

**Ballyfermot Drug Task Force
Strategic Plan 2001 - 2002**

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PART I

Overview, Performance, Lessons

Introduction

In developing a revised strategic plan for the Ballyfermot area, we are required to review progress to date. We have outlined a detailed breakdown of progress of individual projects, where possible, in the appendix. Hereunder, we will give an overview of progress in relation to the needs identified in 1997, the prevailing assumptions, the situation that pertained regarding services and the lessons learned from the process.

The directional policies from Government outlined in the 1996 report "Measures to Reduce the Demand for Drugs" provided the Local Drug Task Forces (LDTF) with a template for public consultation and terms of reference for the development of a local plan. However, operational and functional strategies from the Government (how LDTFs would actually work and how plans would be implemented) were weak. The prevailing assumptions were that 'Project Promoters' would emerge in the local areas with project proposals for consideration by the LDTF. These proposals would fulfil the needs identified through the public consultation process. Unfortunately, few LDTFs had the existing infrastructure necessary to pursue the concept of the 'Project Promoter' resulting in some LDTFs struggling more so than others.

In Ballyfermot, the history of community activism coloured the reality of the situation. Few local people wanted to be on the LDTF conscious of the potential for threats and intimidation. The mention of drugs and drug dealing was tinged with fear and inextricable links to a criminal underworld. Whilst many people wanted to see services expanded to cater for local needs, it also meant addressing the less favourable aspect to living in Ballyfermot. This situation has now improved.

The communities within Ballyfermot are diverse, generally lacking a local infrastructure to address the drug problem. There were no local drug projects, drug action groups or voluntary groups working only with drug users. The area based partnership company was only in its infancy, having just embarked on its first programme of work. There were one or two small self-help groups consisting of mothers predominantly, who met regularly. Two women from these groups subsequently became representatives for their area on the Task Force.

Summary

NEEDS 1997	SITUATION 2000
Greater availability of detox both inpatient and outpatient	Inpatient detox beds increased 12 to 17. Outpatient detox places increased 30+.
Increase in number of methadone places	Maintenance places up from 150 to 380.
Fill gaps in infrastructure - need local centres/drug projects	New treatment centre (detox) opened and more GPs are prescribing, local pharmacies are implementing the methadone protocol. Waiting list decreased from 250 in 1997 to 60 in 2000; currently 3 month wait. New Community & Prison Link Service with over 30 clients participating in first year and 14 families New Social work and Childcare Drug Team, 25 families receiving the service
Provide Rehabilitation opportunities	New project called Fusion established; up to 40 have accessed the service in first year. Advance Project also set up to facilitate return to full time work and assist local drug strategy. 23 people are employed. New Rehab centre built by Health Board but not opened yet.
Provide Family/individual Support and Education	Ballyfermot Star established, building purchased for support centre for families and drug users providing services to 30 families and 7 drug users in first year.
Poor awareness of the scale of the problem and need for local responsibility Poor awareness of services available	Large awareness programme in place involving schools and community groups, stickers, leaflets, posters, two progress reports, an information card on services, were produced and widely circulated. Peer Education programme established.

NEEDS 1997	SITUATION 2000
Lack of community action	<p>Up to 86 people received training in addiction studies and several groups were funded for specialist training.</p> <p>A video was produced to raise awareness.</p> <p>Several exhibitions were held to stimulate community interest and action</p> <p>Sponsorship of sports kits to several clubs has prompted up to 60 adult members to request drug training.</p> <p>Ballyfermot Star employed a community drug education worker who delivered community workshops.</p>
State agencies and community relationships need to grow	<p>Relationships are improving as networks become established through person to person contact.</p>
Drug dealing and supply a problem	<p>Efforts have been made to build relations between Gardaí and the community. A successful training programme was implemented.</p> <p>Supply sub committee reconvened and presently examining new approaches.</p> <p>Drug dealing continues to be a major problem which undermines the Task Force process</p>

Performance Summary

Staff engaged in projects

In projects funded by the BDTF, there are currently 38 people employed full time and 51 people part time. **A total of 33 new jobs have been created.** Five new skilled positions were created and funded in the area of treatment, rehabilitation, family support and education. There are twenty-five full time workers placed in projects through the Whole Time Jobs Initiative, as part of the local drug strategy. There are in excess of **80** volunteers actively working and supporting these projects, through management committees, sub-committees, voluntary drug awareness trainers. Training has been provided through the BDTF training budget.

In the early days of the BDTF, these organisations were reluctant to become involved in the drugs issue fearing too many problems. The support of the BDTF has enabled these local community and voluntary projects to integrate clients with a drug using history into opportunities in the community. The BDTF has further used this local network to develop the skills of local groups to deal with addiction issues. Many projects have gained access to other funding sources through the support of the BDTF, in particular the young peoples facilities and services fund. Drug related problems are becoming a part of everybody's work.

Education and prevention

All schools are receiving inputs from the BDTF initiatives each year. Currently, new programmes are being developed along with teachers to complement the schools drug prevention programmes. In 1998 /1999, **12** young people were trained as peer educators and two part-time positions have been created through interim funding. The BDTF anticipate that a new full time peer education service will be developed in Ballyfermot and more young people will be trained. A six week programme has been developed to use in junior classes. So far in 2000, over **80** pupils have participated at primary level. Last year, over **600** pupils and up to **200** parents received training.

The video on local services and the drugs situation has been completed recently. A local young person produced this video with the assistance of fellow students in the Senior College Ballyfermot. **15,000** leaflets, **7,700** copies of the plan were distributed to every household and **500** posters were produced. A drug information card was produced with local essential numbers for help on drug related problems. It was credit

card size and **10,000** were distributed to all the schools, community centres, youth projects and health centres Gardaí and others. *(Following its success, the card was repeated in other task force areas.)* In November 1999, a summary of the progress of the drugs task force was published and circulated to every household in Ballyfermot (**7,700**). A more detailed progress report for agencies and community groups was produced (**1,000** copies) and circulated in January 2000.

At least **86** people have undergone recognised training in addiction studies, counselling skills and drug prevention with qualifications ranging from NCVA to NUI certificate from Maynooth and UCD including up to ten teachers during the lifetime of the BDTF. All youth groups have sent their key frontline staff on drug addiction training and brief intervention skills and the Local Employment Service has trained all its staff on drug addiction issues.

Through the BDTF sponsorship initiative of sports kits to local clubs, they have successfully negotiated with soccer clubs to provide training to over **40** coaches and managers. Discussions continue with other clubs.

A local drama production to raise awareness of drug use and social issues locally was developed by the Ballyfermot Theatre Workshop. It received tremendous feedback from schools and community groups. Over **2,000** evaluations were received.

Treatment /rehabilitation

The EHB provides all treatment services in Ballyfermot. They have expanded their services and more than doubled the number of places available. Demand continues to be higher for methadone maintenance than for detoxification. Waiting lists are still a problem with up to three months wait for services.

The BDTF has developed several unique projects such as the Prison & Community Link, Fusion, Ballyfermot Star Ltd. Two social workers and a childcare worker are employed to work with families with chronic heroin problems. Two fostering social workers give **14** hours per week to this specialist service. *(This development has been repeated in several LDTFs).* Amongst the new services created, the following number of clients have made access:

Social work **15** families (1998-99) (5 old clients since 97)
 7 new families (99/00) (5 old clients since 97)

Since June 1999 to August 2000

Prison: **30** clients have accessed the service in prison with actual contact time ranging from 1.5 hours to 30 hours per person. Clients request the visits.

13 families, have accessed the service

6 clients in the community released from Mountjoy & Wheatfield

Fusion: **24** clients in active employment or training receiving ongoing support

8 clients in preparation for employment/training

7 clients have accessed the service and opted not to accept a place

Star: **15** families accessing family support groups regularly

10 families accessing sporadically

7 individuals accessing support to come off drugs

*Eastern Health Board **Over 400** attend treatment services per week
 approximately 50% are from Ballyfermot*

Other areas: About **15** people are attending residential services
 outside of Ballyfermot

Support

Whole Time Jobs Initiative ***Drug Task Force Places***

Advance Project 23 people employed under Task Force places. All are working in projects to support the local drug strategy. Positions range from information officers, drug awareness through drama and theatre production, outreach to those with disability related to drug use, general maintenance, support worker, media and communication.

Lessons to be learned using the McKinsey 7S Framework

The *Italics* represents aspects of the Task Force to be improved upon in next planning phase.

Structure

Multi-sectoral committee is aligned with key stakeholder interests, turnover of membership is low and reviewed annually. Roles and responsibilities need to be clarified for each participating member.

Strategy

Through strategic planning the BDTF aims to reduce the demand for drugs in Ballyfermot. *Actions were based on limited statistical and anecdotal information analysis.* This time we will use comprehensive research.

Systems

BDTF needs to establish clear policies and procedures on drug treatments, allocation of funds and administration of funds in the new plan.

The BDTF had an informal system of monitoring and reviewing objectives. Now it is clearly established in regular report formats. Each project has agreed objectives. Some of the larger projects have Task Force representation on management committees.

Shared Values

Overall, no set of values were identified or agreed which could create shared understandings amongst Task Force members. They might be in the future:
Respect, Collaboration, Innovation, Integrity and Transparency.

Style

Clearly modelled on the principles of community development, there is a high level of participation and involvement in all decision making at Task Force level. We strive for consensus, encourage dialogue, openness and transparency. The co-ordinator meets with groups from time to time or as often as is required. *But decision-making process is still vague to many members.*

Skills

The Task force members and co-ordinator have a wide range of skills. Ballyfermot is highly skilled in dissemination of information and project development. The Task Force supports the professional training of its members. However, the Task Force recognises the need for a budget to engage specialists on a consultancy basis where a gap in skills or time available is identified.

Staff

The Task Force does not employ any staff. The co-ordinator is employed by the EHB to work with the Task Force. *The role was not clearly defined initially, which resulted in taking on a range of tasks that should have been assigned to a development worker or resource worker. Unfortunately, this was not provided for in the plan.* The BDTF agreement with projects clearly requires them to recruit openly, treat staff fairly and observe good practice. Projects are encouraged to adopt an employee participation approach in development of services and the making of key decisions which may impact on the worker.

Lessons Learned: Inter-Agency Co-ordination and Integration

Greater commitment is needed from senior management to follow up with representatives on local drug task forces if they are attending, fully participating and supporting the local drug strategy. The Integrated Services Process has more success with statutory involvement than the Local Drug Task Forces. This needs to be investigated and the learning assimilated into organisational development across the public sector.

Equity and partnership go together. The expectations of partnership are unrealistic in the area of addiction. The issues are complex and different service providers have different and sometimes opposing goals. Working in partnership means creating shared understandings and accepting diverse goals. For example: the Local Authority may wish to evict a family, the local community may wish to see this happen, the local health board may be working with the family and wish the family to remain housed in the area, the Gardaí may be involved or indeed the Probation and Welfare Service may also be involved due to a court order. Whilst they all share the same client, not all share the same goal for that client. Despite the best intentions to work in partnership, it is not possible.

However, **collaboration** implies mutual benefits and not necessarily sharing the same goal. Agencies can collaborate on an issue, pursue their own goals but share information that seeks to provide the best solution for the client whilst respecting the diverse goals of other agencies.

