# Northwest Regional Drugs Task Force Charter House Old Market Street Sligo

Strategic Plan 2005 -2008

**June 2005** 

# **Table of Contents**

EXECUTIVE SUMMARY	<u>V</u>
1.0 BACKGROUND	1
I.U DACKGROUND	1
1.1 National Drugs Strategy	1
1.2 REGIONAL DRUGS TASK FORCES	2
1.3 NORTH WEST REGIONAL DRUGS TASK FORCE	3
2.0 METHODOLOGY	4
2.1 STRATEGIC PLANNING PROCESS	5
2.1.1 Consultation	5
2.1.2 PLANNING WORKSHOPS	5
3.0 STRATEGY PLAN AIMS AND OBJECTIVES	7
3.1 AIM	7
3.2 Objectives	7
3.2.1 Awareness	7
3.2.2 Co-ordination	8
3.2.3 COMMUNICATION	8
3.2.4 DIRECT ACTIONS	8
3.2.5 Advocacy	8
4.0 NORTH WEST REGION	9
4.1 THE REGION	9
4.2 POPULATION	10
4.2.1 COUNTY DONEGAL	11
4.2.2 County Sligo	12
4.2.3 County Leitrim	12
4.2.4 COUNTY CAVAN	12
4.3 RURAL/ URBAN DIVIDE	13
4.4 Existing Services	13
4.4.1 Education & Prevention	14
	Contents

	West Regional Drugs Task Force gic Plan 2005 - 2008	Page ii
4.4.2		14
4.4.3	SUPPLY REDUCTION	14
<u>5.0</u>	DRUG USE IN THE NORTH WEST	15
5.1	NACD AND DAIRU STATISTICS	15
5.2	DRUG OFFENCES	18
5.3	UNDER-AGE DRINKING	20
5.4	STATUTORY BODIES AND REPRESENTATIVES OF GROUPS & AGENCIES	21
<u>6.0</u>	ACTION PLAN	22
6.1	NEEDS OF THE NORTH WEST	22
6.2	REMIT OF THE NWRDTF	23
6.3	AIMS AND OBJECTIVES	23
6.4	ACTION PLAN FORMAT	24
<u>OPE</u>	RATIONAL ACTIONS	25
<u>AW</u>	ARENESS	27
<u>CO-</u>	ORDINATION	30
DIR	ECT ACTIONS	32
ADV	OCACY	34
<u>7.0</u>	BUDGET	38

## **APPENDICES**

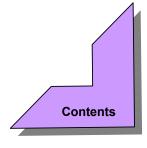
Appendix I NWRDTF MEMBERS

Appendix II ORGANISATIONAL STRUCTURE

Appendix III OPERATIONAL ISSUES

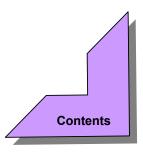
**Appendix IV LIST OF REFERENCES** 

Appendix V PROPOSED RESPONSES



# **List of Figures**

Figure 1 Health Service Executive Areas	9
<u>List of Tables</u>	
Table 1 Population Statistics	10
<u>List of Charts</u>	
Chart 1 Population of counties as % of total population in NW	10
Chart 2 2002 Population of the Region by Age Group and County	11
Chart 3 Last year prevalence of illegal drugs for Health Boards and WHSSB	16
Chart 4 Last year prevalence itemised by types of drugs	16
Chart 5 Last year prevalence in NWHB vs. Nationally	17
Chart 6 Drug Offences in Donegal and Sligo/Leitrim 2002	18
Chart 7 Drug Offences for Donegal/Sligo/Leitrim vs. National in 2002	19
Chart 8 Drug offences for Donegal and Sligo/Leitrim for 2003	19
Chart 9 Drug Offences for Donegal/Sligo/Leitrim vs. National 2003	20
Chart 10 Drinking alcohol in past month (10-17 year olds, 2003)	20



# Foreword

In the North West, as in other regions of Ireland, rural and urban communities are encountering a range of problems associated with increasing levels of illicit drug use and underage drinking. While the level of drug prevalence currently found in the North West is relatively low, when compared to eastern areas, the negative impact on families and communities is significant due to the disproportionate effects of long-term unemployment, lack of access to services and resources, rural isolation, and other factors specific to the region. The challenge for communities in the North West is in identifying responses to these problems that are appropriate to their specific needs and in coordinating the effective local delivery of these responses.

Despite low drug prevalence levels, we must not be complacent in how we respond to the problems of illicit drug use and underage drinking and, instead, must strive to work together in further reducing their impact on the individual, family and the community. This three-year Regional Drug Task Force Strategy Plan, the first for the North West, outlines the range of specific actions agreed by the Task Force as being appropriate and realistic responses to local problems. Tailored to the specific needs of the communities in the North West, these actions form the framework and foundation for greater coordination amongst all involved in the delivery of services and resources.

The Strategy Plan, which has the full support of the Task Force and its partnering agencies, has implications for all residents of the region as it calls for the strengthening of cooperation and partnership between all bodies with responsibility for addressing illicit drug use and underage drinking. This includes schools, local authorities, enforcement agencies, voluntary organisations, community groups, families and the general public, all of whom have a vital role to play in the implementation of this plan during the period 2005 - 2008.

I would like to commend the members of the Task Force, especially our Interim Coordinator Patricia Garland, and others involved, for their support and contributions towards the development of this Strategy Plan, which provides both a realistic and workable foundation for future actions and initiatives. The primary aim of this Plan is not just to maintain low drug prevalence levels but to further reduce these through education and prevention in particular. Only by committing ourselves to proactively responding to these problems, in a coordinated manner, can we realistically hope to attain this goal. We owe this to our communities and, more importantly, to those most affected by illicit drug use and underage drinking in the North West.

# Loman Conway

Chairperson



# **Executive Summary**

Under the National Drugs Strategy 2001 - 2008, Regional Drug Task Forces have been established throughout Ireland to provide responses to illicit drug use and underage drinking problems at a local level. Each Task Force is comprised of representatives of governmental agencies, local authorities, community and voluntary groups, and others with an interest in or responsibility for these problem areas. Their primary role is to ensure a coordinated response in addressing illicit drug use and underage drinking within their respective regions and to develop appropriate responses to local needs.

Established in 2003, the North West Regional Drug Task Force has a remit for the North West region including all of Counties Donegal, Sligo and Leitrim, and the northwestern portion of County Cavan. Extending from the Inishowen Peninsula to the Leitrim-Longford border, the region is characterised by its dispersed population, high dependency age profile, proximity to the border with Northern Ireland and the disproportionate effects of long-term unemployment, rural isolation and lack of access to services.

Arising from extensive consultative work and a series of group workshops and review sessions, the Strategy Plan 2005 - 2008 provides insight into the severity of the problems facing the region, identifies gaps in currently available services, and provides an action plan for future responses.

At the present time, according to available data and consultation with representatives of statutory bodies, agencies and groups, the North West experiences relatively low drug prevalence levels. Cannabis and ecstasy are the most prominently used illicit drugs in the region, and underage drinking is a major concern for all communities, both rural and urban. This low prevalence level, however, is under increasing pressure due to the proximity and influence of Derry city and, according to An Garda Siochána, of a growing illicit drugs supply network. Furthermore poly-drug use,

**Executive Summary** 

combined with alcohol misuse is increasingly prominent among young people.

This three-year Plan provides for a range of specific, activity-based responses to be undertaken by the North West Regional Drug Task Force and its constituent members in addressing the existing and developing problems facing the region. Organised under the Strategic Objective headings of the Plan, and agreed by key stakeholders, these responses include actions dealing specifically with the areas of Awareness, Coordination, Communication, Operations, Direct Actions, and Advocacy.

Emphasising the key role to be played by the community and voluntary sectors in responding to the problems of illicit drug use and underage drinking, many of these actions are specifically directed at assisting such bodies in delivering appropriate, evidence-based responses to local problems. Particular focus is placed upon ensuring that the needs of rural communities are addressed, as the effects of illicit drug use and underage drinking upon these communities have not been recognised in the past.

The Task Force, as the coordinating body for the region, provides the key to the successful implementation of this Plan to address the problems encountered by individuals and communities in the North West as a result of illicit drug use and underage drinking. With appropriate funding, this Plan provides the framework for the successful coordination of regional activities and the effective implementation of appropriate and innovative responses to local problems in the area for the next three years.



#### 1.0 Background

In late 2004, the North West Regional Drugs Task Force (NWRDTF), a multiagency body established under the National Drugs Strategy (NDS) undertook the development of a three-year strategy plan for dealing with illicit drug use and underage drinking in the North West.

This document, which reflects the work of the Task Force over a five-month period beginning in January 2005, provides the framework and direction for future activities and initiatives relating to illicit drug use and underage drinking in the Task Force's area of responsibility.

# 1.1 National Drugs Strategy

The Overall Strategic Objective of the National Drugs Strategy 2001 - 2008 'Building on Experience' is...

"...to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research"

The document states that the Strategic Aims of the NDS are to:

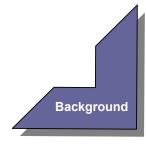
- Reduce availability of illicit drugs
- Promote throughout society a greater awareness, understanding and clarity of the dangers of drug misuse
- Enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society
- Reduce the risk behaviour associated with drug misuse
- Reduce the harm caused by drug misuse to individuals, families and communities
- Have valid, timely and comparable data on the extent and nature of drug misuse in Ireland
- Strengthen existing partnerships in and with communities and build new partnerships to tackle problems of drug misuse

#### 1.2 Regional Drugs Task Forces

Recognising the successes of the Local Drugs Task Forces in dealing with drug misuse issues in inner city communities, the NDS called for the establishment of ten Regional Drug Task Forces throughout the country to incorporate and expand the work of the Regional Drug Coordinating Committees, which existed, at that stage, in each Health Board Area.

