Contents

Contents

We are all aware of the problems facing individuals, families and communities as a result of drug misuse. However, solutions are not clear or easy and addressing this complex problem requires a multidisciplinary response by a range of Government Departments, Agencies and communities.

It was for this reason that the Government agreed the National Drugs Strategy 2001-2008. The Strategy brings together for the first time all the key agencies involved in the drugs field in a co-ordinated manner in order to tackle the problem of drug misuse. It sets out a series of objectives, performance indicators and actions. The publication of this report covering the period 2001 to mid 2004 provides us with an opportunity to assess progress to date, to look at the challenges ahead and to ensure to that we continue to deliver on the commitments in the Strategy.

Although many challenges remain, it is important to note the progress that has been made.

In relation to supply, while there are annual fluctuations, there has been an increase in the volume of drugs seized in almost all drug categories over the period. Of particular note has been the big increase in cannabis resin, amphetamines, cocaine and ecstasy seizures in 2003.

Under the prevention pillar, the Department of Education and Science has put substance misuse programmes on all school curricula since September 2003. In addition, under this pillar the National Awareness Campaign on Drugs was launched in May 2003 to promote greater awareness and communication about the drugs issue. It is being rolled out over three years. The campaign has featured a number of television, radio and press advertisements which are supported by information brochures and a website.

Regarding treatment, considerable progress has been made in increasing the number of methadone treatment places. As of July 2004, the number in treatment was over 7,000, exceeding the target of 6,500 set in the Strategy and is an increase of 40% since December 2000. In addition, although more work remains to be done to reach the targets set in the Strategy, waiting lists for treatment have also been reduced.

In relation to research, the National Advisory Committee on Drugs (NACD) have produced a number of important reports which are outlined in Chapter 2, including the All-Ireland Drug Prevalence Survey and an estimate of opiate users which provide sound and reliable base-line data essential for tracking progress in the years ahead.

I am also very glad to say that all ten of the Regional Drugs Task Forces (RDTFs) are up and running since the end of 2003. Although this has taken longer than expected, I believe that it has been time well spent. The Task Forces are currently mapping out the patterns of drug misuse in their areas – as well as the range and level of existing services – with a view to better co-ordination and addressing gaps in the overall provision. The work being undertaken by the RDTFs will feed into the drafting of regional action plans and I am confident that these will be rolled out in 2005.

In addition, the valuable work being done through the Local Drugs Task Forces and the Young People's Facilities and Services Fund is ongoing. Since the Strategy was launched in 2001, the second round of LDTF plans have got underway and I also launched a second round of the YPFSF in early 2004.

In this regard, it is worth pointing out that since 1997, over €80m has been allocated to the Task Forces to implement their two rounds of local action plans. A further €12.8m has been allocated to capital projects under the Premises Initiative for Community Drugs Projects and approx. €80m has been allocated to support the work of the YPFSF.

I am also aware that trends in drug misuse continue to change and, in particular, cocaine use now poses serious challenges for all those involved in delivering drugs services. In this regard, I have recently approved various pilot projects in the areas of training, education and treatment aimed at tackling the

problem of cocaine use. I am confident that the results of these pilots will help us improve our knowledge in this area. These projects will be rolled out during 2005.

In addition to this report, my Department is working on the mid-term review of the Strategy. The review will allow us to assess the current state of the Strategy and re-focus it, if necessary, in the remaining years up to 2008. A widespread public consultation process has been carried out and the outcome of the process will no doubt highlight many new challenges for the remainder of the Strategy.

A number of Departments and Agencies have helped provide the information in this report and I thank them for their input. I would also like thank the individual projects mentioned in Chapter 4 for providing information on the important work which they carry out in Local Drug Task Force areas.

In conclusion, I think it is important to say that the Strategy set many challenging and ambitious targets and in the three years or so since it was launched, I believe that significant progress has been made across the four pillars. However, I am also aware that we are just at the halfway stage and that many key challenges remain to be tackled. Accordingly, we must continue to vigorously pursue the implementation of the Strategy in order to meet our overall objective of significantly reducing the harm caused by drugs to individuals, families and communities. This must continue to be a priority for all of us who are involved in this area in the coming years.

