

BALLYFERMOT DRUGS TASK FORCE

INTERIM SERVICE PLAN

**APPROVED BY TASK FORCE
6th June 1997.**

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MISSION STATEMENT

Ballyfermot Drugs Task Force exists

to look at the potential of existing drug services,
to identify gaps within these services and
to develop proposals which will tackle the problem of drugs in Ballyfermot.

The Task Force aims

to monitor the implementation of the developed proposals and
to encourage a more integrated co-operative delivery of local services.

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BALLYFERMOT DRUGS TASK FORCE

INTERIM SERVICE PLAN.

1. Introduction

The Ballyfermot Drugs Task Force was set up in March 1997. The primary focus of the task force is to identify the means to reduce the demand for heroin in the Ballyfermot area. The task force is comprised of representatives of local residents, the local voluntary and community organisations and the key statutory agencies. Over the first two months a series of meetings and consultations took place to identify the main issues in relation to the scale of heroin abuse and the impact on the individual addict, their families and the wider community.

This strategic plan sets out the main issues to be addressed and proposes a range of measures which require to be implemented to reduce the demand locally in the short and long term. The interim plan was formally approved by the Ballyfermot Task Force on 6th June 1997 and then submitted to the Government for funding allocation. The plan is presented as an immediate response which needs adequate resources to implement. The plan is also considered as a consultative document which will require to be widely disseminated in the area to ensure that residents can express their views on the content and proposals and to raise awareness of the scale of the crisis which now confronts the people of Ballyfermot. It is intended to produce a further integrated plan later in the year.

Aside from obtaining local support for the actions proposed, the other main difficulty to be overcome is the capacity of an already over stretched local voluntary and statutory infrastructure to carry out the projects needed and the almost total lack of suitable facilities in the area. This interim plan concentrates on addressing these immediate issues.

2. Profile of area

Ballyfermot has been identified as the most seriously disadvantaged area in the Irish state, with the highest concentration of unemployment and low income. This has been established from scientific research undertaken for the Department of the Taoiseach and by the Combat Poverty agency and reconfirmed by the area based analysis completed on thirty nine disadvantaged areas in Ireland. There are now over four thousand people signing on as unemployed in a population of twenty six thousand. A higher than average number of local residents have left school early and some serious difficulties have been identified in the schools system. The living environment has deteriorated in recent years and despite the fact that Ballyfermot has less than half of the required open space the process of house building by both the private sector and the state has increased in the last four years in the face of local opposition. There has been little additional public expenditure in the area in the last ten years and this resulted

in a serious decline in living standards. Despite the range of serious social problems arising from persistent long term unemployment there is a long and vibrant tradition of local community organisation aimed at overcoming the problems which beset the area due to Government neglect.

Almost all of the improvements which can be identified over the years were won as a result of local community action and strong solidarity among the residents. In this context it is very worrying that it has proved so difficult to respond to the drugs menace which has rapidly taken hold in recent years and resulted in so much misery and death among our community. The difficulty in organising resistance is partly because of the profits being earned by highly organised criminal gangs operating locally. In many cases these have been allowed to gain a hold and have proved ruthless in protecting their trade. The Task Force believes that it will not be possible to achieve a reduction in demand in the longer term if the supply situation is not tackled with all the force of the law.

3. The Scale Of Drug Abuse.

It has proved difficult to identify in any conclusive way the scale and spread of heroin abuse in the Ballyfermot area for the obvious reason that it is an illegal trade and the statutory agencies are not in possession of the full facts. The Ballyfermot Task Force used a number of sources to establish the scale and extent of heroin abuse in the area. These included the numbers receiving treatment in 1995, the current attendance at the Eastern Health Board clinics, the Garda statistics on addicts arrested, and estimates provided by voluntary agencies such as Merchants Quay and local youth and community groups.

The Ministerial report on Measures to reduce demand (1996) mapped the areas in Dublin City with the highest concentration of heroin abuse and showed that Ballyfermot was unique among all of the areas identified in the fact that all of the wards had a high level of heroin addiction among their residents. The report also showed that in 1995 within the six Ballyfermot wards Cherry Orchard (C) had over 120 registered addicts receiving treatment (the second highest incidence in Dublin), Drumfin and Decies wards had between 40-59, and Cherry Orchard (B), Kylemore and Kilmainham (A) had between 20-39 receiving treatment in 1995. The use of the higher figures shows a total of 360 local residents obtaining treatment for heroin abuse in 1995. These statistics did not include the incidence of heroin addiction among prisoners in Wheatfield Prison which is also in the area.

More recent figures provided by the Eastern Health Board and the Gardai show that almost 200 are attending or awaiting treatment in the Aisling Clinic in Ballyfermot alone and the Gardai estimate from the postal address on their custody records that there are at least 600 heroin addicts in Ballyfermot. The Merchants Quay Drug Treatment Centre estimates a total of 800 addicts in Ballyfermot and local youth and community organisations have noted a significant increase in heroin smoking among young people who are not yet presenting themselves for treatment. Based on the official statistical estimates and the local experience for the purposes of this interim plan the Ballyfermot Drugs Task Force is accepting an estimate of over 1,000 heroin

addicts resident in Ballyfermot. If this total is accepted this could mean that over 5,000 people among our community are directly effected by heroin addiction and the extreme misery that results from this drug abuse.

