

SERVICE DEVELOPMENT PLAN

TALLAGHT DRUGS TASK FORCE

APRIL 1997

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INTRODUCTION and ACKNOWLEDGEMENTS:

This Service Plan has been prepared by the Tallaght Drugs Task Force over a 12 week period, February - April 1997. During this time the Task Force has engaged in an extensive round of discussions and meetings about the various aspects of the drugs problem in Tallaght. Submissions and proposals were received from a large number of local groups. From this process the Task Force has attempted to distil the best ideas into a coherent and workable plan.

Our work over the past three months has highlighted a few particularly significant matters. It is quite clear that Tallaght has a most serious drugs problem and one that could well worsen. It is evident also that the solutions to this problem are complex and require interventions at a number of levels. Encouragingly, however, the Task Force is conscious of a huge desire amongst the people of Tallaght, and the various state and voluntary bodies, to deal with this problem. If that desire can be harnessed in a positive and co-ordinated manner then the drugs problem can be addressed. We believe that this Service Plan will make an important contribution in this respect.

The Task Force has received help from a large number of individuals and organisations over the last 12 weeks. In particular we would like to acknowledge the following:

- All the individuals and organisation who submitted suggestions and funding proposals.
- The Tallaght Partnership staff, Anna Lee, Aiden Lloyd and, particularly, Sheilann Monaghan who supported the work of the Task Force in a number of respects.
- Jobstown Community Centre who generously made premises available for meetings.
- Michelle Hinds, interim co-ordinator, who carried out a huge amount of work on behalf of the Task Force despite considerable work pressures.
- Margaret Connor, Barnardo's and John Graham, Eastern Health Board, who provided an excellent secretarial and administrative service to the Task Force.
- The members of the National Drugs Strategy team who have been of considerable assistance to us in our work.

TALLAGHT DRUGS TASK FORCE

April 30th 1997

SECTION I

THE PROCESS OF DRAWING UP THE SERVICE DEVELOPMENT PLAN: LOCAL INVOLVEMENT AND CONSULTATION

1.1. Introduction:

There is by now in Tallaght a well established system of inter agency and community co-operation and the establishment of the Tallaght Drugs Task Force (TDTF) may be seen, therefore, as part of that continuum. This process of community linking and joint working has been in existence for a decade now and has included initiatives such as COMTEC, the Tallaght Partnership for community development and since 1991 the Tallaght Partnership itself. Allied to the Partnership there are a number of local networks focusing on issues such as information provision, lone parents and community development.

1.2. Establishment of Drugs Task Force:

The Tallaght Partnership, which was asked to nominate community representatives to the Task Force, was anxious to conduct this exercise in a way that acknowledged existing local responses. The Partnership had already commissioned a report on the extent of community activity regarding the drugs problem and was aware that there were a number of local groups involved in treatment, education and supply control.

A meeting was hosted by the Partnership in January 1997 attended by almost 40 people representing a wide cross section of community interests. At this meeting community representatives were asked to devise a selection process for community nominees to the Task Force which ensured there was a geographical spread, a gender balance and representation of the three strands of treatment, education and supply. This was agreed and eight people representing the various community interests and the voluntary treatment sector were nominated.

Local community interests were happy with this process and felt that the Partnership had handled it in a planned and inclusive manner. The Partnership agreed also to make one of their community development workers available to assist with the ongoing involvement of the community sector in the Task Force.

Alongside this the various state agencies nominated representatives to the Task Force and the Partnership nominated one of its board members to act as Chairperson. The Health Board made available one of its addiction counsellors to act as temporary Co-ordinator. The Task Force was in place by the end of January with a membership as follows:

Chairperson:

Brian Kenny *Tallaght Partnership*

Community Representatives:

Liam O'Brien *Killinarden Community Addiction Response Programme*

Liam Collins *Fettercairn Drugs Rehabilitation Programme*

John Noonan *Coalition of Communities against Drugs*

<i>Cecil Johnston</i>	<i>Coalition of Communities against Drugs</i>
<i>Mick Duff</i>	<i>St Aengus Community Action Drug Treatment Project</i>
<i>Jackie Blanchfield</i>	<i>St Dominic's Drug Awareness Group</i>
<i>Tommy Gilson</i>	<i>Jobstown Assisting Drug Dependency</i>
<i>Alice Murray</i>	<i>Killinarden Drug Primary Prevention Group</i>

Statutory Representatives:

<i>Veronica Brady</i>	<i>Eastern Health Board</i>
<i>Anna Rynn</i>	<i>Probation & Welfare Service</i>
<i>Pat Smith</i>	<i>South Dublin County Council</i>
<i>Jin Ryan</i>	<i>Foroige/Tallaght Youth Service</i>
<i>Jane Forman</i>	<i>F.A.S</i>
<i>Dick Burke</i>	<i>Gardai</i>

Co-Ordinator

<i>Michelle Hinds</i>	<i>Eastern Health Board</i>
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1.3. The Task Force in Operation:

The first meeting of the Task Force was held on 4 February 1997 and it was agreed that the Task Force should aim to produce a service plan within a twelve week time frame. It was recognised that this imposed considerable time constraints but that, despite this, TDTF should aim to have the maximum amount of consultation in the preparation of its plan.

Accordingly a notice inviting proposals and suggestions was carried in the local paper early in February. In addition over one hundred interested parties - doctors, pharmacists, schools, local groups - were written to inviting them to make submissions (see Appendices).

From its first meeting TDTF recognised that various groups would be interested in submitting funding proposals. It was agreed that these should be handled in a thorough and professional manner. A separate information bulletin including criteria for assessing proposals was prepared and circulated to interested parties (see Appendices).

The Task Force itself met on a fortnightly basis with 8 meetings held between February and the submission of the Plan at the beginning of May. In addition three sub committees on the themes of Treatment and Rehabilitation, Supply and Estate Management, Education and Prevention were established. These sub-committees considered the various issues in detail and also allowed for the further participation of interested individuals and groups. Sub committees met regularly, often on a weekly basis.

1.4 Preparation of Service Development Plan:

Ideas and proposals for inclusion in the Service Development Plan emerged both from within the Task Force and its sub-committees and from outside groups. Twelve submissions suggesting issues for the Task Force to address were received and these proved to be very useful. Representatives from the Health Board and the Drugs Squad in Tallaght attended full meetings of the Task Force and their ideas and information were important in shaping the Service Plan.

Twenty nine funding proposals were received from groups within and outside the Task Force. These proposals were considered initially by the various sub committees and prioritised. At this point, to ensure consistency and fairness, a small group consisting of the Chairperson, Co-ordinator and a person outside the Task Force (the Manager of the Tallaght Partnership) looked again at all proposals emerging with a view to ensuring that all applications had been properly assessed and that the priority concerns of the Task Force were being addressed.

When this exercise was complete, a draft plan was prepared in April. Members of the Task Force were asked to discuss the plan within their own organisations. The contents of the Plan were discussed with the Tallaght Partnership, in particular, to ensure complementarity of approach. There was a very limited amount of time available at this stage but it was possible to embrace views and suggestions made and the Plan was revised accordingly. The final Service Development Plan was agreed by the Task Force at a meeting on 30 April 1997 and submitted to Government immediately after this.

1.5 Reviewing the Process of Preparing the Service Plan

From this process the Task Force would particularly note the following:

- That the Task Force itself was established in an open and representative manner.
- That there was a very short time span available for the preparation of a Service Plan.
- That within these time constraints considerable efforts were made to listen to and embrace a wide range of views and proposals.

Accordingly the TDTF is satisfied that the proposals in this plan respond to the important issues concerning the drugs problem in Tallaght as identified by the main community interests.

SECTION II

BACKGROUND INFORMATION ON TALLAGHT

2.1. Introduction:

There have been a number of studies and reports conducted on Tallaght in recent years, such as *County Dublin Areas of Need 1994*, (South Dublin County Council/Nexus Research) *Tallaght Partnership Area Action Plan 1997 - 99 and Toward a Development Strategy for Dublin* (1997, South Dublin Chamber of Commerce).

These studies describe the key socio economic aspects of this new town and there is no need to present these again here in any great detail. It is sufficient to point out that the development of the new town of Tallaght, in terms of its size, the rapidity of its growth and its demographic profile, has been a unique experience in Irish society. This large scale development has brought with it considerable difficulties and the more important of these are detailed below.

2.2. Population Profile:

The 1996 census shows that the Tallaght area has a population of 71,705. No age breakdown is available as yet. The 1991 census showed graphically that Tallaght has a very youthful population. At that time 38.5% of the population was aged 14 years or under. In the West Tallaght area this figure rose to 47 %. Of particular relevance to this plan is the fact that labour force and population projections indicate that in 1996 Tallaght had approximately 23,000 young people of school going age and by 2001 there will be 20,000 people in the 15 - 29 years age cohort. (*Tallaght Partnership Area Action Plan 1994-99*).

The demand this huge population of young people will make on a range of services is self evident.

2.3. Unemployment:

Numbers registered at Tallaght Employment Exchange 1991 - 1997

<i>1991</i>	<i>1997 (March)</i>
<i>6124</i>	<i>6788</i>

As can be seen from these figures, despite economic growth nationally and in Tallaght, unemployment remains depressingly high. Apart from the overall figures what is of particular concern is the extent of long term and young unemployed. It is estimated that of those registered as unemployed in Tallaght over half are long term unemployed. Approximately 30% of the unemployed are estimated to be under 25 years of age. The local employment service (L.E.S.) calculates that of the over 1000 clients who accessed their mediation service since January 1996 approximately 45% were in the 18-25 age bracket.

2.4. Social Disadvantage:

Over the last five years there has been some improvement in social facilities in Tallaght. The opening of the Square Shopping Centre, the Regional Technical College and the South Dublin County Council Headquarters have all been positive developments. At neighbourhood level there have been improvements regarding schools, parks and community centres. However, relative to the needs of this large urban centre these developments have been modest and it is also the case that not all of the people have benefitted equally from them. Regrettably there are still many neighbourhoods in Tallaght experiencing considerable social disadvantage. The following neighbourhood profiles, (taken from the *County Dublin areas of Need Report 1994*), illustrate this graphically.

Indicator	Value	Change from '87 in %/% points & units
Brookfield		
- % Tenant Purchase	8.5%	+8.5
Population	3,015	0%
Average Household Size	4.2	0
% Lone Parent Households	21.6%	+3.5
% Households with 6 or more Persons	18.0%	-2.8
Primary School Enrolment	753	+31.9%
Unemployment Rate of Principal Earners	69.4%	+9.7
Average Gross Income	£130.15	+£32.41
No. on Transfer List(& as % of LA rented housing)	(26.3%) 174	n.a.
Jobstown		
% Tenant Purchase	13.9%	+13.7
Population	5,188	-1.4%
Average Household Size	4.17	-0.06
% Lone Parent Households	27.6%	+11.6
% Households with 6 or more persons	22.8%	+2.2
Primary School Enrolment	1,252	+5.4%
Unemployment Rate of Principal Earners	66.8%	+10.8
No on Unemployment Benefit or Assistance in Private Estates as a % of Houses	39.4%	n.a.
Average Gross Income	£120.75	+£20.21
No on Transfer List (& as % of LA rented housing)	(19.8%) 194	n.a.
Killinarden		
% Tenant Purchase	19.3%	+14.9
Population	7,043	-4.9%
Average Household Size	4.3	-0.2
% Lone Parent Households	26.2%	+11.8
% Households with 6 or more persons	19.7%	-5.9
Primary School Enrolment	831	-36.7%
Unemployment Rate of Principal Earners	72.0%	+16.8
Average Gross Income	£123.26	+£19.96
No on Transfer List (& as % of LA rented housing)	(27.2%) 360	n.a.

