DUBLIN NORTH EAST DRUGS TASK FORCE

INTERIM REPORT

JUNE 1997

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Chairpersons Report

Attached herewith is the interim report of the "Dublin North East Task Force". The report looks at the drugs problem in general under the headings of treatment, rehabilitation, education and prevention. The second part of the report provides an up to date assessment of the situation in each of the areas in the Task Force area. As can be seen from the report, areas like Kilbarrack are well advanced, where the people have recognised the need for a locally based treatment centre. In other areas however, prior to the commencement of the Task Force, there was no structural groupings addressing the drug problems and as a result there is very little information regarding the extent of the problem.

While this report addresses the interim problems, our long term strategy is to progress the Kilbarrack model by improving and extending the treatment, counselling and hopefully eventual integration of these people back into full time education or employment. Eventually we would hope to replicate this treatment centre in the other areas. We will also have access to the treatment and integration programmes which will be developed in Kilbarrack.

One of the biggest stumbling blocks which we have encountered through our consultations and research is the low level of trust that exists between the communities and the semi state agencies which are actually the Eastern Health Board and the Department of Justice. I feel it is imperative therefore that funding be made available immediately on foot of this report to enable our work to progress, otherwise there is a distinct danger that the drugs task force will be seen as another smoke screen and I feel that a great opportunity will be lost forever. There is also a need within semi state agencies to emphasis the importance of this project as the level of attendance at board meetings by some of the semi states has been far from satisfactory due mainly to pressure of work and non availability of time to devote to the task force.

I would like to express my deep gratitude to all members on the committee, especially the voluntary community based members who gave freely of their time and have worked very hard in their communities to promote the work of the drugs task force.

Finally, I would like to take the opportunity to thank our co-ordinator Peter Foran who has worked very well with the individual communities and has been of great assistance in the final production of the report.

Yours sincerely

Michael Murphy
Chairperson
Dublin North East Task Force

Introduction

The report is divided into three sections. The first part of the report provides a brief background of the area concerned and the problems it faces. An outline is also given of the consultation process which has been entered into with the local community, by the Taskforce, and the continuation and development of which is essential to the successful outcome of the project.

The second part of the report concentrates on the four key areas as indicated in the first annual report of the Ministerial Task Force on measures to address the demand for drugs; Treatment, Rehabilitation, Education and Prevention and Supply and Control. Development of these strands/actions are at different stages in each of the areas within the Partnership, but the aim is for each to be fully developed within each community. The second part of the report also contains an outline of the 'Northside Counselling Service', which provides a community based training school and counselling service covering the Task Force area and an outline of the 'Club Eile Roadshow', which is also a resource for whole the community.

Finally the report describes each of the seven areas in the Northside Partnership under the following headings;

1. area profile
2. analysis of local drug problem
3. stage of development of the current drug treatment service, if any exists
4. recommendations for development of services, including estimates of funding where appropriate.

1.1 Background to the Taskforce Area

The Dublin North East Task Force is similar in size to the Northside Partnership area (for map of area see Appendix 1). It has a population of approximately 105,000 people, with registered unemployment approaching 10,000 and a welfare recipient population of approximately 37,000 people. The area is one of contrasts, extreme deprivation alongside relative affluence.

The community faces serious problems;

- Almost 10,000 unemployed, 5,500 of whom have been out of work longer than 12 months.
- Pockets of the community suffer extreme poverty and deprivation.
- Almost half of the catchment area can be regarded as seriously disadvantaged.
- Six of the districts are among the most disadvantaged 10% in the country.

Facts of Disadvantage

	n	%
Population	105,000	
Labour Force	46,744	
Registered Unemployment	9,281	19.9
Registered Long Term Unemployment	5,500	11.8
Under Age 20	33,490	
Primary Education Only	23,316	22.2%
Left School by age 15 yrs.	40,486	38.6%
Higher Education	13,672	13.0%

Note: The overall deprivation score is a measure of the general level of deprivation in a district based on thirteen factors considered to be indicators of poverty and disadvantage, A score of 1 indicates that a district is among the most affluent 10% nationally, a score of 10 indicates an areas as being among the most deprived 10%. The score for the Northside Partnership area is 6.

1.2 Consultation Process

Dublin North East Task Force

The first meeting of the Dublin North-East Task Force was held on the 4th March 1997. Meetings since then have been held on a fortnightly basis, with subgroups meeting at weekly intervals.

While there remains a vast amount of work to be done before the Task Force produces a comprehensive strategic plan for the area, there are some services required as a matter of great urgency in order to respond to the grave problems that exist in the Task Force area. There are as follows;

1. Development of **Satellite Clinics** in each of the seven areas identified in this report. This is to be done in conjunction with the Eastern Health Board and local communities, in a process of open and honest consultation.

2. **Technical Assistance** to be made available in some areas to assist in research programmes, providing information on employment, age ranges, services and resources. This is to be done alongside more focused research into the nature and extent of drug abuse,

3. The shortage of counsellors and outreach workers needs to be addressed urgently; **Counsellors** – so that the numbers of heroin smokers and intravenous users catered for can be increased.

4. **Outreach Workers** – because of the geographical spread of the Task Force area there is an urgent need to increase the outreach workforce in order to make contact with those who are not in contact with service providers and remain at risk in the community.

Consultation Process

Advertisements were placed in local newspapers, the 'Northside People', local parish newsletters and on the local radio station. In addition each registered voluntary group in the area was written to requesting submissions, with meetings also being held with local community groups. In areas where there were no groups involved with drug addiction and the problems it creates for communities, meetings were called and small action groups have been established.

Responses

A large number of comprehensive and positive submissions were received. The overwhelming response from those involved in community and voluntary groups was the problem of credibility with the Eastern Health Board. Traditionally a significant carrier to community development has been the dependency of groups on authority figures and statutory bodies

There was, however, a positive response from the Community and Voluntary sector as to the setting up of the Local Task Force. There was agreement regarding the urgent need for locally based treatment for people affected by drug misuse.

