

Responding to
Substance Misuse
in our Communities

**County Wexford
Community Based Drugs Initiative**

Action Plan Framework 2001 - 2004



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Responding to Substance Misuse in our Communities

County Wexford Community Based Drugs Initiative

Action Plan Framework 2001 - 2004

This Action Plan Framework was formulated by
CBDI Members.

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Foreword

The County Wexford Community Based Drugs Initiative (C.B.D.I.) was established in 1999. It was funded by the South Eastern Health Board and located within the structure of the local Youth Service, Ferns Diocesan Youth Service. It is a multi-agency community based response to drug misuse in County Wexford. This is in line with the South Eastern Health Board “Drug and Alcohol Misuse Prevention Strategy”, published in April 1999.

The role of the four CBDI’s, based in New Ross, Gorey, Wexford and Enniscorthy, is to develop responses to substance misuse based on local needs through raising awareness. Community based adults are actively involved in the process and local needs inform all actions. This, with the multi-agency approach, ensures that the programme is centrally placed to respond to proven identified needs and act in accordance with the South Eastern Health Board and National Strategies.

This Action Plan Framework 2001-2004, outlines issues of concern, as identified by CBDI members, who prioritised actions to respond to these issues. This framework represents the overall strategic plan for the County Wexford Initiative and affords CBDI groups flexibility in responding to changing local needs.

Executive Summary

The County Wexford CBDI held a conference “Planning for our Local Communities” in January 2001. The conference provided an opportunity to discuss priorities and a framework for action for 2001-2004. Each local CBDI will use this framework to decide on an action in their area.

The following were identified as priority areas for action:-

- 1. Engagement with young people using creative methods.**
- 2. Presenting reliable information to young people, with young people, in a way to which they will respond.**
- 3. Targeting young people between 10 years and 13 years, their parents and those who work with them, to raise awareness, knowledge and understanding.**
4. Targeting young people between 18 years and 25 years, to develop programmes with them.

In addition to identifying these priorities for action, the CBDIs recognised the value and importance of approach and process.

Emphasis was placed on the need to allow time for development of programmes with the groups and with young people, offering supports and training as indicated, and encouraging ownership of the project.

Development of partnerships was stressed throughout, recognising that a number of approaches, involving communities and agencies, are needed in order to respond to the issues- In addition to raising awareness in the community and with young people, the CBDI's should be involved in working towards the provision of alternatives and facilities for young people.

The importance of involving the whole community at all levels to enable the development of a community response was highlighted. Recognition of the importance of process, which is inclusive and consultative and values the skills and knowledge of the group members, is fundamental to the working of the CBDI. This requires time, training and support. Clarity and consensus about the aims of the project are an integral part of this process.

Each CBDI group should be accorded a budget, for which they have responsibility. The contribution of CBDI members should be recognised through financial supports, such as childcare costs and travel expenses, in addition to provision of training, as needed.

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1. Local Context

Local Context

Introduction

In order to set a local context, statistics are presented which give background information on the following in County Wexford:-

- Population, Educational Status and Unemployment.
- Numbers of people who have availed of treatment services.
- Statistical report from the Justice Services.

Section 1

Population

Central Statistics Office (1996) recorded the population of County Wexford as 104,371; males 52,432 and females 51,939. The table below shows a population breakdown by age and percentage.

Age	Number	%
0-14 yrs	25,884	24.6
15-24 yrs	17,111	16.4
25-44 yrs	28,251	27.1
45-64 yrs	21,039	20.2
65+	12,078	11.6

(Source: CSO Census 1996)

Education Status

Levels of educational attainment in County Wexford were shown to be below the national average. 60% of males and 55% of females left secondary school without obtaining a Leaving Certificate or equivalent, compared to the national figure of 49%. At third level, only 12.6% males and 13.7% females have a qualification. This compares with a national average of 19.1%, and is among the lowest in the country.

Educational Achievement in County Wexford.