These profiles should not in any way be seen to reflect adversely on the positive community spirit which exists in these and other neighbourhoods. What they do illustrate, however, is that certain communities are characterised by high youth populations, limited employment opportunities and low incomes. Basic facilities in these neighbourhoods - such as local shops and public phones - are often very limited. Brookfield, with a population of over 3,000, has two public telephones and three corner shops. Fettercairn, with a population just under 3,000, has one public phone and two shops. For these and other neighbourhoods most services and facilities are a bus journey away.

2.4. The Situation of Young People:

As indicated already Tallaght has a large and growing youth population. There is a good level of voluntary and community activity in youth service provision. Foroige/Tallaght Youth Service is the main co-ordinating body and they estimate the area has over 160 different youth groups. Despite this level of activity the actual facilities available to youth groups are quite limited. Many have to rent space in schools and community centres and these can be unsuitable and financially prohibitive at times. It is instructive to note that in the whole Tallaght area there is only one purposely designed youth premises.

There are also significant problems regarding 'at risk' young people. A survey conducted in Tallaght in 1995 identified 79 young people who were homeless or at risk of homelessness (*Here, There and Nowhere: A Study of Youth Homelessness in Tallaght* - Focus Ireland 1995).

The difficulties young people experience manifest themselves in dropping out of school or early school leaving. Over 115 places are available in two Youthreach projects and a community training workshop. These services often have waiting lists. In addition Tallaght Youth Service run 10 separate groups, for potential and actual early school leavers, catering for 130 young people. Recently one local secondary school estimated that between September 1996 and February 1997 over 30 pupils from its Junior Cycle had either dropped out of school or were non attenders. These statistics indicate the seriousness and extent of this problem.

There is also a problem of youth crime. In the period 1993 - 1996 approximately 300 young people per year received cautions under the juvenile liaison scheme. The Probation and Welfare Service currently has over 90 offenders on supervision in the Tallaght area (although not all of these would be youths). The Probation service, which provides a wide range of services to offenders, is increasingly recognising the links between addiction and offending behaviour.

2.5 Summary of Key Factors and their relevance to the Drugs Problem:

This brief economic and social profile illustrates that Tallaght has a large youth population and within the town there are significant problems of high unemployment, early school leaving and poor social facilities.

The Ministerial Task Force in its report observed that *"drug misuse is closely associated with social and economic disadvantage, characterised by unemployment, poor living conditions, low educational attainment, high levels of family breakdown and a lack of recreational*

facilities and other supports. The Report noted also “the drugs problem is becoming a youth problem”. (Ministerial Task Force Report P27 and P10)

It is clear, therefore, that Tallaght contains many of the key factors associated with drug abuse. When the youth population projections for the coming years are considered it is also evident that if dramatic action is not taken the extent of the problem is likely to increase.

SECTION III

THE NATURE AND EXTENT OF THE DRUGS PROBLEM IN TALLAGHT

3.1. Introduction:

The Ministerial Task Force noted in its report “*Definitive information on the prevalence and nature of drug misuse in this country is not available*” (P25). Obviously the same lack of information applies in Tallaght and it is not possible to give a definite statistical analysis of the numbers of drug users or types of drugs being used.

Notwithstanding this, the various members of the Tallaght Task Force are closely involved with the different aspects of this problem through treatment services, the criminal justice system and various community initiatives. We feel, therefore, that the information collated here gives a reasonably accurate and balanced picture. *However, because drug abuse is essentially a hidden problem we have no doubt that the various figures we present are underestimates of its extent.*

3.2. History & Background:

Tallaght has had a drug problem for the last twenty years. In the late 1970’s local activists recall an emerging problem with the use of hash and morphine sulphate tablets (NAPPS). In the early 1980’s as Tallaght began to grow significantly a more serious problem emerged. To some extent a problem that existed in the older inner city communities was transported to Tallaght with the movement in population. In the 1980’s community action and the response of the Gardai helped to control drug use to some extent or drove it underground (It is instructive to note that at that time in the absence of proper treatment and other services the problem was never fully addressed).

Almost inevitably then as Tallaght moved into the 1990’s a more serious problem emerged. Factors contributing to this include the increased availability of heroin, the emergence of the ‘Rave/Ecstasy’ scene and the development of an increased acceptance of drug use as part of a youth lifestyle. Local activists note also that drug dealers have deliberately targeted Tallaght because of its large youth population.

3.3. The Present Situation:

3.3.1. General Overview:

Over the last couple of years local community leaders, those involved in treatment services and the Gardai have noticed some significant changes. The use and abuse of a wide range of drugs has become more normal. Since 1994 heroin has become easily available and cheaper. What has also been particularly significant is that the smoking of heroin has led to increased usage amongst young people. In the Jobstown area, for example, the local drug treatment centre estimates that up to 100 teenagers are ‘dabbling’ in smoking heroin on a ‘once per week’ basis.

Although it is not possible to generalise the use of heroin is more associated with those from lower socio economic backgrounds. By way of contrast members of the Garda Drug Squad in Tallaght have noticed an increase in the use of ecstasy and cocaine among the more

affluent. These drugs are seen, initially at any rate, as recreational drugs to be taken at weekends as part of a social life.

It is quite clear to the Task Force that there is a widespread abuse of drugs in Tallaght. It is not just confined to heroin but includes also the abuse of cocaine, ecstasy, cannabis and, of course, alcohol. The Task Force notes also the worrying abuse of tranquilisers and anti-depressants such as rohypnol, tryptisol, valium and benzodiazapines.

There appears to be an easy availability of a wide range of drugs and there is a market which is being exploited by unscrupulous dealers. Within this situation more young people are beginning to experiment and at an earlier age. Taking drugs has become more acceptable for young people and peer pressure to experiment can be very strong. It is also the case that the use of drugs is not confined just to lower socio economic groupings. In many ways it is a problem that transcends class barriers.

3.3.2. The Extent of Opiate/Heroin Abuse:

As with the Ministerial Task Force TDTF recognises that there is a particularly urgent problem regarding opiate/heroin abuse. We recognise the need to address this situation as a priority.

We have tried, therefore, to quantify the extent of opiate/heroin use in the different parts of Tallaght. We have compiled information from local surveys and statistics from local treatment centres. Although not scientifically gathered they give a reasonably accurate picture

(All information presented here was gathered in late 1996/early 1997)

Estate	Nos. of Opiate/Heroin Users
St Aengus	57
St Dominic's/Avonbeg	85
Killinarden	250
Fettercairn	65
Jobstown	65
Brookfield	60
Springfield	100
Total	682

Note the following:

Information was available from seven estates and local groups are confident that the various figures presented for each estate are underestimates. The total population of these seven estate is approximately 40,000. No accurate information was available from other main estates such as Kilnamanagh, Ballycragh, Belgard Heights, Kingswood Heights and Old Bawn. Given the widespread availability of heroin and the fact that statistics are not

available for approximately 30,000 of Tallaght's population TDTF estimates that there is at least 1,000 opiate users in Tallaght and the real figure is likely to be significantly higher than that.

3.4. A Profile of those attending Treatment Services in Tallaght:

In order to look at the situation in Tallaght more closely the TDTF conducted a small random analysis of 50 people attending four different treatment services in the area. Information was collated using the standard drug treatment reporting system format. And while not scientific the analysis does present a useful picture (for the sake of comparison reference is also made to Health Research Board figures and to information collated by Killinarden Community Addiction Response Programme - (CARP). The information is summarised as follows:

Source of Referral	Family/Friend	46%
	Self	44%
	G.P.	4%
	Other Treatment Centre	6%
Gender	Male	70%
	Female	30%
Age	Under 15	0
	15- 19	36%
	20-24	46%
	25-29	12%
	30-34	4%
	not known	2%
Current Living Status	Partner	12%
	Lone Parent	10%
	Family	76%
	Homeless	2%
Living with Drug Misuser	Yes	32%
	No	64%
	Not known	4%
Employment Status	Unemployed	58%
	Regular employment	30%
	Other/not known	12%
Age left School	7-14 years	20%
	15 - 18 years	72%
	19-35 years	2%
	Not known	6%
Primary Drug	Opiates	98%
	Cannabis	2%
Route of Administration	Injection	44%
	Smoking	54%
	Not known	2%
Age at first use of primary drug	Under 15 years	16%
	15 - 19 years	58%
	20 plus	14%
	Not known	12%

Most of the data in this summary is broadly similar to the analysis conducted by the Health Research Board in 1995 of drug users from Tallaght attending treatment centres. The main significant variations are where the HRB showed only 15.5% living with a drug misuser and an unemployed status of 80.3%. The Killinarden CARP analysis, in December 1996, of 46 people attending their treatment programme showed 37 people on social welfare when they joined the programme. CARP estimates that nearly all of their clients could be classified as early school leavers. What this seems to indicate is that within certain sections of the community there is a very high correlation between early school leaving, unemployment and drug use. On a Tallaght wide basis while the correlation between unemployment and drug taking is still significant drug users are not just confined to the lower socio-economic groupings.

From this small but significant analysis TDTF would particularly note the following as relevant for policy development.

- The fact that most drug users are male.
- The fact that most drug users live with their families.
- The significant minority living with another drug user.
- The prevalence of opiate abuse.
- The fact that the vast majority have first used drugs in their teenage years.

Without in any way being alarmist it is clear that there is a most serious and widespread problem of drug abuse existing in Tallaght at the present time. Our conservative estimate of at least 1,000 opiate/heroin users is in itself a major concern. No reliable data was available to the Task Force on the numbers using cannabis, cocaine, ecstasy and various tranquilisers. The Task Force notes also, with sadness and regret, that there have been at least six drug related deaths in Tallaght since the beginning of 1997. When all these factors are taken into account then it has to be recognised that Tallaght has a drug problem of frightening proportions.

SECTION IV

A BRIEF REVIEW OF RESPONSES TO THE DRUGS PROBLEM IN TALLAGHT:

4.1. General Overview

A more detailed analysis of the various responses to the problem - under the headings of Treatment and Rehabilitation, Education and Prevention, Supply and Estate Management -will be presented in the following sections alongside proposals for service developments. This section consists, therefore, of a brief summary of how the community in Tallaght has responded to date.

It is undoubtedly the case that the rapid growth in the extent and range of drug abuse over the last few years has left both community organisations and state bodies struggling to catch up. And yet the level of local activity which has developed has been varied and impressive. Significant amongst these would be:

- Establishment of local treatment centres in five estates, initiated by community groups.
- Provision of a number of programmes and activities run by schools, community groups and youth organisations in the areas of drug education and awareness.
- An increase in the staffing and resources being provided by the Health Board.
- Development of a widespread network of community actions which has highlighted the problem and has had a positive impact in reducing open drug dealing.
- An increase in the efforts of the Gardai and the local authority to use their powers to address the problem of drug dealing.
- An increased and welcome awareness from the courts of the problem and the need to respond appropriately to it. These responses include the usage of the Probation and Welfare Service to supervise offenders in the community and, in some instances, ordering that the proceeds of drugs offences be allocated to local community projects.

In the face of a growing and most complex problem the responses from the different agencies and groups in Tallaght has been positive. By and large the reaction from within local communities has been more than a 'knee jerk' one of evicting pushers. There has been a recognition that the problem can only be solved by other long term initiatives. State agencies such as the Health Board have identified Tallaght as an area requiring extra services and investment. And as in many other spheres of community life in Tallaght, different organisations are working together in a co-operative manner.