Reporting to the National Drugs Strategy Team (NDST), responsible for monitoring and overall management of the Task Forces, the Terms of Reference for the Regional Drug Task Forces are as follows:

- To ensure the development of a coordinated and integrated response to illicit drug use in the region.
- To create and maintain an up-to-date database of the nature and extent of illicit drug use in the region and 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 illicit drug use in the region.
- To prepare a development plan to respond to regional drug issues, for assessment by the NDST and approval by the joint NDST-IDG (Inter-Departmental Group).
- To develop regionally relevant policy proposals in consultation with the NDST.
- To provide information and regular reports to the NDST in the format and frequency requested by the Team.



Under the original terms of the NDS, each Task Force is, in addition to a Regional Co-ordinator, to include local representatives of the following sectors:

- Local Authority
- Vocational Education Committee
- Health Service Executive
- Department of Education and Science
- Department of Social, Community and Family Affairs<sup>1</sup>
- An Garda Síochána
- Probation and Welfare Service
- FÁS
- Revenue Commissioners Customs and Excise Division
- Voluntary Sector
- Community Sector
- Public Representatives
- Area Based Partnership

# 1.3 North West Regional Drugs Task Force

Established in 2003 under the NDS, the North West Regional Drugs Task Force is the responsible body for tackling the issues associated with illicit drug use and underage drinking in the North West region, the operational area of the Health Services Executive - North West Area (HSE NW), formerly North Western Health Board (NWHB).

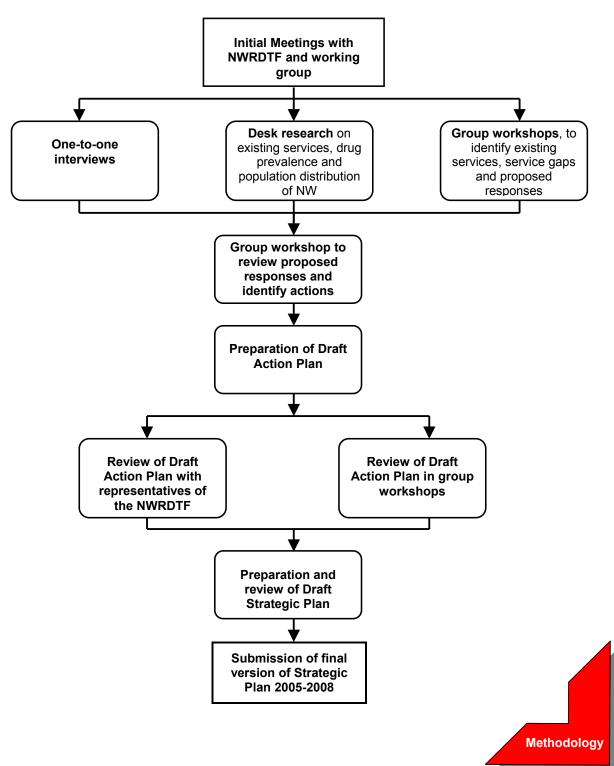
Comprised of local representatives of statutory and voluntary bodies in the region, as well as public, governmental and community representatives (see current membership listing in Appendix I), the NWRDTF is committed to implementing a Strategic Plan for the region in tackling illicit drug use and underage drinking.

**Background** 

Since the original terms were written, the Department of Social, Community and Family Affairs has been re-structured into two departments, i.e. Department of Community, Rural and Gaeltacht Affairs and the Department of Social and Family affairs.

# 2.0 Methodology

As required under the NDS, the NWRDTF has developed a Strategic Plan for the three-year period 2005 - 2008, which provides the framework and direction for ongoing and future initiatives and actions targeting illicit drug use and underage drinking in the North West region. The methodology used in the development of the Strategic Plan is outlined below:



# 2.1 Strategic Planning Process

All members of the NWRDTF, beginning in late 2004, were involved in the Strategic Planning process, which entailed the following activities:

# 2.1.1 Consultation

Extensive consultation was conducted throughout the Strategic Planning process with a range of stakeholders. This involved one-to-one interviews and group meetings with Task Force members and others having an interest in, or responsibility for addressing illicit drug use and underage drinking in the region.

The purpose of this consultation was to:

- Inform stakeholders about the NWRDTF and the Strategic Planning process
- Elicit comments and views on the current state of the region, existing services and resources, and possible future activities and initiatives
- Identify other stakeholders having contributions to make to the planning process and the work of the NWRDTF

The results of the consultation process have been recorded in the **Proposed Responses** (see Appendix V) and incorporated into the Action Plan.

#### 2.1.2 Planning Workshops

A series of facilitated workshops was conducted for Task Force members during the course of the Planning process to assist them in exploring the issues relating to illicit drug use and underage drinking in the region, including how best to address these in an effective and efficient manner.



#### 2.1.2.1 Service Gaps/ Proposed Responses

The first full-day Planning Workshop, conducted in March 2005, involved a review of service gaps in the North West region, with reference to the four pillars of the NDS, i.e.:

- Supply reduction
- Prevention
- Treatment
- Research

These existing gaps, which were identified during the consultative stage of the Planning process by both Task Force members and external consultants, were agreed and highlighted for subsequent action.

Following further deliberation and, in some instances, clarification, the Task Force proposed a range of appropriate and realistic responses to each service gap under its relevant pillar heading. These responses, which can be viewed at Appendix V, formed the basis for further consultation with stakeholders leading to the development of an Action Plan.

#### 2.1.2.2 <u>Actions</u>

The primary objective of the Planning process was the development of agreed actions to be undertaken by the NWRDTF during the three-year duration of the Strategic Plan 2005 - 2008. The actions provided in this document are the agreed responses of the Task Force to the service gaps existing in the region at the time the Planning process occurred. They are realistic responses to the issues that the Task Force has a remit to address, and the capacity to undertake, within the existing budgetary, regulatory, statutory, and time constraints relating to illicit drug use and underage drinking in the North West region.

# 3.0 Strategy Plan Aims and Objectives

The NWRDTF has established the aims and objectives of their three-year Strategy Plan, 2005 - 2008, for the North West region.

# 3.1 Aim

As part of the Strategic Planning process the Task Force members, agreed the following as the strategic aim of their plan:

"To reduce the negative impact of drug misuse and underage drinking upon the individual and society in the region through co-ordinated and targeted actions at regional and local levels"

# 3.2 Objectives

A review of the service gaps phase of the Planning process highlighted several *action-based* categories that were felt by the Task Force to accurately reflect the distinct needs of the region. These actions formed the basis for the Strategic Objectives of the NWRDTF and are outlined as follows:

- Awareness
- Co-ordination
- Communication
- Direct Actions
- Advocacy

#### 3.2.1 Awareness

- To raise the levels of awareness of drug misuse and underage drinking in the North West
- To research, compile and disseminate relevant and up to date data regarding drug misuse and underage drinking issues in the North West

#### 3.2.2 Co-ordination

- To ensure the development of a co-ordinated and integrated response to tackling drug misuse and underage drinking in the North West
- To establish and apply evidence-based protocols regarding the implementation and delivery of all activities and initiatives

# 3.2.3 Communication

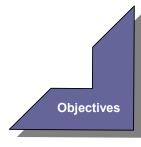
- To proactively encourage and facilitate effective communication between relevant agencies dealing with issues of drug misuse and underage drinking at appropriate levels
- To promote the North West Regional Drugs Task Force as the central point of information regarding drug misuse and underage drinking
- □ To inform the public of Task Force actions on an ongoing basis

#### 3.2.4 Direct Actions

 To agree and undertake proactive, evidence-based actions positively impacting upon drug misuse and underage drinking, and falling within the Task Force's direct sphere of influence

## 3.2.5 Advocacy

 To support, through advocacy, actions positively impacting upon drug misuse and underage drinking, and falling outside the Task Force's direct sphere of influence



## 4.0 North West Region

# 4.1 The Region

The NWRDTF is responsible for the entire North West region, extending from the Inishowen Peninsula in the north east of Donegal southward along the border with Northern Ireland to Blacklion, County Cavan, and comprising all of counties Sligo, Leitrim, and Donegal, as well as the northwest corner of Cavan in the vicinity of Blacklion. The region is characterised by:

- Dispersed population
- High dependency age profile
- Proximity to the border with Northern Ireland,
- Relatively low drug prevalence levels
- Disproportionate effects of long-term unemployment, isolation and a lack of access to services

The size of the region, which equates to the HSE NW Area, is approximately 8,500 square kilometres. It is a predominantly rural region with less than twenty towns of more than 1,000 inhabitants<sup>2</sup>. Of these, only two have populations in excess of 6,000; Letterkenny (8,000) and Sligo (18,500).



Figure 1 Health Service Executive Areas

In addition, the urban centres of Enniskillen, Strabane, and the city of Derry are located in the region adjacent to the Task Force area, east of the border, in Northern Ireland.



<sup>&</sup>lt;sup>2</sup> Central Statistics Office, Census of Population, 2002

## 4.2 Population

Slightly more than 220,000 people inhabit the North West region<sup>3</sup>. Table 1 provides a population overview for the region, specifically the proportion of males to females and the increases occurring in total population between 1996 and 2002, for each of the three entire counties in the region.<sup>4</sup>

		2002		1996	
County	Male	Female	Total	Total	% Change
Cavan	656	532	1,188	1,203	-1.2%
Leitrim	13,324	12,475	25,799	25,057	3.0%
Sligo	28,746	29,432	58,178	55,821	4.2%
Donegal	69,016	68,559	137,575	129,994	5.8%
Total	111,742	110,998	222,740	212,075	5.0%

**Table 1 Population Statistics** 

As shown above, the region experienced an increase in population between 1996 and 2002 of 10,665, i.e. 5%, which was below the national average of 8% for the same period.