The scale of heroin supply locally is also adding to the continuing rise in addiction. Ballyfermot has been known for a long period as a major source of heroin. Open illegal dealing has been occurring at the main shopping areas, the public parks, direct from houses and in specific locations almost without disruption for the past five years. It is still unclear as to why this dealing was allowed to develop and expand by the Gardai despite continuous complaints from local residents, local Councillors and T.D's, the shop keepers and the schools. In the early part of 1997 due mainly to the success of Community anti-drug Groups in other parts of the city a major increase in demand was experienced in Ballyfermot from large numbers of people arriving from other parts of the city and the country. In response to street protests from local residents and a high media focus on the area the local Gardai introduced an effective and large scale assault on the problem. In the four months from January over 2,500 people were detained under the Misuse of drugs act in Ballyfermot. Over 80% were not residents of the area. 50 drug dealers were arrested and charged, all were then released on bail. A total of £370,000 was seized in drugs and cash The position regarding supply is highlighted in this plan and-there are specific proposals in relation to the problem because in the absence of a continuous priority to tackle and eliminate illegal drug supply locally the measures proposed to reduce demand will be largely ineffective in the longer term.

4. Local surveys.

As part of the preparation of the plan a number of small opinion and information surveys were carried out by members of the Task Force. These provided important perspectives which informed the work of the Task Group. These were undertaken among young heroin users, among school teachers in local schools and among the residents in one of the housing areas in Ballyfermot most seriously effected by drugs. The results are summarised below.

The survey among young Heroin users, carried out by the Task Force principally heroin smokers, which was a qualitative type survey, indicated that the amount of money spent on drugs by respondents was very high. The respondents recognised no alternatives to drug use. Asked why they used drugs they cited a lack of available support and insufficient information and facts about drugs use as the main reasons. Most replied that they had gained knowledge/information about drug use through their own experimental use of drugs. The age range of drug users known to them was 12 to 55 years.

Treatment facilities were recognised as a priority, with talks by ex-users, or those in recovery, giving real life facts and the use of drama and the arts being seen as some of the responses that are needed.

A survey of local schools, both primary and post primary, and youth organisations in April '97 elicited the following results. Four out of the seven schools which responded

indicated that they had a drugs education programme, three of which used guest speakers, counsellors and one which included drug education as part of its Pastoral Care Programme. Five replied that there was a need for more educational programmes in schools, four a need for more involvement by the Gardai and one for more involvement by parents. Three had no anti drugs policy but drugs are banned from their schools and two had an active anti drugs policy. There was confusion as to how to handle situations where someone may be using or selling drugs in schools.

5. Preparation of plan.

At the first meeting of the Task Force in March a terms of reference was agreed (see attached). It was decided that in order to prepare an interim plan that a consultation process would be undertaken both to agree the principal issues which would require to be addressed and to obtain ideas and proposals which could be contained in the plan. A series of meetings were arranged locally and over two hundred people participated in working groups which debated and decided the main issues and put forward a wide range of ideas to tackle each of the key areas of concern.

Contact was made and meetings were also held with the voluntary and statutory agencies seeking specific investment proposals from them which could be introduced in response to the drugs problem. All the proposals received have been included in the interim plan. The members of the task force also divided into small working groups and examined and reported on selected elements of the plan. Through advertisements in the local media the views and ideas of other local residents were sought. Each stage of the plan was presented to the Task Force meeting and agreed. The following is a summary of the key issues identified through this process and these provide the five strategies under which the various proposed measures are set out. In addition specific recommendations which have emerged from the meetings are also outlined below.

5. Strategies and measures

In summary, the key issues identified as a result of the processes outlined above broadly divide into the following five strategies a) increasing awareness, b) reducing supply, c) treatment and rehabilitation, d) gaps in voluntary/statutory provision and e) support for addicts, parents, families and communities: The plan contains twenty individual measures at a projected cost of £1.2 million, summarised in appendix 1.

The outline strategies and measures presented below are agreed by the Task Force and include their proposed outcome, the beneficiaries, targets and management and implementation procedures. The plan is presented as an integrated approach and therefore it is important that the total resources required are available to implement the whole plan. The investment proposals, outlined in appendix 2, which were received from the named organisations are included as the means to deliver the key elements contained in the plan and are associated with specific measures. In some cases these proposals will require additional resources when the final plan is prepared by the Task Force later this year.

STRATEGIES AND MEASURES.

STRATEGY A: INCREASING AWARENESS

It is recognised that the need to increase awareness about the problem of drug abuse is a key prevention strategy. The measures proposed target people of all ages with particular emphasis on the young and vulnerable.

MEASURES

Measure 1: The development of appropriate interventions for use in schools.

Specific programmes will be delivered as part of the school curriculum, in both primary and secondary local schools. These programmes will use appropriate specialist external agencies to provide information and utilising drama and art as methods of encouraging pupils to develop a broad understanding of the consequences of drug misuse and the effects of addiction on the individual, family and the community.

Action.

1.1 It is proposed that an education expert with knowledge of the drugs issue will be retained to prepare the design, content and approach for the tailored course. This will be done in consultation with the Community, schools and Department of Education for introduction in September 1997.

Dublin based education providers will be contracted to organise and deliver the courses. Local arts/drama groups will be contracted for this purpose. Specific teachers will be identified in each school to take responsibility, as special posts, for this intervention. Proposed cost £2,000. Annual cost £10,000.

