Removing the Boundaries

A Profile of Drug Prevalence in North County Dublin

Removing the Boundaries: A Profile of Drug Prevalence in North County Dublin

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FOREWORD

The North Dublin City and County Regional Drugs Task Force (RDTF) welcomes the publication of a new report that looks at the issue of problem drug use in the region. This report is an important step forward in the RDTF remit to identify gaps in drug related service provision and takes the form of a needs analysis and information gathering of drug prevalence in Balbriggan, Lusk, Rush, Swords, Skerries and Donabate.

It is essential reading for all those working directly or indirectly with drug related issues in North Dublin and highlights the lack of community-based infrastructure in relation to problem drug use in the RDTF area. This has resulted in a relative shortfall in information about the prevalence of drug abuse in the communities involved and about the groups affected by this issue.

The study identified that problem drug use in North County Dublin is hidden to a greater extent than in Dublin Inner City. Perhaps, due to the traditionally rural nature of much of North County Dublin, with small close-knit communities, where individuals might feel more stigmatised than in the City if they declare their problem.

In addition, opportunities for local treatment are lacking, and as a result service users from areas other than Swords/Donabate must travel daily to the City to obtain treatment and/or to fill prescriptions.

The report also indicates there is an urgent need to identify innovate mechanisms to accurately assess the growing cocaine and “tablets” (benzodiazepines) problem; as well as identifying means of drawing these individuals towards services. In this regard the study points out that counselling is the only service provided for cocaine addiction in the RDTF area and notes there is only one full-time addiction counsellor. This level of service is considered to be inadequate in meeting the growing need for such support services.

The report identifies a need for comprehensive, factual information to be made available to communities, and particularly to young people, in the region. In this regard, the report advocates an education strategy which delivers factual, easily accessible information both within schools and to the wider community as the key to successful prevention of drug misuse.

The research offers a number of recommendations for the RDTF to develop policies, services and projects under its four pillars of Prevention, Treatment, Supply Reduction and Research. To implement these recommendations and to tackle successfully the drug issues presented in this report the RDTF recognises it must obtain support and commitment from the local communities.

It is important to note this report is a key aspect of a larger research report ‘Removing the Boundaries’, which provides a comprehensive insight into the service needs in relation to target groups supported through the Local Development Social Inclusion Programme.

On behalf of the RDTF, I would like to welcome the report and thank the researchers, *80:20 – Educating and Acting for a Better World,* for their work. I would especially like to acknowledge the important role of the Fingal County Coverage Working Group in incorporating this research into their wider review, the RDTF Board members and the Research Sub-Committee for their support and the guidance they provided during the research process.

I would also like to thank Eileen Burke, Co-Ordinator RDTF, Shani Williamson, Development Officer RDTF and Jacki Thompson, Administrator RDTF for their work in proof reading the report and preparing it for publication.

Mr Edward Shaw, Chairperson
North Dublin City & County Regional Drugs Task Force

GLOSSARY OF TERMS

At risk of poverty: 'At risk of poverty' refers to the population with incomes, which fall below 60 per cent of National median income.

Consistent poverty: 'Consistent Poverty' refers to the population with incomes under the relative income poverty lines *and* who are also experiencing deprivation. Between 1997 and 2001, consistent poverty was measured by the Economic & Social Research Institute (ESRI) based on results from the Living in Ireland Survey. From 2002, the EU-SILC data measures consistent poverty.

Deprivation: Deprivation is the extent to which someone is denied the opportunity to have or do something that is considered the norm in society. An index of deprivation indicators has been developed by the Economic and Social Research Institute to assess basic deprivation levels. The index includes indicators such as not having adequate heating, a day without a substantial meal, arrears on mortgage, rent electricity or gas and the lack of a warm winter coat.

Fingal County Council: The County Council covering the Local Authority area of Fingal.

Fingal County Development Board: Each County and City in the Country has a Development Board, which was tasked in 2002 with establishing a ten-year strategy for the development of their respective City or County. The current Fingal Development Plan runs from 2005 to 2011.

Electoral Division (ED): An Electoral Division is a unit of measurement into which the Central Statistics Office (CSO) breaks down Census results to obtain Small Area Population Statistics (SAPS).

Enumerator Area (EA): An Enumerator Area is a sub-division of the Electoral Division for which SAPS are available.

Haase Index: Deprivation Index formulated by social researcher Trutz Haase. The Haase Index was calculated originally based on an analysis of Census statistics utilising a number of indicators of deprivation e.g. local authority housing, car ownership etc. This Index has been employed by the Government, through successive area-based programmes to identify areas that are relatively disadvantaged by comparison with the rest of the country.

Local Development Social Inclusion Programme (LDSIP): The LDSIP is a series of measures designed to counter disadvantage and to promote equality and social and economic inclusion. The LDSIP is managed by *Pobal* on behalf of the Department of Community, Rural and Gaeltacht Affairs. It is funded by the National Development Plan 2000-2006. The LDSIP is implemented at local level by 38 Area-based Partnerships, 31 Community Partnerships and two Employment Pacts. During 2006-2007 a process of expansion is under way to achieve full national coverage with the LDSIP.

LDSIP Target Groups: The LDSIP target groups are**:** The long-term unemployed; the underemployed; disadvantaged young people; young people at risk; travellers; older people; people with disabilities; homeless persons; prisoners & ex-offenders; substance misusers; asylum seekers & refugees; lone parents; disadvantaged women; low-income farm households; disadvantaged communities living in isolated rural areas or deprived urban areas

National Action Plan against Poverty and Social Exclusion (NAPs/incl.): NAPs/incl. arises from a goal of the European Council to eradicate poverty and social exclusion in the European Union. Each European Union Member State submitted its first National Action Plan against Poverty and Social Exclusion in June 2001 and the current NAPs/incl. runs from 2006 to 2008. The NAPS and NAPs/incl. processes have now been merged in Ireland so that they run in tandem

National Development Plan (NDP): Government strategic plan for overall national development. The most recent NDP runs from 2000 – 2006.

Partnership Company: Not-for-profit companies, set up in the areas of greatest need in the country, to provide an area-based response to long-term unemployment and to promote social inclusion. The first 12 Partnership companies were created in 1991 with most of others established during 1995-1996. There are 38 Area-based Partnerships, 31 Community Partnerships and 2 Employment Pacts throughout the country. Community Partnerships are normally smaller and more locally-based organisations. The Partnership companies operating in Fingal are: Blanchardstown Area Partnership (BAP); Co-operation Fingal and Northside Partnership (NSP).

Social Inclusion Measures (SIM) Group: SIM groups were established under the County & City Development Boards for the purpose of co-ordinating at a local level, the delivery of the social inclusion measures contained in the National Development Plan (NDP).

Social Inclusion Units: Established in key Government Departments to co-ordinate Departments' contribution to the NAPS and NAPs/incl. and their implementation. Social Inclusion Units have also been established in the Community & Enterprise sections of local authorities.

Vulnerable Groups: 'vulnerable' groups are those defined in the NAPS and NAPs/incl. as being at risk of poverty and social exclusion. The LDSIP target groups reflect these vulnerable groups as well as the target groups identified in the NDP.

ACRONYMS

CAD	Community Awareness Programme
DAP	Drug Awareness Programme
DAIRU	Drug and Alcohol Information Research Unit
DTCB	Drug Treatment Centre Board
DMR	Dublin Metropolitan Region
ESPAD	European School Project on Alcohol and Drugs
HBSC	Health Behaviour in School Aged Children
HRB	Health Research Board
HSE	Health Services Executive
LDTF	Local Drugs Task Force
NAHB	Northern Area Health Board
NACD	National Advisory Committee on Drugs
NDST	National Drugs Strategy Team
NDTRS	National Drug Treatment Reporting System
OTSS	Outreach Tenancy and Sustainment Service of the Peter McVerry Trust
RDTF	Regional Drugs Task Force
SLAN	Survey of Lifestyle, Attitudes and Nutrition
SPHE	Social Personal & Health Education
YPFSF	Young People's Facilities & Services Fund

1 PROFILE OF DRUG PREVALENCE IN NORTH COUNTY DUBLIN

1.1 BACKGROUND AND CONTEXT

Background

The North Dublin City and County Regional Drugs Task Force (RDTF) was established in December 2003. Members of the RDTF are drawn from the statutory, community and voluntary sector (see appendix 1). The RDTF was assigned responsibility for ensuring the development of a co-ordinated response to tackling the drug problem in those areas of the North Dublin City and County not being served by a Local Drugs Task Force (LDTF). The catchment area for this research is therefore defined as any area in North Dublin City or County not covered by the five Local Drug Task Forces.

The North Dublin City and County Regional Drugs Task Force Strategy outlines five main strategic objectives, the fifth of which is research and the following exploratory piece of research falls under this strategic objective. The RDTF Coordinator was a member of the Fingal County Coverage Working Group to co-ordinate and manage this strand of the research. The research was carried out between March and November 2006.

Objectives of the research

Complete a needs analysis and information gathering exercise on problem drug use in six areas – Balbriggan, Lusk, Rush, Skerries, Swords and Donabate, which will:

- Establish as accurately as possible from national databases such as the Health Research Board (HRB) and the National Advisory Committee on Drugs (NACD), prevalence of drug use in the gap areas
- Build on that picture through gathering of local knowledge and information on problem drug use
- Estimate from key stakeholders, the needs in relation to drug use with particular emphasis on prevention / education measures
- Establish from service providers the level of use of support / treatment services in relation to addiction
- Map the above information onto a socio-economic profile for North County Dublin (and relevant parts of the Task Force Region)

- Provide a document that gives a baseline profile of drug use and needs in the region that will inform discussion and further decisions of the RDTF on research needs

Methodology

- A review of all relevant databases and documentation to provide statistics (where feasible) on problem drug use in the RDTF area
- Survey of relevant stakeholders including representatives on the RDTF and those providing services in relation to problem drug use
- Focus groups and interviews with key stakeholders, particularly those working in the RDTF area and service users from the RDTF area
- Compilation of a report on the findings including recommendations around priority needs and further research needs

In the first instance, statistics were obtained where available from local and national sources such as the Health Research Board (HRB) including the National Drug Treatment Reporting System (NDTRS), the National Advisory Committee on Drugs (NACD) and the Drug Treatment Centre Board (DTCB). A questionnaire was then compiled, covering the issues outlined in the research brief. This was sent to relevant stakeholders as agreed with the RDTF, in June 2006 by email, post and fax (depending on the available contact details).