Cross-functional issues demand more imagination, a **systems thinking** approach that shows how the actions of one agency can impact negatively or positively on outcomes for another agency. A major paradigm shift is required in the **culture** of public sector agencies from the hierarchical structures to power sharing structures that encourage **participation in planning** and decision making. **Team working** can only be effective in highly participative organisations. An actual devolution of power to frontline staff and middle management will need to take place for collaboration to be **effective**. This will increase **efficiency** in agencies and provide **value for money** in the long term.

Lessons from Project Implementation using McKinsey 7S Framework

Structure

In general, the infrastructure required to implement the plan did not exist in Ballyfermot. Therefore, the Task Force had to carry out significant developmental work such as facilitating local discussion groups, convening meetings, assistance with and preparation of minutes, developing of proposals, objectives and strategies, establishing steering committees, completing LDTF 1 forms, recruitment and organisational development. Projects with governance structures such as management committees and specialist staff employed, developed, implemented and reported activities successfully.

Those projects involving small budgets were quickly implemented. In particular, where there was an active Task Force member liaising with local groups and working with the co-ordinator, the projects were more likely to be implemented quickly and successfully. Notably, most of these initiatives were under the awareness and support strands of the plan.

Those projects still not underway have no project promoter or individual willing to drive them forward.

Strategy

Another feature of successful implementation was the elaboration of clear strategies and goals. A weakness in implementation of projects was the lack of information or sound research available to people locally. Hence, commissioning research was a key strategy that has served ongoing planning very well. Research enabled the Task Force to re-examine the way in which public consultation is carried out.

Style

Community development and participation is clearly vital to success. New projects have community participation on their management committees. Each project promotes itself through attending a range of meetings locally, newspaper articles, local radio and mailshot. One project in particular was established using a community development approach, comprising local residents, directly or indirectly affected by

substance misuse. This style has resulted in the project developing at a slower rate than others have; it is, nonetheless, as successful in terms of service delivery.

A weakness identified in the existing plan is the way in which the Task Force communicates with the community. The Task Force encourages active participation and feedback through its publications, exhibitions and awareness activities. In the past community representation on the Task Force has not been involved in hosting feedback meetings. This was constrained by the selection process and by lack of resources to local reps to communicate with their constituent groups.

Shared values

A key aspect of implementation hinged upon the relationships between individuals, their agencies and sectors. The thorny issues of trust, respect and transparency impacted significantly on relationships. Acceptance of differing value systems, organisational and community cultures was essential to making progress with implementation. Through commitment to the process collaboration emerged. Integrity and respect became dominant values and contributed to new networks and relationships emerging that enabled projects deliver on planned actions and the Task Force on its plan.

Systems

As most of the larger projects funded by the Task Force were start up, organisational systems needed to be put in place such as financial management, monthly meetings, quarterly reporting to the Task Force, policies, client assessment forms, referral and other documentation. The Task Force achieved a standardised implementation of systems across projects to facilitate joint working with shared clients.

Although employees participated in the development of these systems, greater support is needed with their implementation.

Staff

All staff were openly recruited to projects through public advertisement where necessary. The recruitment process was well planned. Interview panels were selected and trained. The interview process was fair and feedback from those interviewed was

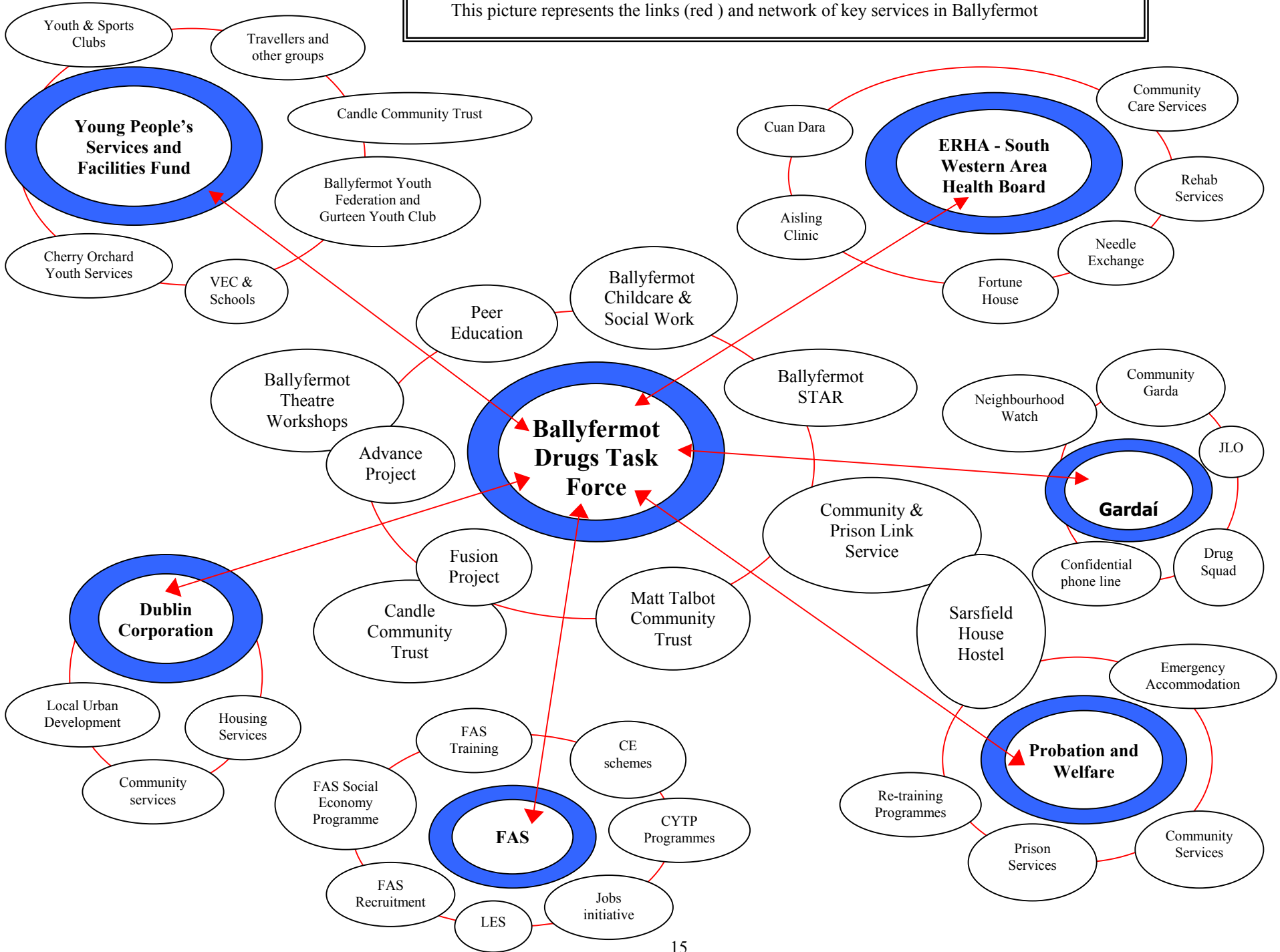
excellent. Projects provide both encouragement and support for ongoing professional development. There is strong participation by employees in decision-making, in project development, budgets and planning.

FAS initiatives were also used as a means of building capacity within local community projects. Specialist training was funded and project support given by the Task Force where the community project employed somebody who has had a history of problem drug use. Organisational policies have evolved as experience has proved a valuable educator. Policies on grievance/disciplinary procedures, training and sick leave have emerged which enable the project communicate clearly with staff on acceptable and unacceptable behaviour.

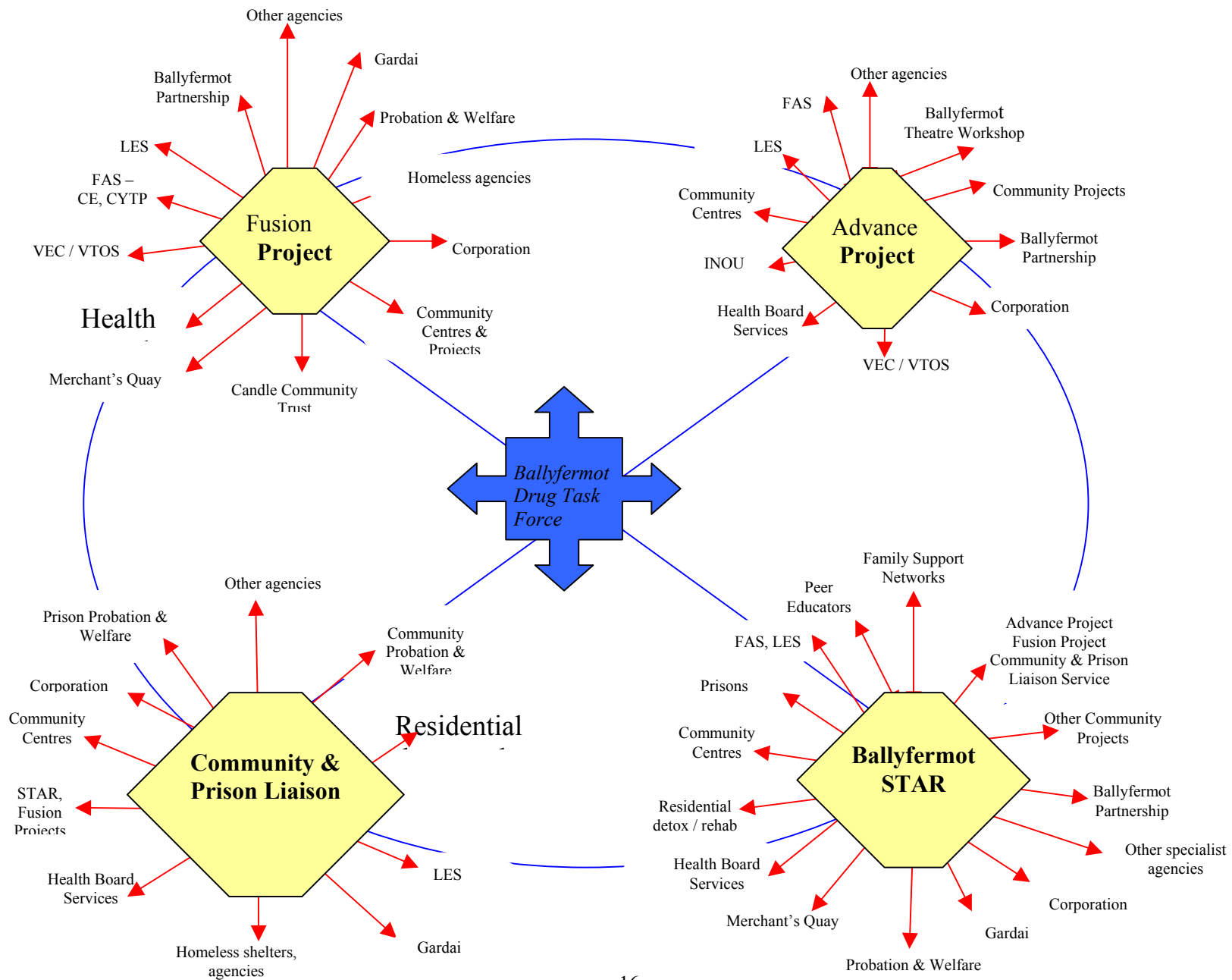
Skills

A broad skill base is needed amongst staff working in Task Force funded projects. The Task Force made a strong commitment to supporting the professional training of individuals, committee members and project employees in the area of addiction. Projects are encouraged to support the ongoing development of appropriate skills to meet the demands of their day to day work. Information on seminars and conferences was disseminated and attendance encouraged.

