



Clondalkin Drug Task Force
Area Action Plan 2001
making progress

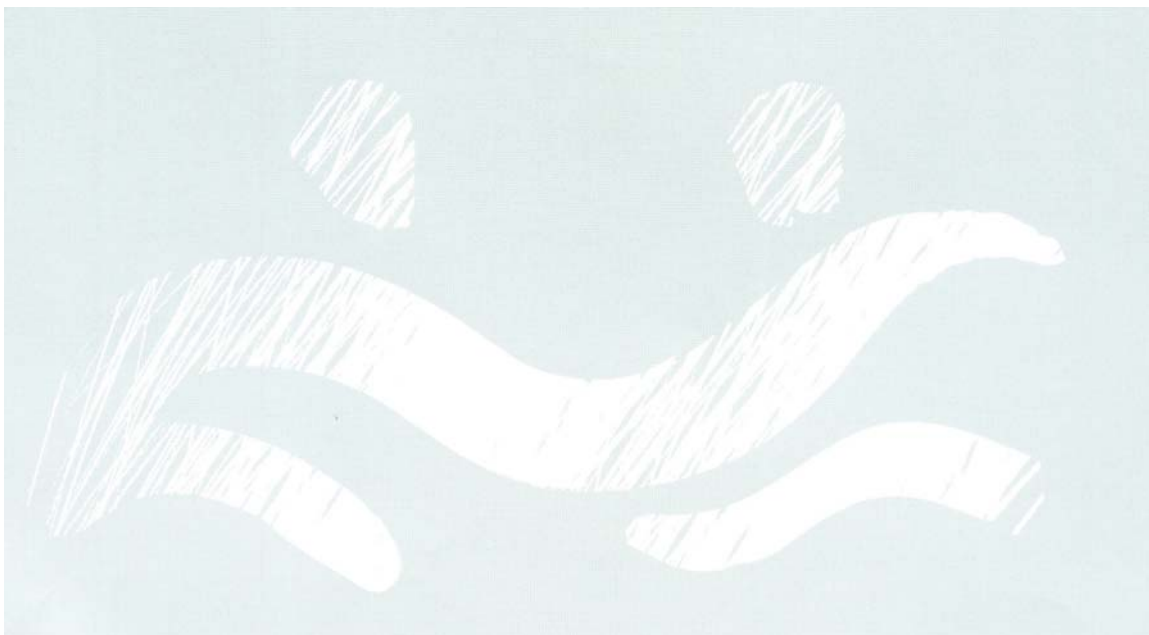
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mission statement

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 center, and seeks to harness and build on the commitment and good will shown by the statutory, community and voluntary organizations to work together to achieve this end.



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Section one

Introduction & Review of Progress in Implementing the Existing Plan

This second Area Action Plan aims to build on the work of the Clondalkin Drug Task Force to date, and address new issues and challenges facing Clondalkin at the start of a new century. In February 2001 the Cabinet Committee on Social Inclusion approved £820,000 Phase 1 Funding to support a number of actions identified in this plan (Appendix 1). It is expected that the remaining actions will be supported in Phase II Funding which will be allocated in October 2001 (Appendix 2).

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.

Issues Identified and Strategies Proposed in the 1997 - 1999 Plan

The plan placed an emphasis on the importance of education and prevention strategies. Projected costs were divided between education/prevention and treatment/rehabilitation on a 70:30 basis. 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. Appendix 3 summarises the proposed interventions and the actual initiatives put in place

Fourteen of the projects outlined in Appendix 3 were evaluated as part of the evaluation/mainstreaming process. All 14 projects were recommended to be mainstreamed, a further two projects are due to be evaluated in the next round of the mainstreaming process.

In considering these evaluations and others 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 volunteer workers needs to be addressed.

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 conducting a review of its existing strategies in the context of preparing its new development plan the following issues were highlighted:

- 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 implementation 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

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 Department of Education & Science 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 coordinated all the way up.

Conclusions

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 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.



Section two

Development of a Revised Strategy

This Consultation and Planning Process

In addition to the research and data collection referred to below, the Task Forces's consultation process was conducted by means of: Task Force Reviews. Public Consultations and 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 that 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 that 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 socio 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.

Public Consultations

To ensure as broad an involvement as possible the Task Force prepared an information leaflet that 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 that 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.

