

***“The View
from
Ballymun”***

***Policy Developments Required
to reduce
Drug Use in Ballymun.***

Community Action Programme Ballymun
February 2000

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February 2000.

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Executive Summary:

A wide range of voluntary and statutory organisations from the Ballymun community produced this document.

It is the result of an inclusive process that has involved residents, individuals, parents, teachers, housing officials, statutory agency representatives, drugs agency staff, service users, community workers and youth workers from the Ballymun area.

The process commenced in April 1998. The focus of this work was to provide an opportunity for the community to examine current situation with regard to problem drug uses in Ballymun policy and to formulate drug policies for their area. It has served to encourage people to develop a wider understanding of the socio-economic factors of drug use and related problems in their own community.

As a result of a process of consultation with all relevant groups and agencies within the community (see Appendix 5), four main areas of concern were identified and four Policy Working Groups were set up to formulate recommendations in relation to the four areas as follows:

Education was identified as a priority in relation to tackling drug use in Ballymun. The Policy Working Group formulated a ‘Charter for Ballymun’ and a ‘Drug Policy for Ballymun Schools’. These will assist Ballymun schools and youth services in becoming more proactive in drug education and prevention.

The **Housing** Policy Working Group focused on Dublin Corporation’s current policy of eviction and procedure for rehousing evicted tenants involved in anti social behavior. The Working Group proposes an amended eviction process which calls for legislative change and a policy for rehousing evicted tenants who have made positive changes to their lives.

Supply Reduction was another area of concern identified. The Policy Working Group focused on the need for the community to be seen as a resource in the fight against drug dealing and on cooperation between Gardai and the community.

Treatment/Rehabilitation is the fourth area of focus of this policy document. In developing effective options to meet the needs of service users and the wider community, the Policy Working Group identified a number of key areas. These include an examination of the socio-economic factors that underpin chronic drug use, co-operation between statutory and voluntary services and looking at a coordinated community based approach to treatment and rehabilitation.

This has been an opportunity for cooperation and examination of a variety of viewpoints from the various agencies and groups dealing with the drug problem in Ballymun. The end result is a set of policy recommendations aimed at providing a more holistic approach to the issue of problematic drug use in our community.

Introduction:

The drugs issue has many different affects on a community. The causes of problematic drug use within a community are complex and varied. The problems associated with problematic drug use tend to be reacted to rather than tackled at the root.

Research into drug dependency in Ballymun has made it very clear that problematic drug use is one of the major problems facing this community (*see Appendix 3*).

In the current social, environmental and economic context of Ballymun, it is worth noting that studies carried out in the Wirral area of Liverpool and in Glasgow during the late 1980's revealed a consistent and significant correlation between the rates of known opiate abuse and six indicators of social deprivation:

1. High levels of unemployment.
2. High levels of local authority tenancy.
3. Overcrowding of homes and of an area generally.
4. Large numbers of children in an area.
5. A predominately unskilled workforce in an area.
6. Large numbers of lone parent families in an area.

The lack of basic facilities, such as children's playgrounds, play centers, and youth centers contribute significantly to young people being unoccupied and bored. While boredom is cited as one of the main reasons identified by drug users for taking drugs (*O'Connor et al, 1995, Gardner 1994.*), we also recognise that living with addiction, experimentation, peer pressure and curiosity also contribute to drug use. Continued high unemployment only creates more dependency. (*King et al, 1982.*) All of these factors are current issues for the Ballymun community (*see Appendix 3*).

A comprehensive, long-term response formulated as an agreed set of policy recommendations needed to be developed in order to tackle the problem. Any attempt to address the drugs issue as a whole in Ballymun needed to look at ways of combating these problems along side the issue of drugs. We need to adopt a holistic view of the drugs issue to prevent problem drug use being part of the lives of another generation.

It was within this context that the Ballymun Community Action Programme (CAP) applied to the Combat Poverty Agency and to the Ballymun Local Drugs Task Force for funding to employ a Drugs Policy Development Worker.

Background to the Drug Policy Work:

The experience of drugs misuse problems in Ballymun over the past two decades is best described in the 'Interim Service Development Plan' of the Ballymun Local Drugs Task Force. The 'Interim Plan' also details the steps taken over the years by the local community to tackle the drugs issue and the services that are being developed in the area by the Eastern Health Board.

The Task Force Plan states clearly that the Task Force "sees the community as it's principal ally" and that it intends that the Plan's implementation "will itself be an empowering process seeking to involve people, develop leadership and also provide new opportunities for positive participation by drug users".

In July 1999 Minister Chris Flood announced that a further £20 million would be made available to local drug task forces. This announcement coincided with the drafting of a new two year plan for the Ballymun Local Drugs Task Force. As part of the consultative process, the Task Force held an evaluation day in July 1999. It was clear from that day that groups and services in Ballymun identified policy as an area that needed development.

It is vital that the work of the Local Drugs Task Force over the next funding period should impact on policy in relation to drugs. In the longer-term, it is the policy focus within statutory agencies and decision-making structures that will dictate the effectiveness of any measures (local, regional, national) to tackle drugs-related issues.

CAP has been particularly concerned over the past 9 years of it's existence with exploring mechanisms by which lessons can be drawn from local experience of combating poverty with a view to informing policy in relation to poverty and social exclusion (see Appendix 1).

In the course of this work, CAP has found that, for various reasons, groups do not, or cannot, necessarily engage in policy work. Local groups are generally caught up in the day-to-day running of their activities and find it difficult to view their work in terms of it's impact on policy or wider decision-making practices.

It is our experience that groups begin to make the connections between their work and the policy context in which it is taking place when they become involved with networks of groups working on similar issues. By providing the space to identify common obstacles and objectives, networks afford groups the opportunity to make links between their work and other issues and to undertake initiatives aimed at influencing their wider environment.

It was with this in mind that CAP drew up a proposal for funding to look at developing a community approach to drugs policy. Successful funding applications were made to the Combat Poverty Agency's 'Poverty, Drug Use and Policy Grants Scheme' and to the Ballymun Local Drugs Task Force. Seven other groups received funding from the Combat Poverty Agency, these groups were based throughout Dublin, Athlone and Drogheda.

The aims of the work for which CAP sought funding were as follows:

1. To develop a model of practice that encourages and enables local groups to reflect on and learn about policy issues relevant to their work.
2. To support the Local Drugs Task Force in its ongoing involvement of and consultation with the local community in all aspects of its work.
3. To promote discussion within statutory agencies about the development of their policies in relation to the drugs issue.
4. To identify opportunities for, and obstacles to, the involvement of the local community in the development of policies in relation to the drugs issues.

It was proposed to employ a full-time **Drugs Policy Development Worker** to work with local groups in order to develop a set of "Position Papers" that would outline the local community's views on how policy in relation to tackling the drugs issue could be improved. These "Position Papers" would form the basis of an Action Plan for influencing positive policy developments in Ballymun.

Methodology:

The Drug Policy Development Worker (Daithi Doolan) was employed by CAP in April 1998 on a two year contract. As part of the introductory process, the Worker set about visiting and talking to a wide range of groups and organisations in Ballymun. These groups included community groups, statutory bodies, voluntary groups and drug services. The discussions centered around areas of concern and gaps in the current approach to dealing with the drugs issue. 22 groups in total were visited and the discussions were documented.

The areas of concern raised by the groups were many and varied. Along with the four areas outlined in the Executive Summary others included funding of local groups, marginalisation, and the planned regeneration of Ballymun.

A **Drug Strategy Group** was formed to give advice and guidance to the work of the Development Worker. The Group met on a regular basis and formed the direction of the Drug

Policy work. It also served to ensure that duplication would be avoided by including people from other related services and projects. The members of this group included representatives from:

1. Community Action Programme.
2. Local Drugs Task Force.
3. Gardai.
4. Urrús/ Youth Action Project.
5. Community Drug Watches.

In order to remain focused and maximise impact on policy, the Drugs Strategy Group decided to put the concerns of the community under the four subject headings that came up most frequently during the visits to groups and services i.e. Education, Housing, Supply Reduction and Treatment/Rehabilitation.

As a first step in encouraging groups to think in terms of policy, an **Introduction to Social Policy Seminar** was planned by CAP and the Ballymun Partnership. This seminar was held in Stormanstown House, Ballymun in October 1998.

The objectives of the day were:

1. To focus discussion on people's experience of policy and its effects in every day life.
2. To develop an understanding of the process of policy development.
3. To identify issues of concern.
4. To identify what tools the community need to influence policy.

The day was organised in an interactive and creative way. This was to help break down the mystery that surrounds social policy and our ability to change it. The programme was light, entertaining and effective. It included guest speakers, workshops, activities and a performance by "The Policy Brothers".

This seminar served as an introduction to policy for many participants, some of whom later became involved in the Policy Working Groups that were to be set up as part of the Drugs Policy work.

Over the Summer months, a **Questionnaire** was compiled by the Drug Strategy Group in order to obtain detailed information on people's perception of how policy affected their lives, the lives of their clients and the work they do in their organisations. It also explored the main areas of concern in terms of policy and how current policy could be challenged.

The questionnaire focused on the four areas of concern identified by the Strategy Group. The information received laid the foundation for the four working groups that would later be set up. It was circulated to over 45 community groups and statutory agencies in the Ballymun area (see Appendix 5).

The findings of the survey were analysed by Nexus Research. They detailed how aspects of policy help and hinder people's work and what aspects of policy need to change in order to improve work with the drug issue.

Once the findings of the questionnaire were compiled, a **Drug Policy Seminar** was organised for January 1999. The aims of this seminar were to:

1. Present the findings of the questionnaire to the Ballymun community.
2. Focus discussion and work for the future on policy issues.
3. Encourage people to partake in the Policy Working Groups.

To achieve this, and in keeping with the theme of the original 'Introduction to Policy Seminar', the day was organised in an entertaining and interactive fashion. Over seventy people attended this seminar and participated in the workshops that helped focus discussion.

The four **Drug Policy Working Groups** were set up as a result of the seminar. They began to meet soon after the seminar and met regularly, often on a weekly basis, in order to draw up position papers. The work continued to be as inclusive as possible, the Working Groups remained open right through the process to anyone interested in compiling drug policy for Ballymun (see Appendix 8).

Each Working Group developed a set of draft position papers. This was done through discussion, workshops, the use of role-plays, and analysing case studies. In this way certain issues could be dealt with in a sensitive and productive manner.

The Working Groups continued to meet and refine the position papers. Drafts of these position papers were circulated to participants and changes were made where agreed. This was an important aspect of the process as it ensured that people's voices were heard and opinions acknowledged. It also served to increase debate around various issues.

A Policy Working Groups Seminar was organised for September 1999. This seminar offered all participants of the Working Groups a chance to discuss the various position papers before they were to be circulated to the community. Until this seminar the four Policy Working Groups had operated separately. There was some cross over of membership but generally the groups focused on their own policy issues.

In a similar approach to that taken with previous seminars, the emphasis was on discussion, information exchange and interaction. This proved successful and everyone got an understanding of other group's position papers. The seminar was very important in familiarising everyone with the contents of all position papers. It helped to create an overall sense of ownership of the series of policy recommendations.

Opportunities and Obstacles:

Traditionally policy has tended to be drawn up and implemented by statutory bodies, or voted on by local and central government with little community input into the actual content.

The process adopted by the Drug Strategy Group gave the local community in Ballymun a unique opportunity to engage in policy development. It demonstrated the ability of different groups, services and individuals to agree, disagree, argue and yet still reach consensus on specific pieces of policy. It allowed groups and individuals to air their views within a safe environment, and have their voices heard in the Policy Working Groups and at the various seminars. Many times the debate was passionate, often emotional but nobody walked away. Imaginative and creative approaches ensured that people participated right through the process.

The process was lengthy and consultative, this meant that some groups had to send different representatives to attend meetings throughout the year and that numbers in attendance varied. Sometimes this led to frustration with different people making different changes to the content of the documents. But generally the meetings of the four Policy Working Groups were well attended, though numbers varied according to the group. The best attended were the Treatment and Rehabilitation Policy Working Group and the Education Policy Working Group, this was because these two groups had many of the local services in attendance.

It was anticipated that the Housing Policy Working Group would have created the most interest because of the anger and frustration often expressed with the current procedure in dealing with anti social behaviour. But this was not to be the case. Due to time restraints, local people did not have the opportunity to attend meetings as many were working and already tying in with other groups and organisations in a voluntary capacity. This situation highlights the need for local people to be resourced to attend meetings, strategy groups and seminars in a voluntary capacity in order to make use of the wealth of experience and expertise within the community.

Receiving funding from the Combat Poverty Agency under the 'Poverty, Drug Use and Policy Programme' allowed Ballymun to link in with other groups across Dublin and beyond. This gave the Drug Policy Development Worker and the Working Groups the opportunity to stand back, see

the wider picture, influence and learn from other projects. This experience will serve to strengthen people's ability to understand and influence policy in the future.

There is no 'quick fix' solutions to community-based policy development. It takes time and energy. To have any real positive impact on people's lives policy development will need to be ongoing with resources for those participating in the process.

Introduction to the Position Papers:

This section introduces the work of the four Policy Working Groups on a collective basis.

Principles Underpinning These Position Papers:

It was agreed at the Policy Working Groups Seminar in September that a set of principles that reflect the beliefs of those participating in the process ought to be worked out. In other words, these agreed principles would be the cornerstone upon which the position papers and policy recommendations would be built. A meeting was organised for October 1999, this meeting allowed people to discuss and agree on a mission statement and principles which are as follows:

We (the Drugs Policy Working Groups participants) aim through these community drug policy recommendations to include the community of Ballymun, that is the people living and working in Ballymun, in creating a healthier, safer environment for all.

