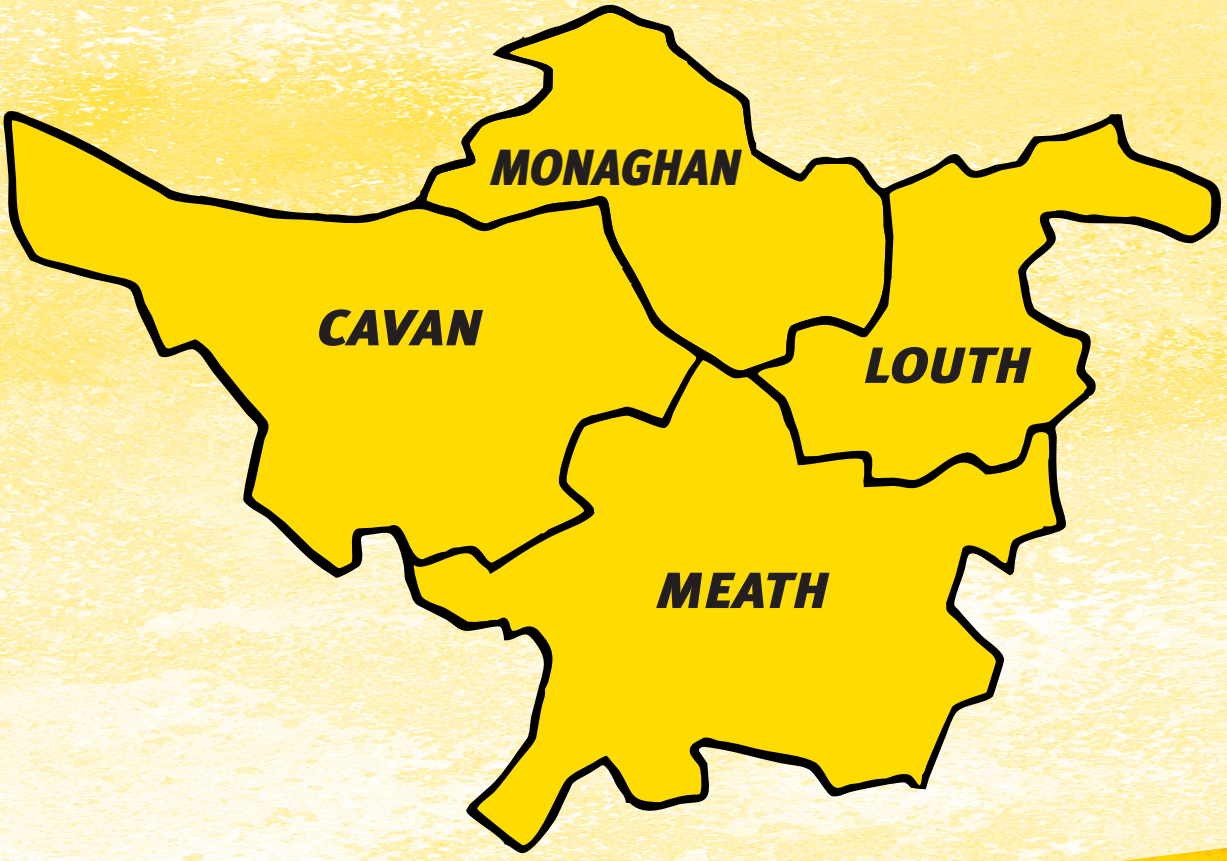
North Eastern Regional
Drugs Task Force

Regional Drugs Strategy 2005 - 2008



NORTH EASTERN REGIONAL DRUGS TASK FORCE

(NERDTF)

Regional Drugs Strategy 2005 - 2008

December 2004

Table of Contents

Foreword by the Chairperson

This is the first strategy of the North Eastern Regional Drugs Task Force. It has been compiled following an extensive period of consultation throughout the four counties of Cavan, Louth, Meath and Monaghan, via public meetings, sectoral meetings and a written consultation process. I hope that the strategy reflects everyone's views, opinions and ideas.

When the Task Force first came together, the spread of the membership both geographically and in terms of differing interest groups, suggested that production of a strategy, which was acceptable to all, would be extremely difficult. However, as the consultation process took place and the issues were addressed, the degree to which members were prepared to work together demonstrated their combined commitment to producing the best strategy for our region.

I congratulate all of the members of the Task Force on their commitment and contribution to the process and I especially thank Dr. Nazih Eldin of the Health Service Executive - North Eastern Area, Interim Coordinator for the Task Force and Lesley O'Sullivan, for their contribution in terms of time and effort to the production of this strategy. I thank also Siobhan McGrory, for her contribution to the public consultation process and the assembly of the final text.

My own personal involvement came about when I was invited to become an independent Chairperson. I accepted the offer because I was aware of the rapidly growing problem of illegal drugs in my own community. Also, it was clear to me that existing measures aimed at addressing the problem fell short of what was needed and I felt that I would have something positive to contribute to the process.

Another consideration, which contributed toward my acceptance of the position, was a realisation some years ago that while the needs of drug users were being addressed, the needs of those parents who, despite their best efforts to rear their children in the right way, were in danger of being ignored.

I believe that this strategy fulfills the needs of the North East community at this time and that the actions listed will go a long way toward addressing the problem of the use of illegal drugs in our region.

Mr. Pat Shields
Chairperson.

Message from the RDTF Interim Co-ordinator

In 1996 the North Eastern Health Board (NEHB) asked me to develop a strategy to address the drug problem in the North East. As a result "Tackling Drugs Together" was produced. That strategy acknowledged that no single agency or body, no matter how well resourced they are, are able to address all the issues on their own. It also emphasised that it is essential to address demand reduction, supply reduction, education and prevention and support all our efforts with evidence-based research. So when the Chief Executive Officer asked me to act as the Interim Co-ordinator of a Regional Task Force in the North East, I was very glad and proud to accept.

The North Eastern Regional Drugs Task Force (NERDTF) was established in 2003 and comprised of statutory community and voluntary bodies, county and public representatives (see appendix). The Terms of Reference for the NERDTF included: development of a co-ordinated response to tackling drug problems, addressing gaps in service provision, development of an action plan to address needs and development of relevant policy proposals.

NERDTF accepts that there are no quick solutions, but nevertheless solutions must be found. There are no easy options but all options should be considered and our strategic approach will be based on evidence in relation to need, efficiency and effectiveness. Furthermore, NERDTF accepts that all drugs are potentially harmful. That is why it sought to include alcohol in its terms of reference.

The result of the work of the task force is this agreed strategy, which identifies 39 strategic gaps. The NERDTF is satisfied that these should be addressed in the lifetime of this strategy i.e. by 2008. Most of these gaps are costed and the NERDTF is hopeful that the funding will be provided. One of the most important recommendations is the appointment of a full-time Co-ordinator. The NERDTF has set a challenging agenda and this requires the attention of a full time Co-ordinator. It is essential that this happens.

It is an honour to serve my community and a pleasure to work with this task force. The work was very challenging and at times fraught with difficulties. There were competing demands and conflicting sets of beliefs and ideologies but in the end all members contributed equally to the success of producing this strategy.

However, this is not the end of the road. It is only the beginning of our work together. Next we have to establish an agreed action plan, protocols for planning and implementing community based projects, quality standards for services and engagement of users and families. The road ahead is still a big challenge and I do believe that all members will manage it successfully together.

I cannot finish without expressing my gratitude to the independent Chairperson Mr. Pat Shields. He worked tirelessly to ensure progress and success. His sense of fairness was evident throughout by ensuring equity of participation and equity of say. His sense of humour put people at ease and his natural quality of leadership contributed greatly to continuous involvement and co-operation. As a result everyone was infected by his enthusiasm and commitment. My thanks also go to my own staff (in Health Promotion and Addiction Services).

All helped in equal ways but first among equals was Ms. Lesley O'Sullivan. Lesley represented the Health Board on the task force and was a huge support to me in my role as interim coordinator. I would also like to acknowledge Aine Mc Namee and Fionnuala Treanor for their tremendous contribution to the work of this task force.

Finally, I would like to thank every member of this task force, the consultants, the people of the North East who contributed their views, opinions and expertise and to the Health Service Executive - North Eastern Area for allowing me the time to do this work.

To all "Go raibh míle maith agat".

Dr Nazih Eldin
Interim Co-ordinator

Introduction

The greatest challenge facing the North Eastern Regional Drug Task Force (NERDTF) is to examine the extent to which current service provision meets the identified needs under the four pillars of the National Drugs Strategy and to highlight gaps in service provision within the North East.

Strategic Approach

NERDTF agreed the following:
The overall strategic objective of its work is:

"To significantly reduce the harm caused to individuals, families and society in the North East, by the misuse of drugs through a concerted focus on supply reduction, prevention / education, treatment and research".

Supply Reduction:

Strategic Objective 1	To significantly reduce the volume of illicit drugs available in the North East.
Strategic Objective 2	To arrest the dynamic of existing markets and to curtail new markets as they are identified.
Strategic Objective 3	To significantly reduce access to all drugs, particularly those drugs that cause more harm, especially in those areas where misuse is most prevalent.

Prevention/Education:

Strategic Objective 1	To create greater societal awareness about the dangers and prevalence of drug misuse.
Strategic Objective 2	To equip young people and other vulnerable groups with the skills and support necessary to make informed choices about their health, personal lives and social development.

Treatment:

Strategic Objective 1	To encourage and enable those dependant on drugs to avail of treatment with the aim of reducing dependency and improving overall health and social well being, with the ultimate aim of leading a drug free lifestyle.
Strategic Objective 2	To minimize the harm to those who continue to engage in drug taking activities that put them at risk.

Research:

Strategic Objective 1	To have available, valid, timely and comparable data on the extent of drug misuse amongst the population of the North East and specifically amongst marginalized groups.
Strategic Objective 2	To gain greater understanding of the factors, which contribute, to people in the North East, particularly young people, misusing drugs.

In pursuit of achieving these strategic aims, the NERDTF acknowledges that a great deal of work is currently in progress by many agencies within the region. This current work is outlined in Chapter 2.

In line with direction and guidelines from the National Drugs Strategy Team, the NERDTF has responded to this challenge through a comprehensive process of information gathering, consultation and identification of gaps and priorities. This has resulted in the development of a Strategic Plan to address the drugs issue within the North East. The purpose of the Strategic Plan is twofold:

- to guide the future direction of service provision within the North East;
- for submission to the National Drugs Strategy Team for funding allocation.

An Action Plan will be developed following allocation of funds, which will also incorporate implementation, monitoring, evaluation and review.

Structure of the Document:

Chapter 1 presents a profile of the population of the North East. It identifies regional demographics and population characteristics, which provides essential information for the planning and delivery of services. This chapter also provides specific information in relation to types of drugs used, prevalence of substance use and profile of users.

Chapter 2 outlines the range of existing services provided in the region across the four pillars of the National Drugs Strategy. This information has been gathered from documentation of existing service provision and partially from the scoping study undertaken by NERDTF. (The ‘scoping ‘study was a self-administered report with regard to services provided in the region).

Chapter 3 outlines the rationale for, and the process involved in the comprehensive consultation undertaken by the NERDTF. This process involved consultation with a wide range of stakeholders including health professionals, voluntary and community organisations, local authorities and young people in the region. This Chapter describes the process in detail and the resulting recommendations.

Chapter 4 identifies the strategic objectives agreed by the NERDTF against objectives of the National Drug Strategy as they pertain to the work of the NERDTF under the four pillars, which are as follows:

- Education / Prevention
- Supply Reduction
- Treatment
- Research

This chapter also sets out the priority actions required to achieve the identified strategic objectives. The priority actions identified have been decided on the basis of the data presented in previous chapters.

Chapter 5 prioritises the actions to be delivered in accordance with the guidance received from the National Drugs Strategy Team. These guidelines suggest a model for prioritising actions based on identifying 'those projects (which are) most important yet least delivered'.
This chapter also presents a cost analysis for the priority actions.

Chapter 6 addresses Cross Task Force Issues and presents potential benefits for working collaboratively with other Task Forces.

Chapter 1

Profile of the Drugs Issue within the North East

1.1 Introduction

In order for the NERDTF to plan and develop drugs services for the North East, it is firstly essential to examine the demographics and the population characteristics within the region. It is also important to take account of the prevalence and type of substance misuse within the region and to examine the needs of service users.

This chapter presents a comprehensive profile of the people of the region examining population trends across the four counties of the North East, age structure of the population, gender differences and the impact of these issues on the planning and delivery of services. Secondly, this chapter summarises data and research from a variety of sources on the extent and nature of substance use with the North East.

1.2 The People of the North East

The North Eastern region covers the counties of Louth, Meath, Cavan and Monaghan. This area covers a total of 6,498 square kilometres, extending from the Fermanagh and Armagh borders in the north, to the north Dublin boundary in the south. The size and structure of the population in the North East has a significant impact on the prevalence of disease and disability in the region, and on service provision. Table 1.1 sets out the population of each county in the North East and the population changes between 1996 to 2002. While the population of the whole North East region increased by almost 13% during the time period, the greatest increases were seen in Meath (22.1% increase) and Louth (10.5% increase).

This increase is significant when compared to the national average increase in population of 8%. Furthermore, the North East has the highest population increase of any Health Board area in the country.

The percentage of the population living in urban areas in each North Eastern county is set out in Table 1.2. Louth has almost two thirds of its population living in urban areas compared with Cavan and Monaghan, which are mainly rural populations, with only 16.8% of Cavan residents and 27.9% of Monaghan residents living in urban areas.

Table 1.1 Population of each north east county for the census years 1996 and 2002

Census year	Louth	Meath	Cavan	Monaghan	North East
1996	92,166	109,732	52,944	51,313	306,155
2002	101,821	134,005	56,546	52,593	344,965
Change	9,655	24,273	3,602	1,280	38,810
% change	10.5	22.1	6.8	2.5	12.7
% of North East population	29.5	38.8	16.4	15.2	100
% distribution of increase	24.9	62.5	9.3	3.3	100

Source Census 1996 and 2002 CSO

Table 1.2 Proportion of the population in north eastern counties living in urban* areas.

Living in Urban Areas*	Louth	Meath	Cavan	Monaghan	North East	Ireland
n	65,340	59,755	9,502	14,651	149,248	2,334,282
%	64.2	44.6	16.8	27.9	43	59.6

Source Census 2002 CSO* Urban areas are defined as towns (including suburbs and environs) with 1,500 or more persons.

The two largest towns in the region are Drogheda, with a population of 28,333 (population 31,020, inclusive of environs), and Dundalk, with a population of 27,385 (population 32,505, inclusive of environs). Both are located in County Louth. The largest town in Meath is Navan, with a population of 3,406 (population 19,417 inclusive of environs). Cavan town, with a population of 3,538 (population 6,098, inclusive of environs), and Monaghan town, with a population of 5,717 (population 5,936, inclusive of environs), are the largest towns in their respective counties.

Navan was the fastest growing large town in Ireland between 1996 and 2002, when it's population increased by more than half (51.6%) from 12,810 in 1996 to 19,417 in 2002. In Drogheda, the population increased from 25,282 to 31,020 (22.7% increase).