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

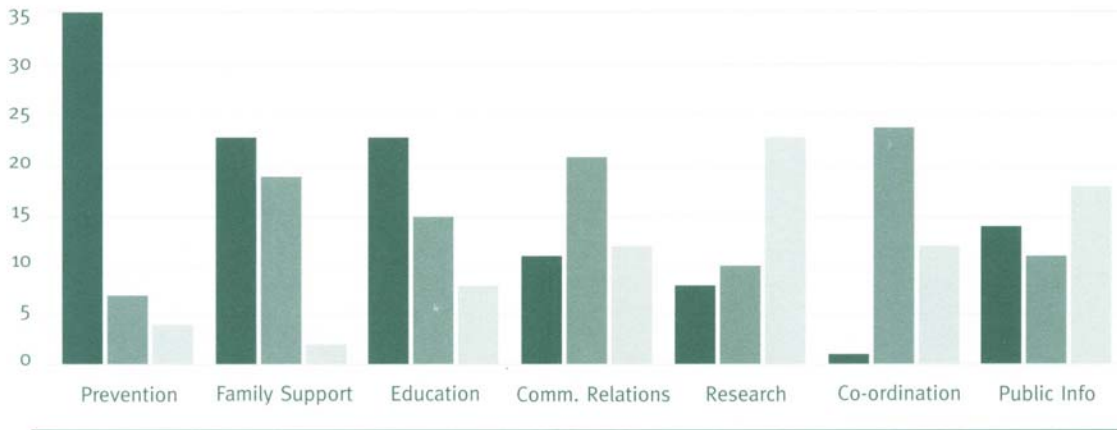


Figure 2, shown opposite, summarises the issues identified as most important by the 62 people who completed the ratings questionnaire. As can be seen prevention, treatment and aftercare were rated as the top three priorities.

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 Figure 3, shown opposite. Detailed terms of reference were drawn up for each group with membership consisting of Task Force members and relevant state, community and voluntary interests.

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

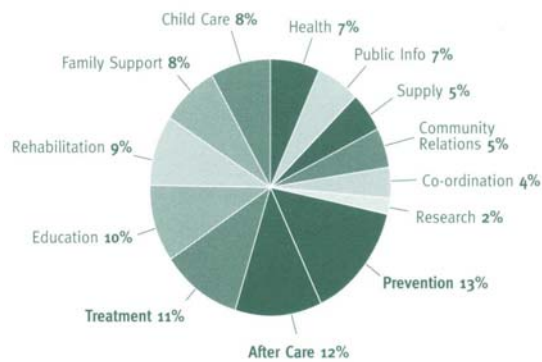
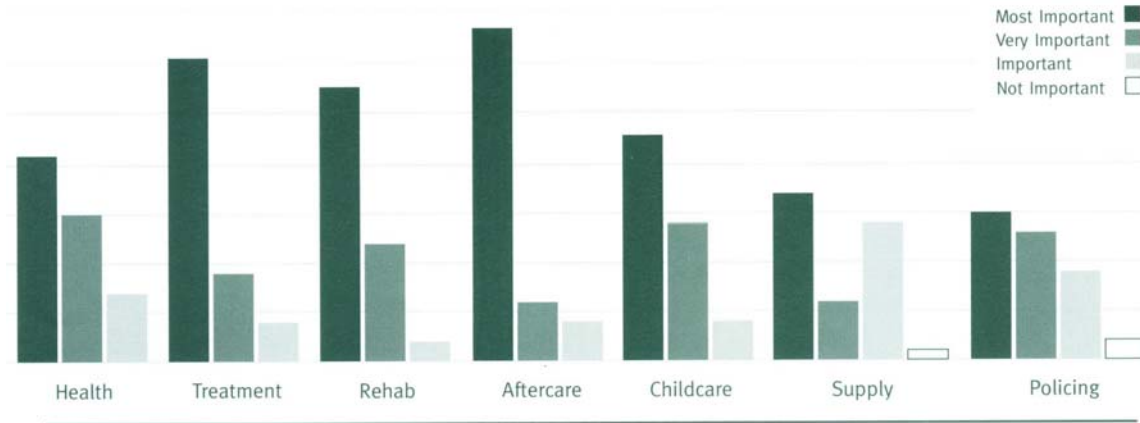


Figure 2 Issues Identified as Most Important



Figure 3 Sub Group's and their Issues



The Current Extent and Nature of the Drug Problem in Clondalkin

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.

