

Ballymun Local Drugs Task Force:
Interim service development plan 1997.

Contents

Introduction

Part 1	Review of progress in implementing the existing plan	4
	Overview	4
	Education and Prevention	8
	Treatment and Rehabilitation	14
	Supply Reduction	18
	General Operational Issues	22
Part 2	Development of a revised strategy	26
	Current extent and nature of drug abuse in Ballymun	26
	Profile of existing and planned services	30
	Current and anticipated needs	38
	Summary	38
	Looking forward	41
	Identification of needs not being met	44
	Formulation of strategy / Consultation Process	48
	Mission Statement/Aims/Objectives	50
Part 3	Development of specific proposals to give effect to the strategy	53
	Objectives & proposed actions: Education and Prevention	53
	Objectives & proposed actions: Treatment and Rehabilitation	61
	Objectives & proposed actions: Supply Reduction	69
	Technical assistance	71
	Replacement of Premises as a result of the re-development of Ballymun	72
	Summary of proposed funding measures	74

Appendices

Appendix 1	Extracts from Prevalence Study into Opiate Use in 1998
Appendix 2	Sample of Newsletters produced by Ballymun Local Drugs Task Force
Appendix 3	Ballymun Childcare Task Force
Appendix 4	Membership of Ballymun Local Drugs Task Force
Appendix 5	Gender Impact Assessment

Tables

Funded projects of first plan	25
Search, Seizure & Arrest Figures for Garda H District 1999 / 2000	29
Ballymun population by Gender and Age 1996 and 2000	39
Comparison of household types 1991 and 1996	39
Percentage of children by household types	40
Educational Attainment (Census 1996)	40
Unemployment / Employment Rate ~ Labour Force Survey 2000	41
Initial estimate of cost of replacement of premises as a consequence of the Ballymun Redevelopment	73
Summary of recommended funding	74

INTRODUCTION

This action plan has been produced by the Ballymun Local Drugs Task Force. It is based on a process of consultation and drafting that has taken place over the last twelve months. There are three main sections, which follow the guidelines set out by the National Drugs Strategy Team for the updating of plans. These are:

- Part 1: A review of progress in implementing the existing plan
- Part 11: Development of a revised strategy
- Part 111: Development of specific proposals to give effect to the revised strategy

The Task Force sees this strategy as part of an ongoing process, which addresses policies and practises that either contribute to or perpetuate drug problems in Ballymun. We are confident that it will be a catalyst that kick-starts new initiatives in the area. It will lever long-term financial support from relevant Government departments for initiatives under the headings of Education and Prevention, Treatment and Rehabilitation, and Supply Reduction.

Through this plan the Task Force believes that we can bring about a reduction in the number of people who begin to use drugs, who develop drug problems, and the numbers using drugs already. We will seek reliable methods of measuring our impact based on these benchmarks throughout its implementation.

Apart from the costs of specific proposals to give effect to this strategy, identified in Part 3, we have also included a Parallel Costing for the replacement of premises due to be demolished as part of the Ballymun Regeneration Programme. The need to replace these premises is vital if we are to maintain a community response to the drugs problem in Ballymun.

Overall the Task Force believes that the implementation of the first plan has been a success over the past 3 years and the results can be seen in the community on a daily basis. We now wish to consolidate and build on this success and through this strategy we believe that we can bring about a large reduction in drug abuse in Ballymun in the future.

PART I: REVIEW OF PROGRESS IN IMPLEMENTING THE EXISTING ACTION PLAN

1.1 Overview

The Ballymun Local Drugs Task Force was set up in March 1997 to assess the nature and extent of drug abuse in Ballymun and to develop and monitor the implementation of an action plan to respond to this identified problem. At the time of formulating the first action plan (which was submitted in May 1997) the drugs situation in the area was particularly bad. Large numbers of drug users were on waiting lists for treatment, open market drug dealing was taking place in many different communal areas of the estate - including the Town Centre, and many young people followed the same patterns towards chronic drug addiction that had claimed so many lives in Ballymun in the past.

Over three years on from the formulation of the first action plan we are cautiously optimistic that the drugs situation in the area is improving. We believe that the focus for action and attention provided by the establishment of the Task Force has meant that for the first time, there is a co-ordinated and concerted effort, not just to cope with the crisis situation in Ballymun, but to reverse it.

The first plan contained recommendations for the improvement of existing services in the area which would have an impact on the local drugs problem. It also contained project proposals for funded measures from the original £10 million budget available to the 13 local drugs task force areas. The plan outlined the context, history and nature of drug abuse in the area although an accurate number of users could not be identified given the time-frame the Task Force set itself for the submission of the plan.

The nature of the drugs problem in Ballymun, as the Task Force saw it, was

- a. Linked intrinsically to the problems of social deprivation and exclusion that were so prevalent in Ballymun
- b. Historically of a poly-drug use nature, although heroin was the first drug of choice
- c. Effected by the high degree of availability of illicit drugs for sale locally
- d. Responsible in its own right for causing a further down-spiral of the area by the alienation of the community.

The Task Force set out three key values that it saw as central to the strategy as a whole. These were:

1. The Task Force saw the community as it's principal ally, it would consult widely in the area throughout its term of office and be responsive to the needs and expressed wishes of the community;

2. The plan would seek to establish a total community response, making use of the services and facilities already in place, seeking better co-ordination between them and integration of drug users into them; and,
3. The implementation of the strategy would itself be an empowering process seeking to involve people, develop leadership and also provide new opportunities for positive participation by drug users.

A total of 26 measures were proposed for funding in the first plan. The total cost of proposals was £1,725,000 of which £716,000 was made available for the implementation of 16 projects under the headings of Education and Prevention, Treatment and Rehabilitation and Reduction of Supply. All of these projects were successfully started and most are now at an advanced stage of drawing down interim funding. All of the eleven projects that were submitted by the Task Force for independent evaluation have all been approved for mainstreaming of funding.

The three sub-committees set up by the Task Force under the aforementioned headings have continued to meet. New members have been drawn into these throughout the three years. The existence of the sub-committees enabled the Task Force to refer matters which required detailed planning, discussion and ongoing monitoring. This ensured that proper attention was given to important issues and allowed the Task Force to function in an overarching capacity.

Through the Task Force a more integrated approach to drug problems has developed, to a certain extent. The Ballymun community now has a sustained and systematic way of raising concerns and planning new approaches to tackling drugs issues. However, the potential of this co-ordinated approach has not yet been fully exploited and further development of such co-ordination will be attempted in the implementation of the new plan. The Task Force believes that an analysis of how statutory services are delivered in localities like Ballymun and a re-orientation of these services towards co-ordination of planning and effort with other services is now overdue. Without this the children and families most at risk will continue to fall between services.

One of the priorities of the Task Force during the implementation of the first plan was to carry out research into the number of opiate users in the Ballymun area. A prevalence study was undertaken by the Task Force's Researcher / Development Worker into the number of opiate users with Ballymun addresses. These were recorded by three different sources (treatment/waiting lists, hospitals and Garda) in 1998. Disturbing figures were reported through this research. The number of opiate users reported in that year was 683 – far higher than expected by the Task Force. The vast majority of these were in the age range 15-49 years. This meant that one in thirteen local people in that age range were found to be opiate users. In some cohorts (e.g. men between 24 and 29 years) the ratio was as high as one in five. Although there is evidence that the number has decreased since the study, this disturbing picture presents the Task Force with its challenge in the development of the new plan and the targets we set.

The context in which drug use occurs has changed since 1997. The local availability of medical drug treatment means that now there is a waiting list for treatment of 15

people (compared to 108 at the time of submitting the first plan). 380 people are now availing of medical treatment compared to 134 in 1997

The wholesale and widespread open drug dealing that was so long a feature of the area has been reduced to such an extent that it is now more the exception than the rule to witness such activity. This is as a direct result of the active co-operation of the local community, the Gardaí, Dublin Corporation, Ballymun Town Centre management and of the camera monitoring system. The Task Force was instrumental in maintaining this effort through the Supply Sub-committee and through the local liaison networks established by the Task Force's Tenant Support Worker.

There are still many local young people who are at great risk of developing addiction problems (lately this is more publicly manifest in the numbers drinking than using drugs). Young people are continuing to present with substance abuse problems to local treatment centres, needle exchanges, school counsellors, etc even though there is a reduced availability of opiate drugs for sale in the area. When the numbers leaving school early, the preponderance of existent addiction, the degree of family dysfunction, and the low aspirations of young people in the area are taken into account, there is clearly a concern for the future. The approach taken by the Prevention and Education Sub-Committee was to seek to ensure that Ballymun young people could develop positive life expectations and were equipped with the life skills, self esteem and education they need to avail of the positive options now on offer. The introduction of the Young People's Facilities and Services Fund will provide further thrust towards this goal. At the same time the Sub-Committee sought to ensure that young people were made aware of the risks involved in using drugs by providing support for ongoing education, training and awareness raising on drugs issues.

The Task Force continues to be worried by the underachievement by local young people in formal education in Ballymun (57 per cent leaving school at 15 years or younger) and the correlation with the profile of drug users evident in the national statistics on treated drug misuse. The Statistical Bulletin of the Health Research Board (1998) showed that 78.5 per cent of treated drug misusers had left school at 16 years or under. Yet no recognised structure is available where concerns about the local provision, planning and philosophy of education can be discussed. The need for a comprehensive local education strategy developed through localised structures with the fullest involvement and backing of the Dept of Education and Science has never been clearer.

The Task Force was disappointed that the Rehabilitation Centre to be developed in Ballymun by the Eastern Health Board was not built. This left a large gap in services aimed at recovering users. However, a care system along a certain continuum has been developed despite the lack of this first-step rehabilitation centre. A service has been put in place to assist those about to embark on drug treatment programmes. There are medical drug treatment services and non-medical services available. There have been day programmes for users, a women's rehabilitation programme, an after care service and an employment linkage service made available for drug users wishing to change their lifestyles. Gaps in services have also been identified which will be addressed in the new plan. The Task Force expects to get the support of the Northern Area Health Board when seeking funding for the rehabilitation initiatives

currently being researched through the Treatment and Rehabilitation Sub-Committee in conjunction with the National Training and Development Institute.

The Task Force has enjoyed a very positive input by all of the agencies and community representatives involved. Attendance and participation at full and sub-committee meetings has been consistently good over the three years. The community has been kept informed of progress and new developments through the Task Force newsletters that are delivered to all homes in the area (see appendix 2). A wide range of different groups are involved in the sub-committees which are continually open to new membership. A number of agencies and groups have become directly involved in providing services for drug users through their involvement with the sub-committees, although some had not envisaged becoming so involved.

A Workers Forum has been set up for anyone in the area who has involvement with local users. This Forum enables them to share information, ideas and skills and to give support to one another. A Drug Service Users Forum has also been established. This Forum (UISCE Ballymun) has recently begun sending a representative to the Treatment and Rehabilitation Sub-Committee and has had an input in the consultation process undertaken to draw up the new plan.

A review day to evaluate the first two years of the Task Force was organised in June 1999. This involved Task Force members, project promoters, project staff and service users. At this review there was satisfaction shown at the impact of the projects implemented under the first action plan. There was however a degree of concern that the Task Force had not maintained its focus on overall strategic / policy development and public advocacy in relation to drugs issues. It was strongly recommended that this should be the major focus for the Task Force in drawing up and implementing the new plan.

Overall, the Ballymun Local Drugs Task Force has been effective in creating a new impetus of responses to local drug problems. It has provided a framework for greater co-operation and integrated planning between services. A strong base has been established for the development of the new plan and the learning and positive working relationships built up over the first three years provides us with good opportunities for tackling the problem's root causes in the future.

“Their (drugs task forces) very existence has provided a strong focus for the tackling of drugs issues in target areas, reducing the feeling of isolation felt by many local communities and preventing a potentially critical situation from developing further into a continuing downward spiral of economic deprivation, addiction and crime” (Evaluation of the Drugs Initiative, PA Consulting Group, 1998).

Objectives of first plan and factors which impacted on progress in achieving these

1.2 Education and Prevention

When drawing up the first plan the Task Force recognised that early school leaving, low educational attainment, unemployment, family breakdown, and poor recreational and other facilities were a strong feature of a very large proportion of young people's lives in Ballymun. This we believed had a strong correlation with the high levels of drug use locally. The proposals and recommendations made in the plan sought to address wider education needs in the area as well as issues more specific to the drugs problem.

A series of recommendations and proposals were made under the education and prevention heading. Some of these the Task Force would implement directly through the budget. Others were actions or changes in practice that the Task Force recommended relevant government departments or statutory agencies should make in response to the great risks faced by local young people. The recommendations and proposals included:

1. An increase in the local education budget with substantial investment in the local schools and the granting of special school status to all primary schools in the area
2. Investment in after-school, sporting and extra curricular activity
3. Provision of support programmes for those pupils who had dropped out of the education system
4. An increase in investment in the non-formal education system
5. The extension of the Substance Abuse Prevention Programme (On My Own Two Feet) and Substance Misuse Prevention Programme (Walk Tall) to all schools in the area and parallel drugs awareness programmes for parents
6. Increase in resources for drugs education / awareness work in and out of school including the appointment of an Education Resource Teacher.
7. Research into the number of children living with addiction in the area.
8. Prioritisation of families where there was addiction by schools, community care teams, etc.
9. Expansion of the Garda Juvenile Crime Diversion Scheme in Ballymun.
10. The extension of the Health Promoting Schools Project to all local schools

1.2.1 Progress

A lot of good educational, awareness raising and prevention work has taken place and the projects set up by the Task Force have benefited a significant number of young people and adults in the area. As well as the primary drug prevention work, many young people who are vulnerable to adversities in the area have been supported through Task Force assisted projects. More can be done on the diversionary front, e.g. providing healthier alternatives through sporting and recreational activities, etc.

The Task Force was centrally involved in the development of the Ballymun Youth Development Plan that was developed under the Young People's Facilities and Services Fund. This plan is leading to the delivery of targeted outreach and support programmes for young people in the area, comprehensive supports to providers of local youth clubs, sports groups/projects, and capital investment in young peoples facilities in the area including a central youth facility.

The Ballymun Education Support Team (BEST, Early School Leavers Initiative) is now working with young people who have dropped out or who are in danger of dropping out of school and this has also led to greater co-operation among school principals, voluntary and community groups in the area. BEST identified over 400 children between the ages of 8 and 15 years that it said met its criteria as being at risk of dropping out.

The needs of children coming from families troubled with addiction and other profound problems is an area that has become a bigger and bigger concern to the Task Force. This is an area we will seek to address through our membership of the Ballymun Childcare Task Force (see Appendix 3) and by inviting a representative of this group onto our Task Force.

Drugs awareness and educational work is an area that the Task Force believes could have been developed further in the local schools. Some local schools did carry out drug prevention and awareness raising activities and the sixth class pupils of all primary schools in the area continue to benefit from the Ballymun Youth Action Project's School Programme. Over the three years we learned just how under-funded local primary schools are – some reported that they could not implement the Substance Misuse Prevention Programme (Walk Tall, SMPP) because of a lack of resources to buy the materials required for the full participation of pupils (paper, crayons, paints, etc.). Some of these schools had participated in the SMPP training programme offered by the Department. The Task Force believes that more could be done in local schools and will seek funding in the new plan for a Drugs Education Co-ordinator to pursue this.

A Crime Diversion Project (Ballymun Action Youth) has been developed in one of the local parishes and this has been a welcome and so far successful project. Similar projects are also needed in the two other parish areas of Ballymun.

The amount of younger people using alcohol in the area has increased significantly. The Task Force has addressed its concerns about this problem with the local Gardai and the response has been very encouraging. Over the course of the next plan we will continue to monitor and address this phenomenon. Associated with this teenage drinking, there has been a sharp rise in violent and gang-related activity in the area. Often the targets of such gang activity are drug users. There is clearly more work for us to do to ensure that drug users are treated with decency, understanding and empathy. Attention will be given in the implementation of the new plan to fostering this attitude among all members of the community.

There has been strong concern continually expressed throughout the last three years

about the non-representation of the Department of Education and Science on the Task Force. It is important that a representative from the Department is nominated onto the Task Force to ensure a co-ordinated response by the education sector to drugs issues.

While a representative of the Department sitting on the Task Force will help us to address drugs issues, more substantive efforts are required to address local concerns about general education provision in the area. The high figures relating to early school leaving and low attainment levels are indicative of the profound needs of the young people of this community. There is a convincing case to be made for the development of a comprehensive local education strategy and of a properly constituted body to oversee this strategy. We believe that this body is essential, given the autonomy of decision-making by schools at local level, the centralised nature of decision making at Departmental level, and the lack of a body in-between that can address the education needs of the area as a whole. The Task Force will be calling for the establishment of such a structure in the new plan, along with other groups in the area such as the Ballymun Partnership.

1.2.2 Directly funded measures

Eight projects received funding under the Education and Prevention heading. The following is a description of these projects and a brief summary of their progress to-date.

Two additional youth workers for the area. Two youth workers were employed to provide extra support for youth work and to set up youth clubs in the parts of Ballymun with little or no such provision. Initially the workers were employed and managed through the Ballymun Community Action Project (which offered its services in the then absence of a more youth-oriented group doing so). They have since begun working under the aegis of the Ballymun Youth Strategy Group. This group was set up to implement the Ballymun Youth Development Plan (Young People's Facilities and Services Fund). The project has so far received a £100,000. This was mainly towards the cost of salaries as well as small programme costs.

The workers support 13 youth groups in Ballymun. This includes new clubs set up by the workers in parts of the estate with no existing clubs. As well as operating and supporting clubs, the workers also provide support programmes for particular target groups within existing projects. Since the workers were appointed the number of young people in youth clubs in the area has increased by 250 and valuable time has been spent with smaller numbers of more vulnerable groups. The workers also play an active role in other valuable initiatives in the area such as co-organising schools competitions for drug prevention week, Ballymun Summer Buzz, etc.

Mini-bus for groups working with at risk young people and drug service users. During the consultation process for first action plan, the issue of transport and associated costs for groups working with young people and drug service users was strongly raised. The lack of affordable transport options, these groups reported, made it difficult to bring people outside of the area and thus limited the range of activities that could otherwise be offered. The Task Force proposed and received funding for

the purchase of a mini-bus as a capacity building measure. A driver was subsequently employed through the 'Obair Nua' Jobs Initiative Scheme (FÁS).

This project has offered a reliable and inexpensive service to a large number of youth and sports groups in the area and to groups working with drug users. So far £48,000 has been received for this service. Presently 10 leaders/workers from clubs and projects in the area are being trained for the D1 driving licence so that the availability of the bus can be increased. The Task Force is also investigating the feasibility of purchasing a bigger bus and has obtained a further Jobs Initiative position in order to appoint a second driver.

After school activity clubs in the primary schools (BITEÓG). One of the central themes of the first plan was to support young people to remain in school for as long as possible and to have enjoyable experiences of school. Funding was sought for the organisation of after school clubs in seven primary schools in the area. Pilot scheme funding was provided for five schools on the understanding that this project would be extended into all primary schools when properly evaluated. The clubs were built on the foundation of the existing BITE (Ballymun Initiative for Third-level Education) Homework Clubs already operating for sixth class primary school pupils. The project is co-ordinated by the BITE Programme.