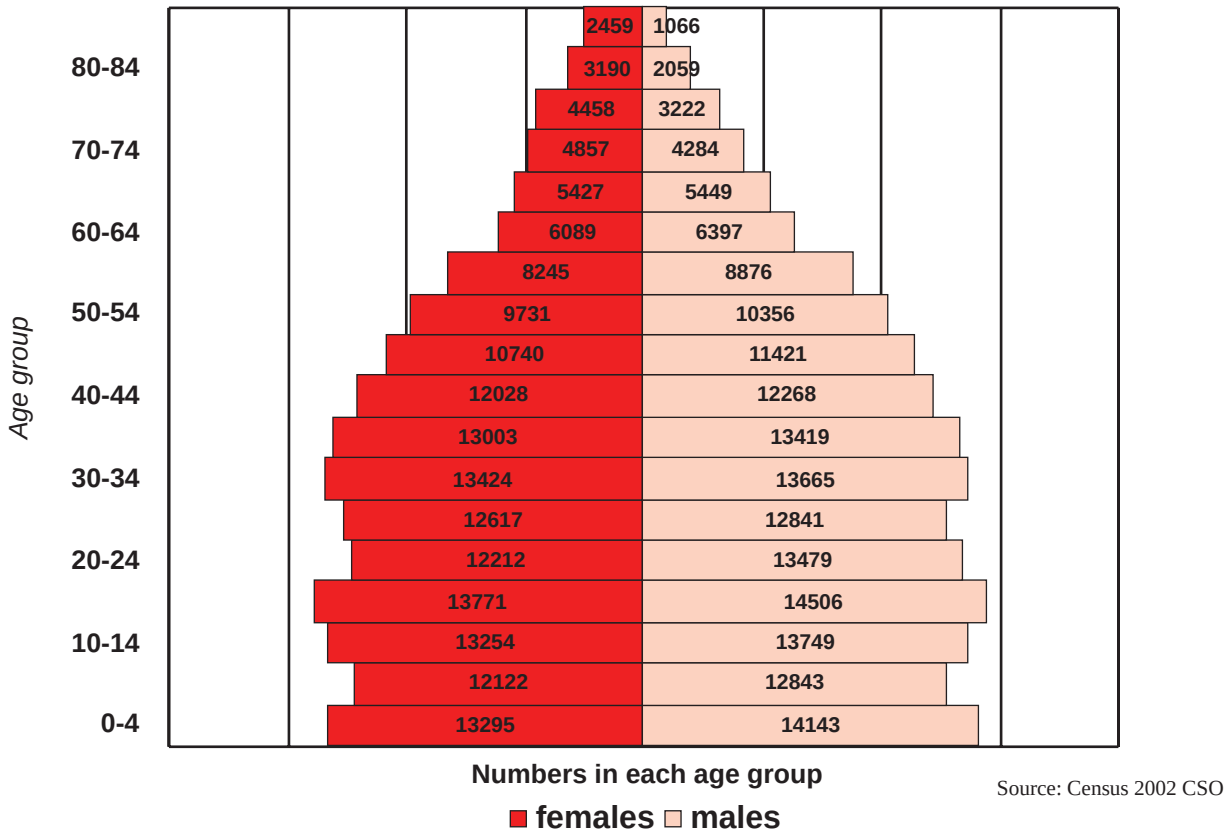
This population increase in urban centres within the region places a much greater demand on current service delivery in these areas and this has implications for future planning and delivery of drugs services. Furthermore, it should be said that smaller villages in the four counties also have changed. Examples of this can be seen in Trim, Clonee, Ardee, Kingscourt, and Carrickmacross, to name but a few.

These changes are important for two reasons. Firstly, migration causes instability and loss of identity for those who move into a new place and secondly, it impacts on social cohesion and structures. This in turn, may lead some people to change behavioural norms, including use of drugs.

Age Structure of the Population

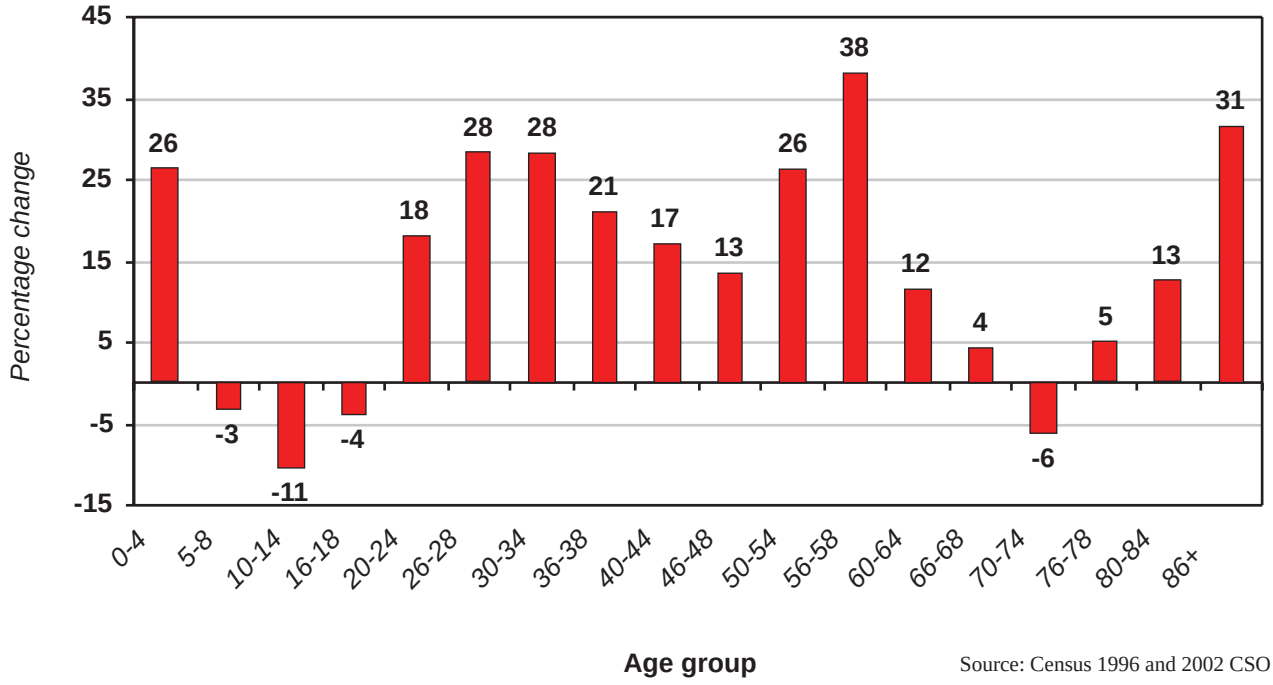
The age structure of the population of the North East in 2002 is shown in Figure 1.1, revealing the higher proportions of people in the middle age groups. Up to the age of 64, there are more men in the population than women. There are almost equal numbers in the 65 to 69 year age group. Thereafter, the proportion of women increases, with more than twice as many women as men in the age group 85 years and over.

Figure 1.2 shows the change in population for each age group between 1996 and 2002 illustrating how the population profile has changed in this time period. The population in the middle age groups (20 to 59 years) has seen an increase from 153,109 in 1996 to 188,232 in 2002 (22.9% increase), while the numbers of children have decreased, apart from the 0 to 4 year age group, where the numbers have increased from 21,706 in 1996 to 27,438 in 2002 (26.4% increase). There has been little change in the older age groups apart from the group 85 years and older, which has increased by almost one third from 2,682 in 1996 to 3,525 in 2002 (31.4% increase).



Source: Census 2002 CSO

Figure 1.1 Males and females in the north east classified by age group, 2002



Source: Census 1996 and 2002 CSO

Figure 1.2 Percentage change in population in each age group in the north east in the years 1996 to 2002

From the statistic presented above, given the percentage increase in the population between 15 and 40 yeas old, it is reasonable to assume that there would be a proportionate increase in the number of drug users in the region and therefore, in the numbers presenting for treatment.

Table 1.3 shows the numbers and percentage of people in each age group in the four counties in the region. Whilst there are more people living in Meath and Louth across all age groups, it is particularly noticeable in the younger age groups. The large number of people under 30 years of age in Meath and Louth, and the continued migration of people coming to live in these counties, from Dublin in particular, are likely to lead to further significant increases in the populations of Meath and Louth in the coming years and therefore on the demand for services.

Table 1.3 Persons in north east counties and Ireland population classified by age group

	Louth		Meath		Cavan		Monaghan		North East		Ireland	
Age Group (yrs)	n	%	n	%	n	%	n	%	n	%	n	%
0-14	23,075	22.7	31,666	23.6	12,891	22.8	11,774	22.4	79,406	23.0	827,428	21.1
15-24	16,409	16.1	20,659	15.4	8,370	14.8	8,530	16.2	53,968	15.6	641,522	16.4
25-44	30,892	30.3	42,508	31.7	15,292	27.0	14,573	27.7	103,265	29.9	1,180,259	30.1
45-64	20,916	20.5	27,519	20.5	12,178	21.5	11,242	21.4	71,855	20.8	831,993	21.2
65 +	10,529	10.3	11,653	8.7	7,815	13.8	6,474	12.3	36,471	10.6	436,001	11.1
All ages	101,821	100	134,005	100	56,546	100	52,593	100	344,965	100	3,917,203	100

Source Census 2002 CSO

Employment

Employment, (whether paid or voluntary) and type of employment (the job people do) are factors in drug use. Employment is crucial in the rehabilitation of drug users and therefore information on levels of employment and availability of jobs is important. Futhermore, in a recent report it is stated that alcohol consumption is “price dependent”. So those who are in paid jobs (including part-time) could afford to pay for their drinks more easily than those who are not in paid employment.

The labour force consists of persons who are at work, unemployed or seeking regular work for the first time. Those not participating in the labour force consist mainly of students, people looking after the home/family, and retired people. In the years between 1996 and 2002 the numbers of people employed increased both nationally and in the North East. The growth in the labour force was largely due to a combination of the growth in the population aged 15 and over and increasing female participation in the labour force through women moving back into the workplace.

Table 1.4 shows the labour force participation rate (labour force as a percentage of all persons aged 15 years and over) and the unemployment rate (number of unemployed and first time job seekers as a percentage of labour force) in each north east county according to the 2002 census. This is based on the number of persons who classified themselves as unemployed on the basis of their stated principal economic status in the April 2002 census.

Table 1.4 Persons 15 years and over, employment status and labour force participation north east and Ireland 2002

		Louth	Meath	Cavan	Monaghan	Ireland	
Unemployed	n	6,067	4,144	1,934	2,327	159,346	
	rate (%)	13.0	6.6	7.9	9.9	8.8	
Labour Force	n	45,843	63,134	24,348	23,428	1,800,933	
	Participation rate (%)		58.2	61.7	55.8	57.4	58.3

Source Census 2002 CSO

Nationally, the unemployment rate is almost 9% and the labour force participation rate is 58.2%. Louth has a very high unemployment level (13.0%) in comparison to the other counties in the north east. Meath has the highest labour force participation rate (61.7%) and the lowest unemployment rate (6.6%).

1.3 Drugs in the North East

In examining the evidence and statistics relating to drug use in the North East, the NERDTF does not differentiate between soft and hard drugs, which all have the potential to be harmful.
The data on drug use in the North East is derived from several sources namely the Drug Misuse Research Division of the Health Research Board (HRB), the National Advisory Committee on Drugs (NACD), the Public Health Department of the NEHB and the Central Treatment List, which provides specific information on Substitution Treatment.

Recent findings from the HRB:

The HRB has published "occasional papers" about drug misuse in Ireland. Occasional paper 11 describes "***Treatment demand in the seven health board areas outside the ERHA, 1998 to 2002***". This paper concludes that the number of new and previously treated cases in the 7 Health Boards (outside the ERHA) and reported to the National Drug Treatment Reporting System (NDTRS) trebled between 1998 and 2002 (see table 1.5).

Specific data available for the North East indicates that the number of users seeking treatment has increased from 71 in 1998 to 307 in 2002. The report indicates the main problem drugs being cannabis (56.7%), opiates (22.2%) and ecstasy (10.2%).

Table 1.5 Number of cases* treated in each health board by treatment status reported to the NDTRS, 1998 to 2002 (Occasional Paper 11 – Drug Misuse Research Division, HRB)

Health Board where treated	1998	1999	2000	2001	2002
		Number (%)			
All cases	**888**	**1063**	**1671**	**2098**	**2397**
Midland Health Board	85 (9.6)	128 (12.0)	150 (9.0)	123 (5.9)	160 (6.7)
Mid-Western Health Board	200 (22.5)	281 (26.4)	327 (19.6)	423 (20.2)	424 (17.7)
North Eastern Health Board	71 (8.0)	123 (11.6)	250 (15.0)	358 (17.1)	307 (12.8)
North Western Health Board	45 (5.1)	39 (3.7)	77 (4.6)	99 (4.7)	131 (5.5)
Southern Health Board	263 (29.6)	258 (24.3)	429 (25.7)	555 (26.5)	641 (26.7)
South Eastern Health Board	216 (24.3)	212 (19.9)	424 (25.4)	474 (22.6)	605 (25.2)
Western Health Board	8 (0.9)	22 (2.1)	14 (0.8)	66 (3.1)	129 (5.4)
Previously treated cases	**306**	**441**	**618**	**787**	**917**
Midland Health Board	45 (14.7)	47 (10.7)	55 (8.9)	58 (7.4)	83 (9.1)
Mid-Western Health Board	63 (20.6)	148 (33.6)	142 (23.0)	138 (17.5)	110 (12.0)
North Eastern Health Board	1 (0.3)	37 (8.4)	73 (11.8)	138 (17.5)	124 (13.5)
North Western Health Board	14 (4.6)	13 (2.9)	15 (2.4)	27 (3.4)	58 (6.3)
Southern Health Board	91 (29.7)	108 (24.5)	167 (27.0)	182 (23.1)	256 (27.9)
South Eastern Health Board	86 (28.1)	79 (17.9)	165 (26.7)	217 (27.6)	236 (25.7)
Western Health Board	6 (2.0)	9 (2.0)	1 (0.2)	27 (3.4)	50 (5.5)
New cases	**472**	**595**	**1013**	**1205**	**1341**
Midland Health Board	39 (8.3)	76 (12.8)	87 (8.6)	65 (5.4)	60 (4.5)
Mid-Western Health Board	109 (23.1)	127 (21.3)	174 (17.2)	208 (17.3)	223 (16.6)
North Eastern Health Board	0 (0.0)	78 (13.1)	171 (16.9)	202 (16.8)	166 (12.4)
North Western Health Board	29 (6.1)	26 (4.4)	60 (5.9)	70 (5.8)	71 (5.3)
Southern Health Board	169 (35.8)	148 (24.9)	262 (25.9)	368 (30.5)	380 (28.3)
South Eastern Health Board	124 (26.3)	127 (21.3)	246 (24.3)	253 (21.0)	363 (27.1)
Western Health Board	2 (0.4)	13 (2.2)	13 (1.3)	39 (3.2)	78 (5.8)
Treatment status unknown	110	27	40	106	138

* Numbers include cases living in the Eastern Regional Health Authority but treated in another health board area, and exclude cases living in one of the seven health board areas but treated in the Eastern Regional Health Authority and recorded in the NDTRS.

According to occasional paper 12 “Trends in treated problem drug use in the seven Health Board areas outside the Eastern Regional Health Authority, 1998 to 2002”) the main drugs used in the North East over a 5 year period (1998 - 2002) were cannabis (385 people), opiates (116), ecstasy (80), volatile substances (18), others (31) (see tables 1.6 and 1.7). However, 61.6% of users used more than one drug at the same time (ecstasy being the most common) (see table 1.8).