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 study 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.i. 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 i, 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 1 Clondalkin Residents Accessing Treatment Services 1996 - 1998

District Electorate	Frequencies		
	1996	1997	1998
Division (DED)			
Clondalkin – Cappaghmor	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%)
Plamers town 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 2 shows the number of individuals who accessed methadone treatment programmes July - December 1999

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.**

Table 2 Numbers Accessing Methadone Treatment (July-Dec) – CASP

Gender	Number
Male	44
Female	23
Total	67

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 3 shows the number of drug users who have been in contact with the centre since September 1999.

Table Number Presenting for Support - Bawnogue Youth and Family SUDDOI-T Group

Gender	Number
Male	50
Female	30
Total	80

South West Area Health Board Services

Aisling Clinic

The Aisling Clinic provides maintenance and detoxification programmes for those residing in Care Area 5. Table 4 shows the number of clients from Clondalkin presenting for treatment as of March 2000.

Table 4 Number 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 out-patient detoxification. Table 5 shows the number of clients from Clondalkin presenting for treatment as of March 2000.

Table 5 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

Carroll (2000) 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 detoxification, ranging from one to twelve times. 31% had availed of an in-patient detoxification
- 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. Carroll'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 childcare services (this, of course, is not the entire population of children who have drug using parents).

The childcare services range from pre-school to creches 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 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 drug related training available and an increase in local service provision for drug users.

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.
- Un-coordination of services
- Lack of services for difficult and entrenched users.

An Assessment of Whether Current/Planned Service Provision

Meets Current or Anticipated Need

The Task Force identified 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 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. Table 6 outlines the gaps identified in current and planned service provision.

Table 6 Profile of Gaps Identified in Current and Planned Service Provision

Statutory Service	
Agency	Gaps Identified
1. South Western Area Health Authority	<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
2. South Dublin County Council	<ul style="list-style-type: none"> • Mediation Service • Advocacy Service

Table 6 Profile of Gaps Identified in Current and Planned Service Provision

Statutory Services	
Agency	Gaps Identified
3. Department of Education/VEC	<ul style="list-style-type: none"> • Support in implementing school based prevention programmes • Youth School Drug Policies • Long Term Education Facility for young people under 15 years • Behaviour Unit – to prevent exclusion form school of difficu students
4. Gardai	<ul style="list-style-type: none"> • Arrest Referral Scheme
5. Probation & Welfare	<ul style="list-style-type: none"> • Prison Link Worker
6. FAS	<ul style="list-style-type: none"> • Continuation of Drug Task Forces Community Employer places
Drug Drug Awareness/Education/Prevention	
Agency	Gaps Identified
1 Youth Support & Training Unit	<ul style="list-style-type: none"> • Referral & training options for under 15 years • Outreach support worker to track early school leavers under 1 years • Support programme for young people exhibiting behaviourz issues
2. Carline Project	<ul style="list-style-type: none"> • Limited number of places available - more places should be mad available to younger early school leavers under 15 years
3. CARA Project	<ul style="list-style-type: none"> • Limited number of training opportunities for young early schoe leavers
4. Teencounselling	<ul style="list-style-type: none"> • Service is only available to younger drug users and their families
5. Education Co-ordinator	<ul style="list-style-type: none"> • Support to schools in implementing school based preventio programmes • School Drug Policies • Training of parents in co-facilitating School based dru prevention programmes • No designated worker to work specifically with schools
6. The Tower Programme	<ul style="list-style-type: none"> • Community based Prison Links Worker
7. Clondalkin Traveller Development Group	<ul style="list-style-type: none"> • Racism training for support services • Referral service
8. Cumas Project	<ul style="list-style-type: none"> • Targeted support for children of drug users • Work with younger children who may be experiencing difficult as a result of drug use in the home

Treatment Programmes and Services for Drug Users

Agency	Gaps Identified
1. Clondalkin Addiction Support Project (CASP)	<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
2. Bawnogue Youth & Family Support Group	<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
3. Treatment and Rehabilitation Budget	<ul style="list-style-type: none"> • Aftercare Support Groups • Rehabilitation Support
4. Community Drug Team	<ul style="list-style-type: none"> • Availability of child care workers to carry out intensive one to one work with children of drug users
5. Childcare	<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
6. Cairdeas Project	<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
7. Ronanstown Youth Service	<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
8. Partnership	<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'

In reviewing this information the Task Force has summarised the gaps in service provision under the four key areas of Education, Treatment, Rehabilitation and Supply.