Recipients included the 31 members of the North Dublin City & County Regional Drugs Task Force (RDTF) as well as four members of the HSE Addiction Services outreach team and the Nurse Manager of the HSE Addiction Services. This was followed up with a phone call to ensure that the intended recipients had received the questionnaire, which showed that some contact details were inaccurate and some members of the RDTF had moved on, without having yet been replaced. Contact details were corrected where necessary and the questionnaire was re-sent.

Seven completed questionnaires were returned, representing the HSE Addiction Services (Nurse Manager and Finglas Outreach Worker); the Prevention & Education Sub-Committee of the RDTF; Greater Blanchardstown Response to Drugs (GBRD); the Howth Peninsula Drugs Awareness Group (HPDAG); the Probation & Welfare Office (PWO); and the Drugs Awareness Programme (DAP) Crosscare.

A reminder was sent to those who had not returned questionnaires at the end of June 2006. The request to complete the questionnaire was also made to members of the RDTF at their meeting in June. In phone conversations and emails, some recipients responded that because they do not work directly with problem drug use or because their catchment area is outside of the RDTF, they are unable to provide relevant information in relation to statistics, service provision or current service usage in the RDTF area. The remainder did not respond at all to the questionnaire.

Despite the low response rate to the questionnaire, it should be noted that the information obtained from those who did respond was particularly relevant to the specific research brief because it derives from some of those working directly with problem drug use in the RDTF catchment area. In addition, where it was considered important to obtain a response from specific individuals or organisations, these were followed up through in-depth interviews either in person or by telephone.

A focus group was held with the outreach workers of the HSE Addiction Services. Three outreach workers attended this focus group including the supervisor of the outreach team. Key stakeholders were interviewed individually, either in person or by telephone – in particular, those working in the RDTF area, such as the HSE Addiction Services Nurse Manager and outreach services supervisor as well as the Fingal addiction counsellor and the Fingal outreach worker.

Permission was obtained from the HSE Clinical Director (Northern Area), to interview service users at the Swords Satellite Treatment Clinic about their experience of services in North County Dublin. Permission was granted on the basis that interviews would be short and focused specifically on the experience of service provision and that no personal information would be sought in relation to the interviewees. On this basis, thirteen service users were interviewed for approximately five minutes each at the Swords Treatment Clinic.

Information obtained through questionnaires, focus groups and interviews was analysed manually by organising the information under each of the main themes of the research – statistics, current service provision, current service usage and priority needs.

Challenges in the Application of this Methodology

There are particular difficulties in relation to data collection on problem drug use, especially in terms of quantitative measurements. While the specific shortcomings in relation to quantitative data are outlined in the relevant sections of the report, it is important to note at this stage, the general challenges that arise in a study of this nature.

Among the main barriers, particularly at a smaller area level, is the fact that the present system of data collection by the National Drug Treatment Reporting System (NDTRS) identifies only those users who are in treatment or who have been assessed for treatment. While drug treatment data are viewed as an indirect indicator of drug misuse as well as a direct indicator of demand for treatment services (HRB, 2005a) they nonetheless refer specifically to one group of individuals – those who present for treatment. Furthermore while information is obtained on the characteristics of clients entering treatment and on patterns of drug misuse, such as types of drugs used and consumption behaviours, the focus is predominantly on those with problem drug use related to heroin. However, because of the nature of problem drug use, many of those who might be targeted by service providers do not present for treatment. This is particularly the case in relation to drugs other than heroin, for which no specific treatment, such as methadone, is available to encourage potential service users to come forward. Those not presenting for treatment are therefore not counted in any systematic way across all agencies and geographical areas.

In addition, information-sharing between agencies is complex because of client-confidentiality issues and the need for data protection. This means that it becomes unclear whether different agencies are dealing with the same individuals so that double-counting may occur when trying to establish an absolute number of persons accessing services. While inter-agency protocols for services in relation to problem drug use were developed in 2004 through the Blanchardstown EQUAL Initiative, there is not yet sufficient information-sharing across all agencies in all geographical areas, to allow a comprehensive statistical profile to emerge.

Because of the deficiencies in quantitative data at a small area level, particularly in relation to non-heroin drug use, it was necessary to obtain specific data from individual agencies and organisations working in the RDTF area. Respondents provided information on the number of clients accessing their specific services however, even this methodology is necessarily flawed for several reasons. In the

first instance, the agencies working in the RDTF area do not, in most cases, have boundaries, which are geographically co-terminus with the RDTF catchment area. Clients naturally access services across agency boundaries and it is, for the most part, not possible to determine the exact number deriving from the RDTF catchment area. Secondly, for the reasons noted above, it proved impossible to ascertain whether some agencies are dealing with the same clients. Finally, information about those not presenting for treatment relies on the estimates of those working ‘on the ground’ with problem drug use as this data is not collected in any systematic way.

Despite the challenges in relation to quantitative data, useful qualitative data was obtained from respondents with regard to current service provision, service usage and priority needs. This data is often referred to throughout the text as ‘anecdotal evidence’ because it expresses the opinion of either service providers or service users in relation to problem drug use. Because of an emphasis on quantitative data – particularly in medical research – it might be assumed that qualitative data is somewhat irrelevant. It is worth noting however, that qualitative information provided by those who are closest to the problem – either working with or experiencing it – is equally as valid and in some cases, more useful than strictly quantitative data. While statistical data is crucial in terms of measuring and evaluating the problem and the services designed to deal with it, qualitative information explains the statistics thereby providing a real insight to the issues. It can also provide a key to strategies, which might resolve those issues.

As noted above, where opinions are expressed, they are often referred to as ‘anecdotal evidence’ throughout the text. These opinions are not, in most cases, attributed to the individuals who expressed them. In research of this nature, many respondents provide information and informed opinion on the basis that it will not be quoted directly. In this case, participation in the survey was predicated on anonymity and those interviewed in particular, were guaranteed that they would not be specifically named in the report. It is however, made clear in the text whether the opinions are those of service providers or service users.

Finally, it is important to note that the scale of the survey is necessarily small because the number of service providers working with problem drug use specifically in the RDTF area is limited and because the number of ‘accessible’ service users is also small. This is not however, problematic in relation to the objectives of the research because the study is exploratory in nature and is

intended to provide baseline data. It is also local in its focus and does not require extrapolation to a wider area.

General Overview

The National Drugs Strategy 2001 – 2008 (Government of Ireland, 2001) provides an overview of drug misuse, which notes *inter alia* that the most commonly used illegal drug in Ireland is cannabis, followed by ecstasy. It further notes that in terms of harm to the individual and the community, heroin has the greatest impact; heroin misuse remains, almost exclusively, a Dublin phenomenon; and that cocaine is seen as an emerging drug of misuse though the numbers presenting for treatment so far remain quite small.

Notwithstanding the challenges in relation to drug treatment data noted above, these do provide some indication of drug misuse and the demand for treatment services. In this regard, the Health Research Board (HRB) provides detailed data on demand for treatment services and trends in treatment in Ireland generally; in the HSE Eastern Region, which encompasses Dublin County; and in the HSE Northern (Dublin) Area, covering the RDTF area. These findings, where relevant to this study are outlined below.[1]

The conclusions of the National Drugs Strategy are confirmed by the Health Research Board (2005a), which finds that the incidence rates of treated problem drug misuse among persons aged between 15 and 64 years, living in Ireland, were highest in Dublin, Carlow and Waterford, with over 100 cases per 100,000 of the 15 to 64 year old population.[2] Annual reports from the Health Research Board on Treated Drug Misuse indicate that the majority of individuals who develop a problem with drug use are from urban disadvantaged areas, have low educational attainment, are more likely to be unemployed and fall within the risk category of 15 – 24 years of age (HRB, various years view Table 1.1).

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[1] More detailed information is available from the Health Research Board Occasional Papers series – see references

[2] Incidence is a term used to describe the number of new cases of disease or events that develop among a population during a specified time interval. The incidence is the number of opiate cases divided by the population, expressed per given number of the population i.e. per 100, per 1,000, per 10,000 etc. (for further clarification, see Health Research Board, Occasional Paper No. 16/2005)

Table 1.1 Socio-Demographic Factors Linked to Individuals Who Develop a Problem with Drug Use

Urban Disadvantaged Area
Low Educational Attainment
Unemployed
15 – 24 years old

Source: HRB, 2005

The proportion of early school-leavers treated in the HSE Eastern Region increased by over one-quarter from 1,251 in 1998 to 1,579 in 2002 (view Table 1.2). Almost one-quarter of cases between 16 and 64 years treated were employed over the five-year period (HRB 2005c). The Health Research Board notes that the low levels of educational attainment and employment among problem drug users emphasise 'the importance of close links between treatment interventions and social and occupational reintegration programmes'.

Table 1.2 Percentage of Early School Leavers Treated in HSE Eastern Region from 1998 to 2002

	1998	**2002**
Early School Leavers	1,251	1,579

Source: HRB, 2005

The National Advisory Committee on Drugs (NACD) / Drug and Alcohol Information Research Unit (DAIRU) survey of drug use in Ireland and Northern Ireland (2004) finds that 29 per cent of respondents in the Northern Area Health Board (NAHB) region, reported ever taking an illegal drug; 8 per cent had done so in the previous year and 5 per cent in the previous month. All prevalence rates in the NAHB region were higher than the corresponding national rates, in particular the rates reported by male respondents.

The National Advisory Committee on Drugs study on the Prevalence of Opiate Use in Ireland in 2000-2001, indicates that 12,268 persons in the Greater Dublin Area were using opiates in 2000, representing 15.9 persons per 1000 of population (NACD, 2004).[3] This figure had risen marginally in absolute terms to 12,456 in 2001 but maintained a rate of 15.9 persons per 1000 of population. The NACD study on the prevalence of opiate use in Ireland 2000 – 2001 also confirms the

[3] Prevalence is a term used to describe the proportion of people in a population who have a disease or condition at a specific point or period in time. The prevalence is the total number of cases (including new cases, those returning to treatment and those continuing in treatment), divided by the population, expressed per given number of the population i.e. per 100, per 1,000, per 10,000 etc.

findings of the National Drug Strategy with regard to the disparity between the rate of drug use in Dublin and the rest of the Country. Dublin has by far the highest rate in the Country of opiate users per 1,000 of population. This prevalence rate varies by age and gender as seen in Table 1.3.