Level Reached	Male	Female
Primary or less	34.6%	31.3%
Lower Secondary	25.2%	23.3%
Full Secondary	25.6%	29.3%
3rd Level – non Degree	6.8%	7.8%
Degree+	5.8%	5.9%
Unknown	2.0%	2.4%

(Source: CSO Census of Population 1996)

Unemployment Rate

Recent figures (August 2001) for County Wexford, show that 5,899 people were registered unemployed.

Age	Gender	Number
Under 25 yrs	Male	608
Over 25 yrs	Male	2,568
Under 25 years	Female	553
Over 25 years	Female	2,170

(Source: Department of Social, Community & Family Affairs 2001)

In summary. County Wexford's population is relatively old, unemployment is higher, average family size is larger and the level of educational attainment is lower than the national average. (Bacon 1999)

Section 2

The following section details substance misuse treatment figures for County Wexford based on the South Eastern Health Board's Community Counselling Service, 1,418 people in the south-east region received treatment from the SEHB for substance misuse. Of these, 135 people attended the Community Counselling Services in County Wexford.

St. Senan's Community Counselling Service

SEHB Substance Misuse figures for County Wexford 2000:

St. Senan's Community Counselling Service	64
Gorey Health Centre	10
New Ross Health Centre	12
Enniscorthy Health Centre	10
Wexford Community Mental Health Centre	39

Treatment History

Records show that 49% have previously received treatment, 43% are attending for the first time and 8% previous history not known.

Referral to SEHB Treatment

The majority of people (63%) are referred by hospital/medical agencies. Approximately 13-14% are referred by court/probation services/police. 11% referred through GP's, 7% self-referral, 3% family and 3% by Social Services.

Gender and Age Breakdown in County Wexford

77% attending for SEHB treatment are male and 23% are female. The largest age group attending Wexford Community Counselling Service is aged between 20-29 years (33%); the second largest group account for 30% and are aged between 30-39 years.

Table below shows age breakdown

Age Group	% Accessing SEHB Services
10-19 yrs	7%
20-29 yrs	33%
30-39 yrs	30%
40-49 yrs	16%
50-59 yrs	10%
60-69 yrs	2%
70-79 yrs	1%

Living Status of those presenting to Service

Particularly noteworthy is the fact that in County Wexford, 59% are living with close family members. 42% of those who received treatment live with parents/family, 17% live with partner/children) and 18% live alone. Throughout the region, 85% of those attending for treatment are not living with another drug misuser.

Employment Status

40% of those attending for treatment are in paid employment, 28% are unemployed and 10% are participating in FAS/Training courses.

Education Levels of those attending the Service

In County Wexford, 53% reached secondary level, 17% reached primary and 30% unknown.

Main Drug of Use

In 80% of cases, the main drug of misuse of those accessing the services, are alcohol, 12% cannabis and 3% amphetamines.

Frequency of Use

Frequency of use	Alcohol	Cannabis	Amphetamines
Once a week or less	7%	12%	0%
2-6 days per week	51%	47%	25%
Daily	29%	18%	0%
No use in past month	12%	12%	50%
Not known	1%	12%	25%

Age at First Use

Age of first use	Alcohol	Cannabis	Amphetamines
10-14 yrs	11%	12%	0%
15-19 yrs	56%	59%	29%
20-24 yrs	15%	12%	50%
25-29 yrs	6%	6%	0%
40 yrs	1%	0%	0%
Not Known	11%	12%	25%

Data from Mental Health Division

This data shows that 151 people presented with alcoholic disorders and 13 with drug dependence to St. Senan's Psychiatric Hospital.

(Kidd2001)

Section 3

Treatment Services

In this section, figures from the following centres will be presented:-

- Aiseiri, Wexford
- Aislinn, Adolescent Treatment Centre
- South East Regional Drug Helpline
- Wexford Area Partnership Addiction Support Service

Aiseiri, Wexford

133 people sought treatment, of which the majority were male. Most attending for treatment had never previously received any treatment for their substance misuse, 48% are residents of County Wexford.