The principles upon which these policies are built are as follows:

- Everybody in the Ballymun community is valued equally.
- This process will be one of inclusiveness.
- We do not accept that problematic drug use is inevitable in the Ballymun community.
- Those who are being affected by problematic drug use, whether they are the individual drug user, family members, partners or the wider Ballymun community, are all entitled to full and adequate services.
- People can make positive changes to their lives with adequate and appropriate services.
- We want to bring positive change to Ballymun.
- Policy does affect people's lives.
- Policy can affect change.

Each of the Position Papers opens with an introduction and is followed by an outline of the issues that concern the community. This is followed by a series of recommendations and ends with a brief conclusion to that list of recommendations.

Education Policy Working Group Position Paper

Introduction:

Young people in Ballymun are a precious resource to the community and a decent standard of education is vital to their future and to the future of the community. This set of policy recommendations is about caring for our young people and their future. Their welfare is central to our recommendations.

Education was identified as the priority area of concern for groups in relation to drug use in Ballymun (see appendix 5). While we recognise that the issues in regard to education are complex and varied, the Policy Working Group focused on a Charter for Ballymun schools and youth services and a procedure for dealing with drug misuse in schools. We felt that a Ballymun Charter would help outline and highlight the needs of groups that provide education and prevention services for young people. A procedure for dealing with drug misuse in schools needs to be consistent throughout all schools in Ballymun. In this way all pupils, parents/guardians and teachers know how best to approach this sensitive issue.

Schools need to ensure that all children are given an equal opportunity to complete their education regardless of their socio-economic circumstances or domestic situation. This education should be directed to give the pupil an opportunity to develop in accordance with his or her ability. Schools should prepare the pupil for a responsible life as an adult in today's society. In order to support the school in this role education policy recommendations need to be supportive of teachers, pupils, youth services, parents and those in adult education.

Unfortunately the drug problem has become an issue within our schools in Ballymun. It is generally accepted that alcohol and tobacco are the drugs most commonly used by young people. However, illicit substances such as cannabis, ecstasy and solvents are increasingly becoming a problem among young people everywhere. It has become a not so rare occurrence for a child to be suspended or expelled from school for an infringement of the schools rules regarding banned substances. While this group recognises the necessity for school discipline to deal with this problem, school disciplinary procedures appear to vary greatly from school to school. Disciplinary procedure should be standardised locally and indeed nationally and administered with respect for the child's human dignity and in a manner corresponding to the UN Charter of Children's Rights.

Substance misuse rarely occurs in a vacuum. Where a student has been in difficulties because of their use of any drug it is usually discovered that they have been using it to help them cope with, or avoid, some other problem. By enabling the student to identify more positive sources of support when they need it, we

can help prevent the inappropriate use of substances and their suspension/expulsion from school. There are many supports of this kind in Ballymun (see Appendix 4).

We acknowledge the ongoing work being done in schools in building healthy relationships with parents/guardians of pupils. Initiatives such as ‘Parents/Guardians Rooms’ are welcomed. We also recognise that the Home School Community Liaison Service is the main link with the community and we wish to build on their good work by pursuing other avenues of contact with parents/guardians. Drug awareness programmes in schools should foster a community development approach by maximising the involvement of parents/guardians and community members. In the development and the implementation of these programmes schools should make links with parents/guardians and local community organisations dealing with the drug issue.

While working with parents/guardians schools need to recognise that many adults in Ballymun have had unhappy experiences in school and in dealings with schools. Therefore schools should make an effort to encourage parent/guardian involvement while trying to gain a deeper understanding of the environmental issues affecting parents/guardians living in Ballymun. We feel this could be done through ‘Family Evenings’ where pupils and parents/guardians would be involved in the co-ordination and organisation of evening meetings. These meetings could take the form of discussions between teachers, pupils, parents/guardians and community groups or local services. This would help make the drug education and prevention programme more relevant to local circumstances.

It is accepted amongst people working in the field of education and prevention that any drug education programme is best carried out by those people that the young people identify with, such as peers or those seen as leaders. To be effective the programme needs to be holistic in approach. To date school programmes such as ‘Walk Tall’ and ‘On My Own Two Feet’ have been successful. But to have any positive long term effect programmes need to run consistently through a pupil’s education.

If links are to be made between schools and the community then the Department of Education and Science need to tie in with activities in Ballymun. This would serve to increase community awareness within the schools and strengthen the positive role schools have in the community. To date the Department has not appointed any representative to the Ballymun Local Drugs Task Force (see Appendix 2). The Department needs to address this as it would also allow the Department of Education and Science to take on a proactive role in dealing with the drugs issue in our schools.

The Drug Education Policy Recommendations have been developed through consultation with parents, teachers, youth workers, and community groups. These recommendations should be regularly evaluated and updated where necessary.

The Education Policy Working Group produced:

1. A Charter for Drug Prevention and Education in Ballymun that would assist schools and youth services to become more proactive in drug education and prevention in our community.
2. A Drugs Policy for Ballymun schools which outlines procedures, guidelines and information for teachers to aid an improved, uniform response to the problem of substance misuse in our schools.

The Charter and Policy are detailed in then following pages.

The Education Working Group discussed what it thought Ballymun needed in order to provide youth services that addressed drugs education and prevention in a comprehensive and proactive manner. It was decided that a Ballymun Charter would best outline and highlight these needs.

A subgroup of the Policy Working Group was formed to compile a Charter for Drugs Education and Prevention in Ballymun. It looked at the Dublin City Wide Drugs Crisis Campaign 'Charter for Drugs Education and Prevention'. This encouraged discussion and helped create a similar charter for Ballymun.

A Charter for Drugs Education and Prevention in Ballymun

1. People in Ballymun need to be supported in tackling the drug problem in their own community from a community perspective and need to be resourced to do this in terms of education and support.
2. Work with families of problematic drug users needs to be valued. This work views the whole family as a unit and does not only focus on the individual with a drug problem. It provides a service to those most affected in different ways by the drug problem.
3. Any funding strategy set up by the government to tackle issues of social exclusion or young people at risk should have adequate community representation. Local people should be adequately resourced and supported to be represented in a voluntary capacity within these structures.
4. The community sector has developed a range of innovative responses to the needs of young people at risk. For example youth clubs, the After Schools Projects, Ballymun Initiative for Third level Education, training projects etc. These projects should be looked at as models in relation to drug prevention work.
5. A drugs prevention plan should be drawn up jointly by the Local Drugs Task Force and Young People's Facilities and Services Fund Local Development Group. Sufficient funding needs to be committed to enable this prevention plan to be implemented.
6. Youth clubs and services have continued to play a valuable role in the informal education of our young people. They have created an environment where Ballymun's young people can continue to develop outside the main education system. Because of this important role all early school leaver programmes and youth club services should be encouraged and resourced in the preparation of drug response policies and to include drug awareness in their activities. To this end a comprehensive training programme on drug awareness should be available to youth workers.
7. It is imperative to recognise that young people out of school are at risk of getting involved with drugs. Young people therefore need to be supported in staying in school. To assist this Ballymun schools should be resourced to provide remedial services and access to in-school counselling facilities for their pupils.

- 8.** Preventing homelessness is tantamount to preventing drug abuse. Young people who become homeless are at very serious risk of becoming involved in drug misuse. Early intervention is essential to prevent this. Sufficient bed places must be provided for Ballymun's homeless young people to take them off the streets and a strategy including family support services put in place to try and prevent homelessness. These efforts should be co-ordinated with the locally based boys and girls hostels.
- 9.** Recognising that schools can not operate in isolation, the Department of Education and Science should encourage and support community involvement and participation in the schools and encourage schools to link in with the community.
- 10.** The Department of Education and Science should provide appropriate training for all teachers to take part in drug awareness programmes and community development programmes to increase their understanding of the issue. This training should be provided in order to raise teachers' awareness of their own attitudes and give them an understanding of community issues.
- 11.** Each school should appoint a member of staff as a 'Drugs Co-ordinator.' He/she will have responsibility for co-ordinating the Drugs Education Programme and also ensure the implementation of the 'Drug Policy for Ballymun Schools.' To ensure the success of these recommendations the Department of Education and Science needs to recognise this appointment as a 'Position of Responsibility' and not as extra curricular activity.
- 12.** Programmes that focus on drug awareness and drug education such as 'Walk Tall' and 'On My Own Two Feet' need to be an integral part of the school curriculum. Much of the content is appropriate for local communities but this needs to be consistent if any future programmes are to be introduced into local schools. All drug education programmes should support a community development process by integrating with local community based drug awareness programmes. Funds will need to be made available to schools so that extra materials can be obtained to carry out programmes successfully.
- 13.** The educational material produced by the Department of Education and Science and any other agencies should be suitable and appropriate (in terms of language, format and delivery) for the Ballymun area. Members of the target group, particularly young people and recovering drug users, should be involved in the planning and design of such materials.

The procedures and guidelines for dealing with drugs in schools need to be holistic in approach. To ensure this, the pupil should be seen as part of a wider environment that influences his/her behaviour. It should also be consistent within all schools in Ballymun. With this in mind the Education Policy Working Group compiled a set of guidelines to assist teachers in the handling of drug related incidents.

The Working Group looked at a previous 'Draft Drugs Policy for Ballymun Schools'. This had been prepared by John Adams of Urrus, in April 1998. The Group redrafted this document in order to make it more practical for use by the schools. After further discussion the Policy Working Group produced a '**Drugs Policy for Ballymun Schools**'.

Drugs Policy for Ballymun Schools

1. Smoking:

Smoking is an addictive habit, generally acquired in childhood. While legislation has made all schools smoke-free areas, the school recognises that students may have difficulty stopping smoking. Schools will explore running Cessation Programmes where there is a demand. We feel that there needs to be a common approach to teachers and pupils smoking in school. Neither should smoke on the school premises, otherwise pupils will be receiving mixed messages from their teachers.

School Policy on Smoking:

1. Students are not permitted to smoke on the school premises.
2. Students are not permitted to smoke on any school trip and should actively be discouraged from smoking in public places.
3. Visitors will comply with the non-smoking policy.
4. Pupils found smoking on school premises will be reported to the Principal/ Year Head, and referred to the Schools Drug Co-ordinator or relevant other.
5. Repeated and blatant offending will result in instigation of the school disciplinary procedure, which will involve parents/guardians and a course of action.

2. Alcohol:

Alcohol is a socially acceptable drug. Like smoking we recognise that problems with alcohol can be acquired during childhood and teenage years. It can have dire consequences for young people in both the short and long term. A big problem in combating teenage alcohol abuse is peer pressure and the advertising associated with alcohol.

School Policy on Alcohol

1. The school is an alcohol-free area, except for designated staff and parent functions where prior notice is given to the Principal.
2. Students are not allowed to bring alcohol into school or consume alcohol in school.
3. Students are not allowed to consume alcohol on school trips or tours.
4. Where a student comes to school under the influence of alcohol, their parents or guardians will be called in to take them home and they will be referred to the school's Drug Co-ordinator or relevant other.
5. While the student is under the influence of alcohol, he/she will be monitored at all times for his/her own safety.
6. The incident concerning alcohol will be followed up by the Drug Co-ordinator or relevant other at an appropriate time.
7. Students breaking these rules will be dealt with according to the school's disciplinary procedure, which will include parents or guardians and a course of action that will encourage and support pupils that misuse alcohol to make positive changes and not measures that punish them.

3. Illicit Drugs and Solvents:

Illicit drugs pose a very serious threat to our young people. The problems and issues associated with illicit drug use are complex. The education system is not a separate body removed from the problems of this community, schools need to view themselves as part of the community in tackling the use of illicit drugs. To assist this process schools' policy needs to be consistent in all schools in Ballymun and linked in with community services and groups.

School Policy on Illicit Drugs and Solvents:

1. The school is an illicit drug-free zone.
2. Students are prohibited from being in possession of, or using, illicit drugs or solvents on the school premises.
3. Illicit drugs found in school premises will be locked away and the Gardai contacted to dispose of them. Teachers are advised not to transport illicit substances at any time. The Drug Co-ordinator or relevant other may make enquiries into the origin of illicit drugs found.
4. Where the school suspects trafficking of illicit drugs, an investigation will be carried out. Parents/guardians of any student involved will be informed. The advice and assistance of the Garda Juvenile Liaison Officer/Community Garda will be sought.

5. Where a student comes to school under the influence of illicit drugs, their parents/guardians will be called in to take them home or other appropriate action will take place (keeping student's safety foremost in mind).
6. The student will be monitored at all times while under the influence of drugs for his or her own safety.
7. The incident concerning drugs will be followed up by the Drug Co-ordinator or relevant other at an appropriate time.
8. The school management would encourage parents/guardians to bring to the attention of the Principal, Year Head, Drug Co-ordinator or relevant other, any suspicions they may have in relation to a pupil being under the influence of illicit substances.
9. Students suspected of taking drugs or solvents outside school will be monitored and every effort made to support them and ensure they get the counselling and help they need, accessing suitable programs, etc.
10. Students breaking these rules will be dealt with according to the school's disciplinary procedure, which will include parents or guardians and a course of action, (see procedure outlined below).

The procedure for dealing with behaviour, which leads to suspicion of alcohol or substance misuse problems, is outlined below.