This picture represents the links (red) and network of key services in Ballyfermot



Networks of Drug Task Force Treatment / Rehabilitation Projects



Profile of existing services relevant to drugs issues

Young People's Facilities and Services Fund

The programme of work is now well underway with 33 projects including 14 small grants. Two of the eight capital projects planned are completed namely, extension to the Ballyfermot Youth Federation (£252,000) and a new building for the Candle Community Trust (£300,000). The Ballyfermot Youth Federation is now merging with the Gurteen Youth Club and restructuring is currently underway. This will significantly increase the capacity of the youth services in Ballyfermot to deliver targeted interventions. Cherry Orchard Youth Service was to receive a youth facility in the form of two vacant houses nearby. However, these houses were demolished by the Ballyfermot Regional Office of Dublin Corporation for safety reasons. There is some consideration currently as to how to proceed with the allocation of funds.

List of funded initiatives:

- Mary Queen of Angels After Schools Project, part time co-ordinator (£23,000)
- BOSS Out of Schools Service, part time worker (£35,000)
- Labre Park After Schools, two part time workers over two years (Allocation to Barnardos £37,000)
- Cherry Orchard Youth Service, outreach worker (Allocation £84,000)
- Gurteen Youth Club, 2 youth workers (£150,000)
- Cherry Orchard Community After Schools, programme grant (£41,000)
- Ballyfermot Youth Federation, One stop shop from Civic Centre, (£115,000)
- Orchard Community Centre, minibus once off grant (£25,000)
- Ballyfermot Youth Service Labre Park minibus once off grant (£25,000)
- Co-ordination of Youth Services, 2 years (£55,000)
- Sports Development Officer, (£75,000)

Small Grants Scheme

- Ballyfermot Ceol Project (£2,500).
- Ballyfermot Arts/Samba Group (once off grant £5,000).
- Matt Talbot Community Trust (once off £5,000).
- Lower Cherry Orchard Youth Club (once off £5,000)
- WHAD (once off grant £2,000)

- Mary's Y.C. (once off £4,000)
- Orchard Youth Club (once off £1,500)
- OLV Youth Centre (once off grant £5,000)
- Decies Den Youth Club (£200)
- Donore Harriers (Once off £3,000)
- Ballyfermot Adventure Group (£3,000).
- Youth to Youth (£5,000)
- Ballyfermot Youth in Action Task Group (£1,000)
- Ballyfermot Youth Federation (£5,000)

Cherry Orchard Youth Service

The Cherry Orchard Youth Service is located in the Orchard Community Centre serving all of the Cherry Orchard Area. Full time youth workers are employed together with other support staff and the service is co-ordinated by a Senior Youth Worker. A wide range of activities and interventions are carried out by the service to increasing numbers of young people. Recently, an outreach service was developed and such is the demand on the worker that there are plans to expand this service.

Ballyfermot Youth Federation/Service

Located in Decies Road in lower Ballyfermot, the Youth Federation serves the young people of lower and middle Ballyfermot due to the recent merger with Gurteen Youth Service. Full time youth workers are employed together with administrative and other support staff. A wide range of services and activities are provided for young people both within the centre and outside of it. The centre has extensive office space and meeting room upstairs and a large general purpose room with kitchen downstairs. Training is provided for youth leaders who run the Beyond '96 Club, a club run by young people for young people. The service has recently added two specialist peer education youth leaders to their team and will soon have a Senior Youth Worker.

City Of Dublin Youth Service Board

Liaison Officer: Brendan Gribbon, 74 Morehampton Rd., 01 668 3199
Covering areas Dublin 8 & 10.

The City of Dublin Youth Service Board (CDYSB) is a statutory sub-committee of the City of Dublin vocational Education Committee (CDVEC). It was established as Comhairle Le Leas Oige in 1942 under section 21 of the 1930 City of Dublin vocational Education Committee Act and was designated the City of Dublin Youth Services Board by the Department of Education in 1986.

CDYSB and the Dublin 10 Region:

CDYSB channels four streams of funding into the Dublin 10 region.

1. Disadvantaged youth Grant Scheme of the Department of Education & Science.
2. Department of Justice Juvenile Diversion Programme.
3. Local Drugs Task Force.
4. Young Peoples Facilities and Services funding.

Projects receiving funding via schemes 1 – 4 above include:

- Ballyfermot Youth Federation
- Cherry Orchard Youth Service/Cody
- Gurteen Youth Project
- Candle Community Trust
- BOSS
- Cherry Orchard After Schools Service
- Mary Queen of Angels After Schools
- Labre Park After Schools

CDYSB is committed to supporting local communities to manage their own services and offer a range of supports to local management committees including:

- A free payroll service and advice on financial aspects of the project.
- Support in incorporation, registration as an employer, registration as a charity.
- Technical support in computerisation.
- Advice and information on all aspects of employment legislation.
- Support to prepare a safety statement.
- Guidelines on codes of practice and child protection procedures.
- Comprehensive training for management committees on their roles and responsibilities.

- Support to develop strategic plans and policies on relevant issues.
- Access to training for staff employed by the projects.
- Access to the Developmental Support Programme (external supervision) for staff designated by management committees.
- Where appropriate a support person can be allocated to a project over a period of time usually one year.

CDYSB also offers support to the development of voluntary youth work through a range of grant schemes to registered clubs and groups. The grants available are broken down into the following categories:

- Annual Grant
- Start up Grant.
- Training Grant
- Special Activity/Programme Development Grant
- Swimming Grant
- Development Grant

Annual Grant:

The Annual Grant provides registered Youth Groups with assistance towards their annual administrative and programme costs.

Start-up Grant:

This grant is specifically designed for new groups who may be in need of financial assistance to begin their programme. This is a once off grant to cover initial costs such as insurance.

Training Grant:

Registered groups may apply for a subsidy towards the training costs of their volunteers. Grants are paid subject to the course being approved in advance by CDYSB. The level of grant aid available is 75% for recognised training courses.

Special Activity/Programme Development Grant:

This grant enables groups to initiate a new programme or activity, which they have never undertaken before. The programme must be educational and involve learning new skills. A maximum of 750 is available.

Swimming Grant:

The swimming grant enables Youth Groups to provide swimming instruction. A qualified instructor must be available and the pool has to be hired by the group. The group can claim 50% of pool hire where CDYSB provide the instructor and 66% where the group provide their own.

Development Grant:

The Development Grant enables groups that own their own premises to undertake essential refurbishment projects covering such areas as health, safety and security. The maximum grant available is 5000 in a three-year period. Development Grants are allocated in November subject to funding.

NB: There is an overall limit of 3000 per group per year for all standard registered groups not including the Development Grant. A number of large centre based youth groups are exempt from this limit.

Dublin 10:

In Dublin 10 seventeen registered groups received funding under the general grants scheme. Last year a total of 26,664.00 was allocated to groups in the region.

Relevant Voluntary Sector Services

- **Candle Community Trust**

Providing educational, vocational and recreational activities to young people aged 15 – 22. Support to families. Referrals principally from the probation and welfare service and youth services unable to manage problematic behaviour of these young people. Close co-operation with the BDTF. Participants can receive FAS CE payments. New services have been developed to cater for young women also.

- **Matt Talbot Community Trust**

Provides educational and vocational opportunities to ex-offenders and their families including those with history of problem drug use. Participants must be drug free to access a place. Participants receive FAS CE payments. The project is mixed, men and women. Those participants with an active drug problem are supported whilst accessing drug detoxification.
- **Ballyfermot Star**

Providing family and individual support services presently with plans to provide greater range of services from education to holistic and alternative therapies such as acupuncture, aromatherapy and massage. Star have established several family support groups that run at different times and also a sibling support group.
- **Fusion**

Providing individualised rehabilitation support to people stabilised on methadone maintenance, people aspiring to be drug free and people currently drug free. Participants receive payments under the CE or CYTP programmes of FAS. Referrals are primarily from the Health Board and local groups.
- **Community and Prison Liaison Service**

Providing intensive one to one treatment and rehabilitation planning for people in prison with a drug problem. Follow up in the community. Referrals from both inside and outside the prisons. Also providing family support service.
- **Advance Project**

Implementation support for the local drug strategy through the recruitment of key workers under the Ballyfermot Jobs Initiative. Priority focus on recruiting persons with a history of problem drug use or stabilised on methadone and family members of the aforementioned group.
- **Cherry Orchard Family Centre**

Run by the Daughters of Charity this centre provides social and psychological support to families under stress.

Oasis Counselling Service

The Oasis Counselling service is located in Drumfinn Park and provides family and individual therapy at low cost. Oasis provides for the training of counsellors who are seeking accreditation through the Irish Association of Counselling and Psychotherapy. They see on average 50 clients per week. Oasis also provides personal development and assertiveness training. Staff are paid through income generation, grant assistance and back to work programmes together with volunteer hours.

Cherry Orchard After Schools Initiative

This special initiative was established three years ago by the local parish priest aimed at assisting those children in very poor and vulnerable circumstances to participate in school and non school activities. Meals, hygiene facilities, clothing at times and a quiet space to do homework with assistance if needed are provided. The Initiative has struggled to maintain its programme of work through lack of funding and to date has relied on volunteer energy with one paid worker and a few small grants from local agencies.

BOSS (Ballyfermot Out of Schools Service)

BOSS was started approximately three years ago to provide specialist support to children experiencing difficulty with school and family life, especially those vulnerable to absenteeism and early school leaving. The service relies on a collaborative effort between the Ballyfermot Youth Federation/Service, the Juvenile Liaison Officer and the Health Board psychological services. BOSS receives grants from local agencies.

Barnardos

Just over two years ago, Barnardos opened an out of school project aimed at working with young people experiencing difficulties with staying in school. It is based in Cherry Orchard and serves the Cherry Orchard Area.

CODY

This is a Garda diversionary programme, referrals come from the local neighbourhood in Cherry Orchard, Gardaí, Probation and Welfare officers. Aimed at young people at risk of offending behaviour. Working with small groups 10 –15 people. They have drama groups, outdoor activity groups and run other activities. There are 2 youth workers involved. The project can have up to 150 young people involved over a year.

WHAD

A rehabilitative programme and probation diversionary programme. Aimed at young people who have already committed an offence. There are 2 workers with specialist skills in behaviour modification. They work with small groups, approximately 12 in each group and run about 3 programmes per year.

ABLE

Also a Garda diversionary programme located in lower Ballyfermot. Referrals are from the local neighbourhood, probation and welfare, schools and agencies. There is one worker employed full time to work with children from about 8 - 18years. Activities are carried out with small groups.

Sarsfield House Hostel

Sarsfield House Hostel throughput about 50 per year. Average length of stay 6 months house young offenders at risk in the community on full temporary release. Capacity 15 young people, male.

Community and Resource Centres

Markievicz Community Centre

The Markievicz Community Centre is located on Decies Road in lower Ballyfermot. It is run by a local management committee and funded through the Community Development Programme of the Department of Family, Community and Social Affairs together with FAS community Employment. The centre facilitates a range of training and has an excellent up to date crèche facility and kitchen for those attending

courses. The Centre also houses a Department of Justice diversionary project called ABLE.