Table 1.3 Prevalence of Opiate Use in Dublin (County) by Age & Gender 2001

Gender	Age Group	Estimates	Rate per 1000 of population
Males	15 – 24	2,735	29.3
	25 – 34	3,740	36.3
	35 – 64	1,803	9.9
Females	15 – 24	1,766	18.7
	25 – 34	1,784	16.2
	35 – 64	628	3.2

Source: NACD, 2004

The incidence of treated problem drug use among persons aged between 15 and 64 years living in the HSE Northern (Dublin) Area almost halved from 136 per 100,000 in 1998 to 71 per 100,000 in 2002. Over the period 1998 to 2002, the incidence of treated problem drug use among persons aged between 15 and 64 years in the HSE Northern (Dublin) Area was 103 cases per 100,000 (HRB, 2005b).

During this period in the HSE Eastern Region (Dublin, Kildare & Wicklow), the incidence was highest in Dublin with 114 cases per 100,000 of the 15 to 64 year old population, followed by Wicklow with 45 cases per 100,000 and Kildare with just under 29 cases per 100,000 (view Table 1.4).

Table 1.4 Incidence of Treated Problem Drug Use Amongst Person Aged Between 15 and 64 years in the HSE Eastern Region (Dublin, Kildare, Wicklow) Between 1998 to 2002

Area	Per 100,000
Dublin	114
Wicklow	45
Kildare	29

Source: HRB, 2005

In the HSE Eastern Region, the total number of treated cases increased by almost 20 per cent. The largest increase was in the HSE Northern (Dublin) Area, with an increase of 62 per cent from 1,154 in 1998 to 1,871 in 2002. According to the HRB (2005c), the number of drug treatment services increased during this time, as did the demand for such services. Notwithstanding the increase in demand for services however, the HRB notes an underlying positive trend in that the total number of new cases treated during this period in the HSE Eastern Region decreased by more than one third from 1,154 in 1998 to 759 in 2002. The total number of treated cases increased overall because the number of exits from treatment was less than the number of new cases entering treatment in each year.

According to the HRB (2005b) the prevalence of treated problem drug use among persons aged between 15 and 64 years living in the HSE Northern (Dublin) Area, increased by 6 per cent from 652 per 100,000 in 1998 to 694 per 100,000 in 2001 with a subsequent decrease of 11 per cent to 617 per 100,000 in 2002 (view Table 1.5). The HRB notes that this decrease may be partly attributable to a switch to other drugs by young people in Dublin.

Table 1.5 Prevalence of Treated Problem Drug Use Among Persons (15 and 64 years) living in the HSE Northern (Dublin) Area

Rate per 100,000 of Population		
1998	**2001**	**2002**
652	694	617

Source: HRB, 2005

Data from the HRB (2005c) on drug type reveal that between 1998 and 2002, opiates were the most common main problem drug reported by both new and previously treated cases in the HSE Eastern Region.

The total number of treated cases living in the region who reported opiates as their main problem drug increased by 25 per cent, from 4,693 in 1998 to 5,883 in 2002, and opiates dominated the main problem drug profile among treated cases living in the HSE Eastern Region. The numbers reporting problem cannabis use decreased by 31 per cent from 225 in 1998, to 156 in 2002 (view Table 1.6). The HRB finds that this may be due to a combination of under-reporting of such cases by treatment providers and a lack of treatment places available for problem cannabis users, rather than to a reduction in the number of problem cannabis users in the region.

Table 1.6 **Main Problem Drug Reported by Cases Treated in the HSE Eastern Region (Dublin, Kildare, Wicklow), 1998 – 2002**

Main Problem Drug	1998	2002
Opiates	4,693	5,883
Cannabis	225	156
Cocaine	62	74

Source: HRB 2005

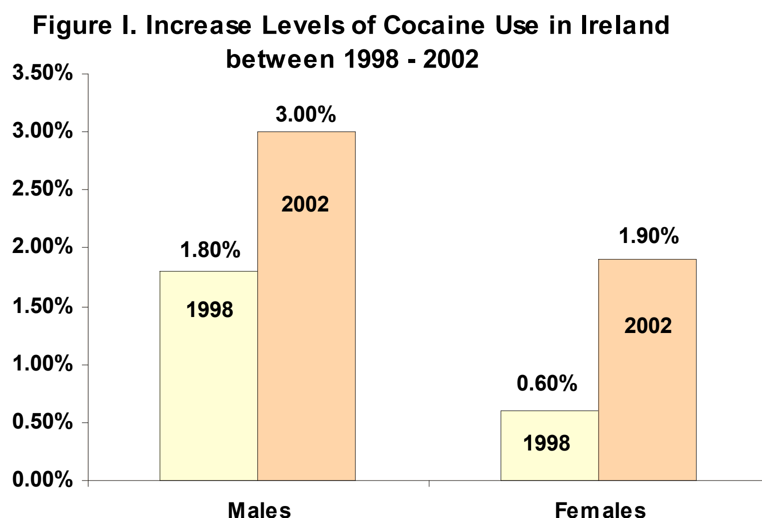
Although the total number of cases reporting cocaine as their main problem drug is small, it nonetheless increased by 19 per cent, from 62 in 1998 to 74 in 2002. Information from the Annual Report of An Gárda Síochána on Misuse of Drugs Act Offences shows that of 1,224 cocaine-related offences (where proceedings commenced) in Ireland in 2005, 577 or 47 per cent were committed in the Dublin Metropolitan Region (DMR). Of these 210 or 36.4 per cent were committed in the DMR Northern Area (view Table 1.7).

Table 1.7 **Misuse of Drugs Act (as amended) Offences Where Proceedings Commenced by Division and Drug Type**

	Cannabis	Cannabis Resin	Cannabis Plant	Heroin	LSD	Ecstasy	Amph.	Cocaine	Other	Total
Dublin Met. Region	595	1,747	13	778	15	138	25	577	95	3,983
Eastern	106	293	4	37	0	10	4	55	3	512
North Central	335	0	0	118	0	50	1	93	20	617
Northern	21	648	5	104	2	24	7	210	18	1,039
South Central	7	209	0	321	0	12	8	56	15	628
Southen	117	323	4	66	13	33	5	93	2	656
Western	9	274	0	132	0	9	0	70	37	531

Source: Gardai Annual Report, 2005

The Survey of Lifestyle, Attitudes and Nutrition (SLAN) survey (2002) also reported an increase in levels of cocaine use in Ireland. Incidence of males use increased from 1.8 per cent in 1998 to 3.0 per cent in 2002 and female use from 0.6 per cent to 1.9 per cent during the same period (view Figure I).



Source: SLAN, 2002

The European School Project on Alcohol and Drugs (ESPAD) survey (1999) reported lifetime (ever-used) cocaine and crack use at 2 per cent among 16 year old schoolchildren while the Health Behaviour in School-aged Children (HBSC) survey (2002) reported 2.3 per cent of the 10 – 17 year old respondents ever using cocaine with 1.7 per cent using in the previous month (view Table 1.8).

Table 1.8 Changes in the Proportion of School-Going Children (15–16 years) in Ireland Using Drugs in the ESPAD Surveys of 1995, 1999 and 2003[4]

	1995 %	1999 %	2003 %
Lifetime use of any illicit drug	37	32	40
Lifetime use of cannabis	37	32	39
Lifetime use of inhalants	NA	22	18

Source: ESPAD, 2003

The NACD & DAIRU (2004) drug prevalence survey results show 3 per cent of the general adult population ever using cocaine and less than 1 per cent ever using crack. Lifetime prevalence was highest among 15 – 24 year olds at 5.1 per cent.

[4] includes cannabis, amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and ecstasy

The findings above are borne out by the NAHB Addiction Services Report (2004), which notes that those presenting for treatment for cocaine misuse are largely patients already on methadone maintenance but that there is a cohort presenting through GPs and counselling services for primary cocaine addiction and misuse. The NAHB further notes the considerable problems associated with cocaine misuse. A combination of increased frequency of injecting (there is a strong injecting culture in former intravenous heroin users in Dublin), a pattern of binge using and lowering of precautions, makes this group vulnerable to HIV, Hepatitis C and other medical complications associated with the drug itself.

Furthermore, clients who are already addicted to opiates, benzodiazepines and/or alcohol are at increased risk of developing a cocaine dependence, which once established, is much more difficult to treat.

Table 1.9 Main Problem Drug Reported by Cases* Treated in the HSE Eastern Region (Dublin, Kildare and Wicklow) by Treatment Status and Reported to the NDTRS 1998 to 2002

Main Problem Drug	1998		1999		2000		2001		2002	
	Number (%)									
All cases	5147		5114		5262		5803		6191	
Opiates	4693	(91.2)	4783	(93.5)	4989	(94.8)	5587	(96.3)	5883	(95.0)
Cannabis	225	(4.4)	165	(3.2)	119	(2.3)	80	(1.4)	156	(2.5)
Cocaine	62	(1.2)	38	(0.7)	43	(0.8)	38	(0.7)	74	(1.2)
Ecstasy	50	(1.0)	59	(1.2)	35	(0.7)	31	(0.5)	18	(0.3)
Amphetamines	27	(0.5)	20	(0.4)	2	(0.0)	3	(0.1)	2	(0.0)
Benzodiazepines	58	(1.1)	28	(0.5)	56	(1.1)	58	(1.0)	43	(0.7)
Volatile inhalants	17	(0.3)	8	(0.2)	12	(0.2)	3	(0.1)	3	(0.0)
Others	15	(0.3)	13	(0.3)	6	(0.1)	3	(0.1)	12	(0.2)

Source: HRB, 2005

The proportion of treated cases living in the HSE Eastern Region who reported problems with more than one drug increased by 6 per cent, from 69 per cent in 1998 to 75 per cent in 2002 (HRB, 2005b). Of the treated cases living in the HSE Eastern Region who reported problems with more than one drug, the rank order of additional problem drugs, from most common to least common, differed between

* Numbers include cases living in another HSE area but treated in the HSE Eastern Region and recorded in the NDTRS and exclude cases living in the HSE Eastern Region but treated in another HSE area

1998 and 2002 (view Table 1.9). Benzodiazepines were the most common additional problem drug.