Procedure

1. Having observed the suspicious behaviour of those concerned and verified it with other teachers the Drug Co-ordinator or relevant other will meet with the student. Concern will be expressed for the consequences of this behaviour and as much information as possible elicited from the student.
2. Parents/guardians will be informed of the pupil's behaviour immediately.
3. A meeting will then be arranged with the parents/guardians informing them of the behaviour and of the schools concern. The parents/guardians will have an opportunity to voice their worries and fears. (See Guidelines for Meeting with Parents/Guardians below).
4. The student and parent/guardian will be put in direct contact with relevant services.
5. The appropriate drug services will be then be contacted for a full assessment of the extent of the situation.
6. No disciplinary actions will be taken at this point.
7. Any further incident at school cancels this agreement of no action and the parents will be called in to agree on the form of disciplinary action being taken.
8. To encourage positive change if a student has been suspended/expelled in line with disciplinary procedure, the Board of Management may make it a condition that their return to school may be subject to the student receiving counselling and follow up from a support service.

9. The attendance at the identified service will be monitored by the Drugs Co-ordinator or relevant other.
10. In the event of parents/guardians being unwilling to co-operate with this procedure the school will continue to monitor the behaviour of the pupil. The Social Work Department of the EHB will be contacted if the school's concern warrants it. Parents will be informed beforehand and given the opportunity to co-operate with the procedure.

Guidelines for Teachers in Dealing with Students

Confidentiality and sensitivity needs to be shown about information given to teachers or Drugs Coordinators. Pupils' consent should be sought for any action taken in relation to this information.

1. Focus on observed behaviour. Directly telling the student what you have observed and expressing concern for the consequences of this behaviour is the most appropriate response.
2. Don't accuse. It is important to be calm, caring and to create a supportive atmosphere.
3. Listen. A young person who is using alcohol or other drugs is very likely to deny using them or to suggest what was observed was a 'once off situation' when in fact this may not be case. This is very common, as the student may want to continue using and admitting would only make it more difficult. If a young person is deemed to be a danger to themselves or others, appropriate actions (including breaking confidentiality) must be taken in order to ensure the safety of the student and/or others.
4. Consult with relevant others and work out strategies using the guidelines set out in the school policy.

Procedure for dealing with a student under the influence of drugs or whose behaviour indicates possible overdose:

1. Ambulance called for immediately.
2. If possible do not leave the student alone.
3. Attempt to determine the drug taken: By asking the student, By asking friends, By checking Lockers/clothing, By checking odours.
4. Contact parents/guardians.
5. Postpone discussions until clear of drugs, then implement school policy.

Guidelines for Meeting with Parents/Guardians:

It is important that young people involved in this procedure are not isolated or marginalised. Schools and relevant agencies need to support parent/guardian involvement in order to ensure that the young person's needs and issues are dealt with appropriately and considerately.

1. Set up a meeting as soon as possible between Drugs Co-ordinator/relevant other teacher, pupil and parent/guardian.
2. Agree the venue and the time of the meeting with pupil and parent/guardian.
3. Make sure there is enough time set aside for the meeting.
4. Decide with parents/guardians if others need to attend, i.e. support groups, teachers etc.
5. Inform parents/guardians that they have an option of attending with supportive person/friend.

Putting parents at ease:

1. Be aware of the fears or anxieties the parent might have.
2. Empathise with family's circumstances.
3. Recognise the responsibility and expertise of parents/guardians.
4. Build alliance with parents/guardians.

Content of meeting:

1. Treat parents supportively. This is a crisis for them.
2. Outline the school policy.
3. Talk about the specific things you have noticed in relation to the pupil's behaviour.
4. Pass on the concerns of the school.
5. Seek concern of parents/guardians.
6. Ask parents/guardians how they feel and how the school can have a positive input on pupil's situation.
7. Inform them of the support services available to them and their child outside school.

Encourage both parents/guardians or other significant adults to act together. Encourage parents to think and discuss the problem so as not to be at a disadvantage. The situation will be monitored by Drugs Co-ordinator on an ongoing basis.

Conclusion:

1. Decide on an action plan for supporting and encouraging positive change in pupil's behaviour. This plan should involve all the parties.
2. Arrange a follow up meeting to assess improvements in the situation or to discuss further action.

In order for this Policy to be effective:

- The Board of Management, the Principal, Deputy Principal, Year Heads and all staff will be given a copy of the Policy.
- Parents and Guardians will be given a copy of the policy on enrolment of their child in school.
- The Principal will brief teachers on the policy and training needs to be identified. In-service training to be provided to enable teachers to make best use of School Drugs Policy.
- Regular meetings for the Drug Co-ordinators of the eleven schools in the area to inform them of local initiatives/actions taking place. For schools to keep up to date on drugs information and services these meetings would include inputs from local agencies in the Ballymun area (i.e. YAP, Springboard, EHB, etc.).

Education Policy Working Group Recommendations

- We recommend that schools in Ballymun initiate ‘Family Evenings’ to be held in their schools.
- We recommend that the Department of Education and Science appoint a representative to the Ballymun Local Drugs Task Force.
- We recommend that Ballymun schools, youth groups and all those involved in education in Ballymun adopt the ‘Charter for Drugs Education and Prevention in Ballymun’.
- We recommend that Ballymun schools adopt the ‘Drug Policy for Ballymun Schools.’

Conclusion

One of the biggest threats to the future of our young people is that of problematic drug use. In dealing with this problem the Education Policy Working Group viewed young people in a holistic manner, taking into consideration their families and environment. We feel these policy recommendations reflect this and will provide a uniform and co-ordinated approach to the needs of our young people. The adoption of these recommendations will be a step towards a positive and proactive approach to drugs education and prevention in Ballymun. This can only lead to a better future for both our youth and our community.

Housing Policy Working Group Position Paper

Introduction:

In Ballymun, drugs and housing are two issues that are inextricably linked. This is because Ballymun is one area of Dublin where people come to in order to obtain drugs illegally, and much of this drug dealing is done from flats which creates tension and puts pressure on the neighbours of those involved in the drug dealing. If a resident reports dealing to the Gardai the dealers will often take their frustration and anger out on immediate neighbours. This leads to a situation where residents are forced to live in fear of those involved in anti social behaviour. The Housing (Miscellaneous Provisions) Act 1997 defines anti social behaviour as including either or both of the following:

1. The manufacture, production, preparation, importation, exportation, sale, supply, possession for the purposes of sale or supply, or distribution of a controlled drug (within the meaning of the Misuse of Drug Acts, 1977 and 1984).
2. Any behaviour which causes or is likely to cause any significant or persistent danger, injury, damage, loss or fear to any person living, working or otherwise lawfully in or in the vicinity of a house provided by a housing authority under the 'Housing Acts, 1966 to 1997', or a housing estate in which the house is situated and, without prejudice to the foregoing, includes violence, threats, intimidation, coercion, harassment or serious obstruction of any person.

Children in Ballymun also suffer as often they are not allowed out of their flats for fear of being exposed to people drug dealing or using drugs on the landings or stairways. When people are living with a neighbour or neighbours who are involved in drug dealing their lives may often be controlled by the dealer rather than themselves.

Immediate eviction of those involved in anti social behaviour often appears to be the only solution for those whose neighbours are involved in drug dealing.

The Tenancy Agreement between Dublin Corporation and the tenant(s) puts the responsibility for anti social behaviour solely on the tenant(s) as opposed to people residing in the flat. This can create problems when tenant(s) are evicted when in fact they were not actually involved in anti social behaviour. This situation can easily occur in a community that is transient like Ballymun. Within many households a number of family friends or relations may be staying for any length of time. If friends or relatives are found guilty of anti social behaviour then the whole family is evicted under current legislation.

There are a variety of opinions as to how we can tackle these issues. Some approaches may be opposed to one another, i.e. more evictions, rehousing, evictions to be faster, Exclusion Orders (where a tenant or the local authority can get a court order forbidding a person access to a house or housing estate), 'halfway houses'. The consequences of these approaches create different realities: homeless families, continued drug dealing, being threatened by anti-social behaviour. Obviously there are different viewpoints depending on the different situations.

The Housing Policy Working Group focused on two main concerns within the housing issue. Firstly, the issue of eviction for those involved in anti social behaviour namely dealing drugs and secondly, the rehousing of those who have been evicted for anti social behaviour yet have since made positive changes to their lives.

The Policy Working Group sought to include all the different viewpoints. To maximise communication and overcome the personalisation of issues the Group used workshops and case studies to help reach a consensus around the policy recommendations.

Dublin Corporation is responsible for the Estate Management of its property. With this comes the responsibility to the individual tenant and the wider Ballymun community when it comes to eviction and housing.

It is recognised that the continuous eviction of tenants is not the long-term solution to anti social behaviour. In fact eviction can make an already problematic situation worse leaving families homeless and in a vulnerable position (*Merchant's Quay Project, 'A study of out of homeless drug users' 1999*). Other solutions need to be worked out with the community. Any procedure must take into account the issue of people's rights. The rights of the wider community must be balanced with the rights of individual tenants and their families.

Dublin Corporation evicts people only as a last option after other avenues have been pursued and chances to redeem behaviour have not been taken up. But a co-ordinated approach involving all agencies is needed at an early stage to avoid this situation. This would involve the appointment of a key worker by Dublin Corporation to support an individual or family identified as at risk.

The Housing Policy Working Group recommends certain amendments to the current Dublin Corporation procedure for eviction that recognise the conflicting difficulties faced by the community and the individual tenant. The amendments are few but very important as they will allow Dublin Corporation to adopt a rehousing procedure. This procedure can only apply to those who are Dublin Corporation tenants as the tenancy agreement can only be applied to public housing.

Current Dublin Corporation procedure for evicting tenants involved in anti social behaviour:

1. All complaints alleging anti social behaviour should be made in writing and must be signed.
2. All complaints are dealt with in complete confidence. The name of the complainant is at no time released to the person about whom the complaint is made.
3. An investigation is carried out into the complaint. This includes a close examination of the complaint and the person making the complaint. It also involves contacting the Gardai and any other agencies as appropriate.
4. The tenant against whom the complaint is made is invited to attend for interview, by letter. At the interview, the tenant is advised of the precise nature of the complaint against them without identifying the complainant. The tenant is asked to respond to the complaint.
5. Following full investigation and interview, the tenant is informed by letter of action Dublin Corporation will take giving the reasons for action.
6. If a decision is taken to evict, a 'Notice to Quit and Demand for possession' is served.
7. The 'Notice to Quit and Demand for Possession' expires after a minimum of 28 days. If the dwelling is not surrendered, Dublin Corporation applies to the District Court for a date for a hearing. This could take up to 6 weeks.
8. A judge makes a decision in the District Court. If the decision is in favour of Dublin Corporation, the tenant has fourteen days in which to appeal to the Circuit Court.
9. If no appeal is lodged, Dublin Corporation get the warrant signed and arrange to have the eviction carried out through the City Sheriffs Office.
10. After the eviction, the house/flat is barricaded and may be made ready for a new tenant.
11. It should be noted that Dublin Corporation has the power to take die above actions against tenants only.

Proposed Amendments to Current Eviction Procedure:

Point 4 to read: The tenant against whom the complaint is made is invited to attend for interview, by letter At the interview, the tenant is advised of the precise nature of the complaint against them without identifying the complainant. The tenant is asked to respond to the complaint. The procedure for 'Re-housing Tenants Evicted for Anti Social Behaviour' is outlined to the tenant.

Point 8 to read: A judge makes a decision in the District Court. If the decision is in favour of Dublin Corporation, the tenant has fourteen days in which to appeal to the Circuit Court. This information is brought to the attention of the tenant in an accessible way as possible.

Point 10 to read: After the eviction, the new house/flat is barricaded and may be made ready for a new tenant, at an appropriate time in order to protect the new tenant.

Add point 12, to read: In order to ensure community support, the Area Fora are updated on progress

The group recognised that evictions on their own are not the solution to anti social behaviour and by giving people a second chance it will encourage them to make positive changes in their lives. There is currently no procedure for re-housing tenants evicted for anti-social behaviour, re-housing does occur but this is on a case by case basis and not on a policy basis that includes a procedure in writing. Any procedure for rehousing tenants evicted for anti social behaviour needs to be negotiated with the relevant community. For it to be workable and successful it must have the support of the local Area Fora, Dublin Corporation and service providers.

A procedure for rehousing tenants can encourage and support a person who is attempting to make positive changes to their life. The appointment of a key worker is very important if this procedure is to be successful.

It was with this in mind that the Housing Policy Working Group drew up the following procedure.

Proposed Rehousing Procedure:

1. The proposed tenant should make an application to be housed with Dublin Corporation.
2. A minimum period of 6 months should have lapsed since eviction before this new application. The time is needed for the person to show that he/she has made the necessary positive changes in order to be re-housed.
3. An advocate, identified by the proposed tenant, to attend meetings with the Corporation.
4. Dublin Corporation needs to appoint a key worker to work with the proposed tenant(s).
5. An individual study of each case is compiled. The study is compiled by the key worker in consultation with the Housing Welfare Officer, Eastern Health Board and Gardai.
6. Regular reports on progress of proposed tenant to be supplied to Housing Officials in Dublin Corporation by the key worker.
7. The opinion of identified personnel on the Local Area Forum is sought and considered. This is done with the understanding that Dublin Corporation is the authority that houses people and no local group shall have a veto over those eligible to be housed by Dublin Corporation.
8. If the proposed tenant is re-housed by Dublin Corporation a probation agreement is put in place. The situation is monitored for 3 to 6 months by Dublin Corporation. Dublin Corporation can rescind a probation agreement without recourse to the Court System. (It is recognised that this requires legislative change on the part of the Department of Environment.)