The BITEÓG clubs work with pupils of fourth and fifth classes offering a range of educational and recreational activities in an enjoyable and relaxed environment. Funding is provided for the payment of teachers, small capital/equipment grants for the schools, and lunches for the children who remain in school after hours for two afternoons per week. Results of feedback from all parties, especially the pupils, have been extremely positive. Very positive changes among participating students and in the atmosphere in the schools involved are reported. So far £110,000 has been received for this project.

Feasibility study into an alternative school project for early school leavers. The Task Force provided funding to enable investigative work to be carried out on the needs of early school leavers and the feasibility of providing alternative schooling in the area for such young people. There had been calls for this type of project in Ballymun for over twelve years from concerned groups made up of local school representatives, community groups and local people. The funding for the research was provided to the Ballymun Education Response Group. As work commenced on this research the Department of Education introduced the 8-15 year old early school leavers scheme. The Task Force funding ensured that Ballymun was in a strong position to make a successful bid for this pilot scheme as the research was already being carried out. Ballymun was chosen as one of the fourteen areas of the country where the scheme was set up.

The resultant project, Ballymun Education Support Team (BEST) is now into its second very successful year. It is working in schools supporting the pupils at greatest risk of dropping out, supporting pupils back into school and providing out of school support for those pupils whose needs require special attention and who have been absent from school for a longer period of time. The Task Force provided £6,800 for the research project and the remaining £8,200 of the allocated budget was redirected

into the Youth At Risk Scheme (see below).

Grant scheme to encourage work with most at risk young people. The Task Force was conscious when drawing up the first plan that although there were a number of youth clubs and groups operating in the area, there was a sizeable portion of young people who did not access any recreational, sporting or extra educational activity. These young people were often excluded (often by themselves) from participating. The Task Force sought and received £80,000 per annum to set up a grant scheme that would encourage groups to cater for such marginalised, at risk young people.

This project was used by a variety of clubs and groups to enable specific work with the target group. Most of the grants were for once off projects such as the purchase of equipment (e.g. camping equipment), the organising of weekend trips or the running of programmes. During the first phase of the operation of this grant scheme the **Aisling Project** was initiated. This project worked with the 20 most vulnerable children in each of the schools attached to the three parishes in the area was partly funded by the ROUND Urban Fund. A request was made for matching funding from the Task Force and it was agreed that support would be given from the At Risk grant scheme. Consequently most of the funding from this grant-scheme was channelled into the Aisling Projects. This has meant that a smaller pot was available to support other work with at risk groups in the area.

So far £168,200 has been received for this grant scheme and £112,000 was directed to the Aisling Project. Over 160 of the children most at risk of developing drugs problems were supported through the scheme as a whole and many have been encouraged into mainstream youth activities as a result. A separate report on the Aisling Project is included below.

Aisling Project. This project is aimed at the pupils of the three parish schools who were identified as being particularly neglected and most vulnerable. The project works with 60 children in three sub-projects (20 in each parish sub-project). The children attend after school for four days per week between 2.30pm and 6.00pm. A main meal is provided before children take part in educational and recreational activities. Support is maximised for each child by ensuring that there is a low ratio of children to workers. Great care is taken to ensure that the children are encouraged and equipped to participate in school. The project has three full-time and six part-time staff as well as fifteen volunteers who give an average of nine hours per month. To-date the Task Force has contributed £112,000 to the project. Feedback from all sources has indicated that this project has had a major positive impact on the children, their parents and the schools involved. School attendance and behaviour has greatly improved, the children are a lot happier in school and out, and their parents have begun to get involved to a far greater extent than was previously the case.

The National Drugs Strategy Team has approved mainstream funding for the Aisling Project thus removing longstanding doubts about future funding arrangements. This will allow the project to reach its full potential. We believe that this model can be replicated in other areas.

Training & education on drugs and related issues for local adults and workers.

When drawing up the original plan the Task Force recognised the good training work being carried out by the Ballymun Youth Action Project through the **Urrús Project**. Prior to the Task Force's assistance this training on drugs, associated issues and their causes and effects in the community had been operating with core funding from the EU Horizon fund. The Task Force decided to contract Urrús to carry out all of the drugs training work that was required for adults, parents and professionals working in the area. A training budget of £60,000 per annum was secured and through this Urrús delivered training programmes through 100-hour module (NCVA accredited) Community Addiction Studies Courses. Several drug awareness modules were also provided on a demand basis for community groups, parents groups, etc.

Since the Task Force began funding Urrús 1,256 people have been served by the project (within and outside Ballymun) including 822 parents, 32 young people and 402 community professionals. So far the project has received £120,000. The project has resulted in a large number of people receiving quality training on drugs. This has enabled them to be more effective in their responses to drugs issues in their work and family lives. Some have used the courses as a springboard to further studies in third level institutions.

Drug Prevention Activity Grants. In order to encourage more drugs awareness and prevention activities within existing youth clubs/projects and schools, the Task Force set up a grant scheme where groups could apply for up to £700 for preventative type activities. A wide range of youth clubs, projects and schools applied for and received grants that enabled them to organise a range of activities including weekend courses, education programmes, mural production, trips to the cinema, prison visits, drama productions, health programmes, etc. A total of £10,000 has been paid out for these activities. Over 860 young people have benefited from drug awareness and prevention programmes organised through this grant scheme.

Objectives of first plan and factors which impacted on progress in achieving these

1.3 Treatment and Rehabilitation

When drafting the first plan the Task Force recommended that a holistic approach be taken in the treatment, rehabilitation and reintegration of drug users. The Wheel of Change (Prochaska & DiClemente) was used as the model by which measures were planned. The plan recommended that:

1. Each hospital dealing with accidents and emergencies should have a fully staffed drug dependency unit attached to it to pick up on crisis cases and young / new users and to deal with their families
2. Day programmes be set up for different target groups of drug users
3. Support work with family members of users
4. Vocational training towards re-entry into workforce for recovering users
5. Research into local benzodiazepine use and strategies for dealing with this
6. Development of the planned EHB rehabilitation centre
7. Development of training initiatives for recovering users linked to the Ballymun re-building programme

The nature of drug use in Ballymun has changed substantially over the last three years. More people have been able to access medical help. Stabilisation, maintenance and detoxification programmes are offered by the local treatment centre, Domville House, and by local GP's. 380 people are now receiving some form of ongoing medical help for their drug problems (including 15 on waiting lists who attend the Mobile Clinic). A range of non-medical services is also being accessed by a large number of previously disengaged drug users.

While we are taking steps to carry out a systematic count of the numbers in the area who are not receiving treatment, not on a waiting list and who regularly use opiates, casual enquiries have indicated that there are not great numbers of people in the area falling within this description (sources checked include the Gardaí, the treatment centre, a local GP, Springboard Project, Youthreach, Youth Action Project, the Workmate Programme, and a group of young drug users engaged with services who were asked to give an indication of the numbers of their peers who were using).

It is generally agreed that it is harder to buy heroin in the area compared to 1997 due to reduced drug dealing. However, other drugs are still available including methadone, Prothiadine, and a range of different benzodiazepines, such as Dalmaine. These are still widely abused in the area. According to results of urinalysis the majority of existing clients of services are using benzodiazepines and tricyclics (65% & 14% respectively). This has long-term implications for services trying to engage service users in rehabilitation programmes. We are encouraged to learn that the Minister for Health is beginning to address this problem through the establishment of a special reporting committee and we will continue to press for a protocol on the

prescription of these drugs.

The recent needs-analysis of service users carried out for the Task Force by the National Training & Development Institute shows another encouraging trend. This research found that 27 per cent of those interviewed are in some form of employment or training programme (almost half of these are full-time).

The Task Force was successful in seeing the start up and implementation of a number of new services for drug users in the area and a continuum of care of sorts has developed. However, a large gap in this continuum is the lack of a dedicated first-step rehabilitation support service for those seeking to create new life/career paths for themselves. This is a more and more obvious gap, especially when we consider the amount of job opportunities that exist and the inability of many clients to access or keep these jobs. We will continue to press the Northern Area Health Board to honour the commitment made by the previous Programme Manager of the AIDS Drugs Service to fund the development of a rehabilitation service in Ballymun.

1.3.1 Directly funded measures

The Springboard Project Early Treatment Project. The Springboard Project was set up through the Ballymun Youth Action Project to work with drug users at the early stages of identifying their need for help with their addiction. The project was designed to support this early treatment group in choosing and pursuing suitable treatment choices. The original target group were those on the EHB treatment waiting list. However, when the project began, the EHB felt that there were medical/legal issues that prevented it from referring these clients to Springboard, which was offering a non-medical model of support. This severely compromised the important starting momentum needed for the project.

Despite being unable to work with the original target group, Springboard began offering a service to individuals who were either referred from other agencies (e.g. GP's, Probation & Welfare Service, etc.) or who were contacted directly through outreach street work by the staff. Springboard offers support around a wide range of issues in a one-to-one and group setting for drug users wishing to see change in their lives. Springboard uses a community support model based on the needs identified by individual clients. Each person presenting to the project works with a key worker and an action plan is drawn up based on their presenting issues. This may involve staff working with a number of community, voluntary and statutory agencies depending on the need identified to ensure that there is strong engagement with the client.

Since the project began it has worked with 100 people to varying degree of time and a variety of approaches. A number of groups have been established through the project to assist clients to identify and access particular services or programmes as a group. So far the project has drawn down £180,000.

The STAR Project ~ Women's Rehabilitation Project. The STAR Project was set up through the Community and Family Training Agency (CAFTA) to work with stabilised women drug users. The project works with participants intensively over the

period of one-year, addressing their many social needs both within their families and in the wider community. Adult education and training principles are used throughout the programme. Accredited training modules (e.g. word-processing, first aid, community development) are run and work experience is organised to prepare the participants to enter employment, or further training / education. In the first year of the project, participants attended on a voluntary basis and worked for twelve-week periods on rollover programmes. However, for the last two years the STAR has used the FÁS Community Employment Programme to pay training allowances to participants.

The project has worked with 57 women since it was set up. 30 were employed on the CE programme. Of the group of fifteen that started the first CE Programme, one participant did not complete the programme due to ill health; four participants secured employment on other community based schemes. Of the nine women who remained with the Project for the duration of the 12-month programme, six have secured further employment or training positions; two are not seeking employment. So far the project has received £286,209 (£175,000 Local Drugs Task Force; £111,209 FAS CE allowances).

Aftercare Counsellor. The Ballymun Youth Action Project manages the Aftercare Counsellor. His key responsibilities are:

1. To work with drug users who have made positive changes in their drug use or who have been through a programme of treatment
2. To prevent or manage a relapse into drug use
3. To provide advocacy and support around life issues
4. To provide short-term therapeutic intervention

The Aftercare counsellor provides one-to-one and group counselling to persons affected by drug use and in the 'maintenance' stage of change. He actively follows up on people involved in programmes and services offered by drugs agencies. He works with the partners and families of clients where appropriate and provides links for clients moving between services and agencies. So far sixty-one clients have been served by the Aftercare Counselling service. Strong links have been built with agencies other than drugs services, such as psychiatric services. So far the project has received £60,000

Training and Employment Links Officer. The Ballymun Job Centre manages the Training and Employment Links Officer (TELO). Her role is to work with recovering drug users who wish to develop career / training paths and to access employment. The TELO uses a mentoring approach to assist these job seekers to access education and training programmes and when appropriate to secure employment through the mainstream placement service run by the Job Centre.

This project began in December 1999 and since then has taken on 80 clients. Of these seven have been placed in full-time employment and 31 have started training courses. So far £10,000 has been drawn down for the project.

Day Programme. The original allocation included funding for the running of day

programmes for stabilised drug users in the Ballymun Youth Action Project. This money was not drawn down, as BYAP was able to secure mainstream funding from the EHB. As a result the money allocated could be used to meet the cost of the installation of the CCTV system described in the next section of this review. The day programmes have been run in BYAP and 40 people have participated

Objectives of first plan and factors which impacted on progress in achieving these

1.4 Reduction of Supply

It was agreed from early on that addressing the widespread and open drug dealing taking place in the area should be one of our priorities. While the Task Force was being set up local tenants were engaged in wholehearted efforts to address this situation. Demonstrations were held to draw attention to the deepening crisis and tenants were mounting vigils, 'Drug Watches,' at the entrances to individual flat-blocks to discourage drug dealing. Their efforts were embraced by the local Gardaí and by Dublin Corporation. The Corporation was providing premises and security doors for the Drug Watches at the entrances of flat-blocks; the Gardaí were networking closely with the tenants. The Task Force also agreed to provide practical support.

The Task Force recommended the following measures:

1. Practical support and running costs for those tenants groups involved in drug watches
2. Speeding up of court proceedings against alleged drug dealers
3. Continuation of Operation Dóchas and further strengthening of Garda – community relationships
4. Capital investment in the local drug watch effort through the provision of CCTV monitoring system.
5. Training for tenants involved in the drugs watches
6. A support worker for tenants involved in drug watches
7. Improvement of communal areas
8. Continued development of tenants involvement in estate management
9. Establishment of a local support company to assist the drug watches

1.4.1 Progress

There has been a remarkable reversal in the drug dealing situation in Ballymun. Where it was once commonplace to witness dealing taking place, quite publicly at any time of the day or night, now it is the exception.

The Supply Sub-Committee has continued to meet on a monthly basis and this has been an important focal point for the planning of action. Membership of the Sub-Committee includes the tenants who have been involved in leading the action against drug dealing over the past four years, the Gardaí, Dublin Corporation, the management of the Ballymun Town Centre, and more recently Ballymun Regeneration Ltd (the development company set up to oversee the redevelopment of the area). A considerable amount of co-ordination of effort has taken place through

this committee and the dividends have been most beneficial to the general community. Large numbers of drugs searches have resulted in an increase in seizures of drugs intended for sale and the conviction of those selling; open dealing is a lot rarer for fear of the CCTV system and the Gardaí's 'Operation Clean Street'; people are far more reluctant to allow dealing from their flats or houses because of the very real threat of action against them by Dublin Corporation.

The Drug Watch vigils petered out after some months. This was not unexpected. The demands on small groups of tenants mounting vigils at entrances for up to 16 hours each day could not have been sustained for a long time. However, the level of vigilance by these tenants has not subsided and valuable information has continued to be received by local Gardaí. Significant arrests have resulted.

Dublin Corporation and the Gardaí now co-operate on a daily basis to take action on those against whom convictions for drug dealing offences have taken place or who were caught in possession with intent to supply. Dublin Corporation dedicated an officer in 1997 to work directly on the issue of drug dealing and related anti-social activity. Through working with the Gardaí and using provisions set out in the 1997 Housing Act, 33 evictions for drug dealing have been brought about. As well as these evictions, 234 homes have been retrieved using Section 20 of the 1965 Housing Act where those who were involved in drug dealing activity were found to be in illegal possession of these homes (mainly flats). Many of these flats were being used as 'shooting galleries.' Dublin Corporation found, when following up on those evicted, that most had returned to live with their parents perhaps reflecting the ages of those concerned. Such actions have greatly reduced the base of drug dealing in the area and have also had a major deterrent effect on those contemplating such activities. For the Task Force, it is important that we only pursue the evictions of those who continue to pose a risk to the community through drug dealing activity. Dublin Corporation is also providing intensive support for families who, although have a history of anti-social activity, can be reintegrated given the right support framework. Arrangements are being made to re-house those families showing a readiness to make a new start and this is likely to be in halfway sheltered accommodation to begin with. Dublin Corporation has also begun to pursue exclusion orders against individuals who are engaged in drug dealing instead of seeking to evict the whole family.

Unfortunately there has been no progress in the speeding up of court proceedings against drug dealers. The community continues to witness certain individuals whom the Gardaí have found to be in possession of large amount of drugs, such as heroin, still engaged in drug dealing months after being charged. Some of these own their own homes in the area and as such no eviction action can be taken against them. More could be done to speed up court proceeding however.

Anomalies in sentencing have also been quite common and it has occurred on more than one occasion that repeat offenders have been given very light prison sentences despite huge Garda resources having been put into securing convictions. The Task Force will be continuing to press for the streamlining of proceedings to ensure that the community of Ballymun does not needlessly experience the ill effects of inconsistent sentencing.

The Supply Sub-Committee has been concerned for a long time about the lack of influence that can be brought to bear on those who are private purchasers of homes in the area. Most of these are owner-occupiers of ex-Corporation houses. Where an effective deterrent has been developed for tenants of Corporation dwellings, it is often the case that their neighbours, who happen to be buying their homes, are known to be involved and profiting considerably from the sale of drugs. This is an area that the Supply Committee will seek to address in the implementation of the new plan.

We were very pleased to redirect monies taken from drug dealers to youth and sports groups in the area. This was as a result of the initiative of a local Garda sergeant making applications to the District Court and getting the agreement of two judges. Other judges turned down applications made by the same Garda. The amount of goodwill that these small sums of money engendered in the community is something that the courts would do well to note.

1.4.2 Directly funded measures

Tenant Support Worker. The Tenant Support Worker position was filled for the first 18 months by the secondment of a staff member of the Community Section of Dublin Corporation. When this staff member returned to her Corporation position it was difficult to find a suitable replacement. For the past eight months the replacement (part-time) Worker has been employed directly by the Task Force through a financial contribution from the Corporation. The Task Force will seek funding in the new plan to match the contribution of the Corporation.

The Worker has been a crucial link in bringing the tenants of the individual neighbourhoods, concerned about drug dealing, into a Network that meets monthly to exchange information and get updates from all of the relevant agencies. New ‘watches’ have been established by the Worker in neighbourhoods not previously served by drug watches and local people have been recruited into an informal network so that information on particular difficulties at neighbourhood level can be quickly passed on to the Gardaí or Corporation. The Worker is in daily contact with the members of the networks and is in a position to feed back successes or difficulties emerging to the Task Force or to the tenants. This is tremendously important in maintaining community support and morale.

Drug Watch Grant Scheme. The grant scheme for drug watches was of great value in garnering the goodwill and co-ordination of tenants active against drug dealing. As such, there was very little incidence of tenants taking unreasonable actions, or endeavouring to take action that is correctly left within the domain of the Gardaí. The grant-scheme was used to purchase equipment for the drug watches such as kettles, children’s play equipment, etc. A total of £15,000 was paid out through the scheme and this was administered by the Tenant Support Worker.

Camera Monitoring System. The Camera Monitoring System (CCTV) has been a very successful tool in bringing about convictions of drug dealers and the seizure of drugs. It has also been an important deterrent against what was quite open drug dealing activity. Two cameras were initially installed on the top of two tower blocks

that overlook the Town Centre area. The Town Centre and its environs had always been the areas where drug dealing most commonly took place. A third camera was added to the system last year. The system is linked to a monitoring station run by a local security co-operative and also to the Ballymun Garda Station. The cost of installing the system was £75,000 and Dublin Corporation helped meet this cost. The Corporation is also paying for the monitoring of the system on a yearly contract basis.

Objectives of first plan and factors which impacted on progress in achieving these

1.5 Other factors influencing the implementation of the first Action Plan

1.5.1 Geographical

The definite geographical area of remit designated as the Task Force's, and the compactness of this location made it easier to plan an integrated strategy. When compared to other Task Force areas this was a definite advantage, albeit that the level of need in the area was comparable, if not greater than in those other localities.