Noel Ahern T.D.
Minister of State for the National Drugs Strategy

Chapter One

Background to the Strategy and structures involved in its delivery

Background to the Strategy and structures involved in its delivery

1.1 Background

1.1.1 The National Drugs Strategy 2001-2008 was launched in May 2001 and brings together, for the first time, all of the elements of drugs policy in Ireland into a single policy framework. The overall strategic objective of the National Drugs Strategy is:

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

The Strategy assigns responsibility to – and sets targets for – the different Government Departments and Agencies involved in delivering drugs policy across the four pillars of *supply reduction, prevention (including education and awareness), treatment (including rehabilitation and risk reduction)* and research. Under each of the pillars, a series of objectives and key performance indicators have been set. The Strategy also sets out 100 actions for implementation by individual Departments and Agencies. These actions are designed to drive the Strategy forward.

1.2 Structures of the National Drugs Strategy

1.2.1 Aside from the individual Departments and Agencies which are outlined in Table 1.1, there are a number of other structures involved in implementing the Drugs Strategy:

- Cabinet Committee on Social Inclusion (CCSI)
- Inter-Departmental Group on Drugs (IDG)
- Department of Community, Rural and Gaeltacht Affairs – Drugs Strategy Unit
- National Drugs Strategy Team (NDST)
- National Advisory Committee on Drugs (NACD)
- Local Drugs Task Forces (LDTFs)
- Regional Drugs Task Forces (RDTFs)
- National Assessment Committee (NAC) for the Young People's Facilities and Services Fund (YPFSF)
- Young People's Facilities and Services Fund Development Groups

Cabinet Committee on Social Inclusion (CCSI)

1.2.2 The Cabinet Committee on Social Inclusion is chaired by the Taoiseach and comprises the Tánaiste and relevant Ministers. The CCSI gives overall political direction to the Government's social inclusion policies, including the National Drugs Strategy. It has, inter alia, responsibility for reviewing trends in the area of drug misuse, assessing progress in implementing the Drugs Strategy and resolving policy or organisational difficulties which may inhibit effective responses to the problem.

Inter-Departmental Group on Drugs (IDG)

1.2.3 The IDG is an inter-departmental committee which has representatives from relevant Departments at senior official level. It's role is to oversee progress on the implementation of the Strategy and endeavour to overcome obstacles that may arise. It is chaired by Minister of State Noel Ahern T.D. who has responsibility for the National Drugs Strategy at the Department of Community, Rural and Gaeltacht Affairs. The Department also provides the secretariat to the Group. The current membership of the IDG is set out in Appendix 1.

1.2.4 In general, the IDG monitors progress made and addresses problems encountered under the four pillars of the Strategy. In addition, developments in the LDTFs and RDTFs, the YPFSF and the NACD are regularly monitored

by the IDG. Problems and obstacles are discussed and consensus sought on possible solutions. The IDG also approves submissions to the CCSI.

Department of Community, Rural and Gaeltacht Affairs (D/CRGA)

1.2.5 The Department is responsible for the overall co-ordination of the implementation of the National Drugs Strategy and for funding the work of the LDTFs, the YPFSF and the NACD. The Drugs Strategy Unit of the Department carries out these functions. The Unit services and provides the secretariat for the IDG, which is chaired by the Minister of State and, in addition, provides the chair and secretariat for the National Assessment Committee of the YPFSF. The Unit is also represented on the NDST and the NACD. It also chairs the British-Irish Council Sectoral Group on the Misuse of Drugs[1] and represents Ireland at the meetings of the EU National Drugs Co-ordinators.

Membership of the Unit is attached as Appendix 2.

National Drugs Strategy Team (NDST)

1.2.6 The NDST is a cross-departmental team comprising personnel from a number of Departments and Agencies. In addition, the community and voluntary sectors each have a representative on the Team. The NDST currently has an independent chairperson and 4.5 support staff, including a Director, a Development Worker and a Finance Officer. The NDST's role is to ensure that there is effective co-ordination between Departments and Agencies in the delivery of the LDTF and RDTF plans. The Team also oversee the work of the LDTFs and the RDTFs and identify and consider policy issues arising out of the work of the LDTFs and RDTFs.