Lower Orchard Community Centre

The Lower Orchard Community Centre is located in the Cloverhill area of Ballyfermot. It is also run by a voluntary management committee and staffed with the support of FAS community employment programme and volunteers. The centre has a crèche, kitchen facilities and a large hall available for hire within the community and use by local groups.

St Matthew's Family Resource Centre

St Matthew's Family Resource Centre is located on Ballyfermot Road in upper Ballyfermot. It has kitchen facilities, rooms available for hire and for use by local groups. The centre also provides a citizen advice and information office. The centre is run by a local management committee.

Orchard Community Centre

The Orchard Community Centre is located in the heart of Cherry Orchard in upper Ballyfermot. It is the largest of the community centres and houses the Cherry Youth Service, Cherry Orchard Developing Youth (CODY), a Dublin Corporation local office and LINK, the Cherry Orchard Community Development Project. The centre is well staffed through support from Dublin Corporation, FAS and volunteers. Many youth and sports groups avail of the centre and the hall space is for hire.

Ballyfermot Resource Centre

The Ballyfermot Resource Centre is located in lower Ballyfermot and provides canteen and meeting facilities to businesses, groups and agencies in the community. It is staffed and supported by full time and part time employees through grants, FAS community employment programme and other fund raising. Space is hired out on a long term basis to other community based projects for office and training use. The centre is managed by a local committee and supported by the Dominican Sisters.

Bungalow Resource Centre

The Bungalow Resource Centre is located in Cherry Orchard in upper Ballyfermot. It is run and supported by the Daughters of Charity with a staff funded through grants and FAS community employment programme. The centre provides activities for women's and men's groups, courses and training in a range of lifeskills. The centre has meeting rooms and kitchen facilities together with training rooms.

Addiction Services for South Western Area Health Board

Aisling Centre

The Aisling Centre provides a methadone maintenance programme, a programme towards detoxification, emergency assessment, HIV testing, needle exchange as well as GP, nursing, counselling, outreach, community welfare and crèche facilities. Waiting time up to 6 months.

Fortune House

Fortune House provides a non-residential detoxification programme for under 18's, the first such service in the area. It also provides a similar service for over 18's. GP, nursing, counselling, family therapy and community welfare services are also offered. Waiting time up to 2 months.

Cuan Dara

Cuan Dara, the residential detoxification centre in Cherry Orchard Hospital has increased its beds from twelve to seventeen. Waiting period likely.

Needle Exchange available at:

- Aisling Clinic, Monday 2.15 to 4.15 p.m.
- Ballyfermot Health Centre, Tuesday 2.15 to 4.15 p.m.
- Inchicore Health Centre Thursday 2.15 – 4.15 p.m.
- Merchants Quay, Monday – Friday every p.m.

Note: 1,014 attendances from Dublin 10 to Needle Exchange in 1999

Other

- Locally, 6 GP's and 5 Pharmacists are participating in the Methadone Protocol.
This is expected to rise in 2001
- An Education Officer works with local community groups, schools and agencies.
- Outreach service available
- Consultant Psychiatrist in Substance Misuse
- Director of Addiction Services
- Area Operations Manager
- Assistant Area Operations Manager
- **GPs Co-ordinator**
- Psychiatrist at Cuan Dara, Cherry Orchard Hospital
- Aids/Drug Service Liaison Clinics And Nurses
- Liaison Pharmacist
- Research Registrar

Psychologist Service

A Senior Psychologist has been appointed to enrich and develop a Psychology Service for the AIDS/Drugs Service. Needs assessment has been conducted to serve the South Western Area Health Board and a clinical psychology strategy developed. A number of psychotherapeutic group interventions are being piloted in collaboration with multi-disciplinary teams i.e. parent programmes and cutting down on alcohol use groups.

Health Board Planned Developments 2000 – 2001

Drug Free Rehabilitation Centre Planned

A Drug Free Rehabilitation Centre will be opened in Cherry Orchard aimed at helping people with an addiction to move from being dependent on drugs to managing their own lives. The manager is in place and about 15 places will be available initially.

Stabilisation Unit Planned

A Stabilisation unit with twelve beds will be opened on the grounds of Cherry Orchard Hospital. This unit will provide a short-term, residential, concentrated service for unstable drug misusers.

Education

- A new Substance Misuse Policy for Secondary Schools has been developed. Its aim is to set up a working group in each school to develop a policy according to the schools need
- 5 Year Plan in development to include Primary Schools
- Addiction Studies Course (NUI Certificate, Maynooth) run in Cherry Orchard
- Specialised training in drug misuse for interested groups
- Drug Network News and the Drug Education Network

Outreach

- Promotion of HIV/Hepatitis, Drug and Sexual Health awareness through education, information and support to individuals, families and local communities. This includes Street work workshops and promotion of harm reduction through Needle Exchange.
- It is hoped to recruit an additional Outreach Worker for the Ballyfermot area.

An additional **Clinical Psychologist** will be recruited.

Downstream Unit

The Downstream Unit based at St Mary's Hospital will cater for 20 clients from the Dublin region. The programmes will run for 3 months and will include Horticulture, Art Therapy, Personal Development, Catering, Literacy and Computer skills. The opening of the Downstream Unit will free up detoxification beds at Cuan Dara.

Helpline

Helpline has extended its Services from 5 days per week to 7 days per week, 10am-5.00pm. The Helpline Data Base is in the process of being fully computerised.

Care Plan Systems

It is planned to implement this system early next year in order to monitor and implement individualised care plans for all clients with our Service. It is planned to employ 6 Key Workers in the South Western Area Health Board, who will have the responsibility for assuring the delivery of multi-model treatment and to assess the impact of treatment against baseline measures. Two of these Key Workers will be based at Aisling/Fortune House.

Liaison Workers

It is proposed to employ 5 liaison workers in the South Western Area Health Board to ensure integrated Service delivery. This liaison work is proposed to create linkages between our Services and general hospital services, mental health services etc.

GPs

Total number of GPs in Ballyfermot area has increased from 4 to 6. There are five level One GPs and one level Two GP. Average number of clients range from 2 – 18. Total number of clients in treatment with GPs in Ballyfermot is 50. The GP Co-ordinator is currently in talks with GPs within the area to increase the numbers attending with GPs.

Community Pharmacists

Total number of Pharmacists providing service under the Methadone Protocol is five an average of 15 – 20 clients per chemist. Our Liaison Pharmacist is currently in talks with Pharmacists within the area to increase the numbers attending Pharmacies.

Cuan Dara

Total number of clients from the Ballyfermot, Dublin 10 areas follows:

1998 – 7; 1999 – 6; 2000 – 10 (to date November)

Dublin Corporation Ballyfermot Regional Office

The local office was established in 1998 covering the south western sector under the authority of the Corporation. They aim to implement the city plan for the area, which was developed in broad consultation with local communities, businesses and agencies.

Administration Service

- Chief Regional Officer
- Regional Housing Officer
- Area Community Officer
- Area Maintenance Officer
- Executive Housing Officer
- Estate Services Officer

Other Services

- Allocations, Transfers & Homeless
- Maintenance
- Community Development
- Estate Management
- Housing Welfare
- Rents
- Enterprise & Employment
- Sports Development
- Swimming Pool
- Library
- Parks
- Waste Management Section

FAS Services in Ballyfermot

Community Services:

Community Employment, Part-time.

14 Schemes

Approximately 300 Participants

Over 20 Assistant/Supervisors

Community Training Programmes

4 Programmes, full time

30 participants approximately.

6 supervisory positions

Community Training Workshop:

Wide range of courses in:

- Catering
- Office Procedures
- Textiles/upholstery
- Horticulture
- Stained Glass

Throughput is in excess of 100 people per year.

Community Enterprise Development

FAS Training Centre:

Full time day courses and part time evening courses:

- Courses provided in the following areas.
- Information Technology
- Motor
- Engineering
- Construction
- Others

Placement Services:

Advertising, recruitment services to people unemployed and employers looking for workers.

Planned Services Provision for 2001:

- National Training and Development (N.T.D.) Training Workshop to become responsibility of FAS in 2001. 35 places to become available for specific full time training.
- Flexible training options are currently in the planning stages.
- LES will be under responsibility of FAS in 2001.
- New Director General in place.

- New Director of Change appointed.

Garda Síochána

◆ Garda Operations to curb supply will be maintained:

The District Drugs Unit, which has a strength of 2 Sgt and 6 Gardaí, is continually reviewed by the local Superintendent. The Unit collaborates with the Garda National Drugs Unit in such Operations as ‘Clean Street’ where an additional 1 Sgt and 6 Gardaí are available. The unit continuously liase with Drugs Units in Ronanstown, Crumlin, Kevin Street and Tallaght.

In addition all uniform members and Detectives based in Ballyfermot are very much aware of the problem of drugs misuse and are skilled in policing matters related to same.

◆ Supply Sub-Committee of the drugs Task Force

Will be supported by the local Gardaí in establishing ways of encouraging people to report misuse/dealing of illicit drugs. Also to explore ways in which CCTV could help reduce street dealing in the area. Members of the local Drugs Unit will be available to attend meetings of the supply side sub-Committee when required.

- ◆ There are eight Community Gardaí attached to Ballyfermot sub-district. These Gardaí are assigned to separate areas of Ballyfermot.

Cherry Orchard/Gallanstown	- 2
Mid Ballyfermot	- 2
Lower Ballyfermot	- 2
Chapelizod/Palmerstown	- 2

It is envisaged that an office be established one in Cherry Orchard and one in Lower Ballyfermot where local people could avail of normal Garda services for one hour per week. Local issues that arise could be dealt directly by the Garda if feasible. Where a tenant support worker is employed in the area by the Corporation they could liase with the Garda in addressing local problems.

- ◆ The Community Gardaí are at present undergoing training in the Gardaí Schools programme. This will require them to visit primary schools in their area of operation and speak to students. This will benefit familiarisation between local Community and the Gardaí.

- ◆ Referrals by Gardaí to Outreach Worker:
 Matter has been discussed briefly at Local Task Force meeting and with representatives of Candle Community Trust. It is clear that a protocol for referrals could be established where an outreach worker could receive a referral from Gardaí and channel the referral to appropriate help such as treatment, rehabilitation, education, employment etc. All assistance required should be available from local Task Force projects.

(Due to ongoing re-construction work at Ballyfermot Garda Station persons arrested are processed at outlying stations. However it is envisaged that work will be completed in the Spring 2001 This would be an opportune time to pilot the referral scheme).

Probation and Welfare Service

There is a local Administrative Office in Ballyfermot employing 3 Probation and Welfare Officers, One Senior Probation and Welfare Officer. It provides services to an over 200 clients per year with each officer carrying a caseload of about 40 clients each at any one time. Probation and Welfare provide the following services:

- Referrals to the service are from the courts
- Befriending and welfare to those referred from the courts
- Supervision of those referred from the courts to community service
- Supervision of people on full temporary release from prison
- Operate two hostels in the area
- Provide social enquiry or pre sentence reports to the courts when requested
- Source appropriate interventions and placements when requested by the courts
- Liaise with appropriate agencies to provide an holistic service

- Fund and support voluntary groups in the area providing services to probation and welfare clients:
 - ABLE Project in Lower Ballyfermot,
 - CODY Project in Cherry Orchard,
 - WHAD Project all Ballyfermot based in Drumfinn
 - Candle Community Trust
 - Matt Talbot Community Trust
 - Sarsfield House Hostel
 - Ballyfermot Social Intervention Initiative
- Participate and represent the Probation and Welfare Service on local committees such as the Partnership Company, the Drug Task Force.