In areas where there was very little community development there is now a significant amount of work being undertaken. As a result of this process, the drugs issue is now open for discussion in each of the areas. Much work, however, remains to be done to convince the local communities that treatment centres do not pose a threat to their communities. Experience in Kilbarrack shows that local treatment centres are a great benefit; crime rates have fallen by 70% and the number of unstable I.V. users substantially reduced. In addition, some of the clients receiving treatment have returned to lull time education.

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Before moving on to the next section of the report, 1 would like to thank all the members of the Task Force, especially the voluntary and community based members, for their time and hard work and look forward to their continued support. I would particularly like to thank Michael Murphy, Chairperson of the Task Force for his assistance and active involvement in the process

Peter Foran, Co-Ordinator, Dublin North East Task Force

Drawing on submissions from community groups and individuals the second part of the Report concentrates on the four key areas as indicated in the first annual report of the Ministerial Task Force; Treatment, Rehabilitation, Education and Prevention and Supply and Control.

An outline is also given of the Northside Counselling Service which provides a community based training school and counselling in the Coolock Area.

2.1 Treatment

a) Treatment Priority

Intravenous Drug Users

Priority should be given to the provision of treatment facilities for intravenous illicit drug users. This approach has immediate benefits which include hope for families struggling to cope with addicts, reduction in on-street dealing and crime in communities and the creation of an environment which encourages drug users to enter treatment programmes. Later, when services for intravenous users are established, expansion of services should include prevention, education and support programmes aimed at children and teenagers, early school leavers and families of drug addicts and treatment programmes for users of other illicit drugs including cannabis and ecstasy.

Stages of Treatment

The stages in the treatment of an intravenous drug user are:

i) detoxification, which is undertaken in hospitals and residential centres – it is felt that priority should be given to addicts from the seven Northside Partnership areas who wish to access detoxification beds in nearby Beaumont Hospital,
ii) methadone stabilisation, where clients attend health board clinics run by doctors specifically trained in drug treatment until stable – the doctors prescribe methadone to be dispensed by participating retail pharmacists,
iii) counselling,
iv) rehabilitation, which should begin after detoxification during methadone stabilisation. Clients should be encouraged to participate in activities including physical exercise

(e.g. walking, gymnasium), sport orientated activities (e.g. football) and skills development (e.g. art, photography) and emphasis should be placed on organization with a set time-frame for each activity every week,

v) methadone maintenance, which is undertaken by general practitioners working in the community, and
vi) education and training.

b) Programme Development

Aim

The aim is that each of the seven areas in the Northside Partnership – Bonnybrook/Fairfield, Clonshaugh/Riverside, Damdale/Belcamp/Moatview, Donnycamey, Edenmore. Kilbarrack and Kilmore – should have its own satellite clinic offering addicts a comprehensive service including counselling, methadone treatment, group therapy and referral to rehabilitation, and where, following detailed medical and counselling assessment, a treatment plan may be agreed between each patient, the doctor and the counsellor and then implemented over succeeding months. In one area (Kilbarrack) a drug treatment service is already in operation.

Stages of Programme Development

The Group proposes that the seven areas in the Northside Partnership should each develop a treatment programme for intravenous drug users, the programme to be structured and developed in the following stages;

i) consultation with local residents and, where necessary, research to identify the extent of drug use in the area,
ii) identification of an appropriate site for a satellite clinic,
iii) commencement of a methadone treatment programme in the chosen centre,
iv) development of a rehabilitation programme and facilities as appropriate,
v) provision of education and training for clients attending the service,
vi) prevention programmes targeted at children and young teenagers.

Steering Committee

A Steering Committee, if not already in existence, should be established, made up of representatives of local residents, to oversee the development and operation of the treatment centre. In the event of problems arising or complaints from local residents, the steering committee should consult with health board representatives and advise on modifications of the service. Where extreme difficulties arise, the steering committee may recommend closure of the treatment centre.

Area Boundaries

Boundaries for the areas are to be agreed by local residents and the Eastern Health Board. Each centre should provide a service only for those intravenous drug u^ers who are resident in the particular area and addicts residing outside an area should not attend the drug treatment service in that area.

Staffing of Centres

Each centre should be staffed by a health board doctor, a counsellor, a general assistant and a secretary. There should be a panel of four outreach workers to be shared among the seven areas in the partnership. The doctor should be trained in drug treatment by the Eastern Health Board (E.H.B.) and should provide a minimum of three clinic sessions per week. The counsellor and general assistant should be full time appointments with the secretary employed on a full-time or part-time basis. The general assistant should be responsible for urinalysis and for supervising and processing testing as appropriate. Additionally, there should be a panel of four outreach workers to be shared among the seven areas in the Partnership, and a service co-ordinator to oversee the development of rehabilitation and training projects in the areas,

Layout of Centres

Each centre should have a minimum of three rooms – one room may be shared by the doctor and the counsellor, and there should be one room each for the general assistant and the secretary – and a waiting area and toilet facilities.

Treatment Programme

At the outset of treatment clients are required **to agree to** and sign **a standard contract** laying down rules which must be adhered to, including the basis on which the drug treatment service will be provided and used by them. Breaches of contract would lead to termination of treatment and rehabilitation.

Clients entering a programme of methadone stabilisation are also given an agreed sponsor to act as a support during stabilisation and to supervise collection and presentation of prescriptions and collection of methadone from community pharmacists.

Following treatment, a client whose dosage of methadone is stable and whose rehabilitation is satisfactory may be transferred at the discretion of clinic staff to the care of a local general practitioner.

Monitoring the Service

A standard form recording the details of clients in treatment should be developed for use by all drug treatment centres in the Eastern Health Board area. This would greatly facilitate monitoring of clients and would provide the basis for a useful data base for regular reports on the service.

2.2 Rehabilitation

It is undeniable that drug use is a major problem in the great Coolock region. The main elements of any solution must be a) Treatment (as discussed above), b) Rehabilitation, c) Education and Prevention (see below). The norm at present is to concentrate on a treatment, yet it is clear that this approach must be expanded to include the others. In fact in many areas and organisations elements of education, prevention and even rehabilitation exist. Furthermore, many groups, particularly Community Youth Projects, deal with the very same client group without ever connecting in any way with the Health Board responsible for their treatment. At present, such projects do have programmes and resources which could be linked into a better co-ordinated approach. It is therefore essential that any new developments in the region are not handed out in a piecemeal

fashion but are introduced in an all-inclusive co-ordinated approach, using existing resources where possible to care for the individual right from the beginning of a treatment programme through to their complete return as fully participating members of society.