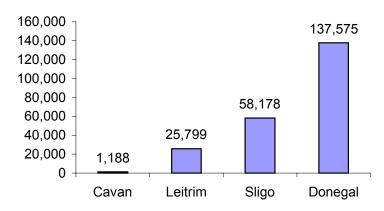


Chart 1 Population of counties as % of total population in NW

North West Region

<sup>&</sup>lt;sup>3</sup> Central Statistics Office, Census of Population, 2002

A small portion of the north west of County Cavan is included in the NWRDTF region, consisting of the Enniskillen No. 2 Rural area, i.e. the DED's of Derrylahan, Derrynananta, Dowra, Dunmakeever, Eskey, Killinagh, Teebane and Tuam.

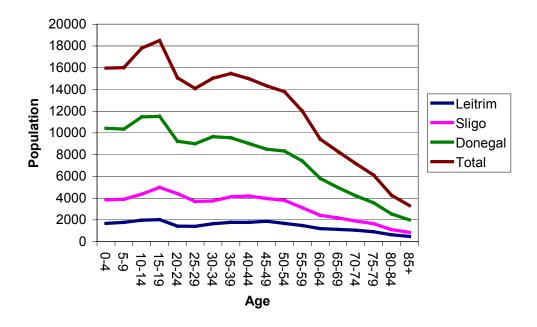


Chart 2 2002 Population of the Region by Age Group and County

Chart 2 provides an analysis of the populations of Counties Donegal, Leitrim and Sligo<sup>5</sup>. The analysis is based upon the number of people in each county that are within the age categories 0-4 years, 5-9 years, 10-14 years, etc. An analysis of the total population of the three counties is provided for comparative purposes.

The number of young people in the region, as evidenced by the chart above, has been reflected in the strategic planning process and action plan of the NWRDTF, particularly in relation to future and current education & prevention programmes.

#### 4.2.1 County Donegal

Donegal, in addition to having the largest number of inhabitants of the three entire counties in the region, is also the largest in size covering an area of almost 5,000 square kilometres. It is bordered by the Northern Ireland Counties of Derry, Tyrone and Fermanagh to the east, and County Leitrim to the south. The County experienced the largest increase in

North West Region

The portion of County Cavan within the remit of the NWRDTF is excluded for this chart, due to its limited size.

terms of population growth, 5.8%, of the three counties between 1996 and 2002.

Though its principal settlement is Letterkenny, located in the northern part of the county, almost 70% of its 137,000 inhabitants live in rural villages and dispersed communities of less than 1,000 residents. The northern portion of the new Health Service Executive - North West Area is served primarily from Letterkenny General Hospital.

# 4.2.2 County Sligo

The second largest county in the region in terms of population, 58,178, and size, approximately 1,800 square kilometres, Sligo also has the largest number of residents, 38%, living in urban settlements of more than 1,000 people. Bordered by Counties Mayo, Roscommon, and Leitrim, its principal settlement is Sligo a city that, in common with Letterkenny and other urban areas, has experienced significant population and economic growth in recent years. Sligo city is also the location of Sligo General Hospital, which serves the southern half of the Health Service Executive's North West Area, including all of Leitrim and Sligo as well as the southern portion of Donegal and west Cavan in the vicinity of Blacklion.

## 4.2.3 County Leitrim

The smallest of the three counties, 1,588 square kilometres, Leitrim runs westward from the border of County Cavan to the Atlantic coast, separating Counties Sligo and Donegal. Carrick-on-Shannon, is the largest urban settlement with a population of 1,842 reflecting the fact that the majority of Leitrim's 25,799 inhabitants live in rural communities of less than 1,000 inhabitants.

# 4.2.4 County Cavan

Only a small portion of County Cavan, the part included in the Health Service Executive's North West Area of responsibility, falls under the remit of the North West Region Drugs Task Force. The area is comprised of several small towns and parishes in the general vicinity of Blacklion, County Cavan, a rural border area on the main road, the N16, between Sligo and Enniskillen. The inhabitants of the area are served by Sligo General Hospital. In addition, Loughan House, an open prison facility with low security, is located two miles from Blacklion village.

#### 4.3 Rural/ Urban Divide

The majority of residents in the region live in rural communities of less than 1,000 inhabitants or in dispersed settlements. The largest urban settlements in the region are Sligo town and its environs, with a population of almost 20,000, and Letterkenny, Co. Donegal with a population of more than 15,000 inclusive of its environs. The next largest town is Buncrana on the Inishowen Peninsula with a population in 2002 of more than 5,000. There follows three towns, all in Donegal, with populations of between 2,000 and 4,600, and eleven towns of more than 1,000 but less than 2,000 inhabitants. The remaining 157,291, 70% of the inhabitants of the region, live in less populated rural communities.

As with many communities throughout Ireland, some of the largest increases in population between the 1996 and 2002 census were recorded in and around urban settlements.

In addition, the impact of Northern Ireland on the region should be acknowledged, with the city of Derry and its environs, immediately adjacent to the Inishowen Peninsula, home to more than 110,000 inhabitants. Strabane, to the south of Derry has more than 12,500 residents and Enniskillen, further south in County Fermanagh, has more than 11,000.

#### 4.4 Existing Services

As part of the planning process, an audit of existing services in the region was conducted. This refers to activities and resources addressing illicit drug use and underage drinking currently available

within the region. A summary of services dealing specifically with education and prevention, treatment and rehabilitation, and supply reduction is provided below.

## 4.4.1 Education & Prevention

- □ Voluntary programmes, e.g. FOROIGE youth projects, etc.
- School substance abuse policies
- Social, Personal and Health Education (SPHE) in schools
- □ Parenting programmes, e.g. Fás le cheile, Parent Stop, etc.
- School completion programmes
- □ FÁS employment and training schemes

# 4.4.2 Treatment & Rehabilitation

- Alcohol and substance counselling and advisory services
- Youth Alcohol and Drug counselling
- Whiteoaks Rehabilitation Centre
- Primary care

# 4.4.3 Supply Reduction

- Probation and Welfare Service
- Customs & Excise
- An Garda Síochána:
  - Community policing
  - Juvenile Liaison Officers
  - Drugs squad

For the most part, the services are provided by statutory bodies and mirror similar services found in other Task Force areas, though in several cases, with far fewer resources. This reflects the lack of tailored, local responses to the specific problems and challenges facing the communities of the North West in particular.



# 5.0 Drug Use in the North West

Statistics regarding illicit drug use and underage drinking in the Northwest are drawn primarily from documents published by the following:

- □ The National Advisory Committee on Drugs (NACD)
- □ The Drug & Alcohol Information and Research Unit (DAIRU)
- □ The Health Service Executive North Western Area (HSENW)
- An Garda Síochána
- Department of Health and Children
  - o Survey of Lifestyle Attitudes and Nutrition (SLÁN)
  - o Health Behaviour of School Aged Children (HBSC)

It should be noted, however, that the majority of documents dealing with these issues refer solely to illicit drug use as opposed to underage drinking.

## 5.1 NACD and DAIRU Statistics

During late 2002 and early 2003, the NACD and DAIRU undertook a Drug Prevalence Survey for each Health Board (Ireland) & Health & Social Services Board (Northern Ireland) on the island, North and South. This survey sampled a representative number of people in each area aged between 15 and 64, of which 332, of a total of 8,442 participants who took part, were from the NWHB region.

The results were collated in relation to prevalence<sup>6</sup>, including lifetime prevalence<sup>7</sup>, last year prevalence<sup>8</sup> and last month prevalence<sup>9</sup>. For the purposes of this document, the last year prevalence statistics have been used to provide an indication of the level of illicit drug use in the region.

Drug Use Statistics

The term prevalence refers to the proportion of a population who have used a drug over a particular time

Lifetime prevalence refers to the proportion of the sample that reported ever having used the named drug at the time they were surveyed.

Last year prevalence refers to the proportion of the sample that reported using a named drug in the year prior to the survey. This is often referred to as **recent** use.

Last month prevalence refers to the proportion of the sample that reported using a named drug in the 30-day period prior to the survey. This is often referred to as **current** use, although this is not synonymous with regular use.

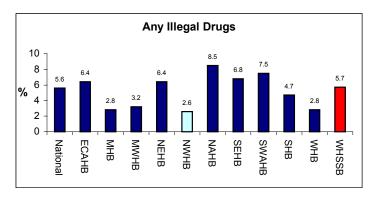


Chart 3 Last year prevalence of illegal drugs for Health Boards and WHSSB<sup>10</sup>

Chart 3 shows the *last year prevalence* of illegal drug<sup>11</sup> use for the Health Boards and the Western Health and Social Services Board (WHSSB) Northern Ireland. The WHSSB has been included because of its proximity to the North West, particularly regarding Derry's proximity to major population centres in County Donegal. The inclusion of the WHSSB in discussions regarding illegal drug use in the North West has been supported by An Garda Síochána, who stated that the influence of Northern Ireland on drug use and supply in the region will increase significantly over the short to medium-term.

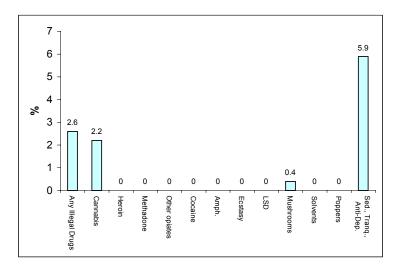


Chart 4 Last year prevalence itemised by types of drugs<sup>12</sup>

Drug Use Statistics

1

National Advisory Committee on Drugs (NACD) & Drug and Alcohol Information and Research Unit (DAIRU), Drug Use in Ireland and Northern Ireland, 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results, Bulletin 2, March 2004.

