4	12.7	7.3	24.2	25.1	20.3	26.3
2153	USHERS B	32.0	6.0	6.4	6.7	20.5	16.5	11.9	43.9
2154	USHERS C	25.6	7.3	9.1	9.0	17.4	18.4	13.1	38.7
2157	USHERS F	9.7	5.6	8.2	8.6	18.8	19.6	29.5	39.2
2161	WOODQUAY A	17.5	6.2	7.8	8.8	17.4	23.3	19.0	36.5
2162	WOODQUAY B	10.1	7.4	15.6	12.7	22.8	15.6	15.7	25.9
	AREA AVERAGE	16.0	7.3	11.6	9.7	19.4	19.2	16.8	32.8
	NATIONAL AVERAGE	26.7	9.5	7.6	7.0	20.2	17.6	11.4	38.1

Table 3: Household Structure 1991

DED No.	DED/Ward	%M 65+ living alone	%F 65+ living alone	%lone parents (all children)	%lone parents (all <15 yrs)	% lone parents (1 or more <15 yrs)	% single M aged 45+	% single F aged 45+	No. of temp HHs	Total No. of HHs
2117	MANSIONS HOUSE A	2.8	8.4	36.4	34.3	31.6	28.3	26.9	1	1363
2118	MANSION HOUSE B	4.7	9.1	53.6	55.6	54.5	34.4	46.5	0	253
2119	MERCHANTS QUAY A	4.1	8.3	56.7	57.1	52.9	52.9	29.6	0	483
2120	MERCHANTS QUAY B	3.9	15.3	32.0	25.3	22.6	34.1	30.8	0	675
2121	MERCHANTS QUAY C	3.7	9.8	38.7	34.3	31.6	25.9	26.7	5	654
2122	MERCHANTS QUAY D	3.9	12.0	24.7	15.6	13.8	17.4	29.6	1	790
2123	MERCHANTS QUAY E	2.1	8.6	31.0	22.9	22.9	25.2	29.3	0	525
1224	MERCHANTS QUAY F	3.1	8.2	45.3	44.8	41.9	28.4	24.2	3	882
2125	PEMBROKE EAST A	3.8	8.5	28.5	20.8	15.9	20.1	18.8	6	1402
2130	PEMBROKE WEST A	3.4	12.3	27.3	21.2	16.5	16.4	28.2	3	1208
2144	ROYAL EXCHANGE A	5.8	13.9	40.6	33.3	25.9	34.0	24.8	0	361
2145	ROYAL EXCHANGE B	4.0	12.5	48.3	42.5	42.7	42.1	29.5	0	455
2146	ST. KEVIN'S	3.8	8.4	42.7	45.2	38.7	35.8	34.8	9	1292
2147	SOUTH DOCK	7.3	15.7	28.2	21.3	17.4	33.0	39.7	5	996
2152	USHERS A	4.3	11.4	26.5	22.2	19.0	31.2	32.0	0	185
2153	USHERS B	6.5	10.0	55.9	53.7	53.8	43.9	25.6	3	201
2154	USHERS C	2.8	7.7	45.6	46.4	42.8	27.3	24.7	8	980
2157	USHERS F	3.5	10.7	36.4	25.0	20.7	26.9	31.7	1	825
2161	WOODQUAY A	4.1	14.4	35.6	33.8	31.7	40.2	31.9	2	790
2162	WOODQUAY B	2.3	8.3	30.1	22.7	19.0	28.1	30.8	1	1612
	AREA AVERAGE	4.0	10.7	38.2	33.9	30.8	31.3	29.8	2.4	796.6
	NATIONAL AVERAGE	3.2	6.2	18.5	10.8	10.7	21.0	15.3	9361	1032810

Table 4: Educational Attainment 1991

DED No.	DED/Ward	Labour No Force Formal Ed. (%)	Labour Force Primary Ed. (%)	Labour Force lower 2nd level Ed. (%)	Labour Force upper 2nd level Ed. (%)	Labour Force 3rd level Ed. (%)	Age Ed. ceased <or=15 (%)	Age Ed. ceased >or=20 (%)
2117	MANSION HOUSE A	0.0	41.3	24.8	22.1	11.8	53.6	3.8
2118	MANSION HOUSE B	0.0	6.0	9.0	24.3	60.8	11.1	28.8
2119	MERCHANTS QUAY A	0.0	68.5	16.2	8.1	7.2	76.9	4.3
2120	MERCHANTS QUAY B	0.0	37.1	21.0	25.6	16.3	49.6	5.6
2121	MERCHANTS QUAY C	0.0	48.9	26.3	15.9	8.9	59.6	3.5
2122	MERCHANTS QUAY D	0.0	27.6	18.8	35.1	18.5	42.0	7.7
2123	MERCHANTS QUAY E	0.0	16.3	14.5	31.3	37.9	26.5	14.4
1224	MERCHANTS QUAY F	0.0	34.4	20.9	25.9	18.7	46.6	6.6
2125	PEMBROKE EAST A	0.0	38.8	26.1	25.8	9.3	52.9	3.2
2130	PEMBROKE WEST A	0.0	20.2	20.6	31.8	27.3	38.8	11.1
2144	ROYAL EXCHANGE A	0.0	29.2	19.5	19.9	31.4	49.4	11.5
2145	ROYAL EXCHANGE B	0.0	43.2	22.6	21.3	12.9	52.7	5.4
2146	ST. KEVIN'S	0.0	16.2	13.7	29.3	40.8	23.0	16.4
2147	SOUTH DOCK	0.0	26.3	18.1	25.0	30.7	41.7	11.5
2152	USHERS A	0.0	22.6	17.4	33.6	26.4	36.1	10.9
2153	USHERS B	0.0	48.6	27.9	20.1	3.4	60.9	0.8
2154	USHERS C	0.0	47.4	23.8	20.4	8.4	67.2	3.3
2157	USHERS F	0.0	22.2	17.4	30.4	30.0	32.3	8.0
2161	WOODQUAY A	0.0	52.7	23.9	18.4	5.1	66.4	1.2
2162	WOODQUAY B	0.0	11.6	13.0	37.3	38.1	23.7	16.2
	AREA AVERAGE	0.0	33.0	19.8	25.1	22.2	45.6	0.9
	NATIONAL AVERAGE	0.0	24.0	23.2	32.8	20.0	36.1	8.2

Table 5: Housing, 1991

DED No.	DED/Ward	% H.holds renting from local authority	% H.holds acquired from local authority	% H.holds owner occupied	% H.holds private rented	Avg No. Persons per room	Avg No. Persons per H.hold	% H.holds without central heating	% H.holds without a car
2117	MANSION HOUSE A	54.8	2.0	4.7	6.0	0.7	2.2	52.4	92.2
2118	MANSION HOUSE B	0.8	0.0	13.8	75.3	0.5	1.8	53.1	68.2
2119	MERCHANTS QUAY A	91.7	1.7	4.4	1.9	0.8	2.3	81.7	95.6
2120	MERCHANTS QUAY B	25.7	3.0	46.1	19.6	0.7	2.3	61.2	79.3
2121	MERCHANTS QUAY C	52.8	2.0	29.7	13.7	0.7	2.7	71.8	82.9
2122	MERCHANTS QUAY D	4.6	1.9	77.4	11.0	0.5	2.7	46.6	61.3
2123	MERCHANTS QUAY E	5.0	0.8	49.4	41.8	0.6	2.3	57.3	64.0
1224	MERCHANTS QUAY F	36.8	0.0	31.0	23.7	0.6	2.4	65.9	81.1
2125	PEMBROKE EAST A	44.1	10.1	36.8	6.0	0.8	3.1	60.1	71.6
2130	PEMBROKE WEST A	2.3	1.0	74.8	19.0	0.6	2.5	50.7	55.6
2144	ROYAL EXCHANGE A	49.2	0.3	7.1	38.1	0.7	2.2	68.1	89.3
2145	ROYAL EXCHANGE B	75.8	0.0	4.9	15.3	0.7	2.2	79.1	91.3
2146	ST. KEVIN'S	15.8	0.2	20.1	48.9	0.6	2.0	52.5	78.7
2147	SOUTH DOCK	32.6	2.6	23.5	30.9	0.6	2.3	57.2	74.0
2152	USHERS A	2.2	0.0	68.1	23.1	0.5	2.1	63.2	59.3
2153	USHERS B	93.9	0.0	2.6	1.0	0.9	2.6	88.9	94.0
2154	USHERS C	53.7	4.1	33.7	6.3	0.7	2.6	72.4	84.8
2157	USHERS F	19.8	4.5	54.3	19.4	0.5	2.3	56.3	62.6
2161	WOODQUAY A	38.9	0.4	3.7	55.1	0.7	2.3	71.4	89.1
2162	WOODQUAY B	6.0	0.4	41.2	49.2	0.6	2.0	52.3	66.7
	AREA TOTAL	35.3	1.8	31.4	25.3	0.7	2.3	63.1	77.1
	NATIONAL AVERAGE	9.7	6.4	72.9	8.0	0.6	3.3	54.3	33.7