Table 1.6 Main problem drug reported by cases* treated in the seven health board† areas by treatment status and reported to the NDTRS, 1998 to 2002 (Occasional Paper 11 – Drug Misuse Research Division, HRB)

Main problem drug	1998	1999	2000	2001	2002
			Number (%)		
All cases	**888**	**1063**	**1671**	**2098**	**2397**
Cannabis	409 (46.1)	559 (52.6)	959 (57.4)	1161 (55.3)	1359 (56.7)
Opiates	184 (20.7)	225 (21.2)	288 (17.2)	447 (21.3)	532 (22.2)
Ecstasy	145 (16.3)	156 (14.7)	254 (15.2)	271 (12.9)	245 (10.2)
Amphetamines	45 (5.1)	42 (4.0)	28 (1.7)	19 (0.9)	28 (1.2)
Benzodiazepines	37 (4.2)	22 (2.1)	42 (2.5)	51 (2.4)	63 (2.6)
Cocaine	24 (2.7)	19 (1.8)	35 (2.1)	57 (2.7)	82 (3.4)
Volatile Inhalants	18 (2.0)	24 (2.3)	30 (1.8)	37 (1.8)	43 (1.8)
Other substances	26 (2.9)	16 (1.5)	35 (2.1)	55 (2.6)	45 (1.9)
Previously treated cases	**306**	**441**	**618**	**787**	**917**
Cannabis	116 (37.9)	186 (42.2)	315 (51.0)	367 (46.6)	438 (47.8)
Opiates	78 (25.5)	148 (33.6)	165 (26.7)	256 (32.5)	279 (30.4)
Ecstasy	45 (14.7)	49 (11.1)	67 (10.8)	85 (10.8)	85 (9.3)
Benzodiazepines	20 (6.5)	14 (3.2)	22 (3.6)	24 (3.0)	45 (4.9)
Amphetamines	16 (5.2)	18 (4.1)	11 (1.8)	14 (1.8)	15 (1.6)
Cocaine	15 (4.9)	8 (1.8)	18 (2.9)	20 (2.5)	28 (3.1)
Volatile inhalants	6 (2.0)	8 (1.8)	8 (1.3)	2 (0.3)	8 (0.9)
Other substances	10 (3.3)	10 (2.3)	12 (1.9)	19 (2.4)	19 (2.1)
New cases	**472**	**595**	**1013**	**1205**	**1341**
Cannabis	251 (53.2)	364 (61.2)	623 (61.5)	742 (61.6)	862 (64.3)
Ecstasy	90 (19.1)	102 (17.1)	181 (17.9)	180 (14.9)	156 (11.6)
Opiates	71 (15.0)	70 (11.8)	113 (11.2)	157 (13.0)	195 (14.5)
Amphetamines	21 (4.4)	21 (3.5)	17 (1.7)	5 (0.4)	13 (1.0)
Benzodiazepines	12 (2.5)	8 (1.3)	19 (1.9)	25 (2.1)	18 (1.3)
Volatile Inhalants	9 (1.9)	15 (2.5)	21 (2.1)	34 (2.8)	34 (2.5)
Cocaine	6 (1.3)	10 (1.7)	16 (1.6)	30 (2.5)	43 (3.2)
Other substances	12 (2.5)	5 (0.8)	23 (2.3)	32 (2.7)	20 (1.5)

* Numbers include cases living in the Eastern Regional Health Authority but treated in another health board area, and exclude cases living in one of the seven health board areas but treated in the Eastern Regional Health Authority and recorded in the NDTRS.
† Midland Health Board, Mid-Western Health Board, North Eastern Health Board, North Western Health Board, Southern Health Board, South Eastern Health Board and Western Health Board.

Table 1.7 Main problem drug reported by new cases* treated in the seven health boards, by health board of residence, and reported to the NDTRS, 1998 to 2002 (Occasional Paper 12 - Drug Misuse Research Division, HRB)

Main problem drug	MHB	MWHB	NEHB	NWHB	SHB	SEHB	WHB
				Number (%)			
New cases	**345**	**531**	**630**	**255**	**1466**	**945**	**176**
Cannabis	198 (57.4)	343 (64.6)	385 (61.1)	165 (64.7)	988 (67.4)	602 (63.7)	88 (50.0)
Opiates	76 (22.0)	48 (9.0)	116 (18.4)	2 (0.8)	85 (5.8)	73 (7.7)	31 (17.6)
Ecstasy	48 (13.9)	70 (13.2)	80 (12.7)	70 (27.5)	222 (15.1)	166 (17.6)	40 (22.7)
Volatile Inhalants	8 (2.3)	16 (3.0)	18 (2.9)	9 (3.5)	46 (3.1)	7 (0.7)	9 (5.1)
Benzodiazepines	5 (1.4)	7 (1.3)	9 (1.4)	4 (1.6)	44 (3.0)	12 (1.3)	1 (0.6)
Cocaine	4 (1.2)	16 (3.0)	8 (1.3)	2 (0.8)	35 (2.4)	27 (2.9)	4 (2.3)
Amphetamines	1 (0.3)	17 (3.2)	7 (1.1)	2 (0.8)	5 (0.3)	40 (4.2)	2 (1.1)
Other substances	5 (1.4)	14 (2.6)	7 (1.1)	1 (0.4)	41 (2.8)	18 (1.9)	1 (0.6)

* Numbers exclude cases living in one of the seven health board areas but treated in the Eastern Regional Health Authority.

Table 1.8 Use of more than one drug reported by new cases* treated in the seven health boards, by health board of residence, and reported to the NDTRS, 1998 to 2002 (Occasional Paper 12 - Drug Misuse Research Division, HRB)

New cases used more than one drug	MHB	MWHB	NEHB	NWHB	SHB	SEHB	WHB
				Number (%)			
New Cases	**345**	**531**	**630**	**255**	**1466**	**945**	**176**
Used more than one drug	225 (65.2)	428 (80.6)	388 (61.6)	198 (77.6)	1347 (91.9)	719 (76.1)	129 (73.3)

* Numbers exclude cases living in one of the seven health board areas but treated in the Eastern Regional Health Authority.

Recent findings from the NACD:

According to the NACD prevalence study **'Drug Use in Ireland and Northern Ireland, 2002/2003 Drug Prevalence Survey,** (study sample of 433 people aged between 15 and 64 years), the lifetime prevalence for drug use in the North East was 19.1%. The most frequently used drug is cannabis, which accounts for 17.9% of sample population. Other drugs of misuse include magic mushrooms; solvents and poppers were the other favoured drugs (4.0%, 3.4% and 5.1% respectively).

Last Year Prevalence indicates that 6.4% of the sample population used drugs of which 5.2% used cannabis. Additionally, males reported lifetime prevalence rates of almost double (25%) that of females (13%).

Recent findings from the Public Health Department of the NEHB:

In October 2003 a report was published by the Department of Public Health, NEHB ***(Smoking, Alcohol and Drug Use among Young People).*** This study was undertaken in 2002 as a follow up to the study undertaken in 1997 ***(Adolescent Drug Use in the NEHB).***

This study presents the following findings:

- Overall, the lifetime prevalence for adolescents was 41.2% in 2002 (compared to 34.9% in 1997).
- Of the sample population the lifetime prevalence for males was 40.8% and for females was 41.8%.
- 15.1% of adolescents reported regular drug use (i.e. At least once in the previous month).
- Adolescents in Co. Monaghan had the highest rate of regular use at 19.9%.
- Adolescents in Co. Cavan had the lowest rate of regular use at 9.3%.
- Discos (46.0%) and the street (45.9%) were the most commonly reported places where drugs were available.
- The drugs most commonly used by regular users were cannabis (12.5%), solvents (2.5%) and ecstasy (1.3%).
- Regular smokers and regular drinkers were more likely to be offered drugs, to have taken drugs and to be regular drug users.

Information available from the Central Treatment List:

Opiate users who opt for substitution treatment (Methadone Detox or maintenance) are required to register with the NEHB and be placed on the Central Treatment List. Currently, there are 89 clients registered in the North East (August 2004). Ireland as a whole had 7,052 registered clients (August 2004).

Currently there are 15 GPs trained to level 1, which allows them to treat clients who have been stabilised on the programme. There are 4 GP`s in the North East trained to level 2, therefore, these GP's are in a position to initiate clients onto the programme and to treat clients who present with more complex needs. Not all trained GP`s are providing a service. Also there are 20 pharmacists trained in dispensing methadone but not all have clients.

There are no methadone clinics in the North East.

Chapter 2

Current Services

2.1 Introduction

In the context of this chapter, the use of the term **'Services'** refers to;

- interventions which aim to reduce the level of drug use;
- interventions which aim to reduce the harm associated with drug use;
- education and prevention initiatives;
- treatment and rehabilitation interventions.

While this document has attempted to capture the range of statutory, community and voluntary service across the region, it does not claim to present a comprehensive listing of all initiatives that may impact on the drugs issue. In addition, due to a poor response rate, the 'scoping' study of services in the North East did not provide the NERDTF with a complete inventory of services in the region.

It is also important to point out that the NERDTF has not applied quality criteria to evaluate existing services in terms of effectiveness or efficiency; therefore the services listed below are not presented in any hierarchy of importance.

This chapter outlines the relevant actions from the NDS and provides information on current services addressing these actions. Please note that a full list of the NDS actions is presented in Appendix 1 and a list of contact details for all agencies mentioned in this section is presented in Appendix 2.

Current Services within the North East addressing specific NDS Actions

2.2 Education / Prevention:

National Drugs Strategy Actions	Current Service Provision within the North East
Action 31 To put in place by end 2001 mechanisms which will support, enhance and ensure the delivery of school-based education and prevention programmes in all schools nationwide over the next three years. The ultimate aim of these programmes should be to ensure that every child has the necessary knowledge and life-skills to resist drugs or make informed choices about their health, personal lives and social development.	Regional SPHE Development Officer (Dept. of Education & Science) working alongside Health Promotion Department of HSE - NEA with post primary schools in the implementation of SPHE. 82% of all post primary schools have implemented the programme to date; All post primary schools will have achieved implementation of SPHE by end of 2005. Health Promotion Officer also assigned to work with primary school sector. ***Key Contact:*** HSE - NEA Health Promotion Department
Action 33 To deliver the SPHE Programme in all second-level schools by September 2003	Same as above: ***Key Contact:*** HSE - NEA Health Promotion Department
Action 34 To complete the evaluation of the "Walk Tall" and "On My Own Two Feet" Programmes by end 2002 and t o continue to evaluate the programmes in order to establish whether they need to be augmented or whether there is a need for alternative programmes to address key gaps. Furthermore, schools should encourage the participation of parents on such programmes where appropriate. In particular, mechanisms for engaging the parents of at-risk children in programmes should be examined with a view to establishing models of best practice.	A The evaluation is currently being finalised by researchers at the University of Limerick and a report will be published by the end of 2004. B A Home School Liaison Schemes exists in every county, but only in selected schools ***Key Contact:*** Social Inclusion Unit, Department of Education & Science C School Completion Programme ***Key Contact:*** National Coordination Service (School Completion Programme),
Actions 35 To ensure that parents have direct access to factual preventative materials which encourage them to discuss the issues of coping with drug misuse with their children.	There are a wide range of statutory, voluntary and community agencies addressing this Action. A comprehensive listing of these agencies is presented in Appendix1. ***Key Contacts:*** Rapid Programmes: Cavan, North Louth, South Louth, Navan; Cavan Drug Awareness Programme (CDA); Aisling Group, Navan; South Meath Alcohol & Substance Misuse Response; Drogheda Community Drugs & Alcohol Forum; Crossroads Project; Addiction Services, HSE - NEA Pillar Support Group, Slane; Drogheda Homeless Aid;

Action 36 To ensure that every second level school has an active programme to counter early school-leaving with particular focus on areas with high levels of drug misuse.	School Completion Programme ***Key Contact:*** National Coordination Service (School Completion Programme),
Action 37 Recommendations 31-35 to apply equally to the non-school education sector. E.g. VTOS, Youthreach and Community Training Workshops operated by FÁS. Such sectors often deal with people from more disadvantaged backgrounds who are more at risk of drug misuse. For this reason incorporating a drug element to the education provided, as outlined earlier, is important. (*The Health Promotion Unit of the Department of Health and Children and the Health Boards are partners in the implementation of actions 31-35 and 37).*	HSE - NEA in collaboration with the National Youth Health Programme, delivery of training to those working in out of school settings based on the Support Pack for Dealing with The Drugs Issue. Out of school settings includes Youth Organisations, Youthreach, Traveller Training Workshops, Youth Federations in Meath and Louth and V.E.C.'s ***Key Contact:*** HSE - NEA Addiction Service
Action 43 To develop guidelines, in cooperation with the Health Boards to assist schools in the formation of a drugs policy and ensure that all schools have policies in place by September 2002.	Guidelines have been developed and sent to all schools. Training in implementation of the guidelines was provided and ongoing support is detailed in the guidelines. ***Key Contact:*** HSE - NEA Addiction Services

2.3 Treatment & Rehabilitation:

National Drugs Strategy Actions	**Current Service Provision within the North East**
Action 44 To have immediate access for drug misusers to professional assessment and counselling by health board services followed by commencement of treatment as deemed appropriate, not later than one month after assessment.	***Key Contacts:*** HSE - NEA Addiction Services: Cavan Drug Awareness Aisling Group
Action 45 To increase the number of treatment places for opiate addiction to 6,000 by the end of 2001 and to a minimum of 6,500 by end 2002	Opiate users who opt for substitution treatment (Methadone Detox or maintenance) are required to register with the HSE - NEA and be placed on the Central Treatment List. Currently, there are 89 clients registered in the North East (August 2004). Ireland as a whole had 7,052 registered clients (August 2004). Currently there are 15 GPs trained to level 1, which allows them to treat clients who have been stabilised on the programme. There are 4 GP`s in the North East trained to level 2, therefore, these GP's are in a position to initiate clients onto the programme and to treat clients who present with more complex needs. Not all trained GP`s are providing a service. Also there are 20 pharmacists trained in dispensing methadone but not all have clients. ***Key Contacts:*** HSE - NEA Addiction Services

Action 46 To develop and put in place by end 2002 a service-user charter specific to treatment and rehabilitation facilities which would lead to a greater balance in the relationship between the service user and the service provider. Such a charter would be helpful to drug misusers presenting for treatment with low levels of educational attainment and/or low levels of self esteem.	HSE - NEA have developed a Charter of Rights in consultation with service users and intend to review and amend the Charter in 2005. ***Key Contacts:*** HSE - NEA Addiction Services
Action 47 To base plans for treatment services on a "continuum of care" model and a "key worker" approach to provide a seamless transition between each different phase of treatment. This approach will enhance movement through various treatment and aftercare forms. In addiction, the "key worker" can act a central person for primary care providers (GP's and Pharmacists) to contact in connection with the drug misuser in their care.	Work in Progress
Action 48 To have in place, in each Health Board area, a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser, by end 2002. This approach will provide a series of options for the drug misuser, appropriate to his/her needs and circumstances and should assist in their re-integration back into society. Currently NEHB offers assessment, brief intervention, counselling, substitution treatment, detoxification, support and social reintegration.	Currently no alternative medical options to methadone are available. Due to staff shortages there is no comprehensive social reintegration strategy. ***Key Contacts:*** HSE - NEA Addiction Services; *Other treatment and rehabilitation providers include:* Cavan Drug Awareness (CDA); Aisling Group, Navan Bradán Day Programme Tabor House
Action 50 To develop, in consultation with the NACD, criteria to ensure that all State-funded treatment and rehabilitation programmes accord with quality standards as set out by the Health Boards.	Work in progress
Action 51 To have a clearly co-ordinated and well publicised plan in place for each Health Board area by end 2002 for the provision of a comprehensive and locally accessible range of treatments for drug misusers, particularly for young people, the planning of such services to be linked to the national profile of drug misuse amongst young people and to the areas where usage is most prevalent. These plans to be implemented by end 2004.	***Key Contacts:*** HSE - NEA Addiction Services:
Action 52 To produce and widely distribute a well publicised, short, easily read guide to the drug treatments services available in each Health Board area with contact numbers for further information and assistance	Work Currently in Progress. ***Key Contacts:*** HSE - NEA Addiction Services:
Action 54 To consider, as a matter of priority, how best to integrate child-care facilities with treatment and rehabilitation centres and how childcare can best be provided in a residential treatment setting. This should be done in conjunction with the Department of Justice, Equality and Law Reform.	There are no residential treatment services currently available in this region.