The term illegal drug includes, Cannabis, Heroin, Methadone, other Opiates, Cocaine, Amphetamine, Ecstasy, LSD, Mushrooms, Solvents and Poppers.

Based upon statistics in the National Advisory Committee on Drugs (NACD) & Drug and Alcohol Information and Research Unit (DAIRU), Drug Use in Ireland and Northern Ireland, 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results, Bulletin 2, March 2004.

Chart 4 shows the *last year prevalence* of drug use in the North West. This has been itemised by the type of drug, i.e. Any Illegal Drug (2.6%) and Sedatives, Tranquillisers and Anti-depressants (5.9%.) The term Any Illegal Drug has been analysed further to itemise individual illegal drugs, i.e. Cannabis (2.2%) and Mushrooms (0.4%.)

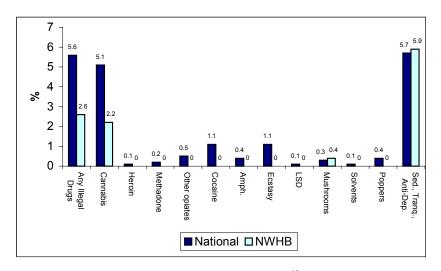


Chart 5 Last year prevalence in NWHB vs. Nationally<sup>13</sup>

Chart 5 compares the *last year prevalence* of drug use in the NWHB vs. drug use Nationally. Based on these statistics, the level of drug use in the North West is below national figures, apart from use of Sedatives, Tranquillisers and Anti-Depressants, which is higher than the national figure.

As a result, one of the primary aims of the NWRDTF is to maintain and reduce the relatively low rate of illegal drug use through awareness campaigns and programmes listed in the Action Plan and tailored specifically to the needs of the North West. This has been reflected in the strategic planning process of the NWRDTF, particularly in relation to future and current education & prevention programmes.

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Drug Use Statistics

Based upon statistics in the National Advisory Committee on Drugs (NACD) & Drug and Alcohol Information and Research Unit (DAIRU), Drug Use in Ireland and Northern Ireland, 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results, Bulletin 2, March 2004.

## 5.2 Drug Offences

Information regarding drug offences is recorded in the Garda Siochána Annual Reports, the most recent of which refers to the year 2003. For comparative purposes, this document will show the statistics for drug offences in 2002 and 2003.

It should also be noted that the relevant statistics from the Garda Siochána Annual Reports refer to the Northern Region, i.e. Cavan/Monaghan, Donegal and Sligo/Leitrim. This region extends beyond that covered by the NWRDTF and, as a result, the figures for Cavan/Monaghan have been excluded to give a more accurate representation for the North West.

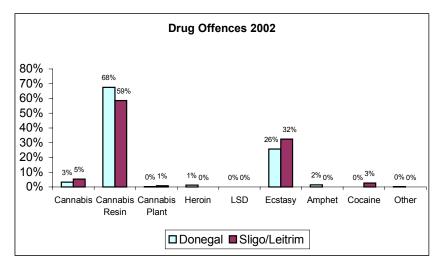
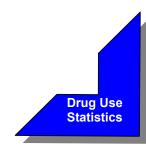


Chart 6 Drug Offences in Donegal and Sligo/Leitrim 2002<sup>14</sup>

Chart 6 shows number of offences, itemised by substance, as a percentage of total drug offences in Donegal and Sligo/Leitrim for 2002.



<sup>14</sup> 

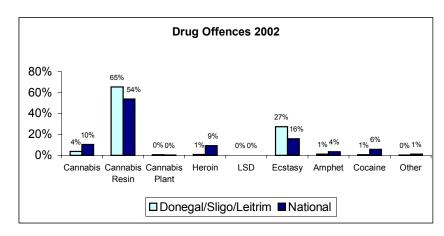


Chart 7 Drug Offences for Donegal/Sligo/Leitrim vs. National in 2002<sup>15</sup>

Chart 7 shows the number of offences, itemised by substance, as a percentage of total drug offences in Donegal/Sligo/Leitrim versus Nationally for 2002.

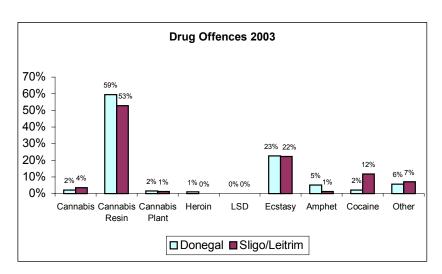
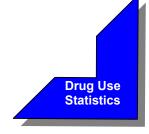


Chart 8 Drug offences for Donegal and Sligo/Leitrim for 2003<sup>16</sup>

Chart 8 shows the number of offences, itemised by substance, as a percentage of total drug offences in Donegal and Sligo/Leitrim for 2003.



An Garda Síochána, Annual Report, 2002.

An Garda Síochána, Annual Report, 2003.

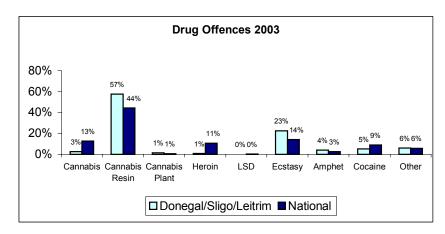


Chart 9 Drug Offences for Donegal/Sligo/Leitrim vs. National 2003<sup>17</sup>

Chart 9 shows the number of offences, itemised by substance, as a percentage of total drug offences in Donegal/Sligo/Leitrim versus Nationally for 2003.

# 5.3 Under-age Drinking

The most recent statistics for underage drinking have been compiled by SLÁN and HBSC in the National Health and Lifestyle Surveys, 2003<sup>18</sup>, the results of which are summarised below:

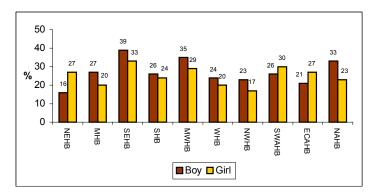


Chart 10 Drinking alcohol in past month (10-17 year olds, 2003)<sup>19</sup>

Chart 10 shows the number of boys and girls between the ages 10-17 years who participated in the survey and who drank alcohol in the past month.



An Garda Síochána, Annual Report, 2003.

The survey showed a 370% increase in intoxication in public places by underage drinkers since 1996.

SLÁN & HBSC, National Health and Lifestyle Surveys, 2003.

#### 5.4 Statutory Bodies and Representatives of Groups & Agencies

During the consultation process, interviews and workshops were held with statutory bodies and representatives of agencies and groups to explore the extent of the drug problem and underage drinking in the North West:

An Garda Síochána	Public Representatives
Community & Enterprise Office	Education sector
Community group representatives	Local Authority representatives
Addiction Service	Representatives of voluntary sector
Health Promotion Service	National Drugs Strategy Team
FÁS	Probation and Welfare Service
Department of Justice, Equality	Representatives of the Traveller
and Law Reform	community

The consultations reflected the findings of the statistics discussed in the previous sections of this document, and can be summarised as follows:

- Experience on the ground among all agencies, groups and statutory bodies has shown that the most prominent drugs in the North West are cannabis and ecstasy
- Mushrooms are, to some extent, also prevalent in the region, although on a reduced, seasonal, basis
- The region's proximity to the border, particularly Derry City, has a growing, and highly significant, influence on the extent of the drug problem, both in terms of use and supply
- Poly-drug use, combined with alcohol misuse, is prominent among young people using drugs
- Poly-drug use is increasing in the region among all drug users
- The alcohol and drug cultures in the region are intertwined and need to be addressed as part of an inclusive approach
- While the effect of drugs on urban communities has been recognised, their effects on rural communities has not been addressed to the same extent

All of the above have formed the basis for the identification of proposed actions, which were reviewed for inclusion in the Action Plan, discussed in the next section.

Drug Use Statistics

#### 6.0 Action Plan

As part of the Strategic Plan, the NWRDTF participated in a series of action planning workshops to identify and agree actions, forming the operational framework of the NWRDTF for the period 2005-2008. The actions will be submitted to the NDST as part of the budgeting submission for the region.

During the action planning process, the NWRDTF agreed that any actions to be implemented should be:

- Tailored to meet the specific needs of the North West, as identified through existing research and the experience of the statutory bodies, agencies and voluntary groups represented on the Task Force
- 2. Within the remit of the Task Force and not duplicating existing services/ programmes
- 3. In accordance with the aim and objectives of the Task Force, as agreed during the strategy planning process

# 6.1 Needs of the North West

Throughout the action planning process, the NWRDTF identified and reviewed actions, based upon the agreement that all actions should be tailored to meet the specific needs of the North West, which include the following:

- The population distribution of the region and the need to restructure the group to accommodate the geographic spread
- The need to maintain/ reduce the low level of drug prevalence in the region
- The impact of Northern Ireland, particularly Derry, on the drug culture in the North West
- □ The level of poly drug use among drug users in the North West
- The level of underage drinking, which has been identified by all agencies and statutory bodies as a significant problem throughout the North West

The degree to which the drug culture and underage drinking have become intertwined over recent years in the North West

# 6.2 Remit of the NWRDTF

To ensure the actions were within the remit and responsibility of the NWRDTF, as established by the NDS, each proposed action was reviewed under the following guiding principles:

- Actions within the remit of the NWRDTF and within their sphere of influence should be included (i.e. actions they could implement directly)
- Actions within the remit of the NWRDTF and outside their sphere of influence should be included (i.e. necessary actions they could support but not implement directly)
- Actions outside the remit of the NWRDTF and to be excluded from the Action Plan (e.g. actions within the sole remit, or duplicating actions, of other agencies and statutory bodies)

# 6.3 Aims and Objectives

Following the review of the actions, each action was categorised by the NWRDTF, in accordance with its agreed objectives, i.e.:

- Awareness
- Co-ordination
- Communication
- Direct Actions
- Advocacy

In addition to the above, another category was included, i.e. **Operational Actions**, which refers to actions necessary to establish and run the NWRDTF on a day-to-day basis.

