

CLONDALKIN DRUG TASK FORCE
AREA ACTION PLAN
2000 - 2001

CLONDALKIN DRUG TASK FORCE

MISSION STATEMENT

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

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

CONTENTS OUTLINE

Section One – Review of Progress

Summary of Original Aims and Priorities	1
Issues Identified and Strategies Proposed	1
Proposed Interventions and Actions put in Place	2
Review of Progress Made	6
Progress in Meeting Objectives	6
Factors which Impacted on Progress	6
Task Force Reflection	7
Summary	8

Section Two: Development of a Revised Strategy

Introduction	9
The Consultation and Planning Process	9
Task Force Reviews	9
Public Consultations	10
Priority Issue Questionnaire	10
Planning Sub-Groups	13
The Current Extent and Nature of the Drug Problem in Clondalkin	14
Introduction	14
Prevalence Estimates	14
Information on Those Using Various Treatment Services	14
Usage of Local Drug Treatment and Related Services	15
Information on those not linked to Services	17
Data Indication the Prevalence of Drug Misuse	18
The Experience of Drug Users in Clondalkin	18
Particular Local Aspects of Drug Misuse	20
Views of Agencies Dealing with Young People	21
Summary	22
An Assessment of Whether Current/Planned Services meet Present/Future Need	23
Gaps in Service Provision	23
Treatment and Related Areas	23

Rehabilitation	24
Education and Prevention	24
Supply	25
Section Three: Development of a Revised Strategy	
Introduction	35
Cross Task Force Issues	35
National Issues	36
Initiatives and Actions Proposed by the Task Force	38
Summary of Proposed Initiatives	38
Drug Awareness/Education/Prevention – Strategies & Actions	40
Treatment Programmes and Services for Drug Users – Strategies & Actions	53
Rehabilitation Programmes and Services for Stabilised or Recovering Drug Misusers – Strategies & Actions	71
Community Involvement in Issues Relating to Reducing Supply at Local Level – Strategies & Actions	74
Implementation of Plan	78
Task Force Structure	78
Performance Monitoring	78
Task Force Supports	78
Capital Costs	79
Projected Costs	79
Bibliography	81
Appendices	
Appendix 1: Project Summary – 1996–1997	82
Appendix 2: Information Leaflet	86
Appendix 3: Priority Issue Questionnaire	87
Appendix 4: List of Written Submissions	88
Appendix 5: Sub–Group Terms of Reference	89
Appendix 6: Sub–Group Membership	90
Appendix 7: Agencies Views Questionnaire	91

SECTION 1

REVIEW OF PROGRESS IN IMPLEMENTING THE EXISTING PLAN

Summary of Original Aims and Priorities

In its **Local Development Plan May 1997 – 1999** the Task Force identified its aims as being:

- i. *To support and enhance the community to create a climate which would reduce the demand for drugs by bringing together community, voluntary and statutory organisations in a collaborative way.*
- ii. *To provide a range of treatment options to enhance the opportunities for drug users to become drug free and minimise the level of chronic drug use and its effect on the community.*

In its subsequent analysis, the Task Force suggested that problem drug use was overwhelmingly concentrated among young males in the 15 to 24 age range, and while the problem existed in most communities in Clondalkin, it was largely concentrated in particular estates in North Clondalkin.

The Plan noted that the Clondalkin area had not been equipped to tackle the problem and it emphasised, therefore, the importance of creating capacity to respond in the areas of education, prevention and treatment and rehabilitation.

The Plan prepared a range of actions under all these headings (the actions that were put in place are outlined in Table 1), within a three-year time frame. The Plan was designed to complement the Eastern Health Board's service plan and, as such, greater emphasis was placed on preventive strategies. Projected costs were divided between education/prevention and treatment/rehabilitation on a 70:30 basis.

Issues Identified and Strategies Proposed in the 1997 – 1999 Plan

As indicated, the plan placed an emphasis on the importance of education and prevention strategies. It noted that innovative and community based education programmes were needed. Initiatives were also required to address problems of poor school attendance and to provide support to families.

Regarding drug availability, the plan highlighted the importance of workable structures that would allow the Gardai, community and local authority address the problem on a partnership basis.

Treatment and rehabilitation requirements were analysed in some detail. Again the Task Force highlighted the need for networking and co-operation in the development of responses for drug users and their families. An appropriate forum to progress this was identified.

The Task Force noted the dangers of drug users being isolated. Strategies to facilitate the transition from treatment to reintegration into community life were seen as important. In addition, drug users were seen to need access to a wide range of appropriate treatment options that would be complemented by locally based rehabilitation programmes.

Proposed Interventions and Actions put in Place

From their analysis the Task Force proposed a number of possible actions under a number of key strategic headings. Table 1 summarises these proposed interventions and the actual initiatives that were put in place. (See Appendix 1 for details of each individual project supported by the Task Force, the nature of its work and the funding made available to it)

Table 1: Clondalkin Drug Task Force 1997 1999 – Strategies & Actions

Strategic Theme	Possible Actions 97' – 99' Plan	Projects/Activities Put in Place
Education & Prevention	Community Arts Programme	10 projects funded to develop innovative community arts programmes as a means of creating awareness about drugs
	Family Support Project	The Cumas Project was set up to support Clondalkin families by focusing on their strengths and abilities, with a particular emphasis on families whose children are using or at risk of drug misuse.
	Locally based Drug Education/Training Programmes	Drug Education Co-ordinator appointed
	Community Training & Development	Over 360 people participated in a number of training programmes targeted at various different levels
	Support for Youth Groups	Financial support provided to 12 local youth groups to provide activities for young people
	Drop In Centres	3 local groups supported to develop Drop-In Centres

Strategic Theme	Possible Actions 97' – 99' Plan	Projects/Activities Put in Place
Education & Prevention cont.	Re-Integration Training	3 groups supported to implement a number of training programmes for young people aged 18-21 years.
	Innovative Skills based Training	One project supported in developing innovative training for early school leavers linked to further training or employment
	Community Policing Forum	Forum established in North Clondalkin and is about to start in South West Clondalkin
Treatment & Rehabilitation	Links to Education & Training	CASP have employed a full-time Group Worker whose responsibility it is to design, plan and implement the group work aspect of CASP's treatment programme. Basic skill based training courses have been implemented.
	Mediation Programme	Two Mediation Workers were employed whose responsibility it was to develop the Community Forum's, Drug User Forum and Mediation Service.
	Treatment & Rehabilitation	Fund established to support Drug Users in accessing residential care and to support local agencies in developing their treatment and rehabilitation programmes.

Strategic Theme	Possible Actions 97' – 99' Plan	Projects/Activities Put in Place
Treatment & Rehabilitation cont.	Ensuring Child Welfare	Part of this funding was used to develop a Community Drug Team to provide an intensive social work and child care work service to families who have chronic opiate dependency. The remainder of the fund was re-allocated to support research, provision of Childcare and the employment of a Project Development Worker
	Co-ordination & Policy Development	This strategy was re-allocated to support the employment of a Project Development Worker
Infrastructural Development	Support for the development of family centres and other community infrastructure	Set up and refurbishment support provided to eight community based projects

Fourteen of the projects outlined above, which are summarised in Appendix 1, were evaluated as part of the evaluation/mainstreaming process. The independent evaluators report was prepared in April 2000 and in June 2000 the NDST wrote to the Task Force indicating that they were recommending that all 14 projects be mainstreamed, one with no modifications required and thirteen with minor modifications required. A further two projects are due to be evaluated in the next round of the mainstreaming process.

The detailed evaluation reports of the individual projects have been useful, both in summarising progress made and in highlighting areas requiring attention.

In considering the evaluation as a 'package' the Task Force considers the following issues, which were highlighted in various ways, to be of importance when framing their revised strategy. These are:

- that the various existing projects had met their initial objectives and were providing relevant and important services.
- that services were being accessed by large numbers of clients/agencies.
- that systems closely monitoring the effectiveness of projects need to be enhanced.
- that the absence of suitable premises had curtailed the development of some projects.
- that shortage of funding and suitably qualified staff had delayed or impeded the development of some projects.
- that the issue of payment for volunteers workers needs to be addressed.

A Review of Progress Made

Progress in Meeting Objectives

As can be seen from the previous section the Task Force has made progress in responding to the main concerns and priorities identified in the 1997-99 plan. In September 1999 the Task Force conducted a review of its existing strategies in the context of preparing its new development plan. This review highlighted the following:

- The need to develop a clearer co-ordination strategy with local GP's.
- The need to specifically review the operation of the child welfare strategy and to address issues of youth homelessness in the new plan.
- The need to further develop positive services such as the late night services and a prison service reintegration strategy.
- The need for a clear commitment and representation from all relevant organisations particularly the statutory sector. It was proposed that, prior to the implantation of the new plan, a Statement of Intent should be drawn up for each of the relevant organisations to clarify each organisation's involvement with and commitment to the Drugs Task Force.

Factors which Impacted on Progress

In its review, the Task Force also considered the various factors, both positive and negative, which impacted on the progress of the Task Force toward meeting its objectives.

Positive factors include:

- *The very consistent representation of community organisations on the Task Force.*
- *Clondalkin traditions of inter agency co-operation*
- *A pro-active, outreach approach.*
- *Establishment of a good communication network.*
- *Task Force provided needed facilities and programmes when the infrastructure wasn't there. The Task Force established and managed projects itself.*

Negative factors include:

- *Lack of leadership training and incentives for community representatives.*
- *Inconsistency of statutory representatives (no education representative).*
- *Absence of research facilities/opportunities to learn from other areas and countries.*
- *Absence of advice support.*
- *Lack of support to projects, no Task Force development worker.*
- *Statutory representatives do not receive adequate employer support. National structures not co-ordinated all the way up.*

Task Force Reflection

On further discussion the Task Force reflected on the lessons learned from implementing the first plan which will be addressed in the new plan. The following issues were identified:

- Role of the Task Force – the role of the Task Force is to support the development of appropriate local responses to the drug issue, not to develop a comprehensive integrated service for drug users and their families. Thus that Task Force’s effectiveness depends greatly on the effectiveness of the state’s response.
- Project Promoter Supports – it was agreed that the Task Force did not anticipate the extra supports required by the project promoters in order to successfully implement proposals. These extra supports included such things as staff, establishment of proper financial procedures and project development support.
- Monitoring and Evaluation Procedures – no monitoring or evaluation tools were developed for projects implemented in the first plan, as a result it was difficult for both the Task Force and the National Drug Strategy Team to assess the effectiveness/impact of the various strategies.
- Multiple Strategies – some organisations promoted a number of projects from different strategies. It was agreed that this mechanism lead to confusion and difficulty during the evaluation/mainstreaming process.
- Community Representation – the Task Force agreed that there has been a lack of resident representation on both the Task Force and its various sub-groups while acknowledging the high participation of locally based organisations. The Task Force has actively tried to identify other structures to facilitate meaningful resident representation through the development of quarterly meetings with Resident Associations.
- Task Force Projects – due to the lack of appropriate community infrastructure the Task Force had to take direct responsibility for the development and the employment of staff for a number of projects. The Task Force agrees that although this process has been very successful in developing effective working projects, the Task Force did not predict the extra supports required for the management and financial requirements.

Summary

In reviewing progress in the implementation of its first development plan the Task Force summarises the main developments as follows:

- The work of the Task Force started in a community which had a serious drug problem but which was not equipped to deal with it.
- The Task Force prepared a three-year action plan with an emphasis on education and prevention strategies.
- Strategic developments were proposed with regard to education/prevention, family support, support for young people, addressing drug supply and treatment and rehabilitation.
- Projects were put in place in all of the above areas, either managed directly by the Task Force or with Task Force support
- All 14 projects evaluated were found to have met their initial objectives and were recommended for mainstream funding
- In total 49 different projects/initiatives were supported, directly or indirectly by the Task Force. Total expenditure in the 1997-1999 period was £865,319. The total number of staff engaged in the various projects and the total number of beneficiaries who have used these services are shown below in Table 2 and Table 3 respectively.

Table 2: Staff Engaged

	Co-ordinator	Volunteer	Counsellor	Support Personnel									
				Family Worker	Project Worker	Youth Worker	Outreach Worker	Drugs Worker	CE Worker	Social Worker	Child Care Worker	Admin	Sessional/Part time
Total	4	200	4 part time	3	3.5	2	1	1	44	2	1.5	1	56

Table 3: Beneficiaries

	Schools Supported	Teachers Trained	Parents/Community Trained	Project Workers Trained	Youth Participating in Programmes	Families Supported	Drug Users Supported
Total	20	90	500	55	1500	500	350

SECTION 2
DEVELOPMENT OF A REVISED STRATEGY
Introduction

In this section of the plan the Task Force:

- Outlines the consultation and planning process used in preparing the revised strategy
- Summarises the current extent and nature of drug misuse in its area.
- Profiles current and planned service provision.
- Assesses the appropriateness and effectiveness of this provision.
- Indicates, from its own review, research undertaken and the local consultation process, the particular issues requiring attention in a revised strategy.

As this part of the plan has been influenced by a range of local contributions, the consultation and planning process is outlined first.

The Consultation and Planning Process

In addition to the research and data collection referred to below, the Task Force's consultation process was conducted by means of:

- Task Force Reviews
- Public consultations
- Planning sub groups.

Task Force Reviews

To initiate the process the Task Force reviewed the current context within which the revised strategy was being prepared. It reviewed key **socio-economic** data which showed that:

- Population of 55,705 according to 1996 Census, but more houses built since then;
- 30% of the area's population was under the age of 15 years;
- there were 2097 lone parent families in 2000, compared to 1112 in 1996;
- up to 30% of students were absent from school on any given day in some schools in North and Southwest Clondalkin (McSorley, 1997);
- in the most deprived DEDs, 57% of the population left school before the age of 15.

In addition to compiling statistical data, the Task Force conducted its own **SWOT** analysis which showed:

- | | |
|----------------------|---|
| Strengths | in terms of a well developed community sector, inter agency Co-operation, a network of locally based services and existing Task Force programmes. |
| Weaknesses | in terms of poor educational attainment, prevalence of early school leaving, high levels of youth homelessness, high levels of substance misuse, treatment waiting lists, multiple deprivation in certain areas. |
| Opportunities | in terms of more funding sources, infrastructural developments and social economic activity. |
| Threats | in terms of decline in volunteers, poorly paid and short term (drugs) work, lure of work versus school for teenagers, continued supply of illegal drugs, community resistance to local treatment and rehabilitation services. |

This review was useful to the Task Force in helping it frame its new proposals within the current social, economic and community context.

Public Consultations

To ensure as broad an involvement as possible the Task Force prepared an information leaflet (see Appendix 2) which was circulated to every house in Clondalkin and to all projects. This leaflet included general information on the Task Force together with details of the consultation process. Three public consultation meetings were held in the South West, North and the Village area of Clondalkin during March 2000. **Forty nine** people attended these meetings, participated in discussion and completed a Priority Issue Questionnaire (Appendix 3) which was used to broadly identify the main issues to be considered in the new area action plan. This questionnaire was circulated to all other drug services and community groups and **thirteen** responses were received (**sixty-two** in total). In addition, the information leaflets circulated had invited written submissions and twenty-one detailed responses were received (see Appendix 4 for list of written submissions)

Priority Issue Questionnaire

As mentioned above a Ratings of Importance Questionnaire was used to broadly identify the main issues to be considered in the new area action plan. The questionnaire asked respondents to prioritise a list of issues in order of importance, ranging from 'not important' to 'most important'. Figure 1, shown on the next page, gives a diagrammatic summary of the completed questionnaire.