Delivery: Community/voluntary groups, schools and parents.

Action.

1.2 It is proposed to provide access for local teachers to specialised training programmes aimed at developing counselling and drug awareness skills. The West Dublin Training Centre will be approached to provide these courses specifically for Ballyfermot schools. Cost per ten teachers £7,000

Delivery: Local school principals/assigned teachers.

Measure 2: Information programmes for parents.

The schools will also be requested to provide information literature for parents and to convene meetings for parents specifically on the drugs issue. The role of parents as educators of their children can be strengthened if they have access to accurate, easily understood information. The information can be delivered to the individual or collectively using a variety of means including appropriately trained local people in settings which already attract groups of parents.

Action.

2.1 It is proposed that the Home/school liaison scheme be used to target information and awareness programmes at local parents. Cost. Drug activity budget for all schools. £5,000.

Delivery: Home School Liaison Teachers.

Measure 3: Using Youth/Peer pressure to deliver alternative messages.

A new programme will be introduced which will involve young people in meeting their own educational needs. Stabilised drug misusers who openly talk of their experience of drug misuse impact strongly on those who might be at risk. Equally the role of youth groups and organisations in presenting the alternatives to drug misuse is acknowledged as a powerful influence on those who are vulnerable, the programmes to be developed will combine both strands, tapping into the creativity and energy of youth and engaging them as one of the prime educators of their peers.

Action.

3.1 It is proposed that a specific programme be designed for local community and voluntary groups, including youth groups in order to develop local anti-drugs policies this will provide drug information and wider awareness by the provision of education and training programmes. Budget for local youth groups. Cost £10,000.

Delivery: Ballyfermot Youth Federation.

Measure 4: Raising awareness in the community.

The impact of the problem is felt by all sectors of the community. Residents, employers, local workers and community organisations need to be aware of the effects of drug misuse. The need is to actively involve them in tackling the problem by encouraging them to develop awareness of the effects on the individual, family and community. National media will be encouraged to report on the positive aspects of Ballyfermot community life and activity.

Action

4.1 It is proposed to undertake a locally based advertising campaign aimed at the general public and in the schools. This will be launched using local newspapers, flyers, leaflets and billboard posters. Badges could also be used effectively to highlight issues. A professional design and promotion company will be retained to prepare and introduce this project prior to the new school year in September. Cost £15,000

Delivery: Ballyfermot Drugs Task Force.

4.2 The Ballyfermot Community College will be requested to produce an information video for local circulation through the video rental stores and the schools and other organisations. The video could also be shown in local banks, schools, and shops. Cost £10,000

Delivery: Ballyfermot Community College.

TARGET GROUP:

Schools
Youth start, early school leavers
Local Clubs
Youth Groups
Drug Abusers
Children at risk

BENEFICIARIES:

Whole Community

POTENTIAL BENEFITS:

Better environment
Better life for drug users themselves
Healthier life for everyone
Less fear
Less crime, benefit for business

STRATEGY B: REDUCING SUPPLY

Reducing supply will not necessarily reduce demand. It is a strategy, however, which needs to be implemented in order to ensure that there is not easy access or availability of drugs in the community.

MEASURES

Measure 1: Facilitating the role of the Gardai.

Gardai recruits are trained in all aspects of drug addiction and drug related problems/crimes. The role of the Gardai can be developed beyond their traditional one of law enforcement and can include the development of an advisory, referral and information service for offenders with whom they have contact. Purchasing houses within particular localities would act as a deterrent to would-be drug pushers and would enable intelligence gathering. More formal liaison and community involvement is required in local policing.

Action

It is recommended that the Gardai should implement more undercover operations against drug pushers and would also extend the role of the Criminal Assets Bureau to a local level only in relation to drug dealing profits.

It is recommended that the role of the taxi operators in relation to the drugs problem should be looked at - including that the Gardai seek a meeting with the Taxi Federation to ascertain the veracity of the various allegations.

It is recommended that a formal liaison committee be established between community representatives, senior Gardai and relevant statutory agencies to provide regular information on policing, to develop and maintain effective community involvement in local policing and to resolve difficulties arising at a local level.

1.1 It is proposed that local Gardai undergo an introductory programme to local community issues and the drugs situation. This will be facilitated by the Community Guards in conjunction with local community and statutory agencies. Budget £1,000.

Delivery: Ballyfermot Garda.

1.2 It is proposed that an external professional evaluation be carried out on the experience of intensive policing in the area over the first five months of 1997. The report will be prepared in consultation with the Gardai and the people of the areas concerned with a view to identifying the impact on local residents and the efficient and effective use of additional Garda resources. Cost £3,000.

Delivery: Ballyfermot Drugs Task Force.

1.3. It is proposed that the Gardai will issue information leaflets/posters to offenders with whom they come in contact. The leaflet will contain information on

treatment and counselling. An effective fast track referral service for local addicts who are brought in to custody will also be introduced. Budget for information £2,000

Delivery: Ballyfermot Garda Station.

1.4. It is proposed that the Gardai should obtain houses/shops from Dublin Corporation in the areas of Cherry Orchard and Lower Ballyfermot which could be used on a short term basis as community Garda stations and developed as community facilities in the longer term. This would act as a deterrent to would-be drug pushers and would expand the community policing role. Refurbishment and or rent costs. £30,000

Delivery: Dublin Corporation/Garda Siochana.