Age Profile

Over 60% attending Aiseiri were aged between 30-39 years and 18% are aged between 50-59 years and the younger age group between 20-29 years account for 12-13%. However, in Aiseiri in Cahir, 32% presenting for treatment are aged between 20-29 years.

Main Drug of Use

Drug	%
Alcohol	84
Benzos	2
Cannabis	4
Cocaine	1
Heroin	5
Other	1
Opiates/Hypnotics/MDMA	

Aislinn Adolescent Treatment Service

96 people sought treatment and 3% of these were from Wexford. The main drugs of misuse for which treatment was sought are listed below:-

Main Drug	%
Cannabis	56
MDMA	17
Alcohol	12
Heroin	4
Amphetamine	3
Other Opiate type drugs	3
Prescribed medication	1
Solvents	1

South East Regional Drug Helpline

Throughout the region there were 1,249 calls received by the Helpline, of these 116 were made from County Wexford.

Regional callers enquired about the following drugs:

Drug	No. of Calls
Ecstasy	384
Amphetamines	297
Cannabis/Alcohol	285
LSD	179
Alcohol/Solvents	95
Heroin	4
Cocaine	4

Enquiries were predominately made by third party callers, 70% (Kidd, 2001)

Wexford Area Partnership Addiction

Support Service

Records from March 2000 - February 2001 show 69 new clients availing of the service from County Wexford. Substances misused by people attending this service are shown in the table below.

Drug	Approx.%
Alcohol	92
Cannabis	86
Ecstasy	64
Other Drugs	28
LSD	22
Opiates	4

These figures reflect poly drug use amongst people presenting for counselling.

Age Profile

Nearly 60% of clients using this service are in the 16-22 years age group, almost 29% in the 22-38 years age group and approximately 12% are over 38 years. Again, as seen in other services, the majority seeking help are male, 78%. (Delaney2001)

Section 4.

In this section, figures from Probation Services, Customs National Drugs Team and Garda Síochána are presented.

Probation and Welfare Services

The percentage of cases referred from the Courts to the Probation and Welfare Services, which involved alcohol/drugs, was 50%.

Please note the research states that it is likely this represents an under-estimation of the number of cases involving alcohol and/or drugs.

The majority of those referred were in the 20-29 years age group (56% approx.) and again, the majority was male (91%).

Age Groups referred to Treatment Services

Age of those referred by Courts	%
10-19yrs	24
20 - 29 yrs	56
30-39yrs	12
40 - 49 yrs	6
50 - 59 yrs	2

Referrals were primarily for screening and/or counselling services.
(Source: Kidd, 2001)

Customs National Drugs Teams

The (CNDT) in Rosslare reported seizures to a total value of £3.6 million in 2000. Of the 28 seizures made, 13 were of drugs or drug related items. The drugs seized included cigarettes and tobacco, alcohol and cannabis, including one seizure of 100.75 kgs cannabis resin with an estimated value of £1million.

(Customs National Drugs Team 2000)

An Garda Síochána

National figures in 1999 show that 10% of juvenile offences related to purchase/possession/ consumption of alcohol and of being intoxicated in a public place. The figures for possession of drugs were 3% and sale/supply were 1% of juvenile offences.

In the South East Garda region, the substances involved in prosecutions were Cannabis, Ecstasy, Amphetamines and to a lesser extent, LSD, Cocaine

and Heroin. The majority of those against whom proceedings were taken were male (91%). The age groups of those involved were 58% over 21 years, and 38% between 17-21 years.

(Source: Kidd, 2001)

Summary

The relatively higher levels of unemployment and lower levels of educational attainment in Wexford in relation to national figures have been highlighted.

SEHB Treatment Service statistics for 2000 revealed the following figures:-

- Of those attending for treatment, 28% were unemployed and 10% were participating in FAS courses.
- 53% reached secondary level, 17% primary level and 30% were unknown.
- 77% were male and 23% female.
- The largest age group attending for treatment was aged between 20-29 years.
- 49% had previously received treatment.
- The main drug of use for those attending SEHB services was alcohol, 80%.