Despite this level of activity it is also necessary to point out that the level of response is in no way meeting the full extent of the problem. There has been anxiety, sometimes anger, sometimes frustration within different sections of the community with what is perceived to be an absence of 'official' action.

In a number of respects then the situation in Tallaght can be described as precarious. On the one hand a growing problem, on the other determined efforts by the various agencies and the local community to tackle it. There is no doubt, however, that if the balance is to be tilted in favour of reducing the extent of drug abuse then the level of resources and responses will need to be increased rapidly.

SECTION V

SERVICE DEVELOPMENT PROPOSALS:

5.1. Introduction:

Apart from the limited time available the challenges of preparing an integrated and workable service development plan have been considerable. Chief amongst these is, of course, the fact that the problem of drug abuse in Tallaght goes way beyond any potential resources available to the Task Force. And not only is the problem large its solutions are extremely complex. It is not, for example, simply a case of proposing more treatment services or the elimination of waiting lists. Proper solutions necessarily involve looking not only at the three strands of treatment, prevention and rehabilitation but also considering wider social issues such as the operation of our education system, housing policies and unemployment.

The Tallaght Task Force also took account of the fact that funding available to it will initially only be available for one year. Proposals and strategies had to be prepared with this in mind and the proposals included anticipate funding over a 12 month period.

At various meetings the challenges of preparing service proposals within this framework were considered. As indicated already funding criteria were drawn up against which various proposals could be assessed. In addition to this the Task Force adopted a set of principles which would guide its proposals. These are as outlined below:

5.2. Guiding Principles:

(i) Delivering an Integrated Approach:

Tallaght Drugs Task Force considers it essential that the problem be responded to in an integrated manner. As the problem is so complex it needs to be dealt with at different levels but also in ways that are linked. All the issues of supply control, education, prevention, treatment and rehabilitation had to be addressed. Proposals are included, therefore, under all these headings.

(ii) Building on existing local responses:

It seemed both sensible and necessary for Tallaght Task Force to propose a strengthening of existing state and community services and groups. These agencies have been to the forefront in tackling the problem and are likely to be here even if the Task Forces are not. We have tried to structure our proposals, as in the proposals concerning local treatment services, so that these groupings will be enhanced and given stronger foundations to develop from.

(iii) Complementing the Strategies of other Key Agencies:

Attention has been given to developing proposals which complement the work of agencies such as the Gardai, Health Board, South Dublin County Council, Urban and the Tallaght Partnership. We have taken account of what these agencies have planned in relevant areas and have tried to frame our ideas in ways which dovetail with what is already in place. An

example of this would be in positioning the supply/estate management proposals in a way that fits with the Urban programme.

(v) Promoting Learning and Dissemination:

Tallaght Task Force sees it as important that these funds are used in ways that help promote learning and the search for longer term solutions. In various ways, we will promote new approaches. The necessity to disseminate learning and to evaluate what we do is also recognised. It is proposed, therefore, that on an ongoing basis some funds are available to facilitate debate and sharing of information within the various groups concerned with the problem in Tallaght. We feel that our outline proposal on evaluation is important and when completed will lead to real learning.

5.3. Proposals Summary:

As outlined already twenty nine service proposals were received either from with the Task Force or from outside groups. The total costs of these proposals came to just over £1.75 million.

Following the process of assessment outlined above and having considered the ‘Guiding Principles’, TDTF is including twenty one service projects in this plan at a total cost of £890,000.00.

These service development projects are outlined, in summary form, under the headings of:

- Treatment and Rehabilitation
- Education and Prevention
- Supply and Estate Management

5.4. TREATMENT and REHABILITATION

Summary of Existing Services

The main local services in the area of Treatment and Rehabilitation are as follows:

In Tallaght:

The Eastern Health Board Addiction Counselling Service for Area 4 (Tallaght, Crumlin, Drimnagh and Walkinstown) is in existence for 10 years. Demand on the service has grown considerably as can be seen from the figures below.

Eastern Health Board Addiction Counselling Service Area 4		
	<u>1991</u>	<u>1996</u>
Number of Clients seen	113	199
% of clients with drug related difficulties	50%	100%

The service used to be able to deal with a broader range of addictions (including alcohol) but is now exclusively a drugs counselling service. Two 'outreach' workers have recently been appointed by the Health Board to work in Area 4.

Five community based treatment centres are in operation in Killinarden, Fettercairn, Jobstown, Brookfield and St Aengus. These services were initiated in 1995 and 1996 by local groups and operate from local community premises. Three of the centres avail of a doctor provided by the Health Board and two presently operate with a private doctor. Services include the prescribing of methadone, urine screening, individual and group counselling and a 'sponsoring system' for individual drug users. At present approximately 150 treatment places are available in these five centres.

A small number of G.P. 's deal with drug users as individual patients. The Task Force was not able to quantify this but estimates that at least six doctors could be involved in providing such a service. A limited number of chemists are dispensing methadone.

There are no specific rehabilitation programmes although the local treatment centres do support stabilised drug users in accessing employment and other opportunities. The Probation Project, Deonach, caters for young offenders in the 18 - 25 age range and a number of their clients would have had drug related problems.

Narcotics Anonymous which runs four group sessions per week is an important self help service.

Outside Tallaght:

Drug users access a range of services such as The Merchant's Quay Project, The Drug Treatment Centre, Trinity Court, The Rutland Centre, Coolmine, Cherry Orchard, Aisling Clinic and Cuan Dara.

Significantly, members of the Task Force were able to identify drug users from Tallaght who had accessed services in Athy, Limerick, Athlone and Cork.

Assessment of Current Services:

The Task Force recognises that increasing efforts have been made to expand treatment services. A second counsellor was provided to the Health Board's addiction counselling service in 1995 and two outreach workers were appointed early in 1997. This service is not only important in itself but has also been a valuable support to other local initiatives.

The emergence of the local treatment centres has been positive. The fact that they have been able in a short time span to develop and provide up to 150 treatment places is an impressive achievement. These centres have been accepted in their own communities and can be seen as an effort by local groups to 'own' the drugs problem in their area. The local centres have aimed to be flexible in their approach and to involve families. The sponsoring system can be seen as an innovative community response.

Not only are the local centres providing treatment, they appear to be having a longer term impact. In Fettercairn, for example, none of the participants who joined the programme in 1996 would have been able to hold down a job. Now 18 are either employed or involved in other positive occupation. In Killinarden 46 joined the programme initially and nearly all were unemployed. Now 13 are working full time with a further 16 working part time.

There are, of course, pressures and difficulties within the treatment services in Tallaght. The range of treatment places is not able to meet the demand. Until very recently there was a three month waiting time for an appointment with the Health Board's addiction counselling service although steps are now being taken to address this. The local treatment services are limited in the numbers they can cater for and all have waiting lists. There is a need for more G.P.'s to become involved in the provision of treatment.

Apart from an absence of treatment places, which is one important aspect of the problem, TDTF recognises the need to have a more structured and integrated approach to treatment provision in Tallaght. There is a need for a regional treatment centre which could cater for emergency cases, referrals from G.P.'s and referrals of clients with more specialised needs from the local treatment centres. A locally based urine screening service is required as well.

Along with a regional treatment centre there is a need for both expansion and improved co-ordination of services at local level. A number of issues need to be addressed such as the involvement of G.P.'s in satellite clinics and establishing protocols regarding methadone dispensing. Proper funding and other matters need to be agreed between the local centres and the Health Board. TDTF notes that in the urgency to provide more treatment these and other important issues of best practice remain to be discussed.

Priorities for Action:

In considering how it might best contribute in this area TDTF has taken particular account of Eastern Health Board plans to develop treatment services in Tallaght. In its 1997 Service Plan the Board is committed to providing an addiction centre with a capacity to treat up to 140 persons each on maintenance and detoxification programmes. In addition it is proposed to expand satellite clinics in Killinarden, Fettercairn and St Aengus and to support the further development of newer ones such as Brookfield and Jobstown. Other proposed developments include the provision of key workers in the community. TDTF welcomes these proposals and would wish to see them implemented fully in 1997. A comprehensive addiction/treatment centre for Tallaght is particularly necessary.

Given what is already in place and the Health Board plans TDTF proposes the following complementary and additional strategies:

(i) Strengthening the Local Treatment Centre Network:

As indicated already TDTF sees the local treatment centres as a progressive development and wishes to see them continue. These centres are still quite new and under resourced. They have varying needs ranging from proper premises to equipment to professional staff. In planning to support these centres TDTF is conscious of the need to dovetail its funding strategy with the E.H.B. in the coming year. The Task Force would aim to use its "one off" funds in a way which complements the Health Board and ensures that the local treatment centres are on a secure footing in a year's time. This will require dialogue in the coming months with the Health Board.

Overall this set of proposals will result in the provision of more treatment places and an improvement in the quality of service provided to those who attend. (Project numbers 1,2,3,4 &5).

(ii) Providing support for Young Parents who are using Drugs:

TDTF believes that if treatment services are to be effective they must have a broader dimension. In Tallaght there is a problem with young parents with a drug problem who are not only coping with their addiction but also experience parenting pressures. The Task Force plans to support a pilot initiative designed to provide support in this area. If successful this initiative can be expanded and transferred to other locations (Project number 6).

(iii) Creating a more co-ordinated response amongst treatment providers:

TDTF recognises the importance of treatment services being provided in a more integrated manner. This requires co-operation and co-ordination between different statutory and community groupings. A small amount of funds should be available to facilitate this important process (Project number 7).

(iv) Establishing a new Rehabilitation Project:

TDTF recognises that there is a particular need to expand rehabilitation services in the area. As an initial step a substantial pilot project is being proposed which will be accessible to those attending the various treatment centres. This project will provide valuable learning on how best to develop rehabilitation programmes in the longer term. (Project number 8).

PROJECT NO: 1

IMPROVING AND EXTENDING THE LOCAL TREATMENT CENTRE IN KILLINARDEN

COMMUNITY ADDICTION RESPONSE PROGRAMME (CARP)- KILLINARDEN

On the basis of information available Killinarden is the area with Tallaght's most serious opiate/heroin abuse problem. CARP was initiated by the local community council in 1995 in an effort to provide a community based response. A treatment service started in July 1995 with 10 participants. At present (April 1997) there are 48 participants and the programme also has a waiting list.

The treatment service is provided by a doctor, attending twice per week, who works closely with the management committee of CARP and its co-ordinator. Supervised urine screening takes place twice weekly and in addition clients must attend individual or group counselling. Each client has a sponsor who is usually a family member. Sponsors are involved in supervising methadone dispensing, supporting the client and liaising with the programme. A monthly support meeting is held with sponsors.

Since its establishment CARP has dealt with over 70 drug users and has been accepted in the community as an important service. CARP now wishes to develop its programme and extend its range of services. To this end the group is establishing itself as a limited company with directors including local community representatives, a solicitor, the Parish Priest, and representatives from the Tallaght Partnership, County Council and Chamber of Commerce. The group also hopes to secure extra temporary accommodation in the grounds of the Community Centre which will allow it to broaden its scope and increase its opening hours.

Funding of £25,000 was received from the Health Board in 1996 but this only met some of its running costs. CARP is particularly anxious to provide a counselling service and recognises the need for this to complement the treatment service if real progress is to be made.

Funding is also required for:

- Creche/child care
- Administrative supports
- Insurance
- Facilitators/Instructors
- Programme costs
- Running costs
- Portacabin accommodation

TDTF would like to see its funding for CARP proceed on a partnership basis with the Health Board. An 'injection' of funding through the Task Force will enable CARP to broaden its services and will also allow it the potential to increase its treatment places up to 60. At the end of the 12 month funding from the Task Force CARP would aim to have established the need for a proper level of financial support on an ongoing basis.