Figure 1: Priority Issue Questionnaire Results

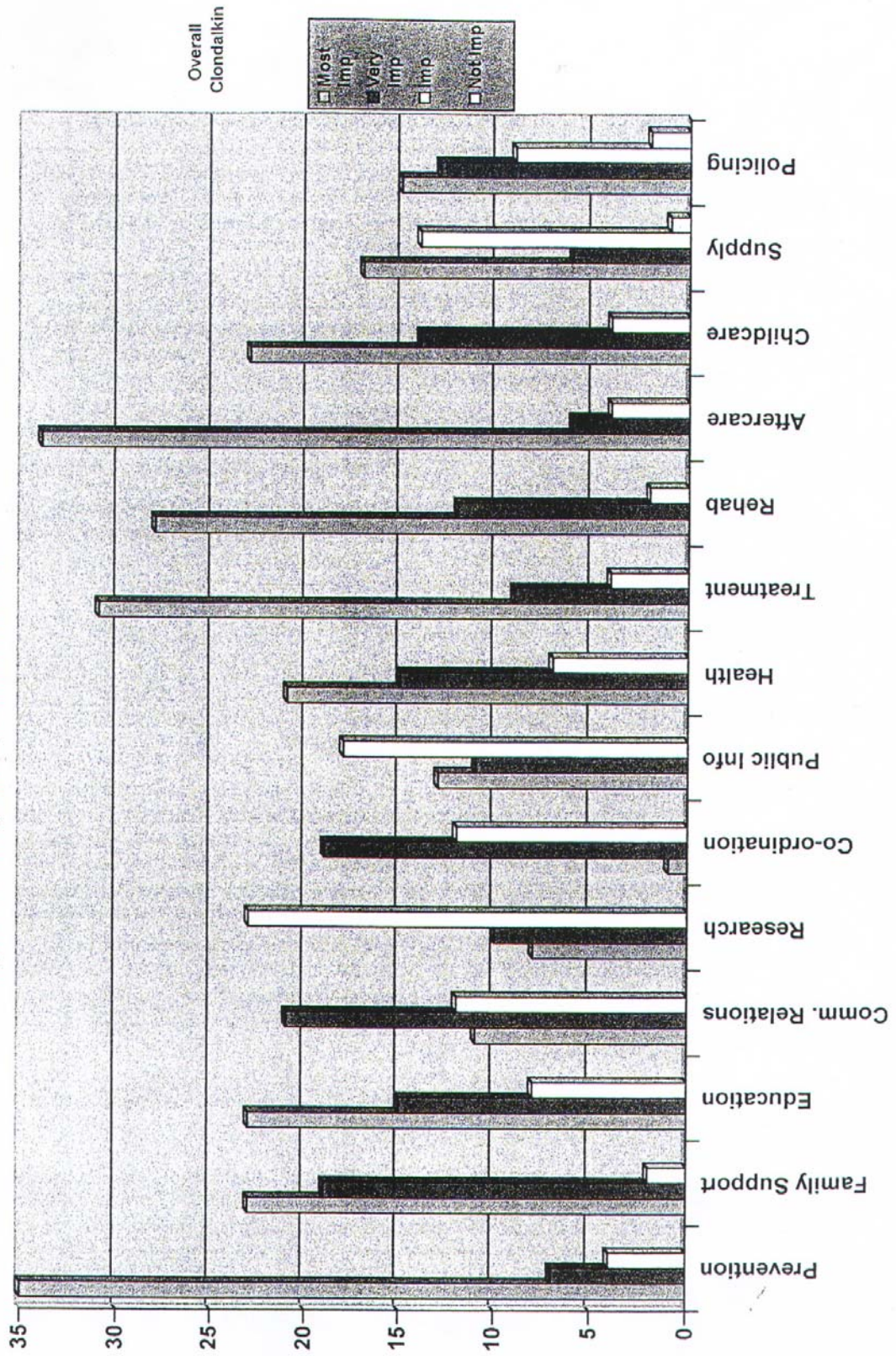
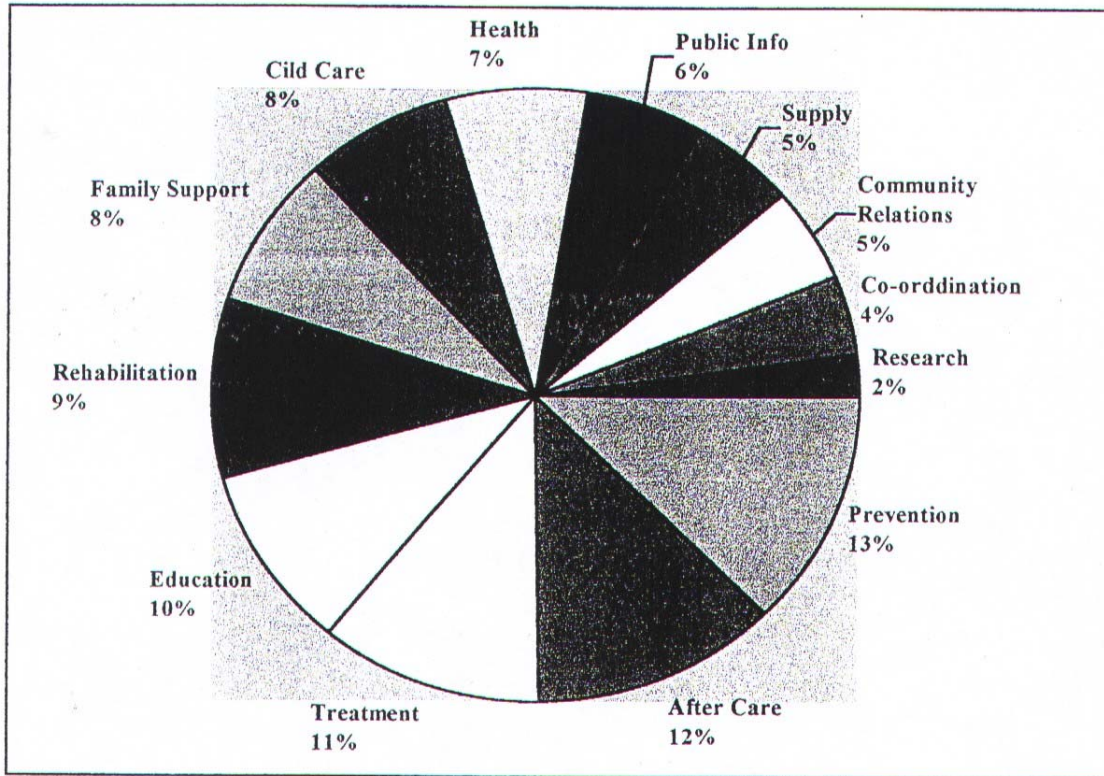


Figure 2, shown below, summarises the issues identified as most important by the 62 people who completed the ratings questionnaire. As can be seen prevention, treatment and aftercare were rated as the top three priorities.

Figure 2: Issues identified as Most Important

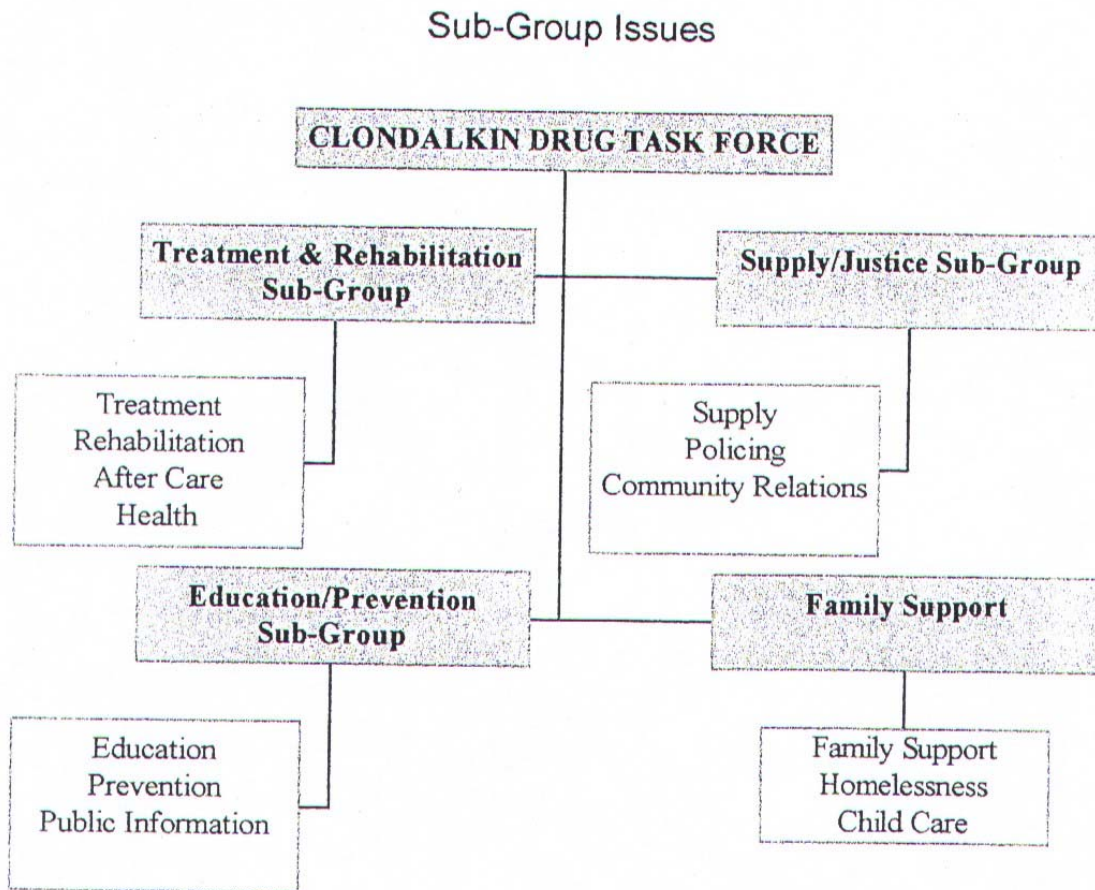


Following these initial consultations, issues and information emerging were embraced by the various planning sub groups. When the work of the subgroups was complete a further public meeting was held in August 2000 to present the plan.

Planning Sub-Groups

The most detailed work in preparing the revised action plan took place within four sub groups. These are illustrated in the diagram below. Detailed terms of reference were drawn up for each group with membership consisting of Task Force members and relevant state, community and voluntary interests (the terms of reference and membership details are contained in Appendix 5 and 6 respectively).

Figure 3: Sub Group's and their Issues



It can be seen, therefore, that the Task Force made wide-ranging efforts to ensure that the consultation process was inclusive and meaningful.

THE CURRENT EXTENT AND NATURE OF THE DRUG PROBLEM IN CLONDALKIN

Introduction

In profiling the extent and nature of drug misuse in its area the Task Force has drawn on a range of sources to present as comprehensive a picture as possible. These sources include research commissioned by the Task Force and 'official' statistics on those accessing various services. It is the case, of course, that as the drug problem is a hidden one, available information does not adequately portray the extent of drug misuse in Clondalkin.

The information is presented under the following headings:

- Prevalence Estimates
- Information on those using various treatment services
- Information on those who are not linked to services
- Information highlighting the prevalence of drug misuse
- Information highlighting the experience of drug users
- Information highlighting particular local aspects of the problem.

Prevalence Estimates

To date the only estimate of the prevalence of opiate use in Clondalkin can be found in Estimating the Prevalence of Opiate Drug Use in Dublin (Comisky, 1996). In this minimum prevalence estimates of opiate use among males aged 15-24 by location of residence were made. In Dublin 22, Clondalkin, the minimum prevalence estimate for this cohort was 50.2/1000 or 5.02% of the population. Since Clondalkin has a population of 55,705 (Census, 1996) this would give an estimated population of male drug users aged 15-24 as 2,796. Dublin 22 was identified as having the third highest estimated level of opiate use among this cohort. One must remember that there exists a paucity of information on the estimated prevalence of opiate use among other drug using populations in Clondalkin e.g. females.

Information on Those Using Various Treatment Services

The Health Research Board, via the Drug Treatment Reporting System, compiles data on those receiving drug treatment and resident in the Clondalkin area. This data is represented in Table 4, shown below. An analysis of the table shows that there was a 28% increase for those presenting for treatment from the Clondalkin area between 1996 and 1998.

Table 4: Clondalkin Residents Accessing Treatment Services 1996 – 1998

District Electorate Division (DED)	Frequencies		
	1996	1997	1998
Clondalkin – Cappaghmore	10 (3.3%)	7 (2.3%)	8 (2.1%)
Clondalkin – Dunawley	32 (10.7%)	42 (13.6%)	75 (19.5%)
Clondalkin – Monastery	8 (2.7%)	7 (2.3%)	25 (6.5%)
Clondalkin – Moorefield	70 (23.4%)	73 (23.6%)	83 (21.6%)
Clondalkin – Rowlagh	85 (28.4%)	68 (22%)	94 (24.5%)
Clondalkin – Village	9 (3%)	10 (3.2%)	13 (3.4%)
Lucan – Esker	16 (5.4%)	16 (5.2%)	11 (2.9%)
Plamerstown West	57 (19.1%)	63 (20.4%)	68 (17.7%)
Clondalkin – Unspecified	12 (4%)	23 (7.4%)	7 (1.8%)
Total	299 (100%)	309 (100%)	384 (100%)

Usage of Local Drug Treatment and Related Services

Carroll (2000) in her study on the experiences of drug users in Clondalkin profiled usage of various treatment and related services in the Task Force area. There are a number of statutory agencies and organisations in the voluntary sector that works with drug users, either directly or indirectly in Clondalkin. The information presented here provides a preliminary number count of the known drug users that are in contact with these groups. Some of these groups have a specific remit to either provide treatment or support for drug users. Other groups do not have a specific remit to provide support around drug use but are in contact with known users through the activities of their organisation.

Clondalkin Addiction Support Programme (C.A.S.P)

CASP provides a holistic community based service focusing on the physical, psychological, social and spiritual needs of drug users and their families in North Clondalkin. As of April 2000 there were 38 individuals accessing methadone treatment programmes through CASP. Table 5 shows the number of individuals who accessed methadone treatment programmes July-December 1999

Table 5: Numbers Presenting for Treatment – CASP

Gender	Number
Male	44
Female	23
Total	67

During the period from June 1999 to December 1999 the number attending for detoxification with methadone rose from 24 to 35. This number increased further from 35 to 40 in March 2000. This means that C.A.S.P. has increased the numbers attending for detoxification or stabilisation by 100% since the beginning of 1999.

Bawnogue Youth and Family Support

The Bawnogue Youth & Family Support Group was initiated in 1996 as a community response to drug misuse in Southwest Clondalkin. In September 1999 a contact centre was established. Table 6 shows the number of drug users who have been in contact with the centre since September 1999.

Table 6: Number Presenting for Support – Bawnogue Youth and Family Support Group

Gender	Number
Male	50
Female	30
Total	82

South West Area Health Board Services

Aisling Clinic

The Aisling Clinic provides maintenance and detoxification programmes for those residing in Care Area 5. Table 7 shows the number of clients from Clondalkin presenting for treatment as of March 2000.

Table 7: Numbers presenting for Treatment – Aisling Clinic

Type of Programme	Number
Day Programme	56
Evening Programme	20
Waiting List	20
Total	96

Fortune House

Fortune House opened in July 1997 to meet the needs of presenting drug users requiring outpatient detoxification. Table 8 shows the number of clients from Clondalkin presenting for treatment as of March 2000.

Table 8: Number attending Programmes – Fortune House

Type of programme	Number
Young Persons Programme	8
Morning Programme	18
Waiting List	6
Total	32

Other SWAHB Services

There are nine GP's registered under the GP Protocol prescribing to **50** clients from Clondalkin. Deansrath Health Centre has a Satellite Clinic prescribing to **10** clients, with a waiting list of **9**.

Those not linked to Services

In her comprehensive study on the experiences of drug users Carroll also profiled services in Clondalkin that worked either directly or indirectly with drug users. While not exhaustive some of the information gathered illustrates those who are not linked to services.

For example:

- In May 2000, Ronanstown Youth Service was working with **43** drug users who were not in contact with a drug treatment agency.
- In April 2000, the Youth Support and Training Unit was working with **12** heroin users who had not yet been referred to a drug treatment agency.
- In April 2000 Clondalkin Travellers Development Group was working with **5** drug users who were not yet linked to a drug treatment agency.

Data Indicating the Prevalence of Drug Misuse.

There is no accurate information available on the overall prevalence of drug misuse in Clondalkin. The Task Force has to draw, therefore, on local or 'snapshot' studies which will indicate the extent of misuse.

Keyes (1999) conducted one such study, where she surveyed students from one secondary school in North Clondalkin, regarding the extent and type of drug misuse within the student population.

The main findings were:

Among students 13 – 15 years

- 15% of males and 31 % of females reported using alcohol frequently.
- 54% of this age group said their families used drugs.
- 46% of this age group said their friends used drugs.

Among students 17 – 19 years

- 69% of males and 52% of females reported using alcohol frequently.
- 27% of males and 10% of females reported using cannabis frequently.
- 77% of this age group said their families used drugs and 58% said their friends used drugs.

Not surprisingly, Keyes concluded that there was a high level of alcohol, cannabis and other drug misuse among the student population, and this was mirrored by a high level of substance misuse among family and friends.