Opiates were replaced by cannabis as the second most common additional problem drug between 1999 and 2002, while cocaine moved up from fourth most common in 1998, 1999 and 2000 to third most common in 2001 and 2002.

The pattern of additional problem drugs was linked to the main problem drug (HRB, 2005b). For example, where an opiate was the main problem drug, the most common additional problem drugs were cannabis, followed by benzodiazepines and then cocaine; where cannabis was the main problem drug, the most common additional problem drugs were ecstasy, followed by alcohol and then amphetamines.

HRB data (2005c) indicates that polydrug use in the HSE Eastern Region is a common practice, associated with poorer treatment outcomes, which needs to be documented and addressed in clients' treatment plans. Given the wide spectrum of drugs reported, the HRB finds there is a clear need for services to cater for a range of licit and illicit drugs used rather than focusing mainly on opiate treatment.

During the period 1998 to 2002 in the HSE Eastern Region, the number of previously treated injector cases increased by 43 per cent while the number of new injector cases treated, decreased by almost one-third. The HRB (2005c) notes that the decrease in the number of new injector cases treated in this region is in line with the decrease in the number of new opiate cases. Half of the injector cases had started injecting before they were 20 years old, while the total number of cases treated who reported ever sharing injecting equipment increased by 54 per cent, suggesting that the drug treatment services in this region need to continue to promote the existing harm reduction services.

However, a decrease in the number of previously treated cases who reported injecting in the previous month and a decrease in sharing over the period 1998 to 2002, suggests that drug users who attended treatment were enabled to reduce their risk behaviours (HRB, 2005c).

A survey of out of home drug users carried out by Merchants Quay Ireland (Cox & Lawless, 2004) exemplifies the particularly strong links between drug use, prison

and homelessness.[5] The survey, which covered 53 out of home drug users from a total of 120 active drug users who were identified as being homeless, found that homeless drug users are extremely vulnerable by virtue of their drug use, low educational attainment and legal status. Ninety-eight per cent of the sample were intravenous heroin users; they had initiated their drug use at a relatively young age – 15 years on average; at the time of interview, the average length of time for which respondents had been injecting was 5.2 years; the majority (71 per cent) had left school before the legal school leaving age of 16 years. All respondents were unemployed at the time of interview but only 34 per cent were claiming unemployment/social assistance; fifty per cent had served a prison sentence and 50 per cent had also been remanded in prison. Of this sample, 64 per cent of respondents attributed their homeless status to their drug use while 10 per cent reported being forced out of accommodation due to vigilantism. A further 12 per cent had been forced to leave accommodation due to pressure from tenant or resident associations.

Table 1.10 Profile of Out of House Drug Users

- Intravenous Heroin Users
- Early School Leavers
- Average Time of Injecting 5.2 years
- Unemployed
- Prison Sentence

Source: Cox & Lawless, 2004

A recent study by Seymour & Costello (2005), which profiles homeless persons before the courts and in custody, highlights the link between homelessness, drug use and the justice system. Evidence of the link between drug use and prisoners is also provided by the Probation & Welfare Service, which estimates that in some areas, up to 70 per cent of its caseload are active drug users (South West Dublin City RAPID Plan, 2002), thus highlighting the correlation between drug use and criminal activity.

[5] 'Out of home' refers to homeless persons

1.2 RESEARCH FINDINGS

Problem Drug Use

The Central Treatment List of the Drug Treatment Centre Board shows that in June 2006, out of 8,083 persons in treatment in Ireland (not including Northern Ireland), 454 or 5.6 per cent gave an address, which fell into a Fingal Electoral Division.[6] Of these, 247 individuals gave an address in the RDTF area (view Table 1.11). The Central Treatment List is unable to produce trend data (over time) as it is essentially a snapshot in time and the Drug Treatment Centre Board considers that any attempt to establish trends from this data would therefore be invalid and misleading.

Table 1.11 Problem Drug Use in Person in Treatment in Ireland (not including Northern Ireland) June 2006

• Total Number of Persons in Treatment in Ireland	8,083
• Individuals with Fingal Electoral Division address	454
• RDTF area address	247

Source: Drug Treatment Centre Board, 2006

In the target areas (Balbriggan, Lusk, Rush, Skerries, Swords, Donabate & Portrane), the HSE Addiction Services Nurse Manager estimates that there are currently 15 people seeking treatment for heroin addiction. They are on the waiting list which is held in Swords Health Centre and some people have been waiting longer than one year for treatment. These figures include persons from the Malahide area. There are also 8 clients who are in treatment in other clinics in Dublin seeking transfer to clinics in the Fingal area.

The Probation & Welfare Service currently has approximately 100 clients in the Swords and Howth areas, 75 per cent of whom present with drug addiction problems. The main drugs involved are alcohol, cannabis, cocaine and heroin. The 2005 Report of An Gárda Síochána shows the following offences under the Misuse of Drugs Act (as amended) where proceedings commenced, in the Dublin Metropolitan Region (DMR) Northern Area (view Table 1.12).

[6] An Electoral Division is the smallest unit of measurement used by the Central Statistics Office to obtain Small Area Population Statistics for each Census and it is also the unit of measurement used for the Central Treatment List

Table 1.12 Offences under the Misuse of Drugs Act (as amended) Where Proceedings Commenced in DMR Northern Area 2005

Drug Type	Number of offences in DMR Northern Area	Percentage of all DMR Offences
Cannabis	674	28.6
Cocaine	210	36.4
Heroin	104	13.4
Ecstasy	24	17.4
Amphetamines	7	28.0
LSD	2	13.3
Other	18	18.9
Total	**1,039**	**26.1**

Source: Garda Annual Report, 2005

Service providers as well as service users indicate that homelessness related to problem drug use is a significant problem in the RDTF area. The transitional housing facility in Donabate, managed by the Sophia Housing Association, provides accommodation for a number of drug users who have become homeless. Of the thirteen families that the Donabate facility has worked with over the past 18 months, four of the lead tenants i.e. 'head of household' have addiction issues and are participating in a programme in relation to these issues. It should be noted however, that to date, the Donabate transitional housing facility has never been more than 50 per cent occupied (there is a total of 20 independent units of accommodation for families within the project). This is changing as more families are scheduled to take occupancy. It is also likely that there will be an increase in the number of clients with a history of substance misuse. With regard to the type of support that the Donabate project can offer and the extent of facilities, it is probable that future tenants with a history of addiction will represent about one-third of the client group at any one time.

Anecdotally, service providers indicate that problem drug use is far higher in the RDTF area than official figures suggest. It has been noted that the drug problem in North County Dublin in particular, is hidden to a greater extent than in the Inner City for example, but is nonetheless prevalent. People are somewhat more reluctant to seek services because of the risk of being stigmatised and the outreach worker has been asked in some cases not to call to people's houses because everyone knows who he is and families feel embarrassed by accessing services in such an obvious

manner. The extent of the problem of hidden drug use, which is known to service providers anecdotally, makes it more difficult to accurately and officially assess prevalence in the area (view Table 1.13).

The Health Research Board (2005b) notes that its findings in relation to the trends in treated problem drug use on the basis of Task Force areas, demonstrate the importance of analysis by small areas in order to identify the shift in problematic drug use to new areas. This is crucial in relation to North County Dublin, where there is, according to service providers, a growing but largely hidden population of drug users.

Table 1.13 Trends Among Individuals Treated with a Problem Drug Use

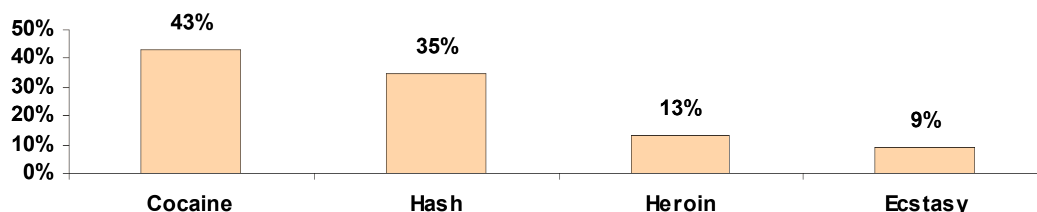
- Largely hidden population of drug users
- Growing problem with Cocaine & Tablets (benzodiazepines)
- High suicide rates particularly among young men who owned money to dealers
- Use of inhalants

Source: HRB, 2005

Overall, service providers note that there is a growing problem with Cocaine & ‘tablet’s’ (benzodiazepines). This is leading to high suicide rates particularly among young men who owe money to dealers. According to the HSE’s outreach workers, research recently carried out in the LDTF areas indicates that the use of inhalants is also a growing problem. At present, there is no specific treatment available for these addictions as there is for heroin misuse i.e. methadone, and so there is nothing to encourage users to come to service providers to declare their problem.

Drugs Awareness Project (DAP) Crosscare, which operates across North Dublin provides a SMS service which offers information to people in relation to drugs. Although calls can come from anywhere in Ireland and are therefore not specific to the RDTF area, they nonetheless provide an indicator of the drugs, which concern people generally at present. In May & June 2006, DAP received 15,361 calls requesting information in relation to drugs. The greatest number of calls (43 per cent) related to cocaine followed by 35 per cent of calls in relation to hash; 13 per cent for heroin and 9 per cent for ecstasy (view Figure II). DAP also offers a telephone helpline service during certain hours of the day on which the most frequently occurring problems are related to cocaine, cannabis and alcohol.

Figure II: Percentage of Calls to DAP (Crosscare) SMS Service requesting Information on Drugs between May and June 2006



Source: DAP (Crosscare), 2006

Service Provision

Service providers note that by comparison with other countries with which they have contact through European projects, the services in North County Dublin are '*lamentably thin on the ground, hard to access, and have excessive waiting-lists*'. This is particularly problematic in relation to addiction because when a family has a crisis there is a window of opportunity of a week or ten days during which, people are less resistant to change, and after which, '*the shutters go up again*'.

A HSE Northern Area mapping exercise in 2004 highlighted the fact that most addiction services are located within the LDTF areas and this still appears to be the case. The HSE Northern Area Addiction Services serving the RDTF area includes a satellite treatment clinic in Swords (two evenings per week) and a satellite clinic in Donabate (one evening per week); one outreach worker; one addiction counsellor and one education officer covering the RDTF area (view Table 1.14). The RDTF has also funded two development workers and education officers (part-time) in Fingal – one based in the Swords / Baldoyle Youth Service and the other in Balbriggan Youth Development.