Management & Funding:

This project will be managed by CARP which is forming itself into a limited company.

Funding required: £50,000.00

PROJECT NO 2

IMPROVING AND EXTENDING THE LOCAL TREATMENT CENTRE IN ST AENGUS PARISH

ST AENGUS COMMUNITY ACTION GROUP

St Aengus Community Action Group consists of 16 community volunteers who have come together to address the drugs problem in their parish which consists of a mix of 1850 private and local authority houses. The group started a treatment service from its private rented premises in November 1996 with ten clients. There are now (April 1977) nearly 30 clients and a waiting list. The treatment service is provided by a doctor made available by the Health Board. Apart from the treatment service, which includes twice weekly supervised urine samples, the group has also developed other programmes including group counselling, aromatherapy, art classes and computer skills. A Health Board addiction counsellor also attends once per week. There is a significant voluntary input into the centre through these activities and in liaising on an ongoing basis with the chemist, doctor and Health Board.

A priority for the group is the acquisition of a proper premises as existing space is too small and its continued availability is insecure. The group is planning to purchase the entire unit from which it currently operates. Not only would this provide security it would allow the group the potential to increase the number of treatment places to 40. Extra information, advice and rehabilitation services could be provided as well.

Funding is required, therefore, for a premises. TDTF would hope to support this venture in partnership with the Eastern Health Board. With the acquisition of a premises the group could establish its service on a secure basis and develop it in a professional manner.

Management & Funding:

This project will continue to be managed by St Aengus Community Action Group who are developing their service in close co-operation with the Health Board.

Funding required: £80,000.00

PROJECT NO 3

IMPROVING AND EXTENDING THE LOCAL TREATMENT CENTRE IN JOBSTOWN

JOBSTOWN ASSISTING DRUG DEPENDENCY (JADD)

JADD established its local treatment service from Jobstown Community Centre in September 1996 having researched and established a significant heroin and other drug abuse problem in Jobstown. The treatment service started with one client and now (April 1997) has ten, all in the 18-25 age range. There is a need and potential to expand the service.

JADD operates on a partnership basis between the local committee who co-ordinate the programme and the doctor provided by the Health Board. Applicants to the programme are interviewed by the local committee initially and are then passed to the doctor who has medical responsibility. Each person attending the programme has a "sponsor" who plays various roles ranging from dispensing methadone to offering support and encouragement. Sponsors are identified by the local committee who liaise with them regularly.

JADD is a locally based group anxious to respond in a professional manner to a serious drugs problem in its community. Over the past six months it has established its treatment service with the support of the local community. Availability of a proper premises is a priority and the local Community Centre are agreeable to an extension being built for a local treatment/drop in facility. With a new premises JADD could provide up to 25 treatment places and a better service. The group particularly wishes to develop rehabilitation type activities for participants. It recognises that those on the programme often operate together in their separate culture and need to be supported beyond this. JADD is actively investigating the possibility of local job opportunities for its participants.

Funding is required, therefore, for a new premises and TDTF would hope that the E.H.B. would meet the group's other running costs so that a comprehensive service can be offered in Jobstown. With this funding JADD will be able to provide more treatment places and develop its services to include rehabilitation, family support and drugs awareness.

Management & Funding:

This project will continue to be managed by the JADD group who are planning to expand their management structure to include the Tallaght Youth Service, Vincent de Paul, Jobstown Community Centre and others. This project is developed in close partnership with the Eastern Health Board.

Funding required £80,000.00

PROJECT NO 4

IMPROVING AND EXTENDING THE LOCAL TREATMENT CENTRE IN FETTERCAIRN

FETTERCAIRN DRUG REHABILITATION PROGRAMME (FDRP)

There is a serious drugs problem in Fettercairn which the FDRP is tackling in a positive and creative manner. Established in July 1995 by local community leaders the programme has the active support of the local community council and other groups in Tallaght. The programme aims to tackle the high levels of heroin and/or street methadone addiction and to this end has adopted a comprehensive approach to the provision of a community based detoxification and rehabilitation service.

The treatment aspect of the FDRP is provided by an independent doctor who works in close collaboration with the group. When the programme started there were ten participants; now (April 1997) there are 30 participants plus a waiting list. The programme operates four days per week and combines a weekly visit to the doctor with attendance by participants at group or individual counselling sessions. Family members act as sponsors of those attending the programme and a family support group is in operation.

FDRP has achieved local community support and acceptance over the past two years and its programme has been successful in working in an integrated manner with addicts, their families and other agencies. As indicated already the programme has been successful in helping the rehabilitation of participants with 18 out of the 30 either employed or involved in other positive occupation.

FDRP now wishes to expand and improve its services in a number of respects. It plans to develop local drugs awareness programmes in conjunction with schools. It is also keen to extend its work with the children and families of addicts and recognises the need for skills development in this respect. The programme wishes to explore the provision of more treatment places and to further its rehabilitation element by promoting local enterprises and by improving links with employers.

Funding of £25,000.00 was provided by the health board in 1996 which has helped to meet some but not all costs. Additional funding is now required for:

- employment of key workers
- staff training
- administrative support
- programme costs
- equipment

With this funding in place FDRP will be able to provide a more comprehensive and professional service. The programme will also have the potential to expand the number of treatment places up to 40. Overall this injection of funding will allow FDRP to establish itself in a proper manner and to establish the need for this level of support in an ongoing manner.

Management & Funding:

The project will continue to be managed by FDRP, who propose to involve agencies such as the Health Board, Get Tallaght Working, the Probation and Welfare Service and West Tallaght Resource Centre, in its ongoing development and management.

Funding required: £50,000.00

PROJECT NO 5

DEVELOPMENT OF SERVICES FOR DRUG USERS IN BROOKFIELD

BROOKFIELD ADDICTION SUPPORT PROGRAMME (BASF)

A local treatment service has been in operation from Brookfield Community Centre since July 1996. Originally provided by a private G.P. the service, since March 1997, is now delivered by a doctor made available through the Eastern Health Board. The clinic operates two days per week with twenty two clients attending.

BASP is run by a voluntary committee of community members supported by the local parish priest and local teachers. The group is developing and is anxious to respond to a real and growing problem in their community.

Contact has been established with the Eastern Health Board who are supporting the programme through the provision of the doctor. Funding is required for:

- committee training and development
- provision of basic equipment
- development of outdoor pursuits, personal development
- and other programmes for clients
- furnishing

With this support BASP will be able to develop as a group, the skills of its members will be enhanced and the quality of service to its members will be improved.

Management and Funding Request:

The programme will be managed by BASP with the support of the Task Force and its co-ordinator.

Funding required: £10,000.00

PROJECT NO 6

SUPPORT AND EDUCATION PROGRAMME FOR YOUNG PARENTS INVOLVED IN DRUG ABUSE

BARNARDO'S

Barnardo's is a voluntary child care agency which provides a range of child and family services in Tallaght including pre school, after school programmes, parenting support, a special needs service and a youth action project. Increasingly over the past few years it has been involved with young parents struggling to survive their addiction and faced with the difficult task of parenting. In many cases parents have not been able to cope and separation from their children has occurred.

This programme aims to address this difficulty and will provide both emotional and practical support to young parents involved in drug abuse. Referrals to the programme will come from addiction and treatment services, community care personnel, maternity hospitals and self referrals. Many of these agencies have recognised the need for such a service.

The programme will consist of twice weekly group sessions for parents and children in Barnardo's centre in Millbrook Lawns, or other appropriate locations, along with home visits to provide individual support. The group activities for the parents will focus on the personal development and parenting needs of participants. Depending on the children's age they may be supported through a creche/pre school type service or an after school group. The programme, as appropriate, will aim also to offer support to grandparents and extended families who are often actively involved in caring for children of drug users.

Funding is required for:

- part time professional child care personnel transport
- play equipment
- programme costs

This programme will respond to the needs of a particularly vulnerable group of drug users. It may be seen as an important complementary service to the work of the addiction and treatment services in the area. It will be run on a pilot basis for 12 months initially and within this time it will aim to establish the need for an ongoing service of this type.

Management & Funding:

The programme will be managed and delivered by Barnardo's.

Funding required: £30,000.00

PROJECT NO 7

SUPPORTING A MORE CO-ORDINATED RESPONSE AMONGST

PROVIDERS OF TREATMENT SERVICES - TALLAGHT DRUGS TASK FORCE:

TDTF recognises the importance of the various providers of treatment services working together in a more co-ordinated and integrated manner. Various agencies - local treatment centres, G.P.'s, the Eastern Health Board - are providing treatment and counselling services in the Tallaght area but as yet there is no structure in place which allows them to meet, share information and ideas and discuss matters of common concern.

TDTF acknowledges that there are a number of important practice and policy issues in the treatment area which require debate. These include policies and procedures concerning the prescribing and dispensing of methadone, involvement of G.P's in treatment, the provision of a locally based urine screening service and the building of a register of clients accessing treatment services in Tallaght.

With the appointment of its full time co-ordinator TDTF intends to contribute to this process of debate and co-ordination. In the coming year the Task Force will:

- Convene meetings of treatment providers and explore what mechanisms can be put in place to ensure ongoing co-operation.
- Organise one or two seminars on treatment provision which will stimulate debate and discussion.
- Encourage the sharing of information and ideas through publications and the production of a newsletter.

Management & Funding:

This project will be initiated by the Task Force through its co-ordinator and it will involve close liaison with all other treatment providers.

Funding will come from the development fund to be allocated by the Task Force for this type of work (see section on Implementation, Co-ordination and Evaluation).

PROJECT NO 8

DEVELOPMENT OF A REHABILITATION PROJECT FOR THE TALLAGHT AREA

TALLAGHT DRUGS TASK FORCE (IN CO-OPERATION WITH OTHER AGENCIES)

TDTF recognises the critical importance of quality rehabilitation programmes as part of a comprehensive community response to the drugs problem. The Ministerial Task Force noted that *“more emphasis now needs to be placed on providing options for stabilised drug misusers by way of occupational and social skills training”* (Ministerial Task Force Report P. 43)

The Task Force acknowledges that treatment on its own is not enough. With many drug addicts the challenge is to replace a whole lifestyle and culture. For those discharged from an inpatient detoxification facility or prisons the relapse rate can be high because there is an absence of rehabilitation services. For many drug users in treatment having time on their hands presents real difficulties.

TDTF is aware that some existing local treatment centres have successfully incorporated a rehabilitation element into their programmes. Other services have not been in a position to do this as yet and there is a real need now to develop a specific rehabilitation programme.

Accordingly TDTF is proposing to establish a rehabilitation project which can be accessed, on a referral basis, by stabilised drug users in the Tallaght area. The project will have the following main features:

- It will cater for between 15 and 20 people at a time. Depending on their needs participants will attend for between 6 months and one year.
- The project will be non residential and participants will take part in a programme containing group therapy, counselling, creative skills development and vocational training.
- The project will be developed in close co-operation with FAS and the local employment service. The Local Employment Service will be an important link in the chain between local treatment centres and progression opportunities. As participants reach the end of their time in the project efforts will be made to secure further training, community employment or employment opportunities.
- The project will aim to draw on the expertise of local groups, such as Kiltalawn House and Alternative Entertainments, where possible.