The Experience of Drug Users in Clondalkin

In 1999 a survey was conducted of **54** drug users (Carroll 2000), from various parts of Clondalkin. The main findings are summarised as follows:

- 59% were single and 18% were living with a partner.
- 48% were parents
- 70% lived in the family home
- 35% had opiate users in their immediate family
- 61% were unemployed and 70% had a criminal conviction.
- Participants reported poly – drug use. 46% reported using heroin currently and 74% reported using methadone currently.
- 93% had sought help for their drug misuse with 65% citing 'waiting lists' as the biggest problem in accessing treatment.

- 77% of participants had availed of a clinical detox, ranging from one to twelve times. 31/5% had availed of an in – patient detox
- 78% had availed of a counselling service, but overall this service was not rated highly.
- On average those surveyed received over three different types of support, the most common being from family. Lack of support, particularly regarding aftercare, was highlighted by a number of those surveyed.
- The survey allowed participants to express their experiences of being a drug user. This highlighted the easy availability of drugs, the isolation experienced, the low self esteem and loss experienced by users.

In its concluding section the study compared its findings with those from previous research on drug misuse in the Clondalkin area, and also highlighted some of the policy implications emerging. Key issues emerging were:

- The average age of participants from North Clondalkin was 25.9 years. Drug use in the area is not necessarily confined to the 15-24 age ranges.
- Compared to research in the 1997 – 99 Plan, more drug users are living in a relationship. Provision of childcare is a central concern for women drug users with children.
- As in previous research the majority of users live in the family home and the majority reported both family problems and that they received various types of support from their families.
- The link between leaving school early and becoming involved in drug use are strong.
- Levels of heroin use were consistent with findings from research in the 1997 – 99 Plan.
- Patterns of progression into drug use from this survey suggest that participants start using alcohol or cannabis, move on to illicit street drugs (including heroin) and finally start using methadone.
- Regarding service availability, compared to the 1997 – 99 Plan the findings here indicate that the extent of waiting lists is causing hardship to those seeking treatment.
- Dissatisfaction was expressed with the counselling and GP services available, although 22% felt that counselling would help them at present, but it was perceived to be unavailable. ‘Drop in’ type services received a higher rating. More satisfaction was expressed with services with adequate funding, flexible policies and personalised care.
- The drug problem in the Village area is not as prevalent as it is in North and Southwest Clondalkin. However, drug – using patterns of those from the Village are similar to the other areas.

Particular Local Aspects of Drug Misuse

The Drug Problem in Clondalkin Village Area

A smaller problem of drug misuse exists in the Clondalkin village area. A study commissioned by the Task Force (Kenny 2000) showed 37 drug users from the village attending treatment services in 1998 and 31 users attending Clondalkin GP's at the end of October 1999. Can – oil's survey of drug users showed that users from the village area did better at school and more were in employment compared to those from other parts of Clondalkin.

Kenny's study reported that while the problem in the village area was not large, there were local concerns about its potential to escalate if appropriate awareness, education and prevention strategies were not put in place.

Child Care Needs of Drug Using Parents

In 2000 the Task Force commissioned research into the childcare needs of drug users, the services available to them and gaps in service provision (Doran et al, 2000). Consultations were held with service providers and parents who used existing services.

The study identified **153** children of drug using parents who were availing of **nine** different child care services (this, of course, is not the entire population of children who have drug using parents).

The child care services range from pre-school to crèches to full day care. The research found that:

- There are a number of facilities in North Clondalkin but only two in Southwest Clondalkin.
- Overall there are very limited facilities for children under 3 years.
- The opening hours of many childcare services do not coincide with the drug treatment/therapy schedules.
- Many of the childcare services facilitating drug using parents have waiting lists.
- The lengthy time demands of drug treatment programmes, counselling and other related services highlight the need for flexible childcare provision.

Views of Agencies Dealing with Young People

In July 2000, nine agencies working with young people in Clondalkin responded to a questionnaire (Appendix 7) designed to elicit impressions and qualitative information on the drug problem in the area.

The responses to the questionnaire showed:

- That five out of nine agencies thought that since 1996 the profile of drug users had changed, suggesting that users now could be younger and more likely to be out of home.
- Seven of nine agencies thought that since 1996 the 'Celtic Tiger' had an impact, positive and negative, on drug misuse. On the positive side it was thought that there was more training and job opportunities for the young user, assisting their rehabilitation.
- However, on the negative side it was thought that people had higher expectations of their lifestyle now which often were not realised. There was also seen to be an increasing gap between rich and poor. More money available to young people via employment meant there could be more money available to purchase drugs.
- Six of nine agencies felt that service development over the past four years had impacted on the drug problem. Improvements noted included stronger community awareness of drug use, more family support available, more short term treatment available, reasonable access to detox and maintenance services.

However the agencies surveyed indicated a number of services gaps. These included:

- Residential services, especially for young mothers
- Hostel accommodation for homeless drug users
- Services for young (12-16 years) drug users.
- Co-ordination of services
- Services for difficult and entrenched users.

SUMMARY

The Task Force has applied time and resources to analyse the nature and extent of drug misuse in its area. From this analysis the Task Force draws particular attention to the following:

- **H.R.B. statistics show a significant increase in the numbers accessing treatment in the years 1996 – 98. These statistics also show a significant increase in the 25 – 29 year age group accessing treatment.**
- **Areas with high levels of drug misuse, as indicated by the HRB statistics, are also amongst the most disadvantaged. The District Electorate Divisions of Moorefield and Rowlagh are in the 10% most disadvantaged areas nation wide while Dunawley and Cappaghmore are in 20% most disadvantaged areas nation wide.**
- **The local schools study, along with the views of local agencies, indicates that there is considerable alcohol/drug misuse among the teenage population.**
- **More drug users are living in a relationship and are parents, although most are still living at home.**
- **Local research has shown that drug users are accessing different types of support although there are also numbers of young people who are not linked to any service.**
- **While the drug problem is more prevalent in North and Southwest Clondalkin there is an emerging problem in the Village area.**
- **The existence of waiting lists for treatment services is causing hardship. More treatment services and a range of related provision such as flexible childcare are required.**
- **While more services are needed there is some dissatisfaction with existing services. These who access services value those with flexible policies and personalised care.**

An Assessment Of Whether Current/Planned Service Provision Meets Current Or

Anticipated Need

Table 9 summarises the current and planned service provision by the main statutory, community and voluntary agencies in the Clondalkin area. In reviewing this information the Task Force's assessment is as follows:

The Task Force considers that some progress has been made in the following areas:

- in the expansion of the range and type of treatment and rehabilitation services, provided by both the state and community sectors
- in the increase in the level of community based responses to the drug problem
- in the development of drugs education and awareness programmes
- in the introduction of innovative responses(e.g. North Clondalkin Community Policing Forum)
- in the development of responses in family support and child welfare
- in the expansion of locally based youth services
- in the provision of FAS sponsored CE places
- in the development of the local 'infrastructure'

Gaps in Service Provision

Despite these developments the Task Force considers that there are significant service gaps in a number of areas. These can be summarised as follows.

Treatment and Related Areas

In general terms there is a need for a more comprehensive range of services which would be delivered in more flexible ways

There is an obvious need to address the situation regarding waiting lists and access to basic services

There is a need to provide holistic responses to drug users – e.g. to address their mental health needs and their isolation in the community

The needs of the families of users are not being adequately catered for and require specific responses

The needs of certain 'categories' of users (ex-prisoners, the homeless) are not being properly catered for and require specific responses

Necessary supports, particularly regarding access to childcare, need to be enhanced

There is a need to address poly-drug misuse and over prescribing of Benzodiazepines

There is an ongoing need to provide services in the right way so they are relevant and accessible- examples of this would be in the provision of outreach services, services in the home, night time services, respite care etc.

There is the need to provide adequate community buildings from which services can operate

Rehabilitation

The Task Force is particularly conscious of gaps in what might be termed the 'rehabilitation infrastructure'

There is a corresponding need to provide more options for stabilised clients and this needs to be investigated and progressed

There is a need to develop community based after care support groups. There is the need to provide adequate community buildings from which services can operate

Education and Prevention

Despite some developments there are still gaps regarding education and awareness programmes in schools and in strategies designed to counteract school exclusion and early school leaving.

There is a need, therefore, to support schools more in the development of school policies and the provision of relevant programmes

Within the school system the needs of 'at risk' pupils are not being fully addressed and more intensive and specialised support services are required

While youth activities have developed, they are still inadequate and there are still gaps in service provision for young people at risk of street drinking and substance misuse

There is the need to provide adequate community buildings from which services can operate

Supply

Again, while there has been some progress in this area, the Task Force feels that greater analysis of the best approaches to addressing issues of drug supply is required

In conclusion, the Task Force acknowledges the progress made in certain areas. However, it is clearly the case that substantial service developments are required across a range of measures.

Table 9: Profile of Current and Planned Service Provision

Statutory Services

Agency	Service Provided	Planned Services	Gaps Identified
<p>1. SouthWestern Area Health Authority</p>	<p>Treatment Centres:</p> <ul style="list-style-type: none"> • Aisling Clinic <p>Multidisciplinary team providing methadone maintenance, detox programme, harm reduction programme and an interim programme for 302 clients</p> <ul style="list-style-type: none"> • Fortune House <p>Out Patient Detox Programme for 53 smoking and injecting drug users and a Young Persons Programme for 18 clients</p> <ul style="list-style-type: none"> • Satellite Clinics <p>Deansrath Health Centre – provides detox and maintenance programmes for a small number of clients.</p> <ul style="list-style-type: none"> • Needle Exchange – Aisling Clinic, Inchicore Health Centre, Ballyfermot Health Centre • GP Protocol – 9 registered local GP’s • Community Pharmacies – 5 • Education Officer providing a number of education/awareness courses, including the NUI Community Addiction Studies Course • Helpline – 7 Day – 10am – 5pm • One Clinical Psychologist employed for South West area. Role will be to develop programmes, research, and will have a caseload. Trainee clinical psychologist employed to support the work of the psychologist. Psychologist has submitted proposal for the future development of psychology within the service • 3 Health Centres <p>Other services</p> <ul style="list-style-type: none"> • Consultant Psychiatrist • Liaison Pharmacist • Research Registrar • GP Co-ordinator • Liaison Midwife • Trinity Court 	<ul style="list-style-type: none"> • Stabilisation Unit – Cherry Orchard Hospital – 12 beds – currently recruiting staff – due to open Oct/Nov 2000 • Downstream Unit – St Mary’s Hospital – 20 Beds – Currently recruiting staff – due to open Oct/Nov 2000 • 2 Homeless Outreach Workers to be employed for South West Area – Tallaght, Ballyfermot, Clondalkin, Inchicore, Wicklow • 6 Key Workers/Case Workers (Clinical Background) to be employed for the area within the next 6 months – purpose to provide a link between GP’s and support services in each area – was identified in GP Protocol in 1998 – role will be to develop monitor review and progress care plans for individual clients • Patients Charter will be in place by November 2000 • Helpline – proposed to extend it to 24/7 • Rehabilitation Centre – based in Cherry Orchard Hospital • Employment of Rehabilitation Coordinator • Drugs/Aids Information System (DAIS) to be implemented this year. It is currently being piloted on the North side. • Treatment Centre to be established within Inchicore Health Centre for clients from that area in the next 2/3 months. This will free up spaces in Aisling and Fortune House 	<ul style="list-style-type: none"> • Waiting Lists • Alternatives to methadone • Locally based support worker attached to a local drug service to support clients accessing GP’s • Gender Specific Support Groups • Mental Health of Drug Users – limited access to clinical psychologist to provide assessments and develop care plans • Complementary Therapies • Locally based Primary Health Care Team • Homeless Outreach Workers – planned Health Board provision is not sufficient to meet the need • Drop-In service for Drug Users • Youth Drugs Worker • After Care Groups • Family Support Work

Statutory Services cont.

Agency	Service Provided	Planned Services	Gaps Identified
<p>SWAHB cont.</p>	<ul style="list-style-type: none"> • Merchant's Quay • Cuan Dara – Detox Unit – 17 beds– 6week programme – 16 clients from Clondalkin in 99', 5 clients thus far in 00' • Inpatient Treatment for Pregnant Women • Beaumont Hospital – 10 beds – 3 week programme • Cuan Mhuire – 12 beds • Coolmine – 80 places • Rutland Centre – 11 beds -1 year residential programme • Merchants Quay - The Farm – 11 bed – 1 year residential programme Hyde Park – 12 beds – 3 month programme 	<ul style="list-style-type: none"> • Support for voluntary and community organisations – extra funding has been allocated in addition to this years funding to support theses organisations 	
<p>2. South Dublin County Council</p>	<ul style="list-style-type: none"> • Tenant Participation • Estate Management Groups • Vetting of perspective tenants • Local clinics with Gardai – North Clondalkin every Tuesday morning and South West every Tuesday morning – of the top ten most frequent complaints drugs was identified as number 3-6% of complaints were drug related in clinics • Estate Management Officers – 1 employed to cover North Clondalkin – to be located in locally based offices • Anti – social behaviour Response Teams – 1 team set up in North Clondalkin – dealing with approx. 1,000 complaints a year • Community development support service offered to various organisations 	<ul style="list-style-type: none"> • Anti – social behaviour Response Teams – more staff to be employed – service to be developed for South West Clondalkin 	<ul style="list-style-type: none"> • Mediation Service • Advocacy Service

Statutory Services cont.

Agency	Service Provided	Planned Services	Gaps Identified
<p>3. Department of Education/VEC</p>	<ul style="list-style-type: none"> • 3 VEC Secondary Schools • 2 Religious Secondary Schools • 1 Irish Secondary School • Schools located in North & South West have Home School Liaison Teachers and are involved in the Early Start Programme and Stay in School Initiative • Substance Misuse Prevention Programme – all Primary Schools have received training in Walk Tall and all Secondary Schools have received training in On Your Own Two Feet • Youth Support & Training Unit – Early School Leaving Project for 15+ • Youthreach Programme – provides education, training and work experience to young people aged 15-18 years – catering for 50 young people 	<ul style="list-style-type: none"> • Social, Personal and Health Education (SPHE) to become an integral part of the school curriculum for Junior Cycle students and a support service for this initiative will be in place by Autumn 00'. Substance Misuse Prevention is an integral part of SPHE. • Special Post of Responsibility to be created in each Secondary School, whose main duty will be to ensure the implementation of drug prevention programmes • North Clondalkin Education Committee to be established providing an integrated delivery of services to ensure the full school attendance and maintenance of the child in the education system. Education Welfare Bill to provide a comprehensive, national system for ensuring that children of compulsory school – going age attend school, or, if they do not attend school that they receive at least a minimum education 	<ul style="list-style-type: none"> • Support in implementing school based prevention programmes • Youth activities in schools • No School Drug Policies • Long term Education Facility for young people under 15 years • Behaviour Unit – to prevent exclusion torn school of difficult students
<p>4. Gardai</p>	<ul style="list-style-type: none"> • Two Garda Stations – Ronanstown & Village • GRAFT Project – Give Ronanstown a Future Today – Youth diversionary programme • JLO Scheme • Garda SDCC Clinic – Rowlagh Community Centre • 'Q' District Drug Unit – tasked with supply reduction, detection and prosecution • Participation in NCCF and proposed SW Community Links • Education/Prevention & Drug Awareness Packages provided by JLO, Community Police Service, Community Relation Section and Garda National Drug Unit 	<ul style="list-style-type: none"> • SWIFT – South West Initiative for Teenagers – September 00' – Youth Diversionary Programme 	<ul style="list-style-type: none"> • Arrest Referral Scheme

Statutory Services cont.