Action 55 To explore immediately the scope for introducing greater provision of alternative medical and non-medical treatment types, which allow greater flexibility and choice. This may increase the number of drug misusers presenting for treatment, as it is evident that a "one size fits all" approach is not appropriate to the characteristics of Irish drug misuse.	Awaiting literature review and evaluation of complementary therapy.
Action 56 To consider as a matter of priority, how to increase the level of GP and Pharmacy involvement in the provision of treatment programmes. Increased capacity at the primary care level will have the effect of alleviating the pressure on the secondary care services, which are currently over-subscribed.	This is the responsibility of the ICGP, however, the Primary Care Unit of the HSE - NEA is actively promoting this initiative. ***Key Contact:*** HSE - NEA Primary Care Unit
Action 57 To oversee the development of comprehensive residential treatment models incorporating detoxification, intervention, pre-treatment counselling, motivational work, therapeutic treatment and high quality rehabilitation for misusers who wish to become drug free. Resources should continue to be targeted at the most efficient and effective of these services.	Currently there are no residential treatment units located in the North East Region. The Region has access to beds in units outside our region i.e. Rutland, Aislinn, Meadowbrook etc.
Action 58 To report to NACD on the efficacy of different forms of treatment and detox facilities and residential-drug free regimes on an on-going basis.	The Region continues to participate in any study conducted by the NACD. In accordance with the NACD new drug trend monitoring system, a number of frontline workers from voluntary, community and statutory agencies have been identified as potential monitors whose role will be to complete trend questionnaires, based on their contact with drug users. The information from this network will be collated and then validated with other key drug indicator data, in order to interpret and access emerging trends. ***Key Contacts:*** HSE - NEA Addiction Service HSE - NEA Alcohol Service Cavan Drug Awareness Aisling Group
Action 59 To secure easy access to counselling services for young people seeking assistance with drug related problems, especially given the correlation between suicide and drug misuse and the growing incidence of suicide amongst young people.	The Region has developed direct links with Mental Health Services and hold bi-monthly meetings. This has resulted in ease of access to mental health care for clients. Have developed links with Suicide Prevention/Mental Health Promotion Officer and Deliberate Self Harm Liaison Nurse ***Key Contacts:*** HSE - NEA Addiction Services; HSE - NEA Resource Officer for Suicide Prevention / Mental Health Promotion HSE - NEA Deliberate Self Harm Liaison Nurses Bradán Day Programme Drogheda Homeless Aid Living Links Support group, Navan Aware Regional Development Officer, North East 'Oakdene' Dundalk Counselling Centre Cavan Drug Awareness

Action 60 To ensure that treatment for young people includes family therapy and community integration phases, in order to encourage family involvement which is a crucial component in the treatment of young people.	Currently, HSE - NEA Outreach workers are providing support for families of drug users. HSE - NEA also provides guidance to family support groups in the region and link with social workers, psychologists and other health care workers to ensure that families are supported. ***Key Contacts:*** HSE - NEA Addiction Services Bradán Day Programme Cavan Drug Awareness Pillar Way of the cross South Meath Alcohol and substance misuse response Bradan Day programme Aisling Group
Action 62 To review the existing network of needle-exchange facilities with a view to ensuring access for all injecting drug misusers to sterile injecting equipment.	Currently, there are no needle exchange facilities in the North East region. During 2005 the need for needle exchange facilities will be evaluated based on NDTRS returns to the Health Research Board.
Action 64 To continue to develop good-practice outreach models, including mechanisms to outreach drug misusers who are not in contact with mainstream treatment or support agencies. A reduction in the level of drug related deaths; particularly from opiate abuse through targeted information, educational and prevention campaigns must be a key aspect of the Strategy.	A Clinical Outreach Model with some social aspects is currently being employed. ***Key Contacts***: HSE - NEA Addiction Services
Action 65 All treatment providers should co-operate in returning information on problem drug use to DMRD of the HRB.	Regional Drug Services Facilitator is responsible for ensuring all NDTRS returns are submitted from the HSE - NEA Addiction Service on a quarterly basis to the DMRD of the HRB. ***Key Contact:*** Regional Drugs Service Facilitator HSE - NEA Addiction Services Bradan Day Programme Aisling Group Cavan Drug Awareness
Action 66 To consider the feasibility of new suitably trained peer-support groups in the context of expand provision. Peer-support groups are a component of the existing strategy and are regarded as an effective rehabilitation support.	Peer Support Groups are being used within the Community and Voluntary sector in the north east. Examples of this are as follows: Parent Peer Education, Family Support, Rehabilitation Peer Groups ***Key Contacts:*** Cavan Drug Awareness Pillar Support Group South Meath Alcohol and Substance Misuse Response.

2.4 Supply Reduction

NERDTF is aware only in general terms of the services provided by An Garda Siochana, Customs & Excise and the Prison Services with regard to Supply Reduction. The details of these services and their partnerships with their communities are stipulated in a recent strategy that has not been made available to the NERDTF (Garda Siochana Bill).

It is envisaged that it will address all actions of the National Drugs Strategy 2001 – 2008 and especially on **Actions 4 – 28.**

However, it is known that **An Garda Siochana** provides the following services:

- Community Policing.
- Juvenile Liaison Officers.
- Garda Officers with specific drug duties.

The **Customs & Excise** provide:

- Comprehensive cover on border crossings and ports.
- Link with Gardai.

The **Justice Department** also provides:

- Probation services in all the counties of the North East.

2.5 Research

The main services in this area are provided either by HSE - NEA or national organisations such as HRB, NACD, CTL or academic institutions.

Key Contact: HSE - NEA Department of Public Health
Department of Public Health undertakes occasional research in the area of drugs. They have carried out two prevalence studies amongst adolescents in the North East.

Key Contact: Drug Misuse Research Division
Health Research Board
The HRB – Health Research Board - provides occasional papers and regular updates in relation to data on treatment and users.

Key Contact: National Advisory Committee on Drugs (NACD) - also produces and commissions occasional research. The latest was a prevalence study on drug use in Ireland and Northern Ireland.

(Contact details for all the above in Appendix 2)

Chapter 3

Consultation

3.1 Introduction

In order to inform the development of this Strategic Plan, the NERDTF undertook a comprehensive consultation process with a wide range of stakeholders throughout the North East region including health care professionals, voluntary and community organisations, local authorities, young people and specific target groups such as Asylum Seekers, Family Support Groups, Youth Workers, Simon Community, Homeless Agencies and Voluntary Network Groups.

This consultation process was co-ordinated by the NERDTF, facilitated by an independent consultant and took place between April and September 2004.

Rationale for the Consultation:

This consultation process was conducted in order to:

- provide a mechanism for stakeholders to become actively involved in discussion and debate on the drugs issue within the region;
- provide opportunities for individuals and organisations to contribute to the recommendations being brought forward by the NERDTF;
- ensure that stakeholders had an input into the North East Regional Drugs Strategy for 2005 – 2008.

3.2 The Consultation Process

The consultation process originally began in 2003 with a call for written submissions circulated widely through the media to the general public. This phase of the consultation process yielded a poor response and so for 2004, the NERDTF subsequently planned a broad range of activities and events in order to engage and consult with both the general public and specific and professional groups. This involved meeting with key stakeholders in a range of situations where maximum input could be achieved as follows:

- A second call for written submissions was made to the general public through the local media;
- The events planned during Drug Awareness Week were used as an opportunity to publicise the public consultation meetings and to call for written submissions;
- Four public consultations were held (one in each County) in conjunction with the County Community Fora and the County Development Boards;
- A one-day workshop was facilitated with young people representing many of the post primary schools from across the region;

- NERDTF representatives made specific presentations to each of the County Council meetings during the allocated timeframe and requested proposals from each meeting;
- Specific consultations were facilitated with the homeless agencies, with Family Support Groups and with women and young people from the Asylum Seeking Community in Mosney, Co. Meath;
- Consultation with GP's from the region was completed and their recommendations sought with regard to key priority actions for inclusion in the Regional Drugs Strategy;
- A specific consultation was completed with the Staff of the NEHB Addiction Services.

The NERDTF also planned to hold consultation meetings with specific Traveller groups, young people from out-of-school settings and with the County Childcare Committees, however, due to unforeseen circumstances; these events were unable to be completed within the timeframe allocated for completion of the Strategy. However, the NERDTF plans to follow up with these particular groups throughout the next phase of the work.

The following table outlines the details of the consultation process:

Date	**Target Group**	**Location**
2003	Initial Call for Written Submissions	Regional
26th August '03	Consultation with Voluntary Network Groups	Cavan & Monaghan
19th March '04	Cavan Co. Council	Cavan
22nd March '04	Consultation with general public – Carrickmacross Town Taskforce	Carrickmacross
5th April '04	Meath Co. Council	Navan, Co. Meath
7th April '04	Consultation with the general public	Navan Co. Meath
20th April '04	Monaghan Co. Council	Monaghan
12th May '04	Consultation with the general public	Monaghan
17th May '04	Louth Co. Council	Dundalk, Co. Louth
24th May '04	Consultation with the general public	Cavan
26th May '04	Consultation with the general public	Dundalk, Co. Louth
30th May '04	1-day consultation workshop with young people	Carrickmacross, Co. Monaghan
2nd June '04	Consultation with GP's	Navan, Co. Meath
3rd June '04	Consultation with Asylum Seekers	Mosney, Co. Meath
15th June '04	Consultation with Homeless Agencies	Drogheda, Co. Louth
22nd June '04	Dundalk Simon Community	Dundalk
6th July '04	Consultation with Youth Workers	Muirhevnamore, Dundalk
12th July '04	Consultation with NEHB Addiction Service Staff	Navan, Co. Meath
July '04	Consultation with Family Support Groups	Cavan

3.3 The Consultation Methodology

Each of the consultations followed a similar format and used a similar methodology to enable those participating to recommend actions for inclusion in the NERDTF Strategy. An initial presentation was made outlining the rationale, the process, how the work of the NERDTF fits into the National Drugs Strategy and the strategic aims of the NERDTF under the four pillars of the NDS.

Templates were drawn up based on the four pillars and then used as a basis for discussion and for recording recommendations under the following four areas:

- education / prevention
- supply reduction
- treatment
- research

3.4 Results of the Consultation

As with many public consultations, there were a number of drawbacks to the public consultations. Many of the actions identified during the public consultations are not within the remit of the RDTF.

However, there were many constructive, specific, measurable actions recommended which have been included in the priority actions (Chapter 4) of this Strategy.

The following are the *common themes* arising from the consultations across all areas:

Education / Prevention:

- Information – user-friendly, youth-friendly;
- SPHE in schools – implementation;
- Peer Education methodologies;
- Parents – parent education;
- Outreach strategies for prevention;
- Improved recreational facilities / activities for young people;
- Community-based initiatives;
- Establishment of Drugs Education Forum;
- Media's role in prevention;
- Reaching those 'hardest to reach' particularly parents;
- Role of Community & Voluntary Sector;
- Alternative, creative methodologies for education e.g. Arts;
- Capacity-building for those in the community engaged in prevention work.

Supply Reduction:

- Policing & law enforcement;
- Role of the Gardai;

- Confidential phone lines / PO Boxes;
- Reducing opening hours etc…
- More appropriate community responses;
- Improved education to address 'DEMAND';
- Role of advertising which increases demand e.g. re Alco pops…marketing specifically targeting young people;
- Pricing & Taxes;
- Drug Court Models.

Treatment:

- Detox Units (residential versus community-based);
- Multi-disciplinary teams in all major towns;
- Increase range of methods for detox;
- Improve access to rehabilitation facilities & establish new ones;
- Improve links between all addiction services;
- Capacity-building for staff engaged in Treatment work;
- Programmes to address relapse;
- Aftercare Services…reintegration back into the community after treatment;
- Needle Exchange;
- Family Support;
- Pooling of resources to develop more efficient strategies for treatment;
- More training for those 'working at the coalface';
- Development of day programmes, drop-in centres;
- Focus on treatment services for under-age young people…focus on alcohol
- Social inclusion measures…address the discrimination issues…in community & with service providers;
- Community-based Initiatives and Complimentary Therapies.

Research:

- Action Research…qualitative rather than quantitative…not just about statistics;
- Engagement with current systems for collecting data e.g. National Drug Treatment Reporting Systems;
- Involvement of service users in research;
- Role of Outreach Workers in gathering information;
- Strategies to conduct research with 'hard to reach' groups;
- Role of parents in research;
- Young people…best time for research is between 1st & 2nd year…why young people start to use drugs at this point;
- Confidentiality / Anonymity guaranteed;

- Use of workshops / creative methodologies / peers to conduct research with young people;
- More localised data required – often difficult to identify with national data…too far removed from reality!

Specific Comments from the one-day Workshop with Young People:

"I have a new understanding of the problem which will be of benefit in our school!"

"I feel I may have helped young people for the future"

"I learnt that people are doing things to try to prevent drugs"

"I hope this will help to decrease the number of drug users for the future"

"I hope that I have helped to make a difference in your understanding of today's drugs problem among today's youth"

"I feel everyone is blaming young people for using illegal substances and should open their eyes to older people"

"Shocked that someone cared…never had so much information about drugs…"

"Finally people are listening to us…thank you!"

Collating the Data:

Following each consultation event all the data gathered was collated and included in an overall template summarising all actions recommended. This document was then used by the NERDTF in conjunction with their recommended actions to agree the priority actions set out in Chapter 4 & 5.

Chapter 4

Gaps Analysis

4.1 Introduction

In order to identify any gaps, which may exist in the provision of services in the North East, the following methods and processes were undertaken:

- Identify service provision (see Chapter 2)
- Undertaking an extensive consultation process (see Chapter 3), with the people of the North East and their carer's, representative's and significant number of the community and voluntary groups and organisations.
- Assessment of the level of drug use in the region (see Chapter 1).

NERDTF took into account the following:

- National Drug's Strategy 2001 – 2008 "Building on Experience".
- Guidelines for development of RDTF plans (issued by the National Drugs Strategy Team, May 2004).
- Scoping process and documents.

4.2 Strategic Gaps

4.2.1 The immediate appointment of a full time Co-ordinator and assistant staff (e.g. Secretarial, Admin, Monitors etc) (National Drugs Strategy NDS -Action 92)

4.2.2 To secure the immediate allocation of a budget to enable critical work identified by the group. (NDS – Actions 92 – 97)

4.2.3 To secure the authority of delegation and the responsibility for funding any work addressing the drugs issue, to the NERDTF. This should include the like of, lottery, dormant account, social inclusion and social capital and some of the statutory funding community development, Rapid, Springboards, and Early School Leavers etc. Any funding allocated to tackling the drug issue in the North East should be allocated in consultation with the NERDTF. Provision should be made for liaison with funding agencies to ensure the focusing of their funding to the priorities identified by NERDTF. (NDS – Action 92 and 95).

4.3 Supply Reduction

4.3.1 To work with the Gardaí to increase the profile of Community Gardai (NDS – Action 8)

4.3.2 To inform and train entertainment venues in relation to drugs and the law (NDS - Action 12)

4.2.3 To increase the early intervention system (based on the drug courts model) (NDS – Action 13, 19, 20 and 68)

4.3.3 To implement the recommendations of the National Report on Prison based Drug Treatment Services. (NDS – Action 21)

4.3.4 To seek the establishment of a Community Policing Fora Initiative, where the need is identified. (NDS –Action 11)

4.3.5 To produce guidelines for publicans and nightclub owners regarding drug dealing on, or in, the vicinity of their premises. (NDS – Action 27)

4.3.6 To include alcohol in the terms of reference for the RDTF.

4.3.7 To advocate change in the law:

4.3.8 Greater fines for drug supply

- Minimum sentencing for distribution and supply
- Create a National Identity Card
- Mandatory drug testing after Road Traffic Accidents.

