

# **North Inner City Drugs Task Force**

***Strategic Plan 2001***

***Phase Two of a Programme for Action***

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**January 2001**

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## **Acknowledgements**

The North Inner City Drugs Task Force (NICDTF) would like to thank all individuals, groups and agencies who contributed to the production of this Development Plan.

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Whilst many local groups, agencies and individuals attended meetings, provided information and contributed to the dialogue regarding problem drug use in the north inner city area of Dublin, a special thanks is owed to member of UISCE whose deep involvement and creative participation is especially welcomed. Particular thanks are also extended to the staff of the NICDTF, Julie, Mel & Sinead, for their hard work and commitment to the Plan process.

Finally we would like to thank the pupils of Larkin College for their intelligent, honest and humorous participation in a number of focus groups. This Development Plan is dedicated to them and to all the young people living in the North Inner City.

## Preface

Problem drug use, especially in relation to heroin continues to be a major issue in the North Inner City, despite the efforts of this Task Force and many other organisations.

It is however important to state that progress has been made and the successful evaluation of most of the projects in our first plan is one indication of that progress. Over the next few months, the 'mainstreaming' of these projects will be another positive indicator.

In our new development plan, problem drug use is seen in the context of social and economic exclusion. This link between issues of poverty and drugs ensures that there will be no easy or short-term solutions to the problem. We believe, however, that we have got the balance right with a strategy that tries to integrate prevention, treatment, rehabilitation and supply / control policies through practical interventions and has a process of ongoing consultation with all key players as well as a commitment to community development and research.

We think that the implementation of this plan will result in a real improvement in the lives of drug users, their families and the wider community.

A lot of effort, creativity and tolerance are required from many people if a Local Drugs Task Force is to work well. Over the last three years the NICDTF has been extremely fortunate to have people of calibre and commitment involved at various levels – the Task Force itself, its sub-committees and working groups, project promoters and the local Development Group. All of these people from the community, voluntary and statutory sectors, plus public representatives and drug user representatives from UISCE, deserve enormous praise and gratitude for their work on what were, on many occasions, complex and controversial issues. I hope they know how grateful I am for their efforts. We always tried to make rational and informed decisions, usually after constructive and sometimes passionate, but never bitter, debate, and I have to say that as Chair I received nothing but the fullest support and co-operation from everyone involved.

Unfortunately, it is not feasible to mention everybody by name but I think it is right to remember Annie Kelly, our community representative from Drumalee, who died in 1999. Annie made a lasting contribution to the work of the Task Force and we know she would be pleased to have her name associated with a drugs education bursary scheme.

The NICDTF has been fortunate to have staff of the quality of Julie, Mel and Sinead, and on behalf of the Task Force and myself, I want to thank them most sincerely for their hard work, commitment, patience and humour. Equally, our sincere gratitude is due to Liz Riches for her role in producing this plan and for her previous work as Coordinator. It is also important to express our appreciation to ICON and the NWICN as well as our thanks for the ongoing support of the Dublin Inner City Partnership and the National Drugs Strategy Team.

Finally, I would like to congratulate Maureen O'Sullivan on her appointment as the new Chair of the NICDTF and assure her of all our support in her new role.

*Fergus McCabe*  
*Chairperson*  
*North Inner City Drugs Task Force*

## Introduction

*“The premature assimilation of the IADP into the structure of the NICDTF, on the one hand, represents an opportunity to continue the general work of the project and many of its individual initiatives with access to greatly improved funding, but, on the other may signal a dilution of the local community influence, which in the last two years has depended very much on political pressure. The change in culture in statutory agencies may not be thorough or rapid enough, in the absence of the kind of pressure experienced in the last two years, to ensure that drugs policies and services are sufficiently responsive to the needs of the community and subjected to a genuine and rigorous process of accountability.*

*It is strongly recommended that the new Local Task Forces, the statutory agencies and central government embark on a period of reflection and analysis, parallel to their programme of practical intervention, in order to absorb the lessons of this momentous, rather experimental period. There is a special need to confront the continuing inadequacy of inter-sectoral arrangements at all levels and for statutory bodies to more pro-actively reach out to communities and to build structures that enable them to be informed, influenced and brought to account by the communities they serve.”<sup>1</sup>*

As documented in the Strategic Plan '97 (phase one) the NICDTF emerged as an amalgamation of the state proposed structure with the already existing Inter-Agency Drugs Project (IADP).

Whilst resourcing has increased locally with regard to drug related services over the period of 1995 - 2000, the full evaluation of national and local drugs strategies recommended by O'Mahoney has yet to happen. Without this analysis the actual impact of Irish Drugs Policy is unknown. For this reason the NICDTF has prioritised analysis and research within this plan with the aim of informing and developing this phase of work at the local level.

Data produced from the National Treatment Figures indicates a direct co-relation between clusters of problem drug users and communities excluded from social and economic development.

The NICDTF welcomes measures to promote social inclusion within the National Development Plan (2000 - 2006), in particular with regard to young people, offenders, equality of access to education, community leadership skills and childcare provision. The emphasis on integration and co-ordination of sectoral co-operation relates specifically to the work of the Task Force. The experience of the last two years would suggest that multi-sectoral planning necessitates greater facilitation at senior Department

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<sup>1</sup> *IADP Evaluation for World Health Organisation's Multi-City Action Plan on Drugs* - Dr. Paul O'Mahoney. December '97.



and Agency level than has been evident if it is to meet its aim of avoiding duplication and increasing the efficient use of resources.

An analysis of inter-agency co-operation as part of an overall assessment of the drugs strategy could pinpoint practical difficulties and so inform future integrated developments.

## **PART ONE - Review of progress in implementing the existing plan.**

### **SECTION ONE**

#### **NICDTF Phase One Objectives.**

In developing its phase one strategy the NICDTF stated its objectives as;

1. to remove the chaos of problem drug use through immediate treatment interventions and
2. to understand problem drug use as a result of social, economic and political circumstances.

The NICDTF attempted to do this by developing a programme for action, which tried to provide a balance between treatment, rehabilitation, prevention, education and enforcement measures. The Task Force aimed to undertake its actions within a community development framework with a key objective being to involve drug service users in the development of the Task Force strategy.

The NICDTF plan - phase one contained proposals for direct funding as well as recommending national and local action in a number of areas. All of the projects recommended for financial support were implemented over a two and half year period with the exception of one. Work is ongoing within the local area of the one unfulfilled project to identify changed needs and to respond accordingly.

There has been a clear learning curve regarding phase one and moving into phase two. Apart from once off projects, those proposing sustained action are all involved in proposals for phase two, bar one. The project not being put forward for further support is the only project to have indicated a negative experience in working with the NICDTF.

In addition, a number of priority actions, which were not funded by the NDST in phase one are being put forward, again in phase two.

#### **NICDTF Structures.**

In addition to the original IADP sub-committees of: Treatment & Rehabilitation, Prevention & Education and Supply Control, the NICDTF set up special task committees to deal with specific issues such as drug use and the penal system. The sub-committees meet monthly and have a cross sectoral representation. All agents with representatives at TF level also have representation at sub-committee level.

Ensuring that communication between the different elements of the structure is effective has not always been easy and has been impeded by a lack of consistency in representation, especially in relation to the Treatment & Rehabilitation and Prevention & Education sub-committees. The relationship between the Task Force, IADP, sub-committees and supported projects needs to be clarified to ensure a more effective operation. This process has already commenced and is ongoing.

#### **Representation.**

It is felt that there have been limitations on the role of TF representatives from the statutory sector due to the lack of specific time allocations to undertake work in relation to the TF, the lack of structured contact between Government Department and state agencies. There are no guarantees that issues brought to their agencies from the TF will be acted upon. In addition there are a number of different initiatives operating within the north inner city area, which require representation from the statutory sector. Often this falls to the same people.

Whilst in general attendance at NICDTF meetings has been good, there have been difficulties with maintaining a consistent community sector representation. This raises questions regarding the equality of the operation of the TF strategy. The voluntary nature of the representation, the amount of time needed to engage adequately with all structures, projects and information, the structures for dissemination and communication of information and strategies within the community, have all created the difficulty now apparent with limited community representation.

In order to address this the NICDTF needs to develop a comprehensive community participation strategy in consultation with local groups, the area networks and the Dublin Inner City Partnership (DICP). Consultation with the DICP will take place through the development of the second phase strategy, particularly in relation to arts, sports and community development.

In addition, any increase in representation from other Government Departments and agencies should be matched by an increase in representation from the Voluntary and Community Sectors to ensure equality.

The resourcing of voluntary projects to engage in networking would improve the capacity of the sector to interface more effectively with the TF.

From the outset, the NICDTF recognised the importance of involving the recipients of drug services in Task Force structures. The support for and development of UISCE has enabled representation of drug service users on the Task Force and its structures.

The recent addition of local public representatives to the overall Task Force body was welcomed by the NICDTF. Four TDs/City Councillors have been involved in the 3 TF sub-committees since its establishment.

### **Administration and Staffing.**

Although most supported projects are positive in relation to their engagement with the NICDTF, the, sometimes, repetitive administration demands, which are a part of the process nationally, were seen to be unnecessary and time-consuming. At times the administrative process has been slow and frustrating for projects and Task Force staff. Evaluation of projects tended to focus on outcomes as opposed to processes, and it was felt, did not highlight the developmental process of projects and Task Force strategies. It is suggested that a more streamlined administrative and evaluation process is developed which will enhance local and national strategies.

All Task Forces have one dedicated Co-ordinator whose role is multi-faceted and work load very demanding. The NICDTF has been fortunate in being able to maintain the support of a part-time Administrator through the auspices of the IADP and Section 65 funding from the ERHA. This funding has been guaranteed in the long-term by the NAHB, which the TF would like to thank for their consistent support.

During the operation of phase one of the NICDTF strategy it was agreed that the employment of a Project Resource Worker (PRW) would enhance the overall effectiveness of the Task Force, specifically in its need to support and assist in the development of the pilot projects. The role of the PRW has been evaluated as part of the national project evaluation process. However, despite a positive evaluation, the NICDTF understands that the role will not be mainstreamed as a core element of the ongoing strategy. The NICDTF has prioritised the PRW as a new proposal in this plan. Satisfactory staffing and resourcing is essential in order to maximise the effect of LDTF strategies.

#### **Inter-Sectoral Co-operation.**

Lack of top down consultation and co-operative planning between Government Departments and the LDTF structures have sometimes impacted negatively on the work of the TF. It has often resulted in the duplication of work and a lack of efficient use of resources. Planning that will affect the local area drugs strategy would be more effective if inclusive of the LDTF and its agents at the early stage of development. This has been pertinent in a number of areas relating to the NICDTF but most notably regarding proposals to develop drug treatment services within Mountjoy Prison and the piloting of a Drugs Court proposal.

There is a need for information provision on all aspects of the drug use issue to the local Task Force; this could be especially improved in relation to those agencies constituent to the Task Force. The difficulties in assessing the extent and nature of the local drugs situation are compounded by the lack of structured and regular dissemination of data.

#### **The Department of Education.**

The lack of engagement by the Department of Education with the Local Drugs Task Forces has been a consistent issue since the formation of the structures nationally. During phase one a representative from the psychological services of the Department of Education attended the Prevention & Education sub-committee meetings. Although her attendance was welcomed and extremely useful to the operation of the committee, it severely stretched her own resources as she was in a part time position. She was unable to maintain the contact when her role within the Department changed.

There have also been difficulties in maintaining a presence from local school personnel. It is intended to rectify this by developing greater co-operation with existing and emerging schools networks.

Despite repeated attempts by the NICDTF to meet and negotiate with the Department of Education regarding official representation at Task Force level and relevant local education issues, meetings with senior officials did not take place. Recently a preliminary meeting has taken place with the Assistant Secretary, NDST Education Representative and a member of the Social Inclusion Unit. At these meetings it was indicated that there is now a willingness to participate in initiatives with the TF and support for a negotiation process regarding inclusion in local structures.

The NICDTF, however, continues to support the work of ICON in its attempts to develop an Education Task Force, which would co-ordinate education initiatives at a local level. It is suggested that this is vital for the integration and effectiveness of local education measures.

**Evaluation and Impact on National Drugs Policy.**

The proposal to evaluate the operation of the NICDTF and its phase one actions was not accepted by the NDST in the last round of funding. The experience of the TF over the last two years has indicated that research and analysis are vital to the effectiveness of strategic development. Information, Assessment and Analysis are priorities of the NICDTF in this second phase.

**Mainstreaming.**

There has been a lack of clarity regarding the mainstreaming process. In order to build successfully on work and experience to date there is a need for projects/services to be able to plan for a 5 - 7 year period following a successful pilot. There is concern over the lack of suitability of substituting Task Force support with year-to-year funding initiatives. There is also concern that policy decisions taken by projects will be disregarded during the mainstreaming process.

**Local access to jobs in NICDTF supported projects.**

The funding of the phase one strategy of the NICDTF and the YPFSF has meant an increase in employment possibilities locally. The importance of this in an area prioritised for Social Inclusion measures should not be lost. All attempts possible were made by the NICDTF to utilise Local Employment Services, however, there is a need to formally measure the extent of local employment gained through the drugs initiatives.

**SECTION TWO**

**Details of Phase One Strategy;**

The NICDTF was active on a vast range of issues during its first phase. Actions included; direct project funding, brokering relationships between a project and one or more constituent agency, providing positive influences on statutory, community and voluntary service arrangements, maintaining unresolved issues on agendas for ongoing discussion, continuing to lobby for change regarding identified needs and supporting policy change.

The NICDTF produced a summary document of the phase one strategy that was widely circulated and more recently produced a newsletter to be delivered to every household in the area describing projects supported under its phase one strategy.

This section cannot do justice to the extent of work undertaken by the NICDTF and its Projects. It will show, however, what the individual elements of the strategy were and how the experiences of the last two to three years are being built upon.

<i><b>Research</b></i>
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**Local Data Collection.**

An identified area of need in phase one was for all agencies represented at TF level to ensure adequate local data collection and dissemination mechanisms.

*Outcome.* This remains on the agenda as a continued area of need for phase two.

**National Research Body.**

An identified area of need in phase one was for the NDST to establish a national research body.

*Outcome.* A National Research body has been established.

**“Prevalence, Profiles & Policy - A case study of drug use in north inner city Dublin.” (Isis Research Group).**

A piece of work partnered by the IADP/NICDTF and funded by Enterprise Ireland and the Combat Poverty Agency.

*Outcome.* Recommendations inform the ongoing work of the NICDTF.

**“The Implementation & Practice of Legislation Relating to the Disclosure of Information on Suspected Criminal Assets within Financial and other Institutions.” (Mel Cousins for Supply Control Sub-Committee)**

A critical study of the operation of relevant legislation relating to money laundering.

*Outcome;* Unpublished due to ongoing negotiations with the Department of Justice regarding recommendations made.

**Quantitative Analysis of Relapse in One Treatment Centre (Sheila Fogarty for Treatment & Rehabilitation Sub-Committee)**

A short analysis of available data on relapse patterns in the City Clinic.

*Outcome;* Data informs ongoing work.

**Saol Project; Research & Analysis study.**

A documentation process and evaluation report.

*Outcome;* Findings are central to rehabilitation priorities in phase two.

**Scoping Study on the Use of Rapid Opiate Detox for Babies.**

Due to reservations at the national level regarding the funding of a study, a seminar to debate the potential of this treatment in Ireland was funded by the NICDTF through its Development Fund. The seminar was organised by Dublin 7 Against Drugs.

*Outcome;* Seminar report pending.

**Study on Possible Measures to Address the Control & Monitoring of the Prescription of Benzodiazepines by General Practitioners.**

The need to control the leakage of Benzos onto the streets has been identified by most LDTFs in response to the emerging pattern of poly drug use. This need is still evident.

*Outcome;* Local research proposed in phase two may feed into the Protocol on the prescription of Benzos. The TF have recently given a presentation to the Dept of Health Steering Committee on this issue regarding needs and developments.

***Treatment***

**Emergency Services & Assessment**

The need to ensure adequate emergency service provision and to develop an assessment methodology, which would enable integration and co-operation between services, was pursued throughout the TF structures.

*Outcome;* Whilst integration centres are now being planned by the ERHA there is still an emphasis on centralised state services rather than a choice of services. Structured co-operation regarding state services and the voluntary/community sector remains problematic.

**Locally Based Treatment Services;**

**i) Community Drug Team - Hardwicke Street and District.**

The development of a Community Drug Team model for Hardwicke Street and District.

*Outcome;* Due to difficulties in establishment of original proposal, consultation is ongoing regarding the development of local services.

*Evaluation;* (Feasibility study undertaken)

**ii) The Snug.**

The development of a community based drug service response by MACRO.

*Outcome;* Discussions regarding service development to be included in integration process of phase two.

**iii) Chrysalis Counselling Service.**

The development of a community based drug service response by An Siol.

*Outcome;* Discussions regarding service development to be included in integration process of phase two.

**iv) ICON Community Drugs Support Service.**

Minimal funding diverted from the original Summerhill Service proposal as outlined in the phase one plan.

*Outcome;* Service development to be included in phase two.

*Evaluation;* Independent evaluation undertaken by Deirdre McCarthy, Community Technical Aid.

**Range of Services;**

**i) Residential Treatment**

The need for an extension of residential treatment facilities, within Dublin as a whole, has been pursued by community representatives since the formation of local structures. It demands significant co-operation between LDTFs in the development of a regional proposal given the need to consider allied issues such as childcare, progressions and after-care support.

*Outcome;* The NICDTF was unable to progress any significant action in this regard but research in phase two will feed into any necessary cross Task Force developments. Attempts to address alternative methods of treatment, including controversial areas such as Rapid Opiate Detox and Prescription Heroin have been documented elsewhere in the plan.

**ii) Soille & The Rutland Centre - partnership for treatment**

Jointly funded by ERHA. A partnership between two agencies to provide a quality treatment and social rehabilitation programme for drug users over 18 years of age from the local area.

*Outcome;* Discussions regarding service development to be included in integration process of phase two.

*Evaluation;* Independent evaluation undertaken by Bernice O'Donoghue.

**General Practitioners.**

The ERHA indicates a continuing need to involve more General Practitioners locally in the care of drug users. Their lack of willingness to engage with a structure like the NICDTF was evident from their almost total lack of attendance at a number of information meetings to which they were invited.

*Outcome;* Evidence regarding multiple prescriptions of Benzos indicates the need to support the development of a protocol in the short-term and to develop information sessions involving all medical professions, including those offering alternative therapies, in the long-term.

**Services for Young Users;**

Whilst there have been developments in the provision of services for younger drug users within the north inner city area it is evident that there is a significant amount of younger users not engaged with services. Sustaining the involvement of young people is problematic, young people need to be involved in the design and delivery of services to



their peer group and younger users are often not educated in the prevention of associated risks regarding drug use.

Young people who participated in focus groups for the NICDTF were aware of specific services within the community for young people but indicated a preference for relating to known local individuals and activists. The contradictions between youth culture, including its associations within a wider drugs culture and the “war on drugs” approach is evident.

**i) Talbot Centre**

Employment of an outreach worker.

*Outcome;* Following initial discussion it was agreed that the Centre would not employ an Outreach Worker directly but would use the services of other Health Board Outreach Officers.

*Evaluation;* Internal review of services undertaken in 1999.

**ii) After-Hours Youth Service Co-ordinator**

Employment of an after-hours worker to develop programmes for young people associated with the Crinan Project.

*Outcome;* a) Discussions regarding service development to be included in integration process of phase two, b) participation of project and worker in development of Youth & Drug Use Process for phase two.

**iii) The Cavan Centre - Residential Care Programme**

A residential programme for young people aged between 15 - 20 years of age from the north inner city area who have been or are at risk of developing a drug dependency.

*Outcome;* a) Discussions regarding service development to be included in integration process of phase two, b) participation of project in development of Youth & Drug Use Process for phase two.

*Evaluation;* Participant-centred evaluation undertaken.

**Drop in services.**

Analysis and discussion through Treatment & Rehabilitation Sub-Committee was ongoing during phase one.

*Outcome;* The potential remains on the agenda for phase two support.

**Urinalysis.**

Phase one indicated a need for an extension of facilities.

*Outcome;* Projects affected met with relevant Health Board staff.