Measure 2: Controlling the supply of Methadone.

Methadone, a controlled drug, must be properly prescribed, dispensed and administered. This applies to existing and any proposed treatment centres and to the involvement of local G.P.s. Proposed changes in the legislation for the prescribing of Methadone need to be enforced. It is acknowledged that there is need for more local treatment options/services for the resident drug misusers of Ballyfermot.

It is recommended that Methadone supplied and administered by local treatment centres should be issued on a daily basis only.

2.1 It is proposed to introduce a formal arrangement between local Doctors and Chemists to supply Methadone in the area. A group representing these services will be convened by the Task Force and they will be encouraged to develop more accessible services for local addicts and to co-ordinate and improve the range of treatments available. Budget £1,000

Delivery: Ballyfermot Drugs Task Force/Local Doctors & Chemists.

2.2 It is proposed that local doctors be trained specifically to meet the needs of local addicts and their families as recommended at the Medical Conference. Cost £ 3,000.

Delivery: Medical Council/EHB

Measure 3: Responding locally to the scale of the problem.

It is accepted that the problem affects the whole of Ballyfermot but that within particular pockets its effects are felt more deeply and have a more obvious presence. Therefore it is necessary to develop local strategies and infrastructure to deal more effectively with this issue. It is also important that any response involves the residents of the area and pursues a wider community participation approach.

3.1 It is proposed that the Ballyfermot Action Co-operative provide the means to involve local people and to liaise with Dublin Corporation, EHB and the Gardai who also need to be involved in implementing a community wide anti-drugs campaign which will discourage the activities of drug dealers. An action group should be formed by the co-operative to co-ordinate a range of local community activity in response to the impact of drug abuse at a street level. This will require the employment of an

organiser and the provision of a base for the organisation. Annual budget Cost £50,000.

Delivery: Ballyfermot Action Co-operative.

3.2 It is proposed that the local group formed will join and co-operate with the Dublin city wide drugs crisis campaign and the local political representatives to ensure that the problem is not isolated in Ballyfermot, that the best models and approaches are available to Ballyfermot and the solutions required are lobbied for jointly with other affected areas. Budget £2,000.

Delivery: Ballyfermot Action Co-operative.

Measure 4: The role of the Eastern Health Board.

The EHB need to develop different treatment options for drug misusers. There is a need for more detoxification beds/places. The supply of Methadone from their treatment centres needs to be strictly policed. Drug free options need to be available.

Action

4.1 It is proposed that the Eastern Health Board prepare a detailed and costed Action Plan for the Ballyfermot area for agreement with the Task Force outlining specific measures which will be taken consistent with this interim-plan and which utilises their current budget allocation and other resources in the area.

STRATEGY C: TREATMENT AND REHABILITATION

The provision of adequate, appropriate and easily accessed treatment services is vital to aid the recovery of those who are dealing with active addiction to drugs. The treatment provided should ideally be as holistic as possible and should aim to encourage the individual towards full integration back into his/her community. Rehabilitation needs to be included as an intrinsic component of treatment to facilitate this process.

MEASURES

Measure 1: Providing locally based centres.

Local areas may perceive that they have specific needs which require individualised responses. Any appropriate local response will be supported on the basis that it obtains general local consent and is solely for the use of the Ballyfermot residents in the immediate area. Additional support services will be provided by the EHB and by relevant organisations. These centres will be locally managed and will also engage the family of the drug user as part of his/her treatment.

1.1 It is proposed that four or five local community support centres be set up in areas of greatest need which will be properly staffed and the structures and management of which will be decided on by local communities. Two centres will be established before the end of 1997. Refurbishment and rent costs. £75,000

Delivery: Local community centres/organisations.

1.2 It was proposed that additional counsellors should be recruited from the Ballyfermot community. It is recommended that six local people be recruited for this purpose and trained intensively over the next six months. Cost wages and training £50,000.

Delivery: Eastern Health Board/Local voluntary organisations

1.3 It is proposed that local committees for treatment will be established to support the work of the local support centres. These committees would provide individual support to local residents who are addicted and will work in support of their families. Budget £3,000

Delivery: Local community centres and organisations.

Measure 2: Filling the gaps in treatment for young people.

There is a growing incidence of abuse among a small number of very young residents. It is urgent that these be identified and supported before their habit results in full addiction and to prevent other young people at risk becoming involved. The involvement of the child's family in this case will be mandatory because of his/her age.

There is also the need for the close support and involvement of local schools and youth agencies to ensure the full recovery of the child and to provide adequate aftercare.

2.1 It is proposed that a treatment centre be set up which will deal specifically with the needs of the 12 - 16 year old who are using drugs intravenously or by smoking

heroin. This will be provided by the Eastern Health Board with the co-operation of the Youth organisations and the schools. Cost for fifteen addicts £50,000.

Delivery: Eastern Health Board/Ballyfermot Youth Federation/Local Schools.

Measure 3: Developing residential type treatment.

Further residential programmes need to be developed urgently for local people which will not involve lengthy waiting lists. Cherry Orchard Hospital is located in the area. Any residential programme also need to be followed by a proper aftercare programme with the involvement of family and adequately trained youth/community workers who will support recovering drug users.