Table 6: Social Class, 1991

DED No.	DED/Ward	Higher Prof. (%)	Lower Prof. (%)	Other Non-Manual (%)	Skilled Manual (%)	Semi-Skilled Manual (%)	Unskilled Manual (%)	Unclassified (%)
2117	MANSION HOUSE A	2.8	4.8	10.7	16.0	16.1	20.9	28.7
2118	MANSION HOUSE B	24.4	17.3	16.6	4.2	7.8	4.8	24.9
2119	MERCHANTS QUAY A	4.9	1.4	7.8	13.7	20.6	31.9	19.5
2120	MERCHANTS QUAY B	5.1	7.2	17.0	18.4	17.0	16.2	19.1
2121	MERCHANTS QUAY C	2.7	4.8	12.9	18.7	15.4	20.5	25.0
2122	MERCHANTS QUAY D	5.7	10.4	21.7	23.6	15.7	10.5	12.4
2123	MERCHANTS QUAY E	8.8	18.1	20.1	14.2	7.9	8.8	22.1
1224	MERCHANTS QUAY F	3.9	9.0	14.0	14.7	15.8	15.5	27.1
2125	PEMBROKE EAST A	3.4	5.9	16.4	20.8	18.8	20.8	13.8
2130	PEMBROKE WEST A	9.6	14.4	22.0	18.2	12.1	10.6	13.0
2144	ROYAL EXCHANGE A	8.6	13.7	12.0	12.2	15.5	18.5	19.5
2145	ROYAL EXCHANGE B	5.1	3.6	12.5	12.8	14.5	20.8	30.7
2146	ST. KEVIN'S	10.8	13.5	18.5	9.1	10.7	8.0	29.3
2147	SOUTH DOCK	7.8	11.2	16.5	14.6	12.6	15.0	22.2
2152	USHERS A	9.5	15.3	19.4	12.8	15.1	6.1	21.7
2153	USHERS B	0.7	2.8	13.8	10.8	16.1	18.6	37.2
2154	USHERS C	2.1	5.4	12.3	17.7	19.6	23.5	19.3
2157	USHERS F	6.3	10.8	15.1	11.7	9.1	10.9	36.0
2161	WOODQUAY A	0.7	6.2	14.9	16.6	17.5	27.7	16.5
2162	WOODQUAY B	10.5	16.5	24.1	11.7	10.5	7.2	19.6
	AREA AVERAGE	6.7	9.6	15.9	14.6	14.4	15.8	22.9
	NATIONAL AVERAGE	10.3	14.9	17.8	20.3	14.4	10.4	12.0

Table 7: Employment and Unemployment, Females, 1991

DED No.	DED/Ward	Total Females	Total Unempl.	First Job Seekers	Total At Work	Total Labour Force	Labour Force Partic. Rate	Percent Unemp.
2117	MANSIONS HOUSE A	1550	147	11	238	385	31.1	38.2
2118	MANSION HOUSE B	294	40	2	126	166	57.2	24.1
2119	MERCHANTS QUAY	549	86	6	72	158	37.8	54.4
2120	MERCHANTS QUAY	829	68	9	222	290	40.2	23.4
2121	MERCHANTS QUAY	1042	101	21	175	276	31.4	36.6
2122	MERCHANTS QUAY	1136	75	6	312	387	39.3	19.4
2123	MERCHANTS QUAY	645	34	10	234	268	46.7	12.7
1224	MERCHANTS QUAY	1336	165	17	280	445	44.7	37.1
2125	PEMBROKE EAST A	2278	179	48	555	734	40.4	24.4
2130	PEMBROKE WEST A	1693	80	9	602	682	45.2	11.7
2144	ROYAL EXCHANGE	585	57	11	181	238	45.4	23.9
2145	ROYAL EXCHANGE	543	45	8	112	157	33.8	28.7
2146	ST. KEVIN'S	1575	189	18	602	791	55.2	23.9
2147	SOUTH DOCK	1502	110	10	435	545	42.6	20.2
2152	USHERS A	344	11	1	127	138	42.6	8.0
2153	USHERS B	285	23	2	41	64	33.2	35.9
2154	USHERS C	1386	170	26	254	424	40.7	40.1
2157	USHERS F	1437	136	52	369	505	38.8	26.9
2161	WOODQUAY A	1006	122	10	199	321	38.4	38.0
2162	WOODQUAY B	1943	135	16	834	969	54.7	13.9
	AREA AVERAGE	21958	1973	293	5970	7943	42.0	27.1
	NATIONAL AVERAGE	1772301	66538	13451	405132	471670	35.9	14.1

Table 7b: Employment and Unemployment, Males, 1991

DED No.	DED/Ward	Total Males	Total Unempl.	First Job Seekers	Total At Work	Total Labour Force	Labour Force Partic. Rate	Percentage Unempl.
2117	MANSION HOUSE A	1461	226	21	425	651	57.5	34.7
2118	MANSION HOUSE B	308	41	3	167	208	71.0	19.7
2119	MERCHANTS QUAY	575	170	7	148	318	72.4	53.5
2120	MERCHANTS QUAY	792	139	13	298	437	64.4	31.8
2121	MERCHANTS QUAY	970	229	32	279	508	65.9	45.1
2122	MERCHANTS QUAY	1006	138	12	453	591	69.4	23.4
2123	MERCHANTS QUAY	576	77	15	248	325	62.9	23.7
1224	MERCHANTS QUAY	1078	250	24	331	581	73.8	43.0
2125	PEMBROKE EAST A	2149	381	61	833	1214	73.7	31.4
2130	PEMBROKE WEST A	1377	141	16	646	787	67.8	17.9
2144	ROYAL EXCHANGE	555	96	8	238	334	67.5	28.7
2145	ROYAL EXCHANGE	640	134	11	217	351	67.2	38.2
2146	ST. KEVIN'S	1472	273	21	640	913	68.0	29.9
2147	SOUTH DOCK	1087	168	16	419	587	66.9	28.6
2152	USHERS A	310	33	2	180	213	73.2	15.5
2153	USHERS B	280	72	7	57	129	67.5	55.8
2154	USHERS C	1224	319	57	333	652	72.5	48.9
2157	USHERS F	1211	204	62	440	644	59.2	31.7
2161	WOODQUAYA	943	264	14	259	523	67.7	50.5
2162	WOODQUAY B	1519	200	20	738	938	70.1	21.3
	AREA AVERAGE	19533	3555	422	7349	10904	67.9	33.7
	NATIONAL AVERAGE	1753418	167252	20564	743948	911200	71.7	18.4

TABLE 8

Total Treatment Contacts as % of Pop. (Rank)	DED/Ward	Pop. 1996	Total Treatment Contacts	Treatment Contacts as % of Pop.	Depriv. (Rank)	Local Authority Housing (Rank)	Early School Leaving (Rank)	Female Unempl. (Rank)	Male Unempl. (Rank)	Unskilled Worker (Rank)	Pop. Age 15-19 (Rank)	Pop. Age 0-14 (Rank)	Lone Parent H.holds (Rank)	Early School Leaving (Rank)
1	USHERS C	2563	58	2.263	10	5	2	2	4	3	10	3	5	2
2	MERCHANTS QUAY A 1514		26	1.717	10	2	1	1	2	1	18	4	1	1
3	MERCHANTS QUAY C 1964		31	1.578	10	6	5	6	5	6	5	7	9	5
4	MANSION HOUSE A 3123		33	1.056	10	4	8	3	8	4	16	6	10	8
5	ROYAL EXCHANGE B 1611		17	1.055	10	3	7	8	7	5*	13	10	4	7
6	MERCHANTS QUAY F 2322		24	1.033	10	10	11	5	6	10	12	2	6	11
7	USHERS B 928		9	0.969	10	1	4	7	1	7	15	1	2	4
8	PEMBROKE EAST A 4354		35	0.803	10	8	6	10	11	5*	4	5	16	6
9	WOODQUAY A 2641		21	0.795	10	9	3	4	3	2	14	8	12	3
10	MERCHANTS QUAY B 2353		16	0.680	10	12	9	14	10	9	11	12	13	9
11	ST. KEVIN'S 3549		19	0.535	9	14	19	12	12	16	2	18	7	19
12	MERCHANTS QUAY D 2070		11	0.531	8	17	12	16	16	14	7	11	20	12
13	SOUTH DOCK 3294		16	0.488	10	11	13	15	14	11	6	9	17	13
14	MERCHANTS QUAY E 1464		7	0.478	6	16	17	18	15	15	3	14	14	17
15	USHERS A 846		4	0.472	6	19	15	20	20	18	20	19	19	15
16	MANSION HOUSE B 726		2	0.276	7	20	20	11	18	19	17	20	3	20
17	ROYAL EXCHANGE A 2261		6	0.265	10	7	10	12	13	8	1	14	8	10
18	PEMBROKE WEST A 3290		7	0.218	6	18	14	19	19	13	8	13	18	14
19	WOODQUAY B 3525		7	0.198	6	15	18	17	17	17	9	16	15	18
20	USHERS F 2446		4	0.163	10	13	16	9	9	12	19	17	10	16

On the Measurement of Deprivation

Although unemployment is one of the most significant factors associated with disadvantage, unemployment rates alone do not provide a sufficient indicator for the underlying disadvantage of an area. The reason for this is that long-term adverse labour market conditions may assert themselves through indicators other than the unemployment rate. For example, persistent outmigration from an area may lead to a reduction of the working age population. Such a scenario would reduce the unemployment rate, but would be reflected in a rise in the age dependent population. Another example is on-farm underemployment. In areas highly dependent upon employment in the agricultural sector, a lack of employment opportunities may not necessarily lead to a rise in the unemployment rate; but may be absorbed by people continuing to work otherwise unviable farms.

Building on the earlier work of James Williams, ESRI, for the Combat Poverty Agency on the geographical distribution of poverty, Trutz Haase, Social &- Economic Consultant, extended this work to develop a comprehensive measurement of deprivation on the basis of the recently released Small Area Population Statistics of the 1991 Census of Population. This resulted in the selection of thirteen variables which were judged to be useful as poverty surrogates:

- (i) the age dependency rate.
- (ii) the proportion of lone parents
- (iii) the unemployment rate".
- (iv) the percentage of persons in small farming (under 30 acres)
- (v) the proportion of households with two or more cars:
- (vi) the percentage of persons in the higher or lower professional classes:
- (vii) the percentage of persons in the unskilled manual class:
- (viii) the percentage of economically active persons with third level education:
- (ix) the percentage of persons leaving school at 15 years or less:
- (x) the percentage of persons leaving school at 20 years or more:
- (xi) the proportion of permanent private households which are Local Authority rented:
- (xii) the proportion of permanent private households which are owner occupied:
- (xiii) the average number of rooms per person.