1.2.7 Each member of the NDST acts as a liaison person for an LDTF and RDTF. The NDST also meets on a regular basis with the chairpersons and co-ordinators of the Task Forces and with the Voluntary Drug Treatment Network[2] and Citywide[3] to review progress and identify issues to be addressed. In addition, under the Strategy, the NDST is charged with meeting the co-ordinator of the National Alcohol Policy on a regular basis. In this way, issues of mutual concern can be discussed and future co-operation considered.

Membership of the Team is attached as Appendix 3.

Local Drugs Task Forces (LDTFs)

1.2.8 The 14 LDTFs[4] were established in areas experiencing the highest levels of drug misuse, particularly heroin. Thirteen of the fourteen were established in 1997 with Bray being set up in 2000. The overall role of the LDTFs is to prepare and implement local action plans which identify existing and emerging gaps in services in relation to education/prevention, treatment, rehabilitation

1 The British Irish Council (BIC) was created under Strand Three of the Good Friday Agreement in 1998 to promote positive, practical relationships among its Members who are the British and Irish Governments, the devolved administrations of N. Ireland, Wales and Scotland and Jersey, Guernsey and the Isle of Man. Since the first BIC Summit meeting in December 1999, the Irish Government has taken the lead in advancing work in relation to the issue of drug misuse. In this regard, the Irish Government, in consultation and co-operation with all BIC administrations, has successfully carried out two work programmes. Both programmes covered a range of issues concerned with drug misuse.

2 The Voluntary Drug Treatment Network was established in the early 1990s as a Dublin based umbrella organisation for a number of different groups working in the drugs field. Its role and remit in recent times has expanded to a national focus with the establishment of the RDTFs.

3 Citywide is an organisation which supports and facilitates local communities in developing their own responses to the drug problem and provides a network for a whole range of community groups and organisations.

4 Twelve of the LDTFs are located in the greater Dublin area – the North Inner City, South Inner City, Ballymun, Ballyfermot, Finglas/Cabra, Dublin 12 (Crumlin, Drimnagh, Kimmage and Walkinstown), Dublin North East, Canal Communities (Bluebell, Inchicore and Rialto), Blanchardstown, Clondalkin, Tallaght and Dun Laoghaire-Rathdown. The remaining LDTFs are in Cork City and Bray, Co. Wicklow.

and curbing local supply. In addition, the LDTFs provide a mechanism for the co-ordination of mainstream services in these areas, while at the same time allowing local communities and voluntary organisations to participate in the planning, design and delivery of those services.

1.2.9 Membership of the LDTFs include representatives of all the relevant agencies such as the Health Board, the Gardaí, the Probation and Welfare Service, the Department of Education and Science, the Local Authority, the Youth Service and FÁS. The Task Forces also include representation from voluntary agencies, community representatives and elected public representatives. Each Task Force has a voluntary chairperson who is nominated by the local Area Partnership and a full-time co-ordinator whose post is funded by the Health Board. All LDTFs, with the exception of Bray (which, as outlined above, was established in 2000 and is implementing its first plan) are currently implementing their second round of action plans.

A list of LDTF co-ordinators and chairpersons is attached as Appendix 4.

Chapter 4 highlights a number of projects developed through the Task Force plans.

Regional Drugs Task Forces (RDTFs)

1.2.10 By the end of 2003, RDTFs had been established in the 10 Health Board regions throughout the country. The RDTFs work in a partnership manner similar to the LDTFs and are made up of nominees from state agencies working in the region, the community and voluntary sector and elected public representatives. Each has a voluntary chairperson and an interim co-ordinator.

1.2.11 At present, the RDTFs are mapping out the patterns of drug misuse in their areas, as well as the current levels of services in place to address drugs misuse in their regions. It is anticipated that much of this work will be completed by the end of 2004 and that it will inform the development of strategic plans to address gaps in key services going forward. The RDTFs will then forward these plans to the NDST for assessment. Recommendations on funding will then be made to the IDG and CCSI. It is expected that the RDTFs will begin implementation of their action plans by mid to late 2005.