3.1 It is proposed that direct links be established with residential centres to ensure a priority for Ballyfermot and the scale of future needs from the area be identified to set out the implications of providing residential care. Research budget £5,000

Delivery: Ballyfermot Drugs Task Force/Eastern Health Board.

Measure 4: Providing drug free approaches.

Drug free type treatment programmes need to be extended within the community and allied to this type of programme and to support other treatment programmes rehabilitation facilities which will enable people to remain drug free need to be planned. The training of recovering drug users to become employable can be undertaken by existing local services and can be fully supported by treatment providers.

In order to facilitate this it is recommended that recovering addicts should be registered with the National Rehabilitation Board to provide priority access to Government schemes and programmes.

4.1 It is proposed to set aside thirty places on the Community Employment programme specifically for a new project for recovering addicts who choose to remain drug free. This project will also organise a one-stop shop to provide information on all referral/treatment/rehabilitation services locally and otherwise encourage people to take up appropriate options to their needs. Additional budget £20,000.

Delivery: FAS/CE sponsor organisation.

4.2 It is proposed to provide fifty additional places to local Community Employment sponsors, who agree to make available one fifth of their places for recovering addicts who commit to a drug free approach. Total additional training and material budget £50,000.

Delivery: FAS/CE Sponsors.

4.3 On a pilot basis as a local aftercare programme it is proposed to extend rehabilitation facilities into the community to enable families to support their members in remaining drug free. This approach will be supported by existing local services. A weekly subsidy will be provided to the family similar to fostering schemes for up to one year once the former addict remains drug free. Initial cost for 30 people for one year £45,000.

Delivery: Eastern Health Board.

TARGET GROUP

Priority would initially be given to Heroin smokers, and would also include IV users eventually.

BENEFICIARIES

People who are currently being missed

Drug users at an early stage

Community

POTENTIAL BENEFITS

Early intervention

Information would be more accessible on where to go for support

Will enable people to help at a constructive level

Will take away helplessness in the community

SHORT AND LONG TERM BENEFITS

Will offer hope to local drug users and community

Constant support at local level

Will slow down process of IV use

Immediate response

Communities forced to take responsibility

SIMILAR TYPE RESPONSES

C.A.S.P.

Rialto Youth Project

Salesians

North Inner City

STRATEGY D: GAPS IN VOLUNTARY/STATUTORY PROVISION

In many cases the gaps which can be seen to be emerging are as a result of a lack of or limited co-operation between all the agencies, voluntary, statutory and otherwise operating in the area. Closer co-ordination is the key and it is hoped that the experiences of working together will forge links which will help to overcome some of the gaps. In other situations there are identifiable gaps in service provision in individual agencies which may need to be addressed by the agency concerned or which may be bridged by another agency.

MEASURES

Measure 1: Identifying young people at risk.

The profile of potential drug abusers has been developed as more information and research becomes available. It is important to intervene in a very specific and highly co-ordinated way to ensure that the incidence of drug abuse can be reduced.

1.1 It is proposed that a group consisting of voluntary, community and statutory representatives be set up which will identify, target and follow through with young people at risk of drug abuse who might otherwise fall through the net. Cost £2,000.

Delivery: Local Voluntary/Statutory Committee.

Measure 2: Investing in facilities.

As gaps are identified there also needs to be investment in resources to bridge these gaps both in terms of building infra-structure and the manpower required to staff/maintain it. There is a serious shortage of suitable facilities in Ballyfermot to assist the implementation of this plan.

2.1 It is proposed to invest in the provision of a rehabilitation centre similar to the EHB centre in Cherry Orchard to be included in the proposed Civic Centre planned for Ballyfermot Road. Proposed capital contribution £200,000.

Delivery: Ballyfermot Partnership.

Measure 3: Creating specialised approaches.

It is necessary to develop programmes which will engage specifically targeted groups such as young people, early school leavers, prisoners and ex-prisoners or recently detoxified drug users.

3.1 It is proposed that a specialised pilot programme should be introduced to Wheatfield Prison for addicts who wish to become drug free as recommended by the Visiting Committee. This should be delivered in conjunction with the relevant youth/community organisations and should link to other services in the area. Progress will be reported to the Task Force. Cost £50,000

Delivery: Wheatfield Prison/Department of Justice.

3.2 It is proposed that a specific programme for ex prisoners living in Ballyfermot, who are recovering addicts, should be introduced which links the treatment in the prison to follow up and aftercare in the community. Cost £30,000.

Delivery: PACE

3.3 It is proposed that twenty places be made available for young people in the Youthreach Centres with special provision for counselling and additional supports. Budget £ 10,000.

Delivery: Local Youthreach Centres/FAS/VEC

Measure 4: Tailoring training to the needs of recovering drug users access to work.

4.1 It is proposed that skills training programmes which are designed for, and exclusive to the needs of, recovering drug users will be provided. These programmes will be tailored to enable trainees to develop new skills or build on existing talents and will incorporate the necessary elements for participants to take up employment on completion. This will require the active co-operation of FAS and the EHB. Proposed budget £200,000

Delivery: FAS/EHB.

4.2 It is proposed that a specific access route be introduced through the Ballyfermot Employment Service which would enable stabilised users to get back to work. The BES would set up a specific register of local former addicts who have skills. Budget for specialist mediator. Cost £25,000.