In the pursuing factor analysis, three underlying dimension of poverty could be identified. The first Factor is a measure of *social* class and is highly correlated to those variables that describe educational achievement, social class and the quality of housing. The second and third factors describe distinct features of urban and rural deprivation. High proportions in local authority housing, lone parents and unemployment all load on the '*urban*' indicator of deprivation, whilst the proportion of small farmers and the age dependency ratio are highly correlated to the '*rural*' indicator.

To achieve a single indicator of deprivation that would apply consistently across rural and urban areas, the individual dimension scores for each District Electoral Division (DED) were aggregated and the 3444 DEDs given a Rank Factor Score (RFS) from 1 to 10. Hence. DEDs with a RFS of 1 fall into the most affluent 10 per cent of all DEDs, whilst an RFS of 10 indicates that the DED belongs to the most disadvantaged decile.

Extent of drug abuse

The inner city of Dublin as a whole has without a doubt been the worst affected area in the state by the problem of drug abuse. This is not only because of the extent of the problem today but because of its duration. It is now some two decades since heroin first began appearing in flat complexes in the south inner city. Over these two decades the damage and suffering inflicted on families and the community in general has been indescribable.

The bulk of the drugs problem in the Task Force Area would be contained in the south west inner city where there is an extraordinary concentration of local authority flat complexes including large ones such as St. Teresa's Gardens, Fatima Mansions, and Oliver Bond. There would also however be a serious problem in the Pearse St. and Ringsend areas and this is reflected in both Treatment Contact figures obtained from the Health Research Board (Table 8) and Garda contacts under Operation Dochas. (Appendix 3)

Quantifying the overall extent of drug abuse in the Task force Area is an impossible task. A culture of drug abuse is now well entrenched in many parts of the area and large numbers of young people would be using illicit drugs in one form or another, whether cannabis resin, ecstasy, amphetamines, Benzodiazepines, LSD, or even smoking heroin occasionally. To give some idea however of the seriousness of the problem in the area we choose to examine the extent of addiction to heroin and other opiates. In the absence of any detailed research however we were only able to extrapolate from indicators of drug misuse such as treatment contacts and Garda contacts under Operation Dochas to arrive at a rough approximation of the percentage of the addicts in the Greater Dublin Area who reside in the task force area.

Figures collated by the Health Research Board for 1994 indicated that 13.9% of people attending treatment centres and 13.1% of those attending for the first time were from the south inner city. These figures however would no doubt include Ushers D and Ushers E where Dolphin House and a large part of Fatima Mansions is located - areas with a major drugs problem. These wards are included in the Canal Communities Task Force Area.

Where People attending drug treatment centres lived (1994)

Area of Residence	Number (%)
North inner city	412 (14.9)
South inner city	3 86 (13.9)
Remainder of North City	1,010 (36.5)
Remainder of south city	956 (34.7)
Total	2,764 (100%)

Where people attending treatment centres for the first time lived (1994)

Area	Number(%)
North Inner City	142 (12.1)
South Inner City	151 (13.1)
Greater Dublin Area	1,150 (100)

Figures obtained from the Health Research Board for 1995, broken down by electoral wards, indicate that of the 3,112 total treatment contacts and 1,075 first treatment contacts, 378 and 133 respectively were from wards directly covered by the South Inner City Task Force Area. This works out to **12.14** and **12.37** per cent respectively.

Figures were provided by the Garda Siochana with regard to contacts with addicts residing in the Task Force Area over a three month period at the end of 1996. (Appendix 3) The figure was 380. This excludes the 42 contacts residing in Fatima Mansions even though approximately half of the complex is within Ushers C and accordingly within the Task Force Area. The total figure for contacts in Dublin was 3,579 and accordingly, at least, **10.6 per cent** of them resided in the Task Force Area. This percentage is again just a rough indicator as obviously police activity will vary from district to district.

Given the fairly consistent percentages of both Total Treatment contacts and First Treatment contacts from the South Inner City over a two year period, supported by the percentage of Garda contacts under Operation Dochas, the Task Force has no difficulty accepting as a rough approximation that around 12% of the addicts in Dublin reside in the Task Force Area.

It has been suggested by health care professionals that the number of drug users presenting for treatment represents approximately one third of the total number. Should this be accepted it would suggest that on the basis of total treatment contacts the number of addicts in Dublin in 1995 substantially exceeded the 8,000 estimated in the First Report of the Ministerial Task Force. It would also indicate a figure of in excess of 1,100 addicts residing in the Task Force Area which has an overall population of only 46,844. This would not be out of line with the estimates of those addressing the problem at a local level.

Nature Of Drug Abuse

All drug cultures have defining local characteristics and the heroin culture in the south inner city is no exception. Established over the past two decades, it shares many features in common with the north inner city, including injecting as the established and preferred mode of administration. The practice of “flushing” is an integral part of the injecting culture and the sharing of injecting equipment amongst established users is widespread. Such characteristics are not necessarily present in newer or emergent cultures in other parts of the city where “smoking” or “chasing” may be the preferred methods. However, the problem of young heroin smokers is significant, and programmes aimed at young smokers need to be developed to deal with the issue of drug dependency before they make the transition to injecting drug use.

There is also a considerable pharmacological expertise available to the drug culture in the south inner city whereby, in times of shortage of street heroin, alternative preparations are developed. This led to a situation during the short-term “drought” of the summer of 1995 where “knapps” were used with a variety of other drugs to create heroin like effects.

Such experimentation is a reflection of the extremely social nature of the heroin culture in the area. A culture that is often inter-familial and characterised by uneven distribution and the appearance of dense “clusters” where heroin use and its attendant problems have become normalised. Despite the predominance of heroin poly drug use is the norm, and this remains the case for people who are prescribed methadone. These factors contribute to the way in which other drugs are seen. Ecstasy, for example, cannot be seen in isolation and in a culture dominated by

heroin, it is much more likely to become a “gateway drug” than would otherwise be the case.. Consequently the distinction between “soft” and “hard” drugs is not as evident, or relevant, as may be the case in other parts of the city or country or in other European cities.

Underlying Causes of Drug Misuse

The First Report of the Ministerial Task Force On Measures To Reduce the Demand for drugs pointed out that statistics produced by the Health Research Board on the areas of residence of those receiving treatment for drug misuse in the Greater Dublin Area

“supported the view expressed unanimously by the statutory and voluntary agencies in their submissions to the Task Force that drug misuse is closely associated with social and economic disadvantage, characterised by unemployment, poor living conditions, low educational attainment, high levels of family breakdown and a lack of recreational facilities and other supports”.

The South Inner City Local Drugs Task Force would fully support this view. We would add however that the level of supply can also affect demand and that there is a strong correlation between ease of availability and the level of drug abuse. It is clear that for young people to be exposed to drug dealing and drug abuse on a daily basis, to the extent that it becomes part of everyday life around them, significantly increases the risk of them becoming involved. The situation that has been permitted to exist in many parts of the south inner city over the past two decades where large numbers of drug dealers and addicts have been given free rein to literally take over flat complexes for months and years on end has significantly exacerbated the problem in the area.

Service provision and plans re treatment for 1997 in the South Inner City

<u>Agency</u>	<u>Services</u>	<u>Description</u>
E.H.B	Addiction Centres <ul style="list-style-type: none"> • Aisling Clinic • Baggot St. Clinic • National Drug Treatment Centre, Trinity Court, • Bru Coamhin 	<p>Addiction centres typically provide methadone dispensing, needle exchange, psychiatric consultancy, counselling and support.</p> <p>Generally cater for 140 clients, except for Bru Caomhin which will cater for 40 and the other addiction centre for the south inner city, which will cater for 80.</p>
	Satellite Clinics <ul style="list-style-type: none"> • Fatima Mansions • Dolphin House • Oliver Bond 	G.P. prescribing service, urinalysis, key workers Locally based, dealing with approx. 25 clients each
	Detoxification <ul style="list-style-type: none"> • Cuan Daire • Beaumont Hospital 	<p>12 beds (plans to expand to 15)</p> <p>10 beds (plans to develop inpatient stabilisation programme with 20 beds, linked with Merchants Quay)</p>
	Needle Exchange <ul style="list-style-type: none"> • Inchicore • Baggot St. 	Harm reduction service
	2 Addiction Counsellors 2 Outreach Workers 1 HIV Counsellor <ul style="list-style-type: none"> • Castle St. 	Provide counselling, family and social work support. Also provide backup to community based services and act as support to G.P.s in the provision of methadone maintenance and detox programmes

Service provision and plans re treatment for 1997 in the South Inner City

<u>Agency</u>	<u>Services</u>	<u>Description</u>
Merchants Quay Project	<ul style="list-style-type: none"> • Contact centre • Health promotion service • Prescribing Programme • Stabilisation Programme • Residential Detox, facility 	<p>Crisis intervention and stabilisation service, including HIV service, family support, rehabilitation, holistic services, aftercare and referral</p> <p>Crisis counselling and referral Safer sex and drug use and equipment, health advice G.P. prescribing for clients from Dublin 8 (limited) Structured activities, holistics, support and counselling 12 beds, 3 month programme</p>
Ringsend Action Against Drugs	<ul style="list-style-type: none"> • Detoxification programme 	Detox., counselling and family support
Coolmine	<ul style="list-style-type: none"> • Day Programme 	Stabilisation, promoting motivation towards recovery
Community Response	<ul style="list-style-type: none"> • Family support 	Provides a range of training programmes around issues of drug awareness, treatment, etc.
Donore Community Drug Team	<ul style="list-style-type: none"> • Young Heroin Users Programme 	Intervention programme to begin in 1997
Liberties Community Drug Team		Information, counselling and support service to begin in 1997

Service provision and plans re treatment for 1997 in the South Inner City

<u>Agency</u>	<u>Services</u>	<u>Description</u>
	G.P.s Prescribing	Currently, there are 16 G.P.s prescribing for users residing in the South Inner City
	Chemists Dispensing	Currently, there are 9 pharmacies who are involved in dispensing methadone in the south inner city
	Mobile clinic	Harm reduction service, low dose methadone maintenance