4.4 Treatment

4.4.1 To explore the development, and where appropriate, to develop residential and day care centers for treatment of drug users, including an option for short-term residential detox. (NDS – Action 45 and 57)

4.4.2 To develop individual ‘care plans’ based on “Continuum of Care” model. (NDS – Action 47)

4.4.3 To have in place a range of treatment and rehabilitation options as part of a planned programme of progression for each drug user. (NDS – Action 48, 51 and 55)

4.4.4 To develop a protocol for the treatment of under 18 year olds presenting with drug problems (NDS – Action 49)

4.4.5 To develop quality standards for treatment and rehabilitation programmes (NDS – Action 50)

4.4.6 To produce a ‘Directory of Services’ and distribute it widely (NDS – Action 52)

4.4.7 To increase the level of G.P. and Pharmacy involvement in the provision of treatment programmes. (NDS – Action 56)

4.4.8 To ensure that treatment and rehabilitation for young people includes family therapy and community integration, as and when appropriate. (NDS – Action 60)

4.4.9 To consider and where appropriate, develop walk-in centers, respite facilities, halfway houses and aftercare; in an effort to reduce relapse. (NDS – Action 61)

4.4.10 To develop needle exchange schemes. (NDS – Action 62 and 63)

4.4.11 To involve rehabilitated drug users and families in peer-support groups (NDS - Action 66)

4.4.12 To develop “Social Re-integration” strategies. (NDS – Action 61, 68, 69, 70, 74, 75 and 76)

4.5 Education and Prevention

4.5.1 To ensure that Social, Personal and Health Education (SPHE) programmes are delivered in all schools (NDS – Action 31 and 33)

4.5.2 To ensure that parents have access to factual information. (NDS – Action 35)

4.5.3 To develop comprehensive programmes for the prevention of early school leaving. (NDS – Action 36)

4.5.4 To develop and deliver educational and preventative programmes in the out of school setting for young people. (NDS – Action 37)

4.5.5 To ensure that all schools have drug policies. (NDS – Action 43)

4.5.6 Encourage and enhance the provision of youth clubs, recreational facilities etc, as an alternative to the pub culture.

4.5.7 To carry out regular campaigns using more "user friendly" information. (NDS – Action 38 and 73)

4.5.8 Where feasible, to develop walk-in information centers with access to written and electronic material. (NDS – Action 61)

4.5.9 Establish a Regional Drugs Education Forum.

4.5.10 To develop Parent Education programmes in all aspects of drugs, including how to handle their children who are using drugs, Parents support, Parents as Educators etc.

4.6 Research

4.6.1 The greatest identified gap is in getting to "hidden populations" (e.g. homeless, Travellers, Para suicidal, etc.)

4.6.2 To gain greater understanding of the factors which contribute to the people of the North East using drugs, through focus groups, out-reach workers, A&E departments and so on.

4.6.3 To encourage the development of quality standards for services, in consultation with the National Advisory Committee on Drugs. (All Pillars)

4.6.4 To adapt "The handbook on planning and implementation of community based projects", as a tool for monitoring and evaluation.

4.6.5 Action research with drug users, with emphasis on "solution – focus". Other qualitative research should be encouraged especially with young people.

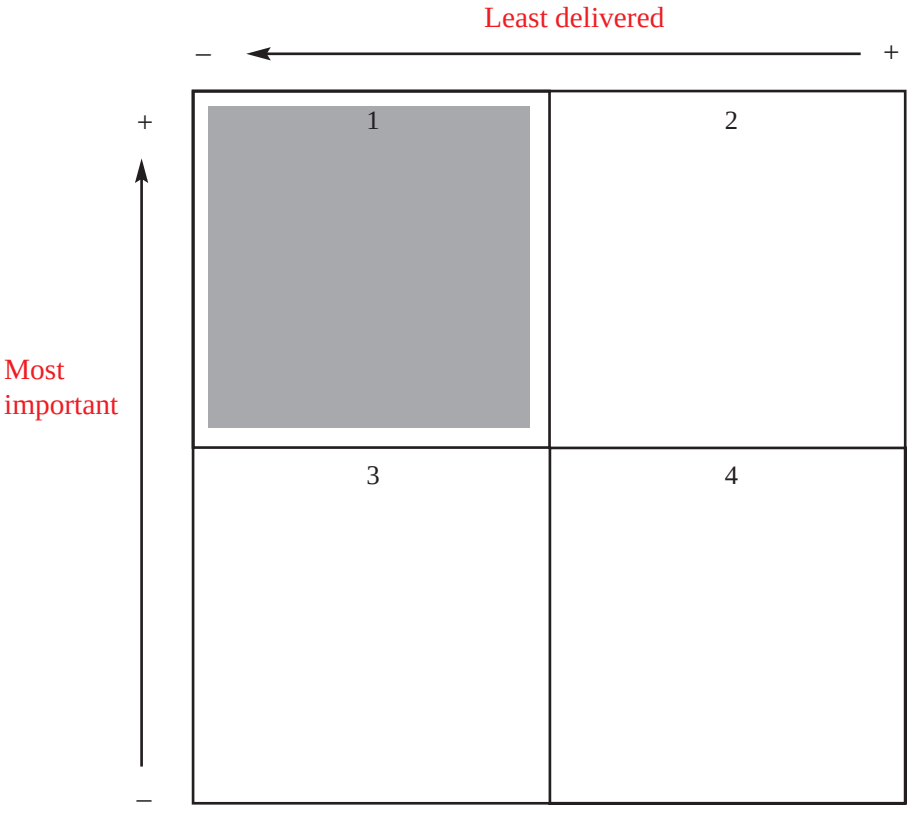
4.6.6 Encourage and support independent evaluation of the effectiveness of services.

Chapter 5

Strategic Priorities

5.1 Introduction

In order to prioritise key actions for future service planning and delivery, the NERDTF has applied the guidelines for prioritising, provided by the NDST. These guidelines suggest that priorities should be agreed using the guiding principle of actions that are ***'most important and least delivered'***. The following diagram illustrates this concept.



In order to clearly illustrate this concept, the NERDTF suggests the following definitions:

"Delivered" can be defined as a continuum ranging from ***not delivered at all*** to ***delivered all over the region***.

"Important" can be defined as a continuum ranging from ***least important*** to ***most important.***

In identifying what is most important / least important, the NERDTF employed the following criteria to establish level of importance;

- The extent of the problem – the numbers affected the effects on the individual, family and community, in terms of social, health and economic outcomes. This will also take into account issues such as mortality, morbidity, anti social impact etc.
- The possible solution (s) i.e. is there a possible solution? Is it available? How easy is it to implement? Is the solution effective? Is it value for money? Is it realistic? Is it achievable?
- The views of the community towards the problem and the solution;
- The cost – how much will it cost to deal with the problem? Does the NERDTF have the money? Is this the best use of resources?
- Is this part of the strategic objectives of the National Drugs Strategy?

Furthermore, in determining the priority actions the following principles were adopted as follows:

Strategic Priorities must be:

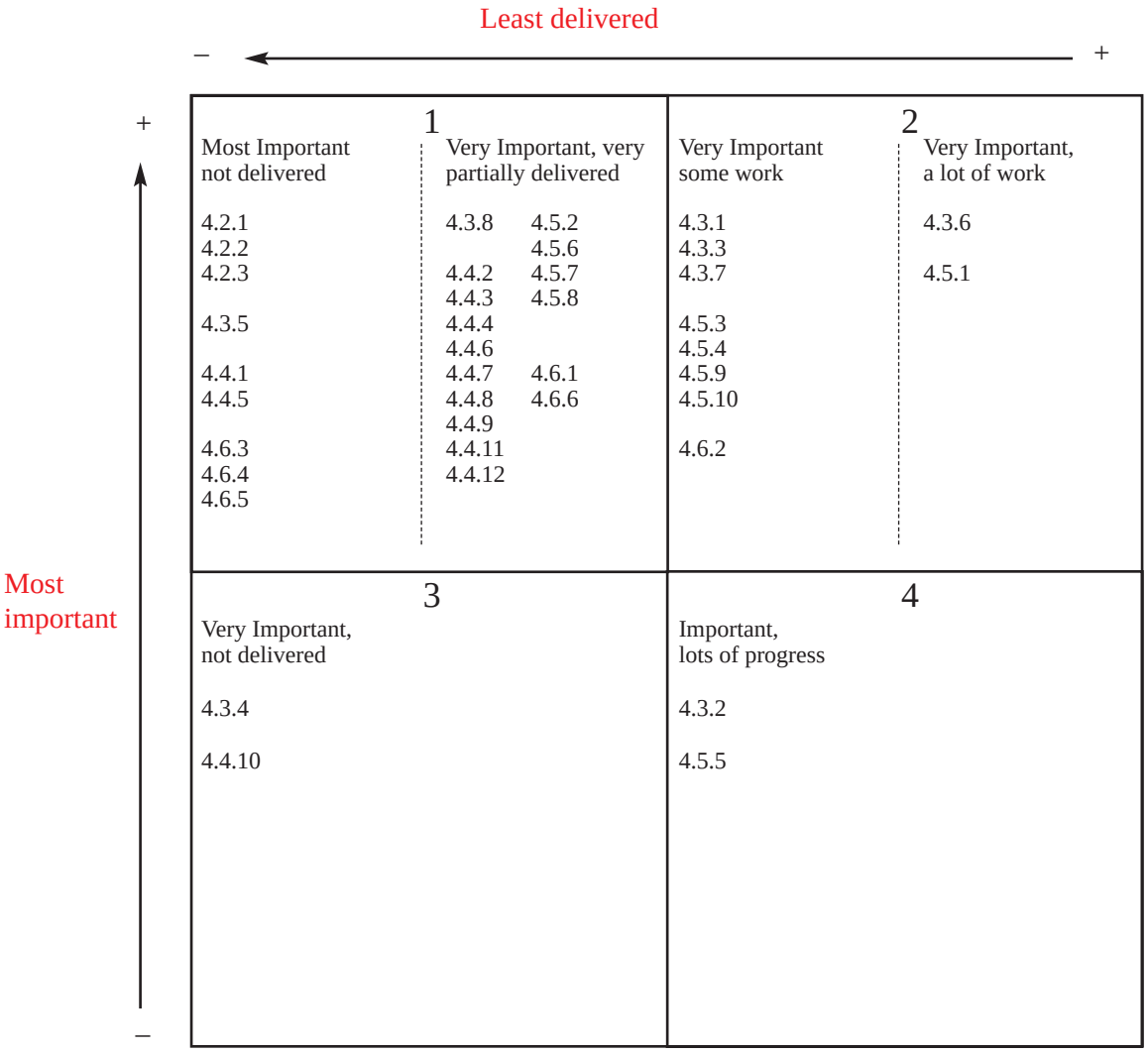
- SMART (Specific, Measurable, Agreed, Realistic and Time specific)
- Evidence based.
- Needs based.
- Integrated (not ad-hoc, and fit within the four pillars of the NDS;
- Inclusive of an evaluation component.

5.2 Strategic Priorities

In Chapter 4, the NERDTF identified 39 strategic gaps in terms of service planning and delivery in the North East.

While all 39 strategic gaps are seen as priorities, some are more important than others and some are less delivered than others. Therefore, the NERDTF has applied the concept outlined above to establish what is ***'most important / least delivered'.*** The results are graphically presented in the diagram below.
In addition to actions described as ***'most important / least delivered',*** this diagram also presents actions under the following headings:

- ***Most important and partially delivered*** (which was further divided to very important and only some work was done and very important and a lot of work is being carried out).
- ***Important and little or no work done.***
- ***Important but a lot of progress made.***


Least delivered
–
+
+
–
Most important
1
Most Important not delivered
4.2.1
4.2.2
4.2.3
4.3.5
4.4.1
4.4.5
4.6.3
4.6.4
4.6.5
Very Important, very partially delivered
4.3.8
4.4.2
4.4.3
4.4.4
4.4.6
4.4.7
4.4.8
4.4.9
4.4.11
4.4.12
4.5.2
4.5.6
4.5.7
4.5.8
4.6.1
4.6.6
2
Very Important some work
4.3.1
4.3.3
4.3.7
4.5.3
4.5.4
4.5.9
4.5.10
4.6.2
Very Important, a lot of work
4.3.6
4.5.1
3
Very Important, not delivered
4.3.4
4.4.10
4
Important, lots of progress
4.3.2
4.5.5

5.3 Schedule and Cost

	Priority Actions	Cost (€)	Year Start
4.2.1	The immediate appointment of a full time Coordinator and assistant staff (e.g. Secretarial, Admin, Monitors etc) (National Drugs Strategy NDS -Action 92).	100,000	2005
4.2.2	The immediate allocation of a budget to enable critical work identified by the group (NDS – Actions 92 – 97).	See total	2005 -2008
4.2.3	To secure the authority of delegation and the responsibility for funding any work addressing the drugs issue, to the NERDTF. This should include the like of, lottery, dormant account, social inclusion and social capital and some of the statutory funding community development, Rapid, Springboards, and Early School Leavers etc. (NDS – Action 92 and 95).	N/A	N/A
4.3.1	To increase the profile of Community Gardai (NDS – Action 8).	Not Known	Garda Siochana Bill
4.3.2	To inform and train entertainment venues in relation to drugs and the law (NDS - Action 12).	45,000	2005
4.3.3	To increase the early intervention system (based on the drug courts model) (NDS – Action 13, 20 and 68).	450,000	2005
4.3.4	To implement the recommendations of the National Report on Prison based Drug Treatment Services. (NDS – Action 21).	v	
4.3.5	To expand the Community Policing fora initiative. (NDS – Action 11).	Not Known	Garda Siochana Bill
4.3.6	To produce guidelines for publicans and nightclub owners regarding drug dealing on, or in, the vicinity of their premises. (NDS – Action 27).	50,000	2005
4.3.7	To include alcohol in the terms of reference for the RDTF.	Not Known	NDST / IDG
4.3.8	To advocate change in the law: • Greater fines for drug supply. • Minimum sentencing for distribution and supply. • Create a National Identity Card. • Mandatory drug testing after Road Traffic Accidents.	No Cost	2005
4.4.1	To explore the development and where appropriate, to develop residential and day care centers for treatment of drug users. (NDS – Action 45 and 57).	Residential 200,000 (Note 1) Daycare 200,000 (Note 2)	2005 2005
4.4.2	To develop individual ‘care plans’ based on “Continuum of Care” model. (NDS – Action 47).	50,000	2005