Delivery: Ballyfermot Employment service.

TARGET GROUP

Young People
Early school leavers
Recently detoxed drug users

BENEFICIARIES

Recovering addicts
Community

POTENTIAL BENEFITS

More people ready for jobs
Rehabilitative elements
Progression

STRATEGY E: SUPPORT FOR ADDICTS, PARENTS, FAMILIES, AND COMMUNITY

It is acknowledged that the recovering drug user cannot be treated in isolation. They require the support of their partners, parents and families to enable their recovery and further personal growth. In turn partners, parents and families need their own support structures to enable them to cope with the problems associated with addiction. The role of the drugs task force also needs to be developed over the next two years as a specific support and to ensure implementation of the interim plan.

MEASURES

Measure 1: Setting up and developing new infrastructures.

Existing treatment services and allied programmes may have under resourced or under used facilities. A study/audit of existing services will highlight these. In addition if the Drugs Task Force is to remain in existence and provide organisational support, coordination and monitor the implementation of the Action Plan it requires minimum resources.

1.1 It is proposed to provide an operation budget for the Task Force and to support the full time co-ordinator and education co-ordinator. Survey £2,500. Annual development budget £25,000.

Delivery: Ballyfermot Drugs Task Force.

Measure 2: Reducing stigma.

Stigma, fear and prejudice develop in an atmosphere of ignorance. Education is one key to break the cycle of ignorance and will empower families sufficiently to overcome isolation, avoidance and judgement. Training is required to provide the basic facts around drug misuse, to explore the theories of addiction and which will enable participants to identify areas of personal responsibility in the context of active addiction.

2.1 It is proposed that a specific education programme solely for families of addicts will be provided in Ballyfermot Community College. This will provide information and support from experts and access to individual counselling in an educational and neutral setting. Budget £5,000.

Delivery: Ballyfermot Community College.

Measure 3: Needs for facilities and programmes.

A specific family support centre is required. This centre will not dispense methadone but will provide direct support, advice and assistance to users and their families. It will also provide advice for the organisation of a local response. Family support systems need to be extended. There is a need for education which will empower local people. There is a need for hourly, daily help/advice and a contact place for this service. An information centre which is community based, manned by properly trained staff and available to provide advice on a twenty four hour a day basis is required.

3.1 It is proposed that a family support centre be established in the central area of Ballyfermot. This will require the purchase and refurbishment of a suitable premises. Cost of purchase and refurbishment £150,000.

Delivery: Ballyfermot Youth Federation/Dublin Corporation/Eastern Health Board.

Measure 4: Supporting peer training.

It is proposed to introduce a system of peer training based on models developed in other areas. Peer training is appropriate for both the recovering user and his/her parents, partners or family. Each individual has a clearly identified role to play in the area of education and prevention, treatment and rehabilitation and the development of support structures.

Measure 5: Identifying and developing job opportunities for support workers.

There is clearly extra work being created when ‘the measures and strategies outlined are implemented. In order to build on community ownership and responsibility around the issue these jobs should be filled by properly trained local people who have previously demonstrated commitment to tackling the problem.

5.1 It is proposed to employ twenty five local unemployed people under the Government “whole time jobs option” who will be trained to provide a range of services and supports over the longer term and will be located in different community centres around the area. A managing agent will be appointed to introduce and supervise the project and the workers will be employed by local community/voluntary agencies. Additional budget for training/supervision £50,000

Delivery: Ballyfermot drugs task force/FAS/Ballyfermot Partnership.

TARGET GROUP

Families and community at large

Education to help families in denial to overcome isolation, avoidance and judgement.

BENEFICIARIES

Families and the community

POTENTIAL BENEFITS

Will make the community aware of what support is available: There are grandparents who are minding young children who are unaware of family support and help available.

SIMILAR TYPE RESPONSES

Victory Outreach, Glasgow

Appendix 1 Summary of Costings.

A. Increasing Awareness.

Measure 1: The development of appropriate interventions for use in schools.

1.1:	Schools Programme	£12,000
1.2:	Teacher Training	£ 7,000

Measure 2: Information Programme for parents.

2.1:	Information/Awareness Programme	£ 5,000
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Measure 3: Using Youth/Peer Pressure.

3.1:	Youth Awareness	£10,000
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Measure 4: Raising Awareness in the Community.

4.1:	Advertising Campaign	£15,000
4.2:	Video	<u>£10,000</u>
		£59,000

B: Reducing Supply.

Measure 1: Facilitating the Role of the Gardai.

1.1:	Garda Familiarisation	£ 1,000
1.2:	Community Policing Evaluation	£ 3,000
1.3:	Information Leaflet	£ 2,000
1.4:	Local Garda Base	£30,000

Measure 2: Controlling the Supply of Methadone.

2.1:	Co-ordination Group	£ 1,000
2.2:	G.P. Training	£ 3,000

Measure 3: Responding Locally to the Scale of the Problem.

3.1:	Organisation to co-ordinate community activity	£50,000
3.2:	Dublin City Wide Campaign Participation	£ 2,000

Measure 4: Role of the E.H.B.

£92,000

Sub-total A & B: £151,000

Brought Forward	£151,000
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C.: Treatment and Rehabilitation

Measure 1: Providing Locally Based Centres.