With this in view, it is recommended that a model of operation be developed. This model would consist of a totally all inclusive holistic and co-ordinated approach, centred around a treatment facility using local resources and concentrating on the individual and their own particular needs and desires.

The partners involved in such a venture will Include;

a) the local community
b) the Health Board
c) Dublin Corporation
d) City of Dublin Youth Service Board
e) FAS

At present there is a process underway to conduct an inventory of all the facilities currently available. Results of this inventory will be available by mid – August.

At present the City of Dublin Youth Service Board has a number of community youth projects in the area and has access to a number of locations that would be suitable for rehabilitation programmes. It also has the back up of the Outreach Centre, which operates a district team approach to its work. Finally, City of Dublin Youth Service Board has established the Woodale Programme which is a model that could be adapted to the rehabilitation of any abusers undergoing treatment.

Initially better communication and co-ordination between the Health Board and the other appropriate agencies and the local community is the key. Then if a model of good practice centred around a treatment programme can be developed it could be used throughout the region.

2.3 Education/Prevention

Education is universally accepted as one of the most important tools in preventing drug abuse. However, in communities where drug misuse is most prevalent i.e. disadvantaged, marginalised areas, there tends to be high levels of early school leaving. For this reason the formal educational system cannot be seen as the best/only mechanism to educate young people most at risk. What is required is a more innovative and creative approach than the school system currently offers. This does not imply that the formal education system does not have a role, perhaps what is needed however is a more co-ordinated approach between schools, the community/community groups and the non-formal education sector. This we feel will require a willingness on all sides to retrain in this area.

People who use drugs do not live in a vacuum and are affected by all of the social realities in which they live. Education must, therefore, not only address addiction but also the issues that lead to drug use; education must address the whole person in a holistic way, recognising physical, emotional and environmental needs. We do not under estimate how difficult this will be.

Approaches will vary for different age groups, target groups and communities. To this end we would suggest a number of target groups to begin with, and suggest some ways these groups needs may be met.

Adults/Parents

What are the signs and signals of drug use? How to react if drugs become an issue for the family? – educational packs, support groups, public meetings.

Children

Awareness of drugs – in order to develop this, an approach is needed which is non-threatening and appropriate to the relevant age group e.g. drama could be used as could structured play.

Young People

Discussion, peer group work and debate based on respect for their views and the social realities facing them. The aim would be to encourage the holistic development of the whole person.

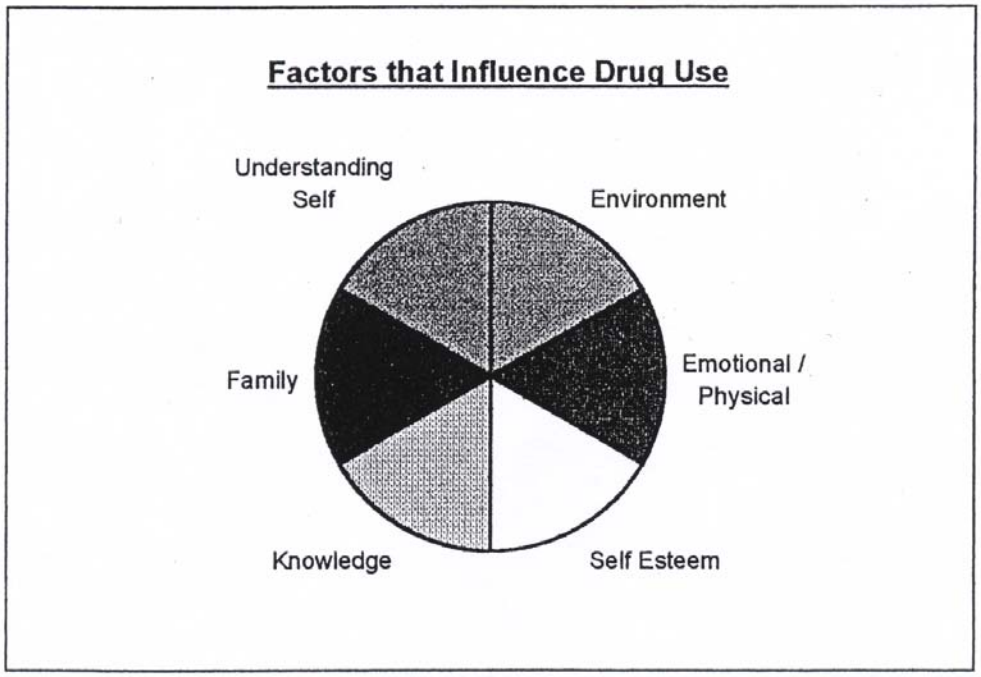
Community Groups

Support for the existing problem. Access to services with the aim to move towards a drug free environment.

As a interim proposal we see the need for further debate, to include discussion on how best to integrate resources and to recognise that we are talking about life-long education and a programme which will evolve alongside the changing needs of the community.

Central to the educational process is the need for peer education, whereby those involved/ previously involved in drug use and the communities in which they live have a voice in the structure and delivery of services such as education and prevention.

As can be seen from the diagram below the factors which influence a person misusing drugs include; environmental factors, emotional/physical well being, self-esteem, knowledge, family, understanding of self.



Resources which exist/may exist in the community and can be used in the process of prevention and education include;

- Teachers
- Educational Officers
- Youthreach
- Youth clubs
- Outreach-workers
- Voluntary Drugs Groups
- Other local structures e.g. tenants association, sports facilities/clubs etc.