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, late night 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.



section three

The Revised Strategy

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 base line data 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 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, oo’). 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 enhanced 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. The issues identified are as follows:

- **Homelessness** – as stated previously homelessness is a multidimensional issue and therefore requires an integrated response involving 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 Detoxification Facilities for 13-18 Years** – a greater number of Residential Detoxification 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 detoxified. 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 planning for the long-term impact of Hepatitis C on communities and families.
- **Benzodiazepine Misuse** – the misuse of Benzodiazepines 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 remaining 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 Task Force

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

- respond to identified need and gaps;
- are realistic and realisable;
- complement the services of other agencies;
- build on existing strengths in the community; and
- 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. They are presented in summary form, with an accompanying indication of the service gaps/priority concerns being addressed.

Summary of Proposed Initiatives	
<p>Education/Prevention Behaviour Unit Mentor Programme Educational Facility - under 155 Junior Cert. Tuition Evening Youth Activities Schools Drugs Education Worker Programmes for 'at risk' Students Youth Activity in Schools Public Information</p>	<p>Service Gaps/Priority Concerns Addressed 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</p>
<p>Treatment Home Detoxification 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 Late night Drop-In Service for Active Users Childcare Fund Childcare Worker Drug User Forum Mentoring Project Out-reach Youth Drugs Worker Family Support Workers Locally based Counselling Service Late Night Drop-In for Families</p>	<p>Service Gaps/Priority Concerns Addressed 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.</p>
<p>Rehabilitation Locally based Support Structures After Care Support Groups</p>	<p>Service Gaps/Priority Concerns Addressed In these actions efforts will be made to build up progression options and a network of support services at local level</p>
<p>Supply Mediation Service CCTV Project Research Findings</p>	<p>Service Gaps/Priority Concerns Addressed These actions will provide a medium through which drug related conflict in the community can be addressed and will provide a resource that 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.</p>



section four

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 and finally they oversee the work of the project being carried out in the programme area. 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 actions 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.

The Task Force is also developing structures with the local community and public representatives to ensure that they are informed of the work of (he 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 resources 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.

Projected Costs Cumulative Costs Summary

Cost Heading	Total
Education/Prevention	322,000
Treatment	625,000
Rehabilitation	80,000
Supply	125,000
Implementation Costs	60,000
Total	£1,212,000

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appendix one

Area Action Plan 2001 – Phase 1 Funding			
Action	Budget	Description of Action	Target Group
Education/Prevention			
Support for Youth Activities in the Evening	£40,000	The creation of a fund to develop specific evening programmes for young people	Young people in early stages of drug misuse
Schools Drugs Worker	£50,000	Employment of a Schools Drug Education Worker. Establishment of a fund to support the development/implementation of Prevention Programmes and resource materials. Training of parents as facilitators in the 'Walk Tall' and 'On Your own Two Feet' programmes	All schools in Clondalkin, Parents and Students
Public Information	£10,000	Provide ongoing accurate information in relation to local drugs issues and the work of the Clondalkin Drug Task Force.	Community in general
Treatment			
Home Detoxification Team	£60,000	Establishment of a Home Detoxification Team Drug Users based on model of good practice identified from other areas.	Drug Users
Drug Support Worker	£35,000	Employment of a Key Drugs Worker to work with GP's.	Drug Users and their families
Gender Specific Support Groups for Drug Users	£20,000	Development of gender specific support groups, which will enable the participants to explore their gender role.	Drug Users
Psychological Services	£20,000	To acquire the services of a Clinical Psychologist to provide assessments, develop care plans and training	Drug Users
Complimentary Therapies	£20,000	To establish a fund for locally based services to facilitate the provision of complementary therapies to their clients	Drug users and their families