**Referral and Treatment of Drug Using Offenders.**

The NICDTF operated from the outset that existing legislation made provision for the referral of drug using offenders for treatment (Misuse of Drugs Act '77 section 28), whilst understanding that dedicated treatment services were not in place.

Recent proposals to pilot a Drugs Court initiative for the north inner city area did not involve consultation, at any stage, with the NICDTF.

The NICDTF has, however, developed proposals regarding a strategy for drug users and the penal system and is currently engaged in a period of consultation with relevant agencies.

*Outcome;* Drug users and the penal system strategy to be included in phase two proposals.

**Children of Drug Users.**

The development of a service by the Ana-Liffey Drugs Project to provide care and support for children. Funding provided by ERHA (Community care) and charitable agencies.

*Outcome;* Discussions regarding service development to be included in integration process of phase two. Shortfall of funding to be negotiated.

<b><i>Rehabilitation.</i></b>
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The NICDTF engaged in ongoing consultation and analysis through its sub-committee structure regarding the provision of rehabilitation services. Its intention was to learn through this period of reflection in relation to the development of a strategy for phase two.

The TF engaged with the Social Development working group of the DICP regarding potential links to other initiatives. The pursuit of a co-ordinating body with regard to initiatives impacting on the north inner city area is ongoing with the DICP and the ISP and will further enhance the potential of practical linkages regarding human resources.

**SAOL Project - phase two.**

Funding secured through ERHA.

*Outcome;* Ongoing involvement in development of rehabilitation strategies.

*Evaluation;* See Research section.

**Peer Support Project (Asterisk) - Ana-Liffey Drugs Project.**

Jointly funded by NICDTF & ERHA. Training of and support to a network of peer workers.

*Outcome;* Proposals for development of project to be included in phase two strategy.

*Evaluation;* Pending.

**Targeted Jobs Initiative.**

It was intended to develop proposals regarding the establishment of a similar initiative to the Jobs Initiative that utilised the Social Economy to develop full time jobs, on a pilot basis, for the long-term unemployed. The extent of the workload in phase one meant no significant progress in this regard.

*Outcome;* The potential is still evident and could link to measures in the National Development Plan

**UISCE (Union for Improved Services, Communication & Education).**

The development of a drugs service users forum to enable the recipients of services to have a direct input into service and policy development. UISCE has one representative on the TF and two other representatives at sub-committee level.

*Outcome;* Service development to be included in phase two

### ***Training & Employment***

The two specific areas cited in phase one were local access to third level courses in addiction studies and peer/support workers training and employment. Whilst the former remains important in the long-term, it is still necessary to ensure that there is sufficient provision of culturally relevant community development and drugs awareness training locally. This may eventually lead to a phased access to relevant third level education. It is intended to address this through a community participation strategy in phase two.

The development of peer training is pursued through a specific proposal in phase two.

The need for Support Workers has been identified since the establishment of the Task Force locally. Difficulties have emerged, however, regarding different definitions of the role of Support Workers and their import, as reflected in proposed pay scales, between the ERHA and the community sector. The NICDTF is currently awaiting confirmation from the NAHB regarding the piloting of Support/Liaison Worker positions.

### ***Family Support***

#### **Family Support Co-ordinator.**

Employed within the Crinan Project, the Family Support Worker developed a number of groups within the Task Force area and facilitated a regional family support network.

*Outcome;* Discussions regarding service development to be included in integration process of phase two.

*Evaluation;* Crinan evaluation undertaken by Mark Morgan

#### **Family Therapy facilities - Talbot Centre.**

Funded by ERHA.

### ***Drugs Awareness***

] The ongoing work of the Prevention & Education sub-committee of the Task Force has identified current needs regarding the development of drugs awareness programmes. These are identified as part of phase two. The two key issues regarding schools programmes, however, remain the implementation and integration of relevant programmes regarding substance use.

#### **Parents Peer Education Programme.**

Operated in conjunction with Crosscare, this programme trained a group of local individuals to design and deliver drugs education programmes for parents groups. This project is now called Inner City Hope and has worked both within the Task Force area and outside.

*Outcome;* Service development to be included in phase two.

*Evaluation;* Evaluation has been ongoing throughout the project.

#### **Beg, Borrow & Steal Theatre Company.**

The development of drama based drugs awareness workshops in local schools and youth groups.

*Outcome;* The Task Force will not develop its engagement with this project promoter due to significant difficulties that emerged between the NICDTF and the promoter. The TF is, however, committed to exploring the potential of drama as an educational tool in phase two.

*Evaluation;* Evaluations undertaken by the Company at each point of contact by student/teacher questionnaires.

#### **Public Health Promotion.**

The development of a) health promotion material using a cartoon strip in Dublin Corporation's magazine 'Classmate' for primary schools and b) health promotion material on ecstasy for billboards and local groups.

*Outcome;* Reports on work will inform public health process for phase two. Evaluation and recommendations re mainstreaming pending

*Evaluation:* Evaluations undertaken by working group.

#### **Drug Awareness Week.**

A week of activities in the northwest area organised by An Siol.

*Outcome;* Reports on work will inform public health process for phase two Evaluation and recommendations re mainstreaming pending

*Evaluation:* Undertaken by project promoter.

### ***Education - general***

#### **Meetings with Department of Education.**

As stated earlier the intention was to meet senior officials within the Department of Education to discuss a range of issues.

*Outcome;* Preliminary meetings have now taken place regarding co-operation with initiatives and structures.

**After School Projects;**

Funding and support given to three projects in the local area, which offer children additional education support and diversionary activities.

**i) Community After-Schools Project.**

Extension of service provision to Ballybough & Gardiner Street plus funding of a Development Worker.

*Outcome;* Discussions regarding service development to be included in integration process of phase two in consultation with the ISP.

**ii) After-School Education Support.**

The development of an after-school project for the North Wall area.

*Outcome;* Service development to be included in phase two.

**iii) Step by Step Project.**

The development of an educational support service for George's Hill National School.

*Outcome;* Service development to be included in phase two.

<b><i>Youth Services.</i></b>
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The development of the Young People's Facilities and Services Fund during the lifetime of the first phase of the NICDTF strategy has increased capital and project funding in the area for young people at risk. There is now a need to co-ordinate more effectively between the two initiatives.

**Phoenix Project**

A service for young people from 13 - 18 year olds from the O'Devaney Gardens area who have difficulties engaging with the formal education system. The project has extended greatly since its original application.

*Outcome;* Discussions regarding service development to be included in integration process of phase two.

**M.O.S.T. (Montpellier and O'Devaney Striving Together).**

This is a Diversionary Project submitted by the Gardai to the Department of Justice. The NICDTF supported the prioritisation of the application due to the lack of service provision within the target area.

*Outcome;* Guidelines for the selection of proposed projects need to be clarified and structured collaboration with TFs when projects are proposed for a TF area need to be established.

**The Diamond Diner.**

A project designed by young people for young people to provide an alternative to nighttime street culture. An initial amount of finance was used for a feasibility study and the project has been piloted over a number of nights. During the pilot it was noted that the service attracted young people known not to be engaged with any other service.

*Outcome;* Discussions regarding service development to be included in phase two integration process and youth and drug use process.

**Ballybough Redevelopment Action Group.**

Establishment of a youth officer for the Ballybough area.

*Outcome;* Service development to be included in phase two integration process.

<i><b>Supply Control</b></i>
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**Community Policing Forum.**

The development of a pilot structure to enable community/Garda negotiations at a very local level on issues of community safety relating to drugs supply.

*Outcome;* Service development to be included in phase two.

*Evaluation;* Pending.

**Small Grants to Tenants Associations.**

The provision of a small grants scheme to enable local tenants groups to develop their capacity to organise locally.

*Outcome;* The administrative difficulties in financially supporting quite a large number of smaller groups during a difficult climate for tenants associations provided a definite learning experience. It is suggested that this function could now be better handled by resourcing local networks, and is particularly pertinent with regard to a community participation strategy.

**Local Bureau.**

The development of a local framework for monitoring the operation of legislation regarding drugs supply and nuisance. There were significant difficulties in establishing proposed mechanisms due to agency concerns. The role of the evaluator changed from evaluation to facilitation. The project is now up and running.

*Outcome;* Proposals for development are included in phase two.

<i><b>Sport</b></i>
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**General.**

The first Ministerial Task Force report<sup>2</sup> recommended the prioritisation of National Lottery funding for relevant proposals within LDTF areas. This was tested by the NICDTF by two proposals. Although one project received a small amount of funding, the evident purpose of the Ministerial Task Force recommendation did not appear to be supported by practice to any significant degree.

**East Wall Swimming & Canoe Club.**

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<sup>2</sup> *First Report of Ministerial Task Force on Measures to Reduce the Demand for Drugs.* 1996.

This project was supported for the purchase of equipment, which was made available for the use of individuals in local drug related projects.

*Outcome;* Practical experience to be built on by sports proposal in phase two.

### ***Evaluation and Structures***

In its phase one plan the NICDTF requested funding for an ongoing evaluation of its operation and strategy. This was not supported nationally.

The NICDTF also requested adequate staffing and funding to provide secure premises. These were met by the ERHA.

### ***Community Employment***

A number of Community Employment programmes were supported in terms of their provision within the remit of the TF.

## SECTION THREE

### **Factors Impeding Progress.**

- Lack of support for evaluation of local and national strategy at the important stage of moving from phase one to phase two.
- Non-relevant and lengthy national project evaluation process, which has not benefited the development of a phase two strategy.
- Excessive and repetitive administrative demands on Projects and TF personnel
- Lack of understanding by NDST of difference between Task Forces and supported projects that may not be categorised easily and, being developmental in nature, not able to fit into information demands.
- Lack of coherent data collection and dissemination, from state agencies especially.
- Lack of adequate core staffing of TF.
- Lack of inter-sectoral co-operation at senior Department level and lack of consultation with TF regarding planned developments that will impact on LDTF area. This is especially apparent with the Departments of Justice and Education.
- Lack of implementation of SMPP & SAPP in local schools and lack of integration of programmes with community and other agencies.
- The need for co-ordination between the numerous initiatives operating within the locality.
- Staffing levels; Probation & Welfare service and ERHA especially.
- The need for the TF to have a higher profile locally to ensure effective community representation.
- Limitations on agency personnel and resources for liaison and networking.
- Some agency representatives suggest that there is a lack of a realistic and common understanding of drug use/addiction within Task Forces and a lack of ownership of TF actions by all representatives.
- Delays with the delivery of funding.

### **Key issues for development emerging from supported projects and Task Force operation.**

- The need for evaluation and research at all levels.
- There is a need to plan more effectively regarding research.
- There is a need for monitoring of the research process.
- Dissemination of research findings should be structured.
- There is a need for the TF to absorb findings into ongoing development.
- There is a need for information on research undertaken by other TFs.
- Homelessness or unsafe/insecure living environments has been found by a number of piloted projects as being a key factor in an individual's capacity to sustain an engagement with treatment options.
- Multiple drug use and problematic alcohol use means that services must be consistent but flexible in approaches.
- The lack of available childcare associated specifically with treatment and progressions.



- Projects such as the Soilse/Rutland Partnership, ICON Drugs Support Service, Chrysalis and SAOL, which provide ongoing support, demonstrate the positive impact of long-term interventions.
- Projects cite the lack of co-operation between sectors and services as impacting negatively on the effectiveness of individual programmes. In particular there are operational barriers to co-operation between state services and community services.
- Training in various areas for different sectors has also been identified as a clear need. Statutory and voluntary services suggest that the community sector needs training in addiction, project management and negotiation. The community sector suggests that the statutory services especially need training in community development.
- All projects dealing directly with drug users suggest development with regard to family work and support is necessary.
- There is a need for cross Task Force development on the provision of different types of residential services.
- There is a need for services and the Task Force to engage with practitioners of alternative therapies.
- Young people are not being attracted to or sustaining an involvement with services.
- Young people are not involved in the design and delivery of services.
- There is a need for consistent needle exchange programmes to operate in the locality on a daily and weekend basis.
- There is a need for integrated action on HIV and Hepatitis particularly since the recent publication of HIV figures which indicate a major rise in infections.
- There is a need for engagement with other marginalised groups such as travellers and refugees.
- There is a need for the TF representatives to engage in a process of shared learning.
- The need for the integration of the long term plans of statutory bodies with local needs.
- The need for information provision and information sharing. The NICDTF was not consulted during the development phase of the Drugs Courts and has only recently been requested to nominate a representative despite the pilot being in the north inner city area. This clearly demonstrates the need for statutory agencies to disseminate information systemically to enable informed debate.
- The need to disseminate and review best practice and innovative responses.
- Integrating TF actions with response such as the National Anti-Poverty Strategy, the Integrated Services Process, Social Inclusion Measures and Integrated Area Plans.

**PART TWO - Development of a revised strategy.****SECTION ONE****Extent and nature of drug use in north inner city area;*****Treated problem drug use - North Inner City area*  
*National Drug Treatment Reporting System 1998.*<sup>3</sup>**

<b>D.E.D.</b>	<b>Frequency</b>
Arran Quay A	10
Arran Quay B	48
Arran Quay C	34
Arran Quay D	43
Arran Quay E	29
Ballybough A	47
Ballybough B	33
Drumcondra South B	7
Inns Quay A	21
Inns Quay B	39
Inns Quay C	31
Mountjoy A	140
Mountjoy B	46
North City	25
North Dock A	7
North Dock B	23
North Dock C	51
Rotunda A	28
Rotunda B	15
<b>Total</b>	<b>677</b>

<b>Ever previously treated</b>	<b>Frequency</b>
Never treated	107
Previously Treated	559
Not known	11
<b>Total</b>	<b>677</b>

<b>Gender</b>	<b>Frequency</b>
Male	384
Female	270
Not known	23
<b>Total</b>	<b>677</b>

<sup>3</sup> Information provided by; The National Drug Treatment Reporting System, Drug Misuse Research Division, Health Research Board.

<b>Age</b>	<b>Frequency</b>
Less than 15 years	4
15 - 19 years	115
20 - 24 years	187
25 - 29 years	173
30 - 34 years	113
35 - 39 years	63
40 years and over	22
<b>Total</b>	<b>677</b>

<b>Living Status</b>	<b>Frequency</b>
Alone	60
Parents/Family	326
Friends	14
Partner	169
Institution	19
Temporary/Homeless	34
Alone with children	33
Other	9
Not known	13
<b>Total</b>	<b>677</b>

<b>Employment status</b>	<b>Frequency</b>
Regular/Gainful employment	113
Unemployed	475
FAS/Training Course	29
Student	10
House wife/husband	10
Retired/Unable to work	1
Other	16
Not known	23
<b>Total</b>	<b>677</b>

<b>Age left school</b>	<b>Frequency</b>
Less than 15 years	210
15 years	165
16 & over	174
Still at school	9
Not known	119
<b>Total</b>	<b>677</b>

<b>Main drug of misuse</b>	<b>Frequency</b>
Opiates	636
Stimulants	11
Hypnotics/Sedatives	8
Volatile inhalants	3
Cannabis	15
Not known	4
<b>Total</b>	<b>677</b>

<b>Ever injected</b>	<b>Frequency</b>
Yes	537
No	119
Not known	21
<b>Total</b>	<b>677</b>

<b>Age first injected</b>	<b>Frequency</b>
under 15 years	25
15 - 19 years	251
20 - 24 years	117
25 - 29 years	41
30 - 34 years	9
35 years & older	5
never injected	119
unknown	110
<b>Total</b>	<b>677</b>

<b>Injected in past month</b>	<b>Frequency</b>
Yes	277
No	350
Unknown	50
<b>Total</b>	<b>677</b>

<b>Ever shared injecting equipment</b>	<b>Frequency</b>
Yes	346
No	107
Never injected	119
Unknown	105
<b>Total</b>	<b>677</b>

<b>Shared injecting equipment in past month</b>	<b>Frequency</b>
Yes	69
No	131
Not injecting	350
Unknown	127
<b>Total</b>	<b>677</b>

*Whilst the above data refers to people who received treatment for problem drug use during 1998 they do not constitute an estimation of the number of drug users within the north inner city area.*

The above figures indicate that;

- the highest percentage of those in treatment in the north inner city area are resident in Mountjoy B electoral ward
- there are now more males than females presenting for treatment in the north inner city area
- those in the age range 20 - 34 make up the majority of those attending for treatment
- a significant portion of those attending for treatment live with their family of origin
- the majority of attendees are unemployed
- a high percentage of individuals left school before 15 years of age
- the main drug of use for those attending treatment in the north inner city area is heroin
- over two thirds of those presenting for treatment have injected
- nearly half of those who have ever injected had injected in the month previous to data collection
- a very high proportion of those who have injected reported sharing equipment
- approximately one quarter reported having shared equipment in the month previous
- the most common age range for first injecting is between 15 - 19 years

### Additional Data

1. Other studies such as the *Comiskey* study<sup>4</sup>, which used the Capture & Recapture methodology to estimate prevalence in Dublin, indicate that drug use is much greater than suggested by the treatment figures. *Comiskey* estimates that the Dublin 1 area has a prevalence rate of 64 drug users per 1000 of the population. The Evaluation of the ICON Drugs Support Service estimates, on the basis of the *Comiskey* study, that the number of drug users within the ICON area alone could be in the region of 1,570.<sup>5</sup>

2. *Murphy-Lawless et al*<sup>6</sup> surveyed five treatment & support agencies in the inner city, their waiting lists, a residents' street survey and some local G.P.s lists for numbers using heroin and/or methadone at the time of the survey, or who had used heroin and/or methadone in the six months prior to the survey;

<b>Total number of cases of those using heroin and/or methadone</b>	<b>Number of total cases from the Dublin 1 postal district</b>
1,657	477
<b>Location</b>	<b>Number of individuals (Dublin 1)</b>
Treatment/Support Agencies	433
Users of more than one Agency	48
Waiting list & not in treatment	3
Waiting list & in treatment in other agency	1
On GPs books	20
Residents lists	41
<i>Numbers add up to more than 477 because they appear in different locations.</i>	

<b>Dublin 1.</b>			
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Total %</b>
15 - 19 yrs	22 (8.24%)	28 (13.5%)	10.5%
20 - 24 yrs	58 (21.72%)	75 (36.2%)	28.0%
25 - 29 yrs	85 (31.84%)	58 (28.0%)	30.2%
30 - 34 yrs	62 (23.22%)	34 (16.4%)	20.3%
35 - 39 yrs	27 (10.11%)	10 ( 4.8%)	7.8%
40 - 44 yrs	9 ( 3.37%)	1 ( 0.5%)	2.1%
45 - 49 yrs	4 ( 1.50%)	0	0.8%
50 - 54 yrs	0	1 ( 0.5%)	0.2%
<b>Total</b>	267	207	(474)
<b>Unknown</b>	3		

<sup>4</sup> Dr. C.M. Comiskey - *Estimating the Prevalence of Opiate Use in Dublin* 1996.

<sup>5</sup> Deirdre McCarthy, Community Technical Aid - *ICON Community Drug Support Service: Evaluation Report* 1999.

<sup>6</sup> *Prevalence, Profiles and Policy. A case study of drug use in north inner city Dublin.* Isis Research Group 1999.

***The authors of the report state that the figures are an underestimation of prevalence of drug use and outline difficulties in obtaining required data. The estimation, based on data gathered, of 20.44 users per 1,000 of the population of the Dublin 1 area differs, from that suggested by the ICON Drug Service Evaluation Report highlighting difficulties in establishing prevalence data.***

The findings of Murphy-Lawless et al through additional group work and case studies were found to be reflected in other comparative data;

- Entry to heroin use through a familiar social network
- Ready availability of the drug to young people in that network
- Motivations of curiosity, excitement and buzz in initial experimentation
- When regular use had set in, a lifestyle dominated by the business of heroin
- Illegal activity to support regular use
- In British, American and Irish contexts, hard drug addiction offering an alternative career to young people from marginalised backgrounds.
- Street trade in illegal drugs forms an extensive and expanding market in these countries including restricted, prescribed drugs.
- Multiple efforts of individuals at self treatment and available formal treatment to stay off heroin
- Staying off heroin critically dependent on appropriate treatment and aftercare facilities
- Need for long-term training and employment for former users.