## 6.4 Action Plan Format

The Action Plan, presented over the following pages, is structured as follows:

## Action

A description of the action.

#### <u>Timescale</u>

The date by which the action should be implemented.

#### Priority

High, Medium or Low, as allocated by the NWRDTF.

#### □ Code

A method by which the action is linked directly to the proposed responses that were identified by the NWRDTF under the four pillars of the NDS (see Appendix V.)

#### Stakeholders

The agency, body or group responsible for the implementation of the action.

#### □ Cost

An estimated cost for the action. While some costs are onceoff, most actions are on-going and have been allocated an annual cost.

# <u>Operational Actions</u> - actions to establish and operate the Task Force on an ongoing basis

A	ction	Timescale	Priority	Code <sup>20</sup>	Stakeholders	Cost
	Recruit NWRDTF Co-ordinator, Development Worker and Administration Support	June 2005	High		NWRDTF	€4,000 (Year 1 only)
_	Employ NWRDTF Co-ordinator, Development Worker and Administration Support, i.e. salaries and motoring expenses	Start July 2005	High		NWRDTF	€183,000 per year
0	Operating costs, e.g. rent, insurance, financial & legal fees, etc.	Start June 2005	High		NWRDTF	€25,000 per year
0	Expand the membership of NWRDTF and sub-committees to encourage knowledge-based representation	November 2005	High	E7 T1	NWRDTF	€0
	Source external providers with experience in community-based organisations to provide on-going training and support to the NWRDTF and its sub-committees on topics such as Strategic & Operational Planning, Facilitation, etc., to ensure they operate in an effective manner.	December 2005	High	T1 T2	NWRDTF	€5,000 per year

The code provides a direct link between the "Proposed Actions" in this document and the "Proposed Responses" identified at the first Strategic Meeting, and included in Appendix V.

# Operational Actions, continued

ction				Timescale	Priority	Code	Stakeholders	Cost
Establish and operate cocommittees of the NWRI essential feature of the NWRDTF, primarily because of the NWRDTF, primarily because of the Difficulties faced to disseminating inform within three difference of Differing nature of problems faced in spector of the Letterkenny and Court of address in an all-incomment of the Costs for the action are Regional Task Force and	DTF. This has continuing operation cover date by NWRD ation to represent county structoblems faced Donegal's properties areas with the county structoblems faced areas with the county structoblems faced bonegal's properties areas with the county structoblems faced bonegal's properties areas with the county structoblems faced bonegal's properties areas with the county structoblems are also additional to the county structoblems are also are also additional to the county structoblems.	been identifications of towing:  red by the NTF members betures by the sepaction Sligo Total, which all forum	WRDTF in ased rate rry, own, re difficult	December 2005	High	T1 T9	NWRDTF	€19,920 per year (€9,960 in Year 1)
Description	Average Cost	Meetings	Total					
Meeting facility hire	€150	24	€3,600					
Mileage expenses	€300	24	€7,200					
Administration	€60	24	€1,440					
Subsistence	€320	24	€7,680					
Total			€19,920					

# - to provide information on, and raise the level of public awareness of, illicit drug use and underage drinking in the North West <u>Awareness</u>

Action	Timescale	Priority	Code	Stakeholders	Cost
<ul> <li>Establish sub-committee, including representatives from Garda Síochána, Customs &amp; Excise, with the authority to initiate actions aimed at supply reduction</li> </ul>	Start September 2005	High	S1 S2 S4	NWRDTF	€10,000
<ul> <li>Conduct research into levels of misuse in North West and provide access to up-to-date information</li> </ul>	Start July 2005	High	T12	NWRDTF	€0
<ul> <li>Work closely with communities to identify their concerns and issues relating to illicit drug use and underage drinking and to assist in finding solutions, e.g. the Bishops' Drug Initiative</li> </ul>	Start December 2005	High	E8 E7 E10 E11	NWRDTF lead role	€0
<ul> <li>Identify effective communication pathways for individuals and communities to utilise in responding to illicit drug use and underage drinking at the local level</li> </ul>	Start December 2005	Medium - High	E7 E8 E10 S1 S2 S3	NWRDTF lead role	€0

# Awareness, continued

Action				Timescale	Priority	Code	Stakeholders	Cost
Provide public training community and volunta appropriate responses to  To maintain and reduthrough prevention and reduthrough prevention and reduthrough prevention and reduthrough prevention and reduction and region, and the region, and the region, area, the large geogner of the respond to the region, and between the NWRDTF.  Structured training (e.g., format) by approved training the specific area, thereby providing the specific needs of the region, rural, and bord costs are based upon 12.	ry groups to local problems uce prevalence and pro-active aricant threat, in due to its provariance in near aphic area covinvolvement if and communities and true picture of the grand innovative of RAPID area der communities.	assist in a cassist in a cassis	developing clude: the region campaigns by Gardai, o Northern ommunities in NWRDTF gthen ties I Answers" nities in: m in their needs that meet areas, and	Start December 2005	High	E10 E7	NWRDTF, Community and voluntary groups	€51,600 per year (€25,800 in Year 1)
Description	Average Cost	Sessions	Total					
Hire of meeting facilities	€150	72	€3,600					
Training costs	€4,000	12	€48,000					
Total			€51,600					

# Awareness, continued

Action	Timescale	Priority	Code	Stakeholders	Cost
<ul> <li>Develop and publish regionally relevant, local in on illicit drug use and underage drinking. Pro distribute professionally produced pamphlets, po other resources designed by local communities in utilising the 'process model of Learning' i.e. the emphasis will be on the learning gained by the contact than on the product produced.</li> </ul>	duce and sters and n the NW he major	Medium - High	E7 E10	NWRDTF	€20,000 per year (€10,000 in Year 1)
The action will avoid duplication with existing resproviding information specific to the North William further sub-divided into the constituent counties achieve this by linking the development of the into the training and public consultation action example, an important output from local contraining programmes will be the development of and innovative responses to their needs, (e.g. local awareness campaigns.)	Vest, and It will Imaterials Ins. For Immunity If tailored				
The action will also incorporate information cambe implemented directly by the NWRDTF, for exam	. •				
<ul> <li>E-learning for parents accessing web-based mat</li> <li>Information cards on illicit drugs and underage</li> <li>Effects of illicit drug use and underage drug pregnancy</li> </ul>	drinking				

# <u>Co-ordination</u> - actions to improve effectiveness of delivery and implementation of resources in the region

Action	Timescale	Priority	Code	Stakeholders	Cost
<ul> <li>Establish protocols to co-ordinate inter-agency activities,</li> <li>e.g. interventions in schools and communities</li> </ul>	July 2005	High	T9 S2 S3	NWRDTF lead role	€0
□ Work in partnership with cross-border agencies to address illicit drug use and underage drinking in the region	Start September 2005	Medium	E6 S5	NWRDTF	€0
<ul> <li>Research cross-border education projects to ensure resources are used to procure effective and evidence-based treatment and social care interventions in the schools and out-of-school settings</li> </ul>	Start early 2006	Medium	E6	NWRDTF	€0

## Communication, inter-agency communication and promotion of co-ordinating role of the Task Force

A	Action		Priority	Code	Stakeholders	Cost
	Promote the NWRDTF and its staff as the regional body for co-ordinating <b>all</b> illicit drug and underage drinking initiatives <b>and</b> as the central contact point in the region	Start May 2005	High	E8 T9	NWRDTF	€0
	Undertake publicity campaign informing the public and community groups of the role and functions of NWRDTF, e.g. advertisements in regional papers and radio	Start September 2005	High	E7	NWRDTF	€12,000 in Year 1 (€6,000 per year thereafter)
	Design and maintain a single website for the NWRDTF, including sub-committees and special interest groups	Start September 2005	High	Е7	NWRDTF	€6,000 in Year 1 (€1,500 per year thereafter)
	Publish a North West region handbook for those affected by illicit drug use and underage drinking, providing:  o a step-by-step guide to accessing help locally contact and service information at local/county level  Tailored to the North West, the handbook will not duplicate information existing at a national level.	February 2006	High	E7	NWRDTF, community forums	€10,000 (Year 2 only)

<u>Direct Actions</u> - addressing regional issues within the Task Force's sphere of influence through proactive, evidence-based actions

Ac	Action		Priority	Code	Stakeholders	Cost
	Establish a small-grant fund providing funding to evidence-based community and voluntary projects relating to illicit drug use and underage drinking. Includes funding for programmes identified by the NWRDTF in Years Two and Three, with the further possibility of securing matching funds from County Development Boards, PEACE II, etc.	Start July 2005	High	S2 E1 E3 E4 E7 E9 E10 T2 T8 T11	NWRDTF	€60,000 per year (€30,000 in Year 1)
	Initiate a film programme, aimed at transition year students, inviting submissions of films dealing with illicit drug use and underage drinking. Host an awards night, to be held with film societies of Sligo, Leitrim and Donegal, with prizes awarded to winning schools and students.	Start September 2005	High	E7 E9 E10 S2	NWRDTF and secondary schools	€12,000 per year
	Establish a relapse prevention programme to equip participants with a range of skills including assertiveness, problem solving and creativity. Use art therapy as a means of distilling information to the target group (i.e. non-academic), so as to provide support in reducing cravings. Developed and co-ordinated by the NWRDTF, it will be presented in conjunction with local artists. Programme costs are based upon an 8-week programme, to be run 3 times per year in community-based venues.	Start September 2005	High	T2	NWRDTF	€12,000 per year (€8,000 in Year 1)