Proposals Summary

Education\Prevention

1.	Parent to Parent Training - Coolmine	14,900
2.	Training for Community Drug Workers - Community Response	60,000
3.	Training the Trainers - Merchants Quay	5,000
4.	Ringsend District Community Centre	10,000
5.	Education Support Project - Basin Lane	27,000
6.	Drama\Sports Training - Westland Row CBS	7,200
7.	Mainline Youth Service -SWICN	30,000
8.	Liberties Music & Drama Group	10,500
9.	Development of Youth Activities - Residents Associations	27,000
10.	Youth Worker\Sports Development Officer - City Quay\Westland Row	50,500
11.	St. Nicholas Of Myra Parish Centre	10,000
12.	Youth Centre - Ringsend Youth Action Project	73,500
13.	Braithwaite St. Football Pitch	25,000
14.	Youth Festival - SWICN	2,200
15.	Youth Worker - Charlemont St.	22,000
16.	Cork St. & Maryland Community Project	32,160
17.	Holistic Therapies Training - Community Response	6,150
18.	Youth Worker - Catholic Youth Council	32,000
	Sub Total	445,110

Treatment\Rehabilitation

19.	Family Care Centre-RDRD	119,150
20.	Stabilisation & Recovery Programme - Pearse St.	100,000
21.	Stabilisation Programme\Holistic Therapies - Donore Ave.	25,000
22.	Female Drug Users Project - Oliver Bond	25,000
23.	Place\Mediation Officer - Connolly Centre	12,050
24.	Day Programme - Coolmine	100,000
25.	Ashleigh House - Coolmine	183,000
26.	Soilse Project	175,000
27.	Stabilisation Programme	141,700

Sub Total 880,900

Task Force Administration 25,000

Total **1,351,010**

Education and Prevention

“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”

First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs

Proposal 1

Coolmine House

Parent to Parent Drug Prevention Workshops

Recognising the importance of parents having the knowledge and skills necessary to help their children achieve a drug-free passage into adulthood it is recommended that Coolmine House be funded to run twenty, eight session, video based workshops for parents from across the Task Force Area aimed at equipping them in this regard. From these workshops individuals will be selected who are capable of facilitating similar workshops in their own communities and provided the with the training necessary to do this - enabling a parent training network to be developed.

Budget

Administration, networking, researching the area, contacting

community groups, promotional material, literature, workbooks

and other materials. 2,500

20 programmes at £240 per programme 4,800

Training 16 facilitators at £150 per person weekend

or 2.5 days training 2,400

Hire of videos, manuals for facilitator training 1,000

Revision for facilitators and refresher workshops 1,000

Sub-total 12,200

Parents in Charge Groups

Recognising also the importance of developing problem solving groups for families with drug problems it is recommended that funding be provided to Coolmine House to train individuals who have completed the Parent to Parent Programme to facilitate the development of these at community level.

Budget

Training 12 facilitators at £200 per person weekend

or 2.5 days training - including the cost of manuals

and promotional material 2,700

Total Cost 14,900

Proposal 2

Training for Community Drug Workers

Community Response

Recognising the importance of local people being involved not only in the planning and development of treatment services but also their delivery, the Task Force recommends that Community Response be supported in developing a one year part time training course for local people. The aim of the course is to enable local people who have taken part in Drug Awareness Programmes and/or the development of Community Drug Teams (C.D.T.s) to further develop awareness, skills, effectiveness and employability in Community Drug Work.

Course content

The course will be run over 50 weeks and will comprise of one 3-hour session each week and four weekends. The course will cater for a maximum of 25 participants (minimum 15). The course is divided into a number of blocks.

Block 1 will encompass introductions and team formations. Four teams will be set up for the duration of the course, each of which will have a separate role, eg. news team (for collating news and reports around the drug issue at a local and national level)

In **Block Two**, the focus will be on providing a sound grounding in the facts on drugs, addiction processes, effects on individuals, family and community and infectious diseases. The emphasis in **Block Three** will be on community development and social analysis, and will cover the Paulo Freire methods for action and encompass principles of Adult Education. As a central part of **Block Four**, each team will research in depth and area of work covered during the year and prepare a learning event to run with the whole group.

A weekend away will focus on aspects of Community Drug Work, including Drug education and prevention, family support, specific needs based roles such as outreach, crisis intervention, etc. and research and awareness raising within statutory bodies. Individual reflection on follow-up needs in relation to the course will also be facilitated.

The training in all of the above blocks will take the form of action, reflection inputs. Participants would also be involved in placements through local groups or agencies. Through these experiences and reflection participants would then decide what their further training needs are. The participants would continue to meet around common topics such as treatment, basic counselling skills, facilitation, planning and evaluation.

Budget

It is recommended that this programme be part funded by the South Inner City Task Force to the amount of £60,000 with the remainder provided by the Canal Communities Task Force. Funding for the programme, however, should be contingent upon satisfactory accreditation being secured for it.

This budget includes the employment of a Co-ordinator, Trainers, course materials, premises, administration, travel/subsistence, childcare (where necessary) and evaluation.

Proposal 3

Training the Trainers

Merchants Quay Project

As part of their increased involvement with local communities on the ground, the Merchants' Quay Project has identified the need to develop a basic drug awareness course which would be aimed at local people and which would seek to demystify the subjects of drug use and HIV in particular and would generally facilitate them to better cope with these issues within their own communities.

The aims of the Training the Trainers project are:

- 1 To equip members of the local community to be a resource for information relating to drugs and HIV for others in the community.
- 2 To equip members of the local community to facilitate the development of strategies which enable the community to cope with and, if possible, to reduce, the level of harmful drug and HIV related effects in the community.
- 3 To facilitate the development of attitudes and practices which reduce the social exclusion of people with drug and HTV related problems within the community.

The course will be divided into two units. Unit One will focus on the provision of basic information around drugs and HIV and will include inputs around terminology, principles of health promotion, basic counselling skills and working with individuals and families. Unit Two will focus on skills sharing, identifying local need and developing strategies.

Budget

The Task Force recommends the allocation of £5,000 for the provision of this course to cover Co-ordination, facilitation and administrative costs.

Proposal 4

Ringsend & District Community Centre

Enablement of a Community Response to Drugs Problem

The Ringsend and District Community Centre is located at Thorncastle Street, Ringsend and is run by a Management Committee elected annually by the local community. The centre is used on a daily basis by a large number of community, sports and statutory groups and provides a wide range of services to the local community. These would include a playgroup, creche, social welfare information and advice, etc.

The centre is playing a key role in the development of a drug free community in Ringsend by encouraging, facilitating and enabling local groups to respond to the drugs issue within the community. It is used to hold public meetings and also as a base for family support groups. These groups do not have any funding and the centre is at present meeting the cost of housing them. It is also the wish of the management committee that the centre be utilised to develop a broad range of information, education and drug prevention programmes.

Budget

To support the Ringsend & District Community Centre in enabling a community response to the drugs problem in the area and to assist them with the development of the above programmes {the Task Force recommends the allocation of £10,000. This funding will meet the cost of providing a facilitator on a sessional basis and will cover insurance and general overheads.

Proposal 5

Educational Support Project (ESP)

Basin Lane

The Educational Support Project (ESP) for 7-12 year olds currently operating in Basin Lane targets children who are at risk of educational failure and school drop out due to social and emotional difficulties. A high proportion of this group would also be at risk of involvement in drugs and trouble with the law. The project provides direct support for these children in a positive and nurturing environment more suited to their specific needs and which aims at creating emotional safety and security for learning. The ESP promotes the integration of experiences and learning in the project into the regular class and school situation particularly with regard to the development of self-esteem. The ESP also promotes the principle of partnership through working to involve the family and community in the education of the child.

In the past year and a half the ESP has operated on a full time basis and a total of thirty children have benefited from attending the project twice weekly in groups ranging from two to six children during school hours. The project is operated by a Project Leader (a teacher) along with 3 Project Assistants who are women from the local community. The team have completed two modules of training in skills to work with children at risk and are currently undertaking a third.

The funding for the ESP was originally obtained on a once-off basis under the Discretionary Grant Scheme for Local Development operated by the Department of the Taoiseach. This funding expired in January '97 and since then the Project has depended on charitable funding which will be exhausted at the end of the current school year.

The Project was recently positively evaluated by the Children's Centre, Trinity College and the Task Force is convinced not only of its benefit but of its potential for replication. Accordingly we would recommend funding for an additional year in which its ongoing progress and development can be assessed and would further strongly urge that the Department of Education take responsibility for ensuring that funding is sustained in the future.

Budget

Project Leader salary and PRSI contributions	25,000.00
Project Materials	2,000.00
Total	27,000.00

Project Assistants are employed under CE Projects while premises, heat, lighting and insurance are covered by St. James CBS.

Proposal 6

Support for extra-curricular activities - Drama, Dance and Sports

Westland Row CBS

Westland Row CBS is a small school on South Cumberland St. all of whose pupils are from the south inner city. In the past year the school has achieved:

1. No drop-out from 1st/2nd/3rd and 5th year and only 5 pupils leaving 4th year (compared to 25 the previous year)
2. More students taking other level papers and an overall improvement in standards
3. Few discipline problems despite up to 90% of the students having learning difficulties.

The school principal attributes this to:

1. A favourable allocation of teachers from the Department of Education which has facilitated smaller class sizes and a greater capacity to cater for students with learning difficulties.
2. The changing of the curricula to better suit the students, e.g. introduction of drama, dance, technology. Leaving Certificate Vocational Programme
3. Retraining of staff

To maintain and build on the present success the school has indicated that it requires:

- No staff redeployment and a maintenance of present part-time hours
- At least 11 hours of remedial teaching
- A sports coach
- a drama and dance teacher

The Task Force has been impressed with the progress made by Westland Row CBS as outlined to it and would request that the present pupil-teacher ratio be maintained. We would also support its view that the development of extra-curricular activities such as drama, dance and sport provides students with a constructive way of spending their free time. Accordingly we would recommend funding for a drama and dance teacher, and a sports coach as these are not recognised subject areas.