3. The Talbot Centre - Annual Report 1999 which indicates a total referral figure for that year as 103 reflects on three very specific issues;

- statistics indicate that a significant number of young people attending the centre were homeless. The majority of these young people were involved with some form of drug use. For most of the young people who made contact with the centre, long-term stable accommodation is what they require.
- a significant number of young people attending the centre identified that they were taking benzodiazepines as a secondary drug. The recent review by Dr. Michael Farrell of the Eastern Health Board's drug service of the last five years<sup>7</sup> referred to the high levels of benzodiazepine use and that this indicated a major problem of poly-drug use, which required urgent and concerted attention.
- many young people believe that in order to achieve an opiate free lifestyle, they have no option but to undertake a methadone detoxification programme. Some are genuinely concerned about the severe withdrawals they experience as they come towards the end of their detox. How can people be better supported as they complete their detox programme?<sup>8</sup>

<sup>7</sup> External Review of Drugs Services for EHB. Farrell, Gerada, Marsden. Jan '00

<sup>8</sup> The Talbot Centre - Annual Report 1999.

4. The ICON Community Drug Support Service (ICDSS) recorded that, between the 18<sup>th</sup> June 1996 and the 18<sup>th</sup> December 1998, 268 clients attended the service, these 268 clients made a total of 651 visits. The client group is primarily from the Dublin 1 area and 88% are drug users. The evaluation report of the service indicates a significant usage of ICDSS for; gaining access to other services - drug related and legal/social services, talk & support and to address housing difficulties.<sup>9</sup>
5. Department of Health and Children statistics released in December 2000 show that since May 30<sup>th</sup> 1999, there have been 302 new HIV infections.

#### Annual HIV Cases 1994-2000 (\*Figures from Jan – June only)

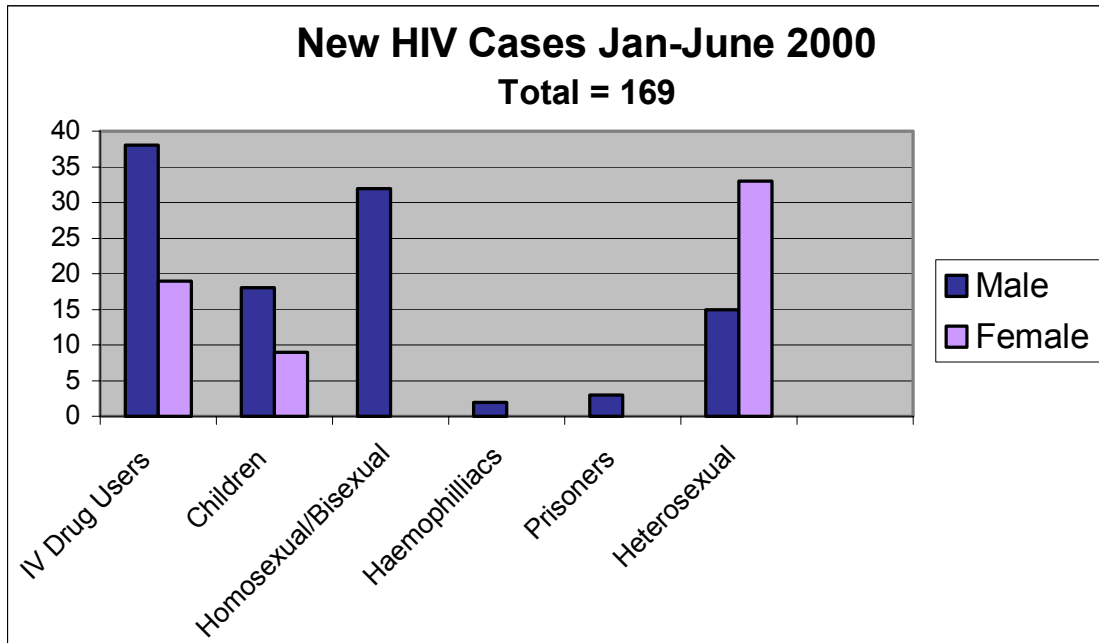
	1994	1995	1996	1997	1998	1999	2000*
IV Drug Users	20	19	20	21	26	69	57
Children at Risk	10	4	8	10	20	23	27
Homosexual/Bisexual	31	33	41	37	37	40	32
Haemophiliacs	-	-	-	-	-	-	2
Haemophiliac Contacts	-	1	1	1	-	1	-
Hospital Staff/Occupational	-	1	0	3	0	2	-
Transfusion	-	-	2	1	1	0	-
Organ Donors	-	-	-	-	-	1	-
Blood Donors	2	-	5	1	2	1	-
Visa Requests	-	1	0	-	-	-	-
Prisoners	-	2	2	5	3	13	3
Hetero/Risk Unspecified	22	30	27	40	47	59	48
<b>Totals</b>	<b>85</b>	<b>91</b>	<b>106</b>	<b>119</b>	<b>136</b>	<b>209</b>	<b>169</b>

Figures from Department of Health and Children Dec 2000

For the first six months of this year, there was an average of **28 new infections per month** compared to an average of 15 per month in the same period in 1998.

<sup>9</sup> ICON Community Drug Support Service - Evaluation Report 1999. Deirdre McCarthy CTA.





### Garda Statistics

The 1998 Annual Report of An Garda Síochána indicates that;

- the Dublin North Central Division recorded the highest number of heroin related offences where proceedings commenced (221).
- it is worth noting that the figures relating to cannabis, cannabis resin and cannabis plants are significantly lower in the North Central Division than other Divisions within the Dublin region. The high figures relating to cannabis rather than heroin in other Dublin Divisions suggests that a significant amount of expenditure relating to the control of drugs supply in the Dublin region is targeted at cannabis.
- this is also reflected in the quantity of drugs seized where 64% of cases relate to cannabis and 13% to heroin.
- possession offences recorded by the North Central Division total 112, which is the lowest figure within the Dublin region whilst 360 supplier/dealer offences were recorded which is the highest figure in that category for the Dublin region.
- the total figure for possession only in the Dublin region is 1,691 and the total figure for supply/dealing in that region is 1,250. Again this would suggest that significant expenditure is targeted towards drug users and not dealers.
- there are significantly more males than females against whom proceeds for **all** drug offences were commenced (North Central Division), the highest category being males over 21 years.

## SECTION TWO

### Profile of current and planned service provision

#### ***Drug Treatment & Rehabilitation Services;***

There are currently three ERHA satellite drug clinics operating within the geographical area. These offer methadone maintenance, programmes for those smoking heroin, counselling and allied services. The mobile clinic offers low dosage maintenance for individuals whose addiction is classed as chaotic.

Figures as of November '99 indicate that the City Clinic had 299 clients, The Mews 78, The Thompson Centre 131 and the smokers programme 27. The mobile clinic has 101 clients from across the city. 70 individuals currently attend a GP prescribing clinic in the North Strand Health Centre. Premises for the overspill from the smokers programme will be operational from the Autumn of 2001.

The ERHA is currently developing a Clients Charter for users of its clinical services.

Local individuals have access to Cuan Dara through the satellite clinics and will have similar access to the planned in-patient stabilisation unit and the downstream unit (ERHA).

The Soilse programme (ERHA) is also based within the local area but has a citywide remit. Its pilot partnership with the Rutland Centre offers a long-term support programme for 10 individuals from the local area and was funded by the NICDTF in phase one.

The Talbot Centre (ERHA) offers non-medical services for young people; counselling, family therapy, education and referral.

The Crinan Project, a partnership between the ERHA, the Salesian Brothers and ICON, offers a holistic detoxification and social rehabilitation programme for 15 young drug users from the north inner city. Current work also involves street outreach with young people known to be at risk of developing a serious drug dependency, parent's support and training, parent outreach and family therapy.

The SAOL project is a social rehabilitation and education project for women stabilised or drug free who have progressed from the City Clinic.

The Ana-Liffey Project is the longest established service in the area, which offers a wide range of training initiatives, a drop in, peer work, a childrens project and other allied services.

There are three community led drugs support service operating in the locality. The Snug and Chrysalis Counselling Service are based in the northwest area and were established

by NICDTF funding. The ICON Community Drugs Support Service was established in 1996 and received a small amount of funding from the TF in phase one.

The Family Support Service (ERHA - Community Care) offers practical support and interventions for local families experiencing difficulties, including those with drug addictions.

Oasis Counselling service, based in North Wall, is a voluntary service offering counselling and referral to individuals from the locality.

The After-Care and Recovery Group (ACRG) is a relatively new service offering a drug-free training and development programme to 12 local individuals.

Dublin Aids Alliance, Open Heart House and Cairde are based within the area and offer services and training regarding AIDS, HIV and Hepatitis.

UISCE is a drugs service users forum established by the NICDTF to enable drug users to participate in Task Force and other structures and hence impact on drugs policy.

An extension of drug treatment facilities is currently being planned for those detained in Mountjoy and a local liaison mechanism regarding services for drug using offenders is being established.

A Drugs Courts pilot has been established in the north inner city since the beginning of the year.

The Probation & Welfare Service currently has 6 staff working in the area and is planning the employment of 3 additional staff to continue and expand the provision of individual, family and community based work with offenders, including offending drug addicts. It is also planning for a locally based office within the next number of months. The Service is negotiating 100 addiction recovery places to be made available by health authorities and voluntary groups for their clients. Future strategies will focus on early school leavers from disadvantaged backgrounds.

Both the Bridge Project and Pathways provide services for individuals released from detention and have structured links with drug services. PACE is seeking to set up a residential facility within the north inner city. It is intended that the facility will provide training and support for females released from prison.

The ERHA is planning to extend rehabilitation services within the area based on their blueprint document<sup>10</sup> part of this development will involve the employment of 8 Key Workers for the local area.

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<sup>10</sup> *Rehabilitation Research (EHB)*. Peter Dorman July '99.

Significant portions of clients attending the Merchant's Quay Project are resident in the north inner city.

There are other services operating in the locality that do not have a specific brief to deal with the north inner city area.

***Prevention & Education Services***

Most services providing treatment and/or rehabilitation also have a prevention & education function, in particular The Talbot Centre, Chrysalis, City Clinic, The Mews, The Thompson Centre, Soilse, Dublin Aids Alliance and the Ana-Liffey Project.

The ERHA is putting in place Assistant Health Promotion Officers for primary and post primary schools and has one Drugs Education Officer covering the TF area.

There are a large number of youth projects in the north inner city ranging from after-school services to youth groups. The Submission of the North Inner City Development Group to the Young Peoples Facilities and Services Fund indicates that prior to the implementation of new projects and initiatives these included; 5 youth groups in the Dominic Street parish, 4 in the East Wall area, 9 in the Gardiner Street parish, 4 in the North Strand/Ballybough area, 15 in the Sean McDermott area as well as the Lourdes Youth & Community Services and the Adventure Sports Project, 5 youth groups in the Sheriff Street area and 11 in the Stoneybatter area as well as the Stoneybatter Youth Service, the Markets Youth Service and the Phoenix Project.<sup>11</sup>

*Projects funded under the YPFSS in the north inner city area include;*

Aosog Project  
Corinthians Boxing Club  
St.Francis Xavier Youth Club  
Blackhall Parade area, youth worker  
East Wall/North Port Youth Development  
Markets Area Youth Service  
Citylife  
Wexford Centre Project  
After School Care - Dublin Christian Mission  
St.Anthony's Youth Project  
O'Devaney Gardens Youth Worker  
Lourdes Youth & Community Services - drop in centre.  
Cavan Centre  
St.Agatha's Hall development  
Champions Avenue Youth Club  
MATES Project  
An Siol Education Support  
St.Laurence O'Toole Folk Group

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<sup>11</sup> *Submission by North Inner City Development Group to The National Assessment Team for funding under the Young People's Facilities and Services Fund. O'Neill & Associates 1998.*

Partners for O'Devaney  
Ballybough Redevelopment Action Group  
North Wall Youth Development Group

In addition the Gardai are proposing a Youth Diversionary Project for East Wall, the application has been submitted to the Department of Justice. Consideration is also being given to Youth Diversionary Projects for Sheriff Street and North William Street/Clarence Street. It is proposed that these will target children not currently engaged with services but known to be involved in anti-social behaviour. Three other Youth Diversionary Projects exist in the area; NICKOL, MATES and MOST.

The Gardai are planning the development of a Secondary School Initiative, which will address the potential for an awareness type programme on areas of crime and safety. They currently have in place a Primary School Programme that targets 5th Class and they often undertake once off talks with youth clubs and programmes through their Juvenile Liaison Scheme.

All schools within the area have had personnel trained for the implementation of Substance Misuse Prevention Programmes, however information on actual implementation is not available. The Task Force is aware of at least one school that is not implementing the programme.

The Probation & Welfare service aims to put in place measures to divert abusers from further crime when before the courts. The service is planning an extension of drugs education programmes.

### ***Housing & Homelessness***

Under the Integrated Area Plans (see below), a number of existing housing schemes are being refurbished either by Dublin Corporation or as social housing units. Estate Management schemes are ongoing as part of the measures being introduced by the Corporation and officials report that actual evictions relating to anti-social behaviour are negligible. This could be disputed by voluntary agencies.

The Dublin Docklands Plan contains measures for the provision of "affordable housing".

The ERHA are planning to develop early alert systems to track people evicted from Dublin Corporation housing for anti-social behaviour and are establishing multi-disciplinary teams for homeless individuals, especially women with children, in conjunction with Dublin Corporation and the voluntary sector.

A Monitoring group is being established which will co-ordinate all homeless initiatives in the region involving Dublin Corporation, Dept of Environment and the Homeless Initiative. Liaison will exist with other ERHA services.

Two new day care sites for the homeless in Dublin city are being planned as are two high support hostels for homeless persons with addictions or psychiatric problems.

As well as providing their own Homeless Unit, Dublin Corporation are also involved in the Forum for Youth Homelessness, the Homeless Initiative, and ERHA Homeless Unit, proposals for wet & dry hostels, a half way house and Outreach Workers who will work with the long-term homeless.

Dublin Corporation are developing a Customer Care Document and a Tenants Charter as well as extending their Tenant Training services with designated tenant training officers.

Housing remains a key issue for those involved in the delivery of services to drug users.

### ***Supply Control***

One Community Policing Inspector and a Drugs Squad Inspector are currently involved in the Management Board of the Community Policing Forum pilot.

The Local Drugs Squad is made up of 14 Gardai and 2 Sergeants.

### ***Integrated Planning***

Dublin Corporation is putting in place 3 Integrated Area Plans that impact on the NICDTF area; North West Inner City (HARP), North East Inner City and O'Connell Street. A Monitoring Committee for each IAP is in place. Each monitoring committee has representation from the community and voluntary sector. The Integrated Area Plans address issues such as the integration of social and physical planning, housing developments, community gain regarding employment, training and education targets, support for community facilities, links with the commercial sector and links between the plans for community benefit.

The ERHA is implementing a Social Development Strategy, which aims to provide for co-operation with other agencies especially those specific to the Integrated Services Process, Task Forces and Area Partnerships.

Through its Social Inclusion Unit the Corporation are prioritising childcare and are providing crèches for three developments in the north inner city. In addition all new housing developments will have childcare facilities.

A Civic Campus has been set up in Sean McDermott Street, which includes a One Stop Shop for local services (see below).

With regard to the Probation & Welfare Service, the senior probation & welfare officer has an ongoing role in consulting with local organisations and individuals and represents the service on the ISP and NICDTF. There is, however, no formal framework for the integration of the service with others.

The Dublin Docklands Master Plan includes proposals for developments within the Docklands area under the headings of employment, education & training, enterprise and investment.

The Integrated Services Process which covers a part of the NICDTF area is producing a two year plan covering priorities regarding early school leaving, local service delivery, family support services, play facilities and community after school projects. A key area of work of the ISP is to maximise community participation. Action has already developed in a number of areas including the establishment of a centre to co-ordinate and focus existing services for young parents and their children, the one stop shop to improve access to services for local people from a range of statutory agencies, a directory of statutory services available in the area, a community forum and short-term funding for the Community After-Schools Project.

### ***Training***

The involvement of FAS in responding to the drugs problem in partnership with other state, voluntary and community services has been expanded.

Currently priority is given to projects seeking Community Employment funding which are approved by the Local Drugs Task Forces. In the NICDTF area these include; Down to Earth Theatre Company, Dublin Aids Alliance, ACRG, After-School Education Support (ASES) and MACRO.

### ***Local Networks***

There are two local networks operating within the geographical area; ICON and the NWICN. Both networks are closely linked to the work of the Dublin Inner City Partnership and provide community lobbying, co-operative and development structures within the areas of; economic development, housing, education, youth services and social/cultural development. Their priorities regarding drugs issues include;

- training and support for representative structures.
- increased involvement in task force sub-committees
- support for a care plan approach for those in treatment
- support for community-led services
- the need for priority action on education provision
- active integration and partnership with other sectors in service delivery
- training & development for drug users
- prostitution and drug use

### ***Community Development Programme***

There are a number of Community Development Programmes in the area operating under the functions of the Department of Social, Community & Family Affairs. These include; The Inner City Renewal Group which also operates the Local Employment Service, Lourdes Youth & Community Services, MACRO and An Siol.

### ***Some conclusions regarding current and planned services***

- There are a large number of groups and initiatives operating within the geographical area that demand the time and energy of the same individuals.

- There are a number of initiatives that overlap in functions and operations
- Housing, childcare, and education are key issues for most groups and initiatives
- There is a need for joint analysis and agreement of targets & goals between the initiatives operating within the area
- There is a need to sustain community participation in the design, delivery and ongoing analysis of programmes.
- There is a need for greater inter-staff communication and inter-agency communication.
- A large number of groups and initiatives experience significant difficulties in engaging with the Department of Education.
- There is a need for increased collaboration by agencies and Departments with the Task Force when services are being planned locally.



## SECTION THREE

### Identified gaps in current service provision.

#### **NICDTF Consultative method.**

In order to identify gaps in current service provision and to review the first phase of operation of the NICDTF a process of consultation with sub-committees, relevant groups and initiatives, and supported projects was undertaken and is ongoing with regard to the development of a phase two strategy.

#### **Issues emerging from consultation meetings with *supported projects*;**

##### Structural/Operational issues:

- positive experience being part of TF process
- need for ongoing review, assessment and evaluation of projects
- need for regular networking opportunities to develop integrated approaches
- difficulties in getting premises for Projects
- Concerns regarding mainstreaming process; e.g. the potential for statutory services to alter projects.
- TF funding enables reflection and documentation of processes and techniques.
- the need to agree quality standards.
- the need for clear guidelines regarding applications for funding
- the need to improve the operation of partnership approaches and to develop integration
- projects supported by the TF to be involved in policy development.
- the need for cross Task Force networking

##### Prevention & Education issues

- the need for an element of youth involvement in the management and control of youth projects
- the need for after-hours services for young people at risk
- the need for practical family support to encourage a return to education, this should include financial support

##### Treatment & Rehabilitation issues

- need for flexibility in dealing with service users
- continue to give drug service users a voice.
- there are gaps in childcare services generally but also specific to drug services.
- progression routes for individuals from/during treatment to training, education and employment.
- the need for a case management approach
- the need for continual training regarding patterns & changing nature of drug use
- the need for staff and project training especially regarding management skills
- the need for bereavement services
- the need for outreach/street work, especially with young people.

- staffing levels of state services, especially within the ERHA and Probation & Welfare Service and the impact of a rapid turn-over of staff on the continuity of care
- housing & homelessness are a priority
- there is need for support whilst individuals move through programmes
- HIV and Hepatitis strategies to be fully integrated to TF work

Supply Control issues

- dealing sites within the community
- addressing the needs of offenders both within prison and within the community

**Issues emerging from *Community Consultation Meetings*;**

Structural/Operational issues

- the name TASK FORCE and its connotations. Should be changed to something less macho and military
- the need to resource existing groups to engage with target groups
- the lack of information dissemination and community awareness regarding initiatives and programmes
- the need to develop greater links with local networks to inform community base.
- the need to address cross Task Force initiatives
- the need to enable access by groups not currently represented
- the need for Community Development/Participation training and training for voluntary management.