9. Any complaint will be fully investigated by Dublin Corporation. Any breach of the Probation Agreement will be dealt with by Dublin Corporation at local level.
10. The key worker ensures that the necessary supports and services are made available and accessible to the tenant and family.

Housing Policy Working Group Recommendations

- That Dublin Corporation makes the proposed amendments to their eviction procedure.
- That Dublin Corporation adopts the procedure for the re-housing of tenants evicted for anti social behaviour in Ballymun.
- That the Department of Environment makes the necessary legislative changes to support the rehousing procedure.

Conclusion

Eviction and rehousing are very emotive issues for both the evicted persons and the wider community. The Policy Working Group has tried to deal with them in a sensitive and caring manner taking into consideration the needs of the evictee, families of those evicted and the immediate neighbours. We feel that by adopting these recommendations Dublin Corporation will be leading the way in offering real solutions to people's concerns around and social behaviour while still encouraging and supporting people who make positive changes to their lives.

Supply Reduction Policy Working Group Position Paper

Introduction:

While other areas of Dublin may have a drug using problem this is compounded in Ballymun with the added difficulty of a high degree of drug dealing in the area. People from all over Dublin come to Ballymun looking for drugs, this has an adverse effect on the community. People calling to flats to buy drugs, people calling to the wrong flat in the hope of buying drugs, people using their newly obtained drugs on the stairways and other public areas all cause local disorder and tensions. Drug dealing continues to divide the community because of the anti social element that is associated with this behaviour. It can prove particularly difficult for those people in treatment and rehabilitation as they may often feel surrounded by those who are trying to sell drugs.

Through discussion the Policy Working Group defined 'Supply Reduction' as 'the reduction in the supply of drugs in the Ballymun community'. The group did not only focus on the supply of illegal drugs but also on the over-prescription and availability of legal drugs being abused.

The focus of this Working Group was to ensure that any new policy would encourage those who had or have a problematic drug use habit to make positive changes to their lives and to recognise that the community is a resource in the fight against drug dealing.

Any attempt to combat the supply of drugs in Ballymun must be done in partnership between the community and statutory bodies (*Combat Poverty Agency, 1996, Submission to Ministerial Task Force on Measures to Reduce the Demand for Drugs*). To be effective this partnership must include all those who are affected by this supply in the community, Gardai, drug users, their families, service users and service providers.

Community Involvement in the Fight Against Drugs:

The aim of any policy in tackling the illicit supply of drugs should be to encourage local residents to reclaim their community back from those involved in drug dealing. We recognise that the Drug Watches have made successful efforts in the past. But any previous endeavour has depended on the voluntary activity of those involved. To have any long term effect, this work should be resourced and supported. The employment of another Tenants Support Worker is a welcome development. The previous Support Worker was very successful, but when that person left the work of the Drug Watches became unfocused. This work needs to be supported on a long-term basis in order to have a long-term effect.

Experience has shown that 'Drug Watches' made up of local residents were successful in monitoring and preventing drug dealing, Public Meetings were used to exchange information and update people on developments, while a 'Confidential Phone System'¹ has continued to be successful in reporting drug dealing.

Meetings could once again be convened by the Tenant Support Worker to focus on the supply of illegal drugs in Ballymun and would serve to update people on the current situation. These meetings should include residents, members of Dublin Corporation, Gardai and political representatives. To maximise its effect the community would be organised on a block by block basis as was done in the past. Each of these blocks would be represented at a local area level and these areas would then, in turn, be represented on a community wide basis, (since the completion of this document this work is now being undertaken by the new Tenants Support Worker)

This community based activity serves not only to give mutual support but would also serve to strengthen the community's resolve to work in partnership in tackling the supply of drugs in our community.

When a person reports a crime they are at risk of being open to slander, personal attack, property damage, and their children are also put at risk. Another aspect of giving evidence is that people who live in fear of reprisal tend to develop stress and other health-related problems. This was the experience of the Working Group participants. These experiences have serious implications for co-operation if the Gardai are to depend on the public for assistance in combating the supply of illegal drugs.

It should never be the case that people's health and safety are jeopardised if they have chosen to report a crime or to give information to the Gardai. Every effort needs to be made to ensure that a person's safety is protected when that person reports the activity of drug dealing.

To overcome these pressures, a number of steps need to be taken. Firstly, Gardai, particularly new Gardai and desk sergeants, become familiar with the local community activists. When a phone call is received on these people's behalf a quicker response is ensured. Secondly, the existing phone system needs to be expanded. This is where certain number of identified residents in each area are provided with mobile phones so as to contact the Gardai in Ballymun Garda Station. These residents do not identify themselves by name but by number. This guarantees confidentiality and protects the resident when giving information. Both the Gardai and residents have found this system successful in combating drug dealing.

Dublin Corporation would supply the telephones and cover the running costs. To ensure the telephone system has optimum effect, Gardai would provide adequate training in the use of the

system The Gardai, Dublin Corporation and residents would evaluate the system on a three monthly basis. Performance indicators for this evaluation need to be worked out.

Problems with licit drug abuse:

It is commonly believed by people in Ballymun that prescription drugs are being too widely issued for simple medical problems. Our society has been raised on the belief that there is 'a pill for every ill'. This belief has unfortunately led to a situation where many people become dependent on their doctor to prescribe a drug for every ailment. This often starts from childhood, with the use of Calpol, and can carry on right through life with the use of headache tablets, sleeping tablets and tranquillisers.

This practice can lead to addiction, especially in the case of Benzodiazepines. Benzodiazepines, like Valium, Dalmane, Mogadon and Librium, are a group of drugs known as tranquillisers and hypnotics. They are designed to be prescribed only on a short term basis to those who are facing severe insomnia, a crisis or trauma in their lives. Benzodiazepines arrived on the market thirty years ago as a replacement for barbiturates, which had proved to be deadly when mixed with alcohol and led to fatal overdoses.. Research in Britain has shown that Benzodiazepines are prescribed more to women who are forty years of age and over than to any other social group, (*'Prescribed drug use and the management of everyday life' Gabe and Thorogood.*). A recent evaluation of Eastern Health Board Drug Services showed that 63% of clients were regularly using of Benzodiazepines as well as their prescribed Methadone

The Policy Working Group focused on Benzodiazepine dependency because the problems associated with their misuse are so complex. These problems include the fact that they are highly addictive, easily available, often end up on the illegal market, doctors may often 'inherit the problem' on arriving at a new practice and there is little support for doctor or client when attempting to cut down on Benzodiazepine use. The supply of Benzodiazepines is often on a repeat basis and unmonitored, because of this Benzodiazepines end up complimenting the supply of heroin in the community. Dalmane, Valium or Mogadon will be added to or substituted for heroin.

The extent of this problem in Ballymun is difficult to quantify or even research. This is due to the private nature of prescription drug use as well as the large illegal influx of these drugs from outside Ballymun. Currently there are no statistics available in relation to the volume of Benzodiazepine consumption in Ballymun, or in Ireland generally. This has made it difficult to propose any recommendations to combat the problem of Benzodiazepine dependency in our community. With the limited knowledge of the Benzodiazepine problem we recognise that the solution is not simply about demanding that local doctors stop prescribing these drugs to those in crisis. In order to find alternatives to benzodiazepine use and put supports in place then the current deficit in research needs to be addressed.

This can be done through the funding of community based research into Benzodiazepine use in Ballymun. The research can lay the foundation for a programme focusing on assisting those clients and doctors who wish to reduce the dependency on Benzodiazepine in Ballymun. To be most effective, the results of this research should be made public.

The use of alternative therapies for some medical problems and for certain individuals can be as effective and less harmful to people than conventional prescribed drugs (*Johnson 1983*). Examples of alternative therapies include reflexology, aromatherapy, stress/anger management and meditation. These alternative approaches may take more time and be more expensive, but using them will help in reducing problems with licit drug use in the community.

To combat the supply of illegal drugs in Ballymun we need to address the supply of prescription drugs with the same vigour. While addressing the issue of prescription drug dependency we must also recognise that many multi national drug companies have a vested interest in the continuing prescription of drugs within communities like Ballymun. Their profit depends on people attending their doctor, privately or on the General Medical Services (CMS), and being prescribed benzodiazepines.

Supply Reduction Policy Working Group Recommendations

- The community's experience and energy to be used in the fight against drug dealing.
- Gardai to familiarise themselves with community activists.
- That the confidential mobile phone system be extended throughout Ballymun.
- Funding to be made available for community based research into benzodiazepine dependency in Ballymun.
- Avenues for the provision of alternative therapies to be explored.

Conclusion:

These policy recommendations are based on the belief that the community has a crucial role to play in the reducing the supply of drugs in Ballymun. Through this recognition that real partnerships can be forged that are effective in bringing positive change to the community.

Treatment and Rehabilitation Policy Working Group Position Paper

Introduction:

The treatment and rehabilitation of those in recovery was identified as one of the main focuses of this policy document. The Policy Working Group was made up of representatives from local services and groups. This Working Group identified a number of key areas central to the issue of treatment and rehabilitation.

Socio-Economic Factors:

‘Can we separate prevention, causes of drug use, treatment, and rehabilitation from the prevailing social and economic injustice that exists in our society today?’ (Green paper on Adult Education.). The Working Group believes that we cannot separate any of these issues, in fact they are all inter-dependent.

The socio-economic factors in Ballymun have a direct effect on problematic drug use (See Introduction). This was accepted by the Government’s 1996 “First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs”. For treatment and rehabilitation to have any long term effect the economic structural inequalities have to be faced up to by central government. We need to address this situation now to prevent problem drug use being part of the lives of another generation.

Within this environment, as outlined in the Introduction, people can not be expected to leave their ‘other problems’ outside the door of a treatment service. But by operating through an approach which integrates the many different treatments available in Ballymun (e.g. education, aftercare, family support, etc.), services will be greatly improved. The responsibility to realise this lies at the door of every service operating in the area.

The continued provision of services will not stem the spiral of problematic drug use if it is not matched by a political will to tackle the root causes of problem drug use. Investment in a more socially just society is essential if we are to have a long-term solution to this problem. This requires real decisions being made and actions being taken about investment in housing, education, youth services, training, minimum waged jobs, community services and treatment and rehabilitation.

Bio-Psycho-Social Approach:

As already outlined, the environment in which an individual lives has a strong bearing on that person's health (*Kadushin et al, 1998, Getting et al, 1998*). This includes both a person's mental health and psychological status. In order to tackle the complex nature of addiction, a 'Bio-Psycho-Social' approach (*Sarqfino, 1998*) is needed in Ballymun.

For too long the psychological and mental health problems that are associated with addiction have been ignored. Examples of such problems include low self-esteem, depression, anxiety, stress and panic attacks (*Thomas, 1996, Brewer et al 1998*). These problems are identifiable, and therefore services must also treat these problems along with the individual's problem with drug use.

At present, drug services fall under the wider umbrella of the psychiatric services. This distinction leads to a situation where drug services are overly influenced by the medical model of care. Medical and social problems for too long have been seen as two very distinct areas of work. This needs to be overcome so clients are not seen simply as people seeking medical treatment, but people whose drug use is part of a wider social economic environment.

The 'Bio-Psycho-Social' approach to providing services is an attempt to address this situation. 'Bio-Psycho-Social' is a term used for looking at the individual as a whole person in his/her environment. This approach looks at addiction from the biological side (i.e. medical and physical), from the psychological side (i.e. mental health and emotional well being), and from the social side (i.e. social, cultural, economic factors). This model aims to integrate these three sources together in order to get a common approach to addiction. All professional, voluntary, and community services can use this approach. This model takes a holistic approach to problem drug use, and in doing this, the model recognises the complex and dynamic nature of the problem. In other words, the Bio-Psycho-Social approach deals with the person's problem drug use within their own environment and it examines all the personal and social issues affecting each individual in the context of each individual's personal circumstances in Ballymun. This approach requires comprehensive co-operation and co-ordination between all drug services in Ballymun

Mainstreaming of Services:

The establishment of the Ballymun Local Drugs Task Force had a positive impact on all levels of the drug problem and in particular treatment and rehabilitation. It has brought decision making nearer to the people who are most affected by such decisions. Through its work the Drugs Task Force has encouraged an integrated approach to this most complex and dynamic problem. It has

built on a lot of the good work done in Ballymun over the last thirty years in the area of treatment and rehabilitation. Some of this work is ongoing with a wide variety of services being provided for and run by community groups. These services respond to different people's needs at different stages of their drug use. These community initiatives have continued to identify gaps in the existing services and have attempted to fill these gaps with their services. Many of these services receive funding from the Drugs Task Force, for example the STAR Project, Springboard Project, Ballymun Aftercare, Unity Centre, Aisling after school clubs, Ballymun Early School Leavers Initiative. Support for such services has to continue into the future. To this end, the announcement by Minister Chris Flood (1999) that Drugs Task Force funding will continue for a further two years will have a very positive impact in Ballymun and is welcomed by the community and its services. Community initiatives have to be encouraged, as they will continue to be essential in the battle against problem drug use.

Unfortunately, there are a number of obstacles to this work. These include the absence of guaranteed long term funding and the lack of long term cohesion of services. In the current circumstances, community groups and services spend much needed time filling out forms and chasing funding. If a service were mainstreamed, time would be better spent in providing the actual necessary service, identifying future directions and in adopting an integrated approach to tackling the drug problem. It is through a more efficient and speedy mainstreaming process that this can be achieved.