## Direct Actions, continued

Action	Timescale	Priority	Code	Stakeholders	Cost
<ul> <li>Develop programmes aimed at 'night-time economies', e.g. pubs and nightclubs, to address the intertwined nature of illicit drug use and underage drinking in the North West, as identified by the HSE NW and Gardai. This will include the provision of:         <ul> <li>Publicity material aimed exclusively at this sector, including consumers and businesses</li> <li>Advice and support to businesses in addressing illicit drug use and underage drinking</li> <li>A 'getting home safe' publicity campaign</li> </ul> </li> </ul>	Start September 2005	High	E1 E3 E8 T8 S2	NWRDTF, pubs, nightclubs and Gardai	€8,000 in Year 1 (€6,000 per year thereafter)
<ul> <li>Establish Youth Alcohol &amp; Drug service in Leitrim on pilot basis, work through a local voluntary organisation, e.g.</li> <li>FOROIGE. Possibility of part-funding by the HSE NW</li> </ul>	Start January 2006	High	T5 E9	NWRDTF, HSE NW, voluntary organisation (to be identified)	€65,000 per year
<ul> <li>Review NWRDTF structures and validate initiatives and programmes</li> </ul>	Start January 2006	High		NWRDTF	€10,000 per year
<ul> <li>Undertake regular audits of needs of specific sectors in, areas of the North West region</li> </ul>	Start March 2006	Medium	E5	NWRDTF	€20,000 per year

# **Advocacy** - addressing issues outside of the Task Force's direct sphere of influence

Action	Timescale	Priority	Code	Stakeholders	Cost
<ul> <li>Help secure funding for programmes through HSE NW, aimed at the reduction of illicit drug use and underage drinking</li> </ul>	As appropriate	High	T13 T11	NWRDTF	€0
<ul> <li>Support an increase in the number of support workers and level of resources available to those working with young people at risk and/or outside mainstream education</li> </ul>		High	E1 E4 T5 T8	NWRDTF	€0
<ul> <li>Support development, between service providers and Gardai, of a referral scheme for underage drinking and drug-related offenders</li> </ul>		High	S1 S2 S3	NWRDTF	€0
<ul> <li>Support the establishment of a urine analysis protocol between Probation and Welfare Service and HSE NW</li> </ul>	As appropriate	High	T9 T16	NWRDTF, HSE NW, Probation & Welfare	€0
<ul> <li>Support initiatives in the region that will impact on awareness, transmission, treatment and management of blood-borne viruses</li> </ul>		High	E3, E9 E10 E11 T1	NWRDTF, HSE NW	€0

# Advocacy, continued

A	ction	Timescale	Priority	Code	Stakeholders	Cost
	Support the provision of Drug & Alcohol counsellors to the Courts Service, in partnership with Probation and Welfare	As Appropriate	High	T9 T10 T11	NWRDTF, HSE NW, Probation	€0
	Support the development of residential and in-patient services, e.g. under-18's alcohol and drug detoxification and treatment facility	As Appropriate	High	T2, T10 T17	and Welfare NWRDTF	€0
٥	Work with other agencies to identify more effective means of extracting and recording data on levels of abuse in the NW, e.g. Coroners Court and HIPE	As Appropriate	High	T12	NWRDTF	€0
	Support the HSE NW to develop a Court Alcohol and Drug Programme in region dedicated to under-18's.	As Appropriate	Medium	Т9	NWRDTF, HSE NW	€0
٥	Review research conducted into the utilisation of SPHE within schools, with specific regard to effectiveness in the NW	As Appropriate	Medium	E2	NWRDTF Dept. of Education	€0

# Advocacy, continued

Action	Timescale	Priority	Code	Stakeholders	Cost
<ul> <li>Assist in the drawing down of capital funding fo community and voluntary-based projects relating to illici drug use and underage drinking, primarily through the Capital Premises Fund</li> </ul>		Medium	T2 T10	NWRDTF	€0
<ul> <li>Support applications for funding for education and prevention programmes</li> </ul>	Ongoing	Medium	<b>E</b> 3	NWRDTF	€0
<ul> <li>Assist in the establishment of tenancy support services fo dependent drug users</li> </ul>	As appropriate	Medium	T14	NWRDTF	€0
□ Support an increase in staff numbers of Youth and Adul Alcohol & Drug Service and Health Promotion Team	As appropriate	Medium	T6 T7	NWRDTF, HSE	€0

# Advocacy, continued

Action	Timescale	Priority	Code	Stakeholders	Cost
<ul> <li>Lobby for greater enforcement of existing legislation, e.g.</li> <li>underage drinking laws, consistency of court penalties</li> </ul>	As appropriate	Low	S8	NWRDTF	€0
<ul> <li>Support programmes that will assist drug users in addressing their housing needs</li> </ul>	As Appropriate	Low	T14	NWRDTF	€0
<ul> <li>Support the establishment of balanced and workable guidelines for a clearance system, i.e. a workable vetting process</li> </ul>	As appropriate	Low	Т3	NWRDTF	€0

## 7.0 <u>Budget</u>

				Cost						
Objectives	Action	ns	Priority	Year 1	Year 2	Year 3	Tota			
Operational actions		Recruitment	High	€4,000	€0	€0	€4,00			
•		Employment	High	€183,000	€183,000	€183,000	€549,00			
		Operating costs	High	€25,000	€25,000	€25,000	€75,00			
		Training and support to NWRDTF	High	€5,000	€5,000	€5,000	€15,00			
		Sub-committees	High	€9,960	€19,920	€19,920	€49,80			
Awareness		Training & information sessions	High	€25,800	€51,600	€51,600	€129,00			
		Supply reduction initiatives	High	€10,000	€10,000	€10,000	€30,00			
		Develop & publish resource materials	Medium/High	€10,000	€20,000	€20,000	€50,00			
Co-ordination		All actions	All priorities	€0	€0	€0	€			
Communication		Publicity campaign	High	€12,000	€6,000	€6,000	€24,00			
		Website	High	€6,000	€1,500	€1,500	€7,00			
		Publications	High	€0	€10,000	€0	€10,00			
Direct Actions		Evidence-based programme funding	High	€30,000	€60,000	€60,000	€150,00			
		Film programme	High	€12,000	€12,000	€12,000	€36,00			
		Relapse Prevention programme	High	€8,000	€12,000	€12,000	€32,00			
		'Night-time Economies' Programme	High	€6,000	€8,000	€8,000	€22,00			
		Youth Alcohol & Drug Service in Leitrim	High	€0	€65,000	€65,000	€130,00			
		Review/ validation of initiatives	High	€5,000	€10,000	€10,000	€25,00			
		Needs Audits	Medium	€10,000	€20,000	€20,000	€50,00			
Advocacy		All actions	All priorities	€0	€0	€0	€			
Total Costs				€361,760	€519,020	€509,020	€1,389,80			

# Appendix I

**NWRDTF Members** 

## North West Regional Drug Task Force Members

Mr. Loman Conway Chairman, North West Regional Drugs Task Force
Ms. Trish Garland Health Service Executive (Interim Co-ordinator)

Ms. Rita Ann Burke Community Representative, Sligo

Fr. Neal Carlin Voluntary Sector

Fr. Sean Cassin National Drugs Strategy Team

Ms. Dorothy Clarke County Development Board Representative (Sligo, Leitrim

and Donegal)

Ms. Paula Cooney Probation and Welfare Services
Ms. Ann Donegan Community Representative, Sligo

Mr. Gerry Doyle Local Authority Representative (Sligo, Leitrim and Donegal)

Mr. Frank Fox Department of Education and Science

Cllr. Tony Ferguson Public Representative, Leitrim

Fr. Tom Hever Voluntary Sector
Det. Insp. James Kearns An Garda Síochána

Mr. Larry Kelly FÁS

Mr. Paddy Kennedy Community Representative, Donegal Cllr. Peter Kennedy † Public Representative, Donegal

Sr. Dolores Kilbane Community Representative, Leitrim

Ms. Paula Leonard Voluntary Sector (Travellers)
Cllr. Jerry Lundy Public Representative, Sligo

Ms. Susan McLoughlin Voluntary Sector (Youth Services)

Mr. Michael McLoughlin Community representative, West Cavan

Ms. Moira Mills North West Alcohol Forum

Mr. Mickey Mullen Community Representative, Donegal

Seán O'Longáin V.E.C.

Mr. Jim Penders Community Representative, Leitrim

Mr. Gerry Walsh Revenue Commissions, Customs and Excise



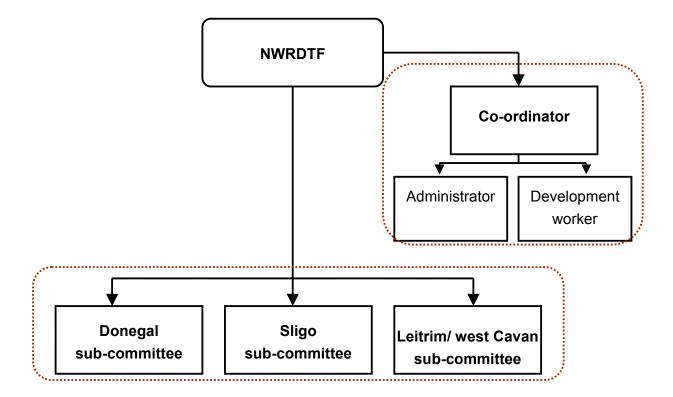
<sup>†</sup> Deceased

# Appendix II

**Organisational Structure** 

## **Organisational Structure**

The proposed organisational structure of the NWRDTF is outlined below:





# Appendix III

**Operational Issues** 

### **Operational Issues**

The NWRDTF will continue to operate as a Regional Task Force, as established by the NDS. To ensure that it can operate as an effective organisation, a number of operational issues need to be addressed, including the following:

### Legal Structure

The Task Force currently operates as an association, with no formal legal structure. The legal structure for the future operations of the NWRDTF will be decided, depending on the recommendations of the NDS. The likely options for the legal structure are:

- Company limited by guarantee (registered as a charitable organisation)
- Task Force under the auspices of a host agencies, (i.e. an existing body), e.g. HSE NW, LEADER, Community & Enterprise.