Treatment & Rehabilitation issues

- difficulties regarding immediate access to treatment
- the need for more progression routes
- the need for ongoing support especially following detox
- the need for residential support at all times of progression
- referral and support needs for the Ballybough area.
- the need for childcare support for individuals on programmes
- young people involved in drug use not accessing services
- homelessness and lack of support for individuals out of home/in emergency accommodation
- poly drug use and especially the misuse of prescribed tablets
- the need for male specific rehabilitation services.
- addressing prostitution and drug use.
- the need for integration of statutory and community based treatment/rehab services.

Prevention & Education issues

- innovative programmes in schools
- the need for parental education programmes

Supply Control issues

- dealing sites, especially local parks
- general crime, especially young people and cars
- the need for integration of enforcement agencies.

***Key points from pupil focus groups;***

- nothing for young people to do, need for more things like community festivals
- most aware of treatment services in the area but associate assistance/support with known community individuals
- aware of community initiatives such as Christmas tree, felt the situation had got better. (“You don’t see people banging up on the street.”).
- young people would benefit from drugs education in school given the right teacher, the fact that a lot of teachers are not local seems to be a key issue for pupils
- attitudes of teachers are very different from the reality of young people’s lives
- content, style of teaching and culture of school is very important in retaining young people from this area in school
- don’t feel parents know much about drugs education
- most common drugs within age/peer group;  
alcohol, cigarettes, hash, ecstasy
- cannabis use accepted as prevalent. (“Sometimes you get depressed. There’s a little buzz. Nothing compared to heroin. Your eyes get red. You can get caught by the police.”) And alcohol use; (“Drink driving is a bad side effect. Drinking too much can make you sick. Getting caught.”)
- would like to be consulted about services provided for them as young people but need to use other avenues as well as school to consult those out of school.
- too few youth clubs and waiting lists too long; initiatives like boxing club to involve girls
- most would be willing to get involved in running a service if they got support.
- consult by using young people to elicit the information, do surveys
- a young person’s forum would be a good idea – this could be done through the school
- general assumptions that hash is commonplace and not particularly harmful
- general perception that people can and do recover from drug addiction

## **Issues emerging from NICDTF Sub-Committees and ongoing work**

### Structural / Operational Barriers to Integration

- The clear indication of exclusionary issues relating to problem drug use locally and nationally require formal linkages with the community development programme as operated by the Department of Social, Community & Family Affairs. Profiles of problem drug users indicate the potential for the integration of the two programmes locally and nationally. This would also benefit the development of cross task force action with regard to additional initiatives such as the inclusion of Travellers groups.
- Lack of integration of policy and practice from CEO to service level.
- The documentation and absorption of good practice needs to be encouraged through the resourcing of projects for review, evaluation and information dissemination functions.
- Projects also need to be resourced creatively for engagement with TF policy development.
- The need for staffing shortages and integrated training to be addressed
- Difficulties experienced by Projects in obtaining premises.

### Treatment & Rehabilitation

- Current services not addressing needs of younger group - not being attracted to or being unable to sustain involvement of young people. Experience of Probation & Welfare Service with recidivism and lack of other service contact. The potential of outreach, after-hours services and peer work needs to be resourced.
- Restrictions on counselling services within the clinics and the need for pro-active engagement with and support for locally developed holistic support services.
- Resolving the differences in perceptions of a care plan approach between the state and the community/voluntary sectors
- The need for local community support workers
- The lack of progression routes compounded by a lack of integration between services.
- The opiate focus of most services and the need to respond to the changing patterns of drug use by integration.
- The lack of appropriate links with mental health services.
- The need to avoid duplication.
- The lack of evaluation of state provision of treatment services
- The need for service user representatives
- The need for Hepatitis and HIV strategies to be resourced
- The need for consultation with and participation of the Task Force regarding planned services for prisoners
- The need for male specific services
- Need a training strategy to overcome staff shortages, which would include the voluntary sector and their needs to be a standardisation of training by a national authority.
- Need for support for individuals in emergency accommodation and support for individuals to maintain secure housing during at risk times e.g. when involved in treatment. Also need for homeless units for drug users, and a transition unit.
- Need for childcare provision linked to treatment and rehabilitation services

Prevention & Education

- The need to prioritise appropriate and approved SMPP & SAPP
- Schools should be accountable to the Department regarding the implementation of Substance Misuse Prevention Programmes. There is a need for schools to be compelled to make returns to the Department of Education regarding the implementation and delivery of SMPP/SAPP.
- The newest local education facility, Larkin College, does not implement the SAPP programme.
- Need for innovation in a preventative education strategy, using forms of cultural expression.
- The need for the engagement of other agencies with schools in the delivery of SMPP/SAPP to be co-ordinated as part of an overall response to ensure a consistency of message. Such additional responses not only need to be structured and co-ordinated but must also be long-term and part of an overall evaluation process.
- Supportive schooling is necessary to ensure young people stay in school longer
- There is a need for a consistency in the quality and delivery of programmes within the non-formal education sector.
- The development of innovative and culturally relevant youth programmes that are inclusive and consultative to the target group are necessary and should promote sports, art, music, dance and multi-media technology.
- After-hours services for young people at risk are necessary.
- Need for links with the Community Development Programme, third level institutions and the Dublin Inner City Partnership regarding a drugs education training strategy.
- The need for analysis and development of peer work regarding drugs education.

Supply Control

- Addressing community safety and dealing sites
- Lack of co-ordination and information exchange between enforcement agencies
- Information dissemination regarding strategies and effectiveness

## **PART THREE**

### **Phase Two Objectives, Strategies and Actions**

## SECTION ONE

### ***NICDTF Mission Statement.***

This second phase of the North Inner City Drugs Task Force strategy aims to develop the foundations delivered in the first phase development plan. The NICDTF continues to approach the issue of problem drug use within the north inner city as being exacerbated by a history of social and community exclusion. Its strategy within this development plan is to integrate treatment, rehabilitation, education, prevention and justice policies through practical applications. A networked community development and equality approach remains central to the strategy. Such an approach demands that the strategy is inclusive to the community, including drug users and their families.

### ***Operational Principles***

The principle of building from the first phase ('97 - '99) is central to the second phase strategy in order to pursue a policy of integration based on learnt practical experience and operation. The NICDTF operates on an understanding of the need to be flexible, to respond to changing situations and to support new local initiatives. It is also clear, however, that structures and supports offered to existing projects and services must be maintained.

The NICDTF functions within this phase of development are; ensuring that existing resources are effectively spent, funding pilot projects which will enhance current and planned services, proposing policy change, supporting the development of a local infrastructure and brokering relationships between services and sectors. The TF is clear in its purpose that short-term or pilot funding will not replace the responsibility of the statutory sector to provide adequate and effective services.

To maximise effectiveness, the NICDTF seeks to be transparent and participatory in the development of its strategy. This necessitates support for locally developed community and interest group networks and an inclusiveness with regard to its own structures. This also necessitates ongoing review and evaluation.

The NICDTF is clear in its understanding that the relatively small amount of finance spent on the drugs strategy will not provide 'a solution' to problem drug use. Addressing social inclusion through long-term planning, integrated funding and actions, and bottom up developments which impact on education and employment/enterprise could create a climate where problem drug use may lessen:

*“Both national (Cullen '97) and international research (Pearson '91) has highlighted that the experience of problem drug use is not randomly distributed across the population, but rather it is highly socially patterned. It occurs disproportionately in areas adversely affected by high levels of social deprivation and social exclusion. Such areas are characterized by low levels of educational attainment, high unemployment*

*rates (Pearson '91), high crime rates (Parker '98), run-down environments (Sibley '95) and social instability.*"<sup>12</sup>

*"..alleviating poverty and building an inclusive society will yield multiple benefits by reducing the direct cost of social exclusion, improving the quality of life generally and allowing people to contribute to the wealth of the nation and share in the benefits of economic and social development."*<sup>13</sup>

### ***Strategic Objectives.***

There are four key strategic objectives to the second phase of the NICDTF strategy. The objectives include proposed developments within the areas of; treatment & rehabilitation of those who are drug dependent, HIV and Hepatitis, the prevention of drug dependency, health education, the operation of the law regarding drugs supply and use and the operational functioning of Task Force structures locally and as part of a national strategy. In addition, the strategy attempts to position the NICDTF within an existing framework of community development and social inclusion initiatives within the North Inner City area.

The key objectives of the second phase are;

- 1. information, assessment & analysis.**
- 2. building on existing support to projects.**
- 3. resourcing identified gaps in services.**
- 4. innovation.**

### ***Plan Development Process***

This has consisted of consultation and information meetings with project promoters, NICDTF sub-committees, local community, statutory, voluntary and youth services.

Three initial consultation meetings were held: one specifically for projects funded through the NICDTF and two for community members. Both the Prevention and Education and the Treatment and Rehabilitation sub cmtes hosted seminars / consultation meetings that were open to all community members and service providers in the area. From these meetings a draft plan of objectives and priorities for action was drawn together by the TF and a Development Group formed to oversee its progress. A further process of development with those proposing projects and NICDTF sub-cmtes was then undertaken.

Project promoters were requested to fill out a detailed application form that outlined: organisational details, aims and objectives of the project, target group details, financial statements and reporting details.

Projects were grouped under the following headings:

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<sup>12</sup> *Wherever I Lay My Hat...a study of out of home drug users.* Merchant's Quay Project '99. (p60)

<sup>13</sup> *National Development Plan 2000 - 2006.* (10.6)



Treatment and Rehabilitation  
Prevention and Education  
Supply/ Control  
and Community Development / Infrastructural Development.

The relevant NICDTF sub committees were then assigned the tasks of considering each project and making recommendations regarding priorities. Community development projects, staffing / infrastructural needs as well as projects that fell outside the above categorisation were assigned to the Development Group.

Each sub committee met twice to consider the proposals. In the case of the Treatment and Rehabilitation and the Prevention / Education sub committees, project promoters were asked to give a brief presentation to the committee and to answer any queries.

The sub committees then met to prioritise the proposals on the basis of:

- How each proposal was relevant to the four strategic objectives as outlined in the draft plan
- How the following issues were addressed: community development principles, integration of services, evidence of consultation, evidence of targeted interventions, clearly identified needs, capacity to deliver, evidence of evaluation and planning, lack of duplication.

On the basis of these recommendations the Development Group prioritised *all* proposals under the four strategic objectives. The Task Force itself then approved this.

***Implementation of strategy.***

The strategy has been developed to build from phase one, but also to be developmental in itself. It includes, therefore, proposals for year one and year two. All of the proposals relate to identified priorities but those in year two will be developed further as a result of year one activities.

The Plan has provided for inbuilt review and evaluation, which are essential elements of the Plan as a whole.

The Plan is not a definitive document but represents work in progress. The NICDTF will remain flexible with regard to the implementation of the strategies and actions. The extent of the work of the TF, both current and future, can not all be detailed within this document which is, in the main, concerned with initiatives requiring financial support. The TF will continue to be active in relation to new developments and initiatives within the local area and with regard to national developments which impact on the north inner city.

***Priorities For Cross Task Force Actions***

The NICDTF suggests that a consultative process regarding priorities for cross Task Force actions is undertaken by the NDST with regard to engaging the participation of all LDTFs. Below are areas identified by the consultation process as suggested priorities:

- Residential Services for drug users
- Housing needs of drug users including those currently out of home
- Childcare provision within drug services
- Daily and regular needle exchange provision
- Service and inclusion needs of specific groups especially Travellers

**PART THREE**

**SECTION TWO**

**NICDTF Phase Two - Proposed Measures and Actions.**

## **Objective 1**

### ***Information, Assessment and Analysis***

#### **Strategy 1 - Information Provision to Focus NICDTF Development**

Action 1 - Employment of a NICDTF Research & Information Co-ordinator

Action 2 - Production of a NICDTF web site

#### **Strategy 2 - Increasing the Operational Effectiveness of the NICDTF**

Action 1 - Community Participation Training & Support to Local Networks

Action 2 - Consultation Process regarding Community Participation in Specific Locations

#### **Strategy 3 - Local Research to Support the Development of TF**

##### **Initiatives and Functions**

Action 1 - Monitoring the Quality of Life in Urban Areas - Drug Related Effects

Action 2 - Study & Evaluation of the Implementation of Substance Mis-Use Prevention Programmes in Local Schools

Action 3 - Research into the Use of Benzodiazepines Locally

Action 4 - Feasibility Study into Progression Routes Pilot

Action 5 - Feasibility Study into Local Care & Respite Facilities

Action 6 - Research into the Housing Needs of Drug Users in the North Inner City

Action 7 - Comparative Study on Arrest Referral Schemes

Action 8 - Feasibility Study regarding Alternative Medication / Prescribed Injectables in the Treatment of Heroin Addiction

Action 9 - Research into Local Residential Treatment Needs

**Objective 1 - Information, Assessment & Analysis.****Strategy 1 - Information provision to focus NICDTF development.**

The national evaluation process of all projects funded by the NICDTF in the first phase will provide baseline data for the individual elements of the strategy. In order to ensure the effective targeting of resources within the next phase, however, it is essential that an analysis of the whole process of the establishment, participation and operation of the TF itself and the overall impact of its phase one strategy, take place.

The Process Evaluation Report commissioned by the National Drugs Strategy Team recommends evaluation of the overall drugs strategy<sup>14</sup>. Evaluation at local Task Force level is an imperative in contributing to this process.

The NICDTF assessment process will involve the development of an operational evaluation framework pertinent to the first phase and formative to the second phase. The framework will; measure effectiveness, identify barriers to inter-sectoral co-operation, identify gaps in services and policy impact.

The process will include; a review of sectoral engagements with the Task Force and barriers to engagement and co-operation, analysing the effectiveness of sub-committees and other structures, pinpointing strengths and weaknesses, capacity for cross Task Force action and impact on national policy.

In addition analysis will aim to support the voluntary sector regarding the potential for greater engagement with the Task Force. There are currently two representatives from the voluntary drugs sector on the NICDTF. In order to maximize their impact, networking, and policy development functions on behalf of the voluntary sector locally, it is necessary to identify the practical needs of projects to undertake this action.

During the last phase of the NICDTF strategy a Voluntary Drugs Workers Forum was proposed and widely supported. Its ability to meet and operate, however, was severely restricted by the lack of back-up personnel within projects to enable key individuals to attend meetings and to undertake follow up and consultative functions. Clearly this issue is also pertinent within the statutory sector where Task Force representatives have an increased workload as a result of their participation and where issues of understaffing are pertinent. Looking at the practical application of integration policies within the voluntary sector may provide valuable recommendations that could be applicable in other sectors.

Various agencies participating in the LDTF have information generation functions, which could benefit the Task Force in responding to needs and changing patterns of drug use. An analysis of how and where information could be shared would

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<sup>14</sup> *Evaluation of Drugs Initiative - Final Report*. Oct '98. PA Consulting Group.

assist the Task Force in maximising its impact. It is intended that initial expenditure in this regard will utilise Development Finance available to the Task Force to conduct a feasibility study and comparative needs analysis looking at models in other jurisdictions.

The production of a NICDTF web site would provide the community, constituent members and local projects with up to date information on prevalence statistics, local services and relevant research. The site would link in a structured way with the Health Research Board, the National Drugs Advisory Board and DAIS, the new ERHA data information system that will be piloted in the City Clinic. The web site would be maintained by the Research Co-ordinator.

**Action 1.** (Ref. O1S1A1.)**Project Title;** *Research & Information Co-ordinator***Project Promoter;** *Inter-Agency Drugs Project.***Category;** *Staff/Research***Amount Requested;** *£56,090.00 per annum***Funding Source;** *National Drugs Strategy Team (NDST) & NICDTF Development fund.***Target Group;** *Projects, Community/Voluntary & Statutory Agencies, Policy Makers***Outcomes;**

- *Development of a local data distribution network*
- *Research & information to inform work of TF*

Employment of a Research & Information Co-ordinator to oversee the following functions;

- the development of an information and assessment framework for the operation of the NICDTF, and the employment/overseeing of a researcher,
- consultation with all project promoters with regard to establishing an ongoing project evaluation framework.
- overseeing the development of a data collection and distribution study in relation to the Task Force and its constituent agencies. This will include making recommendations regarding a framework for information supply to the NICDTF and overseeing the production of 4 news-sheets annually for distribution locally.
- overseeing the development of and maintaining a NICDTF web page and the provision/co-ordination of information to newsheets produced by other local initiatives.
- the monitoring of and support to researchers engaged for specific briefs with regard to the NICDTF structures.
- ensuring that the TF is aware of research findings and ways in which recommendations can be incorporated into the developing strategy.
- co-ordinating a Research Steering Committee that will be drawn together by the Task Force from other relevant groups and educational institutions.
- ensuring that relevant agencies are informed of research projects and outcomes.

**Costs;**

<i>Salary for research &amp; Information Co-ordinator (including employment costs)</i>	<i>£28,000.00</i>
<i>plus Training &amp; Development budget</i>	<i>£12,290.00</i>
<i>Employment of external evaluator</i>	<i>£10,270.00</i>
<i>Voluntary Sector Needs Analysis</i>	<i>£5,530.00</i>
<i>Feasibility Study &amp; Analysis for Data Collection Framework</i>	<i>(Development Fund)</i>
<b>Total</b>	<b>£56,090.00</b>

**Action 2.** (Ref. O1S1A2)

**Project Title;** *The Production and Maintenance of a NICDTF Web Site.*

**Project Promoter;** *Inter-Agency Drugs Project.*

**Category;** *Community/Youth/Research/Education/Information*

**Amount Requested;** *£40,290.00*

**Funding Source;** *National Drugs Strategy Team*

**Target Group;** *Projects, Community / Voluntary & Statutory Agencies*

**Outcomes;**

- *Information Provision*
- *Increased awareness of work of TF*

The production and maintenance of a NICDTF web site. The site will aim to;

- provide effective and up to date local information on a variety of issues related to drug use for the benefit of community, voluntary and statutory services in the NIC.
- increase the profile of the NICDTF in the area
- allow local projects and the TF to monitor trends and developments.

**Costs;**

*Production & Development costs for web site*

*£ 40,290.00*

***Total***

***£40,290.00***



**Objective 1 - Information, Assessment & Analysis.**

**Strategy 2 - Increasing the operational effectiveness of the NICDTF.**

The equal participation of the community sector within the Task Force structures demands pro-active measures. The voluntary nature of the work and the significant demands on the time and energy of representatives have, in the experience of the NICDTF, impacted on the ability of individuals to sustain their role. The proposed assessment process will aim to pinpoint specific barriers. The TF also proposes to undertake a participation process within this phase, which will build on the work of community development organisations within the area.

The Task Force is aware that its geographical remit covers two distinct areas, which historically organise themselves separately and have different support needs.

To ensure the active participation of the community sector the Task Force will seek to increase its profile through existing community networks. The potential for more active, thorough and creative participation can be realised by utilising the communications mechanisms of local organisations. This demands a commitment to the resourcing of local networks, which can play a central role in providing information on the local drugs strategy to the wider community and, has the expertise to develop necessary supports to community representatives on the Task Force.

In developing its community participation process the NICDTF will seek the support and active collaboration of relevant agencies such as; ICON, NWICN, the Dublin Inner City Partnership, Dublin Corporation, the Department of Social, Community & Family Affairs and local Community Development Projects.

The implementation of this strategy will, it is hoped, establish a process whereby future community representatives can be identified.

The experience of community based drugs support services would indicate that there is a lack of understanding by staff involved in the delivery of statutory drug services of the work and relevance of community services. It is intended that a quota of places on community training programmes will be offered to the NAHB for staff members of local drugs clinics.

In order to increase the effectiveness of the operation of the NICDTF it is necessary to clarify and consolidate staffing and administration needs.

The Co-ordinator is directly employed by the ERHA with the social protection that is offered by occupational benefits and security of tenure. Other staff, present and planned, are in what approximates 'atypical employment', only one step removed from 'sheltered'

employment. . In the 'public funded sector' the practice of such two-tiered conditions should be strongly resisted. The IADP has commenced a process of clarification regarding staffing responsibilities and has established a Staff Sub-Cmte attached to the TF. This committee will also address the increased responsibilities of the Co-ordinator and the need for this to be reflected in the Co-ordinator's salary.