Ballyfermot Partnership Strategies 2000-2006:

The Ballyfermot Partnership has developed an area action plan, which is built on the following strategies:

- To build, expand and progress infrastructural developments, employment and educational initiatives, community capacity building ensuring greater and ongoing participation.
- To build, expand and progress the relationships built over the past five years.
- To build, expand and progress the skill base of those participating in partnership structures and partnership.

In order to

- Identify and tackle the intrinsic and structural causes of social exclusion and poverty

Thereby

- Increasing the economic base and resources of the community by developing the education work and life opportunities of all the people of the area, particularly those most marginalised.

The programme for 2000-2006 will take the following approach:

- Develop and utilise a family and holistic approach to community development, education and employment initiatives recognising that the individual needs to be developed and supported in a holistic manner that engaging other relevant people to his or her life difficulties.
- Deploy a stronger and more effective emphasis in regard to linking and co-ordinating with all relevant services, agencies and providers ensuring no duplication or leakage and a more effective range of services for the community. In particular, the Partnership will work in a strategic partnership with the Ballyfermot Drugs Task Force. The Partnership will hold regular forum meetings with the statutory agencies in endeavour to devise an appropriate model of linkage of services for Ballyfermot.
- Make concerted efforts to mainstreaming initiatives.

Five main thematic issues were consistently identified on the basis on research, review and consultation. These are:

- Isolation of the most marginalised groups.
- Chaotic/Dysfunctional families.
- Early school leaving and low levels of educational attainment.
- Unemployment and Underemployment.
- Negative Media Image and Community Low Self-esteem.

Collaborative Areas - summary

Projects in Education **schools and non schools sector** focusing on improving the self esteem of children and their parents and building the family unit such as: specialist psychological services, after school activities targeted at those most likely to be poor attendees or early school leavers identified through the Home School Liaison Service.

Development of **outreach services** uniquely placed to make contact with the difficult to reach groups such as young people not in school, hanging around in gangs, or involved in drug use or supply.

Additional support to currently established projects such as acting as **employment** support agency. The Steering Committees are currently examining the long-term future of the projects and may identify a specific role for the Partnership. The provision of **administrative** support through a worker, specifically employed, based in the Partnership.

Combine energies to determine the **Government investment** in the locality through State Agencies. Identify mechanism by which **aggregate planning** is possible.

Recruit a **communications officer** to develop and maintain a **web site**, newsletter and other strategies conducive to engaging the local people in worthwhile local action, making them aware of range of services, clubs and social activities available.

Prioritise special needs of **ex-offenders** who may or may not have a history of drug use. Ensure provision of **sheltered housing**, studios aimed at supporting their **reintegration** into the community, work and social life. Build and enhance the lifeskills of this group so that the chances of re-offending are greatly reduced. Support families where prison and crime have been a feature of their life and they no longer wish it to be.

Combine efforts on tackling **literacy problem** facing many people including our target group of drug users, ex drug users and their families.

Opportunities for collaboration between the Ballyfermot Drug Task Force and the Ballyfermot Partnership are in Italics in the following summaries from the partnership action plan for 2000-2006.

ACTION TITLES

Measure

Community Development (including Environmental Infrastructure)

1. Resourcing the Community Directors and Community Foras.
2. *Capacity Building and development of Local Organisations & Voluntary groups.*
3. Inclusion and participation of people with disabilities.
4. Traveller Community.
5. Inclusion and participation of Lone Parents.
6. Inclusion and participation of women.
7. Inclusion of Participation Senior Citizens.
8. *Other participation and inclusion activities for specific groups Youth, Homeless, Ex-offenders, refugees.*
9. *Family Support Programmes.*
10. *Prejudice reduction and Social Analysis Programmes.*
11. Community Civic Centre.
12. *Childcare places.*
13. Anti-poverty response to areas of extreme disadvantage.
14. *Development of residents groups, Estate Management and Environmental Improvements.*
15. Community Arts, Cultural Heritage and Communication Programmes.
16. Support Staff
17. *Research and Feasibility studies.*

Measure

Services To The Unemployed (including complementary Education)

1. *Development and Expansion of Enterprise and Business.*
2. *Development of Enterprise Culture and Enterprise.*
3. Continuation and expansion of Stepping Stones (& Support Staff)
4. *Development of the Social Economy (& Support Staff)*
5. Continuation of Support to the Ballyfermot LES.

6. Development of Core Skills Programmes.
7. Access to mainstream employment and training opportunities.
8. Programme to empower local women to manage their own learning and their place in economy.
9. Pre- and apprenticeship training.
10. Pathways to new technology and information technology and areas of new skills.
11. Training of Trainers.
12. *Access/Pathways programmes to 3rd level education.*
13. *Continued support of jobs initiative and development of supported employment models.*
14. Transition Programmes to support young people (in school and out of school to find ways into the world of work)
15. Young people with low paid and low skilled employment – education and skills.
16. *Research and feasibility studies.*
17. Support Staff.

Measure

Community Based Youth Initiatives – Reducing Educational Disadvantage

1. Ongoing development of Youth Services – Youth Information centre and career guidance.
2. Tracking and outreach and in school support service.
3. *Psychological support and services) psychologist and family therapist).*
4. *Out of school initiatives*
5. IBEC/European Experience and wider horizons.
6. Motivational and attendance initiatives.
7. After school services.
8. *Family and school links.*
9. *Educational support scheme*
10. *Pre-school and parenting programmes*
11. Establishment of Equine education and training centre
12. Support staff.
13. *Research and feasibility studies.*

PART II

Public Consultation, Emerging Trends
And demographics

Public Consultation

Background to consultation process and methodology

A series of workshops, seminars and interviews were conducted in Ballyfermot. The principle objective being to help inform the Drug Task Force's forthcoming Action Plan, by eliciting the views, opinions and recommendations of a selection of area-based stakeholders. These stakeholders are generally divided between statutory, voluntary and community bodies. Part of the overall aim is to build upon the lessons learned from previous interventions and to challenge many of the existing approaches to solution-building for drugs issues in urban communities.

Approach:

Two researchers working in the community with NUI Maynooth, were engaged to conduct the consultation process, Dr. Ciara Kierans and Philip Mc Cormack. It was felt they had a sound knowledge of the macro community and the networks within which people operate. Their background in Anthropology was considered to be very appropriate and would bring added value to the planning process. The approach taken is popularly known in evaluation as a *Constructivist Approach*, meaning that the feedback obtained is organised around the different claims and concerns of the stakeholder audience. The process of this approach initially:

1. Identifies a selection of stakeholders that have a vested interest in the central issue.
2. Then through a 'naturalistic' workshop or interview format the complex themes of drugs-use in Ballyfermot are discussed and organised as central issues and concerns. Gaps or limitations to existing solutions and services are emphasised along with the views and perceptions of the current role of the Task Force in the Ballyfermot area and to how it might further its scope or expand on its existing dimensions.
3. The workshops collectively illustrate areas of feed back where there is widespread consensus.

4. They also enable an agenda for negotiation on items where there is no or part agreement on. Further steps can be employed to deal with those issues that require further negotiation or treatment. This will be up to the discretion of the task force.

The workshops were open-ended to guarantee that it is the insider's view that emerges. An informal structure was deemed necessary and specifically tailored to participant groups. Consequently, the content and delivery of the workshops are qualitatively different. Owing to the sensitive nature of the topic, it was essential to offer anonymity to the individuals participating.

Objectives of process:

- Challenging the existing resistance toward involvement by individuals at the “grass-roots” community level.
- Improving dialogue: to fuel the relationship between the established community bodies and residents in organising a more collective way forward.
- Addressing the contributions that are to be made by the variety of groups and networks in the area. What it is people see/hear about the delivery of services in the area?
- Encouraging more active involvement through their being represented here.
- Building a grounded, bottom-up strategy for the Task Force.

Expected Outcomes:

- To enhance the image of the Task Force beyond a statutory incentive
- To create active participation and involvement
- To enhance the body of knowledge of drugs as a community issue
- To create a developmental strategic agenda for the Task Force
- To provide a document reflecting the diversity of community experience at all levels
- To facilitate a public forum of shared agendas
- To enable co-operation and community between Ballyfermot and Cherry Orchard

Outline of Central Issues/Themes/Discussion Points:

NB: Differences depending who we are talking to with different aspects being taken up by different groups.

1. Idea of a 'drug' and different ways of thinking about the drug problem
 - Disagreement about what a drug is and in turn what defines a drug problem
2. Changes in drug use
 - Injecting to smoking
 - Dropping age profiles
 - Drug trends
 - Drug distribution and access
 - Dochas and post-Dochas: from visibility to containment
3. Drugs as Social
 - Not as simple as 'blaming the individual'
 - It is the social/collective aspects of drug use that are most powerful in maintaining drugs as an issue of community concern
 - The idea of 'the lads' and the ritualising of drug use
 - Partnered relationship as support systems (eg: 'the lads' ,, boyfriend/girlfriends/fellow users/senses of belonging)
 - Different networks of support
4. Idea of a Drugs Economy: as a underground 'real' economic system
 - Important to destroy the misconception that it is just 'scumbags' perpetuating the problem.
5. Drugs in the context of Community
 - Meanings attached to social exclusion
 - Idea of kids at risk
 - Black-spots: as representing different communities and the relationships between those communities
 - Differences and fragmentation within community

6. Resources and Needs

- Problem related resources as not necessarily represent community perspective
- Need for more positive interventions – more normalising structures
- Institutionalising the problem
- In search of respect in Cherry Orchard

7. Community Resistance and Dissent

- Institutionalisation of the problem
- Fragmentation within institutionalisation
- Policing relationships
- Committees – ownership of the problem by outsiders (Gate keeper mentality)
- Community resistance:
 - What is being resisted?
 - Why are people non-participant?
- The creation of a silent majority, non participation

8. Where do we go from here?

Three levels of groups contacted (details in the appendix):

- I. Community at grass-roots level
- II. Development and Resource Bodies
- III. Institutional and Statutory Bodies

1. Community at Grass Roots level:

- Community Response Groups: An ongoing series of focus groups aimed at pulling together those people not included or represented by any other organisation or voluntary group.
- Different Age Profiles with both males and females (together and separately).
- Single Mothers.
- Students: St. Dominics, St. Michael's, Kylemore: spoken with liaison officers/teachers and parents groups.

- Long term unemployed: spoke with BLES/Obair about their own drugs initiatives and have begun work with access to the jobs, clubs etc.
- Parents: Informally and through school groups.
- Teenagers (Male/Female): Spoken with Ballyfermot Youth Federation, like the approach and is trying to gather together a couple of groups.
- Young men: WHAD. Again carried out informally through those we know.
- Drug users (building on already existing informants to the previous study)
- Early School leavers/FAS trainees etc (eg: Integra Horse Power Project)
- One retired mixed group: Advance
- Local employers and business owners: Sent letters this week to all business in the area. We'll see how that goes.