This will be a major initiative and funding will be required for:

Staffing - Premises – Equipment
Programme costs - Running costs

With a project such as this in place a critical gap in the range of services to drug users will have been filled. Approximately 30 clients will be assisted in the course of a year and the ‘model’ of a local rehabilitation project can be replicated if it is proved to be successful.

Management & Funding:

As this will be a new initiative TDTF will be involved in the design of the project to ensure it meet the needs of the area. The Task Force recognises also the existing expertise of agencies such as Merchant’s Quay, Soilse and Saol in this work and may enter into discussions with them regarding their possible contribution.

Funding will be required to run the project for one year. At the end of this year if the project is successful it should be in a position to attract mainstream funding.

Funding required: £160,000.00

5.5 EDUCATION and PREVENTION:

“The Task Force believes that long term solutions in the areas of education and prevention represent the best possibilities of bringing the problem under control” (Ministerial Task Force Report P. 11).

A Summary of Existing Responses:

Under the general heading of “Drugs Education” a range of programmes and initiatives have been run in Tallaght in recent years. These include:

- Training of teachers from the area’s second level schools on introducing the “On my Own Two Feet” programme.
- Participation by over 100 parents and community leaders in drug awareness and parenting for prevention programmes run by Community Awareness of Drugs (C.A.D.).
- Participation by over 20 community workers in a 20 week Community Addiction Studies Course run in Tallaght R.T.C.
- A range of programmes run by Foroige/Tallaght Youth Service including a ‘Signs and Symptoms of Drug Misuse’ programme for parents, drug education in local schools and a peer education group.
- Local community initiatives such as Killinarden Drug Primary Prevention Group and St Dominic’s Drug Awareness Group who have run innovative programmes for parents and children, both in school and their local communities.

Under the heading of “Preventative Services” it is possible to list a number of activities. Some of the more relevant are:

- The introduction of two Early Start Projects and four ‘Breaking the Cycle’ schemes in primary schools in the West Tallaght area.
- Specialised youth initiatives for ‘at risk’ young people such as the K.E.Y. project in Killinarden and the Deonach Probation Project.
- Programmes for those who have left school at aged 15 such as Youthreach and Tallaght Community Training Workshop.
- Family support services for vulnerable families and children such as the Health Board social work and child care services, Barnardo’s pre school and child care programmes, the public health nursing and “Community Mothers” services, the work of home school liaison teachers and the home help service run by Tallaght Welfare Society.

Assessment of Existing Responses:

It is clear that considerable effort has been made by state and community agencies to develop a range of educational, youth and family support programmes. TDTF notes and welcomes the increased attention now being given to children and young people via the Department of Education's Early Start and Breaking the Cycle scheme and community based probation projects supported by the Department of Justice. It is encouraging and positive to note also a number of joint initiatives in the education and prevention area involving 'partnerships' between schools, youth and community groupings.

And yet the unfortunate reality is that both the scale and nature of what is being provided is not in any way addressing the full need. While drugs education programmes have been introduced they have not as yet been delivered in a comprehensive manner. Two of the local community groups involved in this area have to date operated in a completely under resourced manner.

It is evident also that there are significant problems with regard to 'at risk' young people and early school leaving. The existence of initiatives such as Youthreach, Community Training Workshop and Deonach illustrate the level of need that exists. Early school leaving in particular is a hidden issue, the true extent of which is unknown and most likely underestimated. The Task Force notes that while specialised youth projects exist in some communities, in other areas there are none. The size of the youth population and the level of need demands a more substantial response.

Similarly while there are positive developments in the area of family support services the Task Force is conscious of a considerable level of current need. The Health Board's social work/child care service is hugely pressurised and can have a significant number of cases waiting to be allocated a social worker. Barnardo's who run a pre-school day nursery, last year had over 70 applications for its 30 places.

Apart from a lack of resources it also has to be acknowledged that certain young people and families can be very hard to reach. Services can be offered and not accepted. Families can resist and reject help. TDTF is conscious of the need to continuously explore ways of supporting 'hard to reach' young people and families.

Priorities for Action:

TDTF shares and welcomes the emphasis the Ministerial Task Force report put on the importance of education and preventive strategies. In Tallaght, with its huge youth population and young people experimenting with drugs at an early age, the need to offer a range of educational, youth and family support services is paramount and obvious.

With these points in mind the following strategies are proposed:

(i) Supporting Community based Education and Awareness Projects:

TDTF notes the expansion of drugs education programmes in schools. It notes also the criticisms that have been made of programmes which just give information or use 'scare' tactics.

TDTF believes that its best contribution in this area is to support programmes that are innovative, community based and complementary to those taking place in the formal education system (Project numbers 9,10 & 11).

(ii) Providing Specialised Responses to Vulnerable Young People:

There is an ongoing need to develop preventive strategies for young people at risk of dropping out of school and engaging in a life of drugs and criminal activity. TDTF is supporting a number of projects in this area which are both innovative and meet the needs in communities under resourced to date (Project numbers 12, 13, 14 & 15).

(iii) Responding Creatively to the needs of “At Risk” Families:

There are a considerable number of families in the Tallaght area beset by serious problems of marital breakdown, poverty, domestic violence and child neglect. In many of these situations problems are caused by drug abuse or they can lead to family members turning to drugs. These families although very needy, can be difficult to reach. TDTF notes the comment in the Ministerial Task Force report about the need “*to address the deficit in parenting skills*”. TDTF acknowledges that different groups are providing services to “at risk” families. This proposal is designed to offer support and to encourage the development of innovative responses (Project number 16).

(iv) Improving the Skills of Local Workers engaged in Drugs Related Work:

Working with drug users can be difficult and demanding. It requires not only technical information but a high level of skill and awareness. TDTF recognises that a large number of voluntary/community workers are dealing with this problem at different levels. Ensuring that these workers have the necessary training and support is an obvious priority. Our proposals are designed to continue an existing training programme and to introduce a complementary new approach (Project numbers 17 & 18).

PROJECT NO 9

DEVELOPING A COMMUNITY RESPONSE TO THE DRUGS PROBLEM IN THE ST DOMINIC'S AREA

ST DOMINIC'S DRUGS AWARENESS GROUP

The St Dominic's area of Tallaght contains a mixture of approximately 2000 public and private houses. The area has had possibly Tallaght's longest standing drugs problem. The local group conservatively estimate that there are 85 heroin addicts in the parish. Many of these, contrary to the more general profile in Tallaght, are adults in their 20's and 30's. Some families contain two and sometimes three heroin users. The use of hash within the younger age group in the community is also becoming problematic.

St Dominic's Drugs Awareness group was established in 1995 by local community leaders and over the past two years it has developed appropriate responses to the problem. These have included a drugs education programme in the local primary school, a telephone helpline, family support and outreach to drug users and families in their own homes. The group has no proper premises at present and as a result drug users and families are calling to the parish presbytery and the local nuns community house on a daily basis.

The group now wishes to establish its service in a proper, organised manner. It intends to provide a holistic, family centred service which will include outreach, prison visiting and a continuation of the existing education programmes. These will be based in a properly set up contact centre. Discussions are being held with the Health Board regarding the provision of treatment services and it is the intention of the group to develop an integrated approach to the drugs problem in conjunction with the Health Board.

Funding is required for:

- A proper premises
- Appointment of paid staff who will co-ordinate and develop services from the contact centre.
- programme costs
- running costs

TDTF is anxious to support this group and would aim to do this in partnership with the Health Board so that a co-ordinated service is provided. With a proper level of funding this local community initiative will be able to respond properly to an area which has a pressing and long standing drugs problem.

Management and Funding:

St Dominic's Drugs Awareness Group plans to establish a broad based group who will form a Board of Management to run this project. This group will consist of local community representatives, local schools, Youth Service, EHB addiction personnel, Crosscare and others as appropriate.

Funding Required: £35,000.00

PROJECT NO 10

PEER EDUCATION PROGRAMME

FOROIGE/TALLAGHT YOUTH SERVICE

Tallaght Youth Service has been in operation since 1982 and provides a support service to over 160 youth groups. In addition it works directly with early school leavers, young mothers and at risk young people.

This programme will enable 40 young people, aged 16 and 17 years, to learn the skills to conduct drug education programmes amongst their peer group. It is based on the belief that young people can have a positive influence on their peers particularly in regard to drug abuse. The 40 participants will be involved in designing the education programmes so that they are relevant. Training in delivering the programmes will be provided.

The peer educators will then conduct both formal and informal drug education programmes for approximately 300 young people in the 12 - 16 age range. The programmes will be run in schools and youth groups and will be delivered with the support of teachers and youth officers. The Youth Service will monitor and assess the effectiveness of the programme on an ongoing basis.

Funding is required for the following:

- Training of Peer Educators
- Programme materials
- Ongoing facilitation of groups

This programme is an innovative approach to drugs education and awareness. The learning from it will be of considerable relevance to other drugs education strategies.

Management and Funding:

The project will be managed by Tallaght Youth Service in association with local schools, Crosscare, YMCA and local youth leaders.

Funding Required: £7,500.00

PROJECT NO 11

COMMUNITY EDUCATION AND SUPPORT IN KILLINARDEN

KILLINARDEN DRUG PRIMARY PREVENTION GROUP (KDPPG)

KDPPG was established in 1993 by a group of parents in conjunction with the Home School Liaison service. Operating on a voluntary basis over the past four years the group has successfully run innovative education programmes on drugs in schools and has provided on going support for parents in this area. KDPPG is now well established as the foremost local drugs education group in Killinarden.

KDPPG now wishes to establish itself on a more structured basis. Its programme for the coming year includes:

- Drugs education and awareness programmes for 6th class students in three primary schools (approximately 200 students).
- A Young Adult Assertiveness Programme for 6th year students in the local community school (approximately 50 students).
- Parenting Education and Support Programmes (approximately 80 parents).
- Individual support and advice to young people and parents (approximately 50 in one year).

KDPPG works in close conjunction with Tallaght Youth Service, Crosscare, the Health Promoting School Network, E.H.B. and Home School Liaison in the delivery of its programmes.

In order to effectively deliver the above work programme the group requires funding to employ a full time co-ordinator, to purchase equipment, to rent premises and to train twenty group facilitators. With this funding support KDPPG will be able to establish itself on a secure basis and demonstrate how improved financial backing can enable it to operate in a more organised and comprehensive manner.

Management and Funding Request:

KDPPG is managed by local parents, a representative from Crosscare and a representative from the Home School Liaison service.

Funding required: £35,000.00

PROJECT NO 12

SPECIAL INITIATIVE FOR YOUNG PEOPLE 'AT RISK' IN FETTERCAIRN

FOROIGE/TALLAGHT YOUTH SERVICE

This initiative is aimed at 15 young people, aged from 15-19 years, who are identified in Fettercairn as currently experimenting with drugs/alcohol or at risk of getting involved in drug taking. The initiative would aim to equip them with the skills necessary to enable them to make and implement positive health choices in relation to their lifestyles.

Youth leaders in the area already have contact with these young people and they are identified as being poor or non attenders at school, are unable to deal with authority, have the potential to engage in criminal activity and have poor communication skills.

The initiative will aim to provide clear information to the young people about drug and alcohol use and as part of this exercise it will aim to develop appropriate models of drug education with 'at risk' young people. Participants will be encouraged to examine their lifestyles and will be helped in improving their personal effectiveness, decision making and assertiveness skills.

The initiative will operate in a structured weekly programme over a six month period. As appropriate, other agencies will participate in the delivery of the programme.