**Action 1.** (Ref. O1S2A1.)

**Project Title;** *Community Participation Training & Support to Local Networks*

**Project Promoter;** *Inter-Agency Drugs Project.*

**Category;** *Training/Community*

**Amount Requested;** *£65,570.00*

**Funding Source;** *National Drug Strategy Team (with additional training places subsidised by NAHB)*

**Target Group;** *Community Representatives, Community Activists, Local Networks & Local Projects.*

**Outcomes;**

- *Community Awareness of issues relating to policy at local and national level*
- *Increased participation in the NICDTF by Community & Community Reps*
- *Increased management skills for those involved in management of projects*

**A.** Community Development & Participation training to maximise the skills of community representatives at organisational and management level. The training will be developed in collaboration with the two local networks, ICON and NWICN, and will aim to increase the capacity of local community members to participate at Task Force level and in the management structure of local projects. It is intended that training will include community development, social policy and project development and will increase the current level of participation and communication at community level.

**B.** Funding support to local networks to provide participation and support mechanisms for community representatives to;

- utilise the potential for more active community communication and participation
- communicate fully the work and achievements of the NICDTF to the wider community
- allow greater communication regarding the needs and aspirations of the community in relation to all aspects of the drugs issue.
- support and strengthen the role of existing community representatives on the NICDTF
- identify future community representation
- strengthen working relationships with the two local networks

**Costs**

*ICON* £32,785.00

*(includes employment of half time worker plus training and development budget)*

*NWICN* £32,785.00

**Total** **£65,570.00**

<b>Action 2.</b>	(Ref; O1S2A2.)
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**Project Title;** Consultation Process in Specific TF areas

**Project Promoter;** Inter-Agency Drugs Project

**Category;** Community/Youth

**Amount Requested;** £50,560.00

**Funding Source;** National Drugs Strategy Team

**Target Group;** Residents of specific geographical areas

**Outcomes;**

- Comprehensive picture of prevalence and needs re drug use in local area
- Increased capacity of community for networking & integration re drug use

The development of a process of consultation regarding the Hardwicke Street, Dominick Street, and Dorset Street areas to identify specific needs for engagement with the TF and to identify potential projects for support. The potential for a pilot Community Support Worker position may be explored as part of consultation with local community, voluntary and state funded organisations.

**Costs;**

Consultation Process and Needs Analysis Study      £10,270.00

Employment of Community Support/ Drugs Worker £25,000.00  
(including employment costs)

Development budget      £10,550.00

Evaluation      £4,740.00

**Total      £50,560.00**

<b>Objective 1 - Information, Assessment &amp; Analysis.</b>
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<b>Strategy 3 - Local research which will support the development of Task Force initiatives and functions.</b>
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This includes research pertinent to the ongoing work of the sub-committees in the areas of treatment, rehabilitation, prevention, education and supply control.

<b>Actions 1.</b>
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(Ref.O1S3A1)
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**Project Title;** *Monitoring the Quality of Life in Urban Areas - Drug Related Effects*

**Project Promoter;** *Inter-Agency Drugs Project - Supply Control Sub-Cmte*

**Category;** *Research*

**Amount Requested;** *£10,270.00*

**Funding Source;** *Dept of Justice, Equality & Law Reform - **funding approved***

**Target Group;** *Policy makers, Community / Voluntary & Statutory Agencies / Projects*

**Outcomes;** *The development & piloting of a specific research instrument*

*Monitoring the Quality of Life in Urban Areas; with Particular Reference to Drug Related Effects.* Developing an instrument to complement other approaches to measuring the extent of drug problems and to gauge effects of interventions. The instrument will include both perceptions as well as objective indicators. Perceptions might be measured through obtaining the views of key groups on the level of problems associated with drugs and the extent to which drug problems compare with other community problems. Other indicators could be measures, which together might constitute the quality of life in an area. These might include actual crimes reported by households/business, noise level, broken windows, syringes and other indicators that might result from or contribute to drug misuse in an area.

The proposed monitoring instrument would not be intended to supplant existing approaches but to complement what is available from other sources. It would not attempt to duplicate Garda crime figures, or similar information. It would gauge matters that are related to these eg fear of drug related crime, perception of problems associated with drugs as well as consequences of drug related activity.

**Costs;**

*Research*

*£10,270.00*

**Total**

***£10,270.00***

**Action 2.** (Ref. O1S3A2)

**Project Title;** *Study & Evaluation of the Implementation of SMPP & SAPP in the context of SPHE in local schools.*

**Project Promoter;** *Inter-Agency Drugs Project - Prevention & Education Sub-Cmte*

**Category;** *Research*

**Amount Requested;** *£12,640.00*

**Funding Source;** *National Drugs Strategy Team*

**Target Group;** *Policy makers, Community / Voluntary & Statutory Agencies / Projects*

**Outcomes;**

- *Comprehensive picture of the delivery & obstacles to delivery of SMPP & SAPP locally*
- *Recommendations re enhancing & integrating the programme with work of drug related services in the local area*

A study and evaluation of the implementation of Substance Mis-use Prevention Programmes (SMPP) and Substance Abuse Prevention Programmes (SAPP) within primary and secondary schools locally. Research to involve school personnel, Department of Education and students; to establish blockages to implementation of minimum requirements, training needs of school personnel and parents, and to pinpoint the potential for extending programmes locally through the school and community axis by developing concrete links between schools and community services.

**Costs;**

*Research.* £12,640.00

***Total*** £12,640.00

**Action 3.** (Ref. O1S3A3)

**Project Title;** *Research into the Use of Benzodiazepines locally*

**Project Promoter;** *Inter-Agency Drugs Project - Treatment & Rehabilitation Sub-Cmte*

**Category;** *Research*

**Amount Requested;** *£12,640.00*

**Funding Source;** *National Drugs Strategy Team.*

**Target Group;** *Policy Makers, Community / Voluntary & Statutory Agencies /Projects*

**Outcomes;** *A comprehensive picture of the nature and extent of benzo & other tablet use locally*

Research regarding the increased use of Benzodiazepines by young people, individuals on methadone maintenance programmes and in the community generally. Research will look at the impact of 'benzo' use on a variety of cohorts, GP and clinical prescribing practices, prevalence of use and training for drugs workers in dealing with the effects of multiple drug use. Research will aim for integration with the work of the Steering Committee on the development of a Protocol.

<b><u>Costs:</u></b>	
<i>Research</i>	<i>£12,640.00</i>
<b>Total</b>	<b>£12,640.00</b>

<b>Action 4.</b>	(Ref. O1S3A4)
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**Project Title;** *Feasibility Study into a Progression Routes Pilot & Consortium Development Budget*

**Project Promoter;** *SAOL Project*

**Category;** *Research/Rehabilitation*

**Amount Requested;** *£40,290.00*

**Funding Source;** *National Drugs Strategy Team*

**Target Group;** *Stabilised drug users who have progressed through initial stages of treatment*

**Outcomes;**

- *Feasibility exploring innovative and responsive ways of developing progression routes for individuals in treatment for drug addiction*
- *Review of current policy regarding rehabilitation*

The SAOL Project has facilitated a consortium of interested groups and agencies that have been meeting for several months to explore innovative and effective ways of developing progression routes.

There is a considerable level of concern about the limited range of rehabilitation options generally available to drug users who are participating in methadone maintenance programmes.

The experience of the SAOL project and others would suggest that it is inappropriate and unwise to establish uniform or common targets for all people participating in treatment and rehabilitation programmes.

The findings of the SAOL led consortium have indicated the potential for the piloting of a project, which will recognise the multi-dimensional nature of the problems and issues that confront, drug misusers and will be designed accordingly.

The proposal in development aims to explore; the process of individual action plans for participants to allow them to benefit from the range of courses and programmes currently on offer, the provision of key support and guidance for the integration of individuals into the community, and the management of their own progress through the partnership of organisations involved in the consortium. The integration of peer support work and family work, the identification of gaps in rehabilitation support and training programmes,

liaison between sectoral agencies and within agencies operating different functions, and links to local initiatives are also being explored.

Organisations involved in the consortium include third level education institutions, state services, local co-ordinating initiatives and local projects.

The Task Force will support a feasibility study to consolidate and develop the current proposal and will provide a development budget for the consortium.

**Costs:**

<b><i>Fees for researcher</i></b>	<b><i>20,000.00</i></b>
<b><i>Consortium Development Budget (includes operational costs)</i></b>	<b><i>20,290.00</i></b>
<b><i>Total</i></b>	<b><i>£40,290.00</i></b>



**Action 5**

(Ref. O1S3A5)

**Project Title;** *Feasibility Study into Local Respite & Care Facilities***Project Promoter;** *Inter-Agency Drugs Project - Treatment & Rehabilitation Sub-Cmte***Category;** *Research***Amount Requested;** *£30,810.00***Funding Source;** *National Drugs Strategy Team***Target Group;** *Policy Makers, Community / Voluntary & Statutory Agencies / Projects***Outcomes;**

- *A comprehensive picture re gaps in services regarding respite, services for drug using parents and those in emergency accommodation*
- *Recommendations re the development of these services*

⇒ The need for a local respite facility has been consistently identified by agencies involved with the NICDTF. The type of service necessary within an existing treatment and rehabilitation framework and the potential cost of such a service requires a local feasibility study.

⇒ The current practice of using B&B accommodation for emergency housing provision can impact negatively on individuals involved in treatment, and their families. The NICDTF is especially committed to addressing the need for a day centre in which individuals in emergency accommodation can access necessary services and supports. Families with children should not be housed in such accommodation, but whilst it is current practice provision must be made to support families, and children in particular. It is proposed to undertake a Feasibility Study into the development of an integrated and multi-agency proposal for a local day centre for those in emergency accommodation.

⇒ Feasibility Study into the establishment of a day care centre for young drug using parents.

**Costs;***Feasibility Study; local respite facility**Feasibility Study; local day centre for those in emergency accommodation**Feasibility Study; day care centre for young drug using parents***Total****£30,810.00****Action 6.**

(Ref. O1S5A6)

**Project Title;** *Research into Housing Needs of Drug Users in the NIC.***Project Promoter;** *Inter-Agency Drugs Project - Treatment & Rehabilitation Sub-Cmte***Category;** *Research/Rehabilitation***Amount Requested;** *£15,800.00***Funding Source;** *National Drug Strategy Team***Target Group;** *Policy Makers, Community / Voluntary & Statutory Agencies / Projects*

**Outcomes;**

- *Greater integration between NICDTF and agencies involved in housing issues*
- *Comprehensive picture of existing service provisions and recommendations as to how gaps might be addressed*

The need for stable and safe accommodation is identified as a pressing need for a large number of the drug using population. The imperative for action on homelessness is detailed in the strategy produced by the Department of the Environment & Local Government<sup>15</sup>. Most relevantly, however, the findings of the Merchant's Quay project<sup>16</sup> recommend actions, which correspond with needs identified by NICDTF supported projects. The TF will seek to engage with other initiatives/projects regarding the issue of housing and drug users, and developments regarding increased and current hostel provision.

In addition the TF will undertake a research study into housing needs particular to drug users in the north inner city which will;

- identify the extent and nature of housing and accommodation needs of service users in the north inner city area, as well as those not currently engaged in services
- identify existing links between services and Dublin Corporation
- identify gaps in current structures/services
- make recommendations regarding the development of services
- make recommendations regarding the promotion of greater integration of services and structures

**Costs;***Research***Total****£15,800.00****Action 7.** (Ref.O1S5A7)**Project Title;** *Comparative Study on Arrest Referral Schemes***Project Promoter;** *Inter-Agency Drugs Project - Treatment & Rehabilitation Sub-Cmte and Supply Control Sub-Cmte***Category;** *Research***Amount Requested;** *£15,800.00***Funding Source;** *National Drug Strategy Team***Target Group;** *Policy Makers, Community / Voluntary & Statutory Agencies / Projects***Outcomes;** *Recommendations re a model of Arrest Referral for the nic area*

In its phase one strategy the NICDTF recommended the piloting of an Arrest Referral Scheme. Whilst some work was undertaken in conjunction with the Ana-Liffey Project

<sup>15</sup> *Homelessness - An integrated strategy*. Department of the Environment & Local Government. May '00.

<sup>16</sup> *Wherever I Lay My Hat...A study of out of home drug users*. Merchant's Quay Project 1999.

on the proposal it was not developed significantly. The Gardai have consistently indicated their interest in collaborating on such a scheme.

The TF proposes to undertake a comparative study and literature review regarding the operation of these types of programmes in other jurisdictions with a view to addressing the potential for a programme within the north inner city context, in particular with reference to juveniles arrested/cautioned on drug related charges. The study will bring together members of the Supply Control and Treatment & Rehabilitation Sub-Committees in a monitoring capacity.

**Costs:**

*Literature Review & Comparative Study of Arrest Referral type schemes* £15,800.00

**Total** £15,800.00

<b>Action 8.</b>	(Ref. O1S5A8)
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***Project Title;*** *Feasibility Study: Alternative Medication / Prescribed Injectables in the Treatment of Heroin Addiction*

***Project Promoter;*** *Inter-Agency Drugs Project / NICDTF - all structures*

***Category;*** *Research*

***Amount Requested;*** £15,800.00

***Funding Source;*** *National Drug Strategy Team*

***Target Group;*** *Policy Makers, Community / Voluntary & Statutory Agencies*

***Outcomes;*** *Information re the potential of a pilot scheme in the inner city area*

Following the production of the research report “Prevalence, Profiles and Policy - A case study of drug use in north inner city Dublin” for the IADP/NICDTF, the TF invited interested individuals to discuss the issue of alternatives to methadone for long established addicts. These discussions, and recent discussions regarding a submission from the Merchants Quay Project on the issue of prescribed injectables, concluded that further consideration and analysis was necessary.

The NICDTF is seeking funding for a feasibility study into the possibilities of alternative injectables to enable further informed debate.

**Costs:**

*Feasibility Study*

**Total** £15,800.00

**Action 9.** (Ref. O1S5A9)

**Project Title;** *Research study on Local Residential Treatment Needs & Experiences*

**Project Promoter;** *Inter-Agency Drugs Project - Treatment & Rehabilitation Sub-Cmte*

**Category;** *Research*

**Amount Requested;** £6,320.00

**Funding Source;** *National Drug Strategy Team*

**Target Group;** *Policy Makers, Community / Voluntary & Statutory Agencies / Projects*

**Outcomes;** *Awareness of Provision and Impact of services*

The NICDTF is seeking to analyse the current provision and effectiveness of residential treatment for local individuals. Access to residential facilities demands allied support such as childcare and after-care provision. It also raises questions regarding location. The TF will survey access to residential facilities from local individuals and will review local, national and international research regarding the provision of residential treatment facilities. In proposing this action the NICDTF would welcome cross Task Force communication.

**Costs;**

*Research* £6,320.00

**Total** £6,320.00

## **Objective 2**

### ***Building On Existing Support To Projects***

#### **Strategy 1 - Integrated Development**

Action 1 - An Integrated Funding & Development Process for Phase One Measures

Action 2 - Continued Employment of a Project Resource Worker

Action 3 - Co-operation with Other Initiatives Operating in the NIC

#### **Strategy 2 - Responding to Development Needs of Existing Projects**

Action 1 - Continued Support for the Ana-Liffey Children's Project

Action 2 - Continued Support for a Therapeutic Counselling Service for Local Schools

Action 3 - Development of UISCE

Action 4 - Peer Graduates Training Programme

Action 5 - Extension of Community Policing Forum

Action 6 - Drop in Service for Female Drug Users working in Prostitution

Action 7 - ASES Development

Action 8 - Step-by-Step Development

Action 9 - ICON Drug Support Service Development

Action 10 - Development of HOPE

Action 11 - Employment of part time Community Drugs Worker

**Objective 2 - Building On Existing Support To Projects****Strategy 1 - Integrated Development**

Interim funding for existing projects supported by the Local Drugs Task Forces will continue until June '01. Relevant projects will be mainstreamed the following year into the State Agency that had responsibility for their funding during the pilot period. The role of the TF in this process is seen by the NDST as facilitative.

The NICDTF proposes to initiate a local process as part of the mainstreaming phase, which will enable preparation for this period as well as looking beyond it to the integrated development potential for projects.

Whilst projects received funding from a single agency during the pilot period the policy aim of the TF has been towards inter-agency development and collaboration. It is important that this aim is not lost.

Maintaining this imperative corresponds with the integration aims of the National Development Plan; *“... putting in place a set of diverse programmes lacking integration and focus, will not address the real and acute needs of those suffering from social exclusion.”*<sup>17</sup>

The TF proposes to initiate a process of consultation with local projects and Agencies/Departments regarding the potential for long-term and integrated finance, support and development to enable more effective planning.

The aim is to increase cost benefits to the drugs sector overall, support sustainability and assist in avoiding duplication and repetition of functions.<sup>18</sup> The development of a model for integration and planning will be beneficial to new projects funded in phase two. The NICDTF is aware that such a model, which aims for a bottom up approach, also corresponds with the priorities of the Integrated Services Process nationally.

In order to maintain hands on support to existing projects that will be involved in the integrated funding process, as well as others still in a developmental phase, the NICDTF/IADP is proposing the continued employment of a Project Resource Worker. The role of the PRW during the last phase has been extremely important in building relationships with supported projects and enabling greater potential for integration. Additional functions such as co-operation with Community Employment projects supported and administrative functions still pertinent to interim funding will also be continued as will support to new projects developed under phase two. As with all other proposals a budget for ongoing evaluation is sought.

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<sup>17</sup> National Development Plan 2000 - 2006 (10.36)

<sup>18</sup> See National Development Plan 2000 - 2006 (10.37)

A significant amount of time is absorbed by the PRW in assisting projects to respond to repetitive administration demands. Work is ongoing to attempt to streamline information and administration demands between the TF and local projects.

<b>Action 1.</b>	(Ref. O2S1A1)
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**Project Title;** *An Integrated Funding & Development Process*

**Project Promoter;** *Inter-Agency Drugs Project.*

**Category;** *Integration*

**Amount Requested;** *£20,540.00*

**Funding Source;** *National Drugs Strategy Team*

**Target Group;** *Policy Makers, Community / Voluntary & Statutory Agencies / Projects*

**Outcomes;**

- *Increased capacity of named projects to plan in an integrated way*
- *Increased co-operation and communication between Task Force agencies & Government Departments / Agencies*

The NICDTF will instigate a process at local level to encourage statutory agencies to work alongside local projects to identify possible needs and to plan for future long-term developments. The Task Force will provide, through the support of the PRW and through the availability of funding for outside facilitation, the opportunity for projects to plan for the future. As part of their commitment to the LDTF initiative, the Task Force will seek the formal agreement of relevant statutory agencies to participate in this process.

The overall operation of the pilot process will be the function of a working committee of the NICDTF, which will involve representatives from all sectors.

**Costs;**

*Facilitation fees*

*Development support and technical assistance*

**Total**

**£20,540.00**

<b>Action 2.</b>	(Ref. O2S1A2)
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**Project Title;** *Employment of a Project Resource Worker*

**Project Promoter;** *Inter-Agency Drugs Project*

**Category;** *Staff*

**Amount Requested;** *£30,810.00*

**Funding Source;** *National Drugs Strategy Team*

**Target Group;** *Projects directly funded as well as those supported by the NICDTF*

**Outcomes;**

- *Support regarding planning and funding/financial issues for projects*
- *Increased capacity of projects to network and integrate*

Continued employment of a Project Resource Worker for NICDTF/IADP.

**Costs;**

*Salary plus development budget.*

**Total**

**£30,810.00**

<b>Action 3.</b>	(Ref. O2S1A3)
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**Project Title;** *Co-operation with other initiatives operating in the NIC*

**Project Promoter;** *NICDTF/IADP*

**Category;** *Integration*

**Target Group;** *Community / Voluntary & Statutory Agencies / Projects*

**Outcomes;** *Integration of initiatives and actions within the geographical area*

Due to the operation of multiple initiatives within the north inner city it is necessary to ensure that all elements of the phase two strategy are integrated locally. This is especially pertinent to integrated development actions.

The NICDTF has already initiated co-operation with the Dublin Inner City Partnership (DICP) and the Integrated Services Process (ISP) in this regard. The continuation and expansion of this co-operation could enhance overall geographic development and ensure a more targeted and effective use of state resources within the area.

This strategy is in line with the strategies proposed under the Integrated Area Plan (Dublin Corporation) that indicate the importance of integrated social and physical planning, and the strategic plan of the Dublin Inner City Partnership.

The TF continues to support the ICON proposal for an Education Task Force for the local area in recognition of the undisputed link between inadequate education provision and access, and clusters of problem drug use.