Agency	Service Provided	Planned Services	Gaps Identified
<p>5. Probation & Welfare</p>	<ul style="list-style-type: none"> • Preparation of Pre-Sanction reports on persons found guilty of criminal offences • Supervision of offenders placed on Probation or similar community based Orders by the Courts or on Supervised Temporary release from custody • Implementation of Criminal Justice (Community Service) Act 1983 • Enabling offenders in custody to cope with their imprisonment by the provision of counselling, treatment and social development programmes, encouraging contact with the families and volunteers from the community, preparing offenders for eventual release and putting in arrangements in the community to help them reintegrate. • Initiation and development of special Probation Projects (the Tower Programme) 	<ul style="list-style-type: none"> • Under the National development Plan 2000 – 2006 the probation and Welfare Service will seek innovative and effective ways of diverting abusers from further crime when before the court, and will seek addiction recovery places using residential/day treatment facilities. Clondalkin offenders/drug users and Clondalkin Drug Agencies will be resourced financially by the Probation & Welfare Service • Additional facilities will be supplied by the ERHA to work with offenders and Probation & Welfare Service will work alongside Health Board to offer new and varied programmes • The existing Drug Treatment programme in Mountjoy Prison will be expanded and replicated in 6 other places of custody 	<ul style="list-style-type: none"> • Prison Link Worker
<p>6. FAS</p>	<ul style="list-style-type: none"> • 550 CE Places • 80 Special Drug Task Force Places • Bawnogue Youth & Family Support Group – Supervisor, Assistant Supervisor + 16 CE places – 12 to enable the organisation to function effectively and 4 to recovered/recovering abusers for training work experience type programmes • Clondalkin Addiction Support Programme – 25 CE places • Ronanstown Community Training Workshop – 50 places funded through FAS • Neilstown Social Action Group – 16 • Cuin Mhuire – Residential Unit – 22 	<p>The following new criteria in relation to CE eligibility have been introduced:</p> <ul style="list-style-type: none"> • Eligible age raised from 21 to 25 years • For those under 25 years exceptions exist for ex-offenders and those referred under Drug Task Force • Participation by an individual on CE will be capped at three years. 	

Drug Awareness/Education/Prevention

Agency	Service Provided	Planned Services	Gaps Identified
<p>1. Youth Support & Training Unit</p>	<p>The Youth Support and Training Unit was established in 1997 by Clondalkin Partnership in conjunction with the South Dublin Urban Initiative to provide an alternative approach to dealing with early school leavers (15 to 20 years) in the Clondalkin area. The Unit has recently secured mainstream funding from the Department of Education and County Dublin VEC under the auspices of its Youthreach programme for a two year period. The unit provides the following services:</p> <ul style="list-style-type: none"> • One to one support • Identification and follow up of early school leavers in the area • Referral and monitoring of young people in their placement in training or other services • Provides a number of short activity motivation and literacy courses • Outreach service 	<ul style="list-style-type: none"> • The unit is planning a supportive programme aimed at assisting young people to work more positively within a group situation; the Youth Service & Facilities Fund will fund this ongoing programme. 	<ul style="list-style-type: none"> • Support for early school leavers under 15 years No tracking system put in place for under 15 year olds
<p>2. Carline Project</p>	<p>The Carline Project was established to assist young people aged 13 to 18 years, who are unable to avail of other, established educational and training programmes in North Clondalkin. The project provides the following services:</p> <ul style="list-style-type: none"> • Skills based training programme • Counselling and support • Access programme for young people who are involved in drug misuse 	<ul style="list-style-type: none"> • The project is currently carrying out a feasibility study for the development of sheltered employment units for young people. 	<ul style="list-style-type: none"> • Limited number of places available – more places should be made available to younger early school leavers under 15 years
<p>3. CARA Project</p>	<p>The CARA Project was established in 1999 in response to a report on school absenteeism commissioned by the Clondalkin Partnership. CARA is an integrated, school – based initiative, which operates in 9 schools in North and Southwest Clondalkin. The Project supports targeted groups of students and their families as they progress from 5th class at Primary level to 2nd year at Post Primary level.</p>	<ul style="list-style-type: none"> • No new planned services to be developed. 	<ul style="list-style-type: none"> • Limited number of training opportunities for young early school leavers
<p>4. Teencounselling</p>	<p>Teencounselling was established in 1990 by Mater Dei Counselling Centre to provide a free counselling service for adolescents (12-18 years) and their families with a particular emphasis in substance misuse prevention. The service is professionally staffed and</p>	<ul style="list-style-type: none"> • Service provision in Clondalkin to remain but exploring possibility of developing new services in other parts of Dublin 	<p>Service is only available to younger drug users and their families</p>

	operates from Monday to Thursday.		
--	-----------------------------------	--	--

Drug Awareness/Education/Prevention cont.

Agency	Service Provided	Planned Services	Gaps Identified
5. Education Co – ordinator	A Drug Education Co – ordinator was employed by the Clondalkin Drug Task Force in May 1998 to develop and implement locally based drug awareness courses. The coordinator provides the following services: <ul style="list-style-type: none"> • Community Addiction Studies Course Bursary Fund • Parents Training Programmes • In – Service Training • Community Training 	Development of Peer Education Programmes in schools and local youth services 10 – Week Parents Drug Education Programme to be developed in <ul style="list-style-type: none"> • conjunction with the Cumas Project 	<ul style="list-style-type: none"> • Support to schools in implementing school based prevention programmes • School Drug Policies Training of parents in co – facilitating School based drug prevention programmes • No designated worker to work specifically with schools
6. The Tower Programme	<ul style="list-style-type: none"> • The Tower Programme provides vocational and social training to young offenders aged 16 to 25 years in the North Clondalkin area. The project is part of the Probation & Welfare Service and is supported by FAS and the VEC. 	<ul style="list-style-type: none"> • Programme will continue to expand and respond the needs in the North Clondalkin area. 	–
7. Clondalkin Traveller Development Group	The Clondalkin Traveller Development Group was set up in 1989 to promote the social, educational and cultural needs of Travellers. A youth worker has been employed, on a part time basis, to develop young traveller’s awareness of drug issues through activity based training programmes.	<ul style="list-style-type: none"> • The project is looking at farther developing the role of the youth worker to include a liaison/referral service for Travellers and Drug Agencies 	<ul style="list-style-type: none"> • Racism training for support services • Referral service
8. Cumas Project	The Cumas Project was set up in 1998 by the Clondalkin Drug Task Force to support Clondalkin families by focusing on their strengths and abilities, with a particular emphasis on families whose children are using or at risk of drug misuse. The Project provides the following services: <ul style="list-style-type: none"> • Information and Support • Individual Family Work • Activity and Education Programmes • Group Work 	<ul style="list-style-type: none"> • It is envisaged that the project will have much more involvement in the development of support/activity groups for the siblings of drug users and at risk young people • 10 – Week Parents Drug Education Programme to be developed in conjunction with Drug Education Coordinator 	<ul style="list-style-type: none"> • Targeted support for children of drug users • Work with younger children who may be experiencing difficulty as a result of drug use in the home

Treatment Programmes and Services for Drug Users

Agency	Service Provided	Planned Services	Gaps Identified
<p>1. Clondalkin Addiction Support Project (CASP)</p>	<p>CASP provides a holistic community based service focusing on the physical, psychological, social and spiritual needs of drug users and their families in North Clondalkin, the services provided include:</p> <ul style="list-style-type: none"> • Out reach service. (1) Drop – In facility one evening a week, information, on – going support, referral, food, acupuncture, access to a nurse, access to washing facilities in another service. (2) Out – reach through street work to active drug users in the community. • Pre – treatment. This includes drug, social, psychological, health assessment & attendance at four groups. • Drug treatment programme. • Childcare is available two afternoons a week off site. • Family support. Parents, partners and siblings of those attending any aspect of our service are offered support. • After – care. The after – care club offers a support group and social evening for those who are drug free • Support Groups: a number of support groups specifically targeted at men, women and younger drug users not entrenched in their drug use have been developed • Mentor group. This is a six – month pilot project between CASP and McCann Fitzgerald Solicitors in the financial centre. The focus of the group is to provide opportunities for all concerned to challenge social perceptions and to meet people who are not connected with drugs either as users or service providers. • Urinalysis. Provision of urinalysis for parents under agreed principals, Tower Project, Carline and Courts when requested. 	<ul style="list-style-type: none"> • Employment of a Youth Drugs Outreach Worker under funding received from Youth Services and Facilities Fund • New purpose built premises which will substantially increase CASP’s capacity to develop their services as well as increasing the number of clients to be treated to 50 	<ul style="list-style-type: none"> • Prison Links Worker to support clients entering prison • Family Support Worker • Development of Drop – In Outreach Service • Development of a comprehensive complementary therapy service • Development and expansion of After Care Service • Development and expansion of Mentor programme • Home Detox Team – provision of alternatives to methadone Childcare • Support service for Homeless Drug Users

Treatment Programmes and Services for Drug Users cont.

Agency	Service Provided	Planned Services	Gaps Identified
<p>2. Bawnogue Youth & Family Support Group</p>	<p>The Bawnogue Youth and Family Support group was established in 1996 as a community response to drug misuse in Southwest Clondalkin. A contact centre was established in 1999 which provides the following services:</p> <ul style="list-style-type: none"> • Family Support – family support group meets once a week • Assessment and Referral for active drug users to access treatment and rehabilitation • Training for stabilised drug users • Contact Centre provides information and advice to parents and drug users • After Care – Narcotics Anonymous meet once a week in the premises with an average attendance of 20 • Complementary Therapies – provision of acupuncture, reflexology, relaxation to drug users and their families • Counselling – drug users and their families • Support Groups – for partners of drug users 	<ul style="list-style-type: none"> • After Care – Narcotics Anonymous meetings to be extended to Saturday mornings. Physical Fitness programme to be developed • Printing Service to be established providing training to stabilised drug users • Ongoing staff development and training • Art Therapy Programme to be developed 	<ul style="list-style-type: none"> • Lack of full time trained staff • Drug Support Workers • Outreach Workers • Family Support Worker • Development of Drop In Service for active drug users • Provision of Childcare • Access to quicker detox services – Home Detox Team • Development of After Care Support Groups
<p>3. Treatment and Rehabilitation Budget</p>	<p>Fund available through the Clondalkin Drug Task Force Treatment & Rehabilitation Sub – Group to support drug users in accessing both residential and day treatment/rehabilitation programmes.</p>	<ul style="list-style-type: none"> • Review of all residential rehabilitation services being used by Clondalkin clients accessing fund to be carried out. 	<ul style="list-style-type: none"> • Aftercare Support Groups • Rehabilitation Support
<p>4. Community Drug Team</p>	<p>The Community Drug Team was set up in June 1998 by Clondalkin Drug Task Force and the ERHA to provide an intensive social work and child care work service to families who have chronic opiate dependency and where children are perceived not to be receiving adequate care. Prevention is the key element in the work of the Team.</p>	<ul style="list-style-type: none"> • Service to be continued and developed after a full review has been carried out. 	<ul style="list-style-type: none"> • Availability of child care workers to carry out intensive one to one work with children of drug users
<p>5. Childcare</p>	<ul style="list-style-type: none"> • There is currently only one full time community Childcare centre in Clondalkin, Ronanstown Childcare Centre catering for 50 full day places • The Clondalkin Partnership employs a Childcare Coordinator to support, monitor and develop Childcare provision in Clondalkin 	<ul style="list-style-type: none"> • Community Childcare Centre to be built in Bawnogue catering for 35 children 	<ul style="list-style-type: none"> • No designated funding available to support Childcare needs of drug users • Lack of adequate facilities to support child care needs of drug users

Treatment Programmes and Services for Drug Users cont.

Agency	Service Provided	Planned Services	Gaps Identified
<p>6. Cairdeas Project</p>	<p>The Cairdeas Project was set up in 1998 by the Clondalkin Drug Task Force to counter the social exclusion of drug users. The project provides the following services:</p> <ul style="list-style-type: none"> • Community Policing Forum – has been established in North Clondalkin, which brings together all relevant community, statutory, voluntary and public representatives for the benefit of the local community. • Drug Users Forum – has been recently established which will advocate and lobby on behalf of Drug Users. • Advocacy Service – the staff of the project advocate on behalf of current and ex – drug users on a case by case basis 	<ul style="list-style-type: none"> • Community Forum to be established in South West Clondalkin • Community Forums to come under the management of the two local Community Development Projects 	<ul style="list-style-type: none"> • Mediation Service – which will provide trained mediators to act as impartial third parties to help those in drug related disputes • Further development of Drug Users Forum
<p>7. Ronanstown Youth Services</p>	<p>Ronanstown Youth Service is located in North Clondalkin and is funded by the VEC. It provides a wide range of youth services and support to a range of youth clubs. It provides the following services to young people who are homeless or who are involved in drug misuse a drug problem:</p> <ul style="list-style-type: none"> • Soup Run • Referral service for treatment and rehabilitation • Drop – In which provides food and washing facilities • Social Welfare Benefit advice and support • Hostel referral service • After Care Group in partnership with CASP and the Marist Rehabilitation Centre Athlone 	<ul style="list-style-type: none"> • The service is planning to develop their referral/support service for drug users and homeless youth 	<ul style="list-style-type: none"> • Lack of designated staff to work with homeless youth • Further development of soup run • Further development of After Care Support Groups
<p>8. Clondalkin Partnership</p>	<p>The Clondalkin Partnership was established in 1995 as part of the Operational Programme for Urban and Rural Development to devise and implement a local development plan to counter disadvantage in the area. Actions were developed in the areas of Employment, Training, Enterprise, Environment, Education, Childcare, Youth & Community Development.</p>	<ul style="list-style-type: none"> • The Partnership has identified in its Strategic Plan 2000 – 2006, a number of actions that will support drug users and their families. These include a the employment of a Homelessness Coordinator and the development of a community health project 	<ul style="list-style-type: none"> • As the Partnerships remit is not to directly develop responses to the drugs issue, the Task Force has ensured that all new strategies developed complement those of the Partnerships’

SECTION 3

DEVELOPMENT OF A REVISED STRATEGY

Introduction

Previous sections of this plan have analysed the activities of the Task Force since its establishment, the current drug problem in Clondalkin and the appropriateness or otherwise of existing and planned responses. This final section presents the strategies the Task Force sees as necessary to adequately address the serious drug problem in its area.

The strategies are outlined under three broad headings – the first identifies responses required at Cross Task Force level; the second identifies responses required at National level and the third details the various initiatives the Task Force wishes to support itself.

Cross Task Force Issues

In preparing its updated plan, the Task Force identified issues, which while not impacting exclusively on its area are important in developing an integrated, coherent response across all Task Force areas. The Cross Task Force issues identified are as follows:

- **Performance/Monitoring System** – one of the issues identified, as a factor that may have impacted on the Task Force in achieving its objectives was the lack of available statistical information and learning from other areas. In order to ensure that this information is available in the future a co-ordinated/integrated computerised monitoring system should be introduced for all Task Force areas.
- **Accessible Research** – as mentioned above a gap exists in the information available on models of good practice, learning and research from other areas. The National Drug Strategy Team should employ a Researcher/Development Worker on a full time basis whose responsibility would be to collate and disseminate relevant information.
- **Respite Unit** – a number of locally based projects identified the need for a Respite House arising from the difficulty in accessing short term residential facilities for specific pieces of therapeutic work with drug users and their families. The Task Force agreed that this need would be best facilitated as a Cross Task Force issue as in order to ensure cost effectiveness, maximum usage and access, the House could be made available to a number of Task Force areas.
- **Travellers** – a number of issues arise for Travellers when dealing with drug misuse. These include the lack of culturally appropriate information; denial; racism and discrimination experienced when accessing services; and cultural needs particularly in the context of their nomadic lifestyle. Thus it is proposed that a Traveller specific drug initiative be established which would promote Traveller inclusion in existing services across Task Force areas.

- **Refugees** – the influx of refugees into areas brings with it cultural needs specific to this population. Task Forces do not have the resources or knowledge to be able to respond to these needs thus education is required highlighting the diverse needs and cultural background.
– diverse needs of this population
- **Homelessness** – homelessness is a multidimensional issue and therefore requires an integrated response across Task Force areas. There is no emergency accommodation or any other dedicated service for homeless people outside of Dublin City. This leads to people being accommodated in the city centre, away from existing support systems. A number of recent reports have called for the provision of locally based services to cater for areas such as Clondalkin and Tallaght (Perris, 99’ and Forum on Youth Homelessness, 00’). It is recommended that local day care services be provided to homeless people outside the city centre to ensure that they can be supported in close proximity to where they are in temporary accommodation.
- **Supporting Participation** – participation of statutory representatives on the Task Force should be acknowledged by their respective employer as part of their job description. Participation of the voluntary sector on the Task Force should be resourced so as to remove financial obstacles to their participation. This could be achieved by duplicating the Department of Social, Community and Family Affairs policy of providing extra finances to Community Development Projects to support their representation in national and regional structures.
- **Planning** – in terms of planning each Task Force should be consulted when statutory agencies are developing services directly or indirectly targeted at drug users and their families. Statutory structures need to be changed to allow effective dialogue with Task Forces, this would ensure that service delivery on the ground is responding to local needs and takes into account the local situation and services already in place.