This was also reflected in the majority of other treatment services outlined in the section which followed. Treatment services which respond to adolescent substance misuse recorded Cannabis as the main drug of use, followed by Ecstasy.

Wexford Area Partnership Addiction Counselling Service, with a large clientele (60%) of young people between 16-22 years, figures highlighted poly drug amongst those attending for treatment.

Probation Services recorded that 50% of referrals from courts involved drugs/alcohol

It is in this context that the CBDI groups have developed the Action Plan Framework.

References

Bacon, P. (1999) *County Wexford: A Strategy for Economic Development Commissioned by Wexford County Council*

Kidd, M. (2001) *Data Co-ordination Overview of Drug Misuse 2000 South Eastern Health Board*

Delaney, P. (2001) *Wexford Addiction Support Services Wexford Area Partnership*

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2. The CBDI Conference Informing Future Strategies

The conference was held on Friday, 26th January 2001 in Enniscorthy, County Wexford and provided an opportunity for all those involved in the four CBDI's to meet together for the first time and discuss with each other, issues in their own areas. It also provided the framework for the groups to define priorities for action in 2001 - 2004 and to consider support, resource and structure needs, to enable the project to carry out it's work. In addition to the community-based groups, members of the County Co-ordinating Committee attended and were able to discuss the issues with group members through participation in the workshops.

Each member was allocated a place at one of four tables, and each table comprised members from each of the CBDIs, as well as members of the County Co-ordinating Committee.

Conference Aim

To facilitate networking between all members active within the Community based Drugs Initiative and to devise a countywide strategy to reduce demand and raise awareness of substance misuse issues for 2001 - 2004.

Objectives

To provide an opportunity for all members to meet and network.

To examine the issues of concern relating to substance misuse.

To define a framework for priorities for action for 2001 - 2004.

To consider the supports, resources and structures needed to carry out priority actions.

Conference Format

The format of the conference was:-

Opening and welcome by Colin Webb (Chairperson, Gorey CBDI).

Workshop One - Priority Actions for 2001.

Address by Anne Quigley of City Wide Family Support Network.

Feedback from Workshop One.

Workshop Two - Supports, Structures and Resources.

Feedback from Workshop Two.

Closing by Susan Barnes (Project Worker)

Proceedings

Workshop One -The Action

The workshops generated discussion on a number of the issues relating to substance misuse.

Each group was asked to focus on one problem/issue and consider what action might be taken. They are summarised below, to indicate the priority named by each group.

Each groups recordings are summarised under four headings:-

Key issue identified
Reason
Goal
Response

Key Issue Identified

10-13 year olds, who have not experimented yet, but may do so.

Reason

The reasons suggested as to why young people experimented were peer pressure, media exposure, family boundaries, which might be too relaxed or too rigid, lack of resources and lack of understanding by statutory agencies. The group focused on lack of knowledge on the part of the young people, parents, community groups and statutory agencies.

Goal

The positive goal/action proposed is to develop partnerships between parents, schools, communities, statutory agencies and young people.

Response

To train these groups to identify needs, to support each other and young people in prevention of drug misuse.

Key Issue Identified

How to present information to young people in a way that they will listen to.

Reason

Substance misuse is socially acceptable amongst young people-There is a lack of facilities for young people.

The group focused on lack of awareness, information and training.

Goal

To provide relevant information in an understandable and accessible way,

Response

To communicate with young people and find out their information needs.

To produce a video by young people for young people.

Key Issue Identified

How to support all young people from all social backgrounds.

Recognition that there are links between substance misuse and crime, depression, suicide or early school leaving,

Reason

Young people do not have the confidence to 'say no'.

There are few options for young people to socialise.

Lack of awareness of issues.

Goal

To provide alternative options for young people to socialise.

Response

To consult with young people about their needs and to use local resources to help meet those needs (e.g. community centre).