Other issues / resources to be taken into account:

- Video and Training Programme "On my own two feet" should be introduced to more schools,
- Garda Schools Programmes,
- Drug Awareness Programmes,
- the problem of early school leaving needs to be addressed,
- all services need to be expanded,
- consultation with parents is necessary,
- Self development courses should be funded,
- there should be input from those with first hand experience,
- peer education,
- support should be provided for the children of those using drugs,
- needs are not being met in the current education system,

2.4 Supply and Control

Key Areas:

- Estate Management
- Dealing
- Gardai/Policing

Recommendations

a) Housing agencies and communities to establish closer working relationships.
b) A common policy should be implemented by all housing agencies, Dublin Corporation and the Eastern Health Board.
c) Procedures should be put in place for those who have been evicted.
d) Community consultation to be essential.
e) Probationary period for new tenants.

Dealers

- Elimination of open dealing and apprehension of dealers.
- Co-ordination between all state agencies to tackle the problem.
- Ensure public parks and community facilities are cleared of dealers and dealing.

Localisation of Criminal Assets Bureau

The Criminal Assets Bureau should be resourced so that wealth from the local dealers can be seized and put back into the community.

Gardai

Although the Gardai are mainly involved in the Drug problem from the supply side, they are also involved in preventative measures such as;

- The Garda Schools Project,
- The Juvenile Diversion Programme

There is a need for further community consultation and involvement in policing the drug problem at local level. The community must feel that their concerns and worries are taken into account by community police.

2.5 Northside Counselling Centre Limited[1]

Introduction

The Centre is a community based training school and counselling service. It has been operating in the Coolock area since 1987.

The centre provides the following services:

a) Counselling

Confidential, non-directive counselling is provided on a one-to one basis.

b) Training

The Centre provides a three year, part-time training course.

c) Support Groups

As a continuation of the support provided to clients, the centre runs a number of support groups.

Trainees, counsellors and clients are mainly from the greater Coolock area. The centre is professionally run by local people for the local community.

The Northside Counselling Service Model

The Northside Counselling Service Model is unique. It is a model based on self-sufficiency. A training school is attached to the counselling service which ensures a constant supply of voluntary counsellors as core staff. The centre professes self-sufficiency and self help not only in their counselling and support groups to clients, but also operates self-sufficiency in their organisational model. The Centre is genuinely community based. The Board comprises the Local Adult Education Officer, a community based solicitor, the Centre Manager, locally based qualified counsellors, as well as a therapist with a Masters in Psychotherapy who is also a Board member of the Irish Association of Counselling and Therapy.

[1] This section on the Northside Counselling Centre Limited is a transcript (with slight modifications) of their proposal to the Drugs Task Force.

The management team and trainers are primarily locally based, as are trainees and clients. Co-operation with the local community is through the Northside Partnership, the Coolock Health Centre, the Gardai, PA.R.C., Coolock Community Law Centre and numerous local resource centres.

The model of counselling used is "Humanistic Integrative". Although a client may present with depression or sexual abuse, the Centre has the capacity to counsel the whole person using a holistic model. The organisation itself also operates within a holistic model, in that it trains counsellors and provides support and guidance to them through very regular supervision. In turn they commit to giving time to the Centre as volunteers.

Community Based

The Centre provides a service to a community that has extremely high unemployment and poverty levels, and low education levels. It has a high proportion of young people and one parent families, and all the problems that poverty accentuates.

Over 70% of clients are from a five mile radius of the Centre. Over 70% of trainees are from within the same radius. The premises (Coolock Development Centre) is well known. The Centre has provided support to the Victim Support Group, the Gardai refer clients to them as does Beaumont Hospital, in addition to Public Health Nurses, local G.P.s, Social Workers and Community Liaison Officers.

Counselling Element of Northside Counselling Centre

Northside Counselling is well known within the community and as stated gets referrals from a variety of sources. Clients book in advance and are given an appointment time with the same counsellor throughout their time with the service. In a crisis they will see the person immediately, however the centre is not a drop-in service.

The counsellor contracts to counsel the client at the same time every week for six weeks. A joint evaluation takes place after this period. If the client needs more counselling the client enters another six week contract with the counsellor.

The Centre does not do addiction therapy. These cases are referred to Stanhope Street. Approximately 350 clients are seen per year. This breaks down to over 2,000 counselling sessions per year. Counsellors must attend supervision which ensures the quality of counselling to clients in addition to maintaining a constant check on the counsellors physical and mental well-being.

Support Groups

A number of support groups are run for clients ofNorthside Counselling Services These include:

- Support Groups for people bereaved by suicide,
- Support Groups for separated people,
- Personal development groups for men and women.

Each group has a maximum of 12 people and a minimum of 8. They are run in 8 week modules and are worked on a donation system. The facilitator for each group **is a** qualified counsellor and their work in the group is supervised.

Finances

The Northside Counselling Service historically has aimed to finish its financial year in a break-even position, usually coming in on target. Income, including grants, amounts to approximately £30,000 and outgoings are approximately the same. Northside Counselling is a registered charity.

Requirements from the Drugs Task Force

It is not possible to run Northside Counselling Service as a totally voluntary organisation into 1997. This is due to a number of factors, most importantly;

a) The rapid growth in all elements of the service due to increased demand,
b) The increase in professionalism expected of counsellors, and therefore the decision to apply for M.I.A.C.T. approval;
c) The general increase in the expectations of clients and volunteers of the organisation, its management and quality of service.

The Centre has employed a full-time Manager and part-time Head of Training. It plans to employ a part-time Head of Supervision and part-time Head of Client Care in 1997. These basic core, paid, staff, it considers essential to deal with the demand on services. However, it is also important to note that the vast majority of the people working with the organisation are volunteers.

The Centre requests from the Drug Task Force part-funding for core staff of 25% of total costs- £16,500.

Total Costs

Centre Manger	£25,000
Head of Training	13,000
Head of Supervision	3,000
Head of Client Care	3,000
Book-Keeper	2.000
Total per year	**46,000**

2.6 Club Eile Roadshow

Club Eile is a road show for children, with a difference. The show is split into two different age groups, under 12 years and under 16 years. The show is compiled of dance groups, boybands and singing, performed by various talented children, who are all from the Northside area.

Club Eile provides a lot more than entertainment. Everyone has dreams, but not very many can make the dreams come true. The children who come to see the show can see other children, just like themselves up on stage performing. The whole atmosphere at each show is filled with excitement because a lot of the children who come to these shows could not afford to go to places like the Point Depot. Instead Club Eile is brought to them.