1.1:	Community Support Centres	£75,000
1.2:	Training for Additional Counsellors	£50,000
1.3:	Establishing Local Committees	£ 3,000

Measure 2: Filling the Gaps in Treatment for Young People.

2.1:	Treatment Centre	£50,000
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Measure 3: Developing Residential Type Treatment.

3.1:	Research	£ 5,000
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Measure 4: Providing Drug Free Approaches.

4.1:	Community Employment Programme	£20,000
4.2:	Training Budget	£50,000
4.3:	Aftercare Programme	<u>£45,000</u>
		£298,000

D: Gaps in Voluntary/Statutory Provision.

Measure 1: Identifying Young People at Risk.

1.1:	Establishing Co-ordinating Group	£2,000
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Measure 2: Investing in Facilities.

2.1:	Rehabilitation Centre	£200,000
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Measure 3: Creating Specialised Approaches.

3.1:	Prison Programme	£50,000
3.2:	Programme for ex-Prisoners	£30,000
3.3:	Youthreach Places	£10,000

Measure 4: Tailoring Training to the Needs of Recovering Drug Users.

4.1:	Skills Training Programme	£200,000
4.2:	B.E.S. Register/Access	<u>£25,000</u>
		£517,000

Sub Total A, B, C & D	£966,000
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Brought Forward

£966,000

E: Support for Addicts, Parents, Families and Community.

Measure 1: Setting up and Developing New Infrastructures.

1.1: Operational Budget £25,000

Measure 2: Reducing Stigma.

2.1: Education Programme £ 5,000

Measure 3: Need for Facilities and Programmes.

3.1: Family Support Centre £150,000

Measure 4: Supporting Peer Training.

4.1: Training

Measure 5: Identifying and Developing Job Opportunities.

5.1: Training/Supervision £50,000
£230,000

Grand Total A, B, C, D & E: £1,196,000

Appendix 2.

Summary of Proposals.

1: Proposal from The Orchard Community Centre.

Seeking financial support for an extension to develop services to include two youth projects, to provide counselling facilities and to facilitate self-help groups.

The proposal highlights the shortage of space and facilities available for youth services to meet the needs of young people at risk. The thrust of the proposal is towards prevention using self development type programmes.

The Centre has £300,000 available towards the overall cost of £400,000. They have identified other sources of funding as the Departments of Justice and education.

2: Proposal from Ballyfermot Youth Forum.

This proposal is in the form of a letter originally sent to the Minister in June '96 which highlighted the number of young Heroin smokers which was leading to an increase in crime, further marginalisation and the acceptance of Heroin as a recreational drug.

They urged consideration for the division of the area into 4 sections: Cherry Orchard, Drumfinn, Kylemore and Decies, each of which should have a Community Drug Team to include Drug/Addiction Counsellor, Outreach Workers, Parents and Medical Staff

This was best on best practice initiatives demonstrated in the South Inner City.

3: Proposal from C.H.A.D. (Cherry Orchard Help Against Drugs)

This submission included a fact file on Cherry Orchard, a Youth fact file and a description of local resources. It outlined the extent of the drug problem and the history and structure of C.H.A.D.

It proposes to provide community based advice, information, counselling and referral services; to facilitate support groups for families, to offer outreach education, to advocate on behalf of service users, to provide aftercare and to provide training for volunteers.

4: Proposal from sub-committee on Gaps in Voluntary/Statutory Provision.

Proposal to seek funding for a FAS Community Youth Training Programme and a FAS Community Employment Scheme for those who have received treatment and who are currently drug free.

Strong links between FAS and the Local Treatment centre would be used to ensure that the stability of participants is kept at a premium and maximised.

The Local Employment Service, L.E.S., could be involved and provide specially trained Mediators.

5: Proposal from Jim O'Shea, Education Officer, E.H.B.

This proposal identifies four target groups: Parents, Schools, Youth Groups/Peer Groups and the broader community. A programme for parents would be developed which would include drug awareness, parenting for prevention, links to the formal education sector, a local media campaign and the development of a parents network. This programme would be developed in three phases, Basic, Intermediate and Advanced. The Advanced Programme would lead to parents becoming tutors.

The programme for schools would need to be part of the curriculum and integrated into Social and Health education.

Peer education would use and develop existing Peer Education Programmes and include training for youth peer leaders.

In the community the use of a media campaign, programmes aimed at early school leavers and the use of positive role models would integrate with existing prevention strategies.

6: Submission from Merchant's Quay Project.

This submission is made up of four separate proposals relating to the development of an Enterprise and Employment Programme, a Re-entry Programme, a Long Term Drug Free Facility and Contact Centre Workshops.

Each of the developments is proposed as a result of the experience of the project over the last number of years in meeting the needs of their service users. They form a continuum to the existing services provided. Although the project operates for the whole of Dublin it is known and accepted that a great number of people from Ballyfermot attend and participate at various levels within the service.

7: Proposal from GAISCE, The President's Award.

This proposal is that the President's Award Scheme should be used as part of the long term prevention structure in Ballyfermot. It caters for the age range 15-25 and is therefore well placed as a strategy for young people at risk.

It aims to develop participants' involvement in community, personal skills and physical recreation including venture projects. It is non-competitive and designed to meet the needs and interests of each participant.