4.4.3	To have in place a range of treatment and rehabilitation options as part of a planned programme ofprogression for each drug user. (NDS – Action 48, 51 and 55).	Not Known	2005
4.4.4	To develop a protocol for the treatment of under 18 year olds presenting with drug problems (NDS – Action 49).	Not Known	2005
4.4.5	To develop quality standards for treatment and rehabilitation programmes (NDS – Action 50).	Not Known	2005
4.4.6	To produce a 'Directory of Services' and distribute it widely (NDS – Action 52).	25,000	2005
4.4.7	To increase the level of G.P. and Pharmacy involvement in the provision of treatment programmes. (NDS – Action 56).	150,000 (Note 3)	2005
4.4.8	To ensure that treatment for young people includes family therapy and community integration, as and when appropriate. (NDS – Action 60).	250,000 (Note 4)	2005
4.4.9	To consider and where appropriate, develop walk-in centers, respite facilities and halfway houses; in an effort to reduce relapse. (NDS – Action 61).	Not Known	2006
4.4.10	To develop needle exchange schemes. (NDS – Action 62 and 63).	25,000	2005
4.4.11	To involve rehabilitated drug users in peer-support groups (NDS - Action 66).	25,000 (Note 5)	2005
4.4.12	To develop "Social Re-integration" strategies. (NDS – Action 61, 68, 69, 70, 74, 75 and 76).	Further work needed	2006
4.5.1	To ensure that Social, Personal and Health Education (SPHE) programmes are delivered in all schools (NDS – Action 31 and 33).	55,000	2005
4.5.2	To ensure that parents have access to factual information. (NDS – Action 35).	75,000	2005
4.5.3	To develop comprehensive programmes for the prevention of early school leaving. (NDS – Action 36).	300,000 (Note 6)	2005
4.5.4	To develop and deliver educational and preventative programmes in the out of school setting for young people. (NDS – Action 37).	55,000	2005
4.5.5	To ensure that all schools have enabling drug policies. (NDS – Action 43).	No Cost	2005
4.5.6	Enhance the provision of Youth clubs, recreational facilities etc, as an alternative to the pub culture.	Further work needed	2006
4.5.7	To carry out regular campaigns using more "user friendly" information. (NDS – Action38 and 73).	50,000	2005
4.5.8	Where feasible, to develop walk-in information centers with access to written and electronic material. (NDS – Action 61).	See 4.5.9	2006

4.5.9	Establish a Regional Drugs Education Forum.	5,000	2005
4.5.10	To develop Parent Education programmes in all aspects of drugs, including how to handle their children who are using drugs, Parents support, Parents as Educators etc.	150,000 (Note 7)	2005
4.6.1	The biggest identified gaps, is in getting to "hidden populations" (e.g. homeless, travellers, Para suicidal, etc	75,000 (Note 8)	2005
4.6.2 4.6.5	To gain greater understanding of the factors which contribute to Irish people taking drugs, through focus groups, out-reach workers, A&E departments and so on. Action research with drug users, with emphasis on "solution – focus". Other qualitative research should be encouraged especially with young people.		
4.6.3	To develop quality standards for services (All Pillars).	Not Known	NDTS
4.6.4	To adapt "The handbook on planning and implementation of community based projects", as a tool for monitoring and evaluation.	15,000	2005
Total for year 2005		**€2,350,000**	

Note 1: based on the cost of two beds in a special unit.
(No capital allocation at this stage)

Note 2: based on €5,000 per person, per year, treating forty people per annum.

Note 3: based on the cost of €5,000 per patient treating thirty people.

Note 4: based on advise from Child & Adolescent Psychiatry.

Note 5: Pilot project.

Note 6: based on an estimate of 300 children.

Note 7: based on advice received from Parent to Parent groups.

Note 8: based on cost of recruitment of Senior Research Officer, supervision and cost of research.

Chapter 6

Cross Taskforce Issues

It is universally accepted by all members of the Taskforce, that no single agency or single body, can, on their own, address all issues of drugs. The best way is a true partnership with parity of esteem for all its members. NERDTF works on the assumption that there is a need for a high level of coordination, coupled with a great deal of collaboration and working together between all members.

Therefore, the NERDTF has asked that the Taskforce coordinate funding from various governmental departments and agencies. In this way, an integrated and effective programme can be administered in an efficient way. In this way, gaps can be filled and overlaps can be reduced and eliminated.

In line with learning experience from the work of the local Drug Task Forces in Dublin and Cork, the NERDTF will address cross taskforce issues in a systematic way. The key result areas will include:

6.1 Adaption of the handbook on planning and implementation of Community based projects. This will result in systematic planning and development of services in the North East, without duplications, overlap or gaps.

6.2 Better information and access to services for drug users and their families.

6.3 Achieving integrated services on a number of issues e.g. ‘care plans’ for drug user’s, ‘social re-integration’ for recovering users, housing and homelessness, options of care, ‘drug education forum’, sharing of information etc.

6.4 Sharing of resources: this may manifest itself in different ways, like, co-training, programme planning, joint consultation and so on.

6.5 Collectivism: this could manifest itself in joint advocacy, joint applications for resources and so on.

6.6 Complimentarity: this will be evidenced by the degree of continuity of services for drug users; education complimented by prevention, treatment and rehabilitation, supply reduction with demand reduction and so on.

Appendix 1:

List of National Drugs Strategy Actions (National Drugs Strategy 2001-2008)
Department of Tourism, Sport & Recreation.

1. The Department, through the IDG and the NDST, to co-ordinate the implementation of the National Drugs Strategy in partnership with Government Departments, State Agencies and the community and voluntary sectors and to bring to the attention of the Cabinet Committee on Social Inclusion and identified issues which have a detrimental effect on the implementation of policy.

2. The IDG, in conjunction with the NDST, to establish an evaluation framework for the Strategy, incorporating the performance indicators against which progress under the four pillars will be assessed. Annual reports and mid term evaluations would facilitate progression towards key strategic goals. The cost effectiveness of the various elements of each pillar of the new Strategy should be established to enable priorities to be identified and a re-focusing, if necessary, of strategic objectives from the mid-term evaluation stage at 2004.

3. Continued provision of accessible, positive alternatives to drug misuse in areas where such misuse is most prevalent through the YPFSP and, more generally, through arts and culture youth programmes, the schemes run by the Irish Sports Council and the facilities provided through funding under the Sports Capital Programme. These should be accessible and attractive to those most at risk of drug misuse and those from socially, educationally and culturally diverse backgrounds. In this regard, the LDTF areas should be prioritized. Specific efforts should also be made to ensure that the groups who are most at risk of drug misuse are actively engaged in recreational activities at local level.

4. To oversee the establishment of a framework to monitor numbers of successful prosecutions, arrests and the nature of the sentences passed.

5. To establish, in consultation with the Gardaí and the community sector, best practice guidelines and approaches for community involvement in supply control activities with the law enforcement agencies.

6. To review the on-going effectiveness of crime legislation in tackling drug-related legislation.

7. To increase the level of Garda resources in LDTF areas, by end 2001, building on lessons emanating from the Community Policing Forum model.

8. To establish a co-ordinating framework for drugs policy in each Garda District, to liaise with the community on drug-related matters and act as a source of information for parents and members of the public. Each Garda District and Sub-District be required to produce a Drug Policing Plan to include multi-agency participation in targeting drug dealers.

9. To target the assets of middle-ranking criminals involved in drug dealing.

10. To continue to target dealers at local level by making additional resources available to existing drug units and for the establishment of similar units in areas where they do not currently exist.

11. To extent the Community Policing Fara (CPF) initiative to all LDTF areas, if the evaluation of the pilot proves positive. The proposed Regional Drugs Task Force (RDTFs) should be consulted in assessing whether CPFs should be established in regional areas of particular need. Where CPF's do not exist, CPF methods should be adopted as best practice for mainstream policing policy.

12. To ensure that operations similar to ***Dóchas, Nightcap*** and ***Claenstreet*** are implemented in urban centers throughout Ireland, where drug-dealing in on-going.

13. To monitor the efficacy of the existing arrest referral schemes and expand them, as appropriate.

14. To continue to work more closely together in accordance with the principles of their Memorandum of Understanding. They should also co-operate and collaborate fully with law enforcement and intelligence agencies, in Europe and internationally, in reducing the amount of drugs coming into Ireland.

15. To strengthen and consolidate existing coastal watch and other ports of entry measures designed to restrict the importation of illicit drugs by end 2002.

16. To develop benchmarks against which seizures of heroin and other drugs can be evaluated under the *EU Action Plan* in order to establish progress on a yearly basis.

17. To ensure greater integration of Customs and Excise within a European context, an Officer of the Customs and Excise Division should be appointed to the Europol National Unit.

18. To have available to the enforcement agencies detection dogs and other resources to restrict the importation of illicit drugs.

19. Incidences of early use of alcohol or drugs by young people coming to Garda attention to be followed up by the Community Police and/or the health and social services, in order that problem drug misuse may be diagnosed/halted early on through appropriate early intervention.

20. To have in all LDTF areas an early intervention system, based on the Drug Court model, if the evaluation of the pilot in the North Inner City of Dublin is positive. This should be accompanied by appropriate familiarisation for the judiciary on the role of the Drug Court.

21. To continue to implement the recommendations of the Steering Group on Prison-Based Drug Treatment Services as a priority and the implement proposals designed to end heroin use in prisons during the

period of the Strategy.

22. To expand prison-based programmes with the aim of having treatment and rehabilitation services available to those who need them including drug treatment programmes, which specifically deal with the re-integration of the drug using offender into the family/community.

23. To commission and carry out an independent evaluation of the overall effectiveness of the Prison Strategy by mid 2004. The review should cover all aspects of drug services in prisons including research on levels and routes of the supply of drugs in prisons.

24. To expand the involvement of the community and voluntary sectors in prison drug policy via the on-going development of Local Prison Liaison Groups and the formal meetings between the sectors and the Steering Group on Prison-Based Drug Treatment Services.

25. To commission an external evaluation of the impact of enforcement activity under the Housing Acts (evictions, excluding orders) on homelessness by end 2001.

26. To monitor and evaluate homelessness initiatives in relation to drugs issues in the context of the Homeless Strategy, and particularly, in relation to the Dublin Action Plan.

27. Representative bodies including the Vintner's Federation of Ireland, the licensed Vintner's Association and the Irish Hotel Federation to prepare guidelines, in association with the Garda authorities and the Health Board's, for publicans and night-club owners regarding drug dealing on, or in the vicinity of their premises. These guidelines should set out clearly the actions which the owner of the premises should take in response to drug-dealing. e.g. co-operation with the Gardaí etc

28. Gardaí to object to the renewal of licences for publicans and Night-club owners where there has been a history of drug dealing on the premises.

29. To publish and implement a policy statement on education supports in LDTF areas, including an audit of the level current supports by end 2001 and nominate an official to serve as a member of each Task Force. The Department's representatives on the Task Forces will meet to discuss crosscutting issues, chaired by a senior official. This will be done in the context of structure and service delivery reforms which will be considered by the Government.

30. To prioritise LDTF areas during the establishment and expansion of the services of the National Educational Welfare Board.

31. To put in place by end 2001 mechanisms which will support, enhance and ensure the delivery of school-based education and prevention programmes in all schools nationwide over the next three years. The ultimate aim of these programmes should be to ensure that every child has the necessary knowledge and life-

skills to resist drugs or make informed choices about their health, personal lives and social development.

32. To implement 'Walk Tall' and 'On my own two feet' programmes in all schools in the LDTF areas, in the context of the SPHE programme during the academic year 2001/02

33. To deliver the SPHE Programme in all second-level schools by September 2003

34. To complete the evaluation of the "Walk Tall" and "On My Own Two Feet" Programmes by end 2002 and t o continue to evaluate the programmes in order to establish whether they need to be augmented or whether there is a need for alternative programmes to address key gaps. Furthermore, schools should encourage the participation of parents on such programmes where appropriate. In particular, mechanisms for engaging the parents of at-risk children in programmes should be examined with a view to establishing models of best practice.

35. To ensure that parents have direct access to factual preventative materials which encourage them to discuss the issues of coping with drug misuse with their children.

36. To ensure that every second level school has an active programme to counter early school-leaving with particular focus on areas with high levels of drug misuse.

37. Recommendations 31-35 to apply equally to the non-school education sector. E.g. VTOS, Youthreach and Community Training Workshops operated by FÁS. Such sectors often deal with people from more disadvantaged backgrounds who are more at risk of drug misuse. For this reason incorporating a drug element to the education provided, as outlined earlier, is important.
(*The Health Promotion Unit of the Department of Health and Children and the Health Boards are partners in the implementation of actions 31-35 and 37).*

38. To develop and launch an on-going National Awareness Campaign highlighting the dangers of drugs, based on the considerations outlined in the conclusions. The campaign should promote greater and understanding of the causes and consequences of drug misuse, not only to the individual but also to his/her family and society in general. The first stage should commence before the end of 2001.

39. To ensure that adequate training for healthcare and other professionals engaged in the management of drug dependency is available, including, if necessary, arrangements with third level institutions and professional bodies.

40. To consult all treatment and rehabilitation providers in order to ensure that performance indicators, used in the evaluation of services, accurately and consistently reflect the needs of specific areas i.e. performance indicators should reflect the reality of the drug problem locally.

41. To oversee implementation of the recommendations of the Benzodiazepine Working Group, which is due

to complete its work by end June 2001, as part of the overall strategy of quality improvement of current services.

42. To ensure that the design and delivery of all preventative programmes is informed by on-going research into the factors contributing to drug misuse by particular groups. The programmes should also include the development of initiatives aimed at equipping parents of at risk children with the skills to assist their children about their health, personal lives and social development.

43. To develop guidelines, in cooperation with the Health Boards to assist schools in the formation of a drugs policy and ensure that all schools have policies in place by September 2002.

44. To have immediate access for drug misusers to professional assessment and counselling by health board services followed by commencement of treatment as deemed appropriate, not later than one month after assessment.

45. To increase the number of treatment places for opiate addiction to 6,000 by the end of 2001 and to a minimum of 6,500 by end 2002

46. To develop and put in place by end 2002 a service-user charter specific to treatment and rehabilitation facilities which would lead to a greater balance in the relationship between the service user and the service provider. Such a charter would be helpful to drug misusers presenting for treatment with low levels of educational attainment and/or low levels of self esteem.

47. To base plans for treatment services on a “continuum of care” model and a “key worker” approach to provide a seamless transition between each different phase of treatment. This approach will enhance movement through various treatment and aftercare forms. In addiction, the “key worker” can act a central person for primary care providers (GP’s and Pharmacists) to contact in connection with the drug misuser in their care.

48. To have in place, in each Health Board area, a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser, by end 2002. This approach will provide a series of options for the drug misuser, appropriate to his/her needs and circumstances and should assist in their re-integration back into society.

49. To develop a protocol, where appropriate, for the treatment of under 18 year olds presenting with serious drug problems especially in light of the legal and other dilemmas which are posed for professionals involved in the area. In this context, a Working Group should be established to develop the protocol. The Group should also look at issues such as availability of appropriate residential and day

treatment programmes, education and training rehabilitative measures and harm reduction responses for young people. The Group should report by mid 2002.

50. To develop, in consultation with the NACD, criteria to ensure that all State-funded treatment and rehabilitation programmes accord with quality standards as set out by the Health Boards.

51. To have a clearly co-ordinated and well publicised plan in place for each Health Board area by end 2002 for the provision of a comprehensive and locally accessible range of treatments for drug misusers, particularly for young people, the planning of such services to be linked to the national profile of drug misuse amongst young people and to the areas where usage is most prevalent. These plans to be implemented by end 2004.

52. To produce and widely distribute a well publicised, short, easily read guide to the drug treatments services available in each Health Board area with contact numbers for further information and assistance

53. To require from 2002 that all Health Boards, in considering the location and establishment of treatment and rehabilitation facilities, develop a management plan in consultation with local communities. Existing examples whereby Health Boards have established monitoring committees with local community to oversee the operation of the treatment services have proven successful and should be replicated, where appropriate.

54. To consider, as a matter of priority, how best to integrate child-care facilities with treatment and rehabilitation centres and how childcare can best be provided in a residential treatment setting. This should be done in conjunction with the Department of Justice, Equality and Law Reform.

55. To explore immediately the scope for introducing greater provision of alternative medical and non-medical treatment types, which allow greater flexibility and choice. This may increase the number of drug misusers presenting for treatment, as it is evident that a “one size fits all” approach is not appropriate to the characteristics of Irish drug misuse.

56. To consider as a matter of priority, how to increase the level of GP and Pharmacy involvement in the provision of treatment programmes. Increased capacity at the primary care level will have the effect of alleviating the pressure on the secondary care services, which are currently over-subscribed.