Budget

Sports Coach	1,684.20
3 hours per week @ 16.04 per hour	1,684.20
Drama/Dance Teacher	
9 hours per week @ 16.04 per hour	5,052.60
Employers PRSI	522.63
Total	7,259.63

All other expenses will be covered by the school

Proposal 7

Mainline Youth Service

South West Inner City Network

In 1995 a substantial piece of research was carried out by Focus Ireland for the South West Inner City Network on the Needs of Young People in the SWICN area. This research had a special focus on the needs of young people at risk.

One of the principal recommendations to emerge from the study was that a Mainline Youth Service should be developed to co-ordinate the development of youth services in the SWICN area. In order to advance this key recommendation SWICN has applied for funding to the Task Force.

Project Objectives

1. To disseminate information to youth groups in the SWICN area
2. To improve and develop Youth Leadership Training Courses
3. To develop a co-ordinated response to young people at risk
4. To identify participants for the Social Education Programmes
5. To refer young people with difficulties to the relevant agencies
6. To provide information on a) Homelessness b) Employment\Training c) Education

It is intended that the Project will co-ordinate training for Youth Leaders and facilitate contacts between them as well as providing various services such as guidelines for funding proposals. The service will also assist with the establishment of new Youth Groups. The project will be evaluated on an ongoing basis utilising the DYS Evaluation package.

Budget

The Task Force recommends that the South West Inner City Network be funded to the amount of £30,000 to establish the mainline youth service. This amount to cover the salary of a Co-Ordinator (+Employers PRSI) and administrative overheads.

Proposal 8

Liberties Music and Drama Group

The Liberties Music and Drama Group has been in existence some 18 years and has achieved widespread recognition in this time. The Group caters for 5-14 year old boys and girls from the Liberties Area and it aims at giving them an opportunity to realise their talents in music, acting, dance and comedy. The Group caters for some 40 young people at any one time. While the Group has won many awards its greatest achievement has been to teach large numbers of young people from the Liberties the value of team work, the importance of self worth, and the joy of achievement, and to considerably broaden their range of experience. The group has been a major influence in the formative years of these young people - none of whom to date, unlike many of their peers, have got involved in drugs.

The Liberties Music and Drama Group now intends to broaden its range of activity by setting up a band and to increase the number of children it can cater for by employing Music and Drama Teachers. To assist the Group in this regard the Task Force recommends that it be financially supported to the following extent

Budget	
Music and Drama Teachers	4,500
Instruments and Equipment	6,000
Total	10,500

Proposal 9

Development of Youth Programmes

School St.\Thomas Court Bawn Residents Association

Oliver Bond Community Group

Michael Mallin House Residents Association

Marrowbone Lane Residents Association - re Marrowbone Lane Buildings

Marrowbone Lane Tenants Association (NATO Branch) - re Meath Place, Pimlico

Terrace, Braithwaite St. and South Summer St.

The Task Force received applications from the above Residents Associations in the south west inner city for funding to either expand or initiate youth programmes in their respective flats complexes. These ranged from after school projects to youth clubs and the development of outdoor pursuits and in many cases included personal development and drugs awareness components. These proposals were similar in seeking funding for very basic needs, such as equipment to improve the basic service infrastructure and the Task Force feels that they merit funding.

Budget

The Task Force feels the work being carried out with young people at a local level by residents groups to be extremely important and recommends the allocation of £27,000 towards the development of these projects - £7,000 to the School St.\Thomas Court Bawn Residents Association and £5,000 each to the remainder. It is proposed that this funding be disbursed through the Community & Environment Section of Dublin Corporation.

Proposal 10

Youth Worker Sports Development Officer

Westland Row\City Quay

The following groups in the City Quay and Westland Row Parishes have formed an ad-hoc group to draw up and implement an agreed strategy to address the drugs problem in their area.

Pearse House Estate Management Committee
Markievicz House Residents Association
Macken Street Estate Management Committee
Magennis Square Residents Associations
Pearse Street Against Drugs
Pearse Addicts Support and Treatment
Grand Canal Docks Trust
St. Andrews Resource Centre
St. Andrews Parish, Westland Row.

In its submission to the Task Force the group highlighted the need for a Youth Worker to service the area, targeting the 13+ age group and particularly those at risk. The Task Force recommends the allocation of £28,500 towards this - £18,500 to cover wages and employers PRSI and the remainder to meet programme costs.

The Group also highlighted the absence of a youth and sports centre providing indoor and outdoor facilities. The conversion of Pearse Square to a park removed the last substantial play area available. The group plans to develop a youth and sports centre through the conversion of a suitable premise such as a warehouse and a number of potential locations have been identified. In order to advance this project as well as to promote sports opportunities and youth involvement, including in the area of water sports, the Task Force recommends the allocation of £22,000 to employ a community based Sports Development Co-Ordinator.

While reporting to the Ad-hoc Group, or a liaison committee of it, it is envisioned that these individuals would be employed through the St. Andrews Resource Centre which has the necessary administrative structures in place.

Budget

Youth Worker	18,500
Programme Costs	10,000
Sports Development Officer	22,000
Total	50,500

Proposal 11

Youth Activities

St. Nicholas Of Myra Parish Centre

The St. Nicholas Of Myra Parish Centre is a valuable resource for the people of the Liberties area. It is used by all age groups from pre-school to senior citizens. Groups using the centre include Art, Drama, Disco, Ballroom Dancing, Irish Dancing, Majorettes, Keep Fit, Draughts, Chess, Summer Projects, Ladies Club, and Discussion and Advice Groups for parents. Up to 300 young children and teenagers and the same number of adults would use the centre on a weekly basis.

The Centre is managed by a voluntary committee and it receives no core funding from any statutory agency except through the FAS Community Employment Project. To meet running costs the centre relies on subscriptions from groups using it.

The management committee of the centre is proposing to develop additional activities for young people, in particular:

[1] Afternoon activities for very young children who would not be covered by normal youth club activities

[2] Evening activities for teenagers between 15 and 19 years of age who are not catered for by existing youth clubs. To provide this however it will be necessary to refurbish a room currently used as a cloakroom in order to provide extra space.

It is also proposed to introduce a drugs awareness programme that would be particularly aimed at the many parents currently using the centre who have teenage children.

Budget

The Task Force recommends the allocation of £10,000 to the St. Nicholas Of Myra Parish Centre for the refurbishment of the room and to provide equipment and cover running costs of the above additional activities.

Proposal 12

Renovation and Equipping of Youth Centre Employment Of Youth Centre Co-Ordinator

Ringsend Youth Action Project

The Ringsend Youth Action Project was established in January 1994 as a result of increased unemployment, crime, drug abuse and low educational attainment among young people and in order to address these issues through positive participative action.

The project provides an integrated programme for young people in 3 categories;

[1] Early School Leavers, [2] School Group, [3] Recovering Addicts

The philosophy of the Project is based on Social Education which involves learning by doing. The participants are encouraged to be fully involved in the planning and running of programmes. A primary focus of the Project is drug prevention and education.

Since January 1994 the Project has been running a Drop In Centre in a premise, known as “The Pavillion”, which formerly housed changing rooms for football matches and which belongs to Dublin Corporation. This provided a location which the young people could identify as “their-own” and where programmes and activities could be developed and support provided. The Drop In Centre, which is staffed on a voluntary basis, has a membership of 200 young people between the ages of 5 and 23. The Condition of “The Pavillion” however is very bad and continues to deteriorate - water is entering through the roof, equipment being destroyed through dampness, there is no heating in the premise, no electrical sockets in the main room, etc. The Conditions in “The Pavillion” have led over recent months to a noticeable decline in the numbers of young people using the centre and also made it difficult to hold onto the volunteers working in the centre.

The cost of renovating the Drop-In Centre has been established at £60,000 and Dublin Corporation has agreed to provide half of this. The Task Force recommends that matching funding of £30,000 be provided towards this purpose.

The Ringsend Youth Project has also applied to the Task Force for funding to employ a Co-Ordinator and a Youth Worker for the Project. They have been short listed for full project funding from the Department Of Education\Comhairle Le Leas Oige and are confident that this will be secured to maintain the positions in the future. Accordingly the Task Force recommends the allocation of £38,500 to employ a Project Co-Ordinator and a Youth Worker for one year. It is also recommended that £5,000 be allocated towards the cost of purchasing equipment for the Project.

	Budget	
Renovation of Drop In Centre	30,000	
Co-Ordinator\Youth Worker	38,500	(£20,000 and £18,500 respectively)
Equipment	5,000	
Total	73,500.	

Proposal 13

Renovation of Braithwaite St. Football Pitch

Pimlico Youth Reach

The outdoor football pitch located at Braithwaite St. in the Liberties is a valuable amenity for young people in the Marrowbone Lane, Pimlico, Coombe, area in which there are few outdoor recreational areas remaining. The pitch is immediately adjacent to the Braithwaite St.\South Summer St,\Pimlico Terrace Flats in which there are a substantial number of young people residing. Unfortunately over the years the pitch has deteriorated substantially and is now virtually unusable. It was proposed to the Task Force by the Pimlico Youth Reach Group, with the support of the Marrowbone Lane Tenants Association (NATO Branch), that funding be allocated for the renovation of the pitch.

Budget

It is recommended by the Task Force that £25,000 be allocated to Dublin Corporation towards the renovation of the pitch on the condition that matching funding be provided by the Corporation to complete the work.

Proposal 14

Youth Festival Co-Ordinator

South West Inner City Network

The South West Inner City Network are staging a summer Youth Festival with the participation of affiliated youth organisations. It is felt that the Festival will provide an opportunity for young people to take part in a positive and innovative project which will benefit them through gaining responsibility and developing their social skills while enhancing community spirit and encouraging participation. It is intended that the Festival will be an annual event and that it will form an important element in the development of young people in the area.