Table 1.14 HSE Northern Area Addiction Services in the RDTF

• 2 Satellite Treatment Centres (Swords and Donabate)
• 1 Outreach worker
• 1 Addiction Counsellor
• 1 Education Officer

Source: HSE

The Donabate satellite treatment facility opened in September 2006 is the first centre to provide methadone treatment further north than Swords. Service providers note that a treatment centre is also required in Balbriggan as a number of clients attending the Swords clinic are from Balbriggan and other areas in the North-West. More dispensing pharmacies are also required. Most of those in treatment in the Swords clinic must fill their prescription on a daily basis as they are not yet sufficiently stabilised to receive methadone on a weekly basis.

Currently, this means they must travel every day to Swords to the pharmacy to receive methadone. This is problematic for those from Balbriggan, Donabate, and anywhere else in North County Dublin, particularly those who are in employment and/or those who have children.

With regard to education, the Department of Education (Circular 17/05) requires all schools to have a substance use policy. Social, Personal & Health Education (SPHE) is a curriculum subject in all primary schools since 2003 and this means that all primary school children receive substance use education e.g. the Walk Tall Programme in the context of SPHE. All primary school teachers have received training in SPHE / Walk Tall. Schools in LDTF areas receive supports in relation to the Walk Tall programme as follows:

- Information on the Walk Tall Programme
- Drug awareness information for teachers
- Planning and methodology workshops
- Parent information and drop in sessions on the Walk Tall Programme
- Policy development, implementation and review
- Annual seminar day (1 teacher representative from each school)
- Evening courses
- Summer courses nationally

Apart from the services outlined above, there are very few community-based organisations in the RDTF area dealing specifically with drugs-related issues, particularly in North County Dublin. Service providers surmise that this may be a function of the relatively hidden nature of drug misuse. As noted above, the drug problem in many areas in North County Dublin, has not, to date, been considered enough of a public problem (e.g. in terms of crime or anti-social behaviour), to

warrant the kind of lobbying that would result in either treatment facilities or community-based support services.

Data from the HRB (2005b) suggests that service provision between 1998 and 2002 was, to a large extent, able to cope with demand for drug treatment services (specifically in relation to opiate misuse) from persons living in the HSE Eastern Region. This is confirmed by outreach workers who find that treatment for heroin is relatively well-covered (in that service users can access these services outside of the RDTF area). They are concerned however, about the emergence of other problem drug use – in particular cocaine and inhalants.

In order to assess the true extent of service needs in the RDTF area, research is required on a community-by-community basis which will target the hidden population of drug users. This will not be an easy task given the lack of community-based services through which to access the target group. An innovative methodology employing a multi-faceted approach will therefore be required to fully capitalise on the currently existing anecdotal evidence. For example, a 'snowball' sample could be employed utilising the local knowledge of outreach workers, youth workers and those currently in treatment to gain access to those not presenting for treatment.

Such a methodology can only work on a small area basis because it relies on local knowledge for contacts and this is rendered less useful over a wider area. In addition, a robust ethical framework would need to be developed for such research in order to protect those who are in a very vulnerable position. It should also be noted that research of this nature requires adequate resources to ensure that it is as comprehensive as possible. Otherwise, it risks accessing only those who are easy to reach, thereby omitting valuable information on the service needs of those who are, at present, least-engaged with service providers.

Discussions with service providers in the LDTF areas indicate that there is some level of overlap and duplication in some of these areas because of the organic nature of service development i.e. services developed in response to identified needs but without any co-ordinated strategy at the outset.
This has led to a complex service provision landscape within which, service providers find there is a lack of networking, communication or co-ordination and service users find themselves confused and sometimes excluded because they do not 'fit' into the services provided. According to one service provider:

'The matrix of services is like a mystery, which a family with a problem has to solve before a door opens'.

Given the relative lack of service provision currently available in the RDTF area, there is a unique opportunity to develop an inter-agency approach in the implementation of the RDTF's strategic plan for service provision from the outset. In this way, issues of duplication, territoriality and more importantly, cases where service users fall through the gaps, can be avoided. An integrated services process incorporating inter-agency protocols allows for a more person-centred approach, which would avoid people falling through the net of service provision because they do not 'fit'.

An integrated services process should be robust enough to provide guidance for all drug-related services in the RDTF area – both statutory and community-based - while at the same time dynamic enough to allow for adaptation to new needs. This requires constant feedback from the target group in relation to their experience of services; and evaluation within an agreed framework, which applies to all service providers.

In the application of an integrated services process, valuable lessons can be learned from the LDTF areas and there are also models of good practice in integrated services e.g. the *Blanchardstown EQUAL Initiative Inter-agency Protocols* (2004). The role of the partnerships is to provide cohesion between the statutory and community sector and this should be capitalised on. Service providers note that where community development is already strong in an area, it is easier to provide services. For example, in Blanchardstown, community development was well underway when the LDTF received funding and so it was easier to make links and work together.

In developing an integrated services process for the RDTF area, a review of best practice models both nationally and internationally should be undertaken. Service providers in the LDTF areas already look to Canada & Australia for best practice models – in particular for needle exchange development. The current collaboration between the outreach workers and the juvenile liaison officers provides an example of inter-agency co-ordination that works well. Information is shared on a need-to-know basis so that young people are targeted as soon as they are arrested.

The Prevention & Education Sub-Committee of the RDTF currently liaises with the HSE, the Department of Education and Science, An Gárda Síochána and LDTF education officers. These are links that can be built upon throughout the RDTF to ensure a seamless approach to all drug-related service provision under the RDTF strategy.

In defining catchment areas for treatment and services, care should be taken that local politics do not come into play. At present in some LDTF areas, there is a situation where some people cannot access treatment in their own area because they live just a fraction outside the 'catchment' boundaries. They have to travel to other treatment venues such as Trinity Court located in the inner city thus made to feel excluded from their own area. According to both service providers and service users, every person should have the option to go their local health centre and receive treatment. It is therefore advised by service providers in the LDTF areas that statutory agencies should define the catchment boundaries for treatment in the RDTF area in order to ensure that every person has access to local services.

Current level of use of support/treatment services

There are currently 40 clients on methadone treatment in Swords Health Centre from the RDTF area. These clients are predominantly male – 35 compared to 5 females; most are between the ages of 25 and 34; nearly all are from middle-class backgrounds and the vast majority are employed (view Table 1.15). Despite their socio-economic status however, many of these clients are early school-leavers and this is considered by treatment centre staff to be an important and closely-linked factor in terms of their drug misuse.

Table 1.15 Profile of Clients Accessing Methadone Treatment in Swords Health Centre

- Predominantly male (35 males and 5 females)
- Aged between 25 and 34
- Middle-class backgrounds
- Employed
- Early School Leavers

There is a counselling, GP and nursing service available to these clients on a Monday and Thursday evening from 5.00 pm – 7.00 pm and they receive methadone from local pharmacies in the Swords area. The Monday clinic has been in operation for a number of years but the Thursday clinic commenced in January 2006 and in June 2006 that was full, with a long waiting list. Some of those in treatment in Swords either have already transferred or will transfer to the Donabate satellite treatment clinic which opened in September 2006. This will take some pressure off the Swords clinic but will not entirely meet the needs of Fingal-wide according to service providers. Currently, the clinics in Swords and Donabate provide methadone treatment and the Swords clinic offers a counselling service for its 38 clients.

Service users are very positive about the treatment clinic in Swords but note that the physical facilities could be improved. Clients currently hang around outside, in the reception area or along the corridor waiting for their turn to see the nurse & doctor. There is also only one toilet and one member of staff to process urine samples. They would like to have a facility for making or buying tea/coffee or just to get a glass of water as well as a safe place to leave children while they are with the nurse or doctor. A number of service users who have been to other centres, cited the treatment centre in Tallaght as a good model, where the facilities described are available.

There is only one outreach worker for all of North County Dublin and service providers feel that this level of outreach services is totally inadequate for the extent of the problem that exists in the area. DAP Crosscare claims that it receives more requests than it can handle for counselling – requests mostly from parents or from other counsellors who have clients with drug-related issues; occasionally from school or social services. The most common enquiry is in relation to how to handle a young person's use of cannabis, ecstasy, cocaine or alcohol. The "young person" in such enquiries ranges from 14 to 25 years, with the early 20s being an age which is frequently mentioned.

Requests for information about methadone and opiates are also received by DAP but these usually relate to information for referral, such as telephone numbers or addresses of outreach/satellite services, or to know which catchment area the caller belongs to. DAP also receives requests for 'Drugs Awareness Courses' from people in trouble with the courts following arrest for drugs offences, usually related to cannabis, at concerts such as Electric Picnic or Oxegen.

It is difficult to access suitable counselling/support services for cocaine users in the North County Dublin area, and indeed throughout Fingal, although services such as aural acupuncture are available in the Dublin North East LDTF area. Services are provided in EDIT (Edenmore) for people using drugs other than opiates and service providers in Fingal sometimes refer users to the services there. The HSE Addiction Counsellor is currently based in an office in Swords Youth Service and the Youth Service feels that this works well because it is an easy point of contact for young people who know she is there and they can make appointments with her without attracting too much attention.

According to service providers however, those with a cocaine problem will not link in to services in the same way as heroin users because the services do not offer them anything that they view as worthwhile i.e. treatment such as methadone does not apply. Because they are generally not injecting, they are not being seen in the needle exchanges in Ballymun or Merchant's Quay.

Priority Needs

Access to services is considered by all service providers to be the most urgent need in the RDTF area. Currently, services have to be accessed in LDTF areas and in Dublin City as service provision in the RDTF area is under-developed and inadequate to meet users' needs.

In the North County Dublin area, there is a need for a treatment centre in Balbriggan to reduce the waiting lists for both the Donabate and Swords treatment centre as well as allowing those who wish to access treatment locally to do so. The need for a treatment centre in Balbriggan was strongly identified by service users at the Swords Treatment Clinic. Service providers and users would also like to see greater access to local GP services for treatment and to local pharmacies for dispensing methadone (view Table 1.16).