1.5.2 Community Development Foundations

Ballymun had a successful history of community development and the experience of several members of the Task Force in working to community development principles was of great benefit. Through the Ballymun Youth Action Project, community support for drug users and their families had existed since 1980. More recently the community had taken concerted action to address the issue of drug dealing through the Drug Watches and Ballymun Addiction Forum.

The consultation process that took place prior to the drafting of the first plan expanded the scope of actions that the Task Force proposed. It also helped involve people from thereon in the Task Force sub-committees. In general it garnered more support and input from the community in the development and implementation of the plan. That said, it is important to observe that the numbers attending were quite small when compared with the size of the population and there is still a challenge before us to engage more people in the development and implementation of future plans. The newsletters (Appendix 2) that were produced and circulated to all of the homes in the area were an important part of the work of the Task Force.

1.5.3 Operation of the Task Force

From the outset the Task Force did not limit itself to the number of members that the National Team had recommended. This allowed us to co-opt members as the need arose giving greater input from necessary interest agencies. Participation and attendance has been consistently high by all sectors. Today there are 24 members on the full Task Force board (see Appendix 4).

The first chairman of the Task Force had been very active in calling for action on the drug problem in Ballymun and brought a level of commitment with him to this role. He was also well grounded in community activism and had the goodwill of the

general community and the statutory agencies.

From the outset the four Dáil Deputies in whose constituency Ballymun lies were invited to be members of the Task Force. Ballymun's was the only Task Force to do this. The presence of the T.D.'s was highly beneficial to the Task Force. There was a probably a greater degree of accountability taken on board by all member agencies, and the community representatives could voice their concerns about particular issues at meetings. When necessary the Deputies were able to seek clarification on issues, ask parliamentary questions, or be present at meetings with senior management of departments to address failings in systems. Examples of how important it was that the T.D.'s were members are numerous, for instance, when Garda numbers in the area fell below what was required, or when political debate took place over the suspension of the Young People's Facilities and Services Fund.

The Task Force Co-ordinator had a background in community development work as well as experience of working in a drugs agency. This was advantageous in the initial consultancy work that took place before the first plan was written and throughout the implementation of the plan when dealing with local community and drug service providers.

The support given to the Task Force Co-ordinator throughout his tenure and especially in the early days when there was no office, no equipment or any kind of basic back-up was very important and greatly appreciated. Those agencies deserving thanks for this support include the Ballymun Partnership, Dublin Corporation, Ballymun Youth Action Project, Ballymun Community Action Project and Ballymun Job Centre. This support has been forthcoming throughout the past three years and has been offered without hesitation.

1.5.4 Information, research and publicity

The lack of hard data on the prevalence of drug addicts in the area did not help in the planning of strategies. The Researcher / Development Worker has been of great benefit in this regard. We now have a prevalence study based on the numbers of known opiate users with addresses in the Ballymun area in 1998. Generally the co-operation by the health board staff, the Gardaí and most hospitals surveyed was very positive and supportive. We were (and are) however, disappointed by the refusal to participate by one very important informant source, Beaumont Hospital. Despite making arrangements to pass on its data on the number of patients from Ballymun with opiate related complaints, this never happened and according to hospital management is unlikely to happen. This lack of co-operation will make it doubly hard to update the '98 figures, which we now wish to do.

The Researcher / Development Worker has been critically important to the development and support of key new projects in the area. This includes a new Community Play Leaders CE Programme; the Pat Tierney Project - a CE based rehabilitation programme; the ongoing development of the Obair Nua Jobs Initiative Scheme; the STAR Project; the Drugs Workers Forum; the Ballymun Community Organisations Network.

The Publicity Budget meant that there was a great degree of flexibility for the Task Force to produce information and to fund awareness-raising events. Newsletters, information leaflets, fliers and cards were produced and circulated in the community (Appendix 2). Public events such as Ballymun Youth Events, School Competitions and Ballymun Bands Drug Awareness Events were organised. So far £10,000 of the allocated £30,000 has been spent on these ongoing activities.

The Task Force provided matching funds for the appointment of a worker to facilitate the development of community drugs policies. This worker was taken on under the Policy, Poverty and Drugs programme of the Combat Poverty Agency and employed by the Ballymun Community Action Programme. Policy areas were examined over a two-year period under the headings Housing, Supply Reduction, Prevention and Treatment. The resultant policy proposals developed had strong cross references with the work of the existing Task Force sub-committees. The Task Force contribution to this programme was £12,000 from the Development Budget. The policies developed have assisted the sub-committees in their formulation of targets and proposals in the new plan.

1.5.5 Statutory Agencies and Ballymun

The structures of delivery of statutory services in Ballymun, has not assisted the Task Force in bringing about a fully integrated drugs strategy. With vertical reporting systems being the norm and representatives naturally giving first priority to the remit of their agencies, working towards a fully agreed, multi-dimensional area plan is not easily be achieved. Although a strong partnership has developed in the delivery of the first Task Force plan, more development of localised cross agency plans will be sought over the next two years. On a case by case basis, such as in the care of families in difficulty, we welcome the establishment of the Social Inclusion Unit of Dublin Corporation (whereby health workers, schools, Corporation staff, Gardaí, etc are all involved in drawing up and pursuing joint care plans with families). We will offer our support in order to develop the potential of this initiative.

1.5.6 An Emerging Problem – Unique to Ballymun

A number of voluntary and community agencies responding to the drugs issue, operate from flats allocated by Dublin Corporation. All of these flats will eventually be demolished as part of the Ballymun Regeneration Programme. Some of these demolitions will happen in 2001. The level of knowledge of the agencies to be affected is very poor (re-location arrangements, etc). This lack of information is leading to great uncertainty and insecurity. It is essential that this insecurity is eased as soon as possible so that they can continue to operate their essential services and plan for the new Ballymun. This issue will be a priority for the Task Force in the formation and delivery of the new plan.

1.5.7 National Drugs Strategy Team

The Task Force enjoys a positive relationship with the National Drugs Strategy Team and found it to be very open and supportive during the implementation of the first plan. We wish to thank the Team for this support and hope that it continues over the coming years.

Table 1 Projects approved under original plan

<i>Project</i>	<i>Description</i>	<i>Original allocation</i>	<i>Received June '00</i>	<i>Output</i>
Youth Workers	2 additional youth workers appointed to support & set up youth clubs	£50,000	£100,000	13 clubs supported / established
Addiction related Training	Training of adults & local professionals on community / drugs related issues	£60,000	£112,000	1,256 trained ~ local and other
Aisling Projects	After school support for vulnerable children	as below	as below	3 proj's - 20 children in each parish
Youth at Risk Grants scheme	Grant scheme to encourage work with vulnerable young people	£80,000	£168,200 inc £8,200 from proj 14 (alt school)	Support for 160 children inc 3 Aisling proj's
Alt School	Research on need for early Successful school leavers initiative		£15,000	£6,200
			balance as above	aplication made
Prevention Activities Grants	Grant scheme to encourage facilitate awareness prog's	£10,000	£10,000	860 received programmes
Minibus	Minibus for youth & drugs Projects (with driver)	£25,000	£48,000 + FAS allowance	Daily service offered
After School clubs	Afterschool clubs in 5 schools For 4/5 th classes	£60,000	£110,000	Prog run in 5 schools
STAR Women's Rehab Project	Rehabilitation Prog for women have stabilised women drug users	£75,000	£175,000 + £111, 209 FAS	57 participated
Springboard Early Treatment	Early intervention / support for newly presenting users	£90,000	£180,000	over 100 people supported
After Care Support	After Care Counsellor for those exiting programmes	£30,000	£60,000	61 supported
Training & Emp. Links	Job / training mentoring	£40,000	£10,000	80 supported 31 placed
Research /Dev	Research on drugs issue Development work	£30,000	£60,000	Prevalence study 2 CE 's. J.I. & STAR supported
Day Programme	Day Prog's for drug users	£30,000		mainstreamed from outset funds transferred to CCTV installation
CCTV	Camera monitoring system	as above	£75,000 D.Corporation	3 cameras 24 hr cover 7 days per week
Tenant Support	Tenant Support Worker	secondment	£6,000 D.Corporation	supporting 5 Networks
Drug Watch Grants	Support for tenant led watches	£15,000	£15,000 D.Corporation	16 groups supported
Drugs Policy Development	Matching funds for dev. community drugs policies	Development budget	£12,000	Policies developed under

PART 2 DEVELOPMENT OF A REVISED STRATEGY

2.1 Current extent and nature of the drugs problem in the area

2.1.1 Prevalence Study into Opiate Use ~ 1998

A prevalence study carried out by the Researcher / Development Worker into the number of opiate users in Ballymun in 1998 revealed that there were 683 such people with addresses in Ballymun. These were recorded by three sources - drug treatment services, hospitals where Ballymun people were likely to present (including psychiatric), and Garda files. A detailed presentation of this study is attached (see Appendix 1).

This figure of 683 opiate users was a disturbing surprise to the Task Force as our best estimate up until then was that there were in the region of 450 users. When examined further, the study revealed some very worrying information. For example, 1 in 13 people in Ballymun aged between 15 and 49 years were known to be opiate users; 1 in 5 males between the ages of 25 and 29 years and 1 in 12 females were known to be opiate users. The ratio of male to female opiate users which was 2:1 in the 25-29 years age group was reduced significantly in the younger age groups (15-19 year olds) where it was 1:1. This showed that young girls in the area had begun engaging at the same age in the same high-risk activities as boys (it was generally believed in the recent past that the majority of girls developed opiate addictions through relationships with male drug using partners).

The model used in the prevalence study is designed to give an actual figure for the time period being studied. This is based on information provided from the informant sources (hospitals, treatment lists, Garda files) with the chance of double-counting eliminated.

Although there is a methodology for estimating the size of the hidden opiate using normally associated with this model we chose not to apply it to the Ballymun study. This was because of our unease at some biases in the method of estimation that we believe could skew the results.

2.1.2 The present situation

Today there are 380 people using or waiting for medical treatment services in the area (Domville House Treatment Centre, the Mobile Clinic, G.P's.). This means that, based on the '98 figures, there could be 300 other people in Ballymun who possibly have drug addiction problems but are not accessing any kind of assistance. There is little evidence to suggest that this is the case.

In June 2000, in order to get a snapshot view of the situation, we asked a number of local people and groups if they were experiencing a growth or a reduction in the levels of drug abuse in the area. Those we asked included providers of youth services such as Ballymun Youthreach, the Workmate Programme of Ballymun Job Centre, young people on the Domville House Young-Smokers Programme, local youth outreach workers, Ballymun Youth Action Project, a GP attached to Domville House, the Gardaí, and local people involved in tenants organisations. We were particularly interested in finding out about the level of newly developed opiate use among young people and the number of opiate users not in contact with any service. All reported that in their recent experiences, there were very few people in the area using opiates/heroin who were not in contact with services (this could be as low as 20 people). All were concerned about the rise in the numbers using ecstasy, amphetamines, cocaine and alcohol and warned that this could be a basis for a new wave of heroin use.

When we look for the ‘missing’ 300 from the 1998 findings, we must take the following factors into account:

1. Dublin Corporation have retrieved 242 flats from illegal tenants engaged in drug dealing and related activity in the past 3 years. A significant proportion of those involved in drug dealing were also known to be drug users. We can assume that among those 242 people displaced a number had been recorded in the research. Those without alternative accommodation in the community would have left the area.
2. In the year studied (1998) Ballymun was seen as a good opportunity for those seeking methadone maintenance, as Domville House was still taking on clients. It would be quite reasonable to believe that a number of those who put their names on the waiting list had dubious Ballymun addresses and may have accessed treatment in their own areas since then. A follow-up by the staff of Domville House on those who put their names on the waiting list was only able to identify 45 people who were still ‘active’ on the list in 1999.
3. Sadly, a number of deaths have taken place. In 1998 and 1999 the Dublin City and County Coroner recorded 12 opioid related deaths of people from Ballymun (2 and 10 respectively). As well as the deaths recorded by the Coroner we know that there were deaths of Ballymun drug users in the UK, as well as murders and suicides that may not have been recorded as opioid related.
4. There are a small number of people who have deliberately taken themselves off drug treatment programmes through making a ‘recovery’ where they no longer require ongoing maintenance.
5. The increased level of intolerance of drug related activity in the area by tenants and support of this intolerance by the Gardai, Dublin Corporation and Ballymun Town Centre Management, has encouraged those users/dealers with roots in other areas and options to operate elsewhere, to leave the area entirely.
6. There was a 16 per cent reduction in the population of 15 – 29 year olds (276

people) living in the area in April of this year compared to 1996 (Census 1996 and Ballymun Labour Force Survey 2000). This is the age range where most opiate users (507) were identified in the prevalence study. Given that the prevalence figures show that 10 per cent of this age group were identified as opiate users, we could surmise that 27 drug users are no longer in the area based on general population changes.

The Task Force will continue to carry out follow up prevalence studies and snapshot research. However, we do note that this will be more difficult because of the constraints that the lack of co-operation by Beaumont Hospital puts upon us.

2.1.3 Growing Problems

Tranquilliser / Sedative / Benzodiazepine Use

The priority focus of the Task Force has been the misuse of opiates, especially heroin. However, we have become increasingly concerned by benzo and sedative misuse. There is strong belief that the problem has grown worse instead of improving and this is backed up by figures from the external review of the Drugs Service of the EHB (Farrell, Jan 2000) showing that 65 per cent of clients tested positive for benzo's and 14 per cent for Tricyclics. Concern about the widespread availability and use of such drugs is regularly fed back to the Task Force from all of the community and statutory agencies working directly with drug users. Apart from the direct dangers of the abuse of these drugs, they continue to be one of the main blocks to people fully engaging in rehabilitative processes. We look forward to the recommendations of the Minister's Committee set up to examine this problem.

At a local level the Task Force Researcher and a GP working with Domville House are presently attempting to quantify the number of people regularly using these drugs and the amount of prescriptions filled each month in Ballymun. While it will be very difficult to get an exact number, we do hope to form a robust working estimate.

Alcohol

There is a pronounced problem of alcohol addiction in the area and there is widespread concern about the greater numbers of young people (often of a very young age) who regularly consume large amounts of stronger alcohol such as vodka. This is backed up by the experience of community workers, youth workers and local Gardaí who are taking strong steps to address this problem. Money for alcohol (and other substances) is now available to more young people who are leaving school for full-time jobs or who have evening and summer jobs that pay relatively well. An unwelcome development directly related to this youth drinking has been the upsurge in violent incidents that involve young people. Of particular concern has been the rise in unprovoked attacks on drug users, whom it appears, are being victimised by youth gangs in the area. The Task Force is working to address this problem along with the Ballymun Youth Strategy Group.

Cocaine, Amphetamines, Ecstasy

As well as alcohol use there is a developing trend of cocaine and amphetamine use in the area. Large quantities of cocaine, amphetamines and ecstasy have been seized over the past two years (see Table 2). Apart from the obvious risks associated with the use of such drugs by young people, there is also the danger of exposure to heroin and to those who pedal it. Consequently, the use of these “recreational” drugs exposes a large number of young people to the development of heroin addiction. Many of those found to have ecstasy for sale in Ballymun last year also had quantities of heroin in their possession. While we are not aware of the local sale of ‘party-packs’ (ecstasy or speed sold in packs with heroin) there are numerous accounts of people smoking heroin to come down off ecstasy or amphetamines.

In Conclusion

We believe that there is a reduction in the number of young people developing opiate related problems in Ballymun. We are not leaving the problem of opiate addiction behind us. However, we do have considerably higher levels of optimism than in 1997. The longer young people go without acquiring addiction problems the greater their chances of exploring healthier lifestyles and of developing autonomy, independence and ‘resiliency’ to adversity in their lives.

Table 2
Search, Seizure & Arrest Figures for Garda H District 1999 / 2000

	<u>2000</u> (Jan – end of June)	<u>1999</u>
Searches	1,532	2,484
Arrests (for possession with intent to supply)	149	312
<i>Seizures</i>	<i>£</i>	<i>£</i>
Ecstasy	9,490	52,460
Amphetamines	4,170	2,730
Cocaine	403,810	1,618,710
Heroin	325,900	304,650
Cannabis	90,000	356,575

Note: H District also takes in Whitehall, Santry and parts of Glasnevin and Coolock. However, the large majority of the figures were as a result of Garda action in Ballymun.

2.2 Profile of existing or planned service provision

2.2.1 Treatment, Aftercare & Rehabilitation

Ballymun has been well served by the provision of primary treatment and counselling services for drug users and their families over the past number of years. Latterly, added to this has been rehabilitative and aftercare services funded through the Drugs Task Force. These services include:

Domville House H.I.V. and Addiction Service. Domville House is a medical treatment centre run by the AIDS Drugs Service of the Northern Area Health Board and is situated in a central location in Ballymun which is part of Community Care Area 7. The staff in Domville House consists of G.P.'s, counsellors, nurses, an outreach worker, a community welfare officer, clerical workers, and general assistants. The service includes:

1. Initial assessment. This takes place on Thursdays from 9.30 a.m. to 12 midday.
2. Maintenance and Detoxification programmes. In the main the favoured programme is maintenance with 200 people presently availing.
3. A Young Users Programme that offers long-term detoxification for (at present) 65 people (the eldest 'young user' on the programme is 32 years of age). On average clients are prescribed around 40mls and are reduced in dosage gradually. Often clients tend to remain on fixed dosages for a long time because of their inability to cope with being reduced.
4. Needle exchange. Domville House staff operate this service in the Ballymun Health Centre. It operates every Tuesday evening from 6 p.m. to 8 p.m. This service is a drop-in facility which provides needle exchange and disposal facilities for syringes.
5. HIV testing on Tuesdays from 2 p.m. to 4 p.m.
6. Hepatitis testing on Tuesdays from 9.30 a.m. to 12 midday.
7. Counselling and Support Services provided on Monday to Fridays between the hours of 9.00 a.m. to 5 p.m. (by appointment only).
8. Community Welfare advice provided on Mondays, Tuesdays, Thursdays and Fridays from 10 a.m. to 12 midday.
9. Mobile Clinic provides low-dose prescribing (20mls) for clients waiting or deemed unsuitable for treatment in the Centre. Operates daily from 11a.m. to 12.30 p.m. At present there is a waiting time of around one month before people using the bus gain entry to the programmes offered in the House.

Presently 265 people attend Domville House, primarily for methadone maintenance and there are 15 people using the services of the mobile clinic (effectively meaning that they are on the waiting list).

Ballymun Youth Action Project. This community led project which was set up in 1981. It offers a range of services on all aspects of drug abuse. These include:
Individual and Family Services: Advice, referral, information, 1-1 counselling, parent

support groups, contact time, family support, inner journey courses, and outreach work, including prison visits, home visits, residential and hospital visits.

Education and Training: Community education on drug abuse, Drug/Alcohol awareness programmes tailored to meet the needs of specific groups, and Drug/Alcohol awareness programmes in all primary schools in the area.

Community Work: Liaising and networking, support, consultancy and advice to individuals, groups and agencies responding to the drugs problem. Contributing to policy development, empowering local people to participate in responding at local level, promoting the principles of community development, and researching how community development principles can be put into practice in drug responses.