At Club Eile, there is plenty of supervision of the children who are attending, often with the assistance of the local Gardai, who are very interested in what the Club is achieving and have offered to help in any way.

Club Eile is also an educating experience for both parents and children. Children can see that they do not need drugs or alcohol to have a good time. For parents, the Club breaks the stereotypes they have of "the disco" and of their children. This is something new and different and it works, and the children are happy in the safety of their own community.

A lot of time and effort go has gone into the setting up of the Club and putting the show together. At the moment the Club has no funding. There are costs relating to; mini-buses to take the children to the show, lighting, materials, costumes etc. At present for each show the Club rent everything. The situation would be a lot easier if they could own their own equipment.

An example of the expense of one show is as follows;

Mini bus hire	£ 60-100
Sound Equipment	£ 100
Lighting	£ 60
Van hire	£ 30
Hall Hire	£ 50-100
Costumes / props	£ 150 per month
Food and drinks	£ 50
Disc Jockey	£ 50
Security men	£ 100
Petrol/travel	£ 40
Insurance	£ 5,000 per annum

The average cost of one show a week over a period of one year is between £18,200 – £36,200.

At present the Club cannot afford to pay wages and all work is voluntary. The club desperately needs an office / rehearsal / storage space and office equipment.

Because Club Eile has been such a success, people are requesting other services from it e.g. dance instructors, voice trainers etc. If the Club could afford a basic crew, and its own equipment, it could facilitate the need that exists for a professional entertainment package, willing to work with young people in deprived areas of Dublin.

The third part of the report gives a profile of the seven areas in the taskforce area, together with submissions which have been received from the areas concerned.

3.1 Area 1 – Bonnybrook/Fairfield

Area Profile

Bonnybrook and Fairfield were developed by the local authority in the 1970s. The two areas are separated by the Stardust Memorial Park. Bonnybrook is the least well developed of the two areas with few facilities for young people. The Glin Recreation Centre provides some sports facilities for young people from Fairfield. The premises of the Northside Partnership is situated in the Bonnybrook area.

Drug Problem

The drug problem is considered to be "very bad" by residents of both areas and housebreaking is causing a lot of fear particularly among older residents.

Current Service

There is no drug treatment service in the area.

Recommendations

There is an urgent need to identify a suitable premises or location for the development of satellite clinics in the area.

Action

1. To establish a list of all community premises and consult with groups occupying any suitable locations with a view to establishing a treatment service.

2. Source funding required to establish support groups and to carry out detailed research into the numbers, ages and profiles of users in the area. (See detailed submission below)

Submission from: Bonnybrook Youth Project

Introduction

The Bonnybrook Youth Project is a community youth project aimed at enabling the community to develop structures of positive growth for young people with a particular focus on those most at risk. Most of this work involves working with and giving support to the young person and his/her family. At present the Bonnybrook Youth Project works with about 200 young people in the Bonnybrook area of Coolock. Among these young people there is a general acceptance of hash and the majority of them would have experimented with ecstacy, acid and speed. Direct intervention work is carried out with 84 young people in the Project, which entails giving support to approximately 40 families. A recurrent problem that affects the majority of these families' is that of addiction, either alcohol or hard drugs, particularly heroin. To put this into perspective, in one group that the project is working with, five out of eight of the members have a direct family member who is a heroin addict, one of these members has three brothers who are addicts.

Present Response by the Bonnybrook Youth Project

As **a response to this** problem the Bonnybrook Youth Project has set up a family support service offering an holistic service for the whole family. This includes the following:

- Two parent support groups have been set up which are facilitated by a counsellor hired by the project.
- An addict support group for their addicted sons and daughters has been set up which is being facilitated by an addiction counsellor from the Easter Health Board. The group is only for those addicted to smoking heroin as our research has shown that it is better not to mix smokers with those injecting.
- The next stage of this work is to set up a support group for the brothers and sisters of the addict. Research is being carried out at present in how best to respond to this group.

All of the above programmes are based on personal and group support as well as educational programmes on drug and health related issues. It is hoped that by working with the addict, as well as their parents and brothers and sisters that this will benefit the

whole family and offer a more holistic support system for the addict. Unfortunately due to lack of resources, the project at the moment can only offer support to twelve families.

As another way of responding to the problem of drugs in the area, the project also runs drugs awareness workshops with all the groups that are involved with the project at present. In this way all the young people, including their parents, are learning more about the potential dangers of illegal drugs and also get a chance to express their concerns and fears in a safe and trusting environment.

Funding

The Bonnybrook Youth Project feels that with extra resources it could provide a more coherent and wide ranging service to deal with the problem of drug misuse, 'particularly drug addiction in the Bonnybrook area. The following proposal would benefit the work of the project at present and also benefit the area of Bonnybrook as a whole;

- That the present service provided for the families be expanded to cater for more families within the area who are experiencing problems of addiction. This could be done by the following;

a) Increasing the number of parent support groups to cover all the areas within Bonnybrook which would necessitate more working hours from the parent support counsellor.

b) The employment of a full-time addiction counsellor for the area so that the number of heroin smokers catered for could be increased and that injectors could also be catered for. It would be much more preferable to the Project for the E.H.B. to take on this responsibility, but at present the number of addiction counsellors for the overall area is totally inadequate, though the service that their addiction counsellors can provide is excellent as can be seen through the work of the E.H.B. counsellor presently supporting the programme.

c) The employment of a full-time outreach worker for the area to give back-up support to the above programme, particularly working with the brother and sister group as well as helping to identify other families suffering from addiction in the area. The main work, however, of the outreach worker would be to develop and run educational

programmes for all the groups in the area, particularly the schools, (national and secondary), and to develop preventative measures for the young people in the area.

The cost for such a programme for a year would be:

Cost

Part-time parent support counsellor	£ 7,000
Full-time addiction counsellor	£25,000
Full-time outreach worker	£20,000
Administrative and programme costs	£10.000
Total cost	**£62,000**

3.2 Area 2 – Clonshaugh/Riverside

Area Profile

(unknown)

Drug Problem

(unknown)

Current Service

There is no drug treatment service in the area.