57. To oversee the development of comprehensive residential treatment models incorporating detoxification, intervention, pre-treatment counselling, motivational work, therapeutic treatment and high quality rehabilitation for misusers who wish to become drug free. Resources should continue to be targeted at the most efficient and effective of these services.

58. To report to NACD on the efficacy of different forms of treatment and detox facilities and residential-drug free regimes on an on-going basis.

59. To secure easy access to counselling services for young people seeking assistance with drug related problems, especially given the correlation between suicide and drug misuse and the growing incidence of suicide amongst young people.

60. To ensure that treatment for young people includes family therapy and community integration phases, in order to encourage family involvement which is a crucial component in the treatment of young people.

61. To consider developing drop-in centres, respite facilities and half-way houses, where a clear need has been identified, as such facilities have been found to be useful in the prevention of relapse.

62. To review the existing network of needle-exchange facilities with a view to ensuring access for all injecting drug misusers to sterile injecting equipment.

63. To pursue with the relevant agencies, as a matter of priority, the setting up of a Pilot Community Pharmacy Needle and Syringe Exchange Programme in the ERHA area and in the event of a successful evaluation, the programme to be extended where required.

64. To continue to develop good-practice outreach models, including mechanisms to outreach drug misusers who are not in contact with mainstream treatment or support agencies. A reduction in the level of drug related deaths; particularly from opiate abuse through targeted information, educational and prevention campaigns must be a key aspect of the Strategy.

65. All treatment providers should co-operate in returning information on problem drug use to DMRD of the HRB.

66. To consider the feasibility of new suitably trained peer-support groups in the context of expand provision. Peer-support groups are a component of the existing strategy and are regarded as an effective rehabilitation support.

67. To develop an accurate mechanism for recording the number of drug-related deaths in Ireland.

68. To achieve close liaison between treatment providers, social workers, probation and welfare officers and the relevant local authorities as well as family supports, so as to ensure that recovering misusers should have access to housing. This is very important in ensuring that the effectiveness of treatment and the goals of rehabilitation are not undermined.

69. To develop and implement proposals for the collection and safe disposal of injecting equipment, in order to ensure that the wider community is not exposed to the dangers associated with unsafe disposal.

70. To consider how the design of housing estates can contribute to the prevention of drug dealing in the context of on-going reviews of the Social Housing Design Guidelines for Local Authority Estates. In this regard, the lessons from the ISP may be relevant.

71. To consider the needs of those areas experiencing high levels of drug misuse when drawing up city/countywide strategies for economic, social and cultural development.

72. To make available to individuals interacting with groups most at risk of drug misuse, such as youth workers, teachers, student welfare officers, GP's, Pharmacists, nurses, counsellors, child-care workers, law enforcement agents, members of the judiciary etc., specialist drug prevention training as part of their initial vocational training. The relevant professional body or employer should ensure that training, or up-skilling is available on an on-going basis to ensure that the approach taken reflects changing attitudes and patterns of drug misuse.

73. To encourage the media to play a larger role in creating a greater understanding of drug misuse throughout society. Informed coverage and analysis and debate of drugs issues on an on-going basis within the public sphere will contribute to the successful implementation of the Strategy, In this regard, the role of the Department of Tourism, Sport and Recreation, as the co-ordinator of the National Drugs Strategy, as a possible central source of information should be considered.

74. To increase the number of training and employment opportunities for drug misusers by 30% by end 20004, in line with the commitment to provide such opportunities in the PPF and taking on board best practice from the special FÁS Community Employment Programme and the pilot Labour Inclusion Programme.

75. To examine the potential to involve recovering drug misusers in Social Economy projects, and in other forms of vocational training. The ring-fencing of places within the FÁS Community Employment Programme has been an important element of the existing approach to rehabilitation.

76. To monitor the participation of recovering drug misusers on such programmes and the review their overall effectiveness. In this context, alternative models should be developed, where appropriate.

77. To establish a dedicated drugs sub-committee of the existing Select Committee on Tourism, Sport and Recreation, which would meet at least three times a year.

78. To be chaired by the Minister of State at the Department of Tourism, Sport and Recreation. This will ensure greater co-ordination between the IDG's constituents in the future and will help maintain high-level representation and more effective communication between the IDG and the Cabinet Committee on Social Inclusion.

79. To consist, in future, of designated officials at Assistant Secretary level from the following Departments:

- Tourism, Sport & Recreation;
- Taoiseach;
- Finance

- Health & Children;
- Education & Science;
- Enterprise, Trade & Employment;
- Environment & Local Government;
- Justice, Equality & Law Reform; and
- Social Community & Family Affairs;

The Chair of the NDST will also be a member.

As has been the practice, regular joint meetings to continue to be held between the IDG and the NDST to contribute to the effective and efficient development and delivery of the National Drugs Strategy.

80. In conjunction with the NDST and the Department of Health and Children, to develop formal links at local, regional and national levels with the National Alcohol Policy, by end 2001 and ensure complementarity between the different measures being undertaken.

81. To seek reports from key service providers, such as the Assistant Commissioner of An Garda Síochána, the Director General of the Prisons Service, the Chief Executive of the relevant Health Authorities, the Revenue Commissioner with responsibility for Customs and Excise and the County/City Manager of relevant Local Authorities on request and to attend meetings, as appropriate. Representatives from the voluntary, community and professional sectors should also be asked to attend, as appropriate.

82. The Terms of Reference of the IDG to include the following:

- advising the Cabinet Committee on critical matters of a public policy nature relating to the National Drugs Strategy;
- ensuring the timely and effective input of relevant Departments and Agencies into any emerging operational difficulties or conflicts in relation to implementation of national drugs policy; and
- approving the plans and initiatives of the LDTF's and the proposed RDTF's and monitoring and evaluating the outcomes of their implementation through joint meetings with the NDST.

83. In conjunction with the NDST:

- to review the membership of the Team, immediately and, every two years subsequently, in order to ensure that all relevant interests are represented; and
- to review the workload of the NDST and satisfy itself that the level of support is adequate to carry out its new terms of reference. In particular, to examine as a priority the need for a Director to oversee the day to day management of the Office and additional technical support workers. The review should be completed by end September 2001.

84. Departments and Agencies participating on the IDG and the NDST to commit themselves in writing to the process and the level and extent of representation should be specified.

85. The Terms of reference of the NDST to include:

- ensuring effective co-ordination between officials from Government Departments and State Agencies represented on the Team and members of the community and voluntary sectors in delivering local and regional task force plans;
- reviewing on an on-going basis the need for LDTFs in disadvantaged urban areas, particularly, having regard to evidence of localised heroin misuse;
- identifying and considering policy issues and ensuring that policy id informed by the work of and lessons from the LDTFs and the proposed RDTFs, through joint meetings with the IDG;
- overseeing the establishment of RDTFs
- drawing up guidelines for the operation of Local AND regional Drugs Task Forces and overseeing their work;
- evaluating the Local and Regional Drugs Task Forces Action Plans, when submitted and making recommendations to the IDG regarding the allocation of funding to support their implementation;
- ensuring that monies allocated by the Department of Tourism, Sport and Recreation to projects overseen by the NDST are properly accounted for; and
- preparing an annual report and presenting it to the Department of Tourism, Sport and Recreation.

86. To meet regularly with the co-ordinator of the National Alcohol Policy and, similarly, a member of the Team should be represented on the body charged with the co-ordination of the National Alcohol Policy.

87. To continue to be represented on the YPFSP National Assessment Committee and to ensure that the LDTFs continue to be represented on the Development Groups for the Fund.

88. The NDST to be kept informed by Departments and Agencies of any initiatives being taken which will affect Task Force areas. In addition, membership of the NDST and of the Local and proposed Regional Drugs Task Force to be acknowledged and written into the business plans/work programmes of all relevant Departments and Agencies.

89. To consider funding, on a pilot basis, training initiatives to strengthen effective community representation and participation in Regional and Local Drugs Task Forces.

90. To examine and advise the IDG on the feasibility of introducing a standards and accreditation framework for all individuals, groups and agencies engaged in drugs work. Such a framework should address issues such as standards, training, qualifications etc.

91. To continue to identify best practice models arising from the work of the LDTFs and the proposed RDTFs and disseminate them widely.

92. Regional Drugs Task Force (RDTFs) to be established in each of the current Regional Health Board areas including each of the three Health Boards that comprise the ERHA, by end 2001 with the

following terms of reference:

- to ensure the development of a co-ordinated and integrated response to tackling the drugs problem in their region;
- to create and maintain an up-to-date database on the nature and extent of drug misuse and to provide information on drug-related services and resources in the region;
- to identify and address gaps in service provision having regard to evidence available on the extent and specific location of drug misuse in the region;
- to prepare a development plan to respond to regional drugs issues for assessment by the NDST and approval by the IDG;
- to provide information and regular reports to the NDST in the format and frequency requested by the Team; and
- to develop regionally relevant policy proposals, in consultation with the NDST.

93. To consist of senior representatives so that members are capable of decision-making and influencing budgets.

94. To include representation from the following sectors:

- Chair;
- Regional Drug Co-ordinator of the Health Board (providing secretarial/administrative support);
- Local Authority;
- VEC;
- Health Board;
- Department of Education and Science;
- Department of Social, Community and Family Affairs;
- Gardaí;
- Probation and Welfare Service;
- FÁS;
- Revenues Commissioners – Customs and Excise Division;
- Voluntary Sector;
- Community Sector;
- Public Representatives
  (nominated by Local Authority in accordance with normal procedures); and
- Area Based Partnership.

95. RDTFs to consider the development and implementation of community-based initiatives to raise awareness. The goal of such initiatives would be to develop best practice models which send a clear and consistent message and which are capable of being mainstreamed. In the communities where drug misuse is most prevalent and where there is considerable knowledge about all aspects of the drugs issue, schools could tap into and use this knowledge as a beneficial aspect of their programmes. By contrast,

there are communities that have a very limited knowledge of the nature or manifestations of drug misuse. In these areas, the school, the health promotion officer, GPs, Pharmacists, the Gardaí and others must take the lead in creating a greater awareness of drug misuse.

96. To enable user groups in Task Force areas to play a role in the generation of a greater societal understanding of drug misusers and drug misuse issues. For those misusers who may not be in contact with the mainstream agencies, these groups can help foster awareness about support services available e.g. treatment options, needle exchanges etc.

97. To include local publicity about the nature of their work and the type of measures/initiatives being put in place by them as a key element of the work of Task Forces and as part of their action plans. This information should be disseminated as widely as possible.

98. To carry out studies on drug misuse amongst the at risk groups identified e.g. Travellers, prostitutes, the homeless, early school leavers etc. including de-segregation of data on these groups. It is essential that the individuals and groups most affected by drug misuse and those involved in working to reduce, treat and prevent drug misuse have immediate access to relevant statistical information.

99. To commission further outcome studies, within the Irish setting, to establish the current impact of methadone treatment on both individual health and on offending behaviour. Such studies should be an important tool in determining the long-term value of this treatment.

100. To conduct research into the effectiveness of new mechanisms to minimise the sharing of equipment e.g. non-reusable syringes, mobile syringe exchange facilities etc. to establish the potential application of new options within particular cohorts of the drug using population i.e. amongst younger drug misusers, within prisons etc.

Appendix 2:

Listing of statutory, voluntary and community agencies currently addressing specific NDS Actions within the North East Region
(to be used in conjunction with Chapter 2)

Agency	Address / Contact Details	Overview of Organisation
Addiction Services HSE - NEA	**Meath – Addiction Service** C/o Health Promotion Department, Railway St., Navan, Co. Meath Phone: 046 - 9076400 Fax: 046 – 9028818 **North Louth - Addiction Service** 3 Chapel Street, Dundalk Co. Louth Phone: 042 - 9357516 Fax: 042 – 9356881 **South Louth – Addiction Service** 11 Chord Road, Drogheda Co. Louth Phone: 041- 9843531 Fax: 041- 9843676 **Cavan / Monaghan – Addiction Service** Local Health Care Unit, Rooskey, Co. Monaghan Phone: 047 - 72100 Fax: 047 – 72444	The HSE - NEA Addiction Service offers an accessible, confidential and non-judgemental service to individuals, families and concerned persons, whose lives are affected by addiction related problems. An open referral system is operated. Clients come to the service through: • Self referral • Parental referral • Referral from other Health Board Services • Referral from General Practitioners • Referral from the Community at large. The Outreach Service provides advice, information and one-to-one support for those affected by drug use and misuse. The Outreach team also provides needs based educational programmes on all issues relating to drug use and misuse.
Aisling Group	Aisling Group PO Box 26 Bradan House Navan, Co. Meath Phone: 046 – 9074300 / 087 6728197 Fax: As phone e-mail: aislinggroup@eircom.net www.community.meath.ie/aislinggroup	This is a National registered charity with a regional office in Navan. Services include prevention, counselling, drug awareness education, policy development, drug free sport strategies, community group development, safe passage programme, referral support and early intervention programmes. Registered with the European Federation of Therapeutic Communities.

Aislinn	Aislinn Adolescent Addiction Treatment Centre Ballyragget Co. Kilkenny Phone: 056 8833777 Fax: 056 8833780 Email: aislinnhope@eircom.net	Aislinn was set up to provide a comprehensive national addiction treatment programme for young people aged from 15-21 years. Programme is based on the Minnesota model and consists of a 6 week residential stay at the centre followed by a 2 yesr aftercare and family based programme. Activities include • Group therapy • Lectures • One to one counselling • Recreational and physical activity • Family support programme
Aware	Regional Development Officer Aware North East Tel: 046 9055834 National Aware Helpline No.: 1890 303302.	In the North East there are five aware support groups for people experiencing depression which are based in Dundalk, Drogheda, Kells, Monaghan and Carrickmacross. There is also a support group for relatives of people experiencing depression. All groups are facilitated by trained personnel and provide support, information and education to people who experience depression. The Regional Development Officer is also responsible for bringing the 'Beat the Blues' School Programme to all schools in the North East who would like to provide Transition/Senior years with information and education about depression and the help available. The National Aware Helpline is available to all those seeking information and support.
Bradan Day Programme	Bradan Day Programme PO box 26 Navan, Co. Meath Phone: 046 – 9075979 / 087 6728197 Fax: As phone e-mail: aislinggroup@eircom.net www.community.meath.ie/aislinggroup	A drug free therapeutic community programme, based in Navan and registered with the European Federation of Therapeutic Communities. Bradan offers assessment, early intervention, counselling, group therapy, referral service, aftercare, family support, all based on an integrated approach towards addiction.

Cavan Drug Awareness	C.D.A. Trust Limited CDA Trust Limited, Thomas Street, Bailieborough Co. Cavan Phone: 042 - 9666983 Fax: 042 - 9666983 e-mail: cdatrust@eircom.net	C.D.A. Trust Limited is a community-based project, which aims to address the issue of drug and alcohol misuse, through the provision of information, support, training and services to individuals, families and the wider community. Services provided include: Educational/Awareness programmes for parents, Weekly meetings for Family Support Group, Full-time Addiction Counselling, Information and Referrals, Auricular Acupuncture and Indian Head Massage.
Crossroads Project	Crossroads Project 6 Leyland Place, Stockwell Lane, Drogheda, Co. Louth Phone: 041 9843910 Fax: 041 9843910	The Crossroads Project is a low threshold drop-in centre in Drogheda, providing services to help combat the harm caused by drug/alcohol misuse and homelessness. Services provided include: **Contact Centre -** Providing a safe environment, non judgmental, where persons may receive basic warm snacks and can avail of a supportive listening service. **Information Centre -** Where individuals and family members can avail of information and one-to-one support. **Education/Training -** Needs based training/workshops and activities which include: lifeskills, computers, art/craft, music, health & fitness, outdoor pursuits and support groups.
Department of Public Health HSE - NEA	Railway Street Navan, Co Meath Phone: 046 - 9076400 Fax: 046 – 9028818	The Department of Public Health is principally concerned with the determination of the health status of the population, the monitoring and evaluation of outcomes of health services, the development of information services, the promotion and encouragement of healthy lifestyles and health oriented public policies and the surveillance and control of communicable diseases.