Rehabilitation and Moving On:

When people present themselves for treatment and/or rehabilitation it is important that each individual can access both training and employment as part of that treatment/rehabilitation. Groups that provide these services need to be flexible in their approach to each client.

When/if a client is ready to access training or employment local services need to accommodate this development. This will be particularly true if the current economic growth continues. If services are to encourage people in treatment and rehabilitation to move on then certain changes need to be made. These include:

1. Early morning dispensing of methadone, i.e. 7:30-9:00am. Saturday and evening appointments with doctors to accommodate those in employment and training.
2. Regular reviews of scripting procedure for those in employment or training with a view to scripting out for those who are stable.
3. The Eastern Health Board needs to improve access to treatment and develop systems for primary care on a transition basis.
4. Increased options for aftercare, these are particularly needed when clients start working or training.

The Community Employment Schemes operated by FAS have a vital role in treatment and rehabilitation programmes. Examples of such schemes are the SAOL project in Amiens Street and the STAR project here in Ballymun (See appendix 4).

Unfortunately with the current criteria for the Community Employment Schemes, problems do arise.

1. The pending cut backs on these Community Employment Schemes will have a very negative effect on Ballymun. Groups providing important services and training could cease to exist.
2. The period of six months between leaving one scheme and being able to join another scheme is too long. It is during this time that a lot of work done on the scheme can come undone.
3. The length of time a person can stay on a Community Employment Scheme is often too short for someone who is attempting to make positive changes to their life. Finishing a scheme too soon will only increase pressure on people who are already in a vulnerable position in dealing with their drug use. Provision of rollovers, when necessary, to those in recovery is important.

To help overcome these problems we propose the following amendments to the current FAS Community Employment policy:

1. Local Drug Task Force areas should be exempt from Community Employment Scheme cut backs.
2. Employees on Community Employment Schemes, involved in treatment and rehabilitation, should be able to move directly into employment with other traditional schemes, i.e. Welfare Rights, drop in centres, youth clubs etc.
3. Time extensions on Community Employment Schemes, similar to those available for members of the travelling community, need to be made available to people who are involved in treatment and rehabilitation.
4. Incentives are needed from FAS for traditional projects to employ a quota of people who are in recovery, i.e. stabilised on or finished with methadone.
5. Financial incentives are needed to encourage people into training. In this way immediate monetary gain can be seen from treatment and rehabilitation. An example of this is the Soilse Project, which offers £10 per week and other incentives as an addition to existing benefits.

Co-operation Between the Eastern Health Board and Non-EHB Services:

Co-operation between EHB and non-EHB groups is essential in providing an integrated approach to treatment and rehabilitation services in Ballymun.

Experience has shown throughout Ireland and internationally that an integrated approach is the best and only option in tackling problem drug use in any community. This co-operation will benefit clients, services, and the wider community.

The participation on the Ballymun Local Drugs Task Force by the Eastern Health Board is welcome and productive. There is some ongoing co-operation going on between the Eastern Health Board and non-EHB services, however this co-operation is not policy driven but on a case by case basis. This approach is inadequate in today's climate as it does not allow for the integration that is needed in Ballymun.

To ensure adequate service development and co-operation a statement of intent needs to be issued by the Eastern Health Board. This statement should include a policy of positive engagement with local services/organisations. To ensure full co-operation, local services and Eastern Health Board staff at all levels need to be included in the drawing up of this statement. To compliment this, responsibility for the development and control of Eastern Health Board drug services in Ballymun needs to be devolved towards local level and away from central control. The appointment of a site manager in Domville House would ensure this and will ensure that any policy decisions made can be followed through by staff on the ground. To avoid duplication and maximise support for the client a regular system of co-ordination must be established between the Eastern Health Board and community services.

Adoption of service similar to Wirral Drug Service

The Wirral Drug Service provides treatment and rehabilitation for clients in the Wirral and Chester areas of Liverpool, England. This model of operation is client centred and based on an integrated system involving all those providing treatment and rehabilitation to the client. The system allows for a 'key worker' to coordinate and access services available to the client. This method of delivering services receives the full cooperation and backing from General Practitioners working in the service, (see Appendix 7).

Psychological and Mental Health Support

Psychological and mental health problems may not only result in problem drug use, but also, problem drug use can cause psychological and mental health problems (*Takala et al, 1993, Thomas, 1996*). These problems include low self-esteem, low self-worth, and low self-efficacy. Such problems are compounded by the lack of drug counselling services (particular in aftercare) available to drug users, people in recovery and their families in Ballymun. There are drug counselling services in place (Domville House, Youth Action Project, Unity Centre, Ballymun Aftercare and STAR,) and while they are doing an immense amount of work, they simply cannot keep up with the increasing demands that are being placed on them. These drug counsellors have

to have the support of the community, and Ballymun has to have more drug counsellors. Also, each individual has the right to be regularly assessed and counselled through problematic drug use. This includes from the first time a person presents for treatment, through treatment/rehabilitation, and on into aftercare.

The role of the family before, during and after the course of problematic drug use is very important (Howard and Jenson, 1999 and Ferguson, 1999). This again ties in with the Bio-Psycho-Social approach, as an individual's family is a very important component of each individual's persona and circumstances. Therefore, it is important to acknowledge the strength of influence a family can have on an individual. An example is when a person's sibling(s) and/or parent(s) are drug users. Such circumstances need to be considered when providing support, prevention, intervention, and education with individuals. Research into the influences a family can have on problematic drug use, i.e. on those who become involved in problem drug use, during drug use that has become problematic, in treatment and in recovery, has to be extended. This research has to be accessible to those providing the education/support.

Treatment & Rehabilitation Policy Working Group Recommendations

1) Eastern Health Board:

- I. A clear statement of intent from the Eastern Health Board. This statement should formalise co-operation with community services.
- II. Mental health services provided by the Eastern Health Board in Ballymun needs to be extended;
 - extra staff must be provided to do this.
 - funding should be made available for community based research into mental health and psychological issues in Ballymun.
 - doctors should be encouraged and supported in combining and balancing the prescribing of drugs with other supportive approaches when dealing with mental health.
- III The appointment of a site manager to Domville House, Treatment Centre, Ballymun.

2) Flexibility of services:

- I. All services must be client driven. Support services must respond to different people at different stages of their drug use.
- II. Flexibility of all treatment and rehabilitation services to better serve clients in training and employment.
- III. Encourage more pharmacists to dispense methadone.
- IV. A constant review of needle exchange services allowing for greater emphasis on the return of used needles and greater flexibility when needed.

- V. Support non-medical and non-opiate approaches to addiction, i.e. aromatherapy, crisis management and acupuncture.

3) Recognition, Support and Resources:

- I. Work done at community level in the provision of services needs to be fully recognised by statutory bodies and state agencies.
- II. In recognising the volume of work carried out by voluntary services, resources need to be made available to allow current staff to be paid.
- III. To build on that good work more money should be made available for further increase in staffing levels if needed.
- IV. Security of long term funding is essential for community services. These services should include experimental actions taken where the community has identified gaps.
- V. Research into the influences of family on problematic drug use to be extended.

4) Amendments to current FAS Community Employment Schemes:

- I. We invite FAS to make the proposed amendments to their current policy on Community Employment Schemes.

5) A Ballymun Programme for Ballymun:

- I. The setting up in Ballymun of an integrated treatment and rehabilitation system, similar to the Wirral Drug Service.

Conclusion:

The recommendations from the Treatment and Rehabilitation Policy Working Group were both client and community centred. The cornerstone of all these policy recommendations is the bio-psycho-social approach. In other words, any policy must recognise the individual as a whole person who is part of a wider community.

The recommendations are specifically Ballymun orientated. This is to ensure that all policies are community based and user friendly. The implementation of these recommendations will serve the client and the community in an effective and understanding manner.

Final Conclusion:

Issues surrounding problematic drug use are many and varied. The solutions to them must have a long-term strategy. This policy development process aimed at bringing together different elements of the community in an attempt to do that. The policy recommendations in this document are community based and are focused on co-operation, integration and the belief that policies can have a positive affect on people's lives.

Summary of Recommendations:

Education:

1. School policy to be proactive in its approach to drug education and prevention.
2. Procedures to take into consideration young peoples families and environment.

Housing:

1. Eviction and re-housing policy and procedures to take into consideration the evictee, evictee's family and the wider community.

Reduction of Supply of Drugs in Ballymun:

1. Community to be recognised as a resource in combating drug dealing.
2. Research into prescription drug dependency to be funded and findings made public.

Treatment and Rehabilitation:

1. Policy of drug services to reflect the individual as part of a wider community.
2. Co-operation and integration between voluntary and statutory services to be formalised.

APPENDIX 1

Who are the Community Action Programme Ballymun?

Ballymun Community Action Programme is a community resource centre and development programme that is run by a management committee of people who live or work in Ballymun. It operates from the philosophy which firmly believes in collective action by local people to identify their needs and decide on the best solution to their problems.

Community Action Programme's aims are to:

- Respond to the needs of local groups in order to strengthen them in the work they are doing.
- Initiate activity where there are gaps in what is being provided by or for other groups locally.
- Draw lessons from the experience of local groups that can inform policy makers and be in a position to make those lessons heard.

CAP does this work in order to try to ensure that any actions to tackle poverty and disadvantage that are proposed nationally will be of benefit to Ballymun and other areas like it around Ireland.

As part of its Strategic Plan 1998-2003, CAP prioritised the need to influence policy from a community perspective. CAP believed that dedicated resources and a definite strategy was needed if the aspiration of policy change, in a way which positively involves local services and people, was to be met. Resources were particularly required if the involvement of local people was to contribute positively to policy development in relation to the drug issue. It was with a view to accessing these resources and developing a strategy that a proposal was put together to access funding from the Combat Poverty Agency's 'Poverty, Drug Use and Policy Pilot Programme' and from the Ballymun Local Drugs Task Force. This proposal resulted in CAP's employment of a Drug Policy Development Worker.

APPENDIX 2

Who are the Ballymun Local Drugs Task Force?

In October 1996, the Government announced the setting up of Local Drugs Task Forces in areas with serious heroin problems and pledged £10million towards tackling the heroin problem. The Ballymun Addiction Forum began work to re-structure itself in order that it could evolve into the Local Drugs Task Force for the area.

The Local Drugs Task Force is made up of local people (representing the local area fora), local agencies, Dublin Corporation, the Eastern Health Board, FAS, The Youth Service and Community Development Projects. The four T.D.'s that represent Ballymun are also members of the Local Task Force

These different parties were brought together in 1997 to develop a strategy that would address the drug problem in Ballymun in the coming years and lead to a co-ordinated local response.

A budget of £700,000 was made available to the Ballymun Local Drugs Task Force by the government to back up this strategy. This led to a number of community based initiatives being developed. These different services deal with the drugs issue under three headings, education and prevention, treatment and rehabilitation and supply reduction. Three corresponding Task Force sub groups were formed to co-ordinate and allocate funding to the various services.

After carrying out an evaluation of the work done by all the Local Drugs Task Forces the government has decided to continue funding the Task Forces for at least another two years. Ballymun Local Drugs Task Force is currently consulting with the community in compiling a new two-year plan for the area.

APPENDIX 3

Profile of Ballymun:

The following profile of Ballymun was compiled in August 1998 for the Ballymun Youth Development Plan.

Background:

Ballymun lies on the north of Dublin City and has the distinction of being the only high-rise public housing complex ever built in the south of Ireland. The estate consists of a mix of 2,814 flats in 4-, 8-, and 15- storey blocks along with 2,400 houses concentrated in an area of 1.5 square miles.

The estate was built as part of a response to the serious crisis in public housing in Dublin City during the 1960's. The construction began in the early 1960's and continued into the early 1970's. The original plans for this "new town" included all of the infrastructure that a large town might feature including shops, services, cinemas and leisure facilities. In the event, the only shops that were built were in the centrally located Town Centre. Only a sustained campaign by the local community ensured that the promised swimming pool was built (again in the Town Centre) almost ten years after the housing phase was completed.

The much publicised closure of the Bank of Ireland branch at Ballymun shopping centre in 1984 brought to wide public attention the extent of the deterioration of Ballymun over it's first two decades. In the same year, an Eastern Health Board Special Committee categorised Community Care Area Seven, which included Ballymun, as the "most disadvantaged in the State".

A consistent lack of investment in the maintenance and development of Ballymun over 25 years led to serious degeneration of the physical environment. A pilot project to refurbish one 15-storey and two 8-storey blocks of flats was initiated in 1987 and completed in 1993. By 1996, on the basis of the evaluation of the pilot phase, the decision had been taken to demolish the remaining flats and rebuild low-rise housing on-site.

The announcement of the decision to demolish the flats was accompanied by promises to regenerate the community as well as re-build the housing stock. The planned regeneration of Ballymun offers the opportunity to rectify many mistakes made in the first attempt and to learn from mistakes made in numerous other "satellite towns" where large concentrations of public housing without supporting infrastructure have led to the development of sprawling ghettos of serious disadvantage. In order to avoid repeating these mistakes, it is crucial that sufficient resources are allocated for infrastructure in Ballymun. It is also vital that any future policy development is done using the community as its engine. Previous policy has continuously alienated those people whom it most affects. We now have an opportunity to change that. We have an opportunity to develop policy that has a positive impact on people's lives.

Current Social Profile:

The population of Ballymun according to the 1996 Census was 16,566 people living in the area, a decrease of 2.8% on the 1991 figure.