8. Proposal from Parents Committee, Mary Queen of Angels School.

The committee aim to organise a course which would provide parents with basic information, to provide a personal development programme for children, especially those at risk, to provide support to parents and partners of drug users and to set up in service training for teachers.

The proposal is costed at approx. £5,750.

9: Proposal from The Orchard Community Centre. (No.2)

The objectives of the proposal are to build and enhance the self-esteem and confidence of young people to enable them to express themselves and to make free choices.

This would be achieved by using trained youth workers and/or training existing youth leaders with an emphasis on high quality focused youth work.

10: Proposal from Ballyfermot Youth Federation.

This is a proposal to develop a one-stop shop for information and support. The objectives are to provide a service where information, support and assistance is immediately available, to integrate and involve services/structures currently in place, to provide a directory of services, to provide training and development programmes, to provide typing and secretarial services with access to newspapers, jobs and courses.

It also allows for the development of a monitoring system. The target group is all young people and the approx. costs are £80,000 for staff and £35,000 for administration.

11: Proposal from a group of Local Parents.

The proposal centres on the importance of support structures for recovering addicts and their families and proposes longer periods of residential treatment to empower the addict to say “no”.

A permanent building which will provide support including counselling, aromatherapy, and other forms of relaxation therapies. It would also include a crisis area for recovering users.

The importance of teaching and encouraging children to say “no” is emphasised and it is proposed that this should take place in schools.

The choice between using Methadone as a substitute as opposed to “cold turkey” needs to be looked at within the real meaning of recovery. They also recommend that a Doctor should be a member of the Task Force.

12: Proposal for a Local Support and Self-Help unit.

A proposal to use a local community centre as a support” and self-help unit. The group can provide manpower for activities, parent support and advice. They can also provide rehabilitation activities.

They aim to start small with a monthly appraisal for workers/staff and a three monthly assessment in consultation with clients. Their hope is that this will then filter to other members of the community and help to develop awareness and the knowledge that help is at hand. They require the services of a Doctor to help with assessments and

assistance with equipment.

13: Proposal from the Social Work Department C.C.A.5., E.H.B.

This proposal is for a new service to meet the needs of those families whose drug misuse is causing significant child welfare problems.

The proposal is to recruit and train 5 Family Support Workers who will work with these families. Their training would be provided by the AIDS/Drugs Programme, E.H.B. and the management/administrative costs to be subsumed into existing Family Support Services.

It is also intended to recruit and train 10 foster families who will provide emergency and respite care placements to 20 children whose parents are temporarily unable to care for them. This would allow the parents to avail of drug treatment and rehabilitation services.

Thirdly it is intended to recruit 2 Social Workers and 2 Child Care Workers who would work as a sub-team in the Community care Social Work and Child Care Team and who would work with those families seriously affected by drug use.

14: Proposal from the sub-committee on “Raising Awareness”

This group proposed that drug education should become part of the school curriculum, that more places on drug education programmes are allocated for teachers and youth leaders and that such programmes should be drawn up.

They further propose that there should be a Drugs Education Officer for each Task Force area, that a parents peer group be formed, a telephone hotline service be developed, that a local house be purchased for development as a one stop shop. They also proposed that a group of interested people come together and train on drug education and work together in all primary, post primary and youth groups in the area.

15: Proposal from St. Dominic’s Secondary School.

A proposal to appoint a teacher as Drugs Education Co-ordinator who will ensure that drugs education is carried out in a systematic way throughout the junior section of the school. These teachers will work in liaison with parents and other interested community workers.

They require funding to help with programmes, personal development courses and the organisation of extra outside activities for students.

16: Proposal from Beyond ‘96 Youth Club.

The aim of this club is peer education. At present 20 people in the age range 16-19 are taking part in a programme which deals with community leadership, peer education

and leadership, sexual relationships, conflict resolution skills, facilitation skills communication skills, personal development skills and Drug education and prevention.

The club wish to develop a programme where twenty people would be trained as Peer Drug Educators and would be available to assist in a drugs education programme in local schools and youth clubs. The overall approx. cost is £1,500.

17: Proposal from The Orchard Community Centre. (No. 3)

The aim is to set up a counselling service for the Cherry Orchard area with emphasis on teen counselling using trained local people with the objective of accessing quality training for local people and to obtain support and training from other counselling services.

The service is seen as necessary against the backdrop of early school leaving, crime and family problems in the area.

18: Proposal from Cherry Orchard Youth Service.

This proposal expresses the concern that most of the intervention around youth and drugs seems to be directed at those already partaking and they aim to reach young people before they arrive at that position. They see self esteem and confidence as the most important requirement to enable young people make positive life decisions themselves.

They require funding for a youth prevention programme that specifically addresses self esteem and confidence using quality youth work and counselling skills.

19: Proposal from Ballyfermot Addiction Rehabilitation Services

This proposal is presented against a backdrop of the repeated return to active addiction because of the lack of long term support structures which are necessary to enable people to rebuild their lives and become employable productive members of the community.

They propose the setting up of a premises where those who have completed a detoxification programme can engage in a drug free programme. They would be supported on day to day issues as well as being encouraged to set up local projects which would benefit the less able members of the community. They would also engage in enterprise which would provide employment and be instrumental in providing the financial resources necessary to develop and maintain the project.

The proposal is costed at £117,000 for one year with costs of £111,000 for years two and three.