The SPRINGBOARD Project. The Springboard Project, funded through the first plan of the Ballymun Local Drugs Task Force is a short term intervention project that takes referrals from drugs response agencies and from various groups and agencies who encounter drug users in their work. It also takes Self-Referrals from those who have identified problems in their life associated with prescribed or illicit drugs. It provides individualised and group support for clients using a community support model – developing a support plan around the needs of individuals and actively supporting them to access help.

The STAR Women’s Rehabilitation Project. STAR, funded through the first plan of the Ballymun Local Drugs Task Force, is a rehabilitation project that caters for 15 women who are stabilised in their drug use. This project has an emphasis on education and training, and on re-introducing the participants into a working environment. It provides the support and encouragement necessary for participants to re-enter the workforce and to address aspects of their lives such as health and child-care, as well as addiction issues. A crèche is provided as part of the project which uses the FAS CE Programme to employ the participants on a 12 month basis.

Maintenance by General Practitioners. Presently four GP’s based in the Ballymun Health Centre are providing methadone maintenance and long-term detoxification treatment. There are approximately 100 people availing of these programmes. The scope of offering more places with other GP’s is limited by the constraints that exist because of the lack of dispensing pharmacies in and around the area.

The Ballymun Health Centre. This centre is run by the Northern Area Health Board and has a number of services. These include:

1. Providing Domville House with a venue to carry out the Needle Exchange in Ballymun.
2. Social Work Services.
3. Public Health Nurses.
4. GP Services.
5. Psychiatric Services.
6. Home Help Services.
7. Medical Card Services.

After Care Support / Relapse Prevention. An Aftercare Counsellor, funded through the first plan of the Ballymun Local Drugs Task Force, provides support for people who have completed treatment or rehabilitation programmes or who are moving between one service and another. His key responsibilities are:

1. To work with drug users who have made positive changes in their drug use or who have been through a programme of treatment
2. To prevent or manage relapse of drug use
3. To provide advocacy and support around life issues
4. To provide short-term therapeutic intervention when needed

The Aftercare counsellor provides one-to-one and group counselling to persons affected by drug use and in the 'maintenance' stage of change. He actively follows up on people involved in programmes and services offered by drugs agencies. He works with the partners and families of clients where appropriate and provides links for clients moving between services and agencies.

Training and Employment Links Officer. The Ballymun Job Centre manages the Training and Employment Links Officer (TELO), a project funded through the first plan of the Ballymun Local Drugs Task Force. Her role is to work with recovering drug users who wish to develop career / training paths and to access employment. The TELO uses a mentoring approach to assist these job seekers to access education and training programmes and when appropriate to secure employment through the mainstream service run by the Job Centre.

Stepping Stones Day Programme. The Ballymun Youth Action Project runs 3 different NCVA Foundation Level modules for four mornings per week for stabilised drug users over the age of 16 years. The modules run are:

1. Communications
2. Personal and Interpersonal Skills
3. Health related fitness

Narcotics Anonymous. Ballymun continues to have a very strong NA group that has been meeting in the premises of the Youth Action Project for the last 18 years. New members continue to avail of the support of NA and often these are current clients of services described above.

General Community Support. It is important to note that there are many other services in Ballymun, which although are not specified as 'Drugs Services', provide support for drug users and their families on a daily basis. For example, the Money Advice Bureau.

Upcoming Treatment and Rehabilitation Services

There are a number of services for drug users in Ballymun that will shortly be implemented or that are being planned. These include:

1. The extension of Domville House. This is not to increase the numbers being treated but to give more space for the staff to provide a better service. This will include the provision of a crèche facility, group rooms and extra offices for one to one work. This is currently at the planning phase.
2. A feasibility study being carried out by the Treatment & Rehabilitation Committee with the National Training and Development Institute is presently examining the most suitable rehab options for Ballymun and Ballymun drug users. This research is being funded by NAHB. We hope that it will result in a joint venture between the NAHB and the Ballymun Local Drugs Task Force providing a 'Rehabilitation Service' for recovering drug users in Ballymun.
3. A group of community workers in Ballymun is presently working on a project for stabilised drug users and those in recovery. The main focus of the Pat Tierney Project will be Community Arts. This project will be up and running in autumn 2000 and will use the FÁS CE Programme.

2.2.2 Education & Prevention

Drug awareness/Prevention/Awareness

The Ballymun Youth Action Project. It runs a 6-8 week drug awareness & prevention programme for the 6th class pupils of all primary schools in the area. This programme explores drugs issues, risks involved, pupils attitudes and corrects misinformation that the pupils may already have about drugs.

The Ballymun Local Drugs Task Force offers grants to schools, groups or projects wishing to run drug prevention and awareness programmes that aim to meet the needs of young people they are working with. So far over 1,100 young people have participated in such programmes.

Of the 9 primary schools in the area (inc. Our Lady of Victories) 6 have had training to carry out the **Substance Misuse Prevention Programme** (Walk Tall). So far 2 schools have implemented the programme and 4 hope to start this year. All three secondary schools in the area have received training to run the Substance Abuse Prevention Programme (On My Own Two Feet). To-date 2 of the schools have implemented the programme and the third hopes to start the this year.

Urrús, a project of the Ballymun Youth Action Project, is funded by the Ballymun Local Drugs Task Force to run training and awareness programmes for local people, groups, and professionals who wish to expand on their knowledge and capabilities in responding to the drugs problem as they experience it. An average of 500 people have undergone training each year with Urrús since 1996, (350 local), particularly on the Community Addiction Studies Course (NCVA Level 2 accredited)

After-school projects

BITE (Ballymun Initiative for Third Level Education) runs the 6th class homework support clubs for pupils in 7 of the primary schools in the area. It has also run homework support clubs in the second level schools.

After-school clubs, funded through the Drugs Task Force, are run in 5 local primary schools for 3rd - 5th class pupils. These clubs called BITEÓG offer recreational, social, artistic and sporting activity and homework support.

The Aisling Project is based in the three parishes of the area. It runs after-school support programmes for 60 vulnerable pupils for four days per week from 2.30 to 6.00pm. Meals, homework support, social, artistic and recreational activities are offered.

Ballymun Educational Support Team runs the Department of Education & Science sponsored 8-15 Early School Leaver Initiative. A support system for students identified as at risk of early drop-out and their parents. Three tiers of support are offered – in-school individualised support and tracking, halfway – support for pupils who would otherwise be suspended with a view to returning them to school as quickly as possible after a respite period, out of school facility – for children who have left mainstream education providing literacy, numeracy, lifeskills training etc enabling them to return to education or progress onto alternative training.

The **Ballymun Junior Comprehensive Schools** have just been approved for the Stay in School Retention Initiative (SSRI) This will enable them to offer social work based support for vulnerable students.

The **Ballymun Family Resource Centre**, funded through the Young People's Facilities & Services Fund (YPFSF), runs the Second Chance Project aimed at enabling a group of 15 young people to remain in education until they sit their Leaving Certificate and to prevent substance misuse.

Crime diversion

The Dept. of Justice, Equality & Law Reform sponsors the **Ballymun Action Youth** (BAY) programme. This project managed through a partnership of community, youth services and local Gardaí, runs a diversion and prevention programme for children who have been identified as being at risk of developing habitual criminal involvement.

The **Ballymun Family Resource Centre**, funded through the YPFSF, is about to begin running the Release Project - a programme to re-integrate juvenile offenders with their families.

Other specialised work with young

Ballymun Youth Action Project runs a series of activity groups for young people of different ages whom they deem to have already developed, or to be at particular risk of developing drug misusing problems. BYAP also provides counselling and support programmes for young people and their parents who are referred by other agencies because of addiction issues, or who refer themselves.

The **Ballymun Family Resource Centre**, funded through the YPFSSF, is about to begin running the CHAOS Project aimed at promoting the relationship between recovering users and their children.

The **Ballymun Women's Resource Centre**, funded through the YPFSSF, is about to commence running a project aimed at young women in prostitution (or at risk of).

General youth diversionary activities

There are currently 20 **voluntary youth clubs** operating in the area. These clubs offer traditional youth activities (some on a five days per week basis) and are supported by the Ballymun Youth Strategy Group and the Ballymun Voluntary Youth Council.

The **Ballymun Youth Strategy Group** has been funded through the YPFSSF and now offers Outreach / Street-based youth work; Youth Support Workers who set up and support youth clubs in the area; a Youth Arts Support Worker; a Development Worker/Trainer to help develop youth leadership in the area. A wide range of clerical and secretarial back-up is also offered by the Youth Strategy Group which recently took over the running of the Ballymun Youth Service. The Strategy Group is also taking responsibility for the development of a major Central Youth Facility for Ballymun.

The **Columban Youth Project** is funded through the CDYSB and is run on a full-time basis. It has two professional youth workers and three support workers available through the FAS CE Programme. This project is aimed at the young people of St. Joseph's Parish and caters for different age groups offering project based and outdoor pursuits type programmes.

The **Ballymun Local Drugs Task Force** operates a Mini-bus service for youth groups and groups working with drug users.

A youth service is based on the **St. Margaret's Travellers** site. This service funded through the Youth Services and Facilities Fund and the CDYSB offers the full range of youth work activities and clubs and is run by the Travellers Youth Service.

Two **Sports Development Officers** have just been appointed to increase the capacity and quality of sports provision to young people in the area. There are approximately twelve sports groups in the area.

Ballymun Youthreach provides out of school general education, vocational training and work experience programme for early school leavers with no qualifications. Programmes along similar lines are offered by the Ballymun Community Training Workshop and Ballark Community Training Workshop.

Ballymun Job Centre offers a series of vocational training and mentoring programmes for early school leavers who are exploring their career options.

2.2.3 Supply Reduction

Community involvement in addressing supply issues

A **Tenant Support Worker** is employed by the Ballymun Local Drugs Task Force and co-funded by Dublin Corporation to provide support for tenants addressing the issue of drug dealing and associated activities. The TSW is in regular contact with tenants groups, sets up new groups and organises liaison networks and feedback structures between the tenants, the Gardaí and Dublin Corporation.

Each of the five key areas of Ballymun has an **Area Forum** that represents the tenants of that area. Each Forum has an Allocations Committee which is consulted before lettings of Corporation homes are made and an Anti-social Committee set up to address drug dealing and other anti-social activities. These Committees meet regularly with the Gardaí and Corporation officers to resolve difficulties regarding drug dealing in their

Members of each of these committees attend **Network** meetings set up by the Tenant Support Worker of the Task Force. This meets on a monthly basis with Gardaí and Corporation officials.

A '**Phone-Watch**' system is operated in one area of the estate. A number of tenants are issued with mobile phones provided by Dublin Corporation and their role is to provide instantaneous reports on drug dealing activity in their area leading to an immediate response by Gardaí.

Camera monitoring

Three cameras mounted on the tower blocks are used to continually monitor the area for drug dealing associated activity. These cameras are linked to a central monitoring station operated by a dedicated local company and to the Ballymun Garda Station.

Dublin Corporation actions to combat drug dealing

Dublin Corporation dedicates an officer to deal with cases of drug dealing activity among its tenants. This officer works very closely with the Garda drug unit and follows up cases where arrests or seizures are made with interviews of tenants, warnings, notices to quit, Section 20 recoveries of flats from illegal occupiers, and court proceedings to repossess homes.

Dublin Corporation has recently set up a local **Social Inclusion Unit** to work with families in need of support that have come to its notice (e.g. due to complaints about anti-social activities). This Unit liaises with appropriate Health Board staff, Gardai, Money Advice Bureau, schools etc. The aim of the Unit is to enable families to turn their behaviour around through offering concentrated interaction and resources thus avoiding further down-spiralling that could eventually result in eviction proceedings, homelessness, etc.

Garda actions to Combat drug dealing

Ballymun is part of the Garda H district which comprises of Ballymun Santry, Whitehall, Kilmore/Cromcastle in Coolock, parts of Glasnevin and Dublin Airport. A drug unit is in operation on a constant basis and most of its time is divided between Ballymun and the Airport.

Community Gardai are dedicated to each of the five key areas of the estate and are supervised by a Community Sergeant. These Gardai are an important part of the Local Networks co-ordinated by the Tenant Support Worker and liaise through him in the different areas.

A Garda officer is normally dedicated to the Town Centre area because of the long association this area has with drug dealing activity and the local concern so often expressed about this. The Gardai work on a very close basis with the management of Ballymun Town Centre and have succeeded in changing the pattern of dealing activity at the Centre.

Of late, because of local concerns about youth drinking and gang violence, an extra team is dedicated to working at weekends to patrol areas of concern.

Ballymun has been one of the areas where Operation Clean Street has been continually run. A number of charges and convictions have been made as a result of the operations.

The Task Force has been informed that Ballymun has been selected to operate the evidence by certificate scheme whereby a Garda can give evidence without having to appear in court. This system will ensure that the numerous Garda hours spent travelling to court and waiting for cases to be called will be minimised.

2.3 Current and anticipated needs

2.3.1 Summary

Ballymun continues to score highly on all 6 factors identified as having “consistent, significant and positive correlations with the rates of known opiate use:

1. Unemployment
2. Council / Local Authority Tenancies
3. Overcrowding
4. Larger number of children
5. Unskilled workforce
6. Lone Parents.” (HRB report 1992).

Considerable proportions of the families of the area have multiple needs and are socially excluded. There is a history of widespread drug abuse and open drug dealing going back over 20 years. This fosters certain life expectations and cultures within a community. However, a corner has been turned. The community has taken back control of its future and drug-dealing activity has been severely constrained. The amount of people awaiting treatment has been dramatically reduced and there is less evidence of young people using opiate type drugs. More and more existing clients of drugs services are in, or looking to secure, jobs. The regeneration programme is encouraging people to look to their futures and in doing so, it is not unemployment, run-down flats, and drug addiction that they see ahead. A new epidemic of heroin abuse or even crack cocaine is conceivable. However, the Task Force is now looking to reduce the numbers of people becoming addicted to drugs rather than to cope with a crisis that was allowed build up in Ballymun for over twenty years.

2.3.2 Ballymun Population Profile

According to the 1996 census of population there were 16,566 people living in Ballymun (Table 3). Although there was a decline in the population compared to 1991 (17,045) it has increased again in the last four years according to the Labour Force Survey of Ballymun Households carried out for the Ballymun Partnership & Local Employment Service in April 2000. The area has a very large proportion of younger people with 54 per cent under the age of 25 years and 35 per cent under the age of 14 years. Since 1996 there has been a 17 per cent increase in the 5-14 year old population. Only 6 per cent of the population are over the age of 60 years.

Table 3 Ballymun Population by Gender and Age 1996 and 2000

	Census 96			Survey 00			% Change 96-00		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
0 to 4	997	1,012	2,009	1,045	1,076	2,121	4.81	6.36	5.59
5 to 9	930	890	1,820	1,129	1,035	2,163	21.35	16.24	18.85
10 to 14	850	724	1,574	1,024	920	1,944	20.48	27.02	23.49
15 to 19	830	847	1,677	930	690	1,620	12.05	-18.57	-3.41
20 to 24	795	970	1,765	711	1,035	1,745	-10.62	6.65	-1.12
25 to 29	690	1,003	1,693	721	773	1,494	4.50	-22.90	-11.73
30 to 34	497	632	1,129	627	930	1,557	26.16	47.16	37.91
35 to 39	329	432	761	397	596	993	20.70	37.88	30.45
40 to 44	333	401	734	303	408	711	-8.99	1.63	-3.19
45 to 49	376	458	834	230	345	575	-38.86	-24.71	-31.09
50 to 54	393	446	839	408	512	920	3.70	14.81	9.61
55 to 59	372	385	757	397	418	815	6.75	8.57	7.68
60 to 64	251	216	467	303	199	502	20.74	-8.08	7.41
65 to 69	127	134	261	146	240	387	15.20	79.37	48.14
70 to 74	56	71	127	73	94	167	30.63	32.46	31.65
75 to 79	27	40	67	42	10	52	54.81	-73.88	-22.01
80 to 84	13	21	34	10	10	20	-19.62	-50.24	-38.53
85 +	5	13	18	0	0	0	-100.00	-100.00	-100.00
	7,871	8,695	16,566	8,496	9,290	17,786	7.94	6.84	7.36

When the population is profiled by age, social, marital, employment status and educational attainment levels, it differs greatly from the profile of the population of Dublin and Ireland in general. The nature of the housing and housing policy over the years has meant that the area never had a settled population and from the early 1980s onwards became one of the areas of least demand for housing in Dublin. Population profiles over the years have shown a steady swing from “traditional” families to one-parent households, cohabiting couples and single men living alone. The number of one-parent led households is higher than number of ‘traditional family’. Table 4 illustrates that lone parent-led households are now the most common household type in the Ballymun area

**Table 4
Comparison of Household Types '91 and '96**

Household Type	1996	%	1991	%
Single, no children	829	16.4	804	16.7
Couple, no children	389	7.7	360	7.5
Couple & children	1564	31.0	1860	38.5
Couple & children & others	186	3.7	168	3.5
Lone Parents	1634	32.4	1209	25.1
Lone Parents & relative	243	4.8	183	3.8
Other	199	3.9	241	5.0
Total	5044		4825	

By 1996 over 46 per cent of all children were being reared in lone parent households (see Table 5) of which the vast majority are headed by women.

Table 5
Percentage of children by household types

	Number of children	% of total children	Average No. of children
Couples	4532	53.5	2.56
Lone Parents	3950	46.5	2.07
Total No. of children	8482	100.0	

2.3.3 Educational Attainment

Of continuing concern to the Task Force has been the trend of poor educational attainment and early school leaving. Fifty seven per cent of the population ceased formal education at the age of 15 years or younger and less than 3 per cent continued their education beyond their twentieth year compared with 19 per cent in the Dublin region (see Table 6). The Ballymun Early School Leavers Initiative (BEST) identified over 400 children in the 8-15 year age group that it deemed to be at serious risk of early school leaving (circa 10 per cent).

Table 6
Educational Attainment (Census 1996)

Population	Pop No	Pop Lower	Pop Upper	Age Educ	Age Educ
Education	Formal	Secondary	Secondary	Ceased < or	Ceased > or
Ceased	or Primary	Educ.	Educ	= 15 years	= 20 years
	Educ Only				
10,163	4,297	2,917	1,998	5,482	252
61.3%	44.8%	30.4%	20.8%	57.1%	2.6%
<i>National</i>					
66.9%	29.5%	20.9%	29.9%	34.5%	14.7%

Gamma, the company that carried out baseline data analysis of the partnership company areas in the 1996 Census, point out that educational disadvantage in an area may be regarded as a proxy for social and/or economic deprivation. The marked degree of educational disadvantage and the recycling of this disadvantage among so many families in the area leaves the Task Force in no doubt about just how vulnerable the community is to any new heroin epidemic.

2.3.4 Economic Status

Ballymun has substantially benefited in economic terms from the Celtic Tiger. This is evidenced by a 30 per cent fall in the rate of unemployment compared with 1991. However, the unemployment rate is still nearly three times the national average (see Table 7). Although there is a plentiful supply of jobs available even in the unskilled and semi-skilled areas (the predominant 'social class' of the population), a history of long-term unemployment and 'inter-generational unemployment', early school leaving and a high degree of dysfunction at family level, means that a significant proportion of the people are not enabled to benefit. Figures in the 1996 Census show that 31 per cent of the population has never been in paid employment (measured by 'social class' of those over 15 years, or that of the head of the household).