Recommendations

Little information is available at present regarding this area. It is an absolute priority that such information be assembled so that the needs of the community can be properly identified and which can inform the extent and design of service provision necessary to meet those needs. In addition there is an urgent need to identify a suitable premises or location for the development of a satellite clinic in the area.

Action

1. To establish a list of all community premises and consult with groups occupying any suitable locations with a view to establishing a treatment service.

2. Source funding required to establish support groups and to carry out detailed research into the numbers, ages and profiles of users in the area.

3.3 Area 3 – Darndale/Belcamp

Area Profile

The area has 6,000 people in 1,300 families, of which 26% are single parent families. Those under 15 years of age comprise 40% of the population and those under 25 years of age comprise 65%. The unemployment rate is 60% and early school leavers amount to 63% of the population. Over 70% of the population are medical card holders.

In general, services and facilities are poorly developed. For example, there is no sports complex and practically no shops to serve the population. There are inadequate medical facilities and no dentist or chemist. The health centre is a portakabin situated within the primary school complex and is unsuited to further development by reason of its temporary structure and shortage of space.

Drug Problem

The drug problem has grown dramatically in the past five years. Cannabis is freely available and sold openly throughout the estates and many teenagers and adults view smoking as a perfectly acceptable pastime. During the rave era, smoking heroin or "chasing the dragon" became acceptable as an antidote to the effects of ecstasy. It is now estimated that there are up to ninety intravenous heroin users living in the area.

In a February 1997 survey of local residents, undertaken jointly by the Darndale/Belcamp Drug Awareness Group and the Eastern Health Board, 98% of respondents reported awareness of a drug problem in their area. The provision of a local methadone clinic was favoured by 49% of residents and opposed by 50%. Specifically, 64% opposed the provision of a temporary clinic in the former rent office because the

proposed location contained a school and shops and because of fears that the clinic would become permanent and would attract addicts from outside areas. Other residents felt aggrieved that priority was being given to establishing a drug treatment clinic when the area had no dentist or chemist and few medical or other services.

Current Service

There is, at present, no local service for intravenous drug users. Those requiring treatment attend Trinity Court, Pearse Street, and in a few cases, the needle exchanges in the north inner city. In practice, very few addicts avail of these services because of their inaccessibility.

Because of the pressing need to provide a local service in the area, a five bedroomed house on the site of Wallace's Coal Yard has been identified and acquired by the Esatem Health Board. The five bedroomed house will be used as a satellite clinic. Services provided will include. General Practitioner, Counselling service (individual and group), creche facilities, community welfare officer, addicts support groups and outreach services.

Action/Recommendations

a) The most urgent requirement is the provision of a co-ordinator; to raise awareness among the community regarding the need for a local treatment service, to facilitate the provision of the service by working closely with all the local community and voluntary groups and to deal with the concerns of those residents living near the proposed centre.

b) Research is needed to confirm the nature, causes, size and extent of the problem, the numbers, age group, length of time on drugs and types of drugs being abused, in addition to the reasons for getting involved in drugs initially and for staying involved in drugs.

c) Rehabilitation : Users on a rehabilitation programme need a full range of training and skills development options. These include confidence building, self esteem, further education and recreational courses. In addition, users need a drop-in centre, gymnasium and one to one training and counselling. An introduction to an alternative lifestyle is of prime importance, as well as a more holistic approach to health of mind

and body. Other after care facilities should include helplines and access to training and employment.

d) Parent and family support groups including training in relaxation and stress management, drama, video and discussion based activities – later, parents and others could be trained to provide services.
e) Provision of drug prevention and education programmes in local primary and secondary schools, community training workshops, youth and adult education services. The programmes should be developed and presented in conjunction with local statutory bodies.

Submissions from : Parent Support Group

Address: C/0 Unit 5. Damdale, Dublin 17.

We are a group of parents mainly mothers, whose lives have been disrupted by drug use within our own families.

We came together eighteen months ago with no resources, as a self-help group for ourselves and others in a similar situation. We work closely with the Drug Awareness Group by offering them our constant support and commitment, and we ourselves would be regarded as a well respected and dedicated group within the community.

Our reason for writing to you now would be to seek funding to cover our operational costs, rent alone is costing £1,000 per year. Many of the parents have lost their self confidence and respect and we feel that by offering them a variety of classes i.e. personal development, facilitation skills drama, aromatherapy, it would help to restore some of their self esteem. We would also like to run several workshops and training courses so that we could offer a wider service to our members and families.

Yours sincerely

Eileen Walsh
Group Leader

Costs

Training (3 year period)	£ 7,200
Rent etc.	£10,800
Transport	£ 3,000
Training weekends	£ 6,000
Social / Conferences	£ 3,600
Total	**£30,600**

3.4 Area 4 – Donnycarney

Area Profile

"Donnycarney is an old-established, corporation-built housing area which straddles the Malahide Road. It is an island of social housing surrounded by more prosperous areas such as Clontarf, Killester, Artane, Fairview, Griffith Avenue and Elm Mount" (Donnycarney Community Development Group 1996). The area has a population of 5,542 in 1,690 households. Although it is still perceived as an ageing area, teenagers now represent the single biggest population group. Of the population, 30% are under 20 years old and approximately 40% of households have children under the age of 15 years.

Single-person households form 28% of all households, the highest figure for any area in the Northside Partnership, and 16% of families are lone parent families. The overall rate of unemployment is estimated at 26%, with slightly higher rates among males than among females. Rates of unemployment higher than average for the labour force as a whole are found among those over 45 years and in young people under 25 years of age.

Drug Problem

There are no comprehensive figures available on the extent of the drug problem in the area. The perception is that the problem has grown significantly among teenagers in the past five years.

Current Service

There is no drug treatment service in the area and the counselling service is on hold because of objections to its development from local residents. However, Donnycarney Community Development Group has recommended that "drug counselling services should be made available at a local level and supports co-operation with local groups to publicise and facilitate access to services" (DCDG 1977).