Key Issue Identified

Young people are targets in both urban and rural areas, 18-25 year olds can be a vulnerable group.

Reason

Lack of facilities, boredom, availability and social acceptability of drugs amongst young people and young people have money to spend. The group focused on lack of services and facilities.

Goal

To provide facilities and services for young people, particularly 18-25 years age group.

Response

To explore current options and services and then discuss how to meet gaps in provision.

Workshop Two

In this workshop, each group was asked to look at resources, structures and supports in terms of the needs of the groups and the workers. Issues raised by the groups are summarised below.

(Please note that there was insufficient time for all groups to discuss all the issues and each group focused on one of the headings moving on to others, if there was time).

Resources

Human - a broad spectrum of human resources is available to CBDIs through their support from community groups, local agencies and the wider community- It was suggested that links could be developed with groups from the wider community, such as publicans/vintners.

Skills - Research skills, group skills, promotion/ communication skills are all required to Implement the action plan. The CBDI's work from a community development approach and should be supported with training, as required- It was also suggested that creative arts media be used when working with young people.

Funding - A number of possible sources of funding were identified and it was suggested that a co-ordinating body be set up to look at accessing funding. The importance of accountability within the CBDI's was raised and it was suggested that each CBDI have it's own budget.

Facilities- It was suggested that existing groups share facilities and make use of community facilities. Attention was drawn to the need for information about treatment centres and services.

Difficulties - Consideration needs to be given on how evaluation should be carried out.

Structures

Policy - There is a need to develop a policy for best practice, agreed with all groups.

Implementation - A process, which is consultative and inclusive in all aspects of planning and implementation, should be put in place.

Evaluation - Consideration must be given on how/what to evaluate and evaluation should be a continuous, ongoing process.

Supports

Staff - All groups recognised that CBDI's have a role in supporting staff and that support can be on a number of levels- Staff also need external supervision and good management structures, Community Development Training should be given to staff and volunteers.

CBDI - CBDI members felt that the four CBDI groups are a vital support for each other. The opportunity to meet and network with other groups, to participate in training, are all valuable supports for the CBDI's. Practical supports, such as travel expenses and childcare, were proposed.

County Co-ordinating Committee - There were requests for clarification of the relationship between the CBDI's and the County Co-ordinating Committee and the expectations of both. They were seen as a support for the CBDIs, particularly through the involvement of statutory agencies. It was felt that the participation of local/community people should be facilitated and encouraged, both at meetings at county level and through practical supports.

General Discussion Points from Workshops

There were broad discussions held in each of the groups before prioritising the actions which formed the basis of the Action Plan Framework, and these are summarised below:-

- Drug use is now part of youth culture in County Wexford.
- Peer culture is a factor in substance abuse.
- Responses are required for prevention, at the experimental or dabbling stage and for treatment and post-treatment stages.
- Options for alternative pursuits, relevant to the local youth culture and targeted for specific age groups are required.
- Responses must be localised and multi-faceted. Fear and stigma is a barrier. Young children are experimenting.
- Young people have disposable income, which is a factor in their experimentation.
- Drug misuse is apparent throughout the class structure.
- Vintners Association should be contacted with the aim of making links.

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3. Framework for Action Plan 2001–2004

CBDI Development

Objective	Target Group	Programme	Expected Outcome
To develop policies/objectives to address issues, barriers and gaps in local communities.	CBDI Committees. Adults in the Community. Young People	Provision of training to meet identified needs of CBDI	Knowledge and skills to develop effective strategies in their communities.
To participate in training which would enable CBDI members to carry out the work of the initiative.	CBDI Committees	Training as identified. On-going support facilitation	CBDI members confident to develop effective strategies for their areas

Community Awareness

Objective	Target Group	Programme	Expected Outcome
To create the opportunity in community areas to enable adults to build their awareness, to transfer information and receive education/training.	10-13 year olds. People who work with this age group including youth workers, teachers sports coaches. Parents.	Development of partnerships between parents, schools, community and statutory agencies by holding:- – Workshops/Seminars – Information Events – Training Days	Raised awareness of issues among these groups to equip them to recognise and deal with issues. A confident and active community.
To develop partnerships between these adult groups and young people to prevent substance misuse through education and support.			