Budget

To facilitate the Network staging the initial festival it is proposed that the sum of £2,200 be allocated to employ a Co-Ordinator for a period of 6 weeks.

Proposal 15

Youth Worker

Charlemont Community Association

The Charlemont Community Association represents the Local Authority Flats Complex located at Tom Kelly Rd. The complex consists of 250 homes with a population of approximately 800 people. Over 60% of households are dependent on social welfare payments for their income and the unemployment rate is estimated at 50%. Over 40% of the residents are under the age of 25. There is a significant problem with young people leaving school early without any formal qualifications and there are no alternative services available in the local area for them. The area also suffers from a significant drugs problem as reflected in the Garda contact figures under Operation Dochas.

The Charlemont Community Association feels that there are many young people at risk in the area due to early school leaving, a lack of alternative options and the ready availability of drugs in the area. To combat this they are working to develop recreational facilities for the young people and to develop their skills and improve their confidence and self-esteem. The Group has accessed funding to renovate the old community hall located in the complex to enable it to cater for a wide range of sports and leisure activities for the youth of the area.

The Association has applied to the Task Force for funding to employ a full-time youth worker to co-ordinate the organisation and carrying out of sports and leisure activities with the young people of the complex. Support will be provided by local volunteers who will receive training in youth work. The Task Force recommends that allocation of £22,000 to cover wages, employers PRSI, and programme costs in this regard.

Budget

Youth Worker	18,500
Programme Costs	3,500
Total	22,000

Proposal 16

Youth Development Officer

Cork St. and Maryland Community Project

The Cork St. area has suffered an inordinate amount of deterioration and dereliction in recent decades, much of it due to a decision to widen the street taken some 50 years ago. While this decision resulted in Compulsory Purchase Orders being placed on houses and businesses along the south side of the street the road widening has yet to be implemented. It has been pointed out that the most thriving business in Cork St. today is the sale of drugs with many vacated premises being used for drug taking purposes only.

The Cork St. Maryland Community Project was established in November 1995. Initiated largely through the efforts of the Cork St. Residents Association, its aims are focused on:

- Creating local employment
- Creating a liveable atmosphere
- Empowering and enabling young people to live a drug free life
- Developing a Community Centre which would cater for Community Needs
- Bringing in professionals to assist in achieving aims and objectives
- Providing drug awareness to young people at risk
- Liaising with other services providing support to recovering addicts

The Group is currently, with the assistance of a firm of local architects, developing plans for the rebuilding of Cork St. This will include shops and small businesses of a type that could provide local employment. It is also hoped that the rebuilding of the street will provide opportunities for young people to be taken on as apprentices and acquire trades skills which are in high demand today.

The group is also addressing the social, recreational, and development needs of the young people of the area. To facilitate this the Group has applied for funding to employ a Youth Development Officer who would research the needs and desires of the young people of the area, identify a suitable premise that could be utilised for youth services and implement a range of activities that would be of the best possible benefit. The Task Force recommends the allocation of £32,160 for this purpose as follows:

Budget

Youth Research Worker wages

Employers PRSI	18,000
Office Rental	2,1600
Office Equipment	4,000
Administrative Costs	2,000
Total	32,160

Proposal 17

Training In Holistic Therapies Community Response

Community Response has identified a need for local people in the community to become familiar with what “holistic therapies” such as massage, shiatsu, and Bach Flower Remedies are and how they can be used, so that they can be comfortable in accessing training. To facilitate this they propose to engage people in a pilot awareness building programme with a view to identifying a target group that could participate in a foundational training course.

Pilot Awareness Building Programme

Objective: To run a pilot programme to create awareness of holistic therapies and to identify target group for training

Programme: To run a number of talks, video showings and or demonstrations of therapies to invited groups either in community groups premises or our offices.

Hours: 10 sessions for 2 hours each

Costs:	Facilitators fees	200.00		
	Rent & Admin. Expenses	550.00	Sub Total	750.00

Basic Holistic Carers Course

Objective: To give an identified target group foundational training in a number of holistic therapies to use skills as carer in community and as a springboard for certified training.

Programme: To introduce people to basic skills in different holistic methods.

Introduction to:

1. Massage - hands, face. Basic Anatomy. Introduction to essential oils.
2. Stress Management Skills
 - Relaxation Skills
 - Time Management
3. Input from different therapists such as reflexology, shiatsu or Bach Flower Remedies.

Hours: 10 sessions at 3 Hours and 1 weekend

Budget				
Costs:	Facilitators fees	2,800.00		
	Rent and Admin. expenses	1,600.00		
	Weekend	1,000.00	Sub Total	5,400.00
	Total			6,150.00

Proposal 18

Youth Worker

Catholic Youth Council

The Catholic Youth Council has supported youth work in the south inner city for over 50 years. The idea of a Summer Project was developed in the Liberties 25 years ago and has since then spread throughout the greater Dublin Area. At the present time the CYC supports 14 clubs and 13 projects in the area. CYC is aware that over the past decade many young people, their families and the communities of the area have suffered very much because of drug abuse, drug pushing and the addiction of many young people and is committed to working with local communities and official bodies to reduce the demand for drugs.

At the present time the CYC has one youth worker assigned to cover the Task Force Area. This worker has been an extremely valuable resource but is faced with a growing demand for support from youth projects which it is now impossible to fully meet. Accordingly the CYC has applied to the Task Force for funding for an additional Youth Worker to service the area. The youth workers role would involve supporting youth leaders with a wide range of services including;

- Leadership training
- Advisory Services
- Developing and implementing educational programmes to reduce the need and demand for drugs, e.g. “On My Own Two Feet”
- Visitation
- Programme development
- Specialist programmes, e.g. Youth Arts
- Advice on the setting up of new youth clubs
- Competitions and events
- Inter group/club activities
- Dealing with club insurance queries
- Networking with other statutory and voluntary agencies
- Accessing Outward Bound programmes
- Supporting Summer Projects

Budget

The Task Force recommends the allocation of £32,000 to cover the wages and programme costs of CYC employing an additional Youth Worker to service the area

Treatment and Rehabilitation

Treatment

Definition of addiction

In considering issues around the provision of a comprehensive range of treatment and rehabilitation services, the Task Force felt that it was important to adopt an agreed view of the addiction process with which to inform its deliberations. The following definition is largely consistent with the view of addiction promoted by the Soilse rehabilitation project.

The Task Force believes that addiction results in a steady decline of a person's physical, mental, emotional and spiritual well-being. Addiction is best viewed as a compulsive behavioural condition with recognisable symptoms constituting physical dependence, mental obsession, and denial. Approaches to treatment and rehabilitation and recovery must take into account the social context in which an individual's addiction occurs.

In seeking to address the downward spiral of addiction, services should aim to facilitate the addicted person to understand, accept and take responsibility for their condition. The working group is concerned that models of care should always seek to empower the addicted person in dealing with their drug dependence and in moving towards recovery. The recovery process must involve the family to ensure a higher likelihood of success.

The following are the agreed priorities reached by the Task Force in relation to the development of treatment services.

- The problem of drug use is multi-faceted and requires a multi-faceted approach in the development and delivery of treatment services. Treatment should take an holistic approach, taking into account the medical, social, economic and cultural needs of drug users.
- Consequently, the response should be multi-disciplinary, cross-sectoral and should involve the community, voluntary and statutory sectors. The community should be the starting point in response to the drug problem. Accordingly, treatment services must encompass the needs not just of the individual but also take into account those of family and community. There needs to be a recognition of the important role that the family can play in the area of treatment and the development of family support services should be prioritised.
- Recognising that the needs of those who wish to address their problem drug use are diverse, a broad spectrum of treatment options, from methadone maintenance to drug-free services and from residential detoxification facilities to local G.P. prescribing need to be put in place and developed.
- There is a concern that "treatment" has become synonymous with the provision of Methadone. While it is accepted that Methadone has a positive role to play in the treatment of the physical aspects of drug dependence, it is imperative that it is delivered in the context of structured programmes including counselling and activities which actively engage the addict to address the psycho-social implications of their drug use.

- There is a significant need for access to training in the area of drug treatment and prevention. Specifically, training programmes which are properly accredited need to be developed for local people to develop skills in the area of community drug work.
- Ongoing evaluation and research in the area of treatment is needed. Such research should draw on international as well as national experience.

Treatment and Stabilisation Programmes

The E.H.B. 1997 Service Plan details the development of a comprehensive network of treatment services to facilitate the aim of eliminating waiting lists for methadone treatment. Negotiations are ongoing in several areas within the Task Force between the E.H.B. and local community groups in relation to the development of initiatives around medical treatment.

In keeping with the priorities listed above, the Task Force believes that there is a critical need for a diverse range of services to back up any medical service provision.

Development of Community Drug Teams

In the South West inner city. Community Drug Teams (C.D.T.s) are being developed to provide a comprehensive range of programmes which will provide support and aftercare for • those wishing to stabilise their addiction and progress towards recovery. The model of the C.D.T., with its emphasis on providing a localised service which looks at the problem of widespread drug use in an holistic way, is seen as a good model of a community based drugs service.

While agreement has been reached with the E.H.B. around the development of three additional C.D.T.s in the south inner city, a multi-agency approach has been sought in regard to their development and funding. While the exact role of the Departments of Education and Justice have yet to be fully teased out, it is felt that they should have a positive contribution to make to aspects of the service provision of Community Drug Teams as they begin to emerge.

Proposal 19

Stabilisation Programmes and Holistic Therapies

Donore Community Drug Team (D.C.D.T)

The Donore Community Drug Team (D.C.D.T.) has been in existence for two years. It is made up of the main residents associations and community groups in the Donore Parish area, with representation also from the E.H.B. Addiction Counsellor and Outreach Worker. It is currently in negotiations with the E.H.B. with a view to developing a programme for young heroin users from the Donore area within the framework of a Community Drug Team (C.D.T.). The overall programme will contain the following elements:

- Recreational/Social inputs
- Occupational/Educational inputs
- Counselling/Therapy inputs
- Medical inputs

The programme will be full-time with the intention of participants receiving an allowance from Fás, subject to the usual Fás conditions.