### Employment

The NDS have stated that the operational activities of each Task Force will, at a minimum, require the employment of three people, i.e.:

- RDTF Co-ordinator
- Development Worker
- Administrator

The job description, salary structure, core competencies and reporting arrangements for each of the posts have been established in guidelines provided by the NDST.

The employees will be contracted either to the NWRDTF directly or to a host agency, depending on the legal structure identified by the Task Force, as recommended by the NDS. This will have implications regarding employer's PRSI, employment rights, obligations and insurance.



#### Insurance

Depending on the legal structure recommended by the NDS, the NWRDTF's insurance requirements and costs will be incurred in either of the following:

## Limited company

If the Task Force establishes a company limited by guarantee, insurance considerations will include the following:

- o General insurance cover, e.g. equipment
- Employers liability
- Public liability

## Host agency

In this case the host agency would fulfil the insurance requirements. This, however, would depend on the agency's ability to incorporate the activities of the NWRDTF and the proposed employees, into its existing structure and insurance arrangements

#### Location

Due to the geographic spread of the region, the head offices will need to be located in a central location, e.g. Ballyshannon.

#### Operational costs

Operational costs for the NWRDTF will include, e.g.:

□ Heating □ Telephone

□ Postage □ Rent

□ Insurance □ Auditing

If the NWRDTF operates as a limited company, it will incur the costs directly. If it operates under a host agency, a contribution towards all of the costs will be made the Task Force through its operational budget.



### Auditing requirements

Annually, an independent auditor will audit the financial accounts of the NWRDTF and a report, formally approved by the NWRDTF, will be forwarded to the NDST.

### Sub-committees

As previously noted, the NWRDTF have agreed to establish and operate county-based and interest-based sub-committees, primarily because of the following:

- ➤ Geographic size of the region covered by the NWRDTF, stretching from the Inishowen Peninsula southward along the border with Northern Ireland and eastward to Leitrim's border with Co. Longford
- ➤ Difficulties faced to date by NWRDTF members in disseminating information to representatives based within three different county structures
- ➤ Differing nature of problems faced by the separate counties, e.g. North Donegal's proximity to Derry, problems faced in specific areas within Sligo Town, Letterkenny and County Leitrim, etc., which are difficult to address in an all-inclusive, regional forum

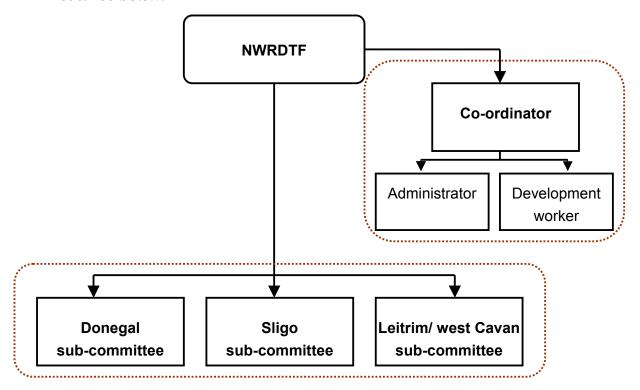
The role and make-up of these sub-committees, while mirroring to an extent that of the NWRDTF, will vary slightly between counties depending upon local structures, needs, and resources. As sub-committees of the NWRDTF, however, county-based organisations will act on the Regional Task Force's behalf in ensuring that:

- > The Strategic Plan 2005 -2008 is implemented
- Co-ordination occurs in the delivery of services and resources
- Responses to problems are appropriate to local needs.

The Regional Task Force will provide direction, guidance and administrative support to county-based sub-committees, each of which will meet on a

regular basis to review progress, identify new needs, and to provide up-date reports to the NWRDTF.

The organisational structure of the NWRDTF under the county-based format is outlined below:



### Funding

Funding received from the NDST will be utilised in accordance with the requirements of the funding agency and the Strategic Plan 2005 - 2008. The NWRDTF will retain control of all funds allocated to the North West and will monitor and review all funding grants to approved programmes within the region.

Where funding allows, as in the case of capital funding, the Regional Task Force will issue a public call for submissions for funding assistance for projects dealing with illicit drug use and underage drinking. Submissions will be received, reviewed, and assessed by the NWRDTF, or its representatives, for selection for grant aid support. All project funded by the NWRDTF will be

reviewed and assessed on an annual basis by an independent, external assessor.

Where eligible, and appropriate, specified monetary amounts will be allocated to each county for the implementation of local programmes and initiatives aimed at problems in their respective regions. As in the case of the NWRDTF, local committees will also issue public calls for submissions and will review and assess submitted proposals prior to the forwarding of selected projects to the NWRDTF for funding approval.

#### Strategic Plan Review

On an annual basis, the NWRDTF will meet formally to review and assess the implementation of the Strategic Plan 2005 - 2008, and to revise the Plan if appropriate. Fiscal requirements of the Plan will also be reviewed and updated where necessary, and included in the annual funding submission to the NDST.



# Appendix IV

**List of References** 

### **List of References**

An Garda Síochána, Annual Report of An Garda Síochána, 2002

An Garda Síochána, Annual Report of An Garda Síochána, 2003

Central Statistics Office, Census of Population, 2002

Department of Education and Science, Guidelines for developing a school substance use policy, 2002

Department of Health and Children, Health Promotion Unit, Facts About Drug Misuse in Ireland, 2003

Department of Tourism, Sport and Recreation, *National Drugs Strategy 2001 - 2008*, *Building on Experience*.

DMRD Occasional Paper No. 11. Trends in treated problem drug use in the seven health board areas outside the Eastern Regional Health Authority, 1998 to 2002, 2004

DMRD Occasional Paper No. 12. Trends in treated problem drug use in the seven health board areas outside the Eastern Regional Health Authority, 1998 to 2002, 2004

DMRD Occasional Paper No.13. Trends in treated problem opiate use the seven health board areas outside the Eastern Regional Health Authority 1998 to 2002, 2004

Irish College of General Practitioners, Working with opiates users in community-based primary care, 2003

National Advisory Committee on Drugs (NACD) & Drug and Alcohol Information and Research Unit (DAIRU), Drug Use in Ireland and Northern Ireland, 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results, Bulletin 2, 2004.

References

National Advisory Committee on Drugs (NACD) & Drug and Alcohol Information and Research Unit (DAIRU), Drug Use in Ireland and Northern Ireland, 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results, Bulletin 1, 2004.

National Advisory Committee on Drugs, Drug Use Prevention, 2001

National Advisory Committee on Drugs, Mental health and addiction services and the management of dual diagnosis in Ireland, 2004

National Advisory Committee on Drugs, The Role of Family Support Services in Drug Prevention, 2004

North West Alcohol Forum, A Portrait of our Drinking, 2004

North Western Health Board, Young People - Alcohol and Drugs Project, 2000

NSW Drugs and Community Action Strategy, Framework for Action, 2000

Strategic Task Force on Alcohol, Second Report, 2004

Survey of Lifestyle Attitudes and Nutrition (SLÁN) and Health Behaviour of School Aged Children (HBSC), *National Health and Lifestyle Surveys*, 2003



# Appendix V

**Proposed Responses** 

Identified during workshops and interviews

## **Education and Prevention**

Service Gaps - Education and Prevention	Pro	pposed Responses	Code <sup>21</sup>
. reveneer			
Interventions with young people who are leaving or have left the education system.	0 0 0	Look at ways of dealing more effectively with young people who drop out, e.g. cross-agency programmes, meetings between professions & parents, when appropriate, to address each case Identify a method for tracking this cohort over time  Learn from voluntary experience, e.g. FOROIGE, review possibility of using existing programmes Explore the possibility of using existing FÁS and VEC programmes, etc., to access young people in this sector	E1
Review the effectiveness of the drugs and		Research the level of usage of SPHE within schools	E2
alcohol elements of the SPHE Programme.			
Some schools are more active than		The quality of the programmes needs to be evaluated on an on-going basis	
others.		Need for ongoing training for delivery staff. (This should be needs-led)	
		Continue to promote the SPHE programme which addresses quality of life and personal	
		development issues as an important "holistic" approach to drugs issues and underage drinking	
		To implement the primary SPHE programme, which is spiral in nature and revisits the topics	
		Establish protocols to ensure consistent, accurate and efficient use of resources	
		Promote the use of the School Journal	
		Promote awareness of SpunOut as a resource for young people on a range of health issues,	
		including drugs	

Each "Proposed Response" has been allocated a code that will be used to provide a direct link between proposed responses and action items.

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Service Gaps - Education and	Proposed Responses	Code
Frevention		
There is scope for allocating more funding	□ Support applications for more funding for education and prevention programmes	E3
for programmes aimed at education/	□ Funding for Parent Stop project in Letterkenny	
prevention, specifically underage drinking	□ Funding for training of regional volunteers manning advice and support hotline	
Lack of co-ordinated service provision for	□ Examine the budget of the RDTF and look at directing funding towards addressing this gap	E4
out-of-school youth work provision in	$\ \square$ Undertake an audit of the needs within certain areas and communities prior to implementation,	
certain areas and communities	to ensure the provision of appropriate services	
	□ Establish and implement on-going quality assurance measures	
Continuity of funding for youth projects	□ Identify what exists, what needs to be or could be adapted, also evaluation of programmes	E5
and services	□ Provide support for youth website/ on-line support services	
	□ Provide support for sport and other activities serving youth	
	☐ Funding of special youth (at risk) projects in region	
	□ Purchase of materials for youth projects	
	□ Provide private and secure meeting places for youth to meet	
Cross-border education projects	□ Research what exists in Ireland, EU, etc., to identify effective projects, also what can be	E6
	developed from existing programmes for incorporation in youth services and perhaps schools?	