Households headed by lone parents have now become the most prevalent household types in Ballymun. When expressed as a proportion of households with children, lone-parent households increased from 40.7% in 1991 to 51.7%, a majority of households with children, in 1996.

There is a high rate of single parenthood amongst young girls. The Census data provides no direct information on this matter, but the number of women over the age of 15 who are single increased from 2,636 to 3,006 between 1991 and 1996.

There is a high rate of marital breakdown within Ballymun. Between 1991 and 1996 the number of women over the age of 15 who are separated increased from 616 to 702. The number of widows also increased from 264 to 319.

There has been a significant decrease in the absolute numbers of children under 15 years of age since 1991. However, the proportion of young people under 15 years of age was still 32.6% in 1996, which is significantly higher than the national average of 23.7%.

The population from which the youth labour force is drawn (age 15 - 25) has also dropped quite significantly. In fact, it is this age range which has shown the sharpest decrease between 1991 and 1996. Again, however, despite the decline in absolute numbers in this age range, the proportion of the population in this category remains high at 20.8%, compared to 17.5% nationally.

Overall, 53.4% of the population in Ballymun was under 25 years of age in 1996 as compared to 41.2% of the population under 25 years of age in the country as a whole.

Labour Force Participation and Employment/Unemployment:

The 1996 Census data shows the population of Ballymun District Electoral Divisions, A, B, C, D and E to be 11,973 people between the working age of 15 and 64 years of age. Within this number, there are 5,497 males and 6,476 females. The small area printouts for these D.E.D.s reveal that 4,671 of these were at work, 362 were seeking their first job and 2,487 were unemployed. This is a total of 7,520 people participating in the labour force, which represents a labour force participation rate of 62.8%.

Of the 7,520 people active in the labour force, 2,849 were either unemployed or seeking their first job. This represents an unemployment rate of 37.9%. This compares extremely poorly with both the official national figure of 8.7% or the Irish National Organisation of the Unemployed estimate of 18% unemployment nationally. The rate for Ballymun would be slightly higher if calculated for the exact Ballymun Local Drugs Task Force area, which is not exactly in line with D.E.D. boundaries and does not include the Willow Park and Cedarwood neighbourhoods of privately owned housing. Figures by neighbourhood are not available at this time.

In any event, an unemployment rate of 37.9% in 1996 was one of the highest in any community in the country and almost five times the official national average for unemployment.

Educational Achievement:

There are currently approximately 2,350 pupils attending the 8 primary schools in Ballymun while approximately 850 students are attending the Junior and Senior Comprehensive schools. All of the children attending school in Ballymun live in Ballymun, with the exception of children attending Scoil an tSeachtar Laoch which has pupils from outside the area.

Ongoing research and documentation over the past decade points to a consistent pattern of problems for the schools in Ballymun resulting in low educational attainment among the young people attending local schools which is reflected in the following comparative analysis of education participation rates in 1991:

	% leaving school at age 15 or less	% remaining in education at age 20 or over
Nationally	36.1	8.2
Dublin City	39.1	8.7
Ballymun	54.6	1.2

A Work Research Centre (W.R.C.) report of 1997 reveals that early school leaving patterns in Ballymun are consistently higher than national or City averages and participation rates in higher education are chronically low.

A study of education and training among unemployed people in 1994 revealed the following comparison of educational attainment between unemployed people in Ballymun and the rest of the country:

	Nationally	Ballymun
% of all unemployed with no qualifications	46.7	56.3
% of young unemployed with no qualifications	17.7	37.5
% of all unemployed with leaving Certificate	21.4	6.7

Local research in 1996 estimated that less than 25% of children attending schools in Ballymun complete the senior cycle. None of the Traveller children living in the area, (principally at St. Margaret's Traveller's site), attend the secondary schools in the area. If they do undertake further education beyond primary level, it is at one of two specialist training centres for Travellers.

At present there are no mechanisms for tracking children through primary and secondary school. While it is estimated that approximately 15 children per year fail to make the transition from local primary schools to the Junior Comprehensive after enrolling there, there is no data on children who are enrolled in primary or secondary schools outside the area.

There is also a serious and persistent problem of non-attendance at school among young people from 8-9 years of age and upward. A recent survey for the Ballymun Alternative Schooling Project detected serious attendance problems among 346 children between the ages of 8 and 15 years of age out of a total of 2,258 children attending the schools concerned, i.e. 15% of the school-going population in this age group.

Welfare Dependency:

The W.R.C. report makes the point that the distinctive profile of the population in Ballymun means that "Labour force data and unemployment statistics cannot provide a complete picture of the extent to which people are excluded from participation in employment". For this reason, the W.R.C. gathered together information on welfare payments in general and on Dublin Corporation tenancy status of Ballymun residents that they used to produce an overall picture of welfare dependency in Ballymun in 1997. Through this exercise, they concluded that:

- The extent of dependency on welfare from payments such as Lone Parents Allowance, Disability Allowance, Training Allowances and so on is at least equal to the level of dependency on payments from Unemployment Assistance or Benefit. (Only those in receipt of Unemployment Assistance or Benefit are counted for the purposes of the Live Register or for the purpose of calculating the official unemployment figures.)
- The scale of welfare dependency in Ballymun, particularly in the flats, is revealed by two stark indicators; (1) 71% of Corporation households depend on social welfare as their only source of income, and (2) just 16% of Corporation tenants draw any income from employment.

Drug Dependency in Ballymun:

A study carried out in 1999 by Foxe with the Ballymun Local Drugs Task Force reveals that the figures for opiate use are far higher than originally anticipated. The purpose of the research was to give a good estimate of the number of opiate users with reported addresses in Ballymun during the year 1998. Three sources of data were used in attaining this estimate.

These sources included:

- Garda data files from 1998.
- Treatment Data Files from 1998, i.e. Domville House, EHB addiction centre, and the Mobile Clinic.
- Hospital Data Files from 1998, (St. Brendan's, Grangegorman, St. Vincent's, Fairview and the Mater Hospital.)

By using the data from the three sources mentioned above, and discounting the overlaps of individuals between sources, the research produced a figure of 683 known opiate users in Ballymun in 1998.

While utmost care was taken in collating the data from these sources we must also be aware of false information within the study. An example of this might be an individual giving a false Ballymun address for the purpose of getting onto the waiting list of a local drug service.

Looking more closely at the 683 opiate users identified we get the following information:

- Of the total 683 users, 450 are male and 233 are female. This gives an overall ratio of 2 males for every 1 female user.
- The average age of the 683 individuals is 26.34 years and the ages range from 14 years to 59 years of age.
- According to the 1996 census there are 8,593 people aged between 15 years and 49 years of age living in Ballymun. From this data we have 680 opiate users who fall into this category.
- One major finding is that the ratio of male users to female users is becoming more equal, in the 15-19 age group the ratio of males to females is 1.2:1. This points to a trend of increase in female opiate use in the younger age groups.
- The majority of opiate users fall between 20 and 29 years of age, giving a total of 445 opiate users out of a population of 3,458.

In conclusion, it can be said that here in Ballymun there is a widespread opiate use problem. It is also important to point out that the figure given is the known figure for opiate users for the year 1998.

Prescription Drug Dependency:

It has proven impossible to attain or quantify the number of people who are dependent on prescription drugs. This is because the Supply Reduction Policy Working Group has been unable to get the figures for prescriptions issued within the Ballymun area.

Yet the Group recognised that there is most definitely a problem with benzodiazapine use in Ballymun. As part of the Group's recommendations, the Policy Working Group calls for community based research to be done into licit drug dependency in Ballymun. This research should be made available to the community.

APPENDIX 4

Profile of Service Provision for Drug Users in Ballymun:

Domville House, Ballymun Road, Ballymun, Dublin 9: Domville House is a methadone clinic run by the Eastern Health Board. It is situated in the Board's Community Care Area 7. The staff of Domville House consists of general practitioners, counsellors, nurses and outreach workers. Its services include:

- Initial Assessment.
- Maintenance and Detoxification Programmes.
- Needle Exchange.
- H.I.V. testing.
- Hepatitis testing.
- Counselling and Support Services.
- Community Welfare.

Ballymun Youth Action Project (YAP), 1a Balcurris Road, Ballymun, Dublin, 11: This project offers a wide range of services on all aspects of drug abuse. Its services include:

Individual and Family:

- Advice, referral, information.
- One-to-one counselling.
- Parent support groups, Contact time, family support.
- Inner journey courses.
- Outreach - prison visits, home visits, residential and hospital visits.

Education:

- Community education.
- Drug/alcohol awareness programs.
- Primary schools drug/alcohol awareness programs.

Community Work:

- Liaising and networking.
- Contributing to policy development.
- Promoting the principles of community development.

Springboard Project, Coultrey Road, Ballymun, Dublin 9: The Springboard Project is a short-term intervention project. It takes referrals from:

- Community Psychiatric Nurses.
- Public health Nurses.
- General Practitioners.
- Mobile Clinic.
- Prisons.
- Probation and Welfare Officers.
- Local agencies.
- Self-referrals.

The STAR Project, 11 Coultrey Road, Ballymun, Dublin 9: The STAR Project caters for 15 women who are stabilised in their drug use. This project has an emphasis on education and training, and on reintroducing the participants into the working environment.

The Unity Centre, 39 Balcurris Road, Ballymun, Dublin 11: The Unity Centre offers a number of services to the families affected by problematic drug use. These services include:

- One to one counseling.
- NarAnon (narcotics anonymous).
- Support Groups.
- Drop In.
- Assist with children's homework.
- Budgeting.
- Stress management/relaxation skills.
- Aromatherapy.
- Outreach Work.
- Arts and Crafts.
- Social Activities.

The Ballymun Health Centre, Town Centre, Ballymun, Dublin 11: This centre is run by the Eastern Health Board and offers a number of services. These include:

- Needle exchange.
- Social Work Services.
- Public Health Nurses.
- General Practitioner services.
- Psychiatric Services.
- Home Help Services.
- Medical Card Services.

Ballymun Aftercare Programme, L.S.4, Coultry Road, Ballymun, Dublin 9. This project offers support to those who have completed a treatment/rehabilitation programme.

Other Drug Related Services:

Urrús - Ireland's Community Addiction Studies Training Centre, 290 Balcurris Road, Ballymun, Dublin 11 (A Ballymun Youth Action Project Initiative). Urrús offers a range of training modules on addiction, drug misuse, and community development.

APPENDIX 5

The Questionnaire:

Ballymun Community Action Programme Questionnaire

SECTION ONE: GENERAL INFORMATION

Q. 1. Please provide address/contact details for your information group/agency

(Please write in block capitals)

1) Full name of group/agency	
2/3) Postal address	
4) Telephone Number(s)	
5) Fax Number(s)	
6) E-mail address &/or WWW site	
7) Name & position of person completing questionnaire	

Q.2. Is your group/agency:

(Please place tick in appropriate box opposite)

_____	a stand alone service	<input type="checkbox"/>
_____	part of a larger/wider organisation	<input type="checkbox"/>

Q.3. If it is part of a larger/wider organisation please give full name of organisation below:

Q.4. In which year was the group/agency established:

Q.5. How long has your group/agency been operating in Ballymun:

Months

Years

Q.6. Is your group/agency formally linked, represented on or affiliated to other organisations/bodies (e.g. part of a network, member of a federation, etc.

(Please place tick in appropriate box opposite)

_____	(1) Yes	<input type="checkbox"/>
	(2) No	<input type="checkbox"/>

Q.7. If 'Yes, please list the 3 most important links or affiliations below in order of importance

1. _____

2. _____

3. _____

Ballymun Community Action Programme Questionnaire

SECTION TWO: SERVICE PROVISION

Q.8. What are the overall aims and objectives of your group/agency?

Q.9. What is the main focus of your group/agency's activities?

Q.10. What has been your group/agency's experience of drug use?

Q.11. What responses, if any, do you have in place to deal with drug use?

Q.12. Is there a specific target group for your agency/group?
(Please place tick in appropriate box opposite)

(1) Yes	
(2) No	

Q.13. If 'Yes', who is the target group?

Q.14. Do you co-operate/engage in joint activity with other organisations at local level?
(Please place tick in appropriate box opposite)

(1) Yes	
(2) No	

Q.15. If 'Yes', please give names of organisations and state the type of co-operation below.

<u>Name</u>	<u>Type of Co-operation</u>

SECTION THREE: MAIN AREAS FOR DEVELOPMENT IN RELATION TO DRUG USE IN BALLYMUN

In preliminary discussions with a number of groups, agencies and individuals undertaken by the Poverty, Drug Use and Policy Program, the following issues were identified as the main areas for development in relation to drug use within the Ballymun community:

- 1) **Education**, the role of the educational system in relation to drug use and prevention.
- 2) Housing, particularly Local Housing Authority policy in relation to the housing of drug users and evictions of drug dealers.
- 3) **Treatment and Rehabilitation**, effective treatment and rehabilitation options required to meet the needs of drug users and the community.
- 4) **Supply Reduction**, policing methods and law enforcement in relation to drug offences.

In this section we would like to take the opportunity to ask you to outline any current activities, policies, developments, obstacles and needs that you may have in relation to each of these areas. We would also like you to list in order of priority which of these areas you view as the most important in relation to drug use in Ballymun.

Education

E.1. Please outline any current activities undertaken by your group/agency in relation to education:

E.2. Please outline any aspects of the education system that currently help your agency/group in dealing with drug use:

E.3. Please outline any aspects of the education system that hinder your group/agency in dealing with drug use:

E.4. What changes need to take place in education to improve your work in dealing with drug use?