National Issues

In preparing its updated plan, the task Force identified national issues of concern whose responsibility should lie with the statutory sector. The issue identified are as follows:

- **Homelessness** – as stated previously homelessness is a multidimensional issue and therefore requires an integrated response including all service providers. The Report of the Forum of Youth Homelessness (2000) recommended the designation of one authority to have statutory responsibility for the delivery of services to young people aged twelve to twenty years, which are out of home. This authority should have responsibility imposed on it by law, and be given the necessary statutory powers and duties to fulfil that responsibility. A number of Residential Units need to be developed locally to ensure that young people and homeless drug users can be cared for in close proximity to locally based support services with which they may be linked.

- **Residential Detox Facilities for 13-18 Years** – a greater number of Residential Detox places need to be made available for those young drug users between 13 and 18 years.
- **Transitional Units** – consideration should be given to the development of Transitional Accommodation units outside the Clondalkin area, for those who have successfully detoxed. Returning ex-users immediately back to a drug using environment can be counter productive
- **Residential Detoxification/Rehabilitation Facility for Women & Children** – at present there exists no residential facility for women and their children. This issue was identified during the Task Force’s consultation process by both local agencies and drug users themselves. Recent research, Carroll 2000, showed that drug users highly valued residential facilities and identified the lack of Childcare facilities available to drug users.
- **Hepatitis C** – according to a recent report published by the Department for Justice, Equality and Law Reform (1999) the prevalence of Hepatitis C infection among injecting drug users varies between 52% and 76%. Anti-hepatitis C therapy is only offered to those patients who have stable drug habits for at least one year. The success rate of the therapy is at present 1 in 5. Thus the Task Force is recommending that statutory bodies should invest time and resources into planing for the long – term impact of Hepatitis C on communities and families.
- **Benzodiazepine Misuse** – the misuse of Benzodiazapines has increasingly become an issue for locally based support services. The Committee established by the Department of Children and Health, to examine that nature and extent of benzodiazepine prescribing is welcomed by the Task Force. More residential treatment facilities for benzodiazepine abuse need to be established taking into account the longer time needed for detoxification.
- **Early School Leavers** – the links between early school leaving and drug misuse is widely documented. Recent developments in education, in particular the Education Welfare Bill, will impact on the numbers of young people reaming in school. However, it is suggested that the makeup of the proposed Education Welfare Boards would include representation from Task Force and drug related services in recognition of the aforementioned link. It is recommended that adequate resources be provided to Education Welfare Boards in order to support young people to remain within the education system.

Initiatives and Actions Proposed by the Task Force

In preparing these various initiatives the Task Force has given time and attention to preparing proposals which:

- *respond to identified need and service gaps*
- *are realistic and realisable*
- *complement the services of other agencies*
- *build on existing strengths in the community*
- *are appropriate for the Task Force to develop*

Summary of Proposed Initiatives

The various initiatives are presented under the four headings of education, treatment, rehabilitation and supply. Before outlining each proposal in detail they are presented in summary form, with an accompanying indication of the service gaps/priority concerns being addressed.

Education/Prevention	Service Gaps/Priority Concerns Addressed
Behaviour Unit Mentor Programme Educational Facility – under 15s Junior Cert. Tuition Evening Youth Activities Schools Drugs Education Worker Programmes for ‘at risk’ Students Youth Activity in Schools Public Information	These various actions will increase involvement of schools in Drugs Education and expand the range of programmes for children and parents. They will provide more specialised support for certain students and will assist young people to remain in the school system. They will increase the range of positive alternative youth activities for at risk youth. Also, they will ensure that the community is aware of the local drug situation, enabling them to make informed decisions

Treatment	Service Gaps/Priority Concerns Addressed
Home Detox. Team Key Drug Worker/GP Support Gender Specific Support Groups Mental Health Programme Complementary Therapy Fund Primary Health Care Team Outreach Nurse for Homeless Prison Link Worker Homelessness Out-reach Workers Drop-In Service Childcare Fund Childcare Worker Drug User Forum Mentoring Project Out-reach Youth Workers Family Support Workers Local Counselling Late Night Drop-In for Families	These various projects will ensure that a more holistic and wide ranging set of services are available to drug users, their children and their families. More flexible services will be available and the needs of groups such as ex-prisoners and the homeless will be responded to. More services will be provided to reach out to drug users and will be made available in an accessible manner. Specific efforts will also be in place to counter the exclusion and isolation of users.

Rehabilitation	Service Gaps/Priority Concerns Addressed
Locally based Support Structures After Care Support Groups	In these actions efforts will be made to build up progression options and a network of support services at local level

Supply	Service Gaps/Priority Concerns Addressed
Mediation Service CCTV Project Research Findings	These actions will provide a medium through which drug related conflict in the community can be addressed and will provide a resource which will have an impact on the supply of drugs in the locality. They will also provide a basis for developing service models in tackling drug supply.

DRUG AWARENESS/EDUCATION/PREVENTION STRATEGIES

- Strategy 1 Support for Young People at risk of Exclusion from School**
- Strategy 2 Support for Existing Early School Leavers**
- Strategy 3 Support for Youth Activities in the Evening**
- Strategy 4 Supporting the Development of School Based Prevention Programmes**
- Strategy 5 Public Information – Supporting Communities**

STRATEGY 1:	SUPPORT FOR YOUNG PEOPLE AT RISK OF EXCLUSION FROM SCHOOL
Action 1:	To support schools to maintain students with behavioural difficulties within the mainstream
Need being Addressed:	Schools' limited capacity to cope with difficult behaviour of specific children
Possible Action:	Behavioural Unit
Description of Action:	<p>The Unit will:</p> <p>Build the internal capacity of school staff to deal with young people with behavioural difficulties through the development and delivery of a range of teacher training programmes</p> <p>Develop a range of specific internal supports to deal with these young people within the school system (conflict resolution programme, etc.)</p> <p>Specific Behaviour Programme – withdrawal of a select group of students who participate in a behavioural programme for a designated short period of time.</p> <p>Intervention will include links to key personnel and offer a range of behavioural interventions designed to assist young people to participate successfully in a group situation.</p> <p>Re-integration process back into mainstream education system.</p>
Target Group:	Students who are presenting with challenging behaviours aged 12-15 years
Objective of Action:	To prevent exclusion of students from mainstream education
Implementation of Action:	The development of a new Behavioural Unit under the management of a central management committee
Links with other Agencies:	Clondalkin Partnership, YSTU, Health Board, Psychological Support Services, VEC, Dept. of Education and Science, National Training and Development Institute, SSRI (Stay in School Retention Initiative)
Budget Required:	£130,000
Targets/ Performance Indicators:	15-18 young people participating in Behavioural Programme Annually. In-School supports developed

within first 3 months, 30 young people participating in programme in first year. 1 in – service training day implemented for participating schools

Recommendations Policy:

The Behavioural Unit requires the development of a multi-disciplinary team. It is crucial that the unit works closely with the Physiological Support service to avoid duplication of resources and services.

STRATEGY 1: SUPPORT FOR YOUNG PEOPLE AT RISK OF EXCLUSION FROM SCHOOL

Action 2: Mentoring Programme

Need being Addressed: The lack of diversionary services for young people aged 13-15 years that are alienated and in the fringes of a range of anti-social behaviours including drug misuse.

Possible Action: North Clondalkin Mentoring Programme

Description of Action: Employment of a part-time co-ordinator to develop a structured six month programme which will provide training and support for volunteers who in turn are matched with a young person to help them set and achieve goals for themselves.

Target Group: Young people aged 13-15 years

- Objective of Action:**
1. To facilitate young people in setting goals for their future and enabling them to reach the goals set.
 2. To prevent young people from progressing into more serious anti-social behaviour.
 3. To prevent early school leaving.

Implementation of Action: North Clondalkin Mentor Programme Committee

Links with other Agencies: Dochas, Youth Support & Training Unit, Tower Project, CASP, Cumas, Cairdeas, Youth Services, Schools

Budget Required: £10,000

**Outcomes/
Performance Indicators:** Establishment of programme. Active participation of 10 mentors and 10 mentees. Implementation of a range of support activities to develop and facilitate the mentoring relationship.

STRATEGY 2:**SUPPORT FOR EXISTING EARLY SCHOOL LEAVERS****Action 1:****Long Term Educational Facility for Young People under 15 years****Need being Addressed:**

A gap exists in the current service provision for young people who it has not been possible to maintain in the school system. A number of young people under 15 years of age have left the school system but are unable to access training opportunities or re-enter secondary education until they are fifteen. The lack of opportunities for this age group means that they are very vulnerable to the development of anti-social behaviour and possible drug misuse. There is an urgent need for the provision of further training opportunities for this group.

Possible Action:

Educational Facility for Young People under 15years

Description of Action:

The facility will include:

A central identification and referral mechanism for early school – leavers under 15 years

Basic skill development, on-going educational opportunities and activities

Exploration of re-entry to training opportunities once people are over the age of 15.

Target Group:

Early school leavers under 15 years

Objective of Action:

To provide educational and training opportunities to early school leavers under 15 years

Implementation of Action:

Central management system, which could be the same as the management committee recommended for the establishment of the Behavioural Programme. Link directly to the above programme a new or contract to existing training agencies. The programme should be closely tied to the Behavioural Modification Programme

Links with other Agencies:

Behavioural Programme, YSTU, CARA, Schools, Health Board, Department of Education and Science, VEC, Youthreach, Carline, existing prevention actions including Stay in School.

Budget Required:

£65,000

Targets/

Performance Indicators: 10 young people participating in programme in first year.
Tracking system developed and in place within first 6 months

Recommendations Policy: The need for provision of sufficient and appropriate educational alternatives in the area given the requirements of the new Education and Welfare Bill.

STRATEGY 2:

SUPPORT FOR EXISTING EARLY SCHOOL LEAVERS

Action 2:

To provide short-term tutoring for young people who have dropped out of/been excluded from the educational system prior to the completion of the Junior Certificate

Need being Addressed:

A number of young people in the area have been excluded from their school studies prior to the completion of the Junior certificate exams and need assistance with basis skill tutoring to allow them to sit these examinations.

Possible Action:

Provision of short – term tuition for Junior Certificate subjects. Support in accessing future school places.

Description of Action:

Centrally based Junior Certificate tutoring. Assistance to the family on relocation to school post Junior Certificate.

Target Group:

Young people excluded from school prior to the completion of the Junior Certificate.

Objective of Action:

To assist young people to remain within mainstream education through assistance in completing the requirements of the Junior Certificate and re-entry into another school placement.

Implementation of Action:

Existing agency to develop list of possible tutors and organise short – term tutoring in a range of Junior Certificate subjects.

Links with other Agencies:

VEC, Department of Education and Science, Schools, Youth Support & Training Unit, Training Providers.

Budget Required:

£2,000

Targets/

Performance Indicators:

5 young people supported annually. Details of time involved and outcomes noted.

STRATEGY 3:

SUPPORTING YOUTH ACTIVITIES IN THE EVENING

Action 1: To develop evening activities for young people, to provide a range of positive opportunities and links with existing agencies within the community

Need being Addressed: The gap in youth work provision at night for young people.

Possible Action: Development of multi-activity groups providing a range of sustained activities in the evening for young people in the early stages of drug misuse.

Description of Action: The creation of a fund that existing agencies working with young people can access with a view to developing specific evening programmes for young people aged 11 – 14 years and 14 years plus

Target Group: Young People in early stages of drug misuse

Objective of Action:

1. To provide an alternative to street drinking and substance misuse.
2. To minimise the risk of social exclusion through the engagement of young people at risk with an existing group or organisation

Implementation of Action: Existing groups to sub – contract this action with a very targeted approach

Links with other Agencies: Youth Services, Youth Projects, Community Centres, Sporting Organisations, CASP, Cumas, Youth Support and Training Unit, Clondalkin Partnership Youth Working Group, Bawnogue Youth and Family Support Group, Tower Programme

Budget Required: £50,000

**Outcomes/
Performance Indicators:** 2 regular night activities developed. 100 young people participating in first year. Register developed in each service and monthly figures produced.

Recommendations Policy: The focus of this action needs to be on sustained activity and not one – off activities. The criteria for applying to the fund need to be clearly drawn up with the emphasis on the specific age group and the development of night time youth activities.

STRATEGY 4:

SUPPORTING THE DEVELOPMENT AND IMPLEMENTATION OF SCHOOL BASED PREVENTION PROGRAMMES

Action 1:

School Drugs Worker

Need being Addressed:

- The lack of a clear drug policies within schools to address drugs issue
- Lack of locally based ongoing support for Schools to implement Substance Misuse Prevention Programmes already developed such as the ‘Walk Tall’ and ‘On Your Own Two Feet’
- The need to raise awareness among teachers of the importance of a partnership approach in relation to drugs education.
- The need to provide information and raise awareness among parents of school based programmes.

Possible Actions:

1. Development of Schools Drugs Policy in all schools in Clondalkin through the promotion of the ERHA Drug Policy Development Programme.
2. Training and funding facilitators and teachers to work within the classrooms on a sessional basis to implement school based programmes.
3. Identify and train one contact teacher in each school to co-ordinate these programmes.
4. Target parents for training as facilitators in the delivery of these programmes.

Description of Action:

1. Employment of a Schools Drug Education Worker to support schools at both primary and secondary level to establish working groups and to facilitate schools in the use of the ERHA Policy Pack and implementation of same. Worker will also facilitate schools in the implementation and delivery of Prevention Programmes through training and ongoing support.
2. Establish a fund to support the development/implementation of Prevention Programmes and resource materials
3. Training of parents as facilitators in the ‘Walk Tall’ and ‘On Your own Two Feet’ programmes

Target Group:

All schools in Clondalkin, Parents & Students.

Objective of Action:

1. To ensure the development of a clear drugs policy in all schools in the Clondalkin area.
2. To involve teachers, parents and students in policy formation and training.

3. To ensure that programmes such as the 'Walk Tall' and 'On Your Own Two Feet' are implemented in all schools in the Clondalkin area.
4. To ensure consistency in the implementation and delivery of these programmes.
5. To raise awareness among teachers and provide training opportunities.
6. To raise awareness among parents about school based programmes.
7. To train a group of parents as facilitators in the delivery of these programmes.

Implementation of Action: Drug Education Management Committee

Links with other Agencies: Department of Education and Science, ERHA, Parents Groups, Women's Groups

Budget Required: £60,000

**Outcomes/
Performance Indicators:** 4 Drug Policies developed in first year. One contact teacher identified and trained in each of the six secondary schools. One group of parents trained in facilitation of school based programmes. Schools audit carried out of prevention programmes implemented.

STRATEGY 4: SUPPORTING THE DEVELOPMENT AND IMPLEMENTATION OF SCHOOL BASED PREVENTION PROGRAMMES

Action 2:	Developing Programmes for “at risk” students.
Need being Addressed:	Students identified through schools at an early stage who are at risk of dropping out of school or of abusing drugs.
Possible Action:	The development of in depth group work for targeted groups on self-esteem and behaviour.
Description of Action:	This action would be linked to and comprise one element of the proposed Behaviour Programme outline in the strategy addressing the needs of Early School Leavers/Young People at risk.
Target Group:	<ul style="list-style-type: none">• Students in 5th, and 6th class and 1st and 2nd year, who are already developing a drug habit.• Those students who do not engage with other services/activities and have at risk indicators.
Objective of Action:	To provide ongoing support and monitoring of this target group.
Implementation of Action:	Management Committee for Behaviour Unit.
Links with other Agencies:	Parents, Teachers, Counsellors, SSRI Programme, Area Based Projects, Teen Counselling, Psychological Services, Youth Support & Training Unit.
Budget Required:	None Required.
Outcomes/ Performance Indicators:	One school based programme developed and piloted in 3 participating schools.
Recommendations Policy:	This action will be developed as an element of the Behaviour Programme and will be included under that strategy.

STRATEGY 4:

SUPPORTING THE DEVELOPMENT AND IMPLEMENTATION OF SCHOOL BASED PREVENTION PROGRAMMES

Action 3:

Provision of Youth Activities in Schools

Need being Addressed:

Opportunity of students to participate in a comprehensive programme of extra curricular activities.

Possible Action:

School based Youth Workers

Description of Action:

Youth Workers to be employed to work directly with schools to develop and implement school based youth activities

Target Group:

Students

Objective of Action:

1. To build capacity of schools to effectively respond to the extra curricular needs of their students.
2. To engage and maintain students within the school setting.