Table 1.16 Types of Service Provision Requested in North County Dublin

- Local based treatment services
- Drug related GP services for treatment
- Increase methadone dispensing services in local pharmacies
- Day treatment programmes
- Group therapy
- Drop-in Centre offering meals and washing facilities
- Strategic service plan to meet specific target group needs
- Drug Awareness course for young people
- Personal development and self esteem building courses
- Facilities for homeless person with problem drug use
- Information provision about services and entitlements

The opportunity to access treatment and pharmacies locally is desirable for a number of reasons. It reduces the requirement to travel – sometimes on a daily basis - which is problematic for many service users. Travelling to Dublin city centre to access either methadone treatment or clean needles puts service users at a greater risk of obtaining heroin. This is evident by a number of service users who acknowledge having been offered heroin to buy even at the Swords treatment centre.

Local treatment – particularly through GPs – would reduce the risk of service users meeting others receiving treatment who might offer heroin. However, it should also be noted that some service users prefer not to access services locally as they do not want to be identified in their own community. They also feel that the new routine of travelling for clinic visits/methadone is important to them as it breaks their previous heroin-related routine. It is therefore important that the choice of local treatment or otherwise is available to all service users as a matter of course.

Service providers have identified a priority need for a needle exchange in Fingal, which would allow service users to obtain clean needles locally without having to travel to Ballymun or Merchant's Quay as is currently the case. Some service users are ambivalent about this issue because they feel that more young people would begin injecting if they had the access to needles that a needle exchange would provide. They feel that access to needles would exacerbate the situation – particularly in North County Dublin, where very few younger drug users have access to needles. This view however, was expressed only by those who are currently smoking rather than injecting heroin. Those who are currently injecting entirely disagree with this viewpoint and emphasise the need for local needle

exchanges, which would provide safer access than travelling into the City, where heroin is frequently on offer. In addition, they point out that many young people, who are currently smoking, will eventually inject and that it is better for them to have access to clean needles from the outset rather than sharing needles with older users.

Service providers stress that there is still a sufficient number of users injecting according to service providers (most of those at the Swords clinic on a Monday are currently injecting) and there is a need for access to clean needles and health and safety education for this group. Balbriggan has been identified by service providers as an area, which is particularly problematic for needle-sharing. Outreach workers note that older users tend to introduce younger drug users to needles and for this reason, as well as their own health & safety, it is important to ensure that they are supplied with clean needles and education, which might prevent them from introducing younger users to needles, or at least provide them with information about safer injecting practices. This is exemplified by the findings of the Health Research Board, as noted above, which show that information on safe practices can reduce the risk to injectors.

There is also a need for an increase in counselling services in the area to deal with the increased number of clients presenting using cocaine and substances other than heroin. There is currently only one full-time counsellor for the RDTF area. At the very least, a second full-time counsellor is required and counselling services are required out of hours. Many service users in the RDTF area are in employment and this makes it difficult for them to access counselling services during work hours. In light of this, there is greater need for out of office hours counselling services.

The counsellor that is operating in the RDTF area is interested in introducing group sessions in addition to individual counselling. Although the current venue utilised by this counsellor might be considered suitable from the perspective of individual young people, it is not suitable for group sessions (it is a small room) and does not necessarily cater for older users. A dedicated drop-in centre with sizeable group therapy rooms might therefore be more appropriate for this purpose. This counsellor notes that there is an urgent need for suitable premises in which to see people that would allow for evening consultations i.e. with security.

In general, service providers recommended there is a very clear need for the following type of counselling support services:

- at a low cost
- outside the hours of 9 to 5
- for adults and/or under-18s
- for non-opiate drug use
- in particular for cocaine use
- for alcohol use
- where cannabis use is complicated by dual diagnosis such as Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD).

Service providers would like to see a dedicated clinic in the Swords area offering a holistic approach to drug addiction to include counselling, day treatment programmes, group therapy and a drop-in centre which would offer meals and washing facilities. In this regard, both EDIT (Dublin North-East Drugs Task Force, Edenmore project), and the Mountview/Blakestown Community Drug Team are considered by some service providers to be models of good practice in the Dublin area.

Service users at the Swords Treatment Clinic suggested a priority need for a drop-in centre, which could cater for all age groups, but especially for young people, for whom they say, there is simply 'nothing to do'.

Money is currently being invested into heroin treatment. Although it is necessary to continue with this, there are other needs emerging now. According to service providers, the services have not necessarily caught up with these needs. These include cocaine use, high parasuicide rates as well as prostitution among young women who have been stabilised on methadone and then become involved with cocaine. It is important to carry out research into what the current needs are on an area-by-area basis and to come up with a strategic service plan to meet such specific needs.

In order to attract cocaine users to access the available services, service providers suggest that some form of benzodiazepine detox or residential therapy program should be considered. Methadone is the initial link for heroin users into services

and it is vital that some link is made for cocaine users other than counselling as this is not enough to attract them to access services. In this regard, there is a need for youth workers to undertake street-work to engage with young people who are not currently accessing services.

Service users would like to see the treatment waiting lists reduced - many of them had to wait up to 8 months to get a place at the Swords treatment clinic. They feel that this is too long and that action should be taken more swiftly. One young service user commented:

‘*They said I wasn’t bad enough - they seemed to want me to go away and get worse before they’d give me a place*’.

Almost all of the service users who were interviewed feel there should be greater assistance with and ongoing support for getting back into the work force. They would like to see reduced waiting lists for training courses because they find that the waiting list for some FÁS courses e.g. fork lifting and warehousing are too long.

Some service users identified a need for detoxification rather than methadone treatment. They find that the emphasis of treatment clinics is to get people better before they can participate fully in life e.g. before they can take up employment. However, because methadone is a long-term treatment, this is impractical for many service users who want and need to work. They do not wish to be unemployed and find that being constructively occupied keeps them away from drugs.

Drug awareness courses for children were identified by service users as being necessary to prevent greater numbers of young people from becoming involved with drugs. However, a number of service users commented that drug awareness is not enough because ‘*you know what you’re getting into when you start taking heroin*’, indicating that personal development and self-esteem building courses are also appropriate.

A number of service users noted the dire need for assistance for homeless persons with problem drug use and feel that facilities should be provided for them as a matter of urgency. The new Outreach and Tenancy Sustainment Service (OTSS) of the Peter McVerry Trust, will begin to address some of these issues for active and

previous drug users.[7] However, service users from Fingal generally need to travel to the City Centre to avail of this service.

Finally, service users would like to see greater information provision about services and entitlements. They feel that it is a case of 'find everything out for yourself' and that even when they do know their entitlements, staff from statutory agencies seem unwilling to give them these entitlements – for example, an annual clothing allowance for homeless persons. In this regard, they would like to know who they can call on for support and advocacy in obtaining entitlements.

Specific needs in relation to Prevention

Although the best approach in addressing prevention needs requires a community based approach, service providers stated these needs vary enormously from community to community. Addressing these needs requires a collaborative effort by all parties to offer the following:

- Full implementation of school substance use policies in the RDTF areas
- Social, Personal and Health Education (SPHE) programme support in the RDTF areas
- Quickly-accessible crisis-resolution for families where a drug issue has come to light (this is often a short-term intervention, rather than counselling, focusing on parenting etc.)
- Short training courses (e.g. 2 to 6 sessions) for parent skills training
- Information about existing services and resources both for service providers and users to enable a greater understanding of the complex systems of the health services
- Increased awareness of resources such as websites, information brochures etc.
- GP early-intervention systems
- Responsible server programmes for shops, off-licences, pubs
- Holistic approaches where Gardaí become involved with communities in creative programmes to prevent drug-related problems.

All service providers note the need for comprehensive, factual information available to all communities and particularly to young people and parents. There is unanimous agreement on the need for greater prevention education at primary school level and the need for an agreed policy to be uniformly implemented. The

[7] For further information on this service, see www.homelessagency.ie

VEC Youth Services Section reports that the prevention and education pillar of the RDTF strategy is catered for within the youth services, with which, it works in Swords/Baldoyle and Balbriggan, through the funding by the RDTF of development and education workers.

Service providers also note the need for inter-agency working with regard to prevention and the Prevention & Education Sub-Committee highlights Action 108 of the National Drugs Strategy, which aims to strengthen interagency links at a local level to ensure cohesion and consistency in delivery of prevention initiatives. Stronger liaison is also required between statutory agencies and communities themselves e.g. between the Gardaí and communities around supply and control.

In addition, the Prevention & Education Sub-Committee of the RDTF notes that prevention initiatives should be targeted to meet the specific needs of certain marginalised groups such as the new ethnic communities at a local level and that further research should be commissioned into these needs. Given the very high proportion of new ethnic communities that have moved into North County Dublin in recent years, research into these communities needs is crucial.

A report by Merchant's Quay Ireland on drug use among the new communities (2004), indicates that, while drug use is evidently a problem among the new communities, this is a particularly difficult group to access for research purposes. A methodology employing field researchers from within these communities would therefore be required. In addition, a November, 2006 conference on Drug Issues and Diversity held by Pavee Point and Merchants Quay Ireland, highlighted the need for the recruitment of staff to drugs-related services from within the new communities. It stressed however, the fact that such workers should not work solely within their own communities (e.g. Asian with Asians).

Research is also required to examine creative ways of addressing the mental health issues of at-risk young people with particular reference to the issue of suicide.

Specific needs in relation to Education

Service providers are in agreement that an education strategy which delivers factual, easily accessible information from primary to third level institutions as well as to the wider community on a formal and informal basis is the key to prevention

of drug misuse. In this regard, there is a need for greater awareness of and implementation of the School Substance-Use Policy.

It is however, noted that while schools can help to prevent drug problems during the day, families and the community are in a stronger position to prevent drug use during the evenings, weekends and holidays. A holistic approach between schools, families and the community is therefore possibly the most successful in terms of prevention & education.

In order to achieve this aim, mechanisms that engage parents in education programmes, which reflect the schools-based programmes should be established to ensure consistency of the message being given to young people. In addition, the National Education Welfare Board and the Home School Community Service should be expanded and supported as early school leaving is a major contributory factor in drug misuse. The SPHE, when well taught, is considered by service providers to be a particularly useful tool in a holistic approach to the prevention of substance use problems. In this regard, training and support services in SPHE for teachers need to be augmented and expanded to include RDTF schools. Overall, a more pastoral and less disciplinary approach to young people using drugs is required.