Ballymun Community Action Programme Questionnaire

Housing

H. 1. Please outline any current activities undertaken by your group/agency in relation to housing:

H.2. Please outline any aspects of housing that currently help your agency/group in dealing with drug use:

H.3. Please outline any aspects of housing that hinder your group/agency in dealing with drug use:

H.4. What changes need to take place in housing to improve your work in dealing with drug use?

Treatment/Rehabilitation

T.1. Please outline any current activities undertaken by your group/agency in relation to treatment for and rehabilitation of drug users:

T.2. Do you have any policy in relation to treatment/rehabilitation?
(Please place tick in appropriate box opposite)

	(1) Yes	
	(2) No	

T.3. If 'Yes', can you please outline what it is:

T.4. Please outline any aspects of treatment/rehabilitation that currently enhance your area of work:

T.5. Please outline any aspects of treatment/rehabilitation that act as barriers to your area of work:

T.6. What needs do you have in relation to treatment/rehabilitation that would further enhance the development of your work?

Supply Reduction

S.1. Please outline any current activities undertaken by your group/agency in relation to reducing the supply of drugs:

S.2. Do you have any policy in relation to a reduction in the supply of drugs?
(Please place tick in appropriate box opposite)

	(1) Yes	
	(2) No	

S.3. If 'Yes', can you please outline what it is:

S.4. Please outline any aspects of supply reduction that currently enhance your area of work:

S.5. Please outline any aspects of supply reduction that act as barriers to your area of work:

S.6. What needs do you have in relation to supply reduction that would further enhance the development of your work?

Q.16. Could you please list in order of priority which areas you view as the most important for your group/agency in relation to drug use in Ballymun.

(Number in order of importance opposite: 1 for most important, 2 for second in importance, and so on)

- 1) Education
- 2) Housing
- 3) Treatment/Rehabilitation
- 4) Reduction of Supply

The Circulation of the Questionnaire:

The questionnaire was circulated to a total of fifty-two groups and individuals. Forty individuals/groups completed the questionnaire. Listed below are the groups that responded to the questionnaire:

- 1) Juvenile Liaison Officer, Santry Garda Station.
- 2) Chief Regional Officer, Dublin Corporation.
- 3) Community Worker, Dublin Corporation.
- 4) Estate Services Officer, Dublin Corporation.
- 5) Welfare Officer, Dublin Corporation.
- 6) Dublin Corporation.
- 7) Psychiatric Social Worker, Mater Child and Family Centre, Ballymun.
- 8) Director, Ballymun Youth Action Project (YAP).
- 9) Coordinator, Urrus, Ballymun.
- 10) Education Support Worker, Ballymun Partnership.
- 11) Housing Task Force, Ballymun.
- 12) Ballymun Regeneration Limited.
- 13) Coordinator, STAR Project, Ballymun.
- 14) STAR Project participants.
- 15) Ballymun Local Drugs Task Force.
- 16) Youth Education and Training Forum.
- 17) Con-Sec Limited, Ballymun.
- 18) Assistant Manager, Jobcentre, Ballymun.
- 19) Coordinator, Money Advice and Budgeting Service, Ballymun.
- 20) Supervisor, Ballymun Unemployed and Welfare Rights Centre.
- 21) Project Leader, Geraldstown House, Family resource Centre.
- 22) General Practitioners, Ballymun Health Centre.
- 23) Consultant Psychiatrist, Eastern Health Board.
- 24) Programme Director, Ballymun Initiative for Third Level Education.
- 25) Coordinator, Ballymun Youthreach.
- 26) Coordinator, Aishling After School Project.
- 27) City of Dublin Youth Services Board, Ballymun.
- 28) Trainer, Substance Misuse Prevention Programme.
- 29) Project Leader, Community And Family Training Agency.
- 30) Home School Community Co-ordinator, Holy Spirit School, Ballymun.
- 31) Public health Nurse, Ballymun Health Centre.
- 32) Principal, Girls' Comprehensive School, Ballymun.
- 33) VTOS Co-ordinator, Ballymun.
- 34) SJ & Pastoral Worker, Ballymun Parish.
- 35) Principal, Boys' Comprehensive School, Ballymun

Findings of Questionnaire:

The following pages include the findings of the questionnaire that was circulated to community groups, voluntary groups, statutory bodies, service providers and service users.

Table 1. Education

Aspects of Education which help work done in relation to drug use.	Aspects of Education which hinder work done in relation to drug use.	Aspects of Education which need change to improve working with drug use.
<ul style="list-style-type: none"> • Networking & Liaison between local schools/ groups and agencies. • Referral facility between network of interested parties. • Schools: • Important as forum for advice, information, help and referral. • Teachers' awareness, interest and involvement is very important. 	<ul style="list-style-type: none"> • No comprehensive policy or co-ordinated, structured approach to drug awareness in local schools. • Absence of children from school. • Lack of follow-up of absentees. • Early school leavers. • Lack of after-school activities and facilities. • Low skill levels of educators in relation to drugs. • Insufficient funding. 	<ul style="list-style-type: none"> • Programmes and education need to be on going and also made part of the core school curriculum. • To include drug awareness programmes beginning in primary schools. • More resources for in service for teachers and training for all educators. • Continued and improved (more structured) cooperation and liaison between local schools and between the schools and other local groups, agencies involved with drugs.

Table 2. Housing

Aspects of Housing which <i>help</i> work done in relation to drug use.	Aspects of Housing which <i>hinder</i> work done in relation to drug use.	Aspects of Housing which need <i>change</i> to improve working with drug use.
<ul style="list-style-type: none"> • Dublin Corporation estate management. • Housing Task Force. • Drugs Task Force. • Drugs Watch. • Estate Forums. • Involvement in Ballymun regeneration sub-groups. • Tenancy Agreements. • Evictions of tenants involved in anti-social behaviour. This can lead to stability in an area. 	<ul style="list-style-type: none"> • Evictions prior to adequate consultation and access to treatment. • Issued to mothers with young children. • Re-housing difficulties for drug users, leading to homelessness and continued drug instability. • Some drug users on stabilising programmes are evicted. • Misinformation and unfounded allegations. • Delay in issuing evictions. • Shortage of housing. • Lack of facilities. • Physical design and layout of flats. 	<ul style="list-style-type: none"> • Alternative strategy to eviction is needed, which considers each individual case. • System of eviction needs to be faster. • Need for more lower density housing, and for more community and sheltered housing. • More space needed for clubs, projects and for amenities and facilities in housing estates. • Greater co-operation needed between community and statutory housing bodies.

Table 3. Treatment/Rehabilitation

Aspects of Treatment and Rehabilitation which <i>helps</i> work done in relation to drug use.	Aspects of Treatment and Rehabilitation which <i>hinders</i> work done in relation to drug use.	Aspects of Treatment and Rehabilitation which need <i>change</i> to improve working with drug use.
<ul style="list-style-type: none"> • The availability of treatment and rehabilitation services at a local level. • Relatively easy access to treatment services. • A good working relationship between other groups and agencies working with drugs in Ballymun. • The facility to refer individuals to other local groups and agencies for treatment and rehabilitation, e.g. to Ballymun YAP, Domville House. 	<ul style="list-style-type: none"> • Lack of resources in all areas of treatment and rehabilitation, manifesting particularly in: • The shortage of treatment facilities. • Under-staffing of available facilities. • Long waiting lists for treatment/rehab, programmes. • Difficulty accessing appropriate care for individuals, linked to insufficient individual assessment, which can lead to Individuals receiving inappropriate care when “dumped” on referral agency. • Shortage of treatment facilities other than medical i.e. “more productive spare time activities.” 	<ul style="list-style-type: none"> • Greater resources for all aspects of treatment and rehabilitation. • Improved assessment and referral methods and facilities. More co-ordinated approach between all parties, groups, agencies, Health Board, Gardai and Community. • Better information and training for all parties. • More ‘rounded’ care - e.g. employment considerations, family support, parenting courses, creche and child-minders, aftercare facilities.

Table 4. Supply Reduction

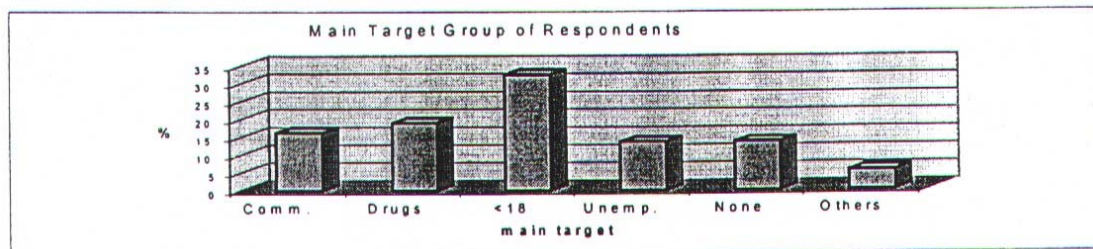
Aspects of Supply Reduction which <i>help</i> work done in relation to drug use.	Aspects of Supply Reduction which <i>hinder</i> work done in relation to drug use.	Aspects of Supply Reduction which need to <i>change</i> to improve working with drug use.
<ul style="list-style-type: none"> • Work of, and co-operation between, Gardai, Dublin Corporation, tenants and estate management initiatives. • The eviction (and prosecution) of drug dealers. 	<ul style="list-style-type: none"> • Delays in the judicial system, in both eviction and prosecution. • Lack of appropriate places within appropriate treatment services in prisons . • Shortage of Gardai. 	<ul style="list-style-type: none"> • Improved daily local, supervised methadone distribution. • Quicker court proceedings for dealers and longer sentences. • More policing of area. • General supply reduction and elimination.

Many respondents were very willing to give an informed opinion in relation to their specialist area but were obviously uncertain or unqualified to do so for the other main areas of interest. This led to a large proportion leaving at least one, and often more, of the main sections incomplete (Education; Housing; Treatment and Rehabilitation and Supply Reduction).

We could perhaps observe from this, their lack of a broad and comprehensive knowledge and understanding of all the issues involved in addressing drug related problems and in formulating policy.

This would also point to a need for a more structured relationship and exchange of information between all interested groups and agencies in the Ballymun area. This is supported by many respondents when, whilst acknowledging good working relationships with some of the other local groups, they point to stronger, more co-ordinated and structured local relationships as one of the key changes required.

Figure 1. The Main Target Group of Respondents



Key:

- Comm. = Community and residents groups.
- Drugs = Service users and providers.
- <18 = Organisations working with young people.
- Unemp. = Organisations that work with unemployed people.
- None = Groups with no specific focus.

Figure 1 shows the main target group stated by respondents. It should be noted that these groupings are general groupings and may contain more specific targets within each. For example, while the category aimed at young people under 18 is the largest (31.6%), it contains groups and organisations and agencies which aim their work at more specific targets within the main category. Some are schools who deal with all of their primary and/or secondary level students. Others deal with early school leavers; young offenders; children at risk from both problematic drug use and dropping out of school; or children and their parents or families.

Similarly the group aimed at community members and residents may focus on the entire Ballymun area, at specific local communities within Ballymun, or at Dublin Corporation tenants. The unemployed category contains groups, organisations and agencies which deal with unemployed people in general, with unemployed people seeking access to education or training, the long-term unemployed, and with both unemployed and those on low income.

Figure 2. Type of Agency

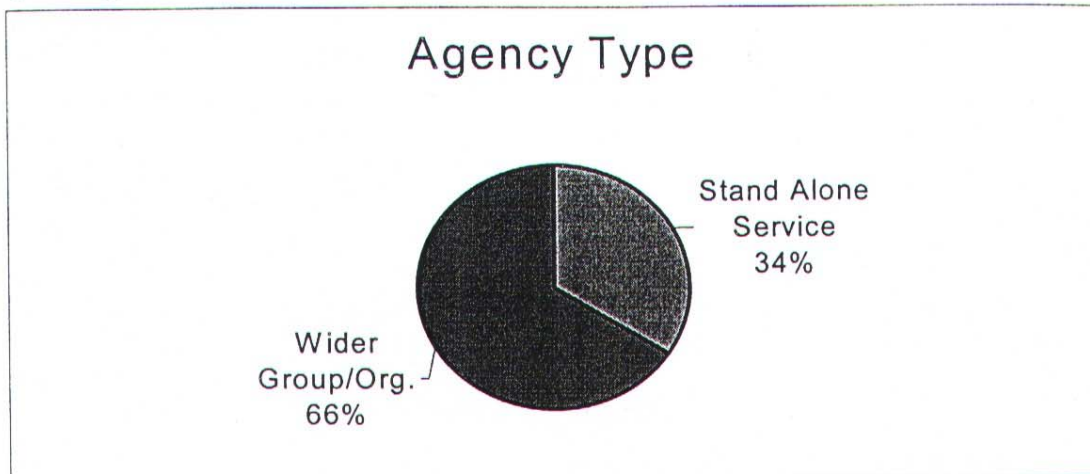


Figure 3. Formal links with other local groups/agencies

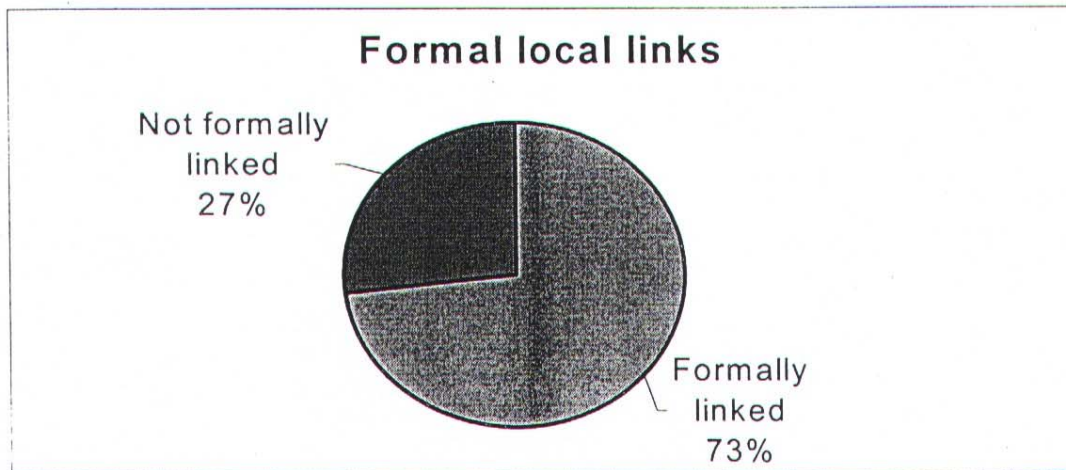


Figure 4. Local co-operation with other groups



APPENDIX 6

Outline of Wirral Drug Service:

BY VIVIENNE FAY

Vivienne Fay currently works as a nurse with the Eastern Health Board in Ballymun's Domville House. She was one of a number of service providers who visited drug services in Liverpool. This is an outline of the project that exists in the Wirral on Merseyside.