Funding will be required for:

- Premises rental
- Residential weekend
- Transport
- Facilitators
- Programme Costs
- Evaluation

Management and Funding:

The initiative will be managed by Tallaght Youth Service

Funding Required: £5,000.00

PROJECT NO 13

ST AENGUS NEIGHBOURHOOD YOUTH PROJECT

TALLAGHT YOUTH SERVICE/LOCAL MANAGEMENT COMMITTEE

This project aims to provide an integrated community response to approximately 30 young people, aged 10 - 14 years, in the St Aengus area who are at risk of social isolation and involvement in drug abuse through early school leaving and anti social behaviour. The project aims to help participants remain in school longer and bridge gaps between home, school and community.

An existing network of local groups has piloted some small programmes for early school leavers. It is clear that there is a problem in this respect and it is also evident that St Aengus has a significant and emerging drugs problem. Despite these difficulties the needs of this area have not been as readily recognised as other parts of Tallaght.

The Neighbourhood Youth Project may be seen, therefore, as a concerted effort by the local community to support “at risk” young people and their families. The target group will be identified by schools, home school liaison teachers, the Garda, JLO, Youth Workers and Social Workers.

The programme of activities will consist of a mixture of after school programmes, out of school groups and parent support initiatives. These could include homework club, drama, art therapy, residential weekends and sport. The activities will be designed to complement the approach of schools and other agencies. Parents will be involved from the outset and eventually it is hoped to involve them in running the Project.

A broad based committee, consisting of representatives from schools, EHB, Gardai, local clergy, Tallaght Youth Service, local community groups, have developed the project proposal. They have been successful in securing a premises for the project in part of a local primary school.

Funding is required to establish and run the Project for its first twelve months. It is expected that the project, if successful, will then be able to secure longer term funding from other sources. Funding will be required for:

- One full time and one part time staff member
- Premises adaptation
- Equipment
- Materials
- Programme Costs
- Overheads

Management and Funding:

A management committee, comprising the various statutory and community interests, will oversee the project’s development. The Tallaght Youth Service will implement and deliver the work of the project on a day to day basis.

Funding Required: £50,000.00

PROJECT NO 14

SUPPORTING YOUNG PEOPLE AT RISK OF INVOLVEMENT IN SUBSTANCE ABUSE

JOBSTOWN COMMUNITY COLLEGE

This project is a school based initiative targeted at young people in the 12 - 15 age range who are identified by the Community College as being at risk of dropping out of school and/or becoming involved with substance abuse. A profile of the young people would include characteristics such as erratic school attendance, poor social skills, feelings of inadequacy and lack of parental support. In the period September '96 - February '97 the college, within its junior cycle, identified 23 pupils who have dropped out of school and a further 8 who are non attenders.

The Community College has a tradition and track record of efforts to support 'at risk' young people and in drugs education. Within this project the school will adopt a structured approach to identifying pupils in need. Individual teachers will be assigned to supporting individual pupils as appropriate. An innovative peer mentoring scheme will be established and within this 4th year students will "adopt" the younger pupils who need help. A group based programme to enhance the self esteem of the target group will be run and a parents support group will be established.

Funding is required for:

- Parenting courses
- Parenting Support Group
- Evaluation
- Training of peer mentors

This project may be seen as an innovative attempt to respond to the needs of 'at risk' students in a school context. The project's target group is a priority target group for preventive strategies generally and for TDTF in particular. Jobstown Community College is committed to evaluate this programme and the learning from this will have wider relevance.

Management & Funding:

This project will be managed by Jobstown Community College.

Funding required: £10,000.00

PROJECT NO 15

PLANNING FOR THE DEVELOPMENT OF A "LINE" PROJECT FOR YOUNG PEOPLE IN KILLINARDEN

LINE PROJECT MANAGEMENT COMMITTEE

Since September 1996 a group of community leaders have been investigating a project for 12 - 15 year olds in the Killinarden area whose needs are not being met adequately by any other voluntary or state agency. The project aims to bring together the community, parents, state agencies and Government departments in order to provide a meaningful service to these young people.

The Project's target group will be a small number of young people who have limited skills in many areas - socially, educationally, emotionally and otherwise. Without adequate support this group are liable to gravitate towards drugs, crime and detention.

The Project has considered adapting the Car Line Project, Clondalkin for use in Killinarden. The programme envisaged will include family and individual counselling, life skills, mechanics, carpentry, art and animal care.

The Project group needs financial support to move their plans to a next stage. A detailed project brief and feasibility study needs to be prepared. With this in place adequate funding can be pursued and it is then the intention to establish the Line Project as an innovative response to young people in the Killinarden area.

Management and Funding:

The project and its feasibility study will be managed by the Line Project Management Committee which consists of representatives from Killinarden Community School, Youthreach, the Gardai, CARP and other community leaders.

Funding required: £10,000.00

PROJECT NO 16

SUPPORTING INNOVATIVE RESPONSES TO “AT RISK” FAMILIES

TALLAGHT DRUGS TASK FORCE

TDTF has identified as one of its priorities in the education and prevention area the challenge of supporting “at risk” families. “At risk” families are those where for a variety of reasons parents and/or children are living in very vulnerable situations and are prone to problems of drug use arising in the family. TDTF recognises also that many of these families can be difficult to reach and more creative responses may be required.

In preparing this service plan TDTF has not been in a position to develop detailed project proposals in this area. It realises, however, that there are a number of voluntary and state agencies working in Tallaght who are already providing support services to families. These include the Health Board, parish centres, Barnardo’s, community playgroups, probation service and others.

TDTF is proposing the establishment of a fund which will encourage and support innovative responses to families prone to a problem of drug use. These responses may include outreach work, research, specialised parenting projects, support for local playgroups and other measures. (This initiative will give the Task Force the opportunity to support smaller proposals received such as those from Scoil Caitlin Maude and the Irish Road Club). Apart from being useful in itself such an initiative will also provide valuable learning as to how the most vulnerable families can be supported.

Management and Funding:

This initiative will be established by the Task Force itself through its Co-ordinator. Proposals will be invited from relevant agencies and groups and will be assessed by the Task Force. Groups who receive funding will be asked to document the results of their work and to share their learning.

Funding required: £30,000.00

PROJECT NO 17

COMMUNITY ADDICTION STUDIES COURSE(C.A.S.C.)

STEERING COMMITTEE C.A.S.C.

Over the current academic year 1996/97 a community addiction studies course is being run in Tallaght R.T.C. The course takes place at night and is organised by a group of community leaders involved in drugs related work. Twenty one people are participating in the course including thirteen local community leaders and four recovering drug users.

The course covers a wide range of topics and has drawn on a wide range of expertise including the School of Pharmacy and the Addiction Studies Course in Trinity College, Ballymun Youth Action Project, E.H.B. Community Alcohol services and others. Urrus, Addiction Studies Training Centre, supervise the course content and act as consultants to the course. Ongoing discussions are taking place between Urrus and NCVA with regard to having the course accepted as a NCVA level 2 course.

The Addiction Studies course may be seen as part of ongoing efforts in the local community to provide people active in this area with the necessary skills. The 1996/97 course has operated successfully to date and it is hoped to continue in 1997/98.

During this academic year many contributors gave their time free and other costs were waived. Funding to resource the course properly is required for:

- Facilitators
- Guest speakers
- Consultancy
- Premises
- Accreditation
- Materials
- Running costs

Management and Funding:

The course will be co-ordinated and managed by the C.A.S.C. steering committee which comprises representatives from the Health Board, R.T.C. and the local community sector.

Funding Required: £6,200.00

PROJECT NO 18

PROVISION OF COUNSELLING AND GROUP WORK SKILLS TRAINING FOR COMMUNITY LEADERS

THE SHANTY

TDTF is keen to develop the skills of local community leaders in the areas of counselling and group facilitation skills who, in different ways, are involved in offering one to one support or are involved in group based programmes. These will include sponsors in local treatment centres, key workers and others.

The Shanty Education Project, in conjunction with the Task Force is planning to organise part time training programme in this area. The Shanty is a long established group in the Tallaght area with considerable expertise in the areas of community based education, counselling and training.

These training courses will have places for 15 local leaders at a time and it is hoped that they could be accredited by Maynooth College. Alongside the Community Addiction Studies course it may be seen as part of a broader approach by TDTF to improve the skills base of local drugs workers.

Management & Funding;

The Shanty and TDTF will liaise in determining both the content of this course and who this training is best targeted at. The running of the training course will be the responsibility of the Shanty.

Funding required: £15,000.00

5.6. SUPPLY and ESTATE MANAGEMENT INITIATIVES:

The Present Situation:

Controlling the supply of illegal drugs is a complex and extremely difficult challenge. It is a challenge that TDTF feels must be faced if any overall solution is to be found.

Describing the nature and extent of illegal drug dealing in Tallaght inevitably can only be presented in a more general manner.

Gardai and local groups acknowledge that Tallaght does not have any one 'Mr. Big' drug dealer. The majority of heroin suppliers are addicts/dealers or small time dealers. Most dealers purchase heroin outside the area and use other bases to prepare drugs for distribution in Tallaght. These systems, which can be very elaborate, make the process of detection more difficult. As indicated already the problem concerning heroin escalated in 1994 when availability increased and prices reduced. This situation still pertains.

Local drug squad gardai have noticed an increase in the availability of ecstasy, cannabis and especially cocaine over the past six months. The situation with these drugs is somewhat different to heroin as there are a few larger dealers and gardai have been more successful in securing prosecutions.

Existing Responses:

The main response to the problem of drug dealing comes, of course, from the Gardai. A drugs squad was established in 1990 with four members deployed; it currently has 13 members. The Gardai have aimed to work closely with local residents and have found these links valuable in pursuing drug dealers. The following chart compares the level of prosecutions between 1990 and 1996 and indicates the growth in the problem.

Tallaght Garda District	
Numbers of Prosecutions for Drug Related offences	
1990	1996
51	156
Analysis of Prosecutions for 1996	
<u>Drug</u>	<u>Number of persons prosecuted</u>
Cannabis	74
Heroin	64
Ecstasy	17
Cocaine	1
TOTAL	156

The significant growth of the drugs problem in 1994 and 1995 provoked considerable community responses. Different local groupings were established in 1996 who organised protest marches and established makeshift 'huts' in a effort to deter drug dealers. While some of these actions provoked controversy it is recognised that they did have the effect of

removing or reducing the more obvious drug dealing from certain estates. In Killinarden, for example, the local group estimates that 9 dealers left the area and a further 21 people gave a commitment to stop dealing. In Fettercairn up to 9 dealers left following local protests.

The main co-ordinating organisation for local community groups concerned with the problem of supply (although it has a much wider interest in the problem) is Coalition of Communities Against Drugs (COCAD). COCAD groupings exist in eleven neighbourhoods.

As can be seen from the following chart the introduction by the Gardai of Operation Dochas in late 1996 has begun to have significant impact.

Operation Dochas in Tallaght December 1996 - March 1997				
	December	January	February	March
Number of premises searched	11	14	30	26
Number of drug seizures	10	8	20	15
Street value of seizures	£695	£2765	£6074	£4240
Number of arrests	25	16	30	72
Number of people charged	14	16	15	22
Number of summons applied for	160	150	160	189

The third main ‘player’ in controlling drugs supply is South Dublin County Council. The Council works with local groups and the Gardai in trying to deal with ‘anti social’ behaviour in its estates. Their approach can range from warning tenants engaged in drug dealing to pursuing evictions. Presently the Council is processing a small number of cases for the eviction of tenants through the Courts. The Council has also been involved in various ways in promoting greater tenant participation in the management of its estates both formally and informally. This involvement will be increased through the development of the Urban initiative in Tallaght and Clondalkin. South Dublin County Council is also receiving support, under the £3m allocated for estate improvement in the £14m drugs package, for improvement projects in two estates in Tallaght.