2. Development and Resource Bodies:

- LINK Community Development
- CODY
- FUSION
- STAR
- WHAD
- BLES/OBAIR
- Jobs Initiative Groups
- Resource Centre Groups
- Groups of Partnership Involvement
- Various Recovery Groups (including NA)

3. Institutional and Statutory Bodies

Summary of those contacted

- Gardaí
- Selected Teachers and Home School Liaison, Parents
- Eastern Health Board
- Care Givers; Community Nurses/GP's etc (Aisling)
- FAS
- Prison
- Dublin Corporation

In order to gain access to those difficult to reach, a “network” approach was adopted. This, in turn, has allowed us to provide a better account of the difficulties etc. experienced by those otherwise silent or unaccounted for. Obviously, to simply organise a series of “work-shops” around the issues highlighted and then expect, for example, those kids in trouble to attend would have been, at best, naive. We had begun to see very early in the consultation process, networks of individuals who share different senses of what talking around these issues actually means. It seemed obvious that, to a point, what was needed was a radical re-think and understanding as to how different networks of interaction operate within the area particular to this issue. It was for this reason that we continued to work with both formal and informal networks already established and, through a process of chain sampling and simply getting to know those most “at risk” etc., then contacted further individuals, creating newer networks, again broadening our scope.

Throughout this ‘consultation’, the drugs issue has not been understood in isolation; as a problem onto itself, but as an integral feature of the life-ways and culture of these communities, having diverse implications and meanings for its residents, age groups, member organisations, support/service bodies, state institutions etc. The feedback, while covering a broad base of needs and understandings, does provide a dynamic forum for constructing a new agenda for these neighbourhoods in meeting the demands of drug misuse.

Organisation of Feed-back:

This ‘Feed-Back’ Report was organised around the following section headings. The sections relating to Youth Concerns and ‘Grass-Roots’ community are the most expanded upon sections, due to the complexity of the lived-experiences and views of these groups. The Youth Concerns section has central significance as a consequence of the lack of youth consultation to date and their central relevance to understanding and dealing with drugs’ issues in the area.

1. Employment
2. Medical Issues
3. Education
4. Policing

5. Youth Concerns
6. The Prison
7. Community Work and Activism
8. Community: the 'grass-roots'
9. Task Force Funded Initiatives
10. Ballyfermot Drugs' Task Force

Initial responses to the work-shops

In the pilot phase of the consultation, there were marked differences as to how people took to a workshop format. Many community residents found the idea of a flip chart and structured discussion over-formalised and patronising, much preferring open discussion and happy to be recorded. Those who work within an agency capacity considered formal workshops as structured and boring and relatively ineffective in terms of gathering information or ideas, again enjoying an opportunity to participate in open discussion. We, ourselves, found that structured work-shops worked against any kind of natural dynamic and that the responses were rote and predictable. So, at an early stage in the process, we re-considered and opted for a more natural discussion path. This enabled greater responsiveness on behalf of all participants and allowed for a more open and honest discussion. The information gathered therefore is more complex than probably originally intended.

Central Themes Emerging from Consultation

Central themes emerging from Consultation Process over the six months March to August 2000 are categorised under the following headings:

- Community
- Integration
- Young people and their needs
- Education
- Family
- Individual
- Drugs and Alcohol
- Treatment

- Awareness
- Task Force
- Communication and information dissemination

Many issues cross the above and are inextricably linked but for the purpose of clarity, we have tried to differentiate them in the following pages.

Community

What is community how is it defined, there are issues of diversity and perspectives Neighbourhoods are an important part of community. Relationships can often define communities of interest with no other common factor other than living in the same geographic area. Similarly, networks of interactions can define community, their attitudes, belief and value systems.

- Collective self-esteem is low
- Poor self-image of Ballyfermot by people in Ballyfermot
- Prejudice stigma to living here still strong
- Dialogue integration
- Training and capacity building need to have real and practical benefits either in becoming employed within the Ballyfermot area or as a career progression
- Trend towards Dublin Corporation becoming policing agent due to powers of eviction. Complaints to Dublin Corporation rather than Gardaí
- ‘Rat’ culture – no talking to the Gardaí or authorities – very strong – threatening
- Some people volunteer all the time so same few people attend events. Others don’t go because they know or dislike the volunteers
- ‘Authorities’ Focus of rebellion, anti-authority pervasive culture
- Wear badge of being from Ballyfermot with pride as it intimidates others
- Build back up the Community
- Environments in parts of Ballyfermot do not lend to ‘natural’ or normal means of communication i.e. no shops, schools etc
- Sense of belonging hijacked by the social stigma of eviction
- People living in fear of eviction, in fear of each other – in isolation
- Build morale as common purpose

- Centralise community activities and information
- Need male members of the community involved
 - Enable people to take responsibility
 - Involve strong respect local males

Integration

Bureaucracy in services – form filling on each new visit is soul destroying and lowers self-esteem. Shared clients have to give the same basic information over and over.

Agencies have specialist portfolios but end up dealing with issues better dealt with by other agencies.

Emerging trends in organisational culture:

- Communication between workers and agencies poor, staff moral low, high levels of apathy
- Opposing goals - client has to aim for drug free with deadlines to client, against an approach where the client comes into service and is stabilised
- Employment prospects hampered by poor knowledge of drug addiction by employers and progress of people in recovery. Very prejudiced views
- Integrate different understandings and solutions
- Facilitate creation of more integration, dialogue and communication
- Importance of networks – building and maintaining
- ‘Pathways’ project needed for ex-prisoners
- Competing demands of professionals, agencies and government

Young people and their needs

- More co-ordination of Youth work
- Services need to be available after 5pm – evenings
- More facilities for the young people in building up their confidence
- Local kids feel “their type are just not wanted”
- Lack of resources perceived by young people
- Frustrations with boredom
- Clubs not open at night, too many rules and regulations are restrictive

- Lack of respect of young people
- Most have been barred from something or other
- Want to be involved in youth committees, set up clubs
- Local youth not involved enough in setting up clubs, activities, and events
- Need youth facilities with a wide reach to a broad group of young people
- Real involvement in clubs not just recipients
- Domination of gangs, difficult for teenagers to backtrack
- Central individuals dominate other young people
- First charge sheet has become a rite of passage
- Target youth as a priority
- Bring youth away on trips out of the area
- Involve parents more
- 10 year olds getting involved in joyriding
- Don't go to other parts of Ballyfermot to play out of fear stick to themselves on the streets, parents won't let them go to other areas
- Play areas being dug up
- Things are just getting worse
- Money going into activities for youth in trouble what about rest?
- Majority of young people agreed the very first place they came in contact with drugs is in the home
- 'Nobody cares so why should I'
- Drug use because nothing else to do, happens through friends or peers
- Relate to family first, school second.
- Conflict with Gardaí – very bad relation's – lack of respect.
- Everything is getting worse.
- Access to clubs not easy as many people are barred.
- They don't expect much from school to begin with
- Explore needs of young people in prison and using drugs
- Use term teenagers
- No mainline youth service (disadvantaged scheme)

Education

- Support structures for teachers
- On site social workers

- High turnover in past of Health Board Social Workers – caused problems
- Lacking healthy working connections with State and Voluntary bodies
- Specialist training for teachers on Local Community issues and impact of drugs
- Engage parental interest in education
- School facilities are under-utilised
- Home School Liaison Teachers as advocates for problems of young people
- In school mentoring student to student; teacher to teacher; teacher to student
- Schools are respected as second next to parents
- Undertake research into the needs of primary school going kids

Families

- Support and information for families
- Kids relate to family first, then mothers, fathers, siblings, they relate to school second
- Family support structures necessary to support people leaving prison
- “Families make up communities, yet neighbours are not helping other neighbours families, so how can there be community?”
- Increase childcare support needed
- Wider recognition for family support structures when considering programmes needed

Individuals

- Isolation
- Low Self-esteem
- Pressures
- Respect uniqueness of individual
- Client based interventions - client goal focussed
- Need access to drop in centres
- “Just that fed up that they don’t care”
- Rat Culture – “My every move belongs to somebody else so fuck them”
- Attitudes to drug users – “junkie, yacker – he has no respect for himself so why should we”
- ‘Dealing’ becomes something to do but hard to get out of

- Network of drug users provides mutual support, so when coming off drugs replacing this network becomes the hardest part. Hanging out with peers and ritualisation of drug practice is missed more than the ingestion of the drug.
- Importance of Networks.
- On leaving prison multitude of personal issues more important than integration, pockets of ‘activity’, underground ‘networks’
- Peer support in recovery process

Drugs and Alcohol

- Alcohol used very young u/10
- Cannabis as common as smoking cigarettes
- Young people see drinking and heroin as the two biggest dangers
- Underage drinking associated with teenage pregnancies and having sex
- Start from age of 10 years
- Many people turn a blind eye
- Frequent ‘incidents’ with the Gardaí
- Want to see Gardaí come into class
- Perception is that Gardaí hate them
- Transition year not a positive experience –leaves them no further on
- I.D’s needed, alcohol too big a problem

Treatment

- Logistics numbers/places still a problem
- Treatment centre, Aisling should only cater for local people
- Pace of drug taking has quickened shorter time from smoking to starting to inject
- From injecting to smoking cultural shift, younger profile starting to smoke
- Higher use of alcohol amongst young people and amongst drug users
- Younger generation emerging from single parent families
- Early school leaving significant feature of DU currently presenting
- Higher suicide rate among young men
- More females coming into treatment
- Increase in people volunteering themselves into programmes
- Peer information enables users seek treatment through word of mouth on programmes

- Younger users with different needs
- Constantly changing and evolving situation
- No humanity in services loaded with prejudice
- Clients are territorial about the service
- Accommodation issues, evictions, history
- Post prison release, before release
- Gap between leaving prison and integrating back home too big, needs much more resources
- Clash of services availability and Christmas release dates
- Peer support
- Need 200 more places
- Kids being arrested, 12 year olds dealing and drug addicted
- Dissemination of information on services to other services
- Networks are key

Awareness

- Should not be single issue
- Humanise user
- Normalise addiction
- De-stigmatise drug use
- Lack of understanding of drug user
- Awareness drives needed
- Respect needs to be rebuilt
- Attitudes and prejudice challenged
- Encourage personal responsibility to tackle resistance
- Understand people's experiences of both drug use and prison
- Need to know much more about services
- Preventive strategies must go hand in hand with interventionist strategies

Task Force

- Lack of awareness of Task Force
- Lack of consensus amongst people on Task Force
- Task Force never actually say anything

- Task Force seen as cash dispenser
- Partnership model is lip service
- Not getting to unregistered users
- Need a 'community' Task Force
- Need a constant feedback structure
- Task Force initiatives need standard protocol respect constraints
- Grassroots gap too big to Task Force
- Establish priority areas of intervention and channel funding to these areas
- Work at engaging community participation
- Need to see better co-operation with residents, Dublin Corporation and the business community to improve things > no drug dealing no drinking on street
- Insufficient Garda resources, crimes to distract Gardaí increased
- Relationships Garda Versus Community strained
- Failure to get a conviction can be misunderstood
- Concerns the Task Force is out of touch with the people.
- Use 'reformed drug addicts' more.
- Open forum for solution building.
- Horizontal network channels.
- Not representing the needs of the community should have been community activist group first.
- Task Force should have database of who has been or is on drugs so we know if situation is improving.
- Childcare needed - quality childcare.
- Facilities needed

Communication Strategies

Need to be aimed at:

- Individual
- Family
- Community → Network of Neighbours → Services → Organisations
- Strengthen Communication Channels.
- Need events to bring people together as a Community that are uplifting e.g.: Halloween Parade.