Service providers find there is a need for acceptance within communities that needle exchanges and health & safety education is a necessary part of treatment. Many parents want methadone for their children but do not accept the other aspects of treatment. Some areas are more open to needle exchanges and health & safety education than others. There is a need for suitable drop-in centres where young people can obtain information on drug misuse and where drugs can be tested so people know what they’re taking. Within such centres, personal development and self-esteem training is necessary for young people to enable them to make better choices for themselves.

In addition, there is a clear need for education and training of support workers and project workers particularly around health & safety in working with injectors and the use of cocaine, inhalants etc. Currently in the LDTF areas, many support and project workers are on Community Employment (CE) schemes and do not feel the need to obtain training in the area of drugs-related work.

Some service providers question whether the CE scheme is an appropriate channel for people working with addiction as they are already disadvantaged themselves and are not necessarily qualified to work with drug users. Training and capacity-building is therefore required for community-based projects at the outset.

At present, Community Awareness of Drugs (CAD) offers a drugs-related Education Day for community workers and 'new to post' workers three times per year. Dr. Des Corrigan, Senior Lecturer at the School of Pharmacy and Chair of the National Advisory Committee on Drugs (NACD) is the principal lecturer at these informative events. The day includes shared personal experiences from parents and young people in recovery. Service providers suggest that participation in education and training events such as this should be an obligatory element in project workers' employment. In this regard, CAD points out that the recent decision by FÁS that individuals on FÁS courses cannot be released to attend short introductory-type courses was unhelpful.

1.3 SOCIO-ECONOMIC PROFILE

The following section addresses the fifth objective of this study, which is to map the findings onto the socio-economic profile of North County Dublin detailed in Section 2 of the overall report – REMOVING THE BOUNDARIES; Building on the Foundation for Social Inclusion in Fingal.

Population growth in North County Dublin will be a key factor in the implementation of the RDTF strategy and in regard to this research significant population growth has been recognised in the Swords, Balbriggan and Lusk areas. While Swords is reasonably well catered for in terms of opiate treatment and addiction counselling, Northern parts of the county as outlined above, require urgent attention to meet potentially greater demand. Needs in relation to other problem drug-use should also be addressed in all areas.

A prevalent feature in this population growth is the greater numbers of new communities. The specific strands of the RDTF Strategy should therefore be 'proofed' to ensure inclusion of this group in its overall implementation.

Given the somewhat younger age profile in North County Dublin by comparison with the rest of the State, particular attention should be paid to strategies which address the needs of young people. As noted by the HRB (2005a), those in the 15 – 24 year age group are particularly vulnerable to developing addiction problems. Again, Balbriggan and Swords features strongly for above average levels of young people at risk.

North County Dublin generally displays strong labour force participation and a lower unemployment rate than the State as a whole. This is worth noting with regard to drug-related services. Service providers identified this characteristic as being particular to Fingal by comparison with, for example, Dublin City i.e. problem drug users in North County Dublin have a greater tendency to be employed than those in the City and this has implications for the delivery of services e.g. out of hours counselling and local dispensation of methadone. Service users also expressed concerns around ability to participate in treatment and work or training at the same time.

Similarly, while educational attainment is relatively higher in North County Dublin than in the State as a whole, there are nonetheless issues around early school-leaving as in all areas of the country. Leaving school without adequate

qualifications is identified by the HRB (2005a) as a key factor in vulnerability to developing a problem with drug use. This highlights the importance of inter-agency working between the statutory and community sector to ensure that those who do not benefit from school interventions are not further excluded through lack of access to out-of-school services.

Based on Socio-Economic Grouping (SEG) and Social Class (SC), North County Dublin appears to be relatively affluent. However, as noted in Section 2, this overall affluence masks small pockets of poverty and deprivation.

In relation to this, service providers have again, identified a greater tendency to hide such problems in those parts of North County Dublin that are considered to be relatively affluent (most of the RDTF area). In effect, this means that those who are in fact, relatively deprived but are living in relatively affluent areas, are more likely to try to hide financial problems than those who are living in areas that are designated '*disadvantaged*'. This in turn leads to a reluctance to engage with statutory and community services, particularly around problem drug use. In light of these findings, it is crucial that the RDTF Strategic Plan attempts to address the problem of 'hidden' drug use so that it can fully engage with the needs of a particularly vulnerable group.

1.4 CONCLUSIONS

A PROFILE OF PROBLEM DRUG USE

- There are particular difficulties in relation to data collection on problem drug use, especially in terms of quantitative measurements. In order to address this issue, more quantitative data is required at a small-area level on problem drug use other than treated opiate misuse. There is not however, sufficient information-sharing across all agencies in all geographical areas, to allow for such a comprehensive statistical profile to emerge. An inter-agency approach to data collection is therefore required, which incorporates protocols on data-sharing around clients that do not compromise client confidentiality.

- Further research is required into 'hidden' drug use to clarify the extent of the problem and to develop strategies to address this problem. Such research needs to be undertaken on a community-by-community basis as generalised surveys will not uncover those who are currently least-engaged and will therefore not address the specific needs of each local area.

- Qualitative information is particularly useful in a study of this nature, not only because of the lack of substantial quantitative data; rather because qualitative data more effectively explain the trends identified through quantitative data. While statistics may show the extent of a problem, they cannot necessarily explain the underlying causes. Qualitative information thus provides invaluable insight to the perspective of experts (those working most closely with the problem) on how to resolve the issues presenting.

- Although the scale of this survey is necessarily limited because of the current extent of service provision and access to problem drug users, this is not problematic in terms of the outcomes of the research, which is exploratory in nature and does not require extrapolation to a wider population.

PROBLEM DRUG USE IN THE RDTF AREA

- Drug use is hidden to a greater extent in the RDTF area than in other areas of Dublin County. This is perhaps, due to the traditionally rural nature of much of this area, with a number of small close-knit communities, where drug users might feel more stigmatised than in the city. This feeling of

stigmatisation is exacerbated somewhat by the perceived affluence of much of the RDTF area, in which those who are already marginalised within this affluence do not wish to further marginalise themselves through engaging with drugs services.

- The lack of community-based infrastructure in relation to problem drug use in the RDTF area leads to a relative lack of information about the extent of the problem as well as a lack of access to the target group. This is particularly the case in North County Dublin.

- There is a growing problem with drugs other than heroin – in particular cocaine and benzodiazepines. This is leading to high suicide rates particularly among young men. The use of inhalants is also a growing problem. Research is urgently required into innovative ways to accurately assess this problem as well as a means of drawing these users towards services, which they do not currently access because of a perceived lack of benefit to themselves. Because of the wider spectrum of problem drug use, services must be geared towards a range of drugs rather than focusing predominantly on one type.

SERVICE PROVISION

- Service provision in the RDTF area is inadequate to meet the needs identified by service providers and service users. Access to services *locally* is considered by service providers to be the most urgent need in the RDTF area. A treatment centre is particularly required in the Balbriggan area to cater for drug users in northern areas of the region beyond Donabate.

- Meeting identified needs requires a collaborative effort by all involved including the statutory, voluntary and community sector. In this regard, the RDTF needs to develop an inter-agency infrastructure based best practice models of inter-agency working both at nationally and internationally level. This is necessary to prevent overlaps and gaps in service provision.

- Every person should have the option to go their local health centre to receive treatment. Because catchment boundaries for methadone treatment can become contentious if left to communities to decide, it may be advisable to have such boundaries defined by statutory agencies in the

RDTF area. This is necessary to ensure that every individual has a choice in terms of place of treatment.

PRIORITY NEEDS

- A needle exchange programme is required in the region to ensure harm reduction to those currently injecting in the area. In this regard, best practice models should be examined both nationally and internationally to reduce the likelihood of increased injecting through the availability of clean needles.

- Greater access to GP services, methadone-dispensing pharmacies and local services in general is required.

- An increase level of counselling services are required to meet identified needs. The one addiction counsellor currently operating in the RDTF area is insufficient to meet the growing demand as identified by service providers and users.

- Given the population growth in RDTF, a dedicated addiction facility is required in Swords with expanded outreach services to extend further north of the county as far as Balbriggan.

- An urgent need to develop support services for homeless persons with problem drug use. This may be addressed to some extent by the Peter McVerry Trust Outreach and Tenancy Sustainment Service. Accessing these services however, requires service users to travel outside of the area. Facilities such as the Sophia Transitional Housing project in Donabate are required in other areas of the RDTF region so that service users do not have to become disconnected from families and communities in order to avail of services

- Research is needed on specific target groups e.g. new ethnic communities, homeless persons, ex-offenders, the lesbian, gay, bisexual and transgender group, and Travellers in order to develop profiles of these groups in relation to problem drug use. This is to ensure their specific needs can be met within mainstream service provision.

- Research is also required to examine creative ways of addressing the mental health issues of at-risk young people with particular reference to the issue of suicide.

PREVENTION & EDUCATION NEEDS

- Drug related prevention and education needs vary enormously between communities. Such diversity therefore needs to be assessed on community-by-community basis. Service providers have made a number of suggestions in this regard throughout the report.

- Comprehensive, factual information needs to be made available to all communities with a particular focus on young people and parents. An education strategy which delivers factual, easily accessible information from primary to third level educational institutions as well as the wider community is crucial to the success of promoting drug misuse prevention initiatives throughout the region.

- The SPHE (when well taught), is considered by service providers to be particularly useful tool in the promotion of a holistic approach to the prevention of substance misuse problems. Training and support services in SPHE for teachers in particular, this needs to be augmented and expanded to include RDTF schools.

- Strong links are required between the schools and the wider community as young people only spend a certain proportion of their time in schools after which, the community has a greater role to play in prevention. In order to achieve this aim, mechanisms that engage parents in education programmes, which reflect the schools-based programmes should be fully supported to ensure consistency of the message being given to young people.

- Education is required to engender acceptance within communities that a harm reduction approach is a necessary feature of treatment.

- Capacity building is essential for community projects and support workers from the outset so that they are in a position to provide on an on-going basis the correct information and advice to service users.

- Prevention initiatives should be targeted to meet the very specific needs of certain marginalised groups such as the new ethnic communities and Travellers at a local level.

- The National Education Welfare Board service and the Home School Community service should be expanded and supported throughout the RDTF area, particularly as early school leaving is a major contributory factor in drug misuse.