An Assessment of the Present Situation:

A significant strength is the commitment of the Gardai, Council and Community Sector to work together to tackle the problem. Although happening on a more informal basis there are a number of examples of the different ‘players’ working together to deal with individual situations.

There are, however, undoubted difficulties in controlling the supply of drugs. While acknowledging the introduction of Operation Dochas and the increase in personnel in the local drugs squad its membership has not kept pace with the growth in the problem. TDTF notes with concern and surprise that facilities available to the drugs squad, such as proper offices and mobile phones, are very poor or non existent. We cannot expect increasingly

sophisticated drug dealers to be tackled if we do not provide the Gardai with the necessary resources and back up.

TDTF notes also the difficulties that exist for the County Council in dealing speedily with tenants engaged in anti social behaviour. The current legal process can be cumbersome and slow. Local residents can become disheartened at what they perceive as apparent inaction. TDTF welcomes therefore proposals in the New Housing (miscellaneous provisions) Bill 1996 to improve powers available to the Council to deal more expeditiously with anti social behaviour.

However, the greatest difficulty to be addressed is that drug dealing is, of its nature, an elusive problem - a constantly shifting target. It is instructive to note for example that while local community protests have been successful in removing drug dealers from some estates they have sometimes led to the problem being relocated to other neighbourhoods. This highlights the need for comprehensive responses on a Tallaght wide basis.

Priorities for Action:

TDTF recognises the primary role of the Gardai in tackling drug supply. The Task Force would wish to see the Gardai in Tallaght having the staffing and resources available to tackle the problem properly. It is not within the remit of the Task Force to provide the scale of resources necessary in this respect.

Apart from increased Garda resources TDTF sees as an essential element in controlling drugs supply a more co-ordinated approach at community level between Gardai, County Council and local residents. There is much more that could be done to promote a clear anti drugs message at local level and to create better 'on the ground' links between the main parties. *Our main project is designed, therefore, to pilot a number of local responses which should in the longer term be integrated into more comprehensive estate management programmes.* (Project number 19)

The Task Force recognises also the ongoing value of improved links and communication between Gardai and the community generally. *Our second project, therefore, is designed to facilitate improved communication and linkages in this area.* (Project No 20)

PROJECT NO 19

PILOTING CO-ORDINATED RESPONSES TO DRUG DEALING AT NEIGHBOURHOOD LEVEL

The Task Force is proposing that neighbourhood initiatives regarding drug supply be established, on a pilot basis, for a one year period initially, in four estates in Tallaght.

These neighbourhood initiatives will bring together representatives of local community groups, the Gardai and South Dublin County Council who will together draw up a plan to combat the problems of drug supply/drug dealing in the estates. The initiatives will include the following features.

- A concentrated effort, via publicity material and events, information bulletins etc. to promote a “drug free” culture within estates.
- Creating greater awareness amongst residents about the problem of drug supply in their estates and how they can contribute to counteract it.
- Establish local structures whereby Gardai, local authority and local community can share information on drug dealing and work in a co-ordinated manner to counteract it.

In establishing this initiative TDTF is conscious of the need to dovetail its approach with other estate management measures. In the preparation of this proposal discussions were held with the local authority and Urban. The Task Force notes and welcomes the development of broader estate management measures under Urban. This initiative will be developed, therefore, in a complementary manner and in a way which ensures that maximum impact is achieved.

TDTF has considered carefully where these pilot initiatives should be located and has identified four estates:

Fettercairn	Brookfield
Killinarden	Avonbeg/St Dominic's

These estates were identified for the following reasons:

- Each has a significant drug dealing problem
- There are variations as to the nature of the problem in each estate which requires an individual response .
- The estates have some traditions of informal links and working relationships between tenants,
- Gardai and Council.

As the pilot initiatives will only last for a year initially their task will be to put a local plan and structure in place which will be both effective in the short term and could be supported in the longer term by agencies such as the local authority.

Funding for these initiatives will be required for the appointment of a temporary co-ordinator, office accommodation, equipment, publicity and information material, running costs. At the end of the 12 month period TDTF would hope to see in place not only reductions in the problem of drug dealing but the establishment of local structures within which the Gardai, Council and tenants can address this problem in an ongoing manner.

Funding and Management:

This will be an initiative of TDTF. Because it may be seen as a local development project Tallaght Partnership has agreed, via its community development staff, to assist in its implementation and co-ordination. The Task Force's co-ordinator will also contribute to its development.

Funding Request - 4 x £40,000 = £160,000

PROJECT NO 20

FUNDING INITIATIVES DESIGNED TO CREATE GREATER UNDERSTANDING AND COMMUNICATION BETWEEN GARDAI AND LOCAL RESIDENTS:

TDTF recognises that ongoing understanding and communication between Gardai and local residents is essential to counteracting drug supply. The Tallaght drugs squad has indicated to the Task Force how useful they have found the flow of information from individual residents concerned about drug dealing in their estates. Equally it has to be acknowledged that there has been frustration and misunderstandings. In some estates the flow of information from residents to Gardai is less than good.

With this in mind TDTF is proposing the establishment of a small development fund which can be used to run programmes designed to improve communication and mutual understanding. This fund will particularly target programmes either on a Tallaght wide' basis or in estates not included in the local projects already outlined. The fund can be drawn on by local groups, Gardai or preferably for joint programmes run by Gardai and local communities. The following activities are envisaged:

- Local estate meetings where Gardai can explain to residents how they can help them in tackling drug dealing.
- Hosting of large information seminars/information weeks in central locations in Tallaght.
- Sponsorships of local events by the Gardai designed to improve understanding and rapport.
- Publication of relevant publicity and information materials.

Management and Funding:

This development fund will be available for a twelve month period. It will be managed by TDTF through its co-ordinator. Suggested programmes will be assessed carefully. Proposals will be encouraged particularly from estates other than those in the pilot initiative above and where relations between community and Gardai needs to be developed.

Funding required: £10,000

5.5. MAIN FEATURES OF SERVICE PLAN PROPOSALS

This service plan is an integrated response to the drugs problem in Tallaght, addressing the inter-related issues of treatment, rehabilitation, supply control, education and prevention. Its main positive features are as follows:

- The development of a network of local treatment centres with a wide range of services and the potential to provide up to 185 treatment places.
- The introduction of a new and complementary rehabilitation project catering for up to 20 participants at any one time.
- The establishment of a number of community based education projects which will reach over 800 young people and parents.
- The introduction of specialised projects designed to respond to over 60 “at risk” young people in four different communities.
- The piloting of new and integrated responses to the problem of supply and drug dealing in four estates.
- Support for two training courses which will improve the skills and expertise of over 35 local workers.
- The establishment of an innovative response to the needs of “at risk” families.

Note the following:

In devising its Service Plan TDTF has proceeded in a responsible and professional manner. Twenty one of the twenty nine funding proposals received in time for consideration have been included at a total cost of £890,000.00. (A further four proposals have the potential to be included as other actions in the areas of rehabilitation and families “at risk”, are implemented). However in nearly all cases sponsoring groups were asked to refine their funding request or a particular aspect of their proposal was identified for inclusion.

This approach was taken because TDTF was conscious that the overall funding package available to all 13 Task Forces was finite. The Task Force was conscious also of its responsibility to propose a service plan that was both manageable and realisable in a short time frame. It would have been easy for TDTF to include all funding proposals made to it and to make a request for funding of £1.75 million. This approach was not taken.

Having adopted a responsible approach TDTF would emphasise that all the service proposals contained in this plan are priority proposals. The budget of under £900,000.00 is realistic, and relative to the needs of the area, a modest one.

Accordingly Tallaght Drugs Task Force requests that the budget to implement this service plan be approved in full.

SECTION VI IMPLEMENTATION, MONITORING AND EVALUATION:

6.1 Introduction:

The members of TDTF who have worked together in preparing this plan have viewed the process and the operation of the Task Force as a positive exercise. Members are committed, therefore, to continuing to work together so that the service plan is implemented successfully and that the learning from the various projects is distilled properly through a professional evaluation. The following approaches are being proposed regarding implementation, monitoring and evaluation.

6.2. Implementation and Monitoring:

In preparing the service plan the Task Force operated in three sub-committees on Treatment and Rehabilitation, Supply and Estate Management, Education and Prevention. It is proposed to continue with this structure with each sub committee playing a role in ensuring that the various projects under its heading are implemented. The full time co-ordinator to the Task Force will, of course, play a key role in this whole process. She/he will liaise with the sub committees and individual projects as required. The co-ordinator, in the early stages, will play an active role in ensuring that projects being promoted directly by the Task Force are implemented. These will include the Rehabilitation Project, Pilot Estate Management and the “At Risk” families initiative.

It is envisaged that sub committees will meet on a monthly basis or more frequently as necessary. Apart from ensuring implementation TDTF will promote through its sub committees and in other ways a shared approach amongst the different projects funded by this plan. We have indicated, already, how we envisage this happening in the treatment area. Equally around issues such as Education/Prevention or Supply/Estate Management efforts will be made to promote debate and share learning. This will take place on an informal basis and more formally through organisation of seminars and publications.

The Task Force itself will continue to meet on a monthly basis. At these monthly meetings reports will be received from the sub committees and co-ordinator. Assuming the Task Force is in existence for a 12 month period, at least, more formal reviews of progress will take place on a six monthly basis. This will be linked with the evaluation process. In addition the Task Force intends to meet on a regular basis with representatives from the Eastern Health Board so that the various strategies can be implemented in a co-ordinated manner.

6.3. Evaluation:

TDTF sees evaluation as an important component of its Service Plan. When conducted properly evaluation can be of considerable help in the development of services. TDTF does not see evaluation as something that happens when work is completed; rather it is something which should become part of service provision and be conducted in ongoing manner so that services can be influenced in the light of information emerging.

TDTF has been anxious therefore to devise an evaluation framework which will help in monitoring performance within individual projects as well as providing an overall assessment of the impact of the Service Plan. With these ideas in mind discussions were held with Kieran McKeown Ltd, a research consultancy with extensive experience in evaluation and

a particular experience in the drugs field. The framework outlined below is the approach TDTF wishes to use in evaluation its work. Recognising the importance of evaluation the Task Force is proposing to allocate a significant sum for this purpose so that it can be conducted in a thorough manner.

PROJECT NO 21

**SUPPORTING THE DEVELOPMENT OF BEST PRACTICE AND ADDITIONAL
RESPONSES TO THE DRUGS PROBLEM**

TALLAGHT DRUGS TASK FORCE

With the appointment of a full time co-ordinator TDTF in the coming twelve months will contribute to the development of debate and new responses to the drugs problem.

Efforts will be made to promote debate and discussion amongst those involved in treatment services and education programmes. As indicated already a priority will be to create mechanisms, in conjunction with the Health Board, where treatment providers can debate issues of common concern. Equally the Task Force will aim to create opportunities whereby the different 'players' in the field of drugs education can meet and share ideas. This initiative will require different strategies such as hosting meetings, seminars and publications.

TDTF is conscious also that other neighbourhoods are endeavouring to respond to the drugs problem in their areas. Local groups are emerging in estates such as Springfield and Kilnamanagh. No doubt other communities will respond in the coming year. The Task Force wishes to help both existing and new groups develop, possibly by support with training, hosting of meetings, information seminars, etc.

For these varied developmental activities the Task Force is proposing the establishment of a development fund which can be availed of as need emerges.

Management & Funding:

This fund will be managed by TDTF through its co-ordinator.