Recommendations/Actions

1) The main need in Donnycamey at the moment is a premises from which to work from. Community resources in the shape of space is at a minimum and this tends to be the single problem shared by all community groups in the area. The reality is that even if the community was successful in getting services into the area there is no where for these services to operate from effectively.

Funding is urgently needed to address this problem – the community of Donnycamey feel that this would be a major step in the right direction.

3.5 Area 5 – Edenmore

Area Profile

The area of St. Monica's, Edenmore is bounded roughly by the triangle of Raheny Road, Springdale Road and Tonlegee Road.

The recently formed community council is now providing a forum for local groups to work together on issues of common concern.

Drug Problem

There is no hard information on numbers of intravenous drug users but the impression from the local uptake of the counselling service is that there are up to thirty users living in the area, quite a few of whom are HIV positive.

Current Service

There is a counselling service, run by health board addiction counsellors available in Edenmore health centre but no methadone stabilisation clinic. The counselling service is functioning satisfactorily without any local objections. A drug awareness group has also just been established.

Recommendations/Actions

1) Consultations with local residents groups are continuing. It is proposed that Edenmore Health Centre would be a suitable premises with available rooms for the development of a satellite clinic. The counselling service which is already operating successfully in the health centre has been welcomed by local people and could act as the basis for the clinic. The clinic should be developed along similar lines to that operating in Kilbarrack health centre (see below). Afternoon openings would be helpful to facilitate mothers with children, many of who already attend the counselling service.

2) A research project is needed to provide information on education, employment, age ranges, services and resources in the area. This should be done alongside more focused research into the nature and extent of the drug problem in the area.

3) Family Support – The project will need to support the families of drug users through providing opportunities for group meetings, counselling, personal development etc. A group of family members would be trained to work with others in the community providing these services. They will need ongoing support from professionals, training in counselling and facilitation skills and access to suitable premises.

4) The shortage of outreach services in the area needs to be addressed. The outreach worker plays a vital role in contacting those who do not present for services but who are at risk. The outreach worker has a valuable role in terms of family support, HIV and AIDS workshops, prevention and education.

St Monica's

It is felt that St. Monicas is ideally situated within the Task Force Area to fit in with the overall plan for the programme of rehabilitation drawn up by the Dublin North East Task Force. Funding is being sought for professional assistance in drawing up plans for the development of an extension of the existing centre. The extension to consist of a multi-purpose gym and an up to date modem computer room. Having looked at the area, we feel that these facilities are sadly lacking.

Multi Purpose Gym

This area of physical fitness comes up regularly in discussion with young people involved in drug abuse. Because of their background, in and out of the prison system, the use of a gym while inside has been a positive experience for them. The facility should be available to both males and females and be designed with flexibility in mind to cater for such things as aerobics and dance classes.

Multi Purpose Gym

There is an absence of this type of facility in the Task Force Area. Taking into consideration the geographical location of the Task Force Area which has on its periphery major computer companies i.e. Motorola, Amdhal, Gateway 2000, we fell that this type of facility is essential to give people the training, skills and self confidence to apply and complete for positions within these firms. We feel that these facilities will be a very positive addition to an already thriving community center.

3. 6 Multi Purpose Gym

Area Profile

Kilbarrack drug project encompasses a large area including Kilbarrack, Foxfield, Swan Nest, Grange and Kilbarrack Road. There is a mix of local authority housing estates, flats complexes and private houses. The unemployment rate is high and 60% of households are dependent on social welfare payments. There is a significant problem of young people leaving school early without any formal qualifications.

Drug Problem

There are no There are no comprehensive figures available on the extent of the drug problem. In recent years drug abuse, and in particular heroin abuse, has increased significantly. A recent sample survey of young people aged between 10 and 25 indicates that there is significant availability and use of heroin among the age group. Eastern Health Board

figures indicate that there are 50+ heroin addicts undergoing or awaiting treatment – youth workers estimate the real figure to be closer to 90.

Current Service

Kilbarrack Community and Families Against Drug Pushers (KCFAD), established in 1995 by concerned local people and community activists, found an overwhelmingly positive response among residents to the idea of a methadone clinic for addicts. Following meetings with the Eastern Health Board, a drug treatment service, including counseling, methadone stabilization, group therapy and referral to rehabilitation based in Kilbarrack Health Centre was established in May 1996. This is the headline project for all areas in the Northside Partnership and its success is encouraging and has given impetus to other community groups to develop similar clinics in their areas. The service operates side by side with other services in the health center and is in effect "a clinic operating within a clinic". The clinic is provided by the project director Dr. Ide Delargy, a general practitioner from the southside of Dublin, who attends on three mornings per week and who is assisted by a counselor, Tom Boggins a general assistant, John Fogarty and a secretary, Breda Bernie.

An evaluation of the Kilbarrack Drug Treatment Service after six months operation shows that there were 41 referrals from general practitioners. Clients were assessed usually within a week of referral. A small number were initially offered short detoxification of three to six weeks following medical assessment. Abstinence, as determined by urine screening, was achieved by 60%, and a further 13% were classed as "nearly abstinent". Four of the clients had transferred to a methadone maintenance programme and all had remained abstinent from opiates. Four clients were in full-time employment, a strong positive indicator of stability, and a further five clients were employed on a casual basis. Ten clients had been referred to Soilse, a rehabilitation course based in the health center, but only two had persisted with the course, other citing travelling time and expense as a prohibitive factor. There were close working links with the community pharmacist and the sponsor system was in the main successful

St. Benedicts Resource Centre, Swans Nest Road, although not directly involved in the drugs issue, gives administrative support to KCFAD and provides space for group work for addicts attending the methadone clinic. It provided administration, support and advice to the Swans nest Court Flats management Group which successfully campaigned for the de-tenanting of the flats because of their level of drug abuse and related social problems. The Resource Centre is currently running a European Union Initiative Youthstart Programme which caters for early school leavers between 15 and 20 years of age and which aims to direct them away from anti-social activities, including drug abuse. The Centre also operates an Eastern health Board Child and Family Project which caters for children at risk between 5 and 12 years of age – some of the children come from families in which older siblings or parents use illicit drugs.