- There is a need for suitable drop-in centres where young people can obtain information on drug misuse and where drugs can be tested so people know what they are taking. Within such centres, personal development and self-esteem training is necessary for young people to enable them to make better choices for themselves.

SOCIO-ECONOMIC PROFILE

- Population growth in the RDTF region will be a key factor in the implementation of a drug misuse strategy, with particular regard to Swords, Balbriggan and Lusk areas.

- A prevalent feature in this population growth is the growing numbers of new communities. A specific strand of the RDTF Strategy is therefore required around 'proofing' to ensure inclusion of these communities in its overall implementation.

- A specific RDTF strategy that targets the needs of young people is required because of the growing young person's age profile in North County Dublin.

- Strong labour force participation, lower unemployment, a relatively high educational profile and a relatively affluent score on deprivation indices by comparison with the State, mask a somewhat hidden group of people. This group is marginalised to an even greater extent because they do not live in designated 'disadvantaged' areas and therefore miss out in terms of resource allocation. Consequently, it is all the more important that the RDTF ascertains the needs of these individuals experiencing problem drug use who are effectively 'hidden' from service providers.

1.5 RECOMMENDATIONS

Based on the findings above, the following recommendations are outlined in relation to four of the five strategic objectives outlined in the RDTF Strategy – prevention & education; supply reduction; treatment and research.

PREVENTION & EDUCATION

RECOMMENDATION 1 – COMMUNITY BASED INFRASTRUCTURE

Drug related prevention and education needs should be addressed on a community-by-community basis. The RDTF should seek, to address these needs based on the development of existing community-based infrastructure. This should be achieved through an inter-agency approach from the outset to prevent issues of territoriality and gaps in service provision.

RECOMMENDATION 2 – INFORMATION FROM A SERVICE PROVIDER AND USER PERSPECTIVE

Information about existing services and resources both from a service provider and users perspective needs to be disseminated to enable a greater understanding of the complex systems of the health services.

RECOMMENDATION 3 – CAPACITY BUILDING FOR COMMUNITY PROJECT

The RDTF to promote capacity-building for community projects and support workers to ensure they are in a position to provide the correct information and advice to service users, particularly youth workers engaging in outreach work.

RECOMMENDATION 4 – FACTUAL EASILY ACCESSIBLE INFORMATION

There is a need for factual, easily accessible information about existing drug related services for third level education institutions as well as the wider community. While recognising the value of primary prevention strategies within the SPHE programme and the implementation of school substance use policies in the RDTF areas this is mainly targeted at primary and secondary level education institutions.

RECOMMENDATION 5 – ENGAGE PARENTS

There is need to promote mechanisms that engage parents in drug education programmes, which support schools-based programmes; offer quickly-accessible

crisis-resolution for families where a drug issue comes to light; short training courses in parenting skills.

RECOMMENDATION 6 – EDUCATION CAMPAIGN

The RDTF to initiate an education campaign designed to engender acceptance within communities that harm reduction approaches such as needle exchanges and health & safety education are necessary features of treatment.

RECOMMENDATION 7 – MARGINALISED GROUPS

Specific prevention and education needs of marginalised groups such as the new ethnic communities and Travellers should be targeted by the RDTF.

RECOMMENDATION 8 – ADVOCACY WORK

There is a great need to advocate for the expansion of National Education Welfare Board Service and the Home School Community Service in the RDTF area.

RECOMMENDATION 9 – YOUTH CAFÉ SERVICES

The RDTF to resource the development of youth café services in the region to provide non-threatening environment where young people can gather and receive information which promotes their mental and physical wellbeing, particularly in relation to illicit drug use.

SUPPLY REDUCTION

RECOMMENDATION 10 – CREATIVE PROGRAMME LINKS BETWEEN GARDAI AND COMMUNITIES

Stronger links between the Gardaí and local communities in the promotion of creative programmes that promote responsible serving programmes for shops, off-licenses and pubs.

TREATMENT

RECOMMENDATION 11 – SUPPORT BEST PRACTICE MODELS ON INTERGRATED SERVICE PROVISION

A review of best practice models in inter-agency working both nationally and internationally should be undertaken to identify the best approach to an integrated services process in the delivery of the RDTF Strategy. This process should allow for a person-centred approach to service provision, which ensures a continuum of care for individuals.

Given the importance of developing a multi-stakeholder approach to the issue, it is important to begin such a process by convening an initial seminar involving all stakeholders in the RDTF area. This research should be utilised as a starting point from which to discuss possibilities for moving the agenda forward. Such a seminar would also be crucial in encouraging community groups to become involved in the development of the necessary integrated services process.

RECOMMENDATION 12 – LOCAL ACCESSIBLE SERVICES

Drug related services in the RDTF region needs to encompass a range of problem drug use issues rather than focusing predominantly on one type. The RDTF should work to deliver *locally accessible* services across a range of problem drug issues. Methadone-dispensing pharmacies and local GP services are a key element of this process in relation to opiate treatment.

RECOMMENDATION 13 – TREATMENT CENTRE

The RDTF should liaise with the appropriate State agencies to promote the delivery of a treatment centre in Balbriggan, which would cater for drug users further North of the County than Donabate.

RECOMMENDATION 14 – HARM REDUCTION PROGRAMME

A needle exchange programme is required in region to ensure harm reduction to those currently injecting in the area. In this regard, best practice models should be examined both nationally and internationally to reduce the likelihood of increased injecting through the availability of clean needles.

RECOMMENDATION 15 – ACCESSIBLE GENERAL PRACTITIONER SERVICES

Greater access to GP services, methadone-dispensing pharmacies and local services required throughout the region, particularly in the Balbriggan area.

RECOMMENDATION 16 – OUT OF HOURS COUNSELLING SUPPORT SERVICES

Counselling support services are required to respond to the need for out-of-hours counselling and facilities for group therapy sessions. The one addiction counsellor currently operating in the RDTF area is insufficient to meet the growing demand as identified by service providers and users.

RECOMMENDATION 17 – ADDICTION FACILITIES

A dedicated addiction facility required in both the Balbriggan and Swords areas of the region to meet the growing population need in both these area.

RECOMMENDATION 18 – OUT OF HOUSE SUPPORT SERVICES

A need to develop support services for homeless persons with problem drug use in the area such as the Sophia Transitional Housing project.

RECOMMENDATION 19 – REDEFINE TREATMENT CATCHMENT AREAS

Boundaries for catchment areas for treatment should be defined by statutory agencies in the RDTF area to ensure that every individual has a choice in terms of location of treatment.

RESEARCH

RECOMMENDATION 20 – INTERAGENCY INFORMATION SHARING PROTOCOLS

An inter-agency information-sharing protocol needs to be developed among drugs-related services operating throughout the region. This is to ensure that variations of drug use are captured at the lowest level such as Electoral Division (ED) rather than being based on the boundaries of individual service providers. Such information is vital to assisting communities identifying local needs in the planning of services.

RECOMMENDATION 21 – COMMUNITY BASED RESEARCH TO IDENTIFY HIDDEN DRUG USE

Local community based research to be commissioned into 'hidden' drug use to identify the full extent of problem drug use other than treated opiate cases. The

main aim of this research is to identify the needs of 'hidden' drug users and the best means of engaging them with services.

RECOMMENDATION 22 – COCAINE AND INHALANTS USE:

Information required on the extent and nature of cocaine use and the use of inhalants in the region as well as an explanation for the up take of these drugs amongst the regional population.

RECOMMENDATION 23 – MARGINALISED TARGET GROUPS:

Research required into the specific drug related needs of marginalised target groups such as new ethnic communities, homeless persons, ex-offenders, the Lesbian, Gay, bisexual and transgender group, and Travellers in order to develop a profile of the type of support services required by these groups in relation to problem drug use. Where feasible, members of these target groups should be employed in the consultation phase of this research.

RECOMMENDATION 24 – MENTAL HEALTH ISSUES AND YOUNG PEOPLE

The RDTF should examine creative ways of addressing the mental health issues of at-risk young people with a particular reference to the issue of suicide.

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APPENDIX 1 MEMBERS OF REGIONAL DRUGS TASK FORCE

Representing	Title	Name
An Gárda Síochána	Detective Inspector	James McGowan
Area-Based Partnership	Assistant Manger	Noreen Colgan
Community Sector (Greater Blanchardstown Response to Drugs)	Co-ordinator	Philip Keegan
Regional Drugs Task Force	Independent Chairperson	Edward Shaw
Community Sector (Balbriggan Awareness of Drugs)	Chairperson	Paddy O'Shea
Community Sector (Traveller-specific drug initiative)	Primary Healthcare Worker	Kathleen Joyce
Custom & Excise Enforcement	Assistant Principal Officer	Shay Doyle
Dept. of Education & Science	Senior Inspector	Brendan Doody
FAS	Senior Development Officer	Mick Mulkerrin
HSE Dublin North East	Director of Mental Health & Addiction Services	Tony Leahy
LDTF Ballymun	Researcher	Marie Lawless
LDTF Blanchardstown	Co-ordinator	Joe Doyle
LDTF Finglas-Cabra	Co-ordinator	John Bennett
LDTF North Inner City	Co-ordinator	Mel MacGiobúin
LDTF Dublin NE	Co-ordinator	Tom O'Brien
Local Authority – Fingal County Council	Senior Community Officer	Pat Queenan
National Drugs Strategy Team	Assistant Principal Officer –DoH&C	Anna-May Harkin
Probation & Welfare Service	Assistant Principal Officer	Anna Connolly
Public Representative	Councillor	Maurice Ahern
Public Representative	Councillor	Eibhlin Byrne
Public Representative	Councillor	Bronwen Maher
Public Representative	Councillor	May McKeon
Vocational Educational Committee	County Youth Development Officer	Martin MacAntee
Voluntary Sector		Mairead Kavanagh
Voluntary Sector (Community Awareness of Drugs (CAD)	Coordinator	Bernie McDonnell
Voluntary Sector (DAP- Crosscare)	Director	Chris Murphy
Voluntary Sector (Peter McVerry Trust)	Manager Residential Transitional Service	Feidhlim O Seasnáin
Voluntary Sector (Merchant Quay Initiative)	Assistant Director	Mary O'Shea
Voluntary Sector (Ana Liffey Drug Project)	Director	Tony Duffin

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