The Wirral Drugs/Alcohol services provide treatment for clients in the Wirral and Chester area. There are currently 800 clients receiving treatment. The following provides this service:

- 13 keyworkers allocated to central services (6 for the 3 review teams, 3 for the detox group and 1 each for the 4 specialist groups).
- In addition to these staff numbers there are 3 nurses and 2 support workers providing primary care in a separate unit.
- Treatment is provided by GPs who attend on a sessional basis.
- Administrative support is provided to both disciplines.
- Community GPs are supported by a group of 5 keyworkers

A Director of Services and a Clinical Manager manage the service. There are 4 team leaders all of which act as keyworkers and have caseloads. The teams are as follows:

- Detox team.
- General Practitioner liaison team.
- Primary Health Care team.
- Drug team that comprises of 3 review teams, mental health worker, women's worker/benzodiazepine worker and the young person's worker.

The model in operation in the Wirral drug services is based on a keyworker system. This method of delivering services receives the full co-operation and backing from the GP's working in the service. It provides GP's with the means to operate in the most efficient manner and utilises the vast and varied experience of staff members. One advantage to this model is that the keyworker can deal with the client's problems and difficulties, which is a more efficient use of current manpower resources. Adopting this approach enables the drug services to provide treatment for a greater number of clients.

The keyworkers come from a variety of backgrounds e.g.-nursing, social work and youth workers. The client is matched to the most appropriate keyworker depending on their needs.

Examples of this are as follows:

- Women's keyworker would be a nurse,
- Young person's keyworker would have previous experience in youth work,
- Mental health keyworker would be a community psychiatric nurse.

As a keyworker led service each worker would have a caseload of clients and has the autonomy to manage the drug treatment of the client. A reduction in the client's medication can be made by the keyworker after assessing the client's motivation at that point. Any substantial increase in medication is made by the GP. A strict assessment process is carried out by the most senior keyworker. They would liaise with the social worker for advice regarding child protection issues and where social services input is required. The keyworker makes review decisions in consultation with the clients GP

Each keyworker works with their clients on the cycle of change while being person and task centred. This enables the keyworker to focus on the client's achievements, drug stability and

quality of life, whilst advocating a harm reduction policy. Clients are expected to take ownership of their treatment. This is facilitated by client participation when formulating a care plan.

Review team:

Each review team consists of 2 keyworkers and the 3 teams cater for approximately 600 clients. Clients cared for by these teams have no specialist needs.

There are two levels of substance misuse workers. Level one is the more senior and between them they cater for 180 clients. Where specialist input is not necessary the case is discussed at the team meeting which takes place once a week and lasts between ½ an hour 1½ hours.

In addition to this review meeting there is a brief morning meeting lasting approximately 10-20 minutes to discuss the diary or raise concerns about a client which cant wait until the review meeting. In addition to their caseload each keyworker acts as duty drug worker, for half a day on a rotational basis while other keyworkers are out.

The client must be seen by the GP prior to the first prescription being issued. Clients attending central services must see the GP a minimum of twice a year and those with no additional problems are obliged to meet with their keyworker every 3 months. However the keyworker may require the client to attend more frequently. Once clients are being treated by the drug services a letter is sent to their GP asking them not to prescribe to the client. For general medical services the client must attend their own GP or if they have not got access to a GP they may attend the nurse led clinic which is a separate unit within the grounds of the hospital.

Home visits by keyworkers are optional and are usually reserved for vulnerable clients i.e. those just out of prison or rehabilitation, new clients, clients which are being bullied or having their methadone stolen

Urine samples are carried out on a random basis with emphasis on confirming that the urines are positive for methadone and other prescribed drugs. In the event that the urine tests negative for such drugs it may be an indication that the client is selling his drugs and after confronting the client appropriate steps would be taken.

However, if urine samples test positive for illicit drugs this would be discussed with the client but may not lead to sanctions being initiated if the client was presenting well up to this point. In both instances the keyworker would make these decisions in consultation with the team leader or discussed at the review meetings as appropriate.

Clients are counselled by their keyworker and only referred for professional counselling if a specific issue arises e.g. bereavement or sexual abuse. In this instance the client is referred to a specific agency.

Outreach workers liaise and link in with the team to keep the keyworker updated on how clients are doing between visits with the GP or keyworker.

There is no dispensing centrally as all clients receive their methadone in a community pharmacy. The cap on the numbers attending each pharmacy is usually due to the size of the buildings. Supervised dispensing is facilitated as required. Monthly, generalised computerised, prescriptions are printed centrally and signed by the GP before being sent to the pharmacy. Some clients may be on weekly scripts or on daily dispensing. How frequent prescriptions are issued and methadone is dispensed correlates to the client's stability.

The drug team comprises of the review teams and the following four special projects:

Dual diagnosis worker:

This worker is a community psychiatric nurse whose role is to care for those clients who have a mental health problem in addition to their addiction. This specialist worker co-ordinates prescriptions regarding both types of medication. One person does the assessment and then briefs

the others and the client is then referred on to the most appropriate service. As the client's condition improves and they are no longer in need of this specialist service they are transferred out to a GP and other caseworker.

Benzodiazepine Worker:

The Wirral Drug Service has a policy of reducing all clients benzodiazepine intake with the aim of eliminating their use. The Benzodiazepine Keyworker works with chaotic benzodiazepine users. Once these clients are stabilised they are passed on to the review team. Methadone dosage is not altered while the client is detoxicating from benzodiazepines.

Young Persons Worker:

This keyworker focuses on the under 20's. The remit is to target this group before they become 'hardened' drug users. They are seen not in the clinic but out in the community, either in their home, school or college. The keyworker also works and supports the family. Numbers are capped at approximately 25 clients due to the intensity of the support necessary. Referrals are from any concerned body. The drug of choice varies and may include cannabis, amphetamines, heroin, or benzodiazepines.

Women's Worker:

This keyworker is responsible for caring for pregnant drug users and those with child protection concerns. A social worker is available to discuss and advise on child protection issues. There is a named midwife working in the maternity hospital and at the women's project. Training is given to staff regarding mandatory child protection reporting. The women's project provides 40mls a day at 3 times a week pickup from the pharmacy. The client sees the GP every 3 months. Counsellors are available for the women's clinic once a week.

The following 3 projects are operating separately to the drug teams:

GP Liaison Keyworker:

These named keyworkers support 25 GP practices who have facilitated the drug services by taking over the care of a specified number of clients who have previously attended centralised drug services. Only stable clients are selected to attend a GP and the keyworker involved must be a level one keyworker.

Duties include:

- There is a contract between the drug service and the GP stating that in addition to remuneration for providing treatment for these stable clients the drug services will provide the GP with a keyworker who will liaise and provide support for the GP on a practical level. This removes the anxiety and concerns GP's may have regarding the disruptive effects such clients may have on their practice. It also reassures them that they will receive support and backup if the client destabilises or is unsuitable to attend a GP practice for any reason and that the client can be referred back to central services if necessary. The GP can opt to see the client with the keyworker every 4 weeks or allow the keyworker to run clinics with GP input every few months or alternately hold a review clinic every 3 months with the keyworker seeing the client at home in between GP appointments. Regardless of what method the GP chooses to assess and review clients the concept remains unchanged i.e. the keyworker undertakes to deal with any problems relating to the client which may arise between these meetings. Random urine screening is organised centrally for GP practices.
- Liaising with and supporting community pharmacists to avoid potential problems and to deal with current problems quickly and effectively.
- Liaising with and supporting GP reception staff.
- Attend primary care team meetings.
- Hold keyworker clinics.

GP practices that do not wish to be part of the G.P. Liaison Programme will refer clients to central services for treatment.

Community Detox Team:

The team's brief is to provide rapid methadone reduction and lofexidine intensive support. There are 2 beds provided to this team in the residential unit to facilitate those clients who are unable to detoxify on an outpatient basis. The team assesses the suitability of each client for detoxification in the attempt to establish that detoxification is feasible at this point and to guard against clients choosing to detoxification as a reaction to a crisis.

Clients who have transferred from a G.P. liaison practice to the detoxification team will have their scripts open for 28 days so in the event they do not successfully complete their detoxification they can be transferred back.

The client stops his/her methadone between 40/60mls, or alternately stops using heroin on Sunday. Buprenorphine treatment would be commenced on Monday. The base line blood pressure is done on the first day and only taken on subsequent days if the client is symptomatic. The maximum daily dose is 6 .2mgs tablets on day one, increasing to a maximum of 12 tablets per day. Clients are encouraged only to take this medication if they are experiencing withdrawal symptoms. In addition to receiving Lofexidine the client's symptoms are treated with anti-spasmodics such as Buscopan or Buspar and analgesia such as Brufen or Difene. Sleep disorders are treated with hypnotics not excluding benzodiazepines.

The day programme of aftercare comprises of a naltrexone regime. Clients take this opiate antagonist unsupervised for up to two years. In addition to this clients can avail of acupuncture three times a week from the team leader who has been fully trained. Support is provided and regular home visits made. An integral part of the programme is relapse prevention and practical help and advice on how to organise their life and spare time. Nutrition and oral health is also dealt with.

Primary Health Care Unit:

This nurse led clinic is staffed by 3 nurses who specialise in dealing with HIV, Drugs and Alcohol. This anonymous service is provided to all clients. A GP sits once a week and otherwise the nurse practitioners have autonomy to make clinical decisions.

Duties include:

- Prescribing antibiotics according to the protocol.
- Providing advice/information regarding family planning issues and administering depo provera and morning after pill, smear testing and risk identification for sexual contacts.
- Assess, treat and dress abscesses, leg ulcers and minor injuries.
- Teach safer injecting techniques.
- Needle exchange and how to access the femoral veins.
- Pre and post test counselling for HIV/Hepatitis C and receiving written consent prior to taking the blood sample.
- Routine phlebotomy e.g. LFT's every 2-3 months for 12 months and once client is stable refer on to the hepatologist for specialist treatment.
- Education regarding alcohol and dietary intake.
- Health assessments (physical and mental) i.e. pneumonia and diabetes. Refer to appropriate service.
- Accompany clients to their hospital appointments and advocate on their behalf,
- GP present at the clinic one hour a week to see clients.

APPENDIX 7

Policy Working Group Participants

The Policy Working Groups met between fifteen and twenty times each, from December 1998 to September 1999. Meetings lasted up to two and a half hours.

The following groups, services, organisations and individuals were represented on these Policy Working Groups:

The STAR Project participants.
Coordinator of the STAR Project.
General Practitioner, Ballymun Health Centre.
Principal, Girls Comprehensive School, Ballymun
Boys Comprehensive School, Ballymun.
Community And Family Training Agency.
Trainer, Substance Misuse Prevention Programme.
Coordinator Ballymun Youthreach.
Aisling Project.
Ballymun Voluntary Youth Council.
Education Section, Ballymun Partnership.
Ballymun Initiative for Third Level Education.
Ballymun Early School Leavers Initiative.
Fountain Project, Ballymun.
Ballymun Local Drugs Task Force.
Coordinator, Ballymun Local Drugs Task Force.
Unity Centre, Ballymun.
Chief Regional Officer, Dublin Corporation Regional Office, Ballymun.
Dublin Corporation.
Ballymun Housing Task Force.
Ballymun Regeneration Ltd.
Ballymun Aftercare.
Ballymun Unemployed and Welfare Rights Centre.
Silloogue Estate Forum.
Poppintree Estate Forum.
Shangan Estate Forum.
Balcurris/Balbuthcher Estate Forum.
Coultry Estate Forum.
Eastern Health Board staff, Domville House, Ballymun.
Youth Action Project.
Urrus.
Con-Sec Ltd.
Men's Resource Centre, Ballymun.
Community Sergeant, Ballymun Garda Station.
Inspector, Santry Garda Station.
Junior Liaison Officer, Santry Garda Station.
Youth Workers.
Springboard Project.
C.E. Supervisor, Gearldstown House, Ballymun.
Teachers, Gearldstown House, Ballymun.