Table 7

Unemployment / Employment Rate ~ Labour Force Survey 2000

	Ballymun	National
Unemployed		
<i>International Labour Officer definition</i>	14.4%	5.1%
<i>Principal Economic Status definition</i>	27.6%	6.9%
Employment Rate		
<i>International Labour Officer definition</i>	46.2%	55.9%
<i>Principal Economic Status definition</i>	48.9%	53.3%

Note: Up until the mid 1990's employment/unemployment rates were calculated using the Principal Economic Status of the population – obtained from asking one question: What is your usual situation in respect of employment. Since then the official statistics rely almost exclusively on International Labour Office economic status criteria measured by using a set of 13 determining questions.

2.3.5 Looking Forward

Two factors will perhaps have the biggest affect on the area as a whole in the future and hence, also on the drugs problem:

The Ballymun Regeneration Programme

The regeneration programme will result in the demolition of all of the flats in the area and the re-housing of the majority of people in traditional housing units. It will mean that Ballymun will be spread out with new estates created in outlying areas. There will be a change in the demographic and economic profile of the area with a greater number of private house purchasers attracted to the area. The community projects which up to now have offered a wide range of services from flats provided by Dublin Corporation will need to be re-housed (although the details of such re-housing are still unknown). The amount of unsupervised communal areas often used for drug dealing activity will be greatly reduced. These are the same areas where young people also congregate. Single incidents of anti-social activity, such as the vandalising of a lift

or the unsafe discarding of drugs paraphernalia, will no longer effect large numbers of people.

The regeneration will mean that the environmental factors associated with contributing to local drug abuse will be lessened. For example, transient population, uneven social mix, overcrowding, 'indefensible' communal areas, the perception of the people of the area by prospective employers, etc.

The regeneration will cause a great upheaval in the lives of the community over at least the next ten years. There is concern that the level of upset caused by the demolition will have a disruptive effect on young people and their behaviour patterns. The Task Force is currently investigating other estates where demolition/regeneration programmes took place to learn of the effects on young people and drug using patterns in those areas.

As part of the regeneration programme a major business park of over 115 acres will be developed on the northern fringe of the area. It is estimated that this business park will create over 6,000 jobs and there is great potential for Ballymun people to secure employment on their doorstep.

The Economic Boom

According to the Labour Force Survey there is a 30 per cent reduction in local unemployment compared to 1991. Although Ballymun still has almost three times the national average unemployment rate, there has been a significant growth in the number of those with jobs in the area. The local economy is in a far healthier state than was the case even three years ago. This can be evidenced by the striking growth in the number of cars parked at evening time outside the flats - lately the cause of many disputes over parking spaces.

Although we can reasonably assume that the greater career opportunities offered by the economy would mean that more young people remain in school to avail of such opportunities. The trend has been the reverse. The offer of jobs with significant pay rewards to people as young as 16 years means that many are leaving school, before attaining any qualifications, for low skilled and insecure jobs, i.e., the ones likely to disappear first with a down-turn in the economy. There is also a large amount of evening and weekend work done by those in school. According to local school teachers this is having predictable detrimental effects on the educational standards achieved by the young people.

It is difficult to say if the young people leaving school early for jobs are more or less vulnerable when it comes to addiction. They have more money at their disposal and they are purchasing more alcohol with this money. They are also purchasing new clothes, cars, mopeds, etc., giving them a greater sense of self-esteem. They are making a contribution to the running of their homes and are probably getting greater respect in their families. They will have less time to expose themselves to risk. They will probably see a better future for themselves away from the destructive paths that they have seen past generations follow. They are also being exposed to other risks

such as the use 'recreational drugs' such as cocaine. There is a need to find ways of imparting information on the risks involved in using such substances to young people who are out of contact with schools, youth /sports groups, etc.

Conclusion

The Task Force believes that the nature and level of addiction in the area is linked intrinsically to the existent social, economic and environmental conditions. There has been an improvement in the economic condition of the area. Improvements are also expected in the environmental and social conditions due to the regeneration programme. In assessing likely trends in the coming years we must take account of these conditions.

There continues to be a considerable proportion of the population who are socially excluded and who are not partaking in the growth in the economy, who leave school early or allow their children to do so, and who will continue to be at serious risk of drug addiction, criminal involvement, homelessness, violence, etc. The re-introduction of an organised heroin supply in the area would pose a very serious threat to a large number of people and we are committed to keeping up vigilance to prevent that happening. At the same time we will continue to call for strategic action to address the conditions causing this social exclusion. In this respect localised education, health and childcare strategies are called for.

2.4 Identification of needs not being met

2.4.1 Education and prevention needs

Childcare

The area is badly under resourced in terms of childcare places, especially when taking into account that almost half of the children (46%) of the area are being raised in one parent households. Of the 27 services that offer childcare places the majority are morning only and 23/27 services were sessional, opening for less than 3.5 hours per day. 77% of parents surveyed had left school before the age of 16 years (O'Driscoll,1998) . The social, educational and recreational benefits of childcare (for the children and parents concerned) are well documented. The Task Force believes that serious investment in this area will have major long-term benefits for the community.

Family support

It is generally accepted that the family environment of children will be by far the biggest influence on their futures. A great many families in the area are in profound need. Even though such families can often be identified through school attendance records, reports of anti-social behaviour, rent arrears, involvement with the law, drug addiction of parents, being on at-risk registers, etc., no family support projects exist. Dublin Corporation has recently launched its Social Inclusion Unit. This SIU has two full-time staff and co-ordinates the efforts of several agencies working with individual families. This is a most welcome initiative. However, it has highlighted even more the gap in the provision of such services.

School support

Despite the crucial role now played by the Home-School Liaison Officers in each of the local schools and the development of the BEST early school leavers initiative over the past two years, a great many children are unable to benefit from their time in school. They often arrive late, hungry, tired having not slept due to home circumstances and without homework done. Absenteeism among this group is very high and many almost never attend school for a full week. This predisposes them to the risk of dropping out. In the 8-15 year old age group alone, BEST identified over 400 children who were at risk of school drop out. There is a need for a more nurturing school environments where basic needs such as the provision of food/breakfast plays a bigger role and where account is taken of the family circumstances of children.

With half of the area being served by the School Attendance Officer, who also serves other parts of the City, and half by the Gardai there is an acute need for (up to 5)

Educational Welfare Officers (as per Education Welfare Bill) in the area.

Given the benefits of the 'Breaking the Cycle' programme already being reported by the one local school approved for the scheme, it is absolutely necessary that this scheme is expanded to all of the local primary schools.

After school

The success of the BITEOG Clubs has shown that they have had a very positive effect on the educational performance and social interaction of the children involved. These clubs have only been able to offer each child a maximum of one term per year because of financial/manpower constraints. The potential to maximise the benefit of such major facilities as the schools, after hours, has been shown. However, it could be offered to far more young people through the provision of additional resources. With the regeneration programme beginning to cause disruption and danger to children this need is now even more evident. For older youngsters the role of the YPFSF-financed programmes and similarly targeted initiatives will be critical. There needs to be a strong emphasis on clear targeting of those at risk.

Drug awareness

Although the majority of schools in the area have undergone the Departmental training offered to implement the SMPP/SAPP programmes, less than half have actually implemented them. There is a need for a dedicated full-time person to ensure that these excellent programmes are implemented in all of the local schools and that drug awareness programmes are of good quality in other venues, such as youth clubs.

2.4.2 Treatment and Rehabilitation needs (not being met)

Client Co-ordination

There is a need for case management and co-ordination of clients among services. This need is apparent to the Treatment Sub-Committee as the development of joint care plans, and smooth transition between programmes has only happened on a sporadic basis, depending on the personnel involved. A Case Manager is to be employed by the NAHB and this person will be responsible for ensuring that each client of the NAHB service has a care plan developed. The Treatment Sub-Committee will work with the NAHB to ensure that this Case Manager works with the community and voluntary agencies in the development and pursuance of care plans.

Prison/post prison support

While there is some support offered to Ballymun prisoners through the After Care

Counsellor and the Ballymun Youth Action Project, there is a need for a worker to provide pre-release planning and post-release support. This will ensure that those who have participated in treatment programmes in prison maximise the benefit of the programme on the outside and that those needing medical or other support are linked with services upon their release.

After care support

The demand for the services of the existing After Care Counsellor has been very high. Over sixty people have so far benefited from this service and there is a need to increase capacity.

Medical liaison psychiatric services

A large gap exists in the liaison work necessary between the and Drugs Services of the NAHB. Although there is a large number of clients who require both services, liaison, if it happens at all, is on a isolated basis depending on the personnel or the clients involved. There is a clear need for cross-over staff to ensure that the needs of clients with addiction problems who also have psychiatric illnesses are met.

There is a pronounced need for a worker to provide support for those wishing to address their dependency on benzodiazepine / sedative drugs. There is also a need to collate data on numbers, prescribing practises and availability of these drugs.

There is a need for especially designed support programmes for young people. These programmes need to be age-specific, take account of the educational, family and recreational needs of the young people, have a short-term medical element and provide follow-up support.

Although there are smaller numbers now presenting for medical treatment, there is still a need to increase the capacity of medical provision in the area. Two deficient areas are evident: Lack of pharmacies in Ballymun and lack of dispensing pharmacies in the general area; lack of GP's willing to treat drug addicted patients.

Rehabilitation Support

Some drug users (particularly younger people) require time away from the area in order to break with old habits and acquaintances and to take time out to explore their futures. There is a need for a dedicated Residential Rehabilitation Centre outside of the greater Dublin area. This could possibly be developed in conjunction with other task forces.

There is a need for a range of rehabilitation initiatives that are based in the community. Creative, tailored job training, 'taster' programmes, etc are all areas needing development. The research recently carried out by the National Training and Development Institute for the Task Force on rehab needs in the area pointed out that

we should be pursuing individualised rehab support. This will be pursued with the NAHB this year.

Employment support

The NTDI study revealed that 27 per cent of the clients of drugs services in Ballymun had jobs. Half of these were full-time jobs and the others part-time, schemes and training courses. There is a need to continue the good work of the Training and Employment Links Officer in providing mentoring support for job seekers who are addressing their drug problems and by providing facilities for training, support and skills sampling courses. Mentoring support is required to open up the opportunities that already exist, matching the needs of clients with existing training programmes.

2.4.3 Supply Reduction needs (not being met)

CCTV

Two specific areas of Ballymun present major blind spots for the Camera Monitoring System. There is a need for two additional cameras to cover these areas.

Cross Task Issues

There is a well documented cross-over of drug dealers between task force areas (particularly between Ballymun and Finglas). There is a need to improve communications and information sharing between relevant areas in order to learn of patterns and practises of drug dealing between areas. The three task forces of Ballymun, Finglas/Cabra and Dublin North East have recently began meeting to develop such communication practises and to explore the potential of joint work between the areas.

Garda Support

There is a need to ensure that as much of the time of local Gardai as possible is spent in the community. The introduction of the Evidence by Certificate scheme in Ballymun would serve the community by ensuring that less time is spent by guards travelling to court and awaiting cases.

2.5 Development of Revised Strategy

This strategy has been developed by the Task Force over the last twelve months and is based upon ongoing discussion through the three sub-committees; a comprehensive consultation process undertaken with the general community; data on the drugs issue available to the Task Force comprising of present trends and predisposing factors; and our experience over the last three years. An overall Statement of Purpose was agreed and the Aims and Objectives and Recommendations of the new plan all concur with this simple statement of intent.

2.5.1 Consultation Process / Formulation of Plan

1. The consultation process began in June of 1999 when a Review Day was organised to get the opinion of local people, agencies, community projects and clients of projects on the general impact of the Task Force over the previous two years. The first part of this Review Day was chaired by Joe Duffy (RTE) who was asked to animate a discussion that would encourage people attending to share any opinions they held on the general drugs situation and on the work of the Task Force in Ballymun. The question that came up most often in this discussion was: why do so many young people in Ballymun develop drugs problems? Sadly, people felt that the conditions in the area, particularly in regard to education, made it inevitable for some young people. In the afternoon people were asked to break into groups to answer pre-set questions around the themes of the three sub-committees (Supply Reduction, Education / Prevention and Treatment/Rehabilitation).

The main outcome of the Review Day was that generally people were pleased with the overall reduction in drug dealing in Ballymun, pleased with the impact of the projects set up through the first round of funding and pleased by the availability of assistance for those in trouble with drugs. They were dissatisfied with the impact of the Task Force in terms of its influence on policy and in bringing about more fundamental changes in conditions in the area that enable drug addiction to take such a strong hold.

2. In October 1999 over 100 community groups, and services based locally, were written to and invited to give their written opinions on how they thought we should proceed in the future, and to make specific recommendations for the new action plan.

3. From the replies received, from ongoing work in the sub-committees and discussion at full Task Force meetings, draft aims, objectives and a mission statement were agreed.

4. In January 2000 the Task Force newsletter (see Appendix 2) was distributed to all homes in the area inviting people to two Public Consultation meetings that were held on February 10th (morning and evening).

5. The two Public Consultation meetings were held in a vacant shop unit in the Ballymun Town Centre which is the most central part of the area and would possibly

attract in casual passers by as well as those who planned to attend. A crèche was also provided. There was a combined total of approximately 100 people in attendance. We were very pleased to see a large proportion of those attending were drug service users and their input was of great value. As well as first hand experience of the local drug scene, many were now raising children in the area and had insightful opinions on treatment, prevention and supply control issues.

6. Because of the lack of structure available to discuss overall issues concerning education in the area, a special meeting was arranged for school principals. Five principals from primary and secondary schools in the area attended. Their inputs were taken on board by the Education and Prevention Sub-Committee.

7. Overall there was general community support for the direction proposed in the draft aims, objectives and mission statement which were after all developed through community consultation.

8. The Task Force decided to follow the same path as the one taken in the first plan, i.e., to formulate the recommendations and actions required to give effect to the aims and objectives. We would then decide on suitable project promoters to implement these actions after the plan is submitted and the funding allocations are announced by the Government.

9. The Task Force considered it imperative that the costs of replacing premises that will be lost due to the Ballymun regeneration programme are included separately to the costs of the service plan. It will also be a priority for the Task Force to support these projects in their efforts to secure suitable sites, finances, etc.

2.6 Mission Statement / Statement of Purpose

Through this long-term strategy, the Ballymun Local Drugs Task Force will endeavour to bring about a reduction in the number of people abusing drugs or developing addictions in the area. In so doing we aim to ensure that the Ballymun area becomes a healthier, safer place for people to live and for children to grow up in.

2.6.1 Aims

1. To ensure that the people, and in particular the children, of Ballymun are fully supported in their growth, development and education.
2. To ensure that children and young people in Ballymun are not put at undue risk of developing drug addiction problems.
3. To ensure that anyone experiencing problems with drugs, be they users, family members, or members of the general Ballymun community can expect a full, quality and appropriate range of responses.
4. To ensure that there is a reduction in the availability, or control of, all drugs that are abused in Ballymun.
5. To draw on the experience, skill, knowledge and goodwill of the community and all of the services and agencies working for Ballymun people in implementing this Strategy.
6. To publicly voice and reflect the concerns and opinions of the Ballymun community in matters related to the causes and effects of drug addiction.
7. To facilitate and promote the co-ordination of services with a view to providing an integrated response to local drugs issue and the needs of those effected by drugs
8. To work in conjunction with other drugs task forces and organisations with the intention of learning from good practise elsewhere and to highlight nationally, issues relating to drug abuse and responses in Ireland.

2.6.2 Objectives

Education and Prevention

1. To support the establishment of a comprehensive child-care system in Ballymun that is available and accessible to all local children.

2. To recognise and support the importance of the parent-child relationship from birth onwards and to seek the provision of services that promote this relationship.
3. To support the establishment of a comprehensive education support system that ensures that all children in Ballymun remain in school and are fully supported within the schools.
4. To support the establishment of a family support system that would provide intensive support for vulnerable families with children.
5. To support and promote the ongoing role of the schools in providing established drugs education and life skills programmes such as the Substance Misuse Prevention Programme in the primary schools, and the Substance Abuse Prevention Programme in the post-primary schools.
6. To support and promote the ongoing role of the non-formal education sector in providing drug prevention and diversionary activities for young people.
7. To continue to support the education of parents, adults and professionals in the area to ensure that they can respond effectively when they encounter difficulties related to drug misuse.
8. To continue to support the community in the development of a community response to drug abuse.

Treatment and Rehabilitation

1. To continue to promote and establish a comprehensive range of treatment, aftercare and rehabilitation support programmes for drug users in Ballymun.
2. To ensure the co-ordinated and integrated provision of treatment and rehabilitation services and to promote initiatives aimed at filling gaps or addressing weaknesses that are evident within the present range of services.
3. To promote a holistic response to those with drug using difficulties involving all relevant services – both specialist and generic.
4. To ensure that plans for the new Ballymun take account of the needs for services and premises aimed at responding to drugs issues.
5. To support more GP's and pharmacists in the area to work with drug users in the provision of both primary care and addiction treatment needs.
6. To pursue the establishment of a protocol on the prescription of benzodiazepines and other named drugs known to be widely abused.
7. To establish, policies and initiatives with other drugs task forces around the needs of younger / newer drug users with relatively short drug habits with the aim of

enabling them to lead drug-free lifestyles.

8. To bring about the establishment of an integrated support system to promote the process of recovery, reintegration and rehabilitation for longer-term drug users that will involve all relevant agencies including V.E.C.'s, FÁS and the Local Employment Service.

Supply Control

1. Continue to foster links between the community, the local authority and the Gardai with a view to addressing drug dealing and related activity in the community.
2. To continue to seek the elimination of street drug dealing in Ballymun.
3. To further strengthen communication between the different services under the auspices of the Dept. of Justice (Probation Service, Garda Síochána and judiciary / court system, prison service) in order to promote greater consistency of approach in the management of drug related offences.
4. To continue to ensure that there is the adequate number of uniform and non-uniform Gardai available to protect the Ballymun community from drug dealing.
5. To work with other drugs task forces (especially on the north side of Dublin) to exchange information and lessons on reducing the supply and trafficking of drugs.

PART 3 DEVELOPMENT OF SPECIFIC PROPOSALS TO GIVE EFFECT TO THE STRATEGY

3.1 Education and Prevention

Objective 1

To support the establishment of a comprehensive care system for children in Ballymun that is available and accessible to all local children

Action 1.a

Organise a formal liaison structure with agencies concerned with the care of children in Ballymun through the Ballymun Childcare Task Force (see Appendix 3). This liaison structure will seek to ensure that the Ballymun Local Drugs Task Force is fully involved in calling for a full range of available and accessible services for children in the area.

The Ballymun Local Drugs Task Force believes that there is a strong need to bolster the care of children in the area and that this will have very positive long term outcomes in the prevention of future addiction. The Childcare Task Force is best placed to seek the establishment of a comprehensive care system and already consists of those parties especially dedicated to the care of children. The Ballymun Drugs Task Force can in turn assist the Childcare Task Force in deciding effective courses of action to respond to the needs of children affected, or likely to be affected, by drugs issues.