- Communities very divided around drugs issue, lots of marginalised voices that local activists are expected to represent.
- Participation in decision-making is often tokenistic

DRUG USE, TRENDS, DEFINING THE NATURE OF THE PROBLEM

First drug of use is nicotine, then alcohol followed by cannabis. At the **age of 12** many young people have established patterns of regular drug use of the aforementioned and already manifest problem behaviour. Within Ballyfermot, the supply of illegal drugs makes transition to other substances more feasible and likely. **Established rituals** such as sharing a smoke, a can of cider or a cannabis reefer brings with it a code of conduct. It is impolite to refuse such an offer amongst friends, to stay in the group means accepting, to refuse means **isolation** and **alienation**. Against this cultural backdrop, the introduction of heroin within a social peer group increases the **vulnerability** of individuals, their risk of alienation or acceptance despite their knowledge of the road to 'junkiehood' (Bartley and Saris 1999).

The **age profile** and **gender** is changing with children starting younger and moving from smoking heroin to injecting heroin within a shorter timeframe. Services are not equipped to deal with this young population who have a unique set of needs. **More women** are presenting to services and reports from outreach workers indicate a significant increase in the numbers of women using drugs. This cohort have many different needs to men.

Currently, **poly drug use** and **cross addiction** is compromising treatment outcomes. This is particularly difficult in Ballyfermot where those on methadone treatment are seen drinking cans on the way to or back from the treatment centre. Benzodiazepine use and other such drugs whilst on methadone further compromises the success of treatment. GPs who previously supplied large numbers of physeptone prescriptions now supply prescriptions for a range of anti depressants and anti anxiolytic drugs.

Problem drinking is commonplace within the community. People are seen as heavy drinkers not alcoholic with a high tolerance threshold for heavy consumption.

Research shows that whilst one in twenty families may have serious alcohol problems there are less than one in a hundred families have drug problems. However, the presence of an alcohol problem increases the **risk five fold** of next generation drug problem (Prof. Michael Farrell, 2000). Many drug users in treatment refer to alcohol problems in the family. The current trends of alcohol misuse in growing proportions represents a fertile environment for a worsening drug problem.

Attention Deficit Disorder and **Conduct Disorder** are problems for up to 60% of drug users. Many teachers believe they can identify which children will be problematic and have potential to become drug users from an early age. Conduct disorder is prevalent in 10% of social class V families and in 3% of social class I families.

Profile of problem drug users

84% male

62% aged 15 - 25 years

87% unemployed

56% living with parents

79% single

58% left school before age 15 years

66% no formal qualifications

80% have a criminal record

80% use heroin as primary drug

Compiled from HRB and Garda reports

Gender difference is reducing as more and more women are presenting to services.

The problem:

Locally, problem heroin users are estimated at 1,000 this figure is supported by Prevalence estimates according to Dr. Catherine Comiskey.

Mortality

Based on information provided by the local parish priests, approximately 12 - 15 deaths occur each year with some districts having a higher rate than others, namely Cherry Orchard.

Benzodiazepines were implicated in the highest number of deaths (73.3%) (Byrne 2000). Byrne cites findings by Farrell et al., 2000, in a sample of 5 Dublin Clinics, over a 4-month period a rate of **65% of Benzodiazepines positive urinalysis** was recorded. Indeed Farrell and his team recommend a prescribing audit within and external to the treatment services. Current levels of Benzodiazepines misuse have serious implications for treatment strategies and the introduction of alternatives.

The higher mortality rates recorded in Ireland and the UK can be linked to easier access to methadone maintenance. It also highlights the limited treatment strategies, lack of alternatives and poorer monitoring than other countries.

Ward et al., 1998 note **depression as by far the most common and consistently reported example of psychiatric co-morbidity among opiate users**. Depression is known to predispose people to suicide (Neale 2000). Psychiatric co-morbidity amongst drug misusers entering treatment has been **linked to poorer outcomes** according to Scott et al., 1998.

Hill (1995) notes that **desires to achieve relief from pain and to escape unbearable situations** were motivations common to young people who commit suicide. Evidence was presented of them finding it hard to overcome addiction through notes left to loved ones. In Britain, suicide among addicts is estimated at 20 times more likely than in the general population (Gunnell and Frankel 1994). Appleby (2000) noted that **polydrug use may lead to a more than 40-fold increase in suicide risk**. This higher risk concurs with the findings of Oyefeso et al., 1999 who examined suicide trends among registered addicts in Britain over a 25-year period.

A Psychiatric Co-morbidity Audit within treatment services might be of benefit in determining the actual prevalence of depressive disorders among drug users. Darke and Ross (2000) found that **among injecting drug users, antidepressant use was**

associated with higher levels of polydrug use, higher levels of psychiatric distress and greater risk of heroin overdose. This excess risk of overdose was especially associated with tricyclics rather than SSRIs.

Methadone is implicated in almost 55% of opioid related deaths in 1999 and 66% in 1998. However, we are unable to compare mortality risk estimates between heroin and methadone because of the difficulty in establishing prevalence of opiate use. It is therefore not possible to know how many people would have died if they were not receiving methadone treatment. Evidence from international research found generally that addicts who had never been on methadone maintenance had a mortality risk at least 3 times greater than those in methadone treatment (Caplehorn et al., 1995, Sunjic et al., 1998., Fugalstad et al., 1995).

“The steady rise in the availability and use of amphetamines and cocaine, plus the wide variety of combinations of legal substances such as medicines and alcohol used with illegal drugs need to be taken into account in future development of treatment responses. Treatment centres, which generally define themselves by the substances used by their clients, are also changing. There are signs that care centres for drug addicted clients are merging with those for alcohol addicted clients, illegal drug users and those addicted to prescribed drugs.” (EMCDDA 1999)

“The extent to which it is useful to maintain the traditional distinctions between illicit drugs such as cannabis and cocaine, licit recreational substances such as alcohol and tobacco, and licit psychoactive medicines such as tranquillisers and analgesics. It is clear from a variety of epidemiological indicators that illicit drug use patterns frequently also involve licit substances, notably alcohol, tobacco and tranquillisers (taken for non-medical purposes). The more problematic patterns of drug use are characterised by multiple use of licit and illicit substances, while treatment centres are reporting more poly drug use.” (EMCDDA 1999)

Substance Misuse in Early Adolescence

The assumption that all adolescent drug use is problematic is based on both the medical model and the criminal status of drug use. This view does not allow for the fact that there are large differences in behavioural outcomes of illicit drug use.

(Brinkley et al 1998). Guitierres et al (1994) believe that there are more similarities between infrequent or experimental users and abstainers than between frequent substance users and abstainers. Adolescents generally recognise and distinguish their own drug use from problematic to recreational or medicinal usually recognising a hierarchy of drugs 'hard' to 'soft'. This can impact significantly on prevention / education messages.

According to Brinkley et al (1998), "research has consistently shown that a large proportion of adolescents regularly use alcohol and cigarettes and that a growing proportion are regular users of illicit substances. Experimentation with substances should be seen as one of the developmental tasks of early adolescence. However, "regular use of substances during adolescence has been found to result in delays in achieving developmental goals and a pseudo-maturity which ill prepares the individual for the real difficulties of adult life" (Newcomb and Bentler 1988).

Research has demonstrated that several risk or protective factors can have an impact on a single outcome and that the influence is cumulative (Bry 1992, 1993 and Newcomb 1986). Some of those identified are;

- Low commitment to school
- Cognitive impairment
- Academic failure
- Low religious involvement
- Early persistent problems behaviours
- Poor inconsistent family management practices
- Family conflict
- Low bonding to family
- Alienation/rebellion
- Family drug behaviour
- Attitudes favourable to drug use
- Sensation seeking
- Attention deficit/hyperactivity
- Low autonomic and central nervous system arousal
- Hormonal factors
- Peer rejection in elementary

- Association with drug using peers
- Laws and norms
- Availability
- Extreme economic deprivation
- Neighbourhood disorganisation

From Hawkins, Catalano & Millier, 1992

Current Drugs Situation/Trends Garda Siochana Ballyfermot

Heroin and Cannabis are the two main illicit drugs being misused in the Ballyfermot area. This trend has remained the same over the years. The use of ecstasy and speed has not been prevalent but in recent times the local drugs unit has come across a small amount of cocaine abusers.

It is observed that because of the use of heroin and its destructive nature the acceptance of cannabis as a soft drug by the local community is growing. Also because of the heroin problem groups working in the Community including the Drugs Task Force have concentrated their efforts in the treatment and rehabilitation of heroin users to the detriment of cannabis abuse.

Dealing in the Locality:

The shops are of Ballyfermot, Grange Cross and the Le Fanu park are the areas where street dealing is most prevalent. The Aisling Centre based at Cherry Orchard is dispensing methadone to in excess of 400 drug users. This draws people from many areas outside Ballyfermot. In recent months security cameras were installed at the centre and as a result users leave the vicinity of the Centre after treatment and congregated around the shops area. In the latter area a number of “small time” dealers are operating. The age of the persons involved in dealing and abuse range from early teens to late thirties. However, Garda records show that in 1998 the average age of persons searched and/or charged under the Misuse of Drugs Act 1977 was 26 years. Comparative figures for 1999 show the average age at 23 years.

The mode of dealing has not changed in that dealers place the drugs in their mouths or otherwise in their bodies. They operate in small groups continually pass the drugs

from one to another. They normally carry a beer bottle with a cap and if in fear of detection they will place the drug satchel under the bottle cap and press it into the ground (in the park). It is not unusual for the dealer to remove the deal from his anus pass it to the user who then will place it in his mouth and swallow to avoid detection.

There is an obvious difficulty there for Gardaí to detect offences. In a concerted effort to overcome this difficulty, 'Operation Clean Street' has been utilised on an ongoing basis with considerable success. New dealers are identified, in one case as young as thirteen years. This detection was in the Ballyfermot area and is the youngest dealer in the history of the State.

Operation Clean Street is a joint effort between the local Drugs Unit and Garda National Drugs Unit. Since April 2000 it has been utilised in the Ballyfermot area on an on/off basis and as a result in excess of fifty dealers have been arrested. These people are at present being processed through the courts. Most of the seizures associated with these arrests were £40 packs of heroin. The vast majority of these dealers are small time feeding their own habit.

A number of bigger dealers from the area have been arrested outside of Ballyfermot since January of this year. One is in custody in Portugal, three others are on bail from the courts and another is on the run abroad. There are five families in the area known to be supplying this area among others through London. Family operations usually can withstand the arrest and conviction of one or more as others within the group have acquired the expertise. Intelligence for arrests abroad usually is sourced locally.

In addition to 'Operation Clean Street' many local policing initiatives are put in place to address street dealing. These are overt operations which consist of mounted unit, dog unit and foot patrols supported by mobile patrols and local drugs unit seizures in such operations can be minimal, however, it is effective in removing small time dealers and users from the street and parks, resulting in the problem being displaced.