The Task Force will also support initiatives that are cross task force, such as the Pavee Point Drugs Initiative, and those regarding key issues such as housing/homelessness and drug use.

## **Objective 2 - Building on Existing Support to Projects**

### **Strategy 2 - Responding to Development Needs of Existing Projects**

Whilst the original elements of supported projects will be put forward for the mainstreaming process, the NICDTF will build on work undertaken over the last number of years by providing support for the further development needs of specific projects.

The Ana-Liffey Children's Project was supported in phase one. The project addresses children's issues in the context of drug use, HIV and Aids. The aim of the service is to provide an alternative care and family service by supporting parents. Currently 4 staff work directly on the Children's Project and link in with children attending the drop-in centre with their parents. Initially the project is working with younger children and their families by focusing on play and development. It is intended to address the needs of teenage children as the project develops further.

Key issues arising out of the work to date include the need for secure accommodation, the need for a day care centre for families housed in B&B/emergency accommodation and the need for specific support for families in the mornings to assist in getting children into school

The project now has a shortfall of funding. The Task Force will redirect unspent allocation for its Phase One Strategy and prioritise its support to the project in seeking matching funding from relevant agencies to make up the shortfall.

The NICDTF will continue its support to the Primary School Initiative regarding its proposal for a therapeutic/counselling service in primary schools. The service was developed as a result of concerns regarding the needs of some pupils within local schools, and the difficulties experienced by those local primary schools "*as a result of the growing problems associated with exposure to substance abuse in their home and/or community environment*".<sup>19</sup>

Following an initial feasibility study, which was commissioned by the Primary School Initiative under the auspices of the D.I.C.P, a proposal was developed which would introduce a therapeutic/counselling service to 16 primary schools within the target area (north & south inner city).

The method of intervention is envisaged as integrated and holistic, being child centred but also involving families. The service will be operated by a social worker and a clinical psychologist with links to the Mater Child Guidance Clinic. Potential developments in phases three and four include the employment of youth reach instructors and support teachers.

<sup>19</sup> *Analysis of pupils from 12 inner city primary schools using Achenbach Child Behaviour Checklist.*  
Research by Brendan Divine for PSI.

The project has received initial funding support from the NICDTF Development Fund during phase one. The function of the TF in this phase will be to participate on the Steering Committee of the project and to broker additional financial support from its constituent agencies during the pilot period.

The development of a drug service users forum in phase one enabled service user representation on the NICDTF and its structures. It is intended that continued resourcing of the Forum will be maintained during the second phase of the strategy through the development plan of UISCE.

UISCE occupies a room in the Eriu Centre, has a core consultant, assistant and three community employment workers. They have organised several open meetings in Liberty Hall to bring together drug users for needs identification. As a result of these meetings a list of priority areas for action has been drawn up.

UISCE has currently completed an in-depth survey of drug users aimed at finding out how their drug use has changed since the introduction of the methadone protocol. The survey results are currently being worked on. Initial results, however, indicate a serious problem in relation to the upsurge in drug taking, including alcohol, benzodiazepines and heroin.

Key issues for involvement and development include; the widespread prescription of benzodiazapines, an increase in use has been connected anecdotally to the change in quality of methadone, the civil/legal rights of the service user, housing & homelessness, prisoners, research regarding combined HIV and Hepatitis infection, childcare issues and waiting lists.

Training needs identified by core members of UISCE include; keyboard skills, basic publishing skills, IT training, motivational interviewing, facilitation, research training, advocacy skills, report writing, administration and management skills.

By building on the initial Peer programme offered by Ana Liffey and funded by the NICDTF in phase one, it is envisaged that further training will create a more lasting impact than the current programme is able to achieve. The Peer Graduates Programme will train individuals to a level where they can work with other peer and professional workers in offering services to other drug users, particularly at times when services are currently unavailable. It is a fundamental aim of this initiative that peer workers will develop skills and stability on this programme that will enable them to offer supports to other drug users in the evenings and at weekends, when services are currently closed.

The initial pilot of the Community Policing Forum is being put forward for integrated funding. It is intended that this first phase will provide the practical experience for the widening of the Forum to other target areas.

The issues of drug use and prostitution have received no specific focus to date from the NICDTF. Chrysalis Counselling Service is currently dealing with a number of female prostitutes who are drug users, and is seeking to further develop this service. It is proposed that a safe and confidential drop in facility for women working in prostitution is established to complement the work of the Women's Health Project and the Ruhama Project. The drop in will initially operate for one night a week and will provide support, advice and information whilst working in conjunction with further NAHB planned services for the area.

In addition Chrysalis proposes to consolidate their drug awareness and prevention work to date by employing a part-time community drugs worker.

The After-School Education Support Service was supported during phase one with the aim of improving the quality of life for the young people of Sheriff Street by providing education support and activities to divert at risk young people from problem drug use. The service is supported by FAS and is linked to other initiatives operating within the area.

The service is seeking additional staff and Capital Funding for the renovation of buildings off Seville Place for its developing teenage group. Recently the service has made significant process in engaging young people who currently have no relationships with services but are involved in 'risky' behaviour. Parallel to these developments, a proposal is being developed for the Department of Justice diversionary programme by local Gardai. Both the existing service and the proposed service would benefit from collaboration in which process the TF will offer active support.

The Step-by-Step project, funded by the NICDTF, provides educational support and social activities for children aged 5 - 12 years in the Markets area. The project works with a core group of 20 children (by referral) as well as their siblings and families. The TF will continue to support the development of the project, which has received good feedback over the last two years of its existence.

The ICON Drugs Support Service pre-dates the Drugs Task Forces and has developed with the north inner city community in its response to the prevalence of problem drug use in the local area. Following an evaluation and management development process the service has identified priorities for consolidation and expansion. The IDSS will undertake a data collection and analysis project to assess the after-hours and outreach service needs of its clients, and will built on its current service provision in this regard as well as co-operating with planned developments by the NAHB and other services.

The HOPE (Hands On Peer Education) project was developed during phase one to provide peer education training for parents in the north inner city. The project has developed further and now aims to;

- provide support and advice for parents and other family members in the north inner city

- facilitate sessions on drugs education and prevention within the community
- provide parent centred information on addiction, drug use, HIV, and Hepatitis

The project will be supported in its next phase of development as part of the ongoing work of the NICDTF in targeted drugs education provision.

The Local Bureau, proposed in phase one, took significant time to develop due to the deeply held reservations of some of the agencies involved. The role of the evaluator that was originally envisaged changed during this process to a facilitation role. Over recent months the mechanism has been consolidated and is now up and running. The Supply Control Sub-Committee is recommending that a series of indicators be put in place to test its potential.

<b>Action 1.</b>	(Ref.O2S2A1)
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**Project Title;** *Continued Support for Children's Project*

**Project Promoter;** *Ana-Liffey Drugs Project*

**Category;** *Children/Youth/Rehabilitation*

**Amount Requested;** *£58,640 plus diversion of £26,000 from unallocated phase one monies to meet shortfall*

**Funding Source;**

**Target Group;** *Children of drug users and their families*

**Outcomes;** *Continued development of child specific support service*

Supporting the continued development of the Ana-Liffey Children's Project.

**Costs**

<i>Childcare worker</i>	<i>£21,000.00</i>
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<i>Social worker</i>	<i>£25,300.00</i>
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<i>Employment costs</i>	<i>£5,500.00</i>
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<i>Management training</i>	<i>£4,000.00</i>
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<i>Evaluation</i>	<i>£2,840.00</i>
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<b>Total</b>	<b>£58,640.00</b>
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<b><i>Diversion of unspent monies from Hardwicke St allocation</i></b>	<b><i>£37,000</i></b>
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<b>Action 2.</b>	(Ref. O2S2A2)
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**Project Title;** *Therapeutic Counselling Service for Primary Schools*

**Project Promoter;** *Primary School Initiative*

**Category;** *Prevention/Education*

**Amount Requested;** *£30,810.00*

**Funding Source;** National Drug Strategy Team

**Target Group;**

- Children aged 3 - 12 yrs attending specified primary schools in the inner city who are experiencing problems at school as a result of drug use/addiction within the home/community
- Approx. 56 children from the nic area are expected to be targeted in the first year.

**Outcomes;** The provision of an holistic, preventative & therapeutic service within the school setting to enable teachers, children and their families to deal with behavioural difficulties that may arise as a result of drug use in the home/community.

Supporting the continued development of the Therapeutic Service for Primary Schools, ensuring effective representation by the Prevention & Education Sub-Committee on the Steering Committee of the project, and brokering financial support from relevant agencies.

Proposal is requesting that the funding be split three ways: the NICDTF, SICDTF and the DICP.

**Overall costs of project for one year**

Clinical Psychologist	£22,841
Social Worker	£22,841
ESRI	£2,000
Travel Allowances	£11,000
Rent	£5,000
Materials	£2,000
Admin	£5,000
Evaluation	£5,000
Facilitation fees	£1,000
Total	£91,682
<b>Total requested from NICDTF</b>	<b>£30,810.00</b>

**Action 3.**

(Ref. O2S2A3)

**Project Title;** UISCE Development

**Project Promoter;** UISCE

**Category;** Training/Research/Rehabilitation

**Target Group;** Drug service users from the north inner city area

**Amount Requested;** £60,830.00

**Funding Source;** National Drugs Strategy Team

**Target Group;** Drug users & Drug service users

**Outcomes;**

- The development of more integrated and effective policies and responses through the inclusion of drug users in decision-making processes.
- Enabling individuals to take more control over their drug treatment programmes which could lead to a more stable environment within drug services

The funding of UISCE development plan.

**Costs:**

<i>Salaries</i>	30,740.00
<i>Programme costs</i>	18,370.00
<i>Accommodation</i>	4,000.00
<i>Admin</i>	7,720.00
<b><i>Total</i></b>	<b>£60,830.00</b>

**Action 4.**

(Ref.O2S2A4)

***Project Title;*** Peer Graduates Training Programme

***Project Promoter;*** Ana-Liffey Drugs Project

***Category;*** Training/Rehabilitation

***Amount Requested;*** £47,400.00

***Funding Source;*** National Drugs Strategy Team

***Target Group;*** Active drug users (18+) who have shown some level of motivation for change through their attendance at an appropriate training programme. 16 places will be available.

***Outcomes;***

- *Strengthening the skills of existing peer support workers*
- *The dissemination of information on safer sex and drug use amongst the active drug using population*

The development of a Peer Graduates Training Programme. The project promoter will work with FAS to develop a two-year programme of training and work experience. Partnership links with both UISCE and Dublin Aids Alliance will offer candidates the chance to develop peer-working skills in a professional working environment.

**Costs:**

<i>Employment of worker (including employment costs)</i>	£26,900
<i>Programme / activities costs</i>	£7,200
<i>Staff management / training</i>	£2,100
<i>Admin</i>	£3,500
<i>Overheads</i>	£3,500
<i>Short term contracts</i>	£1,200
<i>Evaluation</i>	£3,000

<b>Total</b>	<b>£47,400</b>
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<b>Action 5.</b>	(Ref. O2S2A5)
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**Project Title;** Extension of Community Policing Forum

**Project Promoter;** Community Policing Forum Management Board

**Category;** Community/Supply Control

**Amount Requested;** £50,560.00

**Funding Source;** National Drugs Strategy Team

**Target Group;** Residents of the Sheriff Street area (additional areas will be discussed on an ongoing basis)

**Outcomes;**

- The extension of the existing area is in line with the original proposal to establish a CPF for the entire TF area
- Improvement of communications between the community and the Gardai in relation to drug dealing in local areas
- The co-ordination of a common Community/Garda strategy against drug dealing

Extension of Community Policing Forum to Sheriff Street area.

**Costs;**

Employment of a development worker	£22,120
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Part time administrator	£15,000
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Management training	£1,000
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Admin costs	£8,000
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Evaluation	£4,440
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<b>Total</b>	<b>£50,560.00</b>
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<b>Action 6.</b>	(Ref. O2S2A6)
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**Project Title;** Drop in Service for Female Drug users Working in Prostitution

**Project Promoter;** Chrysalis Counselling Service

**Category;** Education/Rehabilitation

**Amount Requested;** £30,810.00

**Funding Source;** National Drugs Strategy Team

**Target Group;** Women working in prostitution in the Benburb St area

**Outcomes;**

- The provision of safe and supportive drop in services for up to 20 women
- Referral support for women with issues regarding HIV & Hepatitis testing as well as drug treatment

Drop-in service for female drug users working in prostitution.



**Costs:**

Salary (includes PRSI)	£26,000
Programme costs	£3,810
Administrative costs	£1,000
<b>Total</b>	<b>£30,810</b>

**Action 7.** (Ref. O2S2A7)**Project Title;** ASES Development**Project Promoter;** After School Education Support (ASES)**Category;** Children/Youth/Community/Education/Prevention**Amount Requested;** £40,290.00**Funding Source;** National Drugs Strategy Team**Target Group;** 3 - 18 year olds from Sheriff Street plus families**Numbers;** 84 children and young people**Outcomes;**

- Increased co-ordination and integration for ASES programmes
- Activities and structured programmes for young people at risk of drug use and drug related criminal activity in the area

Support for extension and development of after-school and youth service for North Wall area.

**Costs:**

Salary	24,640.00
Programme costs plus overheads	15,650.00
<b>Total</b>	<b>£40,290.00</b>

**Action 8.** (Ref. O2S2A8)**Project Title;** Step-by-Step Development**Project Promoter;** Step by Step**Category;** Education/Youth**Amount Requested;** £25,280.00 (other costs to be brokered)**Funding Source;** National Drug Strategy Team**Target Group;** Children aged 5 - 12 and their families in the Markets area, specifically those at risk of leaving school early and those receiving extra support in school.**Numbers;** 20+**Outcomes;**

- Enhanced personal and social skills for the improvement of educational prospects of local children
- Increased contact between families and school to allow difficulties to be dealt with at an earlier stage in the child's development

Continued support to the project to;

- plan and implement programmes for parents to encourage parental involvement
- act as key workers with a number of children and their families
- develop links with community groups and other agencies in the north west inner city

**Costs:**

*Employment of project worker*

**Total** **£25,280.00**

<b>Action 9.</b>	(Ref. O2S2A9)
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***Project Title;*** *ICON Drug Support Service Development*

***Project Promoter;*** *ICON Community Drugs Support Service*

***Category;*** *Community/Information/Treatment Support*

***Amount Requested;*** *£35,550.00*

***Funding Source;*** *National Drug Strategy Team*

***Target Group;*** *Active drug users and their families*

***Outcomes;***

- *A comprehensive assessment of needs regarding after-hours and outreach services in the ICON area*
- *The development of a programme of care and support to address identified gaps*

Development of service provision and out of hours support.

**Costs:**

*Needs Analysis* £7,110

*Employment of Outreach worker* £25,000

*Development budget* £3,440

**Total** **£35,550**

<b>Action 10.</b>	(Ref. O2S2A10)
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***Project Title;*** *HOPE Development*

***Project Promoter;*** *HOPE (Hands On Peer Education)*

***Category;*** *Education/Training/Parents*

***Total Cost;*** *£50,560.00*

***Funding Source;*** *National Drug Strategy Team*

***Target Group;*** *Parents living and/or working in the north inner city and family members in need of support as a result of drug use and addiction*

***Outcomes;***

- *Increased awareness amongst parents re drug use and young people*
- *Effective planning regarding an integrated response to the needs of parents in relation to drug use*

Employment of 2 part time workers for ongoing development of HOPE programme.

**Costs;**

<i>Co-ordinator (p/t)</i>	
<i>Administrator (p/t)</i>	£25,500
<i>Programme costs</i>	£4,000
<i>Administration(includes set up costs)</i>	£10,000
<i>Evaluation</i>	£1,000
<i>Training</i>	£2,000
<b>Total</b>	<b>£50,560</b>

**Action 11**

(Ref. O2S2A11)

**Project Title;** *Employment of a part-time community drugs worker*

**Project Promoter;** *Chrysalis Counselling Service*

**Category;** *Education/Prevention*

**Amount Requested; £15,800.00**

**Funding Source;** *National Drug Strategy Team*

**Target Group;** *Residents, community group and service providers in the north west inner city*

**Outcomes;**

- *Increased awareness of drug related issues amongst those living and working in the Chrysalis catchment area*
- *Challenging negative attitudes towards drug users and their families in order to promote safe drug use and early access to treatment*

Employment of p/t community drug worker

**Costs;**

<i>Part-time community drugs worker</i>	£15,800.00
<b>Total</b>	<b>£15,800.00</b>

## **Objective 3**

### ***Resourcing Identified Gaps in Services***

#### **Strategy 1 - Developing Rehabilitation Support**

Action 1 - North West Inner City Training & Development Project

Action 2 - Demonstrating the Value of Support Workers

Action 3 - Male Specific Rehabilitation Project

Action 4 - Local Bereavement & Counselling Service

#### **Strategy 2 - Continued Development regarding NICDTF Prison Proposals**

Action 1 - Survey of Existing Links between Prison and Local Services

#### **Strategy 3 - Addressing HIV and Hepatitis**

Action 1 - Training Programme on HIV and Hepatitis

Action 2 - Women and HIV Project

Action 3 - Cairde Child & Family Support Service

### **Objective 3 - Resourcing Identified Gaps in Services**

#### **Strategy 1 - Developing Rehabilitation Support**

The ongoing work of the Task Force and its structures as well as the consultative process indicate the need to support and enhance the development of progression routes from treatment programmes to rehabilitation support, training and education.

By developing complementary strategies the TF will work with supported organisations to pursue integrated development, and will actively engage with new initiatives in the field of rehabilitation which develop liaison with non drug specific programmes existing within the community to support individual needs. In particular the development of liaison with those in contact with the penal system will be encouraged.

Access to bereavement services is limited, private facility costs are prohibitive and waiting lists exist for most current services. Agencies and family support groups have identified the need for a local service in particular. The Oasis Counselling Service has been offering counselling and family support for individuals referred from community, statutory and voluntary bodies within the local area for the last number of years. To date the service has received no funding from the Task Force.

It is intended to fund Oasis during this phase to ensure its continued ability to provide services for local individuals and families, in particular with regard to bereavement counselling.

The TF supports the need for wider service provision and choice regarding rehabilitation programmes. A proposed collaborative project between the Inner City Renewal Group, City Clinic and the National Training Development Institute is being put forward for support from existing funding bodies with the TF funding a full evaluation.

The project intends to address the unmet needs of adult men who have been or are drug dependent, offering them the possibility of engaging or re-engaging in employment in the open or social economy. The aim of the project is to provide pre-training, vocational exploration, employer based training, supported employment and supported training programmes for people who are attending the city clinic and are stable on Methadone Maintenance Programme. The project will operate as a three-stage model.

The target groups for the project are: men who are attending the City Clinic, are long-term unemployed, and are stable on a Methadone Maintenance Programme.

On completing the programme, the participant will have:

- completed a pre-training phase
- addressed some of the issues which may influence or prevent their participation in further stages of the project

- completed a pre-vocational training programme
- developed a range of personal and interpersonal skills related to the world of work
- identified their best option in terms of Stage 2 of the project
- been placed in a relevant employer based training, supported employment or vocational training site
- completed a period of training or placement in the relevant site.

The project will be managed by NTDI. A local committee will be formed on a partnership basis to steer the project and will comprise of representatives from NTDI, ICRG, FAS, City Clinic and local employers.

The Gateway Project is a CE Special Project in the North West Inner City, which supports women from the local community back into employment through training and development. The Project has a very successful track record in relation to the outcomes for past participants, who have participated in two NOW programmes.

Gateway provides the following pre-employment training and development modules:

Personal Development

Literacy Skills

Basic Communication Skills

IT and basic keyboard Skills

Gateway wishes to consolidate and expand its programme to focus on meeting the needs of female drug users through structured peer work, life skills development and enhanced individual support.

The local community and the project management are aware of the need for high levels of support for individuals as a result of drug use, and Gateway has now allocated six of its sixteen places to women with these needs. Their current client profile is as follows:

10 Single Parents

2 Refugees

4 Clients with no fixed address, currently resident in Haven house

2 Clients at risk of homelessness due to addiction problems

Negotiations regarding the inclusion of Local Employment Services (LES) in complementary developments and planned training to enable integration with progression routes strategies. Currently existing Local Employment Services have no structures to link in with drug rehabilitation services and are not resourced to enable potential developments. The NICDTF is currently involved in negotiations regarding education needs to enhance the objective of co-operation between these services and the NICDTF strategy.