This programme will be run in conjunction with the main C.D.T. services, which will provide a broad based counselling and support facility to drug users and their families in the Donor parish area.

The D.C.D.T. Management Committee has been recommended for funding for the delivery of a range of stabilisation programmes and holistic therapies which form an integral part of this overall service. These programmes and therapies will be delivered by the C.D.T. staff, together with sessional workers where appropriate.

It is envisaged that in excess of one hundred clients will avail of these services over the year as the C.D.T. develops. The Drop-in in the Small Club (which will form the basis of the C.D.T. as it emerges) which is currently operating in Donore on one morning a week regularly deals with up to 25 clients, and due to budgetary constraints is extremely limited as to what it can offer. In addition, there is an identified need for a support programme for partners of young drug users which also cannot at present be offered.

Budget

Art Group	£ 2,500
Alternative therapists (aromatherapy, massage, etc)	£ 2,500
Drama therapy	£ 4,000
Group Work/Family Support	£ 5,000
Community training programmes	£ 5,000
Materials	£ 5,000
Evaluation	<u>£ 1,000</u>
Total	£25,000

Proposal 20

Working with Young Female Drug Users in Oliver Bond

Merchant's Quay Project

Another emerging service in the South Inner city is an initiative based in the Oliver Bond community. Representatives of Oliver Bond and the neighbouring flat complexes of Bridgefoot St., Watling St. and Cook St. have been meeting with the E.H.B. Addiction Counsellor and Outreach Worker to develop a drop-in support service for drug users and their families. The Merchant's Quay Project has also become involved and has agreed to provide a prescribing service for clients of the drop-in.

In connection with this, Merchant's Quay are proposing to develop a specific programme for a group of young women in Oliver Bond. This programme will cater for ten women and will provide a range of supports which will be specific to their needs. This will include providing initial assessment, group work and one-to-one counselling. Participants will also be accessed into a weekly women's group in the Contact Centre of the Project. The project will operate on a rolling basis, offering ten places at a time on the programme. The use of detoxification prescribing will facilitate this.

Outcomes

Success of the programme will be judged by a decrease in the levels of illicit drug use by the women on the programme. There will also be specific goals assessed for each woman, depending on her own circumstances. These goals will focus on indicators of increasing stability for the particular woman.

Budget

Project Worker, salary and on-costs	£18,000
Part-time trainee Project Workers (volunteers or Fás CES)	no cost to Project
Administrative support	£ 4,000
Training, materials, etc.	<u>£ 3,000</u>
Total:	£ 25,000

The Task Force fully supports the development of C.D.T.s and the above initiative and wishes to promote the development of similar community based services in other parts of the Task Force area. To this end, the Task Force is recommending the funding of two particular programmes, one in the Pearse St. area and the other in Ringsend, both of which focus on providing a range of supports for addicts who have engaged in treatment and are stabilising their addiction.

Proposal 21

Stabilisation and Recovery Programme

Pearse St. Addict Support and Treatment (P.A.S.T.)

This programme has been proposed to complement an emerging prescribing service which is being developed in conjunction with the E.H.B. The aim of the proposed service is to provide a range of stabilisation programmes and activities to people being stabilised on Methadone to encourage them to adopt a healthier life style and to promote movement towards becoming drug-free. Family support and counselling will form an important element in the overall service.

P.A.S.T. forms one of the main elements of the Ad Hoc Drugs Co-ordinated Group, which is anchored by St. Andrew's Resource Centre. This umbrella group, which has representation from the main residents and community groups in the Westland Row / City Quay parishes, will provide the management structure to oversee the implementation and monitoring of the programme.

P.A.S.T. are currently in negotiations with the E.H.B. to secure the use of an E.H.B. owned premises on Pearse St. which will accommodate the prescribing service together with the stabilisation and support programmes. The E.H.B has agreed to provide a doctor and an addiction counsellor.

Budget

Renovations		£ 6,000
Office Equipment		£ 5,000
Administration		£ 4,000
Insurance		£ 4,000
Creche		£ 3,000
Art & Drama Therapy		£ 12,000
Staff (including PRSI)		£ 53,000
	Full time Administrator	(£21,000)
	Full time Community Key Workers x 2	(£16,000)
Miscellaneous		£ 3,000
Training i.e. staff and volunteers		<u>£ 10,000</u>
	Total:	£ 100,000

Proposal 22

Family Care Centre with Drug Recovery Project

Ringsend & District Response to Drugs

The Ringsend and District Response to Drugs (R.D.R.D.) propose the development of a comprehensive programme around aftercare and recovery, which will be aimed at supporting local drug users who wish address their addiction. The emphasis of the programme will be to support local addicts to achieve a drug-free lifestyle and equip them with the skills and confidence to reintegrate with their community, and hopefully to in turn act as peer support to other recovering addicts in the area.

This programme will build on present work which is centred around a group of recovering addicts which the R.D.R.D. is currently working with. A survey which they carried out recently identified up to two hundred addicts who are living in the Ringsend district, most of whom were in their early-mid twenties.

The Ringsend Programme is divided into three phases. It is expected that 25 people will initially be inducted onto Phase One of the programme and that an additional 25 will be recruited after the initial group moves onto Phase Two, and so forth.

Phase One, which is geared towards supporting the addict while detoxing, consists of intensive counselling (individual and group) and providing basic education skills (literacy, arts & crafts, computers, etc.) A mechanism of continuous assessment will be developed to monitor individual progress.

In **Phase Two**, the emphasis is on improving and expanding the skills attained in Phase One and will include more structured workshop activities, promotion of community awareness and involvement and preparation towards seeking employment. Work around reconciliation with the family of origin will also take place.

In **Phase Three**, recovering addicts on the programme will be encouraged and facilitated to apply their knowledge and understanding of the problems involved around addiction to help their peers. They will be supported in the development of leadership skills and much time will be devoted to evaluation through an aftercare group.

Graduation from the programme will take place after two years.

The R.D.R.D. propose a partnership approach with the E.H.B. They envisage that the E.H.B. will provide supports in the form of medical care and professional counselling and in supporting the development of the aftercare programme in conjunction with the community. A board of management will be set up to oversee the development of the programme and will include representatives of the local community, the E.H.B. *and* young people who have successfully gone through a drugs programme.

Proposal 24

Soilse Programme

The Task Force believes that there is a need for a non-residential daytime drug rehabilitation programme, similar to that operated by Soilse, to be based in the South Inner City area. The group has been particularly impressed with the Soilse model, with its balance of group therapy and counselling with creativity and soft vocational training skills and feel that it would play an important part in the process of facilitating addicted individuals to engage in the recovery process.

It is proposed that the Soilse model be replicated in the South Inner city, and that this resource would be shared between the South Inner City Task Force and that of the Canal Communities Local Drugs Task Force areas.- No specific location has yet been decided upon.

It is envisaged that the project would operate under the same ethos as Soilse, with the same overall aims and objectives and criteria for entry. Both part-time and full-time group programmes would be offered, with a comparable wide range of inputs and workshops. Courses would also be certified by recognised accrediting bodies with a paid training allowance made available for course participants.

Careers guidance and mediation will also be an important feature of service provision, with the focus on realistic goal setting and attainment. Links will be established with the Local Employment Service to support this process.

Budget

Half-funding of annual running costs	£175,000
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(Includes Rent, Insurance, Full-time staff, Part-time staff (facilitators). Materials/ equipment, Payment to participants, Fieldtrips, Overheads, Evaluation, Contingency. These costings are based on the annual running costs of the Soilse Project currently operated by the E.H.B.)

Budget

Co-ordinator	£ 22,000
Counsellor	£ 19,000
Community and Family Worker	£ 19,000
Trainer	£ 18,000
P.R.S.I.	£ 9,500
Expenditure	
Light and heat	£ 4,000
Rent	£ 9,750
Insurance	£ 1,750
Telephone	£ 2,000
Furniture	£ 3,000
Stationary/Printing	£ 1,500
Equipment	£ 7,500
Financial Expenses	
Bank Charges	£ 200
Legal fees	£ 1,200
Auditors	<u>£ 750</u>

Total: £119,150

Rehabilitation

Guiding principles

In considering the priorities in relation to developing rehabilitation services, the main points of agreement within the Rehabilitation sub-group of the Task Force are:

- 1) That the medical model of treatment and rehabilitation is not only inadequate to the crisis but in some ways actually contributes to the problem.
- 2) Whilst recognising the primary health care role of statutory agencies in combating drug related illnesses, particularly HIV and Hepatitis C, and their responsibility for developing clinical services, it was felt that there is an overemphasis on the role of Methadone and serious problems arising from inadequate safeguards regarding distribution and diversion.

Methadone is best viewed as a useful tool in enabling an addicted person to stabilise their physical dependency, as a precursor to addressing the psycho-social aspects of their addiction. However, abstinence is accepted as the option which promotes the surest lasting recovery and growth.

- 3) That there are serious problems with regard to the language of the drug treatment debate, with treatment frequently seen in a narrow clinical sense and areas such as rehabilitation and recovery frequently relegated to a minor significance.
- 4) In terms of the goals of rehabilitation, it is recognised that this involves a complex process which encompasses the rebuilding of self esteem, the development of practical skills and resocialisation.

Resocialisation may take the form of supporting the re-integration of the recovering addict into the community of origin, or, alternatively, of facilitating them to move away into another environment. Emphasis, however, should be focused on the former, by providing a network of supports within the community of origin to make it a safer environment for the recovering addict to return to.

It is important to recognise that the process of addressing addiction is cyclical and comprises stages including contemplation, decision, action, maintenance and relapse. A broad range of services which provide a continuum of care to the drug addict through each of these stages needs to be put in place.

- 6) There is a need to recognise that the needs of recovering drug users will be diverse and that this is reflected in different models of care. A variety of services will ensure that this diversity is catered for adequately.