Implementation of Action:

Locally based Youth Services/Schools.

Links with other Agencies:

Youth Services, Leisure facilities

Budget Required:

£60,000

Outcomes/

Performance Indicators:

6 extra curricular programmes developed in participating schools. Numbers of young people participating and outcomes recorded on a quarterly basis

STRATEGY 5:	PUBLIC INFORMATION – SUPPORTING COMMUNITIES
Action 1:	Public Information
Need being Addressed:	The need to provide accurate information on local drugs issues and on the work of the Drug Task Force and local organisations
Possible Action:	Identify effective mechanisms for providing information on local drugs issues and keeping local communities informed about the work of the Drug Task Force.
Description of Action:	Provide ongoing accurate information in relation to local drugs issues and the work of the Clondalkin Drug Task Force. To publish a quarterly Newsletter and identify other mediums for the dissemination of information.
Target Group:	Community Groups, Community Development Programmes, Parents Groups, Schools, Parents, Local Communities.
Objective of Action:	<ol style="list-style-type: none"> 1. To provide ongoing accurate information to local communities on local drugs issues and to ensure that local communities are kept informed of the work of the Drug Task Force. 2. To encourage greater community involvement and participation in the work of the Drug Task Force.
Implementation of Action:	Drug Education Co-ordinator
Links with other Agencies:	ERHA, Health Research Board, CityWide, CASP, Bawnogue Youth & Family Support Group, Cumas, Cairdeas, Schools, Community Groups, Parents Groups, Clondalkin Women’s Network, Tower Programme
Budget Required:	£10,000
Outcomes/ Performance Indicators:	3 Newsletters published in first year. Increased community awareness of activities of Task Force and local organisations. Increased community participation in Task Force.

TREATMENT PROGRAMMES AND SERVICES FOR DRUG USERS STRATEGIES

- Strategy 1 Expanding and Supporting Existing Detoxification Services**
- Strategy 2 Primary Health Care**
- Strategy 3 Provision of Practical Support for Homeless Drug Users**
- Strategy 4 Expansion and Development of Drop-In Services for Active Drug Users**
- Strategy 5 Support for Substance Misusers under the Age of 18 Year**
- Strategy 6 Prison Links**
- Strategy 7 Childcare for the Children of Drug Users**
- Strategy 8 Countering the Social Exclusion of Drug Users**
- Strategy 9 Support for Families, Careers and Partners of Drug Users**

STRATEGY 1:	EXPANDING AND SUPPORTING EXISTING DETOXIFICATION SERVICES
Action 1:	Increase the Availability of Locally Based Detoxification Facilities to Drug Users
Need Being Addressed:	Limited capacity of existing detoxification services to respond to the need for treatment
Possible Action:	Home Detoxification Team
Description of Action:	Establishment of a Home Detoxification Team based on model of good practice identified from other areas. Programme to be set up within the context of appropriate protocols.
Target Group:	Drug Users
Objective of Action:	To provide choice to Drug Users in achieving their goals
Implementation Of Action:	Partnership between ERHA and locally based service.
Links with other Agencies:	Locally based Drug Support Services, ERHA, Pharmacies, GP's
Budget Required:	£60,000
Targets/ Performance Indicators:	20 drug users supported in first year. Model of good practice identified and implemented.
Recommendations Policy:	ERHA to provide urine analysis to all GP's Need to increase number of local GP's registered under GP Protocol

STRATEGY 1:

**EXPANDING AND SUPPORTING EXISTING
DETOXIFICATION SERVICES**

Action 2:

Support for General Practitioners

Need being Addressed:

Limited capacity of GP's to be able to provide a holistic service to drug users in their care. There also exists a gap in the provision of support to drug users who are receiving a prescription from their GP and are not linked into any other service.

Possible Action:

Drug Support Worker

Description of Action:

Employment of a Key Drugs Worker to work with GP's, who would facilitate a client in developing a care plan and supporting them in achieving their goals. Key Worker would have strong links with locally based support services

Target Group:

Drug Users and their families

Objective of Action:

To provide choice and support to Drug Users in achieving their goals

Implementation of Action:

Locally based Drug Service

Links with other Agencies:

Locally based Drug Support Services, ERHA, Pharmacies, GP's

Budget Required:

£35,000

Targets/

Performance Indicators:

30 clients supported in first year. Appropriate referral structures established. Ongoing contact with GP's and local support services.

STRATEGY 1:

**EXPANDING AND SUPPORTING EXISTING
DETOXIFICATION SERVICES**

Action 3:

Support Groups for Drug Users in Treatment

Need Being Addressed:

Lack of gender specific support groups for drug users in treatment.

Possible Action:

Gender Specific Support Groups for Drug Users

Description of Action:

Development of gender specific support groups, which will enable the participants to explore their gender role.

Target Group:

Drug Users

Objective of Action:

Increase drug users self esteem and aid in the development of life skills.

Implementation of Action:

Locally based services

Links with other Agencies:

Locally based support services, ERHA, Aisling Clinic. Fortune House

Budget Required:

£25,000

Targets/

Performance Indicators:

4 gender specific support groups established. 20 women and 20 men supported in first year. Number participating and outcomes recorded.

Recommendations Policy:

Project promoters to apply for funding over a three-year period

STRATEGY 1:

**EXPANDING AND SUPPORTING EXISTING
DETOXIFICATION SERVICES**

Action 4:

Mental Health of Drug Users

Need Being Addressed:

The need for specialist psychological advice and support to facilitate Drug Users to achieve the goals set in their care plans.

Possible Action:

Increase the availability of locally based psychological services

Description Of Action:

To acquire the services of a Clinical Psychologist, for 20 hours a week, to provide assessments, develop care plans in conjunction with Drug Users & Key Worker and develop and implement programmes in the area so all services can benefit. Training programmes will be provided to staff around mental health issues.

Target Group:

Drug Users

Objective of Action:

To improve the quality of life of drug users

Implementation of Action:

Locally based service

Links with other Agencies:

Locally based support services, ERHA, SWAHB Clinical Psychologist

Budget Required;

£30,000

Targets/

Performance Indicators:

25 individual assessments and 15 clients provided with ongoing support in first year. 2 in-service training programmes developed and piloted in first year.

STRATEGY 1:

**EXPANDING AND SUPPORTING EXISTING
DETOXIFICATION SERVICES**

Action 5:

Complimentary/Alternative Options In Treatment

Need Being Addressed:

The need to increase the options available to drug users and their families through the availability of complementary/alternative therapies

Possible Action:

Provision of appropriate complementary therapies

Description of Action:

To establish a fund for locally based services to facilitate them in providing complementary therapies to their clients.

Target Group:

Drug users and their families

Objective of Action:

To improve the primary health of drug users and their families

Implementation of Action:

Clondalkin Drug Task Force – Treatment & Rehabilitation Sub-Group

Links with other Agencies:

Locally based support services, NADA

Budget Required:

£30,000

**Targets/
Performance Indicators:**

A total of 100 clients supported in the first year.

Numbers accessing treatment and outcomes to be recorded.

Recommendations Policy:

All complementary therapies being used should have a proven track record in the treatment of drug misuse. Services accessing fund should include the training of staff as part of their application.

STRATEGY 2:	PRIMARY HEALTH CARE
Action 1:	Primary Health Care Team
Need being Addressed:	Limited capacity of existing services to respond to the primary health care needs of homeless individuals and substance users and their families.
Possible Action:	<ol style="list-style-type: none"> 1. Primary Health Care Team 2. Outreach Nurse for Homeless individuals
Description of Action:	<ol style="list-style-type: none"> 1. Specialised team to be made up of Doctor; Nurse; Community Psychiatric Nurse, Counsellor and General Assistant and based in local Health Centres on alternate days in each of the three areas. To offer a complete accessible primary health care service to include STI Screening, Information, Hepatitis Testing, Nutrition Advice etc. 2. Nurse to be employed to provide primary health care to homeless individuals on an outreach basis. Nurse to work closely with Homeless Outreach Workers and soup run already in existence in North Clondalkin. Nurse will support specialised team in clinic.
Target Group:	Homeless, substance users and their families/partners, young people
Objective of Action:	<ol style="list-style-type: none"> 1. To respond to the primary health care needs of the target group who may have been previously excluded from such a service. 2. To encourage homeless individuals to avail of clinic
Implementation of Action:	ERHA monitored by Clondalkin Drug Task Force
Links with other Agencies:	ERHA, Locally based Support Services
Budget Required:	£150,000
Targets/ Performance Indicators:	Primary Health Care Team operating on a regular basis in at least two areas in year one. 100 outreach contacts and 60 visits to clinic in first year. Contact figures recorded and monthly figures produced
Recommendations Policy:	To be established on a 1 year pilot basis with the view that the ERHA will take it on in the future.

STRATEGY 3: PROVISION OF PRACTICAL SUPPORT FOR HOMELESS DRUG USERS

Action 1: Development of an Outreach Service for the Homeless

Need being Addressed: Lack of local facilities and supports for Homeless Drug Users

Possible Actions: Provision of practical support to homeless drug users through out-reach and financial support to existing services.

Description of Action:

1. Employment of two Out-Reach Workers to work with Homeless Drug Users in Southwest and North Clondalkin
2. Establish a Back-up Fund available to the Out-Reach Workers and the services they work with so they can provide food, washing facilities etc.

Target Group: Homeless Drug Users

Objective of Action: Provide needed facilities and services to homeless drug users while establishing a link between them and services.

Implementation of Action: Youth Services/Drug Services

Links with other Agencies Clondalkin Partnership, Youth Services, Bawnogue Youth & Family Support Group, CASP, Drug Services, Homeless Services, ERHA, Youth Support & Training Unit, Tower Programme

Budget: £60,000

**Targets/
Performance Indicators:** Streetwork to take place at least twice a week in North and South West Clondalkin. 200 outreach contacts in first year. Streetwork Log to be developed and number of contacts documented

Recommendations Policy: Out-Reach Workers to work closely with Clondalkin Partnership's proposed Homelessness Coordinator and Outreach Nurse

STRATEGY 4: EXPANSION AND DEVELOPMENT OF DROP-IN SERVICES FOR ACTIVE DRUG USERS

Action 1: The establishment of a fully staffed Drop-In Service

Needs Being Addressed: Lack of primary health care, shelter, protection and support services for active users, after hours. Provision of medical and non-medical support together in one accessible location

Description of Action: Establish Drop-In Service, which will be open seven nights a week in alternate locations around Clondalkin. Service to be staffed by an Out-Reach Worker, Nurse and a Support Worker/Receptionist

Target Group: Active Drug Users

Objective of Action: To engage active drug users

Implementation of Action: Locally based Support Services

Links with other Agencies: Bawnogue Youth & Family Support Group, CASP, Youth Services, ERHA, Tower Programme

Budget Required: £55,000

Targets/ Performance Indicators: Number of drug users accessing the service to be recorded under two categories, once off contact and ongoing. 300 once off and 80 ongoing contacts to be recorded in first year. Drop-In Register to be developed at each location and monthly figure produced

Recommendation Policy: ERHA to supply funding for nursing staff

STRATEGY 5: SUPPORT FOR SUBSTANCE MISUSERS UNDER THE AGE OF 18 YEARS

Action 1: Out-Reach Youth Drug Worker

Need being Addressed: Lack of support for under 18 year olds who are misusing substances other than opiates.

Possible Action: Provision of relevant support, information and referrals to young substance misusers on an outreach basis.

Description of Action: Employment of an Out-Reach Youth Drug Worker to work with target group and their families in the evenings.

Target Group: Young substance misusers under the age of 18 years.

Objective of Action: To minimise the number of young substance misusers who progress into problematic drug use.

Implementation of Action: Youth Service, Locally based Support Services

Links with other Agencies: Youth Services, Probation & Welfare, Youth Services, Bawnogue Youth & Family Support Group; CASP; ERHA, ERHA, Social Workers, Schools, Homeless Outreach Workers, Youth Support & Training Unit, Tower Programme

Budget Required: £25,000

**Targets/
Performance Indicators:** 200 home visits/contacts in first year. Support Groups to be developed in each area. Referral structures developed and supports documented. Streetwork carried out twice weekly. Contact register developed and monthly figures produced.

Recommendations Policy: All new staff to receive Childcare Act training.

STRATEGY 6:

SUPPORT FOR CURRENT AND EX-PRISONERS

Action 1:

Prison Link Workers

Need being Addressed:

Lack of support for drug users beginning or finishing a custodial sentence and their transition back into the community

Description of Action:

Employment of two community based Prison Link Workers (one male, one female) to work with all prisoners from the Clondalkin area who wish to receive support around their drug use when entering or leaving a place of detention.

Target Group:

Drug Users and those who are drug free leaving prison

Objective of Action:

To ensure all drug users have continuum of care.

Implementation of Action:

Locally based Services

Links with other Agencies:

Probation & Welfare; Prisons; Bawnogue Youth & Family Support Group; CASP; ERHA, Training Agencies, Employers

Budget Required:

£70,000

**Targets/
Performance Indicators:**

100 initial contacts and 50 ongoing contacts established in first year. 20 clients referred in first year. Working links established with prisons and support services.

STRATEGY 7:

CHILD CARE FOR THE CHILDREN OF DRUG USERS

Action 1:

Provision of Flexible Child-Care Places for the Children of Drug Users/Drug Using Parents

Need being addressed:

The need for quality Child-care for children of drug users

Possible Action:

Subsidised Child-Care

Description of Action:

To establish a fund for Child Care services for children of drug users, which will be made available to:

a) Treatment/Rehab services to provide child-care while parents are accessing treatment/rehab/counselling/support services; and

b) Subsidise places in Bawnogue Enterprise Centre.

Target Group:

Drug Using Parents

Objective of Action:

To provide flexible quality child – care that will facilitate parents accessing treatment, rehabilitation, counselling and support services

Implementation of Action:

Clondalkin Partnership – Childcare Co-ordinator.

Links with other Agencies:

Bawnogue Youth & Family Support Group; CASP; ERHA; Community Drug Team; Cumas, Childcare providers, Clondalkin Partnership, Tower Programme, Probation & Welfare

Budget Required:

£20,000

Targets/

Performance Indicators:

20 families supported in first year.

STRATEGY 7:	CHILD CARE FOR THE CHILDREN OF DRUG USERS
Action 2:	Provision of Support/Targeted Intervention to Children of Drug Users
Need being addressed:	Children who have been identified by Drug/Support Services whose development/behaviour has been adversely effected by their parents drug use.
Possible Actions:	Employment of a skilled and qualified child-care worker
Description of Action:	Employment of one child-care worker to be shared between existing Treatment/Support Services to provide one to one/group interventions with identified children and their parents.
Target Group:	Children of Drug Users who have been identified as having specific developmental, emotional, and behavioural & bonding/attachment issues
Objective of Action:	The provision of appropriate interventions to children who have been adversely effected by their parents drug use.
Implementation of Action:	Locally based service
Links with other Agencies:	Bawnogue Youth & Family Support Group; CASP; ERHA; Community Drug Team; Cumas, Childcare providers. Probation & Welfare
Budget Required:	£30,000
Targets/ Performance Indicators:	20 children supported in first year. 2 in – service programmes developed and piloted. Number of contacts plus type of intervention recorded.
Recommendations Policy:	Service to be seen as a non-statutory service in order to ensure participation of families.

STRATEGY 8:	COUNTERING THE SOCIAL EXCLUSION OF DRUG USERS
Action 1:	Drug Users Forum
Need being Addressed:	The lack of participation and representation of Drug Users on community, statutory & voluntary bodies. To facilitate their input on policy decision making and service development.
Possible Action:	Drug Users Forum
Description of Action:	The employment of an ex-drug user to work in partnership with the Cairdeas Project to establish a drug users forum, which will advocate and lobby on it's own behalf with regard to drug related issues. The Forum will have a specific focus on developing culturally appropriate strategies to increase the participation of marginalised drug users.
Target Group:	All current and ex-drug users in the Clondalkin area
Objective of Action:	To create an environment were Drug Users will gain the knowledge and confidence to represent their views on policy making bodies and which will act as a source of solidarity and support for drug users.
Implementation of Action:	Cairdeas Project
Links with Other Agencies:	UISCE, CASP, Probation & Welfare, Clondalkin Traveller's Development Group, Bawnogue Youth & Family Support Group
Budget Required:	£20,000
Targets/ Performance Indicators:	Sustainable working Forum to be established. 3 Newsletters to be produced in year one. Numbers attending, participants demographics and outcomes to be recorded.