Most current services in contact with the NICDTF through its sub-committee structure indicate a need for an extension of practical family support services. The current service operated by the ERHA is severely under-resourced and is unable to meet current

demands for its service, which deals with a large amount of drug related cases. The NICDTF is recommending the adequate funding of this service to enable service development and integration with current and emerging drugs services.

<b>Action 1.</b>	(Ref.O3S1A1)				
<p><b>Project Title;</b> <i>North West Inner City Training &amp; Development Project</i>  <b>Project Promoter;</b> <i>North West Inner City Network</i>  <b>Category;</b> <i>Rehabilitation</i>  <b>Total Cost;</b> <i>£140,000.00</i>  <b>Amount Requested;</b> <i>£40,290.00</i>  <b>Funding Source;</b> <i>National Drugs Strategy Team (£40,290.00). Others to be brokered (£100,000.00)</i>  <b>Target Group;</b> <i>15 -20 stabilised opiate users aged 20 - 30</i>  <b>Outcomes;</b> <i>Access to training and self-development courses could enhance employment prospects for local drug users</i></p> <p>The North West Inner City Network (NWICN) is a lobbying and developmental group based in the northwest area. Under its auspices a proposal has been developed to establish a Training and Development Project for local drug users. The project will develop ways of bringing together the work of Chrysalis, The Snug, The Thompson Centre, The Mews and the two Community Development Programmes, An Siol and MACRO. to provide a training and employment progression involving FAS.</p> <p>The Task Force is committed to supporting the project to obtain majority finance from relevant sources.</p> <p><b>Costs;</b></p> <table> <tr> <td><i>Training &amp; Development Programme, start up costs</i></td> <td><i>£40,290.00</i></td> </tr> <tr> <td><b>Total</b></td> <td><b>£40,290.00</b></td> </tr> </table>		<i>Training &amp; Development Programme, start up costs</i>	<i>£40,290.00</i>	<b>Total</b>	<b>£40,290.00</b>
<i>Training &amp; Development Programme, start up costs</i>	<i>£40,290.00</i>				
<b>Total</b>	<b>£40,290.00</b>				
<b>Action 2.</b>	(Ref. O3S1A2)				

**Project Title;** *Demonstrating the value of Support Workers.*  
**Project Promoter;** *NICDTF/IADP*  
**Category;** *Rehabilitation*  
**Target Group;** *Drug users in treatment / rehabilitation*  
**Outcomes;** *Demonstrating the practical benefits of support/liaison worker role*

The NICDTF phase one plan indicated the need expressed by community and voluntary treatment & rehabilitation services for a support workers structure, which would enable the practical application of an individual care plan approach. During the phase one period the TF actively promoted dialogue with relevant agencies regarding this need.

Recently the TF have collaborated with the Soilse/Rutland Partnership and the Northern Area Health Board regarding a full-time support/liaison worker pilot.<sup>20</sup> The TF is currently awaiting confirmation of a pilot full time support/liaison worker role in conjunction with the NAHB and Soilse.

<b>Action 3.</b>	(Ref. O3S1A3)
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**Project Title;** *Community Bereavement & Counselling Service*

**Project Promoter;** *Oasis Counselling Service*

**Category;** *Treatment/Rehabilitation*

**Amount Requested;** £60,830.00

**Funding Source;** *National Drug Strategy Team*

**Target Group;** *Those bereaved as a result of drug use and addiction living in the nic*

**Numbers;** *20*

**Outcomes;** *Benefit to families and individuals through access to counselling*

Local bereavement counselling and support service.

**Costs;**

<b>Employment of a FT Counsellor</b>	<b>£25,155</b>
<b>Employment of FT Support Worker</b>	<b>£23,810</b>
<b>Employer costs</b>	<b>£5,875</b>
<b>Admin costs</b>	<b>£2,600</b>
<b>Training</b>	<b>£900</b>
<b>Overheads</b>	<b>£700</b>
<b>Evaluation</b>	<b>£2,000</b>
<b>Total</b>	<b>£60,830</b>

<b>Action 4.</b>	(Ref. O3S1A4)
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**Project Title;** *Male Specific Rehabilitation Project*

**Project Promoter;** *Inner City Renewal Group & National Training Development Institute*

**Category;** *Rehabilitation/Evaluation*

**Amount Requested;** £20,540.00

**Funding Source;** *National Drug Strategy Team*

**Target Group;** *Male stabilised opiate users attending City Clinic*

**Outcomes;** *Evaluation will identify strengths and weaknesses of a male only programme and will inform the development of policy and good practice*

Support for the development of a male specific rehabilitation service

**Costs;**

<sup>20</sup> See *Profile of a Support Worker in the Soilse/Rutland Partnership*. Peter Dorman June 2000



*Evaluation and childcare support*

**Total** **£20,540.00**

<b>Action 5.</b>	(Ref. O3S1A5)
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**Project Title;** *Training Support for Female Drug Users*

**Project Promoter;** *The Gateway Project*

**Category;** *Rehabilitation/Training*

**Amount Requested;** *£30,810.00*

**Funding Source;** *National Drug Strategy Team*

**Target Group;** *16 women living in the North West Inner City aged between 21 - 50 years of age*

**Outcomes;**

- *Increased access to employment and training for participants*
- *Increased stability for participants regarding housing issues*

Training Support Programme for female drug users in the NWIC.

**Costs;**

*Programme / activities* **£17,380**

*Evaluation* **£6,320**

*Staff Training* **£3,160**

*Administration* **£2,765**

*Overheads* **£1,185**

**Total** **£30,810.00**

**Objective 3 - Resourcing Identified Gaps in Services**

**Strategy 2 - Continued Development regarding NICDTF Proposed Prison Strategy.**

As one area of identified need for action in phase one the NICDTF established a working group to recommend action regarding drug treatment and rehabilitation services within the penal system and a continuum of care between prisons and the community. As well as being identified as a priority by the TF generally, the issue is specifically pertinent to the NICDTF, as the Mountjoy Prison complex is within its geographical remit.

The working group developed a proposal for submission to the Prisons Steering Committee which identified the need for a multi-agency strategy regarding drug use within prison and an allied strategy to link prison services and services existing in the community. The need for such a multi-agency strategy which is inclusive to the community and voluntary sector is demonstrated by the lack of initial consultation by relevant Government Departments with the Task Forces regarding the work of the Steering Committee in relation to drug related problems and individuals in detention.

The emphasis of the NICDTF proposal on drug services and the penal system is not on replacing the responsibilities of statutory services by short-term interventions and pilots, but encouraging existing state services to put in place adequate resources to enable effective strategies. Services developed by the voluntary and community should be complementary to core state services.

In addition, the TF will continue to lobby for community and voluntary representation on the Steering Committee that has been established to oversee prison based drug treatment services. The NICDTF will also participate in the newly formed local liaison groups.

The NICDTF will continue to be active in relation to developing widespread support for its proposal, both from senior agency officials and staff working directly in the prison. The TF will also seek to negotiate, in collaboration with other agencies, for parity of service in the community and prison.

<b>Action 1.</b>	(Ref. O3S2A1)
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**Project Title;** *Survey of links between prison and drug services locally*

**Project Promoter;** *Inter-Agency Drugs Project*

**Category;** *Research/Rehabilitation*

**Amount Requested;** *£15,800.00*

**Funding Source;** *National Drugs Strategy Team*

**Target Group;** *Policy Makers, Community / Voluntary & Statutory Agencies/Projects and drug using offenders*

**Outcomes;** *Survey will inform the development of local integration mechanisms*

In order to compliment its current work regarding drug use and the penal system the NICDTF intends to undertake a survey of the existing links between prison and community/voluntary projects. The survey will profile existing links between prison and community/voluntary projects in the area, both formal and informal, and will make recommendations on how the existing Task Force model for integration, as devised by the Prison working group, can be further developed. The survey will also review models of liaison existing in other jurisdictions.

**Costs;**

*Survey/research costs*

*£15,800.00*

***Total***

***£15,800.00***

### **Objective 3 - Resourcing Identified Gaps in Services**

#### **Strategy 3 - Addressing HIV and Hepatitis**

Recent HIV statistics, the prevalence of Hepatitis and the experience of local drug agencies regarding young drug users and risky drug taking behaviour, indicates the importance of prioritising health education in this regard. The need for continued and updated training programmes on HIV and Hepatitis for community, youth and drug specific services locally are evidenced by the rise in recorded infections.

The TF is aware of the future health implications of widespread Hepatitis infection amongst drug users. Operating on the principle of not duplicating services, however, the Task Force will offer active support to the development plans of Cairde, Dublin Aids Alliance and other relevant bodies and will attempt to broker funding from its constituent bodies and national agencies for submissions received, whilst offering financial support to individual project elements, most especially for project evaluation.

#### **Action 1.** (Ref. O3S3A1)

**Project Title;** *HIV & Hepatitis Training Programme*

**Project Promoter;** *Cairde*

**Category;** *Training/Prevention/Education*

**Amount Requested;** *£15,800.00*

**Funding Source;** *National Drugs Strategy Team*

**Target Group;** *Community & Youth Groups operating in the nic*

**Outcomes;** *Increased awareness, education and prevention regarding HIV and other drug related health issues*

The delivery of a training programme on HIV and Hepatitis for community & youth groups operating in the north inner city. This initiative will equip staff and volunteers with the necessary skills, knowledge and information to respond to issues arising within their own organisations and with their own target groups. In undertaking the design and delivery of programmes Cairde will integrate with existing services currently operating in the area.

**Costs;**

*Training Programme-design & delivery*

*£15,800.00*

**Total**

***£15,800.00***

**Action 2.** (Ref. O3S3A2)

**Project Title;** *Co-ordinator for & Evaluation of Women & HIV Project*

**Project Promoter;** *Cairde*

**Category;** *Prevention/Education/Rehabilitation*

**Amount Requested;** *£45,820.00*

**Funding Source;** *National Drug Strategy Team*

**Target Group;** *20 - 30 women living with HIV*

**Outcomes;**

- *Enabling women to access support, training and personal independence*
- *Increased awareness of HIV risks and related health issues for participants*

The Women & Health/HIV Project is for women living with or at risk of HIV. The Project, which is based on a number of research reports and on Cairde's experience of working with women affected by HIV, will provide a package of support to women experiencing disadvantage, including; counselling, support, self-esteem work, basic training and assistance in seeking and securing further education or employment.

Childcare support will be available to the participants to enable them to attend the project.

The project will be co-ordinated by an experienced facilitator who is herself HIV positive. This will give the project a peer led emphasis, which is one of the identified pre-requisites for engaging marginalised disadvantaged women.

The objectives of the project are;

- To enable women to identify their own skills and resources with a view to re-entering the educational system or work force.
- Provide support and training and link women in with potential employers.
- Provide a programme of personal and career development to disadvantaged/marginalised women who are HIV positive or at risk of HIV.
- Provide a peer-led self-help environment through which women can explore and address the barriers of moving forward.

The Task Force will fund the Co-ordinator and the evaluation costs of the project. It will actively support Cairde in negotiating funding for other costs from relevant agencies.

**Costs;**

<i>Salary</i>	<i>£22,500</i>
<i>Employers costs</i>	<i>£2,700</i>
<i>Training and Supervision</i>	<i>£8,552</i>
<i>Admin</i>	<i>£8,900</i>
<i>Evaluation</i>	<i>£3,168</i>
<b><i>Total</i></b>	<b><i>£45,820.00</i></b>

**Action 3.** (Ref. O3S3A3)

**Project Title;** *Child & Family Service*

**Project Promoter;** *Cairde*

**Category;** *Children/Family support/HIV & Hepatitis*

**Total Cost;** *To be brokered*

**Funding Source;** *Various*

**Target Group;** *Children and families*

**Outcomes;** *Increased support for the needs of children and families in relation to HIV and related health issues.*

The Child and Family Service aims to link children and families into locally based services. Where this is not possible, families are assessed with a view to which of Cairde's services best meets their needs. Cairde avoids involvement with families in circumstances where there are already a number of agencies involved, save where there is a specific HIV or AIDS issue which Cairde is requested to address. The service provides: counselling, family work, art, play/drama therapy, and social outings, volunteer support, bereavement and loss support, advocacy and training.

**The Task Force will offer necessary supports to the promoting organisation for funding from relevant bodies.**

## **Objective 4.**

### ***Innovation***

#### **Strategy 1 - Developing Local Public Health Promotion**

Action 1 - Local Health Promotion Process

#### **Strategy 2 - Promoting Arts & Sports Initiatives for Drug and Youth Services**

Action 1 - Arts Process

Action 2 - Employment of a Sports Promoter

#### **Strategy 3 - Responding to Drug Use in the Non-National Population**

Action 1 - A Study on Drug Use, Trauma and Health Related Issues amongst Ethnic Minorities and Non-Nationals Living in the NIC.

#### **Strategy 4 - Addressing Young People & Problem Drug Use**

Action 1 - Young People & Drug Use Process

#### **Strategy 5 - Supporting Alternative Treatment Modalities**

Action 1 - Alternative Treatments Process

#### **Strategy 6 - Community Further Education Support**

Action 1 - The Annie Kelly Education Bursary

## **Objective 4 - Innovation**

### **Strategy 1 - Developing Local Public Health Promotion.**

The NICDTF will draw on the experience of its constituent members to put together a public health promotion process, one of the elements of which will be to promote positive life-styles utilising identified role models. The process will aim to engage local education groups, community, youth, traveller, refugee and other relevant groups in the production of public awareness material and the development of pilot programmes, which will be aimed at specific target groups.

A steering group made up from the NICDTF Prevention & Education Sub-Cmte, the Health Promotion Unit of the NAHB, schools, the private sector and others, will manage the process. It is intended that support from the commercial sector will be sought in the development of this strategy.

#### **Action 1.** (Ref. O4S1A1)

**Project Title;** Local Health Promotion Process

**Project Promoter;** Inter-Agency Drugs Project

**Category;** Prevention/Education

**Amount Requested;** £50,560.00

**Funding Source;** National Drugs Strategy Team

**Target Group;** Local population, parents, young people, drug users, specific groups such as travellers and refugees

**Outcomes;**

- The production of culturally relevant materials regarding drug use and infectious diseases for specified target groups
- Advertising campaigns using local role models promoting healthier lifestyles for young people
- Integration of services involved in public health issues regarding a common approach for the local area

Development of NICDTF Public Health Promotion Process

**Costs;**

Development of process & material	£11,220.00
Pilot Projects (£12,114.00 x 3)	£36,340.00
Evaluation	£4,000.00
<b>Total</b>	<b>£50,560.00</b>



**Objective 4 - Innovation**

**Strategy 2 - Promoting arts and sports initiatives for drug & youth services**

The NICDTF recognises the need for the development of arts and sports initiatives which will engage local arts and sports groups, drugs services, national arts & sports bodies, training bodies, youth services and young peoples fora to recommend new programmes and encourage the development of arts & sports elements to current services.

With regard to an arts process the TF will establish a steering group, which will seek to;

- identify how services currently use the arts and within what context
- explore the potential of arts and culture as diversionary activities for young people at risk
- explore the therapeutic potential of arts and cultural activities within drug specific projects
- identify training needs amongst local arts providers
- engage local projects in the development and piloting of specific programmes utilising drama, music etc.
- how broader cultural facilities existing with the locality can be harnessed to complement this work
- how arts activities can be used as part of a community public health strategy
- link with the DICP Arts Strategy

The Task Force also proposes to engage a Sports Promoter for the north inner city area who will;

- identify what sports groups exist
- explore the possibility of developing a co-ordinating role regarding the promotion of sports within drug related projects in the north inner city area
- how young people can be encouraged to participate in sports activities
- identify training needs

<b>Action 1.</b>	(Ref.O4S2A1)
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**Project Title;** Arts Development

**Project Promoter;** Inter-Agency Drugs Project

**Category;** Community/Youth/Rehabilitation/Training

**Amount Requested;** £50,560.00

**Funding Source;** National Drugs Strategy Team

**Target Group;** Local projects, Community / Voluntary & Statutory Agencies

**Outcomes;**

- Evaluated pilot projects that will make recommendations re good practice regarding the use of arts activities in both therapeutic and diversionary initiatives
- Increased use of arts activities by locally based projects

Research into and development of the potential of Arts in drug & youth services.

**Costs;**

Arts Research & Development	£11,220.00
Evaluation	£4,000.00
Pilot Projects (£12,114.00 x 3)	£36,340.00
<b>Total</b>	<b>£50,560.00</b>

<b>Action 2.</b>	(Ref.O4S2A2)
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**Project Title;** Employment of a Sports Promoter

**Project Promoter;** Inter-Agency Drugs Project

**Category;** Community/Youth/Rehabilitation/Training

**Amount Requested;** £30,810.00

**Funding Source;** National Drugs Strategy Team

**Target Group;** Young people in the TF area, drug users attending local treatment projects and staff of local projects

**Outcomes;**

- Greater use of sports activities by drug treatment and rehabilitation agencies in the TF area
- Greater use of sports activities by youth services in the area

Employment of a Sports Promoter

**Costs;**

Sports Promoter	
Budget	
<b>Total</b>	<b>£30,810.00</b>

## **Objective 4 - Innovation**

### **Strategy 3 - Responding to drug use in the non-national population.**

The Ana-Liffey Drugs Project - Drop In Service has developed irregular contact with a small group of non-nationals who are active drug users. The clients currently in contact with this service report language barriers and difficulty in accessing information regarding treatment services and harm reduction information. Access to services has also been hampered by concerns about their legal status and, at times, an unfriendly response from the drug using community and services. This target group particularly needs information on and access to services dealing with HIV and Hepatitis.

The NICDTF will develop a steering committee to draw up a process for addressing the needs of non-national drug users. This committee will put together proposals for action based on research information.

#### **Action 1.** (Ref. O4S3A1)

**Project Title;** *Study on drug use amongst ethnic minorities and non-nationals*

**Project Promoter;** *Inter-Agency Drugs Project*

**Category;** *Community/Treatment/Rehabilitation/Education*

**Amount Requested;** *£35,550.00*

**Funding Source;** *National Drug Strategy Team*

**Target Group;** *Non-nationals who may be using or at risk of mis-using drugs*

**Outcomes;** *An indication of patterns and trends regarding ethnic minorities and drug use*

A study on drug use, trauma and related health issues such as HIV and Hepatitis amongst ethnic minorities living in the north inner city, and their needs regarding access to drug services. This will build on work undertaken to date by the Ana-Liffey Drugs Project, Cairde, Chrysalis Counselling Service and Dublin Aids Alliance as well as work undertaken by the local community networks and refugee agencies. The period of the study will be backed up and/or followed by practical outreach intervention with inbuilt evaluation.

#### **Costs;**

*Needs analysis / research* £15,550.00

*Employment of p/t Liaison/Development Worker  
(includes employers' costs)* £14,000.00

*Development budget* £2,000.00

*Evaluation* £4,000.00

**Total** **£35,550.00**

<b>Objective 4 - Innovation</b>
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<b>Strategy 4 - Addressing Young People and Problem Drug Use</b>
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The increased knowledge and direct experience of young people regarding drug use necessitates action based on sophisticated analysis. Recent research indicates the emergence of three categories regarding young people; non-drug users, drug users and problem drug users. This suggests that a shift in response is necessary. That is, a re-focus, not on drug triers, but on drug users who will have or do have problems. “The Drug Problem” is being re-mapped as a collection of local drug problems that differ across space and time, and often require different policy responses and strategies. The NICDTF will undertake a piece of research to ‘kick start’ its youth strategy that will;

1. elicit from young people aged between 11 - 17 years their personal experience of drugs education, perceptions of where information about drug use is available and views about what drugs information should ideally be available to them
2. elicit their understanding of the types of drugs response and youth services available to them, together with their sense of the type of services that they would like to be provided for/by them
3. elicit from agencies providing services to the target age group their provision of drugs education and response to drug related issues and subsequently their perception of its efficacy.
4. draw a comparison between the issues identified by young people and by relevant services
5. inform the development of drug prevention/education programmes and services for young people in the NICDTF area
6. complement current relevant research around young people and drug use.