Service Gaps - Education and Prevention	Proposed Responses	Code
Lack of awareness among communities of programmes and supports available	<ul> <li>Raise awareness with the publication and distribution of a service directory</li> <li>Review the role of agencies and representatives to ensure that existing channels are used more effectively, particularly when providing support to the communities</li> <li>Conduct community information sessions regarding drug misuse and underage drinking</li> <li>Fund community forums to provide information and support regarding drug misuse and underage drinking to communities and agencies at local levels</li> <li>Assist in development of communication strategies to effect contact with/ between groups at local level</li> <li>Promote awareness of Parent and Fás le Chéile</li> </ul>	E7
Information and support services provided to youth, parents, adults and communities often varies, depending on the initial contact point, e.g. schools, Gardai, health service, etc.	<ul> <li>Establish a central contact-point, i.e. most likely the Task Force, who can identify the most relevant agency and/ or representative to provide support</li> <li>Establish protocols for introducing people to the system. Most statutory bodies have policies regarding alcohol &amp; drugs that could be used to establish a protocol for the Task Force</li> <li>Need for inter-agency approach in establishing the above protocol</li> <li>Promote SpunOut.ie as a source of information for young people</li> </ul>	E8
While there are numerous programmes aimed at children at risk, parents' of such children are not participating in many of the programmes available	<ul> <li>Develop programmes/mechanisms aimed at parents' of children at risk (Parent Plus programmes)</li> <li>Co-ordinate programmes for children and parents, e.g. parents' programmes are run by a different area of the HSE</li> <li>Use Home School Liaison/ Breaking the Cycle/ School Completion/ Giving Children and Even Break to link with parents of children at risk</li> <li>Develop links with NEPS and NEWB</li> </ul>	E9

•	Proposed Responses	Code
Prevention		
Lack of skills training for communities	figspace Identify communities that require intervention, with a view to building their capacity to	E10
	facilitate specialist service providers to work within their communities	
	□ Provide training and support programmes to communities	
	□ Build upon the grass-roots knowledge of community groups and agencies	
	□ Provide funding to community and voluntary groups working in the sector	
	□ Support for capacity building programmes for Traveller Community Health Workers in region	
	□ Support in establishing Traveller (Health) group in Leitrim	
	□ Training of Foroige volunteers	
Awareness of Best Practice	□ Identification and endorsement of best practice at community level by NWRDTF	E11
	□ Promote the principle of young people's involvement on a rights based participation agenda	
	□ Research methodologies such as Draw & Write could be used to establish a baseline of where	
	children are at and thus ensure more effective and targeted planning <sup>22</sup>	

Research indicates that children by age 10 have already formed attitudes to drugs.

## **Treatment and Rehabilitation**

Service Gaps - Treatment and Rehabilitation	Proposed Responses	Code
Up-to-date skills training for all persons working with drugs in the region	<ul> <li>Need to 'upskill' staff, groups working in the field and support workers in addiction services on drug-specific knowledge</li> <li>Provide expert training and expand the knowledge base within the region</li> <li>Establish a sub-committee within the NWRDTF, which incorporates expert input on developments in drug-related issues</li> </ul>	T1
There is a lack of voluntary and community group participation/ support in treatment programmes and referral to treatment	<ul> <li>Upskill voluntary and community groups</li> <li>A project/ field worker to be employed locally (shared by community groups) to support/ educate local groups to develop skills around drug issues and under-age drinking</li> <li>Encourage the participation of parents of children taking drugs and/or alcohol in voluntary sector involvement</li> </ul>	Т2
The vetting process for voluntary involvement in programmes is either too difficult or not intense enough	□ Establish balanced and workable guidelines for a clearance system	Т3

Service Gaps - Treatment and	Proposed Responses	Code
Rehabilitation		
With an increase in the numbers of	□ Upskill staff regarding specialist drug issues for refugees, asylum seekers and special interest	T4
refugees and asylum seekers in the area,	groups	
there is a growing need for support	Review the possibility of establishing a post to provide support to these groups in relation to	
groups and information regarding "new"	drugs and under-age drinking	
drugs		
Due to numbers, there is a gap in the	□ Establish a Youth Alcohol and Drug Service in Leitrim and expand the current Youth Alcohol and	T5
services available through the Youth	Drug Service in Sligo and Donegal	13
	Drug Service in Stigo and Donegat	
Alcohol and Drug services		
		Τ.
Adult addiction service is at capacity	□ Need to increase staff numbers and expand the capacity of adult addiction services	T6
The size of the health promotion team is	□ Need to expand the numbers and resources available to the health promotion team	Т7
small relative to the area being covered		
Need to develop support programmes, to	$\ \square$ Increase the level of support workers and resources available to those working in this sector,	Т8
be provided in an out-of-school setting	particularly to the Home Youth Liaison	

		<u> </u>
Service Gaps - Treatment and	Proposed Responses	Code
Rehabilitation		
There is a lack of co-ordination of drug	□ Develop a cross-agency programme, incorporating support from a range of agencies, e.g.	Т9
awareness and prevention programmes	Probation, Health Board, FAS and VEC	
among statutory and voluntary agencies	□ Reduce the amount to which agencies involved in dealing with drugs issues work in isolation from	
	each other	
	□ Establish county-based Task Forces	
	□ Establish a system that encourages effective communication between the agencies at	
	appropriate levels	
There is no day-programme for drugs in	□ Establish a day-programme for drugs, possibly with the support of a cross-agency programme	T10
the region	such as that discussed above	
Funding for development work posts	□ Explore possibility for matching funds with County Development Boards and community groups	T11
	□ Share project workers within rehabilitation, treatment, education and prevention	
	□ Avoid duplication by providing training to shared workers	
Lack of data on drug misuse	□ Need support from the coroner's court and A&E data to help determine the real levels of abuse	T12
	□ Explore possibility of establishing more effective methods of extracting relevant information	
	from HIPE	
	□ Provide access to up to date, reliable information concerning drug misuse and underage drinking	

Service Gaps - Treatment and Rehabilitation	Proposed Responses	Code
Lack of funding for drugs and underage- drinking programmes	<ul> <li>□ Use NWRDTF to secure funding for drugs and under-age drinking programmes through the HSE</li> <li>□ Development of Court Alcohol Programme in region dedicated to under 18s</li> </ul>	T13
Need for increased support for dependant drug users to ensure their situation does not worsen, e.g. lose housing and become homeless	<ul> <li>Provision of tenancy support for dependant drug users to ensure their situation does not worsen, e.g. lose housing and become homeless, thereby exacerbating the problem</li> <li>Development of sheltered housing for dependant drug users</li> </ul>	T14
Danger of Treatment and Rehabilitation services becoming too involved in primary prevention	□ While encouraging co-ordination of services, ensure that education and awareness is driven primarily by those agencies and voluntary groups within that sector	T15
Methadone service gaps	<ul> <li>□ Support to GPs in region providing methadone treatment services</li> <li>□ Need for establishing urine analysis protocols between Probation and HSE</li> </ul>	T16
Lack of in-patient services in region	<ul> <li>Need for 'detox' facilities</li> <li>Support for residential rehab in Athlone</li> <li>Support for under 18 alcohol treatment facility</li> </ul>	T17

## **Supply Reduction**

Service Gaps - Supply Reduction	Proposed Responses	Code
Information exchange between	□ Better exchange of intelligence	S1
authorities, such as the Garda, Customs,	□ Representation at division level	
CAB, Local Authorities, EU Authorities	□ Greater liaison with housing officers	
and the Courts	□ Councillors to address the "respectability" of drugs	
	$\ \square$ Implement county-based initiatives that will inform the public how to report/ respond to drug	
	issues	
	□ Full-time officers with EU funding to combat drugs	
	□ Gardai and customs excise to develop links with the EU	
Lack of support and education initiatives	□ Establish protocols to report misuse while safeguarding the informant/ individual	S2
within the community regarding drug	□ Provide support through the liaison officers	
misuse	□ Support people and representatives on the ground to ensure that "early identification can lead	
	to early intervention"	
Lack of support system for communication	□ Re-develop and re-discuss operational protocols on an inter-agency and agency-community basis	\$3
	□ Establish operational protocols at more levels, e.g. local and operational	

Service Gaps - Supply Reduction	Proposed Responses	Code
Resources, i.e. the funds available to	<ul> <li>Any actions in this regard would be considered political</li> </ul>	S4
agencies and representatives involved in	<ul> <li>Any interventions should be related to necessity and effectiveness</li> </ul>	
supply reduction	<ul> <li>Cross-border links should be reviewed in regard to resources in the region</li> </ul>	
	<ul> <li>Use the NWRDTF to lobby for resources/ actions relevant to the needs of representat agencies</li> </ul>	ve
	□ Extension of Revenue Boat fleet to include west coast	
	□ More personnel to monitor drug issues, consider permanent stationing of officers at Kno	ock
	airport	
Influence of Northern Ireland	□ Consolidation and growth in cross-border links will be vital to reducing supply in	he S5
	Northwest, e.g. Derry has a strong influence on the drugs scene in Inishowen and Letterkenr	у
Training	□ Training should be provided in drugs specialisation and equipment	S6
Inconsistencies in courts, e.g. fines	□ Support a standardisation of fines for drugs-related offences	S8
Enforcement/ anti-social behaviour	□ Support Housing Liaison office to work with residents & apply tenancy agreement with reg	ard S9
	to drug issues	
	□ Inform guidelines to ensure fair application of tenancy agreements	