Drogheda Community Drugs & Alcohol Forum	Station Road, Castlebellingham, Co. Louth Phone: 042 - 9372313 Fax: N/A e-mail: treanorpatricia@hotmail.com	To enable the community to gain understanding of the issues in relation to drug & alcohol abuse, particularly those affected. To advocate for a partnership approach to service delivery, presenting views as a united response and ultimately to improve the quality of life of service users, their families and the general public.
Drogheda Homeless Aid	Drogheda Homeless Aid St Joseph's Homeless Hostel 35 North Strand Drogheda Co. Louth Phone: 041 9834492 Fax: 041 9801800 e-mail: karen@dha.ie e-mail: francis@dha.ie	Drogheda Homeless Aid is a voluntary organisation, which has been providing services for homeless people in Drogheda since 1982. The aim is to restore dignity and hope by providing care, support, and shelter for homeless men, while encouraging self-development, independent living and ultimately resettlement. Drogheda Homeless Aid provides a 22 unit dry hostel, catering for homeless men from the age of 18 years upwards. Within the hostel the resettlement team run various courses and classes in order to prepare residents for resettlement and training or employment, such as cookery, budgeting, literacy & numeric skills, carpentry, pre-employment preparation and independent living skills. AA meetings are also to be held in the hostel on a weekly basis. Drogheda Homeless Aid also operates an 'out of hours service' on behalf of Drogheda Borough Council, catering for people who present as homeless in Drogheda after 5.00pm Monday to Friday or at weekends.
Drug Misuse Research Division Health Research Board (HRB)	Drug Misuse Research Division Health Research Board Holbrook House Holles Street Dublin 2 Tel: 01 6761176 Fax: 01 6618567 www.hrb.ie	The Drug Misuse Research Division (DMRD) of the HRB is involved in national and international research, information gathering and disseminating on drugs and their misuse in Ireland. Through its activities the DMRD aims to inform policy and contribute to the academic understanding of drug misuse. The DMRD is funded by national and EU sources and by contract research.

Home School Community Liaison Scheme	Social Inclusion Unit Department of Education & Science, Cornamaddy, Athlone, Co. Westmeath Phone: 090 – 6483774	The Home/School/Community Liaison Scheme is a preventative strategy which is targeted at pupils who are at risk of not reaching their potential in the educational system because of background characteristics which tend to affect adversely pupil attainment and school retention. The scheme is concerned with establishing partnership and collaboration between parents and teachers in the interests of children's learning. It focuses directly on the salient adults in children's educational lives and seeks indirect benefits for the children themselves. The aims of the liaison scheme are:- • To maximise active participation of the children in the schools of the scheme in the learning process, in particular those who might be at risk or failure • To promote active co-operation between home, school and relevant community agencies in promoting the educational interests of the children • To raise awareness in parents of their own capacities to enhance their children's educational progress and to assist them in developing relevant skills. • To enhance the children's uptake from education, their retention in the educational system, their continuation to post-compulsory education and to third level and their attitudes to life-long learning
Living links	Living Links Dowdstown House Dalgan Park Navan, Co. Meath	A support group for people bereaved by suicide

National Advisory Committee on Drugs (NACD)	3rd Floor, Shelbourne House, Shelbourne Rd., Dublin 4 Tel: 01-6670760 Fax: 01-6670828 info@ nacd.ie www.nacd.ie	The National Advisory Committee on Drugs (NACD) was established in response to the drug problem to assist in our continued need to improve our knowledge and understanding of problem drug use. The goal of the NACD is to advise the Government on problem drug use in Ireland in relation to prevalence, prevention consequences and treatment based on our analysis and interpretation of research findings.
National Coordination Service (School Completion Programme),	Curriculum Development Unit, Sundrive Road, Crumlin Dublin 12 Phone: 01- 4535487 Fax: 01- 4537659	The School Completion Programme is a Department of Education and Science programme that aims to have a significant positive impact on levels of pupil's retention in primary and second level schools and on the numbers of pupils who successfully complete the Senior Cycle. The School Completion Programme subsumes the 8 to 15 Early School Leaver Initiative and the "Stay in School" Retention Initiative and is a key component of the Department's strategy to discriminate positively in favour of children and young people who are at risk of or who are experiencing educational disadvantage. The programme is funded on a multi-annual basis under the National Development Plan (NDP) with assistance from the European Social Fund (ESF).
HSE - NEA Health Promotion Department	Railway Street Navan Co. Meath Phone: 046 - 9076400 Fax: 046 – 9028818	Assessing local health needs together with other health professionals and the Community. Leading the development, implementation and management of Health Promotion programmes. Guiding, participating and influencing research on Health Promotion activity in the region. Promoting the existence of a social as well as medical model of health and the role that social, environmental and economic factors play in choices adults make. Providing information, specialist advice, appropriate resources and training to the general public and others who may be involved in health promotion activity.

HSE - NEA Suicide Prevention Mental Health Promotion	Resource Officer for Suicide Prevention and Mental Health Promotion health Service Executive - North East Area C/o Health Promotion Department St. Brigid's Complex Kells Road Ardee, Co. Louth Phone: 041 6850671 Fax: 041 6856997	Information resource in relation to suicide prevention for Healthcare professionals, community groups, public at large. Coordinate response to crisis situations as a result of suicide Education and training of care givers in suicide intervention skills Raising awareness of issues surrounding suicide.
HSE - NEA Alcohol Services	**Louth – Alcohol Services** ***Ladywell Centre*** Louth County Hospital, Dublin Road, Dundalk, Co. Louth Phone: 042 9326156 ***Riverview Clinic*** 15A North Quay, Drogheda, Co. Louth Phone: 041 9842368 ***St. Brigids Complex*** Ardee, Co. Louth Telephone Riverview for appointments. **Meath – Alcohol Services** ***Clonard House*** Market Square, Navan Phone: 046 9071648 ***Dunshaughlin Healthcare Unit*** Telephone Clonard House for appointments ***New Market House*** 2 New Market Street, Kells, Co. Meath Phone: 046 9249038 / 046 0249039 **Cavan/Monaghan - Alcohol Services** ***Addiction Resource Centre*** Healthcare Unit, Rooskey, Co. Monaghan Phone: 047 72100 ***St. Davnet's Hospital*** Monaghan Telephone Addiction Resource Centre for appointments	This Service aims to provide information, advice and counselling in a confidential setting for individuals, family and concerned persons whose lives are affected by alcohol related problems. The Service is accessed by; self referral, referrals from the Adult Mental Health Service, Multidisciplinary Team, General Practitioners, General Hospitals, other primary health care workers and statutory/voluntary organisations/groups within the community.
Meadowbrook	Fr. Denis Laverty Meadowbrook Cloncurry Cross Enfield Co. Meath Phone: 046 9549241	Founded in 1997 to provide a holistic approach to the rehabilitation and education of persons with drug dependencies. It is a residential service, providing group therapy, individual counselling, relapse prevention, motivation and accommodation support. There is also family support provided.

Oakdene' Dundalk Counselling Centre	'Oakdene' Dundalk Counselling Centre 3 Seatown Place Dundalk, Co. Louth Tel: 042 9338333 Fax: 042 9333042 oakdene@iol.ie	Community project whose aim is to provide a safe environment for young people to come and explore personal issues and difficulties in their lives. The aim of the project is also to provide counselling to those in our community who are disadvantaged and in most need. Personal Development Groups One to one counselling for adolescents Training, counselling and therapy groups for adult men and women Guidance services provided to early school leavers
Pillar Support Group	Pillar Support Group, 7 Abbey View, Slane Co. Meath Phone: David – 086 8827711 / Maureen – 086 8404395 e-mail: info@droghedapartnership.ie	A family support group whose aim is to provide help and direction to relatives and friends of substance misusers. This ensures that they do not have to carry the burden alone of the chaos created in their families by such an individual. If requested, we provide referral to statutory agencies for those who need it.
Rapid Programme	**Cavan Rapid Programme** Cavan County Council, Courthouse, Cavan Co. Cavan Phone: 049 4371827 Fax: 049 4361565 e-mail: cavanrapid@eircom.net **North Louth Rapid Programme** Louth County Council, Millennium Building, Dundalk Co. Louth Phone: 086 - 3881566 Fax: 042 - 9334549 e-mail: david.jones@louthcoco.ie **South Louth Rapid Programme** Drogheda Borough Council, Fair Green, Drogheda Co. Louth Phone: 086 - 9272015 Fax: 041 - 9839306 e-mail: valarie.artherton@droghedaboro.ie	The RAPID Programme is a focused initiative by the Government to target the 45 most concentrated areas of disadvantage in the country. The RAPID Programme calls on Government Departments and State Agencies to bring about better co-ordination and closer integration in the delivery of services.

	Navan, Co. Meath Rapid Progremme Meath County Council, County Hall, Navan Co. Meath Phone: 087 -8361691 Fax: 046 - 9021463 e-mail: kloughlin@meathcoco.ie	
Rutland Centre	Knocklyon Road Templeogue Dublin 16 Phone: 01 4946358 Fax: 01 4946444 Email: rutland@iol.ie	Provides services to those over the age of 17 who are addicted to alcohol, drugs, gambling and/or food. Provides family mobilisation, intervention, assessment and pre-treatment counselling; a drug-free residential and family treatment programme; comprehensive aftercare follow up. Runs lectures, seminars and workshops for professional groups. Offers a consultation service for employers wishing to develop employee-assistance programmes for alcohol and drug problems in the workplace.
South Meath Alcohol & Substance Misuse Response	TIDE, Trim Co. Meath Phone: 046 9437245 Fax: 046 9437336 e-mail: T.I.D.E.@eircom.net	A voluntary community group founded in September 2001 and based in South Meath TIDE in Trim, Co. Meath. The aim is to empower the South Meath Community through awareness, education and support in responding to issues in relation to alcohol and substance misuse in a positive way. The following services are provided: • 'Parent to Parent' training programme in empowerment and prevention skills for parents. This takes place over five two and a half hour sessions in local communities for a nominal charge. • Family Support Group meets weekly in SM TIDE, in Trim. This is a confidential support group for families who may have a member misusing alcohol or other substances. • A Counsellor for adult family members who may have a family member with an alcohol or substance misuse problem. General information in relation to parenting issues and alcohol and substance misuse issues.

Tabor House	Tabor House Trim Road Navan Co. Meath Phone: 046 9077909 Fax: 046 9077902 Email: tabornavan@eircom.net	Provides a residential supportive environment for addicted men in early recovery. The programme at Tabor House emphasizes personal responsibility, peer support, participation in a twelve step programme and life-style changes, thus enabling the development of a contented healthy sobriety. Group sessions and one-to-one counseling are part of the daily schedule. Part-time work is encouraged, as is family participation and an aftercare programme.

Appendix 3:

North Eastern Regional Drug Task Force Members

Surname	Name	Representing	Address	Telephone	E-mail address
Brady	Danny	Public Representative	Drumcor, Loughduff, Co. Cavan	043 83234 087 9728101	dbrady@cavancoco.ie
Byrne	Marie	Voluntary	Aisling, P.O. Box 26, Navan, Co. Meath	046 9075979 046 9074300	aislinggroup@eircom.net
Callan	Helen	Community	56 Townpark Estate, Navan, Co. Meath	046 9022973	navancommunity@eircom.net
Collier	Conall	Community	29 Tara Court, Navan, Co. Meath	046 9079600	sports@meath-chronicle.ie
Diggins	Andrew	National Drugs Strategy Team	Department of Education and Science Marlborough Street Dublin 1	Replaced Stephen Falvey in 2004	andrew.diggins@education.gov.ie
Donnelly	Carmel	Probation and Welfare	Probation and Welfare Service, Kells Road, Navan, Co. Meath	046 9029102	
Donnelly	Jim	Voluntary	Crossroads Project, Parish House, Holyfamily, Ballsgrove, Drogheda, Co. Louth.	041 9843910	
Eldin	Nazih	Interim Coordinator	Health Service Executive-North Eastern Area Health Promotion Department, Railway Street, Navan, Co. Meath	046 9076400	nazih.eldin@nehb.ie
Falvey	Stephen	National Drugs Strategy Team	4/5 Harcourt Road Dublin 2	01 4754120	stephen_falvey@education.gov.ie Stephen was replaced in 2004
Fitzpatrick	David	Voluntary	Pillar Support Group, 7 Abbey View, Slane, Co. Meath	086 8827711	
Geelan	Michael	Regional Authorities	Cavan County Council, Courthouse, Farnham Street, Cavan, Co. Cavan.	049 437217	mgeelan@cavancoco.ie
Gilroy	Fr. Tom	Community	St. Mary's Voluntary Youth Initiative St. Mary's Diocesan Clintons Lane, Drogheda	Resigned 2004	
McCormack	Patricia	Customs and Excise	R.A.E.T, Brook Buildings, Ardee Road, Dundalk.	042 9381077	tmccorma@revenue.ie
McCoy	Finnan	Public Representative	Louth County Council, County Hall, Millennium Centre, Dundalk, Co. Louth.	042 9335457 041 6858937	finnan.mccoy@louthcoco.ie
McCluskey	Larry	VEC	C.E.O, County Monaghan VEC, Administration Centre, Market Street, Monaghan	047 30888	educ@monaghanvec.ie
McGinn	Leo	Garda Siochana	Dundalk Garda Station, The Crescent, Dundalk, Co. Louth	042 9388400	
McGrath	Brendan	Directors of Community and Enterprise	Meath County Council, County Hall, Navan, Co. Meath	046 9021581	bmcgrath@meathcoco.ie
McNally	Padraig	Public	Nafferty, Carrickmacross,	042 9661603	padraig.mcnally@cllr.monaghancoco.ie
		Representative	Co. Monaghan.		

McKenna	Jackie	Voluntary	Cavan Drug Awareness, Thomas Street, Bailieboro, Co. Cavan.	042 9666983	cdatrust@eircom.net
Mulvey	Michael	Community	Corracreeney, Butlersbridge, Cavan		
Murray	Seamus	Public Representative	Meath County Council, County Hall, Navan, Co. Meath	046 9021581	smurray@members.meathcoco.ie
O'Brien	Frank	Department of Education	North Eastern Regional Office, Department of Education & Science, 7, Trimgate Street, Navan, Co. Meath.	046 9067410	frank_obrien@education.gov.ie
O'Sullivan	Lesley	HSE - NEA	Drug Services Facilitator, Health Promotion Department, St. Brigid's Complex, Kells Road, Ardee. Co. Louth.	041 6850671	lesley.osullivan@maile.hse..ie
Regan	Francis	Voluntary	Drogheda Homeless Aid, 35 North Strand, Drogheda, Co. Louth.	041 9834492	francis@dha.ie
Roche	Sean	FAS	Manager Community Services, FAS Training Centre, Coes Road, Dundalk, Co, Louth.	042 9355700	sean.roche@fas.ie
Shields	Pat	Chairperson	Department of Social and Family Affairs, Government Buildings, St. Alphonsus Road, Dundalk, Co. Louth.	042 9392696	pat.shields@welfare.ie
Toner	Rosie	Community	Manager YIP Project Clanbrassil Street, Dundalk	Resigned 2004	
Whelan	Cathy	Voluntary	South Meath Alcohol and Substance Misuse Response, TIDE, Riverbank, Trim, Co. Meath	046 9437245	cathywhelan@iolfree.ie

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