appendix one

Area Action Plan 2001 – Phase 1 Funding			
Action	Budget	Description of Action	Target Group
Education/Prevention			
Primary Health Care Team	£100,000	Specialised team to offer a complete accessible primary health care service.	Homeless, substance users and their families/partners, young people
Outreach Workers for Homeless	£60,000	Employment of two Out-Reach Workers to work with Homeless Drug Users in Southwest and North Clondalkin	Homeless Drug Users
Drop-In Service	£55,000	Establish Drop-In Service staffed by an Out-Reach Worker, Nurse and a Support Worker/Receptionist	Active Drug Users
Outreach Youth Drugs Worker	£25,000	Employment of an Out-Reach youth Drug Worker to work with target group and their families in the evening	Young substance misusers under the age of 18 years
Prison Link Workers	£35,000	Employment of a community based prison Link Worker to work with prisoners from the Clondalkin area who wish to receive support around their drug use when entering or leaving a place of detention.	Drug Users and those who are drug free leaving prison
Subsidised Childcare	£20,000	To establish a fund for childcare services for children of drug users.	Drug Using parents
Childcare Worker	£30,000	Employment of one child-care worker to provide one to one/group interventions with identified children and their parents.	Children of drug Users
Drug Users Forum	£20,000	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.	All current and ex-drug users in the Clondalkin area

appendix one

Area Action Plan 2001 – Phase 1 Funding			
Action	Budget	Description of Action	Target Group
Education/Prevention			
Mentoring Project	£10,000	Develop mentoring scheme for drug users with approved mentors	Stable/Drug Free Users and approved Mentors
Family Support Workers	£70,000	Employment of Family Support Workers for the families of drug users.	Families, Carers and Partners of Drug Users
Locally based Counselling /Family Therapy Service	£35,000	Establishment of a locally based counselling service to provide one to one counselling and family therapy to the target group.	Families, Carers and Partners of Drug Users
Late Night Drop-In Service for Families	£10,000	Establish late night Drop-In for families, staffed by a Counsellor, Family Support Worker and Receptionist	Families, Carers and Partners of Drug Users
Rehabilitation			
Progression Workers	£60,000	The employment of two locally based Progression Workers whose role would be to work with the client group in identifying suitable progression routes	Stabilised/drug free individuals
After-Care Support Groups	£20,000	Establish after-care support groups supported by a counsellor and facilitator	Drug Free individuals
Supply			
Mediation Service	£15,000	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.	Drug users, community groups, Statutory Agencies and groups in the voluntary sector
Total	£820,000		

appendix two

Area Action Plan 2001 – Phase 1 Funding			
Action	Budget	Description of Action	Target Group
Education/Prevention			
Behavioural Unit	£130,000	Establish a Unit which will develop a range of teacher training programmes; specific internal supports to deal with these young people within the school system and a Specific Behaviour Programme – withdrawal of a select group of students who participate in a behavioural programme for designated short period of time	Students who are presenting with challenging behaviour aged 12-15years
Mentoring Programme	£10,000	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.	Young people aged 13-15 years
Educational Facility for Under 15 year olds	£50,000	The facility will include a central identification and referral mechanism for target group; basic skill development, on-going educational opportunities and activities and exploration of re-entry to training opportunities once people are over the age of 15.	Early School Leavers under 15 years
Short Term Tuition for junior Cert Students	£2,000	Provision of short-term tuition for junior Certificate subjects. Support in accessing future school places.	Young people excluded from school prior to junior Cert.
School based Youth Worker	£30,000	Youth Worker to be employed to work directly with schools to develop and implement school based youth activities	Post primary Students
Supply			
CCTV	£100,000	Installation of a CCTV system in communal areas where dealing is carried out openly. System to be monitored on a 24hour basis.	Community, Stabilised/Recovering Drug Users

appendix two

Area Action Plan 2001 – Phase 1 Funding			
Action	Budget	Description of Action	Target Group
Education/Prevention			
Research	£10,000	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.	Community, Drug Users, Locally based Services
Implementation Costs			
Performance Indicators	£10,000	Development of detailed performance indicators to ensure effective monitoring of new actions	Project Promoters, Task Force
Project Development Worker	£30,000	Employment of Project Development Worker to support the development and monitoring of new actions.	Project Promoters, Task Force
Administrator/Secretary	£20,000	Employment of Administrator/Secretary to work with Task Force	Task Force
Total	392,000		

appendix three

Clondalkin Drug Task Force 1997 – 1999		
Strategic Theme	Possible Actions 97' – 99' Plan	Project/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. Drug Education Co-ordinator appointed
	Locally based Drug Education/Training Programmes 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 group to provide activities for young people
	Drop In Centres Re-Integration Training	3 local group supported to develop Drop-In Centres 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
Treatment & Rehabilitation	Community Policing Forum Links to Education & Training	Forum established in North Clondalkin 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.