Engaging with Young People

Objective	Target Group	Programme	Expected Outcome
To provide young people with appropriate information that encourages them to take control and make choices.	Young people aged: 10-13 years 14-19 years 18-25 years	Using various methods including arts/creative media to engage with and Involve young people in finding ways to provide and present relevant information.	Young people will be able to make informed decisions. The development of relationships between young people and CBDI.
To engage with young people themselves.			To challenge cultural norms and leisure practices of young people. Young people active in a leadership role making provision for their social and recreation needs.

Youth Programmes

Objective	Target Group	Programme	Expected Outcome
To develop programmes with young people.	Young People 18-25 years old in urban and rural areas.	Life Skills.	Increased confidence and enhanced decision making skills.

Youth Facilities

Objective	Target Group	Programme	Expected Outcome
To promote the provision of alternative options to socialise.	All young People 12-25 years.	Consultation with young people about their needs.	Improved local facilities and recreation options for young people.
To support and promote services and facilities for young people in urban and rural areas	Youth at risk.	Develop proposals to address these needs by identifying facilities and programmes required. To lobby and make submissions. To implement and evaluate. As identified by CBDI.	Alternative options for young people.

Mental Health

Objective	Target Group	Programme	Expected Outcome
To raise awareness and recognise the links between Substance Misuse and Suicide, Depression, Unemployment, Crime and Family Issues and develop appropriate responses.	Community groups and the professional agencies they work with. Individuals Volunteers CBDI members	Community Training for adults to raise awareness within the community, through Community Education Programmes.	Perceptions of stereotype of substance users challenged. Community responses promoted through increased understanding of the issues and the effects on the community. Services in place including - family support, counselling and guidance, training. Formal and informal links between CBDI and service providing agencies.

Resources

Objective	Target Group	Programme	Expected Outcome
Human - to continue to broaden community links.	Those involved in working with young people.	Training. Consultation fora with communities.	Community ownership and involvement.
To provide training in community development approach and skills development, as required.	Vintners Association. All agencies delivering services in the area.		Increased understanding of the issues involved. Integration of CBDI into rural community development/sustainable community process.

Structures and Supports

Objective	Target Group	Programme	Expected Outcome
To develop a policy with agreement of all groups.	Four CBDI's.	Make personal contact. Make provision for County Co-ordination. Facilitated training to define structures and ' systems for the CBDI.	Ownership of projects by four CBDI's. Agreed structure for CBDI. Relationships understood.
CBDI's provide support for staff employed.	Four CBDI's.	Consultation/Discussion /Workshop to define expectations and roles of each party.	Joint planning and delivery of service.
Provision of practical supports for volunteers (Expenses/Childcare)	CBDI members.	Workshops based on needs.	Collaborative process between staff and CBDI clearly understood and practiced.

Process

Objective	Target Group	Programme	Expected Outcome
To carry out and maintain a process which is consultative and inclusive.	Four CBDI's.	Ensure sustainable community development principles in all CBDI strategies	Empowerment of groups and community. Common respect.

Evaluation

Objective	Target Group	Programme	Expected Outcome
To determine what needs to be evaluated and develop an appropriate system for use within the CBDI structure	Four CBDI's.	Explore evaluation methods.	Annual assessment method in place.
		Continuous ongoing evaluation, internal and external.	Outcomes/output for the previous year clearly visible and understood.
		Decide an appropriate model for CBDI.	Recording methodology in place. Learnings transferred to County and Regional structures.

Programme Management

Objective	Target Group	Programme	Expected Outcome
CBDI Co-ordination and Management.	CBDI structures and process. Staff.	Advisory Group in place and directing the process.	Terms of Reference for Advisory Group.
		Making reports to the County Committee.	Advisory Team and CBDI ownership of initiative
		Support for staff.	Empowerment for groups and staff

Additional Notes on Action Plan Framework

Each CBDI reviewed a draft copy of the Action Plan

Framework and was asked for comment and feedback.