Funding required: £16,000.00

MONITORING AND EVALUATION OF SERVICE PLAN

KIERAN MCKEOWN LTD

1. METHODOLOGY

Three different methodologies will be employed to monitor and evaluate the work of Tallaght Drugs Task Force: (i) collection and analysis of data yielded by a performance monitoring system and (ii) analysis of case study material (iii) survey of key service providers and community groups.

1.1. Performance Monitoring System

A performance monitoring system needs to be put in place for each category of action which is funded. It is expected that up to 20 actions will be funded in three core categories:

- (i) treatment and rehabilitation
- (ii) supply control and estate management and
- (iii) education and prevention.

At its simplest, the performance monitoring system will supply basic information about each action, including:

- description of the action and its objectives
- amount of money spent on each action
- type of agency delivering the action
- is the action an existing or new service?
- who are the direct beneficiaries (drug users, estate residents, school children, etcetera)?
- how many direct beneficiaries are there?
- what are the demographic and socio-economic characteristics of the direct beneficiaries?
- in the case of drug users, what is the breakdown between problematic, stable and recovering drug users and how many are taking up services for the first time?
- to what extent is the action achieving its objectives?

This list of questions illustrates the kinds of information that a performance monitoring system could supply, possible on a six monthly basis. Given the timeframe of one year within which the Service Development Plan is to be implemented, a paper-based rather than a computer-based performance monitoring system would be appropriate. Accordingly, a standardised monitoring form will be designed, in consultation with Tallaght Drugs Task Force, to collect basic information on each action and its immediate impacts; the form will also allow for the difference between the different types of actions to be taken into account. The information produced in this way will be useful for both regular reports to the Tallaght Drugs Task Force and the National Drugs Strategy Team as well as for the final evaluation.

The Co-ordinator of the Tallaght Drugs Task Force would play a crucial role in ensuring that the monitoring form is completed on each funded action at six monthly intervals - or more frequently if that is deemed appropriate.

It is hoped to combine the analysis of monitoring data with data from other sources on the drug problem in the area - such as Garda statistics on drug-related arrests, statistics on throughput from treatment and rehabilitation centres as well as any local survey material that may be available to provide as complete a picture as possible of the impact of the initiative.

1.2 Selected Case Studies:

It is expected that up to 20 actions will be funded. A selection of these will be examined in depth from each of the three categories:

- (i) treatment and rehabilitation
- (ii) supply control and estate management and
- (iii) education and prevention

In selecting the case studies, consideration will be given to those actions which have received substantial resources as well as those which are experimenting with new approaches to the drug problem. It is proposed to undertake six case studies, possible two from each of main category.

The case studies will focus on issues such as the following:

- precise definition of the need and the target group which the action is designed to address.
- linkage between action and other activities of organisation
- comparison of proposed and actual implementation
- outcomes of the action, both expected and unexpected, direct and indirect
- characteristics of the organisation delivering the action and its linkages with other agencies
- innovative aspects of the action and its transferability to other situations
- staffing, resourcing and other requirements of the action
- overall implications for policy and practice.

Each case study will be written up separately as well as a composite case study drawing together the key findings and issues from each.

1.3 Survey of Key Agencies and Community Groups

The Tallaght Drugs Task Force - like its counterparts in other areas - represents a new approach to tackling the drugs problem. A central objective of this initiative is to bring about a co-ordinated, area-based response to drugs by all the key actors, both service providers as well as local communities. In assessing the impact of the initiative therefore, it is important to examine if increased co-ordination and consultation between the key players has in fact occurred. It is also important to know if this initiative has the support and confidence of the main community groups and organisations in the area.

This part of the evaluation will interview all members of the Tallaght Task Force as well as a number of key groups and organisations in the community such as tenants groups, youth clubs, schools, etc. The interview will cover the following themes;

- how well did the Task Force work together as a team?
- did the Task Force have an impact on the services of its member agencies?
- what noticeable changes to the drug problem have taken place since the Service Development Plan was implemented?
- what factors helped or hindered the co-ordination of services?
- what are the strengths and weaknesses of a Task Force, area-based approach to the drug problem?
- what changes are needed to build upon the positive achievements of the Task Force?
- overall, has the drugs problem increased, stabilised or decreased since the Task Force was set up?

It is expected that up to 20 interviews will be carried out. These will be semi-structured interviews and will provide a valuable barometer of informed opinion about the role and effectiveness of the Task Force among the key agencies and groups.

2. TIME FRAME

The research will be carried out in three main stages: (i) at the beginning when the Service Development Plan is being implemented; (ii) in the middle, when an interim report is prepared to indicate the level of progress after six months and (iii) at the end when the Service Development Plan has been fully implemented and has been operational for nearly one year.

The input at the beginning mainly involves designing the performance monitoring system. It is important that this is put in place early on so that every organisation benefiting from Task Force funding is made aware of the reporting requirements which attach to their funding. The input in the middle will mainly involve an assessment of progress at an interim stage, possibly after six months, or even less. The input at the end will involve a substantial collection and analysis of data associated with the case studies and the survey of key agencies and groups as well as final returns from the performance monitoring system. In order to give maximum time for the initiative to take effect, it is desirable to leave up to a year before the third and final phase is carried out. In some instances, of course, the impact of actions (for example, in the area of education and prevention) may take much more than one year to become evident while the impact of other actions (for example, certain actions in the area of estate management) may have a much more immediate impact.

The exact timeframe will be determined in negotiation with the Tallaght Drugs Task force and may also be linked centrally to the evaluation timeframe of the other Drugs Task Forces.

3. THE REPORT

The outcome of monitoring and evaluation will be two reports: (i) an interim report and (ii) a final report. The interim report will be produced after six months and will be based mainly on the analysis of data yielded by the performance monitoring system. The final report will be written when the Task Force has been operational for one year and will draw together all the data sources described above.

Total funding required: £30,000.00

SECTION VII CONCLUDING STATEMENT

The preparation of this plan has made clear, although it was already well known, that Tallaght has a serious and widespread drugs problem involving the abuse of a wide range of drugs. Drug abuse in Tallaght is happening now at a younger age and the projected youth population in the area is a cause of great concern. It is clear also that many of the social and economic factors associated with drug use are prevalent in Tallaght.

The Tallaght community has responded positively to this problem in a number of ways. Treatment services have been developed, education programmes have been introduced. Extra resources have been provided by state bodies such as the Health Board, Gardai and local authority. A whole range of local community initiatives has developed. And yet it is clear that the scale of the problem far exceeds the level of response.

This service plan proposes an integrated programme designed to tackle the problem via improved treatment and rehabilitation, more education and prevention strategies and new local initiatives concerning supply control. The plan aims to build on existing strengths, to create partnerships, improve co-ordination and promote innovation. The various aspects of the plan will be properly evaluated so that its impact can be assessed.

The service plan was prepared by the Tallaght Drugs Task Force, a body comprising representatives from 15 of the main state, voluntary and community organisations concerned with the drugs problem in the area. The plan has the support of all members of the Task Force. It is being presented as a coherent, realistic and realisable strategy-.

Accordingly the Tallaght Drugs Task Force recommends this Service Development Plan to Government and requests that it be approved and supported in its entirety.

Appendices

Appendix (i)

11 February 1997

Dear

I am writing to tell you about the work of the Tallaght Drugs Task Force.

Following a Government decision last October twelve local drugs task forces were established in areas identified as having the most serious drug problems - one of these areas being Tallaght.

The Tallaght Task Force consists of representatives from a number of relevant state agencies (Health Board, Gardai, Probation Services, Youth Service, FAS, local authority) and representatives of the main community groupings involved in education, prevention and treatment. I enclose a copy of our terms of reference.

As you can see our first task is to analyse the problem in Tallaght and then to prepare a service development plan identifying the strategies, services or programmes we would like to see for our area. This plan will then be submitted to Government for its consideration and approval.

We would welcome any views, suggestions or ideas you may have regarding the drugs problem in Tallaght and, more importantly, what you would like to see included in the development plan. All contributions will be considered fully.

The Government has allocated £10 million to fund the development plans of the Task Forces. These funds will be allocated on merit and not on a proportional basis. An important part of our job will be to identify the new programmes and services we want to see funded in Tallaght. You may wish to propose a specific project for funding consideration. If so could you please contact us and we will send you further information about how you can go about this.

Unfortunately the timescale we are operating under is very tight. Our plan will have to be submitted to Government by late April. It will assist us greatly therefore if any suggestions or ideas you have are put in writing. We may have opportunities to engage in further discussions with those who make proposals but these will be quite limited. We do know however that there is an established community network being supported by the Tallaght partnership who will be liaising with the Task Force as our work progresses.

Our closing date for the submission of proposals or funding suggestions is

We look forward to hearing from you and if you require clarification please contact *Michelle Hinds, Co-Ordinator Tel: 4513894.*

Yours sincerely

BRIAN KENNY
Chairperson

FUNDING CRITERIA:

Appendix (ii)

General Information:

Funding of £10 million has been allocated by Government to fund the development plans of the local Task Forces.

This funding will be allocated on merit and not on a proportional basis.

The funding from Government is available on a 'one off basis through 1997. There is no indication as yet that the funding will be continued in subsequent years.

The funding is considered additional to existing or planned expenditure.

Funding can only be accessed through the service development plans of the Task Forces.

Making a funding proposal:

There are no application forms. If you are making a proposal please include the following:

A clear statement of the aims and objectives. What is the problem you are trying to tackle?

- A statement of the target group - who and how many will benefit.
- A description of how your project will operate in practice.
- Information on who will be running the project.
- A timescale. How long will the project last?
- A clear breakdown of how much it will cost.

Criteria for Assessing Funding Proposals:

In considering proposals for inclusion in the service development plan the Task Force will use the following criteria.

- Potential to impact directly on the problem.
- Potential to complement the work of other agencies already dealing with the problem.
- Potential to respond to the gaps in service provision as identified by the Task Force in its initial analysis (see attached page).
- Ability to be implemented on a 'once off basis' or to access funding from another source if it is a continuing project.

- Potential to be innovative or demonstrate new ways of tackling the problem.
- Potential to promote greater co-operation and inter agency co-ordination.
- The track record of the promoters in implementing projects.
- Potential to produce new information/learning as to how the problem should be tackled.
- Production of information which shows that the project is properly costed and financially realistic.

Appendix (iii)

TALLAGHT DRUGS TASK FORCE

Budget Summary

	£
Community Addiction Response - Killinarden	50,000
St. Aengus Community Action Group	80,000
Jobstown Assisting Drug Dependency	80,000
Fettercairn Drugs Rehabilitation Programme	50,000
Brookfield Addiction Support Programme	10,000
Barnardo's	30,000
Rehabilitation Project	160,000
St. Dominic's Drugs Awareness Group	35,000
Foroige/Tallaght Youth Service:	
– Peer Education Programme	7,500
Killinarden Drugs Primary Prevention Group	35,000
Foroige/Tallaght Youth Service:	
– Young People "At Risk" Fettercairn	5,000
St. Aengus Neighbourhood Youth Project	50,000
Jobstown Community College	10,000
The Line Project - Killinarden	10,000
"At Risk" Families Initiative	30,000
Scoil Caitlin Maude	* 300
Community Addiction Studies Course	6,200
The Shanty	15,000
Pilot Neighbourhood/Estate Management Initiatives	160,000
Garda/Community Initiative	10,000
Task Force Development Fund	16,000
Evaluation	30,000
Task Force Administration and Expenses	10,000

Total	890,000

* It was not considered necessary to prepare a separate service proposal in respect of this project.