Garda records show the following for the year's 1998/1999

	1998	1999
Searches re – Drugs Sec 23 Misuse of Drugs Act 1977 (At Station)	792	708
Charges re – use/supply Sec 3 & 15 Misuse of Drugs Act 1977	192	252

Seizures 1998

Ballyfermot

1. No of drug seizures	193
2. Street value of seizures	£714,386.00
3. Cash Seized (From dealers	£38,722.00

Type and value of drugs seized 1998

	Amount	Value
1. Diamorphine	1 kilo 719.25 gms	£533,442.00
2. Ecstasy	4 tablets	£48.00
3. Cannabis Resin	765 gms	£6,315.00
4. Assorted Tablets	135 tablets	£850.00
5. Cocaine	1 kilo 737 gms	£170,560.00
6. Physeptone	3 lts 250 mls	£825.00
7. Amphetamine	40 gms	£400.00
8. Heroin	1 ½ gms & 18 deals	£700.00
9. Other drugs seized		<u>£1,246.00</u>
	TOTAL:	£714,386.00

Seizure 1999

Ballyfermot

1. No of drug seizures	198
2. Street value of seizures	£1,513,740.00
3. Amount of cash seized (from dealers)	£140,500.00

Type and value of drugs seized 1999:

	Amount	Value
1. Diamorphine	2kb 55 gms	£1,343,942.00
2. Ecstasy	212	£3,180.00
3. Cannabis	14 ¾ kilos	£160,000.00
4. Assorted Tablets	1383	£3,228.00
5. Cocaine	2 oz	£3,240.00
6. Physeptone	400 mls	£150.00
7. Heroin	16 deals	<u>£400.00</u>
	TOTAL:	£1,513,740.00

Records also show male/female involvement:

1998	1999
M/F	M/F
7/1	5/1

As already outlined average age for dealing/abusing

1998	1999
26 years	23 years

OCTOBER 2000 South Western Area Health Board figures

Total numbers attending Aisling Clinic = 272

Total numbers from Ballyfermot attending = 130 = 48%

Total males = 87

Total females = 43

Age Category	Males
18 – 20 years	1
20 – 25 years	23
25 – 30 years	26
30 – 35 years	18
35 – 40 years	12
40 - 45 years	5
45 -	2

Age Category	Females
18 – 20 years	1
20 – 25 years	10
25 – 30 years	14
30 – 35 years	14
35 – 40 years	2
40 – 45 years	2
45 -	-

Treatment by DED's in Ballyfermot

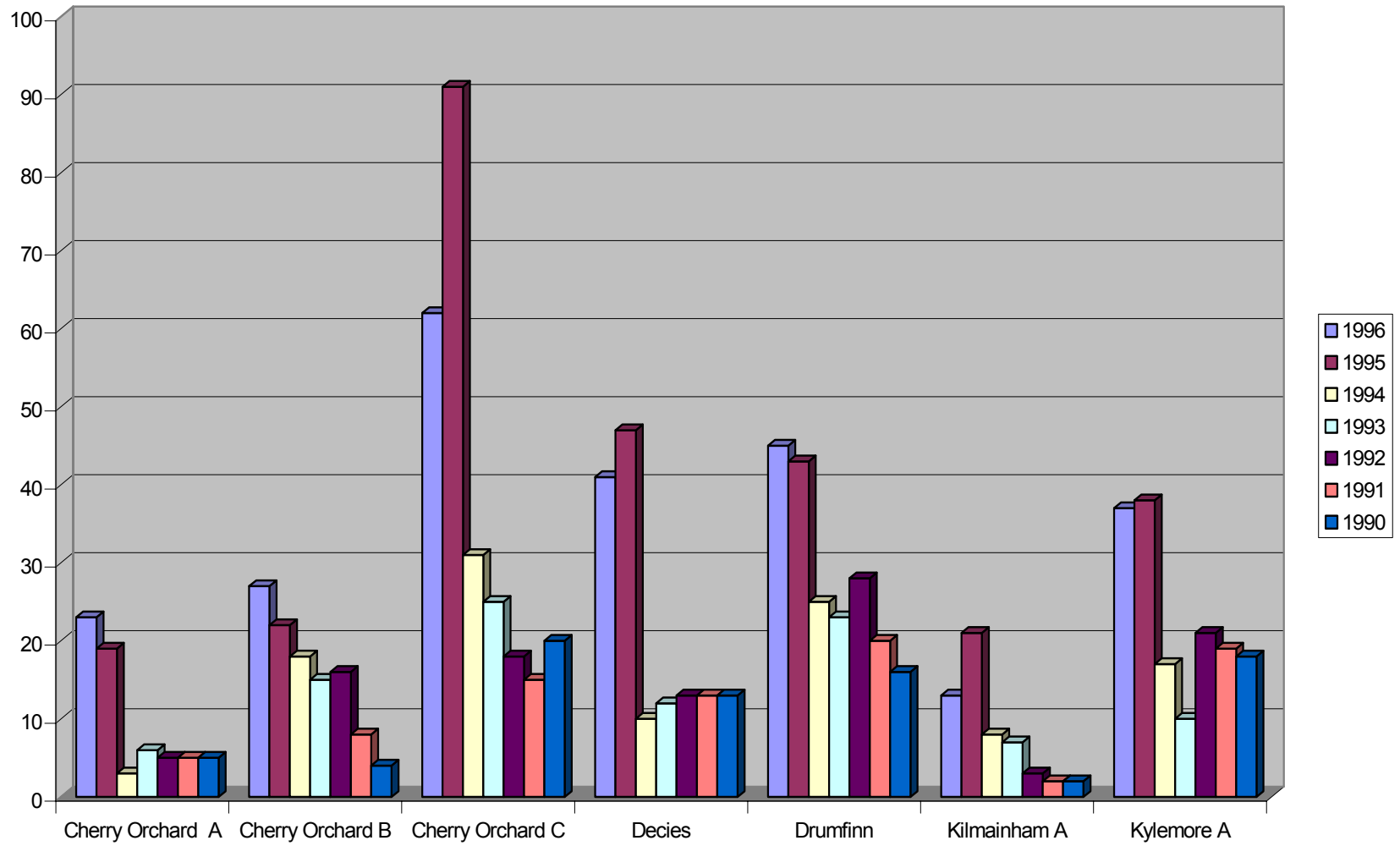


Table 1: Residents of Ballyfermot Local Drug Task Force area presenting to drug treatment services

DED	Area	1996	1996	1997	1997	1998	1998	1999	1999
		No	%	No	%	No	%	No	%
38	Cherry Orchard A	23	8.6	8	2.9	3	1.2	9	3.0
39	Cherry Orchard B	27	10.1	15	5.4	20	7.8	26	8.7
40	Cherry Orchard C	62	23.1	74	26.4	92	36.1	77	25.8
57	Decies	41	15.3	23	8.2	28	11.0	35	11.7
61	Drumfinn	45	16.8	47	16.8	41	16.1	58	19.5
83	Kilmainham A	13	4.9	22	7.9	16	6.3	21	7.0
95	Kylemore	37	13.8	38	13.6	32	12.5	42	14.1
	Ballyfermot unspecified	20	7.5	53	18.9	23	9.0	30	10.1
	Totals	268	100.0	280	100.0	255	100.0	298	100.0

Source National Drug Treatment Reporting System, Drug Misuse Research Division, Health Research Board.
 1. DED: District Electoral Divisions – Cherry Orchard A, B, C, Decies, Drumfinn, Kilmainham A, Kylemore.

Table 2: Clients receiving treatment at Aisling, Fortune House and Cuan Dara by area of residence (DED) Numbers and valid percentages

Area of Residence	1996	1996	1997	1997	1998	1998	1999	1999
	No	%	No	%	No	%	No	%
Cherry Orchard A	6	2.5	5	1.6	3	0.5	8	1.2
Cherry Orchard B	15	6.1	9	2.8	10	1.8	18	2.7
Cherry Orchard C	16	6.6	22	6.9	58	10.6	67	9.9
Decies	14	5.7	9	2.8	15	2.7	30	4.4
Drumfinn	19	7.8	24	7.5	30	5.5	45	6.7
Kilmainham A	3	1.2	7	2.2	10	1.8	15	2.2
Kylemore	12	4.9	10	3.1	23	4.2	32	4.7
Ballyfermot Unspec.	7	2.9	27	8.5	21	3.8	1	0.1
Sub Total	92	37.7	113	35.4	183	30.9	216	31.9
Other	159	62.3	205	64.6	364	69.1	459	68.1
Total	251	100.0	318	100.0	547	100.0	675	100.0

Source: National Drug Treatment Reporting System, Drug Misuse Research Division, Health Research Board.

Table 2 shows the proportion of residents of Ballyfermot (i.e. LDTF area) who received treatment at local drug treatment services – Aisling, Fortune House and Cuan Dara. **What is clear from this table is that the majority of clients treated at these centres are not residents of Ballyfermot** – That is in 1996, 62.3% were non-residents, in 1997, 1998 and 1999 the proportions were 64.6%, 69.1% and 68.1% respectively. Residents of Ballyfermot were going elsewhere for treatment. The South Western Area Health Board have indicated that **at least 48% of total number of clients in 2000** attending Aisling, Cuan Dara and Fortune House were from Ballyfermot

Table 3: Residents of ERHA (Dublin, Kildare, Wicklow) attending drug treatment services. Demographic profile

	1999	1998	1997	1996	1995
Main drug of misuse is opiate	93.3%	91.7%	90.9%	89.9%	85.5%
Ever injected	78.4%	73.3%	70.9%	61.6%	65.1%
Age first injected 15 - 19 years	41.3%	39.3%	37.6%	33.4%	37.8%
Age first injected 20 - 24 years	21.4%	20.4%	19.6%	16.4%	15.8%
Gender	M 67.2% F 32.8%	M 68.5% F 31.5%	M 68.2% F 31.8%	M 70.8% F 29.2%	M 78.0% F 22.0%
Total Number	5044	5070	4156	4018	3761

Source: National Drug Treatment Reporting System, Drug Misuse Research Division, Health Research Board

Table 4: Residents of Ballyfermot LDTF area attending drug treatment services, Demographic profile

	1999	1998	1997	1996	1995
Main drug of misuse is opiate	97.0%	93.7%	97.8%	95.9%	92.8%
Ever injected	74.4%	70.4%	76.4%	65.2%	72.6%
Age first injected 15 - 19 years	41.8%	39.6%	46.6%	44.8%	49.6%
Age first injected 20 - 24 years	16.7%	17.6%	19.1%	11.2%	14.2%
Gender	M 72.1% F 27.9%	M 72.3% F 27.7%	M 76.2% F 23.8%	M 79.5% F 20.5%	M 87.1% F 12.9%
Total Number	298	255	280	268	156*

* = Aisling returns only

Source: National Drug Treatment Reporting System, Drug Misuse Research Division, Health Research Board

Demographics according to 1996 census unless denoted

Population	21,142
<i>(Increase expected with new housing developments of over 2,000 persons)</i>	
Age Dependent	39%
Population aged 0 – 14	26%
Unemployed	35%
<i>(Live register shows 60% decrease since 1996 see next page)</i>	
Manual skilled jobs	64%
Left school by age 15 or less	66%
In education after age 19	1%
Medical card holders (reflects low income)	54%
Houses owner occupied '91 census	37%
(Estimated in 2000 over)	50%
Lone parent household with one child <15	21%
Population with disability	10% (APC)
People registered for drug treatment	272 (HRB)
Estimated number of problem drug users	1,000 (BDTF)
Prevalence estimate according to Comiskey	5%
Primary School attendance (APC)	80% Dublin Co. average 91%
Secondary School attendance (APC)	80%
No formal or primary education	58%
Of which males make up 53% and females make up 62%	

APC: Area Partnership Company
BDTF: Ballyfermot Drug Task Force

Live Register Figures