Below are the comments of CBDI groups:-

- 10-13 year olds were identified as a target group but stressed that parents of this group should be targeted.
- A one-stop-shop be developed in New Ross.
- Community Arts provides a mechanism to involve young people and CAFE was cited as an example.

- Provision of treatment services and facilities was raised as an issue and consideration given to the CBDI role of lobbying for services in Wexford.

These are included, as well as a summary of the general discussion points, to ensure that a full and comprehensive record is kept and to further direct the work of the CBDI's.

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Appendices

Appendix 1

County Wexford CBDI Membership

Wexford CBDI

Name	Organization
Mr. David Dempsey	Lions Club
Mr. Paul Delaney (Chair.)	Wexford Area Partnership
Fr. Pat Mernagh	Bishop's Initiative
Mr. Sean O'Leary	Wexford Gardai
Ms. Mary Byrne (Sec.)	Kilmore Drug Awareness Group
Ms. Maria Brennan	St. Joseph's
Ms. Yvonne Pirn	Rape Crisis Centre
Mr. Phil Lyons	Probation Service
Ms. Chrissie Cleary	Volunteer
Mr. Michael Hennessy	Volunteer
Ms. Mary Brazil	Aiseiri
Ms. Siobhan McMahon	Castlebridge Community Group
Ms. Leanda Hill	STEPS
Ms. Gill Casey	ACCESS 2000
Mr. Brendan Hynes	SAFE Project

New Ross CBDI

Name	Organization
Ms. Veronica Cannon	County Wexford Partnership
Mr. Michael Cleere (Chair.)	New Ross Gardai
Ms. Helen Whelan	New Ross Drug Awareness Group
Ms. Brigid Lacey	South West Wexford Community Development Group
Ms. Sheila McNasser	South Eastern Health Board
Ms. Ann Lacey	Bannow Youth Club
Ms. Ingrid O'Brien	Centre for the Unemployed
Ms. Colleen McCormack	South Eastern Health Board
Ms. Vanessa Ryan	Youth New Ross
Ms. Jacinta Kruse	South West Wexford Community Development Group

Gorey CBDI

Name	Organization
Mr. Paul Leonard	FDYS
Ms. Kerensa McRedmond	Volunteer
Mr. Colin Webb (Chair.)	Gorey Community Social Services Council
Ms. Suzanne Nolan	Gorey Youth Needs Group
Ms. Nuala Moore	Gorey Community School
Ms. Therese C. Rowsome	Volunteer
Ms. Marie Doyle	Volunteer
Ms. Carol O'Toole	Gorey Youth Needs Group
Ms. Maria Waddock	Community Awareness of Drugs
Ms. Ann Codd	Volunteer
Ms. Tracey Doyle	Gorey Youth Needs Group

Enniscorthy CBDI

Name	Organization
Ms. Maria Plunkett	Volunteer
Ms. Sara Kickham	Enniscorthy Community Youth Project
Ms. Mag Walsh	Templeshannon CDP
Mr. Seamus Coleman	St. Senan's Addiction Service
Mr. Martin Brauders	Enniscorthy Gardai
Mr. Tommy Redmond	Volunteer
Ms. Tina Merrimen	VEC - Secondary School
Ms. Phyllis Barry	Probation Service
Ms. Mairead Duffy	Enniscorthy Community Youth Project

Appendix 2

List of Attendees at the “Planning for 2001 - 2004 in our Local Communities”
Conference