Implementation

1. Invite the Ballymun Childcare Task Force to appoint a representative to the Drugs Task Force and to the Education and Prevention Sub-Committee.
2. Seek representation on the Ballymun Childcare Task Force

Action 1.b

Co-sponsor conference with Ballymun Childcare Task Force on the needs of children and young people in the Ballymun area that identifies:

1. Children's needs at present
2. Present provision in Ballymun to meet these needs
3. Gaps or weaknesses in the present system
4. Future requirements to meet these gaps and weaknesses
5. Potential of joint systems approaches and integrated work.

Given the frequency of need among many children in the area and the links between their circumstances and the risk they face in terms of future drug abuse, a framework is required to identify their needs, the type and level of services that they require, and

to set goals in terms of future co-ordination of effort and the re-organisation of services around these needs. Initial investigation into the potential of joint systems approaches in the care of children in Ballymun has already been carried out by the Ballymun Youth Action Project. It is an area that the Ballymun Child Care Task Force has also expressed intentions towards. The initial experience of the pilot Integrated Services Projects would provide valuable material for discussion. The conference will provide an opportunity to develop ideas for integration by bringing all of the relevant agencies and sectors together to discuss future strategy focussed on a particular population.

Implementation

The Task Force will provide co-funding for the organisation of the conference in autumn 2000 and if necessary delegate personnel for any preliminary research required to provide an accurate background.

Outline cost: £5,000

Objective 2

To recognise and support the importance of the parent-child relationship from birth onwards and to seek provision of services that promote this relationship.

Actions

1. Advocate and lobby for adequate support and back-up services for families with children in Ballymun.
2. Establish a principle of practise and encourage adoption of this principle in all actions undertaken through this Plan to ensure that there is a strong degree of “parent-proofing”. Establish criteria to engender this principle in the measures funded directly through the Plan.
3. Liase with Childcare Task Force
4. Provide funding for support and educational programmes aimed at promoting parent child relationships with a view to kick-starting longer term support programmes.
5. Provide funding towards the capital cost needed to develop a Childhood Centre in Ballymun (see Appendix 3)

Concern was expressed during the consultation process about the need to actively support and encourage stronger parenting in the area. The Task Force will ensure that it is actively supporting and not weakening the role of parents and will develop principles with the Childcare Task Force to ensure this. It will seek the strengthening of existing support services for families in the area such as the public health nurses, the Community Mothers Scheme, etc., to ensure that current provision is adequate to meet local demand. A parenting support / education programme targeted at vulnerable families is immediately required.

The Ballymun Childcare Task Force is working on the development of a Childhood Centre in Ballymun that will offer a wide range of child and family supports in a dedicated centre. This is an important positive step towards developing long-term adequate delivery of child / family support in Ballymun and the Task Force will seek

capital funding in this plan towards the development of this Centre.

Implementation

The Task Force will provide funding towards the development of parenting support initiatives in close co-operation with the Ballymun Childcare Task Force. Funding will be provided towards the cost of implementing support and educational programmes with a particular emphasis on supporting families in difficulty where drug use is an issue or where it is likely to become an issue. The Programme will be set up with clear progress indicators and an evaluation framework built in with a view to attracting longer-term funding. The families will be targeted according to need and in such a way so as not to stigmatise or denigrate them. The Ballymun Childcare Task Force will oversee the development of the model / criteria for delivery and negotiate implementation with local agencies.

The Task Force will seek capital funding costs towards the development of the Ballymun Childhood Centre

Outline cost: Programme support ~ £200,000

Capital contribution ~

Objective 3

To promote the development of a comprehensive education support system that ensures that all children in Ballymun remain in school and are fully supported within the local schools

Action 3.a

Advocate for the establishment of a Local Education Task Force for Ballymun

The Task Force is aware that the present structures for the delivery of education means that it is very difficult to have an overall local education plan and impossible to establish clear lines of accountability. This occurs in an area with school completion rates of just 25 per cent. A Local Education Task Force with clear terms of reference and the backing of the Dept of Education would mean bringing managers of schools, community, public and departmental representatives together to properly assess the situation and plan a whole area strategy. The Task Force is aware that this is will also be an aim of the Ballymun Partnership in it's new strategy. We will work in conjunction with the Partnership to promote the establishment of the Local Education Task Force.

Implementation

The Task Force will work with relevant bodies in Ballymun such as Ballymun Partnership, Ballymun Education Support Team (BEST) and Ballymun Education Response Group to seek the establishment of an Education Task Force for the area. Seed capital will be provided to carry out development work to establish this body and for the employment of a Co-ordinator for a two-year period. Negotiation will take place with the Partnership around meeting the costs of this development work.

Outline cost: £40,000

Action 3.b

Support the establishment of early bird clubs within local schools.

The Task Force is aware that a number of children are not receiving full support at home for their education. This often means that they are getting themselves up for school and arriving without a breakfast, without homework done, etc. Schools in the area need to be resourced to provide a more nurturing environment for these children. The Early Bird clubs will provide a facility for the children to go to before school so that they can have a light breakfast, socialise with other children and adults, and gather themselves before classes start. The project will seek to meet three key aims – dealing with the immediate crisis situation faced by a large number of children; drawing parents into becoming more involved in the care of the children; early discovery of children in particular difficulty with a view furthering support for those families (see objective 2). Such a project is being piloted by Ballymun Education Support Team (BEST) in one local primary school at present (funded by the St. Vincent De Paul Society). Very favourable outcomes are already being reported. The Task Force will fund the development of these early bird clubs with strong evaluation arrangements built-in. This will enable the measurement of their impact with a view to seeking longer-term funding from the Dept. of Education and Science..

Implementation

Funding will be made available for the initial development of Early Bird Clubs. During this development period the Task Force will seek long-term funding for the project linking it to the in-built evaluation process.

Outline costs: £100,000 (including £15,000 for evaluation)

Action 3.c

Support the expansion of the after-school clubs in the primary schools in the area

The BITEÓG After-school clubs are being evaluated at present with a view to mainstreaming funding. These clubs operate in five local primary schools where they offer after school recreational and educational activities for the general population of pupils of 4th and 5th classes. The initial two years experience of these clubs has shown that they have had a very positive impact on the students and schools involved. There is a strong case to be made for the expansion of these clubs into other schools in the area and for existing clubs to be given the resources required to reach more children. The Task Force will support the mainstreaming and expansion of this project and will seek funding to facilitate ongoing evaluation so that good practise can be learned and shared.

Implementation

The Task Force will seek to ensure that this project is mainstreamed and additional resources are made available for expansion. This includes expansion into the local secondary schools. Funding will be provided for the organisation of an ongoing evaluation of this project

Outline cost £20,000

Action 3.d

Support the establishment of a local school participation reporting system

The Task Force was greatly pleased to see that the seed capital it provided had been used so successfully to make the case for the inclusion of Ballymun in the Dept. of Education's Early School Leavers Initiative (Ballymun Educational Support Team 'BEST'). As a next step to the successful start of this initiative the Task Force is anxious to ensure that there is a participation reporting system put in place. This reporting system should provide accurate and current information on the trends of participation or non-participation in local education and provide early alert on difficulties that are arising. There is a lack of up-to-date information on participation and drop-out and little or no analysis is available on why 55 per cent of local students leave school at the age of 15 years or younger. The reporting system set up will provide such information so that proper analysis can be carried out and subsequent attention given to weaknesses reported.

Implementation

The Task Force will provide funding for the appointment of a researcher to work through BEST to set up a reporting system involving all schools in and outside the area where Ballymun students.

Outline cost: £12,000

Action 3.e

Advocate for the adequate level of support services in the schools and the earliest possible enactment of the Education Welfare Bill

Profound difficulty is experienced by many students in the area. This greatly encumbers their progress in education and often leads to early school leaving, poor educational attainment and down the line addiction problems. Many of these difficulties are a result of domestic problems, drug / drink use, parental drink / drug use, lack of home or peer support for their advancement in education, involvement in crime, responsibilities for the care of younger siblings, etc. There is a need to provide greater assistance to students who are remaining in school despite often-enormous pressures. The Task Force will seek more school support services including the appointment of the adequate number of "Education Welfare Officers" proposed in the Bill to cater for the great many needs evident in Ballymun.

Implementation

The Task Force will seek the back-up services required in local schools to respond to the profound difficulties experienced by many students of the area. In particular it will seek the enactment of the Education Welfare Bill, which, it hopes, will address the serious problems in tracking and responding to poor school attendance and early school leaving through the appointment of an adequate number of Education Welfare Officers for the Ballymun area.

Objective 4

To promote the establishment of a family support system that provides high level support for vulnerable families with children

Actions

1. Work with other agencies in the area seeking to set up family support projects through the Ballymun Childcare Task Force
2. Seek to ensure the targeting of support towards vulnerable families in the area
3. Seek to maximise participation by key agencies in the area including their active participation in a referral system.

The Task Force is acutely aware of the needs that are present in many families in the area and how intrinsically linked these are to the development of future addiction problems among children and young people. There is clearly a need to support the establishment of family support projects. There is also a clear need to target certain families and to co-ordinate effort across services dealing with them.

Implementation

The Task Force will support and make funding available (through the objective 2 budget) for the research and feasibility work needed to bring such initiatives to the area.

Objective 5

To support the role of the non-formal education sector in providing drug prevention and diversionary programmes

Actions

1. Support initiatives providing positive engagement with young people in Ballymun.
2. Identify high-risk areas / groups and provide funding for interventions in these areas / groups.
3. Support the development of programmes aimed at developing the capacity of the community to work with young people by funding youth work orientated training programmes

There is a need to have funding available to respond to particular needs or difficulties that arise for high-risk groups of young people in the area. Project 3 of the first plan (Incentives for working with young people at most risk) was designed to support such work and the need for this continues to be evident as the new plan is prepared. Project 3 is currently being evaluated and the Task Force is confident that it will be mainstreamed for funding. The major part of the first two years budget was used to fund the Aisling Project. The Task Force has arranged with the NDST to have the Aisling project separately evaluated and hopefully mainstreamed for funding as a project in its own right. This will free up the At Risk budget for more adaptive initiatives for young people most at risk

Implementation

1. The Task Force will promote the mainstreaming of the Aisling Project and the At Risk fund (Project 3)
2. The Task Force will re-market the At Risk fund and will work in close conjunction with the Ballymun Youth Strategy Group seeking to integrate responses and funding.
3. The Task Force will provide matching funding for the development of Youth Work Training in the area in conjunction with job training and youth work services

Outline Cost: £30,000

Objective 6

To support the ongoing role of the schools and the community in providing drugs education and life-skills programmes such as Walk Tall, On My Own Two Feet and the School Programme of the Ballymun Youth Action Project.

Actions

1. Appointment of an Drugs Education Co-ordinator to co-ordinate, support and ensure the delivery of drugs education work within local schools and to make links between the schools, the informal education sector and the community. The Co-ordinator will also facilitate the implementation of the Schools Drug Policy that was agreed by all schools in the area in 1999.
2. Provide resources for the running of drugs education programmes through the original BM 4 budget (Prevention Activities Grants Scheme) and link this with the role of the Drugs Education Co-ordinator.
3. Develop good education practise guidelines for running drugs education programmes for young people in Ballymun and promote these through the Drugs Education Co-ordinator.

There is still a clear need for the Task Force to ensure that every effort is made to minimise the amount of harm done by young people to themselves through lack of accurate information on the risks involved in using drugs. The Drugs Education Co-ordinator will ensure that the excellent education and awareness programmes that are now available are delivered to all local young people. The £10,000 Drug Prevention Activities grant will be used to complement the Co-ordinators work.

Implementation

Funding will be provided for the appointment of a Drugs Education Co-ordinator to work in the schools and in youth groups / projects in the area to promote, organise and deliver drugs programmes and awareness raising events. An ongoing evaluation will be built into this project so that outcome can be assessed on a periodic basis.

Outline cost: £35,000

Objective 7

To continue to support the education of parents, adults and professionals in the area to ensure that they can respond effectively when they encounter difficulties relating to

drug abuse.

Actions

1. Support the delivery of quality education / training courses such as the Community Addiction Studies Course,
2. Support the delivery of drugs awareness programmes and information sessions to increase the general level of awareness of drugs, their effects, signs and symptoms of use and the help available for those in difficulty.
3. Support the Urrús Project in seeking resources to enable it to relocate when it vacates its present premises during the Ballymun regeneration / demolition.

Educating the community, parents and workers in Ballymun is a crucial element in supporting positive responses to the drugs problem. Through Urrús, the Ballymun community has benefited from a range of training and education programmes which have improved attitudes towards drug users while deepening the community's knowledge and understanding of addiction and how to respond effectively. The Task Force will promote the ongoing development of this training work. There is a lack of clarity around accommodation for the Urrús Project whose premises are due for demolition next year. The Task Force will support this project to secure adequate alternative premises.

Implementation

1. Recognising the importance of the education and training work that has already been carried out the Task Force will promote the mainstreaming of funding for the Urrús Project.
2. The Task Force will support the Urrús Project in seeking resources to ensure that the service continues and is not adversely effected when displaced through the regeneration of Ballymun.

Objective 8

To continue to support the community in the development of a community response to drug abuse.

Actions

1. Seek to maximise the potential of local people in the planning and implementation of the aforementioned actions by using a community development approach.
2. Seek adoption of key principles of community participation by all agencies implementing the aforementioned actions

The role of the community in calling for action, strategic planning and management of the drugs problem is wholly appreciated by the Task Force. The Task Force will seek to ensure that the community is not left as a simple receiver of services but remains actively involved in the planning, management and running of services.

Implementation

Each service funded by the Task Force will be asked to consider how it can best link with and include the community in the planning, management and running of the service before the Task Force signs off on LDTF 1 Claim forms.

3.2 Treatment & Rehabilitation

Objective 9

To continue to promote and establish a comprehensive range of treatment, aftercare and rehabilitation support programmes for drug users in Ballymun.

Objective 10

To ensure the co-ordinated and integrated provision of treatment and rehabilitation services and to promote initiatives aimed at filling gaps or addressing weaknesses evident within the present range of services.

Objective 11

To promote a holistic response to those with drug using difficulties involving all relevant services, specialist and generic.

Actions:

All services involved in the Treatment and Rehabilitation sub-committee will formulate and work to an agreed mission statement that acknowledges the need for a holistic, integrated and co-ordinated response. The key to this integrated response is an appreciation (in the majority of cases) of the many different social and economic needs of those presenting, and, in acknowledging this, to appreciate what other services in the community have to offer and how these services could be worked with.

Draft Mission Statement

All services engaged in treatment and rehabilitation in the Ballymun area will intervene (either on an individual or programme basis) in a way that is planned, holistic, integrated and accountable both to service users and other related agencies.

To further progression towards ‘non-dependant living’, a joint care plan system will be developed based on agreed assessment formulae and a key-worker system (see appendix) will be developed to implement and support this care plan. The Treatment and Rehabilitation Sub-Committee will develop reporting and monitoring systems to measure progress and point up weaknesses or blocks in the system. An assessment and referral system will be developed that can be used in the different services and a Case Manager (due to be employed by the Northern Area Health Board, further discussions will take place with NAHB to adapt this job accordingly) will be appointed to develop this system in conjunction with the key agencies. A standardised form will be developed which identifies:

1. Who is managing the intervention at any time?
2. What is the expected timeframe for each intervention?

Cross agency case conferences will be called, as appropriate, facilitated by the Case Manager.

As a first step in forming this joint systems approach each of the relevant services in the area (including non-specialist services) will be asked to provide information on: what they were set up to do; what they now provide; what they could do (for drug users); and what needs to happen to allow them to do this

The Task Force will seek the funding for, or directly support where necessary, the following programmes:

Prison Linkage Worker

A gap in services that has been a cause of concern to the Task Force has been the lack of dedicated pre-release support and follow-up post release work done with prisoners from Ballymun. There is a strong pattern of re-offending and drug related activity among this group. Several overdoses have occurred among those who upon their immediate release from prison acquired and used their pre-detention dosage of opiates with often-fatal consequences. A Prison Linkage Worker is required to organise pre and post release linkage with these drug-using Ballymun prisoners. Work is done in the prisons by the Ballymun Youth Action Project and by the Aftercare Counsellor. However, the Task Force believes that there is a strong need to engage a full-time worker who would offer a dedicated service to prisoners from Ballymun and work on referrals from such agencies as Probation and Welfare and the Gardai. The worker would be expected to complement the good work already being done and to liaise closely with the Aftercare Counsellors, BYAP staff, the Training and Employment Links Officer, Probation Officers, etc.

Implementation

The Task Force will provide funding for the appointment of a Prison Linkage Worker who will work with Ballymun prisoners to assist in bringing about clear goals in terms of accessing treatment programmes, staying out of harm, making new starts regarding education, training and employment, using spare time positively, etc. The Worker will work with the prisoners after their release providing linkages to support services in the Ballymun area. Development work to determine how and where this service would be best aimed will be carried with services dealing with drug users in prison.

Outline cost: £35,000

After-Care Worker

Demand for the services of the Aftercare Counsellor currently working under the first Task Force plan has been very high. This service offers support, counselling, follow-up and advocacy to those drug users in transitional stages around relapse and related issues. Sixty one people have so far benefited from working with the Aftercare Counsellor and there is a clear need to increase the capacity of this service.

Implementation

The Task Force will provide funding for the appointment of a second Aftercare Counsellor who will work in conjunction with the existing worker.

Outline cost: £35,000

Rehabilitation Support Worker

A new rehabilitation support programme is about to get underway in Ballymun funded through the FÁS Community Employment Programme. This programme will use the medium of performance arts to work with 15 people in recovery or who have been identified as needing intervention. The Rehabilitation Support Worker is needed to work in this programme to provide guidance, counselling, and direction.

Implementation

The Task Force will make funding available to the project promoter to employ the Rehabilitation Support Worker

Outline cost: £35,000

Dual Diagnosis Liaison Worker

The Task Force has long been concerned about the lack of liaison between drugs and psychiatric services and the dangers of this to clients and to the community. A small but significant number of local addicts suffer from major problems of mental health. Psychiatric patients are reluctant to disclose their drug misuse, while addicts in treatment are often unwilling to be categorised as mentally ill. The NAHB Addiction Service is organised separately from community mental health structures. Addicts with major mental health problems run a risk of falling into a gap with consequent exclusion from necessary care and treatment. There is also clear risk of double prescribing – particularly of long-term anti-depressants and benzodiazepines. When used with methadone this can cause fatal consequences (14 per cent of clients of EHB drug services were shown to have had tricyclics in their systems during urinalysis although it is exceptional for them to be prescribed in the treatment centres). A Liaison Worker is needed to work with both services on a case management basis.

Implementation

The Task Force will work with the Northern Area Health Board to seek the appointment (or re-location of an existing staff member) of a medical professional to carry out this role.

Benzodiazepine Support Worker

Benzodiazepine sedative drugs are commonly used and misused in Ballymun. Most opiate users in treatment locally are testing positive for this group of drugs and many are receiving regular prescriptions from general practitioner or psychiatric services. Benzos are freely and cheaply available on local street drug markets. This has consequent problems of severe misuse, public intoxication, increased risk of death by overdose and lowering of motivation for the recovery process. Withdrawal from these licit drugs is known to be tedious, difficult and distressing, even where clients are well motivated and constructive about detoxification. A Support Worker is required to work with clients towards safe and sensible sedative use including realistic and appropriate programmes of withdrawal. The worker should explore the dimensions of the local benzo problem, establish liaison with local prescribers and investigate patterns of benzo sharing and street sales.