There are a large number of youth projects and services within the north inner city area but the consistent criticism is lack of co-ordination and service overlap. In recognition of a future call for submissions regarding a phase two of the Young People’s Facilities and Services Fund (YPFSF) in 2001, the Task Force is proposing to take action regarding synergy with the TF Development Plan and with youth services not in receipt of YPFSF finance.

The Task Force proposes to formulate a strategy for young people at risk of drug use and addiction through the co-ordination and integration of services at local level. This will build on the experience of initiatives taken by groups such as the North City Centre Community Action Project (NCCCAP) and the Integrated Services Process (ISP).

The strategy will include:

- a research project “The Silent Majority” which will look at the efficacy of drug services and interventions targeted at young people

- a seminar/workshop on innovative responses to young people at risk
- the employment of a part-time worker with responsibility for liaison with existing services. It is intended that this worker will link closely with the two area networks (ICON & NWICN) to encourage youth groups to develop a drugs policy, to address measures to attract young people not engaging in services, undertake a street survey and examine the potential for the development of a young persons council.

<b>Action 1.</b>	(Ref. O4S4A1)
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**Project Title;** *Young People & Drug Use Process*

**Project Promoter;** *Inter-Agency Drugs Project*

**Category;** *Youth*

**Amount Requested;** *£50,5600.00*

**Funding Source;** *National Drug Strategy Team*

**Target Group;** *Young people, youth services and YPFSF*

**Outcomes;** *Analysis of issues regarding young people and drug use, development of evaluated pilot projects in response to analysis.*

Development of young people and drug use process.

**Costs;**

<i>Research - "The Silent Majority"</i>	<i>£18,000.00</i>
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<i>Seminar/Workshop</i>	<i>£12,000.00</i>
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<i>Employment of part-time liaison worker(s)</i>	<i>£20,560.00</i>
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<b><i>Total</i></b>	<b><i>£50,560.00</i></b>
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## **Objective 4 - Innovation**

### **Strategy 5 - Supporting alternative treatment modalities**

During its phase one strategy the NICDTF held a series of discussions regarding alternative medical interventions for drug users in treatment. A seminar on Rapid Opiate Detox was financially supported and information-sharing sessions regarding heroin prescription programmes in other jurisdictions were held. No structured actions regarding 'alternative to medical' interventions were undertaken.

International and national experience has indicated that alternative treatments such as acupuncture can play an increasingly positive role in assisting individuals to overcome addiction. The Task Force is committed to analysing the existing and potential role of such therapies in treatment locally and linking this with traditional medical approaches by inviting the involvement of local General Practitioners and Pharmacists.

The NICDTF intends to develop a strategy regarding the potential and current use of alternative therapies in assisting drug treatment. This strategy will commence with a profiling of the types of alternatives and an evaluation of their impact. A training budget will be allocated to enable local services to develop their potential in this regard.

#### **Action 1.** (Ref. O4S5A1)

**Project Title;** *Alternative Treatments Process*

**Project Promoter;** *Inter-Agency Drugs Project - Treatment & Rehabilitation Sub-Cmte*

**Category;** *Research/Treatment/Rehabilitation*

**Amount Requested;** *£50,560.00*

**Funding Source;** *National Drug Strategy Team*

**Target Group;** *Policy Makers, Community / Voluntary & Statutory Agencies / Projects, active drug users and drug users in treatment*

**Outcomes;**

- *A core of locally based trained staff*
- *Increased access by local projects to alternative treatments and supports*
- *Increased links and integration between TF and local GPs & pharmacies*
- *Survey of current practices regarding alternative therapies internationally and nationally.*

Development of a local process to support alternative treatment modalities

**Costs;**

*Profiling of potential alternative therapies* £7,110.00

*Seminar* £7110.00

*Training for local projects* £5,530.00

*Pilot Project* £25,280.00

<i>Evaluation</i>	£5,530.00
<b><i>Total</i></b>	<b>£50,560.00</b>

## **Objective 4 - Innovation**

### **Strategy 6 - Community Further Education Support**

The NICDTF will provide an education bursary for local individuals who wish to further their education in either community development or training in addiction and related areas. Bursaries will be administered by a working group of the TF.

*This Project is dedicated to Annie Kelly in memory of her commitment to education and her work for the NICDTF as a Community Representative.*

#### **Action 1.** (Ref. O4S6A1)

***Project Title;*** Annie Kelly Education Bursary

***Project Promoter;*** Inter-Agency Drugs Project

***Category;*** Education/Community

***Amount Requested;*** £5,135.00

***Total Cost;*** £25,675.00

***Funding Source;*** National Drug Strategy Team (£5,135.00)

*Other organisations (£20,540.00)*

***Target Group;*** Local individuals seeking further education regarding drug use and related issues

***Outcomes;*** Supported access to further education for local individuals to increase the potential of a pool of local labour

Education Bursary

**Costs:**

*Education Bursary provision*

***Total*** £5,135.00 + £20,540.00(£25,675.00)

**TOTALS (NDST funding)****Objective 1 - High Priority (Phase 1)**

<i>Reference Code</i>	<i>IEP</i>	<i>EUROS</i>
O1S1A1	£56,090.00	€71,000.00
O1S1A2	£40,290.00	€51,000.00
O1S2A1	£65,570.00	€83,000.00
O1S2A2	£50,560.00	€64,000.00
O1S3A2	£12,640.00	€16,000.00
O1S3A3	£12,640.00	€16,000.00
O1S3A4	£40,290.00	€51,000.00
O1S3A8	£15,800.00	€20,000.00
O1S3A5	<u>£30,810.00</u>	<u>€39,000.00</u>
<b><i>Sub-Total</i></b>	<b><i>£324,690.00</i></b>	<b><i>€411,000.00</i></b>

**Objective 2 - High Priority (Phase 1)**

<i>Reference Code</i>	<i>IEP</i>	<i>EUROS</i>
O2S1A1	£20,540.00	€26,000.00
O2S1A2	£30,810.00	€39,000.00
O2S2A1	£58,640.00	€74,500.00
O2S2A2	£30,810.00	€39,000.00
O2S2A3	£60,830.00	€77,000.00
O2S2A4	£47,400.00	€60,000.00
O2S2A5	£50,560.00	€64,000.00
O2S2A6	£30,810.00	€39,000.00
O2S2A7	£40,290.00	€51,000.00
O2S2A8	£25,280.00	€32,000.00
O2S2A9	£35,550.00	€45,000.00
O2S2A10	<u>£50,560.00</u>	<u>€64,000.00</u>
<b><i>Sub-Total</i></b>	<b><i>£482,080.00</i></b>	<b><i>€610,500.00</i></b>

**Objective 3 - High Priority (Phase 1)**

<i>Reference Code</i>	<i>IEP</i>	<i>EUROS</i>
O3S1A1	£40,290.00	€51,000.00
O3S1A3	£60,830.00	€77,000.00
O3S1A4	£20,540.00	€26,000.00
O3S2A5	£30,810.00	€39,000.00
O3S2A1	£15,800.00	€20,000.00
O3S3A1	£15,800.00	€20,000.00
O3S3A2	<u>£45,820.00</u>	<u>€58,000.00</u>
<b><i>Sub-Total</i></b>	<b><i>£229,890.00</i></b>	<b><i>€291,000.00</i></b>



(totals cont.)

<i>Reference Code</i>	<b><u>Objective 4 - High Priority (Phase 1)</u></b>	
	<i>IEP</i>	<i>EUROS</i>
O4S1A1	£50,560.00	€64,000.00
O4S2A1	£50,560.00	€64,000.00
O4S2A2	£30,810.00	€39,000.00
O4S3A1	£35,550.00	€45,000.00
O4S4A1	£50,560.00	€64,000.00
O4S5A1	£50,560.00	€64,000.00
<b><i>Sub-Total</i></b>	<b>£268,600.00</b>	<b>€340,000.00</b>

<b>Objective 1 - High Priority =</b>	<b>£324,690.00</b>	<b>€411,000.00</b>
<b>Objective 2 - High Priority =</b>	<b>£482,990.00</b>	<b>€610,500.00</b>
<b>Objective 3 - High Priority =</b>	<b>£229,890.00</b>	<b>€291,000.00</b>
<b>Objective 4 - High Priority =</b>	<b>£268,600.00</b>	<b>€340,000.00</b>
<b><i>Total High Priority (Phase One)</i></b>	<b>£1,306,170.00</b>	<b>€1,652,500.00</b>

**Objective 1 - Medium Priority (Phase 2)**

<i>Reference Code</i>	<i>IEP</i>	<i>EUROS</i>
O1S3A6	£15,800.00	€20,000.00
O1S3A7	£15,800.00	€20,000.00
O1S3A9	£ 06,320.00	€08,000.00
<b><i>Sub-Total</i></b>	<b>£37,920.00</b>	<b>€48,000.00</b>

**Objective 2 - Medium Priority (Phase 2)**

<i>Reference Code</i>	<i>IEP</i>	<i>EUROS</i>
O2S2A11	£15,800.00	€20,000.00
<b><i>Sub-Total</i></b>	<b>£15,000.00</b>	<b>€20,000.00</b>

**Objective 4 - Medium Priority (Phase 2)**

<i>Reference Code</i>	<i>IEP</i>	<i>EUROS</i>
O4S6A1	£5,135.00	€6,500.00
<b><i>Sub-Total</i></b>	<b>£5,135.00</b>	<b>€6,500.00</b>

<b>Objective 1 - Medium Priority =</b>	<b>£37,920.00</b>	<b>€48,000.00</b>
<b>Objective 2 - Medium Priority =</b>	<b>£15,800.00</b>	<b>€20,000.00</b>
<b>Objective 4 - Medium Priority =</b>	<b>£05,135.00</b>	<b>€06,500.00</b>
<b><i>Total Medium Priority (Phase 2)</i></b>	<b>£58,855.00</b>	<b>€74,500.00</b>

**APPENDIX 1**

**SUMMARY OF PROPOSED ACTIONS**

<b>OBJECTIVE 1</b>	<b>STRATEGY 1</b>	<b>ACTIONS</b>	<b>REF</b>	<b>PRIORITY</b>	<b>PROMOTER</b>	<b>COST</b>
Information, Assessment & Analysis	Information Provision to Focus NICDTF Development	Employment of a NICDTF Research & Information Co-ordinator	O1S1A1	High	IADP	<b>£56,090.00</b> €71,000.00
		Production & Maintenance of a NICDTF web site	O1S1A2	High	IADP	<b>£40,290.00</b> €51,000.00

<b>OBJECTIVE 1</b>	<b>STRATEGY 2</b>	<b>ACTIONS</b>	<b>REF</b>	<b>PRIORITY</b>	<b>PROMOTER</b>	<b>COST</b>
Information, Assessment & Analysis	Increasing the Operational Effectiveness of the NICDTF	Community Participation Training & Support to Local Networks	O1S2A1	High	IADP	<b>£65,570.00</b> €83,000.00
		Consultation Process for Specific TF areas	O1S2A2	High	IADP	<b>£50,560.00</b> €64,000.00

<b>OBJECTIVE 1</b>	<b>STRATEGY 3</b>	<b>ACTIONS</b>	<b>REF</b>	<b>PRIORITY</b>	<b>PROMOTER</b>	<b>COST</b>
Information, Assessment & Analysis	Local Research which will support the development of Task Force initiatives and functions	Monitoring the quality of life in urban areas - drug related effects	O1S3A1	High	IADP - Supply Control Sub-Cmte	<b>£10,270.00</b> €10,270.00 (Dept of J.E.L.R.)
		Study & Evaluation of Implementation of SMPP & SAPP in Local Schools	O1S3A2	High	IADP - Prevention & Education Sub-Cmte	<b>£12,640.00</b> €16,000.00
		Research into the use of Benzodiazepines Locally	O1S3A3	High	IADP	<b>£12, 640.00</b> €16,000.00
		Feasibility Study into a Progression Routes Pilot & Consortium Development Costs	O1S3A4	High	SAOL Project	<b>£40,290.00</b> €51,000.00

OBJECTIVE 1	STRATEGY 3	ACTIONS	REF	PRIORITY	PROMOTER	COST
		Feasibility Study into Local Respite & Care Facilities	O1S3A5	High	IADP-Treatment & Rehabilitation Sub-Cmte	<b>£30,810.00</b> €39,000.00
		Research into Housing Needs of Drug Users in the nic	O1S3A6	Medium	IADP-Treatment & Rehabilitation Sub-Cmte	<b>£15,800.00</b> €20,000.00
		Comparative Study on Arrest Referral Schemes	O1S3A7	Medium	IADP-Treatment & Rehabilitation Sub-Cmte / Supply Control Sub-Cmte	<b>£15,800.00</b> €20,000.00
		Feasibility Study into the Treatment of Possibilities of Alternative Medication	O1S3A8	High	IADP / NICDTF - all structures	<b>£15,800.00</b> €20,000.00
		Needs Analysis Study on Local Residential Treatment	O1S3A9	Medium	IADP-Treatment & Rehabilitation Sub-Cmte	<b>£6,320.00</b> €8,000.00

OBJECTIVE 2	STRATEGY 1	ACTION	REF	PRIORITY	PROMOTER	COST
Building on Existing Support to Projects	Integrated Development	An Integrated Funding & Development Process	O2S1A1	High	IADP	<b>£20,540.00</b> €26,000.00
		Employment of a Project Resource Worker	O2S1A2	High	IADP	<b>£30,810.00</b> €39,000.00
		Co-operation with Other Initiatives Operating in NIC	O2S1A3	High	NICDTF	
Building on Existing Support to Projects	Responding to Development Needs of Existing Projects	Continued Support for Children's Project	O2S2A1	High	Ana-Liffey Drugs Project	<b>£58,640.00</b> €74,500.00
		Therapeutic Counselling Service for Primary Schools	O2S2A2	High	Primary School Initiative	<b>£30,810.00</b> €39,000.00
OBJECTIVE 2	STRATEGY 2	ACTIONS	REF	PRIORITY	PROMOTER	COST

		UISCE Development	O2S2A3	High	UISCE	<b>£60,830.00</b> €77,000.00
		Peer Graduates Training Programme	O2S2A4	High	Ana-Liffey Drugs Project	<b>£47,400.00</b> €60,000.00
		Extension of Community Policing Forum	O2S2A5	High	Community Policing Forum Management Board	<b>£50,560.00</b> €64,000.00
		Drop-in Service for Female Drug Users Working in Prostitution	O2S2A6	High	Chrysalis Counselling Service	<b>£30,810.00</b> €39,000.00
		ASES Development	O2S2A7	High	After-School Education Support Service	<b>£40,290.00</b> €51,000.00
		Step by Step Development	O2S2A8	High	Step by Step	<b>£25,280.00</b> €32,000.00
		ICON Drugs Support Service Development	O2S2A9	High	ICON Drugs Support Service	<b>£35,550.00</b> €45,000.00
		HOPE Development	O2S2A10	High	HOPE	<b>£50,560.00</b> €64,000.00
		Part-Time Community Drugs Workers	O2S2A11	Medium	Chrysalis Counselling Service	<b>£15,800.00</b> €20,000.00

<b>OBJECTIVE 3</b>	<b>STRATEGY 1</b>	<b>ACTIONS</b>	<b>REF</b>	<b>PRIORITY</b>	<b>PROMOTER</b>	<b>COST</b>
Resourcing Identified Gaps in Services	Developing Rehabilitation Support	North West Inner City Training & Development Project	O3S1A1	High	North West Inner City Network	<b>£40,290.00</b> €51,000.00
		Demonstrating the Value of Support Workers	O3S1A2	High	IADP / NICDTF	
		Community Bereavement & Counselling Service	O3S1A3	High	Oasis Counselling Service	<b>£60,830.00</b> €77,000.00
		Male Specific Rehabilitation Project	O3S1A4	High	Inner City Renewal Group &NTDI	<b>£20,540.00</b> €26,000.00
		Training Support for Female Drug Users	O3S1A5	High	The Gateway Project	<b>£30,810.00</b> €39,000.00

<b>OBJECTIVE 3</b>	<b>STRATEGY 2</b>	<b>ACTIONS</b>	<b>REF</b>	<b>PRIORITY</b>	<b>PROMOTER</b>	<b>COST</b>
Resourcing	Continued	Survey of Links	O3S2A1	High	IADP	<b>£15,800.00</b>

Identified Gaps in Services	Development Regarding NICDTF Proposed Prison Strategy	between Prison & Drug Services Locally				€20,000.00
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<b>OBJECTIVE 3</b>	<b>STRATEGY 3</b>	<b>ACTIONS</b>	<b>REF</b>	<b>PRIORITY</b>	<b>PROMOTER</b>	<b>COST</b>
Resourcing Identified Gaps in Services	Addressing HIV & Hepatitis	HIV & Hepatitis Training Programme	O3S3A1	High	Cairde	<b>£15,800.00</b> €20,000.00
		Co-Coordinator for and Evaluation of Women & HIV Project	O3S3A2	High	Cairde	<b>£45,820.00</b> €58,000.00
		Child & Family Service	O3S3A3	High	Cairde	

<b>OBJECTIVE 4</b>	<b>STRATEGIES</b>	<b>ACTIONS</b>	<b>REF</b>	<b>PRIORITY</b>	<b>PROMOTER</b>	<b>COST</b>
Innovation	Developing Local Public Health Promotion	Local Public Health Promotion Process	O4S1A1	High	IADP	<b>£50,560.00</b> €64,000.00
	Promoting Arts & Sports Initiatives for Drug & Youth Services	Arts Development	O4S2A1	High	IADP	<b>£50,560.00</b> €64,000.00
		Employment of a Sports Promoter	O4S2A2	High	IADP	<b>£30,810.00</b> €39,000.00
	Responding to Drug Use in the Non-National Population	Study on Drug Use amongst Ethnic Minorities and Non-Nationals	O4S3A1	High	IADP	<b>£35,550.00</b> €45,000.00
	Addressing Young People and Problem Drug Use	Young People & Drug Use Process	O4S4A1	High	IADP	<b>£50,560.00</b> €64,000.00
	Supporting Alternative Treatment Modalities	Alternative Treatments Process	O4S5A1	High	IADP - Treatment & Rehabilitation Sub-Cmte	<b>£50,560.00</b> €64,000.00
	Community Further Education Support	The Annie Kelly Education Bursary	O4S6A1	Medium	IADP	<b>£5,135.00</b> €6,500.00 (+£20,540)

**APPENDIX 2**

**ORGANISATIONS INVOLVED IN CONSULTATION**

**Dublin Corporation - Homeless Unit & Estate Management Section**

**Eastern Regional Health Authority (Northern Area) - Aids/Drugs Service & Family Support Service & Community Care**

**After School Education Support**

**An Garda Siochana**

**Ana-Liffey Drugs Project**

**Ballybough Youth Service**

**BRAG**

**Cairde**

**CASPr**

**Chrysalis**

**City Clinic**

**City of Dublin VEC**

**Crinan Project**

**Crosscare**

**Dublin 7 Against Drugs**

**Dublin Aids Alliance,**

**Dublin City Wide Drugs Crisis Campaign**

**Dublin Inner City Partnership**

**FAS**

**Focus Ireland**

**Forum for Youth Homelessness**

**ICON**

**ICON Drugs Support Service**

**Inner City Renewal Group**

**Integrated Services Process**

**Irish Penal Reform Trust,**

**Kings Inn school**

**Larkin Community College**

**MACRO**

**Mount Carmel secondary school**

**Mountjoy Women's Prison**

**National Drugs Strategy Team**

**NCCCAP**

**North Brunswick St. School**

**NYP 1&2**

**PACE**

**Pathways Project**

**Pavee Point**

**Rutland St.school**

**SAOL Project**

**Scoil Mhuire Iosaf**

**Soilse**

**St.Gabriel's National School**

**St.Lawrence O'Toole Special School**

**St.Mary's Place School**

**St.Patrick's Institution**

**St.Paul's CBS**

**St.Vincent's National School**

**St.Vincent's Trust**

**Step by Step**

**Stoneybatter Youth Services**

**The Bridge Project**

**The Cavan Centre**

**The Community Policing Forum**

**The Phoenix Project**

**The Probation & Welfare Service**

**The Snug**

**The Talbot Centre**

**UISCE**

**Youthreach**

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