appendix three

Clondalkin Drug Task Force 1997 – 1999		
Strategic Theme	Possible Actions 97' – 99' Plan	Project/Activities Put in Place
		Part of this funding was used to develop a Community Drug Team to provide an intensive social work and childcare 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
	Ensuring Child Welfare Co-ordination & Policy Development	This strategy was re-allocated to support the employment of a Project Development Worker
Infrastructural	Support for the development of families centres and other community infrastructure	Set up refurbishment support provided to eight Community based projects

appendix four

Clondalkin Drug Task Force Members	
Name	Affiliation
Chairperson	
Ms Aileen O'Donoghue	Clondalkin Partnership
Statutory Sector Representatives	
Mr Kevin Kane	South Dublin County Council
Sgt Frank O'Reilly	Gardai
Ins John Hayes	Gardai
Ms Ita Burke	Probation & Welfare Service
Mr Des Murray	FAS
Ms Louise Devlin	South west area Health Board
Mr Brian Flemming	Vocational Education Committee
Ms Marry Jackson	National Drug Strategy Team
Voluntary Sector Representatives	
Ms Murial Boothman	Clondalkin Addiction Support Programme
Ms Kathleen Keelahar	Teencounselling Service
Sr Patricia Kidd	Carline Project
Ns Enda Kenny	Collinstown Park Community College
Mr Vincent Jackson	Clondalkin Youth Service
Mr Eddie D'Arcy	Ronanstown Youth Service
Community Sector Representatives	
Mr Tony Furlong	Bawnogue Youth & Family Support Project
Mr John Bennett	North Clondalkin Community Development Programme
Ms Deirdre MacMahon	South West Clondalkin Community Development Programme
Ms Anne Costello	Clondalkin Travellers Development Group
Co-ordinator	
Mr Enda Barron	Co-ordinator CDTF

useful numbers

Treatment

Eastern Health Board

Drugs/HIV Helpline

Monday to Friday loam – 5pm
Ph: 1 800 459 459

Ailsing Clinic

Maintenance/Interim programme for Drug Users.
Initial assessment for inpatient detoxification
Assessment - no appointment necessary

Monday to Wednesday 2pm - 4pm
Counselling and Support Service Provided Ph: 620 6010

Fortune House

Outpatient detoxification programme for both smoking and injecting drug users Assessment - no appointment necessary

Monday to Wednesday 2pm – 4pm
Counselling and Support Service Provided Young Peoples Programme (under 18's)
Ph: 620 6030

Deansrath Health Centre

(Detoxification Programme)
Ph: 457 4060

Drugs/After Care/HIV & Hepatitis Support

Clondalkin Addiction Support Programme

Ph: 623 8000/623 8030

Bawnogue Youth & Family Support Group

Ph: 457 2938/457 2957

Merchant's Quay Project

Ph: 679 0044

Dublin Aids Alliance

Ph: 873 3799

St James – STD Clinic

Ph: 416 2315/6
Monday to Friday 9.30am – 11.00am

Needle Exchange & Health Information

Aisling Clinic

Monday 2.00 – 4.00pm

Ballyfermot Health Centre

Tuesday 2.15 – 4.30pm

Inchicore Health Centre

Thursday 2.15 – 4.30 pm

Merchants Quay Project

Monday to Friday 2 – 4pm

Family Support

Bawnogue Youth & Family Support Group

Ph: 457 2938/457 2957

Clondalkin Addiction Support Programme

Ph: 623 8000/623 8030

Cumas

Ph: 457 3515

Community Drug Team

Ph: 620 6400

Parentline

Ph: 873 3500

Beacon of Light Counselling Centre

Ph: 457 8700

useful numbers

Other Useful Information

Cairdeas Project

(Drug Users Forum)