Implementation

The Task Force will work with the Northern Area Health Board to seek the appointment (or reposition an existing staff member) of a medical professional to carry out this role.

Employment / Vocational / Educational Support

The Statistical Bulletin of the HRB (1998) reported that 30 per cent of the clients in drug treatment had jobs in 1998. The evaluation of the EHB Drugs AIDS Service showed an employment rate among its clients as high as 40 per cent in 1999. The thriving Irish economy presents good opportunities for stabilised or recovering users to re-integrate into society and to develop ambitions undreamed of four years ago. Yet in Ballymun initial findings by the NTDI shows that only 27 per cent of the clients they interviewed are in any kind of work and half of these had just part-time work. Those with jobs reported that they were in unskilled work. There is a need for services aimed job seekers who have been involved in drug using. These are required to assist people to draw up and follow realistic plans with a view to re-entering the workforce. This includes providing facilities for basic skills sampling courses, training and support for securing work, and post placement support services.

Implementation

The Task Force will provide funding for the appointment of a post placement support worker and co-fund the establishment of facilities for skills sampling courses with the Local Employment Service.

Outline cost: £150,000

Objective 12

To ensure that plans for the new Ballymun take account of the need for services and premises aimed at responding to drugs issues.

Actions

Based on information on present and projected needs of drug users in Ballymun, meetings will be held with Ballymun Regeneration Limited to ensure acknowledgement of the long-term needs of the Ballymun community in this regard and to get agreement on sites/premises to meet future requirements. This includes facilitating and promoting services yet to be developed, for example community GP surgeries, pharmacies, etc.

Planning discussions will be held with appropriate persons within the Northern Area Health Board regarding the primary health care needs of drug users and how these can be met within the new Ballymun Health Centre and other premises.

The Task Force will support, promote and seek funding for services catering for the educational, training, support and rehabilitation needs of the community regarding drugs issues especially those community services due to be displaced in the Ballymun regeneration.

The Ballymun regeneration programme is already underway. There is a need to ensure that the Ballymun community is not left short of facilities to respond to the addiction problems that will remain in the area long after the flats are gone. Ballymun is unique in that it was almost totally developed as a residential area. The non-statutory services that have developed here all operate from flats and there is no alternative accommodation available to the flats. A number of services that address local drugs issues will have difficulty in finding suitable locations to operate from as the demolition of flats progresses. These include the various drop-in, support and counselling services of the Ballymun Youth Action Project, the training services of Urrús, the early support services of the Springboard Project, the rehabilitation programmes of STAR and the Pat Tierney Projects and the aftercare counselling service. The Task Force is conscious of its responsibility to support, promote and advocate for these services to ensure their continuance in the new Ballymun (see 3.5, pg 80).

The Task Force is committed to ensuring that recovering drug users are re-integrated into their communities and are moved out of the culture of drug use and dependency. Central to this aim is the need to assimilate them into ordinary services in their neighbourhood areas e.g. their local GP surgery.

Implementation

1. The Treatment Sub-Committee will carry out an assessment of current and future needs of drug service users in Ballymun.
2. The Task Force will set up a sub-group with the voluntary and statutory drugs services in the area to assess the accommodation needs of services in the area
3. The Task Force will actively support community drug services in negotiating future provision of premises and will seek representation on structures addressing accommodation needs.
4. The Task Force will seek funding to assist services relocating as a result of the regeneration.
5. The Task Force will assist services due to be relocated to seek the necessary funding to relocate.

Objective 13

To support more general practitioners and pharmacists in the area to work with drug users in the provision of both primary care and addiction treatment services.

Research has shown that the treatment of all drug users in a centralised system is no longer viable. It is contrary to the best practice principles of holism and integration. In some cases, possibly with the more chaotic clients, treatment at a central clinic is necessary. We believe however that the practice of “progressing” people into their local communities under the supervision of their GP would allow for the more effective management of individual treatment programmes. Following a visit to Wirral Drugs Services, (Merseyside) the Treatment and Rehab committee stated its commitment to developing a key worker support system for GP’s and pharmacists.

We recommend that:

- more GP's be recruited to provide the appropriate level of service and if necessary this be done through offering strong incentives (e.g. tenure on premises for surgeries in the newly regenerated areas).
- there is an expansion of the pharmacy service in the area
- a small key-worker team be established with a view to carrying out the following:
 1. Developing and servicing a support system to GP's who take on drug service users
 2. Developing and servicing a support system to pharmacists
 3. Developing support groups in conjunction with GP's for clients who are attempting to address benzodiazepine problems
 4. Networking with related services and the community to explore and possibly pilot 'community methadone supervision.'

Implementation

The Task Force will work with the Northern Area Health Board to seek the appointment (or reposition an existing staff members) of personnel to carry out this role.

Objective 14

To pursue the establishment of a protocol on the prescription of benzodiazepines and other named drugs known to be widely abused.

The Task Force is aware that the Dept of Health and Children has established a working group to address the complex issue of benzodiazepine regulation. Misuse of benzodiazepines is a serious concern for the Ballymun community. There are large quantities for sale on the street and they are a continuing block to proper engagement in treatment and rehab programmes. It is generally acknowledged that there is a need for a far greater degree of control of the prescribing and dispensing of these drugs where prescriptions are approaching one million per annum. The Task Force is particularly concerned about the common practice of issuing repeat prescriptions for a monthly supply. This is often done without adequate clinical investigation and where there is little or no evidence of a genuine therapeutic relationship between patient and doctor.

Implementation

The Task Force will undertake research into the levels and nature of benzodiazepine problem in Ballymun

The Task Force will call on the appropriate bodies and government departments to bring about a protocol on the prescription of these drugs along with other drugs task forces.

Objective 15

To establish policies and initiatives with other drugs task forces around the needs of young drug misusers with relatively short drug habits with the aim of enabling them to lead drug free lifestyles.

Programmes for adolescent users need to be attractive to potential clients and must be capable of offering a more intensive intervention than the current methadone detox model. Many young users are genuinely capable of detox and even of rapid social reintegration while others are suffering the consequences of domestic violence, early severe intoxication, criminal activity or teenage sex work, and have an obvious need for substantial long-term support. The assessment process is necessarily more complex and medicolegally difficult than for adult drug users. This however should never constitute an obstacle to effective and acceptable treatment for tomorrow's adult members of the Ballymun community. Recovery pathways for this high-risk group must include at least a choice of methadone maintenance or long-term rehabilitation in an appropriate residential setting. Non-substitute pathways such as lofexidine-naltraxone should be piloted with less problematic younger opiate users locally and this process needs the support of the family and of community services for sustained results.

Actions

1. Agree a clear definition of what is meant by young drug users
2. Call for development of a policy for medical intervention in relation to under 16's, 16-18 year olds and 18-21 year olds – staffing structure within EHB be set in place to support this.
3. Identify the needs in north side drugs task forces of young drug misusers and investigate the feasibility of setting up appropriate residential and other treatment services.

A worker will be appointed to design, *Implementation* negotiate and cost the necessary residential, community and professional supports to develop the pathways described above. The Task Force will begin discussions with the other drugs task forces to get agreement on areas for potential joint work in the future.

Outline cost: £30,000

Objective 16

To bring about the establishment of an integrated support system to promote the process of recovery, re-integration and rehabilitation for longer-term drug users that will involve all relevant agencies including VECs, FÁS and the Local Employment Service.

The Task Force is presently commissioning research into the rehabilitation needs of drug users in Ballymun. This is being carried out by the National Training and Development Institute (NTDI) and funded by the Northern Area Health Board. The research recommends that a rehabilitation support service be initiated using a social

support model of working. This involves Mentors being appointed to assist individuals to plan their own goal directed rehabilitation and reintegration paths and to support them in accessing the many services already on offer within and outside Ballymun. The research indicates that despite the wide range of services on offer in the community, a large number of clients do not have meaningful contact with any service other than the drugs service. A Mentor service would facilitate people to access and make best use of existing provision such as mainstream vocational training, educational and employment support services. The Task Force will seek funding from the Northern Area Health Board to fund this Mentor service following on commitments made by the Programme Manager of the Drugs AIDS Service in 1997 to fund a rehabilitation service in Ballymun.

Actions

1. Implement the actions proposed through the Rehabilitation Support Programme Feasibility study that is being carried out at present.
2. Pursue funding for the above actions from the Northern Area Health Board.
3. Promote new approaches to working with recovering drug users among mainstream vocational, educational and employment supports in the area.

Implementation

The Task Force will seek financial support for the Rehabilitation Project from the Northern Area Health Board

3.4 Supply Reduction

Objective 17

To continue to foster links between the community, Dublin Corporation and the Gardai with a view to addressing drug dealing and related activity in Ballymun

Action

Employ (in conjunction with Dublin Corporation) a Tenant Support Worker who will continue to build local networks and organise liaison structures between groups and agencies concerned about drug dealing in Ballymun.

There has been major reduction in drug dealing and related activity in Ballymun in the last three years. This is in no small part due to the success of the partnership that has been built between local residents, the Gardai, Dublin Corporation and other interested parties. Central to this has been the Tenant Support Worker who, on a daily basis, can discuss concerns with local people and provide feedback to and from concerned agencies. The liaison structures already set up need to be properly resourced and supported. The co-operation that has resulted from these structures has already proven to be highly effective and the Task Force is eager to ensure that it continues.

Implementation

The Task Force will match funding from Dublin Corporation for the employment of the Tenant Support Worker.

Outline cost: £15,000

Objective 18

To continue to seek the elimination of street drug dealing in Ballymun

Action

Fund the installation of additional cameras and surveillance equipment in conjunction with Dublin Corporation.

The CCTV system installed as part of the first plan has already proven its worth in the reduction of street dealing and related activity. Several key arrests have been made in which the system was of major assistance and several thousands of pounds worth of all types of illicit drugs have been seized. This system continues to enjoy the full support of the community, the Gardai and Dublin Corporation. Adding to this system will mean increasing the coverage of the cameras and eliminating blind-spots that are being exploited by some individuals in order to sell drugs.

Implementation

The Task Force will seek funding for the installation of two additional cameras and supplementary equipment.

Outline cost: £25,000

Objective 19

To further strengthen communication between the different services under the auspices of the Dept. of Justice (Probation, Garda, judiciary / court system, prison service) in order to promote greater consistency of approach in the management of drug related offences.

Action

Seek to ensure the provision of a community-based Probation and Welfare Service
The Task Force has welcomed the announcements over the past two years that the Probation Service would open a local service in Ballymun. The Task Force will actively seek the provision of this local service through the Supply Sub-Committee.

Appoint a Prison / Post Prison Linkage Worker (see objective 11)

Objective 20

To continue to ensure that there is the adequate number of uniformed and non-uniformed Gardai available to protect the Ballymun community from drug dealing.

Action

The Supply Sub-Committee will seek information on Garda numbers in the area on periodic basis and if necessary make representations to senior Garda management or the Minister for Justice.

It has been the experience of the community in Ballymun that when the number of uniformed Gardai in area has been allowed to fall below the full complement required there has been a rapid increase in drug dealing and other anti-social activity.

Implementation

When required the Supply Sub-Committee will address concerns about Garda numbers with the relevant authorities.

Objective 21

To work with other drugs task forces (especially on the north side of Dublin) to exchange information and lessons on reducing the supply and trafficking of drugs.

There has been a strong pattern of interaction between drug dealers and users in the three Task Force areas of Ballymun, Finglas/Cabra and Dublin Northeast. The numbers of friends and relatives people have living in these different areas compounds this further. Many of those from whom drugs have been seized in Ballymun come from one of the other areas. This interchange often results in Gardai and the community being unaware of potential drug dealers and this can lead to patterns of dealing developing unbeknown until they are well established. An exchange of information is required to increase knowledge of transporting and dealing and of the individuals involved.

Action

A liaison structure will be organised for relevant representatives from the Ballymun, Dublin North East and Finglas / Cabra Drugs Task Forces to meet on a periodic basis.

3.5 Technical Assistance

Objective 22

Technical Assistance and Capacity building required to support this strategy

As well as funding the aforementioned objectives/actions, resources are required to allow the Task Force to engage researchers and evaluators, to fund seminars or conferences, to organise visits to projects in other areas / countries and to pay for short term pieces of work that arise during the implementation of the strategy. This is most important if we are to bring about a strategic approach that involves all agencies, ensures long-term funding of initiatives, and enables us to measure our impact.

We are proposing that the National Drugs Strategy Team make an assistance budget of £30,000 available to allow us to develop a strategic approach from the outset of the implementation of the new plan.

3.6 Replacement of Premises due to the Ballymun Regeneration Programme

A number of services responding to the drug issue operate from flats, or basement premises in the flat blocks, provided by Dublin Corporation for nominal rents. These services include:

1. Ballymun Youth Action Project
2. Urrús Community Addiction Training Centre
3. The STAR Women's Rehabilitation Project
4. The Springboard Project
5. The After Care Support Project
6. Ballymun Local Drugs Task Force
7. and the newly starting Pat Tierney Project (rehabilitation project)

The flat blocks where the services are based are due for demolition starting in 2001 on a phased basis (two are situated in the Phase 1 areas). All will require replacement premises over the next five years (most in the next two years). These projects play a very important role in Ballymun's response to the drugs problem and the Task Force sees it as vitally important for the future that they are assisted in finding suitable replacement premises, and have the finances to pay for them. Initial estimates of the replacement costs are detailed overleaf.

Ballymun presents a unique situation in this respect. We will actually lose premises already on hand to run services and respond to drugs issues. Finding accommodation for any drugs service orientated project has been shown in Ballymun and in other areas to be extremely difficult. None of these services have been given any detail of where they will be re-housed and no arrangements have been made to find the funding necessary to re-house them. Ballymun Youth Action Project has been working on the matter and has received the agreement of Ballymun Regeneration Ltd that a suitable site for a building will be provided if they can get the finances necessary to develop it. In fact, BRL has provided draft designs for purpose-built premises for BYAP. This building could account for the needs of BYAP, Urrús, and the Springboard Project. It is also conceivable that other agencies, such as the Drugs Task Force, could sub-let space in it. BYAP has been in discussion with Minister Eoin Ryan and officials of the Department of Tourism, Sport and Recreation seeking to secure funding for such a building and it is our understanding that these discussions are ongoing.

The Task Force believes that it is absolutely vital to a future community drugs strategy that all of the services responding to the drugs issue are given the finances necessary for re-housing. We have included in this plan a Parallel Costing for the replacement of premises and will seek support for this funding alongside the costing of the other measures contained in the plan.

Table 8

Initial estimate of cost of replacement of premises as a consequence of the Ballymun re-development

Existing Projects	Requirement	Capital Cost	Rental Cost (£135 sqm) per annum
STAR Project	100sqm	140,000	13,500
Springboard Project	80sqm	112,000	10,800
Drugs Task Force	40sqm	56,000	5,400
Aftercare Support	20sqm	28,000	2,700
BYAP/Urrús	644sqm	901,000	86,940
 Proposed Projects			
Prison Linkage	10sqm	14,000	1,350
Education Co-ord.	10sqm	14,000	1,350
<hr/>			
Total	1004sqm	1,405,600	£135,540 per year
	Plus VAT (12.5%)	175,700	
	Plus Fees (13%)	182,728	
	Plus VAT on fees (21%)	38,372	
 <u>Grand Total</u>		<u>1,802,400</u>	

N.B. These costs are estimated using a cost of £1,400 per square meter. BRL estimates that building inflation is currently running at approximately 15 per cent every 6 months. As such the costs are likely to increase by the time sites have been found, tenders prepared etc. and the real cost is likely to be over £2million.

3.7 Summary of funding measures

Education and Prevention	£
Co-funding of Children's Conference	5,000
Parent Support	200,000
Capital for Childhood Centre	200,000
Education Task Force Co-ordinator	40,000
Early Bird Clubs	100,000
Evaluation of After-school clubs	20,000
School attendance research	12,000
Drugs Education Co-ordinator	35,000
Youth Work Training Programme	30,000
<i>Sub-total</i>	<i>642,000</i>
Treatment and Rehabilitation	
Prison Linkage Worker	35,000
Aftercare Worker	35,000
Rehabilitation Support Worker	35,000
Vocational Support	150,000
Drug Development Worker (Youth)	30,000
<i>Sub-total</i>	<i>285,000</i>
Supply Reduction	
Tenant Support Worker	15,000
CCTV Equipment	25,000
<i>Sub-total</i>	<i>40,000</i>
Technical Assistance budget	30,000
Grand Total	£997,000

Parallel cost for replacement of premises due to Ballymun re-build **£1,802,400**

APPENDIX 1

Extracts from report on Estimating the Prevalence of Opiate use in Ballymun during 1998 by Greg Foxe

1. Introduction

1.1. Background

This research report was carried out on behalf of Ballymun Local Drugs Task Force and was funded by the same organisation. This research emerges from a growing concern about the number of problem drug users in Ballymun, in particular opiate users. This growing concern is shared by the community of Ballymun, by community organisations, by voluntary organisations, and by statutory organisations. Problem drug use does not simply entail being an opiate user, but for the purposes of this study the target population was opiate users in Ballymun.

This research took place on site in the organisations in Ballymun and in the various relevant organisations surrounding Ballymun. While this research was being carried out many local services, in particular Domville House, Ballymun Youth Action Project, the Local Gardai and Ballymun Local Drugs Task Force, were consulted.

1.2. Aims and Objectives of Research

The main objectives of this research are:

1. To provide a Ballymun area profile.
2. To attain an accurate figure of the number of known opiate users in Ballymun in 1998.
3. To examine the relationship between the Ballymun area profile and the level of opiate use in Ballymun.
4. To look at the implications of the results and findings for drug and related services in Ballymun.

The main aims of the research were:

1. To estimate the number of opiate users in Ballymun in 1998.
2. To identify the risk factors associated with problem drug use in the area.
3. To draw some conclusions and to make some recommendations based on the results and findings of 1 and 2 above.

1.3. Methodology

During the course of this research it was necessary to find a good model for estimating the number of opiate users in Ballymun. This was done through consultation with numerous people, including co-workers and University researchers. The model chosen was a form of the Capture-Recapture model.

This Capture-Recapture model was originally used in wildlife studies for estimating the numbers of hidden populations of a particular species. It was first used to estimate fish populations and then it was used to estimate duck populations, wild hare populations and other such populations. Subsequently the model has been transferred into studying human populations. An example of this is Sekar and Deming (1949) using the model to estimate the number of births and deaths in a town in the USA. On the back of this the model has been adjusted and has been used to estimate the number of opiate users in a particular city/area. Examples of these are the following studies by Hartnoll et al. (1985) in two inner city boroughs in London, England; Domingo-Salvany et al. (1989) in Barcelona, Spain; Frischer (1992) in Glasgow, Scotland; Larson et al. (1993) in Australian Capital Territory; Mastro et al. (1994) in Bangkok, Thailand; Squires et al. (1995) in the Wirral, Liverpool, England; Hay and McKegany (1996) in Dundee, Scotland and Comiskey et al., in Dublin, Ireland (1998).

The Capture-Recapture model is a model that is recommended for use by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). This model allows one to get an accurate figure of the number of opiate users in an area from the sources used, and then provides an estimate of the hidden population of opiate users

in the area. This then allows one to get an estimate of the total number of opiate users in that particular area.