STRATEGY 8:	COUNTERING THE SOCIAL EXCLUSION OF DRUG USERS
Action 2:	Challenging Social Perceptions
Need being Addressed:	Expand limited opportunity that exists in Clondalkin to challenge social perceptions
Possible Action:	Mentoring Project
Description of Action:	Develop mentoring scheme for drug users with approved mentors
Target Group:	Stable/Drug Free Users and approved Mentors
Objective of Action:	To develop the capacity of all participants to challenge social perceptions
Implementation of Action:	Locally based Services
Links with other Agencies	CASP, Bawnogue Youth & Family Support Group, Local agencies, Businesses
Budget Required:	£10,000
Targets/ Performance Indicators:	2 mentoring programmes to be developed in year one. Numbers participating, participants demographics and outcomes to be recorded.
Recommendations Policy:	Protocol to be strictly adhered to in order to ensure the safety of all participants

STRATEGY 9: SUPPORT FOR FAMILIES, CARERS AND PARTNERS OF DRUG USERS

Action 1: Family Support Worker

Need Being Addressed: To sustain and develop both existing and new support services for the families, carers and partners of drug users

Description of Actions: Employment of Family Support Workers, three in total, whose role would be to support, facilitate and coordinate family support services for the families of drug users.

Target Groups: Families, Carers and Partners of Drug Users

Objective of Actions: To enhance the target groups understanding and capacity to respond to the context and consequences of drug misuse in the home.

Implementation of Actions: Locally Based Services

Links with other Agencies: Bawnogue Youth & Family Support Group; CASP; ERHA; Community Drug Team, Cumas, Probation & Welfare Service

Budget Required: £105,000

**Targets/
Performance Indicators:** 60 families to be supported in first year. Family Support Groups to be developed in each of the areas. Numbers attending and participants demographics to be recorded.

STRATEGY 9: SUPPORT FOR FAMILIES, CARERS AND PARTNERS OF DRUG USERS

Action 2:	Locally based Counselling/Family Therapy Service
Need being Addressed:	To sustain and develop both existing and new support services for the families, carers and partners of drug users
Description of Action:	Establishment of a locally based counselling service to provide one to one counselling and family therapy to the target group. Service to provide five hours of family therapy together with twenty hours of counselling per week. Referrals to be made by locally based services.
Target Group:	Families, Carers and Partners of Drug Users
Objective of Action:	To enhance the target groups understanding and capacity to respond to the context and consequences of drug misuse in the home.
Implementation of Action:	Request submissions from approved Counselling Agency, to supply the service locally
Links with other Agencies:	Bawnogue Youth & Family Support Group, CASP, ERHA, Community Drug Team, Cumas, Probation & Welfare Service
Budget Required:	£45,000
Outcomes/ Performance Indicators:	30 families supported in first year. Number of contacts, family demographics, types of intervention and outcomes to be recorded.
Recommendations Policy:	Service to be provided by a professionally recognised and affiliated organisation
Implementation of Action:	Request submissions from approved Counselling Agency, to supply the service locally
Links with other Agencies:	Bawnogue Youth & Family Support Group, CASP, ERHA, Community Drug Team, Cumas, Probation & Welfare Service
Recommendations Policy:	Service to be provided by a professionally recognised and affiliated organisation

STRATEGY 9: SUPPORT FOR FAMILIES, CARERS AND PARTNERS OF DRUG USERS

Action 3: Late Night Drop-In Service

Need being Addressed: To sustain and develop both existing and new support services for the families, carers and partners of drug users

Description of Action: Establish late night Drop-In for families, staffed by a Counsellor, Family Support Worker and Receptionist

Target Group: Families, Carers and Partners of Drug Users

Objective of Action: To enhance the target groups understanding and capacity to respond to the context and consequences of drug misuse in the home.

Implementation of Action: Locally Based Services

Links with other Agencies: Bawnogue Youth & Family Support Group, CASP, ERHA, Community Drug Team, Cumas, Probation & Welfare Service

Budget Required: £10,000

**Outcomes/
Performance Indicators:** 100 contacts in first year. Number of contacts, family demographics, types of intervention and outcomes to be recorded.

**REHABILITATION PROGRAMMES AND SERVICES FOR
STABILISED OR RECOVERING DRUG MISUSERS
STRATEGIES**

Strategy 1: Providing On-going Support for those who are Drug Free

STRATEGY 1:	PROVIDING ON-GOING SUPPORT FOR THOSE WHO ARE DRUG FREE
Action 1:	Rehabilitation Technical Budget
Need being Addressed:	The lack of progression options for those who are drug free or stabilised
Possible Action:	Progression Workers
Description of Action:	The employment of two locally based Progression Workers whose role would be to work with the client group in identifying suitable progression routes
Target Group:	Stabilised/drug free individuals
Objective of Action:	To provide progression options for stabilised/drug free individuals
Implementation of Action:	Locally based services
Links with other Agencies:	ERHA, CASP, Bawnogue Youth & Family Support Group, Aisling Clinic, Fortune House, Employers, FAS, Training Agencies
Budget Required:	£60,000
Outcomes/ Performance Indicators:	50 ex-drug users supported in the first year. Working links established with perspective employers/training agencies. Number of contacts, client demographics and type of support provided to be recorded.
Recommendation Policy:	Workers to work closely with newly appointed Rehabilitation Co-ordinator (SWAHB)

STRATEGY 1:	PROVIDING ON-GOING SUPPORT FOR THOSE WHO ARE DRUG FREE
Action 2:	After Care Support Groups
Need Being Addressed:	Lack of community based after care support services and recreational activities for those who are drug free.
Possible Action:	After-Care Supports Group
Description of Action:	Establish after-care support groups in each of the areas of Clondalkin, each group to include recreational/social activities. Each group to be supported by a counsellor and facilitator.
Target Group:	Drug Free Individuals
Objective of Action:	To support those who wish to maintain their drug free lifestyle.
Implementation of Action:	Locally Based Services
Links with other Agencies:	Residential Rehabilitation Services, ERHA, CASP, Bawnogue Youth & Family Support Group, Locally based Support Services, Probation & Welfare Service
Budget Required:	£20,000
Targets/ Performance Indicators:	Two groups to be established in first year. Contact figures recorded and monthly figures produced
Recommendations Policy:	Project promoter should try where possible to employ ex-drug users on a sessional basis to work with groups

**COMMUNITY INVOLVEMENT IN ISSUES RELATING TO
REDUCING SUPPLY AT LOCAL LEVEL STRATEGIES**

Strategy 1: Addressing Drug Related Conflict in the Community

Strategy 3: Addressing Supply in the Community

Strategy 2: Research

STRATEGY 1:

ADDRESSING DRUG RELATED CONFLICT IN THE COMMUNITY

Action 1

The establishment of a Mediation Service/Resource to deal with drug related conflict issues.

Need being Addressed:

The provision of a mechanism to resolve conflict as it relates to drug users.

Possible Action:

Mediation Service

Description of Action:

To offer a mediation resource which will provide trained mediators to act as impartial third parties to help those in drug related disputes to come to their own agreements. To facilitate education and awareness courses on the mediation process to agencies (statutory, voluntary and community) that may wish to avail of this resource. To develop a mediation service by accessing mediation training which would generate a panel of mediators.

Target Groups:

Drug users, community groups, Statutory agencies and groups in the voluntary sector.

Objective of Action:

To reduce conflict and build solidarity between drug users and the wider community.

Implementation of Action:

Cairdeas Project

Links with other Agencies:

SDCC, ERHA, Community Groups/Organisations, CASP, Bawnogue Youth & Family Support Group, Department of Social Welfare, Homeless Services

Budget Required:

£15,000

Targets/

Performance Indicators:

10 cases in year one, 20 individuals trained in mediation in year one

STRATEGY 2:

ADRESSING SUPPLY IN THE COMMUNITY

Action 1:

The establishment of a Close Circuit TV Service in North and Southwest Clondalkin

Need being Addressed:

The high instances of drug dealing/supply in communal areas.

Possible Action:

Close Circuit TV System

Description of Action:

Instillation of a CCTV system in communal areas where dealing is carried out openly. System to be monitored on a 24hour basis.

Target Group:

Community, Stabilised/Recovering Drug Users

Objective of Action:

To minimise the impact of drug dealing in the community

Implementation of Action:

To be monitored in local Garda Stations

Links with other Agencies:

South Dublin County Council, Resident Associations, Cairdeas, North Clondalkin Community Forum, Gardai, South West Clondalkin Community Links, NCCDP, SWCDP.

Budget Required:

£100,000

Outcomes/

Performance Indicators:

System to be in place and operational within three months. Qualitative reports from the community on impact of CCTV System

STRATEGY 3:	Research
Action 1:	Research Funding
Need being Addressed:	The lack of a specific funding to facilitate the community and local groups in accessing researchers to develop responses to local issues, such as supply. The lack of longitudinal information on the drug situation in Clondalkin.
Possible Action:	Research Budget
Description of Action:	This action will provide a fund which will facilitate the community/locally based services in exploring and identifying service models in tackling issues such as drug supply. It is proposed that a comparative study will be carried out into the policing service available in Clondalkin compared to other areas, as proposed by the North Clondalkin Community Forum.
Target Group:	Community, Drug Users, Locally based Services
Objective of Action:	To respond to the research needs of the community as they arise.
Implementation of Action:	Locally based services
Links with other Agencies:	Clondalkin Drug Task Force, North Clondalkin CDP, South West Clondalkin CDP, Cairdeas, North Clondalkin Community Forum, Southwest Clondalkin Community Links, Clondalkin Partnership, Gardai, SDCC
Budget Required:	£10,000
Targets/ Performance Indicators:	2 research projects to be carried out in the first year.

IMPLEMENTATION OF THE PLAN

Task Force Structures

Over the last three years a number of structures have been developed by the Task Force to implement its Area Action Plan. A system of sub-groups has been established. These sub-groups have a number of roles. They act as a co-ordinating mechanism for the particular issue in the area. They feed information/experience of work on the ground. The sub-groups also relate back to the Task Force on relevant issues. Each sub-group has a member of the Task Force represented.

The sub-group structure has been effective in taking work from the ideas stage through a development stage and ensuring their implementation. It has also been a mechanism for involving a large number of agencies and groups in the work of the Task Force.

Another feature of the way in which the Task Force chose to implement its first plan has been a “tendering process”. This involved an open invitation to organisations in the area to bid to implement actions in the plan. This ensured an openness and transparency, in the way funding was allocated and facilitated creative responses to how actions might be carried out. It is envisaged that this process will be used in implementing this plan. Where actions are on a scale, or, of a type that make it unlikely that a single organisation would take it on, the sub-group will establish a management committee to develop the action.

The Task Force is also developing structures with the local community and public representatives to ensure that they are informed of the work of the Task Force. To this end it is proposed that the Task Force will hold quarterly meetings with the two groups to ensure that they are informed and to facilitate open dialogue.

Performance Monitoring

Performance indicators and targets were developed by the sub-groups based on past experience of what can be achieved and future projections of performance. In order to ensure the effective monitoring of new actions the Task Force has proposed the allocation of £10,000 to employ a consultant on a short-term basis to develop more detailed performance indicators.

Task Force Supports

During its review the Task Force identified the need for particular supports to support the working of the Task Force. As such the Task Force has proposed the allocation of £30,000 for the employment of a Project Development worker, whose role will be to support the development and monitoring of new actions. Also, the Task Force has proposed the allocation of £20,000 towards the employment of an Administrator/Secretary.

Capital Costs

The Task Force is currently preparing a paper outlining the accommodation needs of projects in its area together with the likely cost implications of addressing these needs. This paper will be submitted to the NDST for their consideration. In the mean time the Task Force is requesting that the capital costs required by the Clondalkin Addiction Support Programme be treated separately from the costs identified in the aforementioned paper and that an allocation of £400,000 be made towards the building of a much needed premises in North Clondalkin.

Projected Costs

Cumulative Costs Summary

Cost Heading	Total
Education/Prevention	387,000
Treatment	780,000
Rehabilitation	80,000
Supply	125,000
Implementation Costs	60,000
Capital Costs	400,000
Total	£1,832,000

Costs Per Action

The actions as outlined previously, have been costed for one year as follows:

Action	Cost
Education/Prevention	
Behavioural Unit	£130,000
Mentor Programme	£10,000
Educational Facility for Young People under 15 years	£65,000
Short-term tuition for Junior Certificate Subjects.	£2,000
Support for Youth Activities in the Evening	£50,000
Schools Drugs Worker	£60,000
School based Youth Workers	£60,000
Public Information	£10,000
Treatment	
Home Detoxification Team	£60,000
Drug Support Worker	£35,000
Gender Specific Support Groups for Drug Users	£25,000
Psychological Services	£30,000
Complimentary Therapies	£30,000
Primary Health Care Team	£150,000
Outreach Workers for Homeless	£60,000
Drop-In Service	£55,000
Outreach Youth Drugs Worker	£25,000
Prison Link Workers	£70,000
Subsidised Childcare	£20,000
Childcare Worker	£30,000
Drug Users Forum	£20,000
Mentoring Project	£10,000
Family Support Workers	£105,000
Locally based Counselling/Family Therapy Service	£45,000
Late Night Drop-In Service for Families	£10,000
Rehabilitation	
Progression Workers	£60,000
After-Care Support Groups	£20,000
Supply	
Mediation Service	£15,000
CCTV	£100,000
Research	£10,000
Implementation Costs	
Performance Indicators	£10,000
Project Development Worker	£30,000
Administrator/Secretary	£20,000
Capital Costs	
Clondalkin Addiction Support Programme	400,000
Total	£1,832,000

BIBLIOGRAPHY

Carroll, E. (2000) Experiences of Drug Users in Clondalkin – An Exploratory Study, Clondalkin Drug Task Force (unpublished)

Comiskey, C. (1997) Estimating the Prevalence of Opiate Drug Misuse in Dublin, Ireland, The Department of Health and Children (unpublished)

Department of Community Health & General Practice (2000) Hepatitis B, Hepatitis C and HIV in Irish Prisons – Prevalence and Risk, Department of Justice, Equality and Law Reform

Doran, J. & Ni Chulain, C. (2000) Childcare Needs of Drug Using Parents in Clondalkin, Clondalkin Drug Task Force (unpublished)

Forum on Youth Homelessness (2000) Report of the Forum on Youth Homelessness, North Area Health Board

Gamma Ltd (1998) Clondalkin APC Report, Area Development Management

Kenny, B. (2000) Responding to the Drug Problem in the Village Area of Clondalkin, Clondalkin Drug Task Force (unpublished)

Keyes, O. (2000) A Profile of Drug Use in School Going Teenagers in One Clondalkin School, Clondalkin Drug Task Force (unpublished)

McSorley, C. (1997) School Absenteeism in Clondalkin – Causes and Responses, Clondalkin Partnership

O'Brien, M.; Moran, R.; Kelleher, T. & Cahill, P. (2000) National drug Treatment Reporting System – Statistical Bulletin 1997 and 1998, Drug Misuse Research Division, Health Research Board

Perris, A. (1999) Youth Homelessness in Clondalkin – A Community Perspective, Clondalkin Partnership

Appendix 1 – Strategy Summary 1997 – 1999

Strategies Directly Managed by the Clondalkin Drug Task Force

Strategy	Group	Approved Allocation		Actions	Comment
		Original	Interim		
2/1: Supporting Families	CDTF – CUMAS	124,000	132,850 62,000	<ul style="list-style-type: none"> Aim to support Clondalkin families whose children are using or at risk of drug misuse. Services provided include information and support, individual family work and activity and education programmes 	Recommended for Mainstreaming
Totals:		124,000	194,850		
2/3: Education Co-ordinator	CDTF	30,000	14,000 20,000 15,000	<ul style="list-style-type: none"> The employment of an Education Co-ordinator whose role was to develop and support community based drug education initiatives in the Clondalkin area 	Recommended for Mainstreaming
Totals:		30,000	49,000		
4/1A: Comm. Training & Development	CDTF – Education	50,000	34,500 25,000	<ul style="list-style-type: none"> A number of training programmes were run which included: Community Addiction Studies Course (NCVA Level II), In – service Training Courses, Parents Training Programme, Bursary Fund and Community Education Programmes 	Recommended for Mainstreaming
Total:		50,000	59,500		
1/1A: Mediation Programme	CDTF – Mediation	50,000	21,050 25,000	<ul style="list-style-type: none"> Employment of two mediators to facilitate and develop Community Forums together with a Drug Users Forum 	Recommended for Mainstreaming
Total:		50,000	46,050		
3/1: Community Policing Forum	CDTF – Mediation	7,000		<ul style="list-style-type: none"> Forum established in North Clondalkin, which brings together all relevant community, statutory, voluntary and public representatives. The forum will focus's on estate management, community policing, supply, anti – social behaviour, the environment and drug policy. Forum to be established in Southwest Clondalkin in near future. 	Recommended for Mainstreaming, to come under management of local CDP's
Totals:		7,000			
2/1A; Co – ordination & Policy Dev.	CDTF – Mediation	10,000		<ul style="list-style-type: none"> Funding re – allocated to support the employment of a Project Development Worker to support and monitor all projects funded by the Task Force 	Ongoing
Total:		10,000			