- 7) The value of peer support needs to be recognised and promoted. The experience and learning of recovering addicts should be drawn upon where possible and integrated in the development of support services.
- 8) One of the most important challenges which the rehabilitation process faces is the need to provide viable alternative role models and lifestyles to those associated with the drugs culture.
- 9) Education and training programmes aimed specifically at the needs of recovering addicts need to be developed. These must be well resourced and must be culturally relevant. The promotion of dedicated Community Employment Projects should be encouraged in this regard.

Rehabilitation and Recovery Support Projects

Drug Recovery Project

One of the significant gaps in service provision which has been identified has been the lack of resources targeted towards those who have become or are becoming drug free. It is felt that with the expansion of treatment services as outlined in the E.H.B. 1997 Service Plan, there is a need for services for those emerging from treatment which will provide a drug-free environment and ethos to support the recovering addict.

This is based on the experience of service providers in the area of rehabilitation that services for those engaging in treatment and services for those moving from treatment into recovery cannot be run coterminous with each other. In other words, the needs of these two groups are distinct and there is a need to develop separate clearly defined therapeutic environments which are drug-free and that promote a drug-free lifestyle.

Proposal 23 Day

Programme

Coolmine House

Coolmine House has created a successful day programme based on research of an approach developed by Centre Italiano de Solidarity (the rehabilitation and educational programme responsible for the training for most of the recovery programmes in Italy).

It is proposed that Coolmine House Programme would establish a centre in the south inner city (in addition to their current programme operating in Lord Edward St.) at which a number of services would operate. The services would include prevention programmes, counselling, Parents in Charge problem solving groups, induction for addicted young people and parents/partners. These services would be dedicated to the catchment area of the Task Force.

The major function of the centre would be the provision of a Day Programme, which would cater for up to 15 addicted people. The age range would be from 17 upwards. It would be a drug free, self help programme aimed at helping participants to achieve a drug-free life, and to prepare them to seek and obtain employment.

Induction

The suitability of clients would be assessed in an initial induction phase. Each client's family/partner would also be involved. Having been accepted onto the programme, an assessment would then be made as to the need for detoxification, and the necessary arrangements made.

Day Programme

The programme would operate from 9am to 5pm. Commitment regarding after-programme behaviour and activities would be arranged with the participants. The co-operation of parents and partners would be sought to ensure the success of commitments.

The day programme would include at least 3 groups per week, individual counselling, seminars on various subjects, care plans, health and review of status and progress. Social and vocational

needs would also be catered for through social learning programmes, including literacy and numeracy programmes. The programme would last for a year and there would be a 1 year aftercare programme.

Budget

Running costs (light, heat, telephone, photocopying, etc.)	£ 10,000
Salaries (2 people)	£ 40,000
Volunteer expenses, training refresher courses	£ 10,000
Furniture, fittings, maintenance, etc.	£20,000
Property rental, refurbishment	<u>£20,000</u>

Total: £100,000

Proposal 25

Stabilisation Programme

The Task Force feels that there is also an equal need for a rehabilitation programme which would seek to bridge the gap between stable drug use and mainstream and community based education and training programmes and employment. This would be modelled on the current stabilisation programme offered by Merchant's Quay, but would be dedicated to clients from the South Inner city.

The aim of this programme would be to assist people who are seeking to move away from the chaotic, risky lifestyles associated with street drug use towards increased personal stability and self-reliance. The programme would seek to address a number of needs:

- Support to relieve the pain of past abuse or neglect
- Support to reflect on previous drug using lifestyle
- Support to positively change relationships while stabilising
- Basic skills training to compensate for literacy and numeracy deficits
- Vocational skills development for employment and/or leisure pursuits

The stabilisation programme would work with a small number of people (maximum 15) to meet the above needs, combining activities such as drama, art, crafts, music, literacy, numeracy, home maintenance and parenting skills with a support system of one-to-one and group work. It would be of one year's duration and participants would be given a training allowance, which could be provided by Fás.

The programme in the main will be workshop and group based, and will be structured around twenty hours of activities per week. The main emphasis will be to facilitate the stabilisation of participants' lives across a number of areas including drug use, relationships, parenting, nutrition, leisure activities, etc.

The stabilisation programme will link with local agencies and groups to ensure that potential participants are accessed to the programme and that those leaving the programme are given opportunities to move further along the continuum of stability towards a drug-free lifestyle and employment.

Budget

Team Leader, Salary and on-costs	£ 23,000
Project Workers (2 full-time), Salary and on-costs	£ 36,000
Part-time trainee Project Workers (3 volunteer workers)	no cost to project
Trainee Workers support costs (travel, training, etc)	£ 8,000
Facilitators' fees	£ 4,500
Participants' expenses (allowance, (ravel, food, childcare, etc.)	£ 20,800
Workshop Equipment and Supplies	£ 9,400
Rent, Light, Heat, Phones	£ 15,000
Administrative support and supplies	£ 5,000
Capital Costs (refurbishment and equipment)	<u>£ 20,000</u>

Total: £ 141,700

Drug Free Residential Services

One of the main concerns expressed by this Task Force is the need to address the shortage of drug free residential services for those who are coming off methadone. It is felt that there is a clear need for long-term places to be made available, particularly for those with deep-seated emotional problems, of which their drug use and its attendant behaviours are symptomatic.

Proposal 26

Coolmine Ashleigh House - Enabling Children to Accompany Parent in a Women's Residential Recovery Programme

A specific gap in service provision identified in the South Inner city is the need for services geared towards the special needs of women who are becoming drug-free. Women tend to have particular responsibilities and ties that make it difficult for them to take part in recovery programmes. Many are reluctant to enter programmes for fear of losing their children while in a programme. While this fear is largely unfounded these days in reality, it is nonetheless a real fear and serves to disadvantage women and, of course, their children severely.

Coolmine House currently operates a residential programme for women who are seriously addicted to drugs at Ashleigh House in Clonee. 15 places are currently available and a one year programme of aftercare to all who complete the residential programme. Coolmine would like to facilitate the provision of additional places for women and enable them to bring their children into the programme. The current building capacity and resources, however, are not adequate to accommodate this. Fortunately, there are a number of buildings and stables attached to the house which could be developed to house mothers and their children.

The Task Force wishes to recommend funding for the provision of an additional 10 places for women from the South Inner city at the residential facility in Ashleigh House and enable the programme to accept at least 5 of them with their children. These places would be allocated to South Inner city referrals.

It is envisaged that the programme will be restructured so that child care is a factor of progress and would be related to the parent's growing maturity and developing parenting skills. In looking after the child in this context, the parent would be conscious of her own growth and caring needs. Specialist staff will, of course, be needed to guarantee the well-being of the children, particularly when the parent is engaged in community activities and has responsibilities within the programme.

While the acquisition of parenting skills is important and attention would be paid to this, it is essential to make up educational deficiencies, promote vocational development and provide all the training applicable to other residents. Participation in the study of relationships, assertiveness, equal partnership and the raising of self-esteem would equally apply. Other part-time inputs in specialised areas are also envisaged.

Should the places which are to be made available not be taken up by women from the South Inner city, the places would be open to those from other areas. However, women from the South Inner city will have priority and at all times Coolmine's responsibility would be to meet their needs.

Budget

Capital costs (renovations, etc.)	£ 80,000
Child Care Worker	£ 18,000
2 Counsellors	£ 40,000
Additional running costs	£ 35,000
Specialist inputs	<u>£ 10,000</u>

Total: £ 183,000

Reintegration and Support/Mediation Services

One of the important needs which has been identified in developing a continuum of drugs services is to build bridges to enable recovering addicts to re-integrate with the broader community and society.

One of the key challenges to many recovering addicts is attempting to join or re-enter the work force. One difficulty which is often articulated are negative experiences with job placement agencies, often caused by the perceived stigma attaching to their background and resulting in a lack of sensitivity to their position.

There is a clear need for personnel in local employment services who would have a specific brief in working with the long term unemployed who have gone through or are going through a drug rehabilitation programme.

Proposal 27

Recruitment of a Placement/Mediation Officer

Connolly Information Centre

The Connolly Information Centre for the Unemployed are proposing to employ a Mediator / Placement Officer on a part-time pilot basis initially. The person recruited would work as part of the public services team in the Connolly Information Centre and could avail of the full back-up services available in the centre, including the childcare facilities in the Connolly Children's Centre.

The main job functions of the Mediator would be:

- To provide clients with a confidential, individual career path, planning, guidance, and counselling service on a case-load basis
- To work in conjunction with the public services team in the Connolly Information Centre in order to offer an integrated service to the client.

Key tasks would also include providing ongoing mediation and support after placement to both clients and employers and to develop a pro-active policy of encouraging employers to adapt a positive attitude to clients as potential employees.

Budget	
Salary (incl. P.R.S.I.)	£ 10,700
Administration and overheads	<u>£ 1,350</u>
Total:	£ 12,050

Monitoring and Evaluation of Service Plan

It is the intention of the Task Force to establish a working group, facilitated by the Chairperson and Co-Ordinator, with responsibility for ensuring the effective implementation, monitoring and evaluation of the Service Plan.

Where new services are being established through the Service Plan agreement on Mission Statements, Aims and Objectives, and desired outcomes will be sought with the service deliverers. The Task Force may also nominate representatives to the management committee of services.

With regard to ongoing monitoring the working group will establish a monitoring mechanism, probably based on a reporting format, that will be clearly understood and agreed to by each funded service. This will facilitate the preparation of regular reports by the working group to both the Task Force and, where required, the National Strategy Team. The analysis of information collated in this way will also form one basis for the evaluation of the plan.

Evaluation reports will be produced by the working group on a six monthly basis. These reports will assess:

- Progress in implementation of Service Plan
- The extent to which agreed outcomes are being met
- The overall impact of the plan on the drugs problem in the Task Force Area
- Value for Money
- Level of Service Coordination
- Policy implications for the development of services

Input will be sought from relevant statutory and voluntary agencies as well as key community organisations in the evaluation process.