The main reason for choosing this model is that the model gives an actual figure for the time period being studied. It is important to note that it is the actual number of opiate users identified that is the only real figure and is the figure that this research is attempting to attain. Using the actual figure rather than the estimated figure was chosen for the purposes of this research, as those involved believe it would definitely be the most accurate figure as they see some research biases that they believe could make the estimated figure an invalid one¹. These research biases will be examined and discussed in Section 5 (Conclusions and Recommendations).

The sources used in this research were Garda data (Santry and Ballymun Stations), Hospital data (the Mater Hospital, St. Vincent's Hospital and St. Brendan's Hospital) and Treatment data (Domville House and the Mobile clinic). Despite the guarantees of confidentiality and anonymity of the data given to all sources, and the fact that the five other data sources approached participated, one of the sources approached (Beaumont Hospital) refused to participate in the research. As a result the source participation rate was 83.33%.

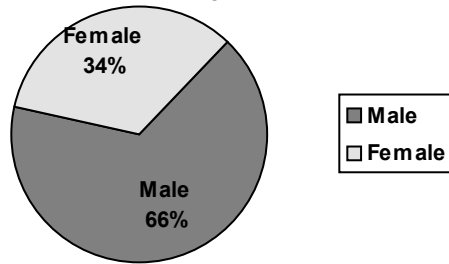
3. Profile Of Opiate Users Identified

3.1. Gender Profile

There were 683 known opiate users in Ballymun for the year 1998. Of the 683, 450 were male (66 per cent) and 233 were female (34 per cent) (*see Figure 4.1.*). This gives a ratio of 1.93 to 1; therefore there were approximately 2 male opiate users for every 1 female opiate user in Ballymun in 1998.

¹ For further information on how the Capture Recapture model can be applied to this data, contact the author.

Figure 4.1
Gender profile



3.2. Age Profile

The average age of the 683 known opiate users was 26.3 years, and the age range was from 14 to 59 years of age. When a breakdown of the opiate users identified, into the age groups used in the Ballymun Area Profile, is carried out the following distribution of users is found (*see Figure 3.2.*).

Figure 3.2.
Age Profile Distribution

0 to 14 years	=>	1 user
15 to 19 years	=>	62 users
20 to 24 years	=>	224 users
25 to 29 years	=>	221 users
30 to 39 years	=>	152 users
40 to 49 years	=>	21 users
50+ years	=>	2 users

As can be seen from Figure 3.2. the majority of opiate users fall in the 15 to 49 year age group. The population of 15 to 49 year olds in Ballymun according to the Census of Data, 1996, was 8,593 people. Taking into account that 3 of the opiate users identified fall outside this age range, this leaves 680 opiate users identified from a population of 8,593. This shows a prevalence rate of 7.9 users per 100 capita. Therefore, 1 in 13 people in Ballymun aged between 15 and 49 years were known opiate users in 1998.

Using gender the age group analysis can be further broken down. Figure 3.3 shows that the ratio of male users to female users was very different through the age groups.

**Figure 3.3.
Breakdown by Age and Gender**

Age	Females	Males	Total
40-49 years	1 (out of 859)	20 (out of 709)	21
30-39 years	35 (out of 1064)	117 (out of 826)	152
25-29 years	80 (out of 1003)	141 (out of 690)	221
20-24 years	88 (out of 970)	136 (out of 795)	224
15-19 years	28 (out of 847)	34 (out of 830)	62

In fact, there was a definite trend towards a more equal number of male and female opiate users as the age gets younger. For example in the 25 to 29 age group there were approximately 2 male opiate users for every 1 female user, whereas in the 15 to 19 age group there were approximately the same number of female opiate users as there were male opiate users, i.e. a ratio of 1:1.

Another way to analyse these numbers is to examine the prevalence rates of opiate users to non-opiate users by age group and gender (see *Figure 3.4.a and 3.4.b.*) and then by age group using both genders (see *Figure 3.4.c.*).

**Figure 3.4.a.
Prevalence of Opiate Users by Age Group and Gender**

Age	Female	
40-49	1 out of 859 =>	1 opiate user per 859 capita (1 in 859)
30-39	35 out of 1064 =>	3 opiate users per 100 capita (1 in 33)
25-29	80 out of 1003 =>	8 opiate users per 100 capita (1 in 13)
20-24	88 out of 970 =>	9 opiate users per 100 capita (1 in 11)
15-19	28 out of 847 =>	3 opiate users per 100 capita (1 in 33)

**Figure 3.4.b.
Prevalence of Opiate Users by Age Group and Gender**

Age	Male	
40-49	20 out of 709 =>	3 opiate users per 100 capita (1 in 33)
30-39	117 out of 826 =>	14 opiate users per 100 capita(1 in 7)
25-29	141 out of 690 =>	20 opiate users per 100 capita(1 in 5)
20-24	136 out of 795 =>	17 opiate users per 100 capita(1 in 6)
15-19	34 out of 830 =>	4 opiate users per 100 capita (1 in 25)

Figure 3.4.c.

Prevalence Rate of Opiate Users by Age Group

Age	Total (Both Genders)	
40-49	21 out of 1568=>	1 opiate user per 100 capita (1 in 100)
30-39	152 out of 1890=>	8 opiate users per 100 capita (1 in 13)
25-29	221 out of 1693=>	13 opiate users per 100 capita(1 in 8)
20-24	224 out of 1765=>	13 opiate users per 100 capita(1 in 8)
15-19	62 out of 1677=>	4 opiate users per 100 capita (1 in 25)

Looking at these figures more closely it is evident that the age range with the most opiate users is the 20 to 29 year age group, with approximately two thirds (445) of the 683 opiate users identified falling in this age range. In this age range there was approximately 1 male opiate user for every 5 males, and there was approximately 1 female opiate user for every 12 females.

5. Conclusions and Recommendations

As a result of this research 683 opiate users were identified in Ballymun in 1998. The profile of the opiate users identified is given in Section 3 and the influencing factors associated with an opiate use problem in an area are outlined in Section 4. This research indicates that Ballymun has a large opiate use problem. This problem is being tackled on a daily basis by the services discussed in Section 2.9. However, these services are obviously not sufficient for the size of the problem in Ballymun.

When looking at this figure of 683 opiate users, a number of research biases need to be considered. These biases are the possible over-estimation and under-estimation of the size of the population of opiate users.

- **Firstly**, it is important to look at the possibility of over-estimation of the size of the population. A possible reason for over-estimation of the population is that false Ballymun addresses may have been given for the purposes of getting onto the treatment list at Domville House. The reason being Domville House is supposed to treat only individuals with Ballymun addresses. Therefore, this points to the possibility that some of the opiate users taken from the treatment list data might not be from Ballymun.
- **Secondly**, it is important to acknowledge the possibility that under-estimation of the population will have occurred. There are two main reasons for this:

- (a) That one data source approached (Beaumont Hospital) did not participate in this study, thus giving the possibility that some opiate users will not have been identified
- (b) The general consensus is (among service providers in Ballymun) that there are more young people known to be using opiates than were identified in this study. Young opiate users are unlikely to be identified as they are only starting their drug use and are unlikely to come into contact with the data sources until later in their drug use.

When both the biases of over-estimation and under-estimation are considered, it can be argued that these biases possibly negate one another and that the figure of 683 opiate users is reasonably accurate.

The results of this research are very significant for the Ballymun area. This is particularly true when they are compared with the results of Dr. Catherine Comiskey's (1998) research 'Estimating the prevalence of opiate drug use in Dublin, Ireland, during 1996'. This comparison can provide us with some insight into the extent of the problem in Ballymun. Before the comparison is examined it is important to point out that the figures in Comiskey's research are based on 1996 data and that the figures in this research are based on 1998 data. This data collection time differential is significant, but making the comparison is still useful and important. The comparison made between the two studies is based only on males aged between 15 and 24 years. Comiskey's research revealed that:

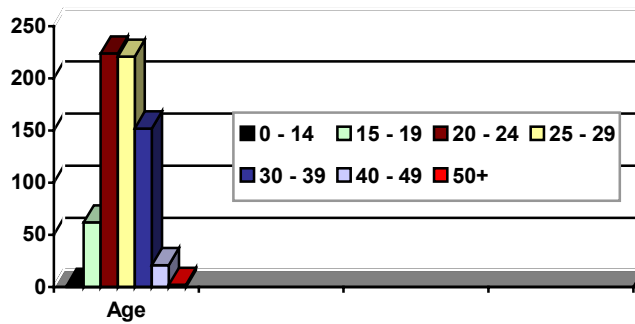
1. In the Blanchardstown area (Dublin 15) in 1996 there were approximately 2 opiate users for every one hundred 15 to 24 year olds.
2. In the South Inner City (Dublin 8) in 1996 there were approximately 11 opiate users for every one hundred 15 to 24 year olds.
3. In the North Inner City (Dublin 1) in 1996 there were approximately 6 opiate users for every one hundred 15 to 24 year olds.
4. No accurate figure for the Ballymun area could be established from Comiskey's research as the Dublin area break up was by postal codes and the Ballymun area is split in half by two postal code areas, i.e. Dublin 9 and Dublin 11.

However, through this research, a figure for the number of opiate users in the Ballymun area in 1998 was attained. Through analysis of the data it could be shown that there were approximately 10 opiate users for every one hundred males in the 15 to 24 year old age group. Thus, despite the data collection time differential, this provides an opportunity to compare the levels of opiate use in Ballymun to other areas in Dublin. This comparison shows that Ballymun is comparable to the South Inner City (Dublin 8) for levels of opiate use in males aged 15 to 24 years. This is very significant as according to Comiskey's research, the South Inner City (Dublin 8) produced the highest prevalence rate of opiate users in Dublin. This indicates that the Ballymun area has one of the largest problems with opiate use in this country.

Another important finding from this research relates to the subject of gender (the figures for this are in Section 3.1.). When a breakdown of the data into age groups and gender is carried out a more detailed picture of the situation can be shown. The major finding here is that the ratio of male users to female users in the younger age groups are becoming more equal, i.e. the 15 to 19 age group where the ratio of males to females is 1.2 to 1. This is of concern when the overall gender ratio is considered. The overall gender ratio shows that there were 450 males and 233 females identified, i.e. a ratio of 2 males to 1 female. Therefore, it is shown that the gender ratio in the 15 to 19 age group is different to the norm and points to an increasing trend in the number of young females using opiates.

Some of the most important findings are shown when the breakdowns of the data by gender and by age group are examined more closely. When we examine the data (see Figure 3.4. a, b, c) we can see the prevalence rates for the different age groups and the different genders. These prevalence rates differ through the age groups but what stands out are the prevalence rates in the age groups 20 to 24 and 25 to 29 years. This breakdown of prevalence rates show that 445 of the 683 opiate users identified (approximately two third's) fall into the 20 to 29 year age range. When the data is analysed further, a trend in the number of opiate

Figure 5.1.
Graph of Age Groups of Opiate Users



users from age group to age group emerges. This trend is clear and it shows that there is a decrease in the number of users as age increases. Outside of deaths (i.e. Overdoses, AIDS, HIV, etc) this trend would seem to point to a ‘life-span’ for opiate use. This ‘life-span’ appears to begin in the teens and early twenties on into the thirties, but would rarely reach as far as the forties. This trend is born out when we look at the Figure 5.1 on the previous page.

As shown in Section 4, the Ballymun area contains the factors associated with an opiate use problem in an area. These are:

1. High Levels of unemployment
2. High Levels of Local Authority Tenancy/Corporation Housing
3. Overcrowding of homes in an area generally
4. A predominantly unskilled workforce
5. Large numbers of children in an area
6. Large numbers of Lone Parent Families in an area

Other influencing factors identified that are present in Ballymun are:

1. Wide Availability
2. Lack of Youth Facilities
3. Lack of Awareness and Education on Drugs
4. Family History of Drug Use
5. Area Specificity

Each of these 11 factors exist in Ballymun and while it is not being said that an opiate use problem in an area is directly linked to these factors, it seems that these 11 factors are linked quite strongly to the opiate use problem in Ballymun. Therefore it is

required that all agencies, government and otherwise, [1] work together to develop an integrated ‘Ballymun strategy’ and [2] to bring all relevant organisations on board working to the same agenda. The problem of opiate abuse demands an integrated and well-planned approach from all the drug services. This should be both at a local level and a national level.

Further research into the nature of drug use in Ballymun and into the use of drugs, other than opiates, would further clarify the extent of the problem in Ballymun. Apart from other research, it is evident from the results of this research that there is the need for the extension of the drug services available here in Ballymun to cater for the numbers using opiates. This research states that it is not drug services singularly that need to be provided, moreover that services dealing with social, economic, cultural issues, etc, are also essential in this community’s fight against the drug problem. In conclusion, as mentioned in the previous paragraph, a ‘Ballymun Strategy’ is required and to make this strategy work, it has to be implemented, without reservation, by all the agencies and service providers here in Ballymun.

A detailed copy of this report can be obtained by contacting the Ballymun Local Drugs Task Force office at 8424630

APPENDIX 2

Sample of Newsletters produced by the Task Force

Background

In 1997 the Board of the Ballymun Partnership set up a Childcare Review Group. Dr Sally O’Driscoll was seconded from the Eastern Health Board to conduct a research study into childcare services in the Ballymun area. The terms of reference for this study included reviewing the current arrangements and facilities in the provision of childcare; identifying the different needs from both the perspectives of the child and the parents/guardians, advising on the future role of service providers, and making recommendations for the future provision of quality, affordable and accessible childcare services.

The report, entitled “A Review of Childcare Services in the Ballymun Area” was launched in November 1999. While focussing primarily on centre based services, a number of far-reaching recommendations were made. The establishment of the Childcare Task Force to draw up an action plan and three-year programme, plus the appointment of a Childcare Co-ordinator by the Ballymun Partnership to facilitate this work, are the first steps towards a new beginning for Childcare in Ballymun.

Ethos / Mission Statement:

The Ballymun Childcare Task Force, in collaboration with the wider Ballymun community, is committed to planning, implementing and supporting a comprehensive range of high quality, integrated and inclusive strategies to support children and their families; building on and extending the existing strengths of the community for all the children of Ballymun.

Overall aim:

To help both children and their parents reach their full potential within a regenerated Ballymun by providing an appropriate range of services that enhance learning and future life opportunities in the community.

The key to success for this initiative is based on a partnership approach between the statutory, community and voluntary sectors, as no one agency is capable of providing all of the required services. A commitment to developing new ways of working together is essential.

Objectives:

- Provide information on and access to a range of pre-school services that meet the needs as identified by the community
- Provide information on and access to a range of after school services that meet the needs as

identified by the community

- Provide information on and access to a range of family support services that include counselling, information on health issues for both parent and Child
- Provide information on and access to support groups
- Provide a range of accredited childcare training to assist workers to acquire new qualifications and / or to upgrade their current skills.
- Provide information on and access to a range of adult and community education for parents (e.g.) personal development courses, child development, health care information, parenting, etc
- Streamline services to limit the fragmented nature of family services currently in evidence.
- Carry out ongoing research, monitoring, needs analysis and evaluation to determine the benefits not only to individual children and their parents, but also to the wider community. This will also be important for identifying gaps within the range of services available.

Expected outcomes / outputs:

- An increase in and improved quality of parental participation in child related activities
- An increase in the number and variety of pre-school and out-of- school places available in Ballymun on a year round basis.
- Increased inter-agency communication and co-operation.
- Increased effectiveness of the statutory, community and voluntary sectors.
- Higher levels of trained childcare staff working in the area, leading to higher quality of service provision.
- The opportunity to develop an integrated system could be the beginning of a longitudinal study as suggested by the Commission on the Family in their report “Strengthening Families for Life”.

Terms of Reference

1. The CTF’s key aim is to devise a model for the provision of services in Ballymun for the 0-12 age group.
2. In doing this, the CTF will adopt an holistic, multi-faceted approach, and focus on children’s needs in addition to those of adults wishing to access work and educational opportunities.
3. It will focus particularly, but not exclusively, on the education and developmental needs of children of pre-school age.
4. The work will lead to the production of a final report, which will be practical and implemental. It will include the following sections:
 - Overview of number of children, differing needs, etc.
 - Priority target groups
 - Possible services to meet these needs
 - Specific proposals, including numbers, locations, costings and allocation of responsibilities for carrying through proposals
 - Management structures

- timescale
- Outline of structures for co-operation between state agencies and community groups
- Proposals for evaluation and review

Work to Date:

We have identified the need for an integrated childcare system that can support both children and parents in the differing stages of their development.

By identifying gaps in the current range of childcare services available, it becomes apparent that new services need to be created, and family day care services need to be strengthened to meet the additional need for centre based care.

Therefore, we are proposing the building of a **Community Childhood Centre**, which will provide a range of services for the children and parents of Ballymun. In essence, a “one-stop shop” which could act as a hub from which a number of outreach and home visiting services could emanate. (See attached diagram). This strategy is in the final stages of development and should be completed by early Autumn.

APPENDIX 4: Membership of Ballymun Local Drugs Task Force
--

Members

Organisations Represented

Mick Cowman	Chair; Ballymun Partnership
Hugh Greaves	Co-ordinator
John Adams	Urrús Community Addiction Training Centre
Deputy Noel Ahern	T.D.
Frank Brady	Coultry Area Forum
Paddy Brennan	Balcurriss / Balbutcher Area Forum
Deputy Pat Carey	T.D.
Jackie Caulfield	Ballymun Youthreach / VEC
Marie Cooper	Ballymun Community Links Against Drugs
Fiona Cormican	Ballymun Community Action Programme
Deputy Proinsias De Rossa	T.D.
Dave Dinnegan	Dublin Corporation
Ursula Fernee	Probation and Welfare Service
Roger Healy	Northern Area Health Board (Drugs Service)
Donnacadh Hurley	Ballymun Youth Strategy Group
Inspector Gabriel McIntyre	Garda Siochana
Jerry MacDonough	FÁS
John Mullen	Silloogue / Sandyhill Area Forum
May O'Brien	Poppintree Area Forum
Richard O'Dwyer	Shangan Area Forum
Lorraine O'Neill	Ballymun Voluntary Youth Council
Mona Parker	Ballymun Youth Action Project
Deputy Roisín Shortall	T.D.
Dr. Mary Scully	Northern Area Health Board (Comm. Care 7)

Staff

Position

Adrienne Cunningham	Reception / Clerical Assistant
Greg Foxe	Researcher / Development Worker
Brian Lane	Mini-bus Driver
Sean O'Cionnaith	Tenant Support Worker

Appendix 5: Gender Impact Assessment

The Task Force will ensure, during the implementation of this strategy, that the Gender Impact Assessment Guidelines contained in the commitment to equal opportunities between men and women, in the National Plan 2000 – 2006, are adopted.

During the establishment of projects receiving funding in the plan, project promoters will be asked to complete the table prescribed in the guidelines provided by the Department of Justice, Equality and Law Reform (see below).

All evaluation briefs prepared by the Task Force for the measurement of project outcomes and impacts will include questions designed to measure the performance of projects in terms of equal opportunities.

All selection committees or briefing committees will be formulated with strict observance to ensuring a gender balance on these.

Impact of expenditure activity on equal opportunities		
Positive relative to existing situation	Negative relative to existing situation	Neutral relative to existing situation
Women		
Men		