Strategy	Group	Approved Allocation		Actions	Comment
		Original	Interim		
3/1 + 7/1: Treatment & Rehabilitation	CDTF	100,000	20,000 50,000	<ul style="list-style-type: none"> A number of clients were supported to attend various residential treatment options, such as: Saol Nua, Detox 5 and Cuan Mhuire Support of alternative therapies such as the Black Box The employment of a drugs worker 	Recommended for Mainstreaming
Total		100,000	70,000		
6/1: Ensuring Child – Welfare	EHB Drug Team	41,000	20,500 27,333 20,500	<ul style="list-style-type: none"> Specialised support for drug users and their children which includes a family care service to assist with child – care needs without removing children from the home 	Awaiting NDST evaluation
	CDTF – Family Sub – Group	29,000		<ul style="list-style-type: none"> Funding re – allocated to support the employment of a Project Development Worker; research into childcare needs of drug users; needs analysis of village area; and funding childcare places 	Ongoing
Total;		84,084	68,333		
Infrastructure Budget	CDTF	200,000		<ul style="list-style-type: none"> Support set up costs and infrastructural improvements for eight community based projects. 	Ongoing
Total:		200,000			

Strategies Not managed by the Clondalkin Drug Task Force

Strategy	Group	Approved Allocation		Actions	Comment
		Original	Interim		
1/1 Community Arts Programme	Ronastown Youth Service	1,280	–	<ul style="list-style-type: none"> Dance/Art workshop which explored the issues of drugs, young people & community. A total of 4 workshops were held with approximately 150 participants 	Once Off
	Music Group	2,450	–	<ul style="list-style-type: none"> Provision of equipment and facilitators for a basic training course on the Music Industry 	Once Off
	Scoil Mhuire	25	–	<ul style="list-style-type: none"> Arts based drug awareness programme for 6th Class pupils 	Once Off
	Women's Network	3,542	–	<ul style="list-style-type: none"> A 12 – Week Training Programme to develop awareness of the drug issue through creative approaches, such as drama and art 	Once Off
	Clondalkin YS	5,535	–	<ul style="list-style-type: none"> Arts Programme for young people who previously had no experience in this area. 	Once Off
	St Bemadettes NS	3,860	2,252 3,217 1,930	<ul style="list-style-type: none"> Art Club where children at risk would appreciate, enjoy and get satisfaction from creative activities. 	Awaiting NDST evaluation

App. 1: Strategy Summary cont.

Strategy	Group	Approved Allocation		Actions	Comment
		Original	Interim		
Community Arts Programme cont.	St Mary's NS	5,500		<ul style="list-style-type: none"> Creative & Therapeutic Pottery – provide children with an alternative structured safe after – school activity. Programme targeted at children identified as at – risk with a view to providing fun – time aiding the development of self – esteem, self confidence and communication skills. 	Ongoing
	Neilstown YT	7,520		<ul style="list-style-type: none"> Development of “Spirals” a play outlining the effects of drugs on the individual and the family. Two successful runs of the play took place 	Once Off
	Artsquad	11,290	–	<ul style="list-style-type: none"> Production of a broadcast standard drama using local youth as trainees. Production of an anti – drug teamed puppet theatre 	Once Off
	CASP	24,000		<ul style="list-style-type: none"> The provision of an extensive programme to drug users which would include computer training, literacy & numeracy training, outdoor pursuits and arts based programmes 	Recommended for Mainstreaming
Totals:		67254	7,399		
4/1:Support for Youth Groups	Rowlagh Comm. Ctr. YC	530	–	<ul style="list-style-type: none"> Provide a programme of youth activities for local young people from the Rowlagh area. 	Once Off
	Quarryvale FC	3,300	–	<ul style="list-style-type: none"> Improvement of premises and provision of new equipment 	Once Off
	Travellers Dev Group	12,920	10,767 12,920 6,460	<ul style="list-style-type: none"> Employment of a drug/youth worker who provides youth activities for Travellers which contribute to their personal development and facilitate them in developing their awareness of drugs 	Recommended for Mainstreaming
	Clondalkin Athletic Club	623	–	<ul style="list-style-type: none"> Provision of new equipment 	Once Off
	Balgaddy Majorettes	3,500	–	<ul style="list-style-type: none"> Provision of training, equipment, track suits and general running costs 	Once Off
	Clondalkin Comm. Swim	4,290	–	<ul style="list-style-type: none"> Supporting swimming lessons 	Once Off
	St Kevins	5,000	–	<ul style="list-style-type: none"> Two 13-Week Drug Education Programmes for 40 students from the school 	Ongoing
	Red Lakes Ladies FC	2,290	–	<ul style="list-style-type: none"> Funding re-allocated to support other youth activities as original project closed 	Once Off
	Clonburris YC	1,346	–	<ul style="list-style-type: none"> Support ongoing running costs (activities/equipment) of club as well as the training of leaders in specific areas such as first aid, arts and crafts etc. 	Once Off
	Colaiste Brid	2,562	–	<ul style="list-style-type: none"> 48 students attended a leadership/personal development weekend 	Once Off

App. 1: Strategy Summary cont.

Strategy	Group	Approved Allocation		Actions	Comment
		Original	Interim		
Support for Youth Groups cont.	Clondalkin YC	4,200	–	• Support ongoing running costs (activities/equipment) of club	Once Off
	Ronanstown Youth Service	21,429	–	• Research carried out on volunteerism. Balance of funding re-allocated to support Youth Activities in Village area.	Ongoing
Total:		61,360	30,147		
4/2: Drop – In Centres	Clondalkin Youth Service	5,000		• Additional part-time staff employed to develop a late night drop-in centre	Ongoing
	BASS	20,000	17,000 11,250	• Drop – In Centre Co-ordinator employed	Recommended for Mainstreaming
	CASP	45,000		• Development of a late night drop in service for drug users which would include the employment of a co-ordinator as well as three part-time staff	Recommended for Mainstreaming
Total:		70,000	28,250		
5/1: Re-integration Training	Quarryvale FC	18,000		• Support the training of volunteers on coaching courses	Once Off
	CASP	51,330	32,680	• Employment of a Group Worker to develop and facilitate all group activities.	Recommended for Mainstreaming
	CCU	1,870	–	• 12 hour Keyboard Skills Training in City & Guilds Level 1 Word Processing	Once Off
Total:		71,200	32,680		
5/1A: Links to Education/Work	CASP	20,000		• The provision of an extensive programme to drug users which would include computer training, literacy & numeracy training, outdoor pursuits and arts based programmes	Recommended for Mainstreaming
Total:		20,000	–		
5/2: Education Training	Youth Support & Training Unit	10,000	–	• A number of activity programmes have taken place	Ongoing
Total:		10,000			

MONEY SPENT TO DATE £858,686	
£67,254	<i>Community Arts Programmes</i>
1,280	Ronanstown Youth Service
2450	Ronanstown Music Group
25	Scoil Mhuire
3542	Clondalkin Women's Network
5535	Clondalkin Youth Service
6112	St. Bernadette's National School
5500	St. Mary's National School
7520	Neilstown Youth Theatre
11290	Artsquad Clondalkin
24000	Clondalkin Addiction Support Programme
£124000	<i>Supporting Families</i> Cumas
£44,000	Drug Education Programmes Clondalkin Drug Task Force
£50,000	<i>Community Training & Development</i>
6000	Parents' Drug Awareness Programmes
15000	Community Addiction Studies Course
9000	Community Education
10000	Third Level Bursary Fund
10000	In – service Training
72757	<i>Support for Youth Groups</i>
530	Rowlagh Community Centre Youth Club
3300	Quarryvale Football Club
23687	Clondalkin Travellers' Development Group 2
623	Clondalkin Athletic Club
3500	Balgaddy Majorettes
4290	Clondalkin Community Swim
5000	St. Kevin's Community College
2290	Red Lakes Football Club
1346	Clonburris Youth Club
2562	Colaiste Brid
4200	Clondalkin Youth Club
21,429	Ronanstown Youth Service
£70,000	<i>Drop-in Centres</i>
5,000	Clondalkin Youth Service
20,000	Bawnogue Youth & Family Support Group
45,000	Clondalkin Addiction Support Programme

MONEY SPENT TO DATE £858,686	
£55,000	<i>Re-integration Training</i>
1,800	Quarryvale Football Club
51,330	Clondalkin Addiction Support Programme
1,870	Clondalkin Centre for the Unemployed
£20,000	<i>Links to Education/Work</i> Clondalkin Addiction Support Programme
£10,000	<i>Education & Training</i> Youth Support & Training Unit
£58,084	<i>Supporting Children of Drug Users</i> EHB Community Drug Team
£57,000	<i>Mediation Programme</i>
50,000	Cairdeas
7,000	Community Forum
£92,334	<i>Treatment & Rehabilitation</i>
250	One – to – One Counselling
22,420	Clondalkin Addiction Support Programme
10,984	Bawnogue Youth & Family Support Project
2,790	Detox 5
5,460	Youth Support & Training Unit
4,530	Chuin Mhuire Residential Drug Free Project
45,900	Saul Nua Residential Drug Free Project
£114,009	<i>Infrastructure Budget</i>
9,210	Ronanstown Youth Service
13,000	Carline Project
2,679	Teencounselling
34,120	Bawnogue Youth & Family Support Project
55,000	Cumas & Cairdeas
£14,248	<i>Development Budget</i>
3,000	Clondalkin Drug Awareness Week
4,000	Clondalkin Mentoring Project
3,000	The Lyon Project
1,248	Clondalkin Traveller Development Group
3,000	Clondalkin Women's Network
£10,000	<i>Other Expenses</i> Administration
£858,686	TOTAL



Making Progress

**TOWARDS
THE
FUTURE**

<p align="center">CLONDALKIN DRUG TASK FORCE First Floor, Ulster Bank Chambers, Monastery Road, Clondalkin, Dublin 22. Phone: (01) 457 944 Fax: (01) 457 9422</p>
--

Consultation 2000

Priority Issue Questionnaire.

Please prioritise each issue in order of importance, by ticking appropriate box. You may add in your own issues in the blank space provided at the bottom of the page.

Issues	Not important	Important	Very important	Most important
Prevention				
Family Support				
Education				
Community Relations				
Research				
Co – ordination				
Public Information				
Health				
Treatment Services				
Rehab Services				
Aftercare				
Childcare				
Supply				
Policing				
Your Issues				

Please write your suggestions below.

If you would like to be added to our mailing list please Complete,

Name _____

Address _____

Appendix 4

List of Written Submissions

- Bawnogue Youth & Family Support Group
- Clondalkin Addiction Support Programme
- Clondalkin Traveller Development Group
- Carline Project
- Collinstown Park Community College
- Community Awareness of Drugs (CAD)
- Clondalkin Youth Service
- Clondalkin Youth Service/Ronanstown Youth Service
- ELAH Voluntary Counselling Service
- Hillview United Football Club
- Home School Liaison Co-ordinators
- Life Project
- St Mary's Senior National School
- Neilstwon Youth Theatre
- North Clondalkin Barge Project
- North Clondalkin Mentoring Programme
- Pavee Point
- Rowlagh Area Parish Services
- St Bernadette's National School
- South West Clondalkin Community Development Project (SWCCDP)
- Talking About Prevention (TAP)
- Victory Outreach Programme
- Youth Support & Training Unit

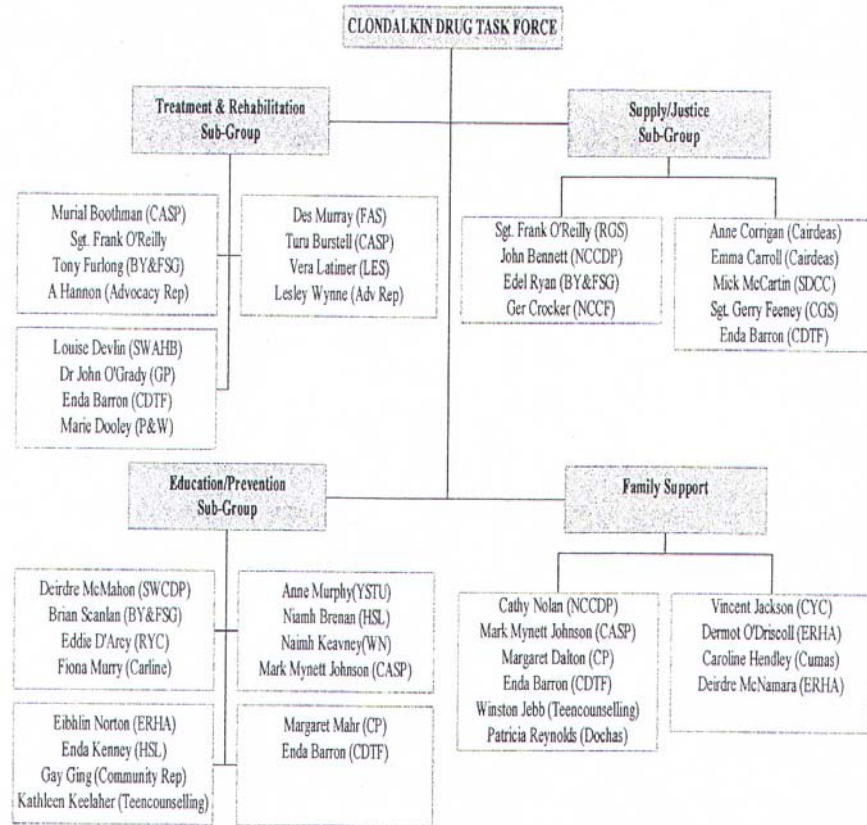
Appendix 5
Sub – Group
Terms Of Reference

The following TOR were agreed for the sub-groups:

- (a) Take on board relevant research – local and national.
- (b) Look what has come up from consultation process.
- (c) Develop a profile of current/planned service provision.
- (d) Identify gaps in service provision.
- (e) Identify Policy issues.
- (f) Identify what can be done at local level.
- (g) Identify Cross Task Force issues and make recommendations on hoe they might be addressed.
- (h) Identify what needs to be done at national level, to be included as recommendations in the plan.
- (i) Design strategies around all of the above.

Appendix 6

Planning 2000-Sub-Group Membership



List of Abbreviations

BY&FSG	Bawnogue Youth & Family Support Group
CASP	Clondalkin Addiction Support Programme
CDTF	Clondalkin Drug Task Force
CGS	Clondalkin Garda Station
CP	Clondalkin Partnership
CYC	Clondalkin Youth Service
ERHA	Eastern Region Health Authority
HSL	Home School Liaison Co – ordinator
LES	Local Employment Service
NCCDP	North Clondalkin Community Development Project
NCCF	North Clondalkin Community Forum
P&W	Probation & Welfare Service
RGS	Ronanstown Garda Station
RYC	Ronanstown Youth Service
SDCC	South Dublin County Council
SWCCDP	South West Clondalkin Community Development Project
SWAHB	South West Area Health Board
WN	Clondalkin Women's Network
YSTU	Youth Support & Training Unit

APPENDIX 7

CLONDALKIN DRUG TASK FORCE
Agency Views Questionnaire

AGENCY

DATE:

1. In 1996 the 'average' service user was aged between 15 and 24 years, living at home, and smoking heroin. Do you think this has changed?

Yes	
No	

If yes, in what way?

2. Since 1996 we have witnessed the growth of the 'Celtic Tiger'. Do you think this had any impact on the drug use in Clondalkin?

Yes	
No	

Please Comment.

3. Services have grown & developed in the last 4 years. Do you think this has had any impact on drug use in Clondalkin?

Yes	
No	

If yes, in what way? And what is still needed?

If no, what is missing?

Any other comments?