Ph: 457 3515

Clondalkin Drug Task Force

Ph: 457 9445

Clondalkin Youth Service

Ph: 459 4666

Carline Project

Ph: 624 9965

Ronanstown Youth Service

Ph: 457 0363

Teencounselling

Ph: 623 1398

Youth Support & Training Unit

Ph: 457 9444

UISCE

Ph: 873 3799

Narcotics Anonymous

Ph: 627 8000

Deansrath Health Centre

Ph: 457 4060

Rowlagh Health Centre

Ph: 626 3615

Boot Road Health Centre

Ph: 459 2549

Garda Confidential

Ph: 1800 666 in

City-Wide Drug Crisis Campaign

Ph: 836 5090

Services for the Homeless

E.H.B. West Charles Street

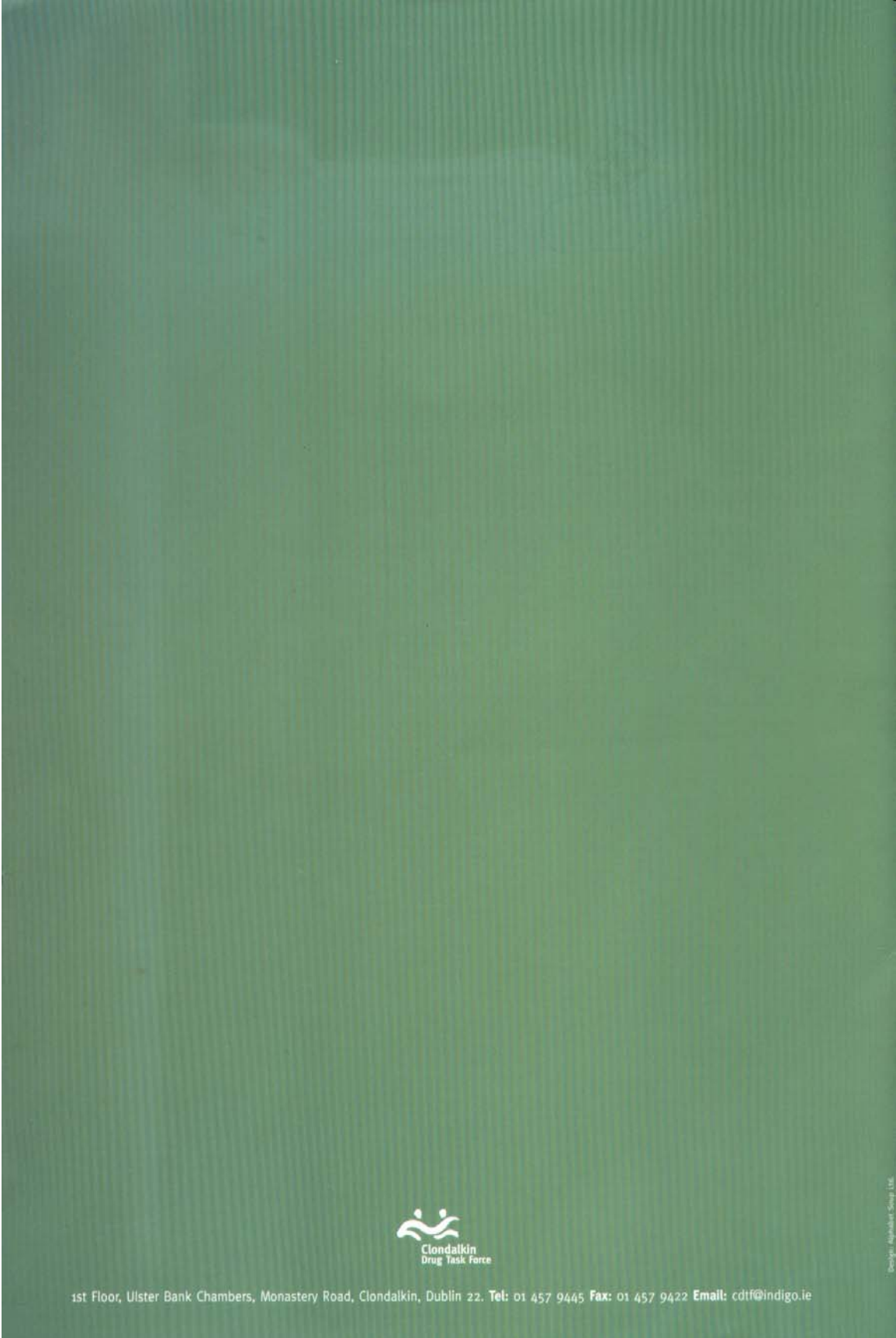
Ph: 872 5104

Out of Hours

Ph: 1800 724 724

Focus Point/Advice & Information Crisis Desk

Ph: 671 2555



Clondalkin
Drug Task Force

1st Floor, Ulster Bank Chambers, Monastery Road, Clondalkin, Dublin 22. Tel: 01 457 9445 Fax: 01 457 9422 Email: cdtf@indigo.ie

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