Recommendations

1) Kilbarrack drug treatment project has completed the implementation of the first three stages of the programme for drug treatment. There are some weaknesses in stage three which require attention e.g. counseling, and stages four, five and six remain to be implemented. Detailed proposals have been prepared by local groups to implement the remaining three stages.

2) Shortage of available counseling time is an issue and the recruitment of a full-time counselor by the health board to assist the present counselor is essential. In addition, it is very important that an aftercare programme be made available to support clients who are undergoing drug treatment. There is no local service catering specifically for the needs of recovering addicts. It is important that more formal links are established with local agencies such as Youth Start, Klear, FAS, Contact Point and Crosscare to maximize the help which these organizations can offer. Supervised daily dispensing at the pharmacy would also be an advantage to the project in certain circumstances, particularly in the stabilization phase. This facility needs to be actively encouraged and actively by the Health Board.

3) Special crèche facilities for children of addicted mothers should also be considered with a view to breaking the cycle of deprivation while allowing mothers to engage more fully with the project.

4) Additionally, as part of rehabilitation and after-care services, KCFAD proposes to establish a comprehensive rehabilitation and aftercare service for addicts and their families. The project would be managed by a committee established in consultation with local health board officials.

Submission from: Kilbarrack Community Families Against Drugs (KCFAD)

Introduction

This proposal is being presented by the Kilbarrack Community Families Against Drugs. The committee is a group of local people, all of whom have been actively involved in community activity in the area for a number of years, who have come together to tackle the drugs problem in the Kilbarrack area.

Over the past number of years the problem of drug abuse, in particular heroin, has increased in the area and the KCFAD has been organizing and facilitating meetings so that local residents can discuss the issue and come up with proposals to tackle the problem. Following these discussions, the KCFAD is now presenting a proposal to set up an after-care and rehabilitation service for addicts and their families in the Kilbarrack area.

Background

The Area – Kilbarrack drug project incorporates a very large area i.e. Kilbarrack/Foxfield/Swans Nest/Grange/Kilbarrack Road, this incorporates Dublin Corporation housing estates, flats complexes plus private houses. There is a very high unemployment rate and 60% of households are dependent on social welfare payments for their income.

There is a significant problem which needs addressing urgently.

The Issue

There are no comprehensive figures available on the extent of the drugs problem in the Kilbarrack area, however a recent sample survey of young people aged between 10 and 25 indicates that there is a significant availability and use of heroin amongst that age group. E.H.B. figures show that 50+ addicts are being treated or awaiting treatment. This likely to be a considerable underestimate of the actual figure. Youth workers in the area estimate the real figure to be closer to 90.

The Group

The Kilbarrack Group was established in October 1995 in response to the growing drugs problem in the area. The membership is made up of individuals and groups who have direct experience of the effects of drug abuse on both families and communities and who- are committed to tackling the problem at all levels, including treatment, education and prevention.

The aim of the group is to bring people in the area together to address the drugs issue and to develop proposals that meet the needs of the area in relation to tackling the problem. We have been working in conjunction with the relevant statutory bodies i.e. E.H.B., FAS, Gardai . While the treatment side has been established since 1996, it is vital that the other services are implemented, as the 'recovering addict' needs a lot of support.

Defining the Need

There is an urgent need to make rehabilitation and after care available to addicts who are receiving treatment. Experience of maintenance and detox programmes in other areas shows that there is a big need for additional support services to be made available which would link to the treatment programme. These services are badly needed, not only by addicts themselves, but also by family members and friends. Needs include housing, welfare advice, legal advice, counselling, family mediation, budget management, relaxation therapies, referral to appropriate educational and training opportunities.

Defining the Objective

The objective of the KCFAD in developing the proposal is to put in place a comprehensive rehabilitation and after care service for addicts and their families so that the above needs can be met in the local community.

Costings		**Overheads**	
Salaries	**£**		
Service Co-ordinator	30,000	Rent	3,000
Outreach worker	20,000	Heat and Light	4,000
Reception/Administrator	16,000	Phone	1,000
Teachers	25,000	Equipment	10,000
Support Worker	20,000	Materials	5,000
Handyman/Security	10,000		
Transport to link with other centres. Minibus		£20,000	
Childcare facilities			

Review after 6 months

3.7 Area 7 Kilmore West

Area Profile

Kilmore West, surrounded by Beaumont, Artane Coolock and Bonnybrook, was developed by the local authority in the 1960s and 1970s. Today, 70% of the houses are privately owned, most having been acquired by the local authority. The population of the area is 5,819, over 20% of whom are under 14 years old and more than 40% are under 29 years old. Lone parent families form 13% of households. Approximately 20% of 15 to 35 year olds are unemployed and a high proportion of these are low skilled or unskilled. Although there are a large number of manufacturing jobs on offer in the areas hinterland, local young people are unattractive to employers because of their low skill base. The is also a problem of the 'culture of unemployment' with some young people coming from families where there is little or no tradition of regular work.

Drug Problem

Kilmore West has a significant drug problem among teenagers and young adults. Needle exchange records show that there are 51 intravenous drug users from the area attending the service.

Current Service

There is no local drug treatment service. An attempt by the health board last year to open a methadone clinic on the site of the health centre on Cromcastle Road was met with strong protests from people living in the vicinity. However, through a process of information mornings and visits to treatment services in other areas, there is now a large group of committed people working towards developing drug treatment services in Kilmore West. Additionally, residents are in the process of establishing a support group for parents whose teenagers are using drugs.

Action Steps

Financial and technical assistance is required to hire a researcher to accurately determine the number of intravenous drug users. In the meantime, consultations with residents groups to identify a suitable location for a drug treatment centre are continuing. The proposal under consideration is that the site of the health centre in Cromcastle Road is the only suitable location. Objections from residents to the choice of site and to the presence of drug users should be met by providing access from the Oscar Traynor Road only and by restricting service to residents of Kilmore West. However, all buildings in the health centre are currently fully utilised and additional portakabin accommodation within the health centre complex would be required. A fully staffed and equipped clinic could be opened shortly, subject to meeting the access and service provision requirements of local residents.

Appendix 1

Map of the Task force Area