Name	Group
Fr. Pat Mernagh	Wexford CBDI
Sean O’Leary	Wexford CBDI
Mary Byrne	Wexford CBDI
Phil Lyons	Wexford CBDI
Chrissie Cleary	Wexford CBDI
Michael Hennessy	Wexford CBDI
Mary Brazil	Wexford CBDI
Siobhan McMahon	Wexford CBDI
Leanda Hill	Wexford CBDI
Gill Casey	Wexford CBDI
Veronica Gannon	New Ross CBDI
Brigid Lacey	New Ross CBDI
Sheila McNasser	New Ross CBDI
Ann Lacey	New Ross CBDI
Paul Leonard	Gorey CBDI
Colin Webb	Gorey CBDI
Suzanne Nolan	Gorey CBDI
Therese Celine Rowsome	Gorey CBDI
Carol O’Toole	Gorey CBDI
Maria Waddock	Gorey CBDI
Maria Plunkett	Enniscorthy CBDI
Sara Kickham	Enniscorthy CBDI
Mag Walsh	Enniscorthy CBDI
Seamus Coleman	Enniscorthy CBDI
Martin Brauders	Enniscorthy CBDI
Tommy Redmond	Enniscorthy CBDI
Tom Saunderson	County Co-ordinating Committee
Cecily Roche	County Co-ordinating Committee
Hazel Percival	County Co-ordinating Committee
John Murray	County Co-ordinating Committee
Joan Murphy	County Co-ordinating Committee
Chris Purnell	County Co-ordinating Committee
Frank Lally	County Co-ordinating Committee
Anna Quigley	Citywide
Sunniva Finlay	Citywide
Phillip Keegan	Citywide
Susan Barnes	CBDI Staff
Sue McMahon	CBDI Staff

Appendix 3

CBDI Aim & Objectives

Aim

The aim of the CBDI is to promote prevention and education through raising awareness in local communities by achieving the following objectives:-

Objectives

- To increase awareness of drug misuse.
- To develop strategies to reduce demand.
- To help local communities identify and respond to local needs.
- To assist in the development and implementation of community responses.
- To enhance the capacities of communities to address drug misuse in a collective way.
- To improve the quality of life of people affected by drug misuse.

Appendix 4

Local input in drugs fight “a must”

The involvement of local people in the fight against illegal drugs is now recognised as critical in the issue, a leading figure told a conference in Enniscorthy last week.

Ms. Anna Quigley of Dublin’s “Citywide” anti-drugs project stressed that the issue of creating awareness on the issue, as well as the ongoing fight against drugs, must include an input from the local community.

Ms. Quigley, co-ordinator of the “Citywide” Drugs Crisis Campaign Initiative was speaking at the first annual conference in Enniscorthy on Friday of the County Wexford Community Based Drugs Initiative (CBDI).

CBDI a joint venture involving the FDYS, SEHB and local communities, is a drugs prevention project offering help to these communities, in response to substance (legal and illegal) abuse in their areas. The organisation was officially formed in February 2000 with the appointment of drugs project worker Susan Barnes. CBDI groups now operate in the four main areas of the county.

Friday’s function, in Treacy’s hotel, Enniscorthy, marked the coming together, for the first time, of all four local committees along with the County Co-ordinating committee. It was formally opened by Gorey Town Commissioner, Colin Webb, who is a member of the committee in his area. He was loud in his praise of the commitment shown by members of each of the four committees in the county. He said that CBDI adopts a multi-agency approach, involving concerned local people plus voluntary and statutory agencies. *“This approach is now accepted as the preferred way forward for planning -structured similarly, in fact, to County Development Boards, it is this progressive way of working, coupled with community development practice, that makes this initiative so valuable to the local areas. We feel that this type of initiative encourages local people to make a difference in their communities by working together to tackle this growing issue”.*

The theme of Friday’s get together was “Planning for 2001 in our local communities”. The attendance included representatives of the Probationary Service, Centres for Unemployed, Gardai, FDYS, SEHB, Volunteers, the Housing sector, and voluntary and other agencies. Included were two workshops, plus subsequent feedback.

Organisers in chief Susan Barnes and Sue McMahan said that the conference had been a very realistic approach to the issue, from which a programme for 2001 will now be devised.

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FDYS, Francis Street, Wexford



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