National Advisory Committee on Drugs (NACD)

1.2.12 The NACD was established in July 2000 to advise the Government in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland, based on the Committee's analysis and interpretation of research findings and information available to it. Its membership reflects statutory, community, voluntary, academic and research interests as well as representation from the relevant Government Departments. The Committee is supported in its work by a Director, a Research Officer and two other administrative and support staff. The Committee has an annual budget of €1.27m and operates under the aegis of the Department of Community, Rural and Gaeltacht Affairs. In July 2004, the Government extended the mandate of the NACD up until the end of 2008.

A list of the current membership of the Committee is set out in Appendix 5. Chapters 2 and 3 give further details on the work of the NACD.

National Assessment Committee (NAC) – Young People's Facilities and Services Fund (YPFSF)

1.2.13 The YPFSF was established in 1998 to support the development of youth facilities, including sport and recreational facilities, and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. The overall aim of the fund is to attract young people in disadvantaged areas into more healthy and productive pursuits. The Fund is overseen by a National Assessment Committee (NAC), which is chaired by the Drugs Strategy Unit in the Department of Community, Rural and Gaeltacht Affairs.

1.2.14 The NAC reviews plans submitted by Development Groups and makes recommendations on funding to the IDG and the CCSI. The Committee also has an ongoing role in monitoring progress in implementing the plans and strategies approved, addressing any difficulties or issues arising and approving any major changes to plans.

The current membership of the NAC is set out in Appendix 6.

YPFSF – Development Groups

1.2.15 Development Groups for the YPFSF are made up of representatives of the LDTF, the VEC and the Local Authority. The Groups prepare plans for their areas which are assessed by the NAC and recommendations on funding are made to the IDG and the CCSI. Development Groups monitor progress on implementation of plans and report regularly to the NAC on that progress.

Further details on the work of the LDTFs and the YPFSF are set out in Chapter 4.

Implementing Departments

1.2.16 As outlined above, the Strategy sets out four distinct but inter-linked pillars which comprise the Government response to the drug problem:

- supply reduction;
- prevention (including education and awareness)
- treatment (including rehabilitation and risk reduction); and
- research.

The pillars are underpinned by improved inter-agency co-operation and co-ordination. The principal responsibility for each of these areas lies with the State agencies as outlined in Table 1.1. As indicated above, the Department of Community, Rural and Gaeltacht Affairs is responsible for the overall co-ordination of the implementation of the Strategy. There is, of course, a necessary sharing of responsibility. For example, An Garda Síochána has an important role in primary prevention in addition to their more high profile role in supply control. Similarly, the Prisons Service has a role in treatment and rehabilitation. In this context, the community and voluntary sectors have a pivotal role across the four pillars.

Further details on the work and progress of the various Departments and Agencies in implementing the Strategy is set out in Chapter 3.

Table 1.1: Departments/Agencies involved in implementing the Strategy

Pillar	Lead Department/Agency	Other Key Actors
Supply Reduction	Department of Justice, Equality and Law Reform An Garda Síochána Customs and Excise Service in the Office of the Revenue Commissioners Prisons Service	Department of the Environment and Local Government Local Authorities Community and Voluntary Sectors
Prevention	Department of Education and Science Department of Health and Children Regional Health Boards	An Garda Síochána Community and Voluntary Sectors
Treatment & Rehabilitation	Department of Health and Children Regional Health Boards FÁS	Prisons Service Probation and Welfare Service Drug Court Programme[5] Community and Voluntary Sectors
Research	National Advisory Committee on Drugs Health Research Board	Regional Health Boards Community and Voluntary Sectors

5 Details on the experience of the Irish Drug Court Project are contained in Appendix 7

Chapter Two

Nature and Extent of Drug Misuse in Ireland

Nature and Extent of Drug Misuse in Ireland

This chapter sets out the most recent available information on the nature and extent of drug misuse in Ireland in the period covered by this Report (2001-2004). A number of data sources were used in compiling this chapter:

- National Advisory Committee on Drugs (NACD) – publications and research;
- Central (Methadone) Treatment List;
- Garda Annual Reports – 2000-2003; and
- National Drug Treatment Reporting System (NDTRS) data from the Drug Misuse Research Division in the Health Research Board.[6]

2.1 All-Ireland Drug Prevalence Survey

National Prevalence

2.1.1 The first Drug Prevalence Survey in Ireland and Northern Ireland was jointly commissioned in 2002 by the NACD and the Drug and Alcohol Information and Research Unit (DAIRU) within the Department of Health, Social Services and Public Safety in Northern Ireland. The Survey, which was carried out in accordance with European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) guidelines, used a pre-prepared questionnaire and face-to-face interviews among the 15-64 year age group[7]. Information on the following was collected:

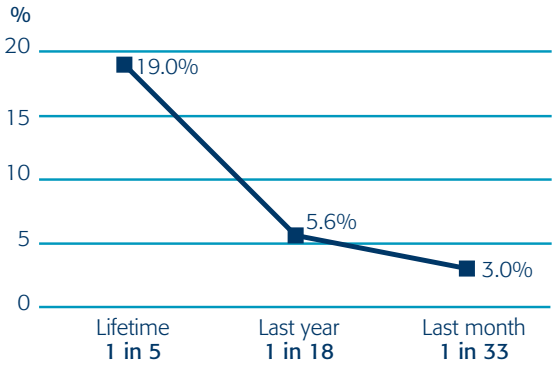
- lifetime use (has the respondent used the drug at least once in their lifetime);
- recent use (has the respondent used the drug at least once in the last year); and
- current use (has the respondent used the drug at least once in the last month).

Fieldwork for the survey was carried out between October 2002 and April 2003 and 8,442 people were interviewed (4,925 in Ireland and 3,517 in Northern Ireland).

2.1.2 The key findings from the first bulletin of the survey were published in October 2003. In particular, the survey found that just under one in five people (19%) (see Figure 2.1) surveyed reported ever using an illegal drug, one in eighteen (5.6%) reported use within the previous year, while one in thirty-three (3%) reported use in the previous month. Cannabis is reported as the most widely used illegal drug, with just under 18% reporting having used the drug at least once in their lifetime. The corresponding figures for recent and current use were 5.1% and 2.6%.

Figure 2.1

Prevalence of Illegal Drug use



2.1.3 Prevalence of other illegal drugs were substantially lower (Figure 2.2) and largely confined to the younger age groups. Lifetime prevalence rates for other drugs were substantially lower – magic mushrooms (4%),

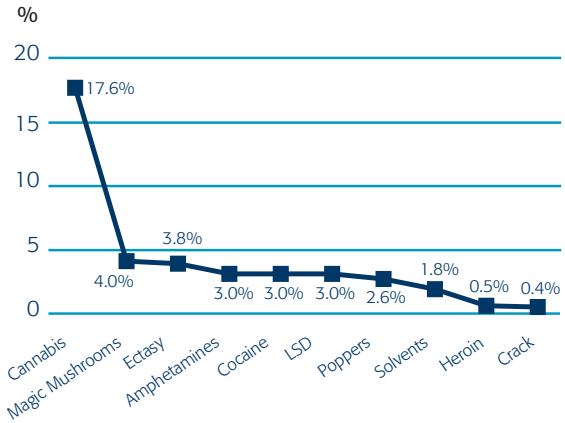
6 The Drug Misuse Research Division (DMRD) of the HRB is involved in national and international research, information gathering and dissemination on drugs and their misuse in Ireland. Through its activities the DMRD aims to inform policy and contribute to the academic understanding of drug misuse. The DMRD is funded by national and EU sources and by contract research.

7 According to the 2002 Census, there are approximately 2.65 million people in Ireland in this age bracket.

ecstasy (3.8%), cocaine (3.1%), LSD and amphetamines (each 3%), poppers (2.6%) and solvents (1.8%). Less than one per cent of respondents reported ever using heroin (0.5%) or crack (0.4%) although this type of survey is not necessarily a good measure of hidden populations such as these.[8]

Figure 2.2

Lifetime Prevalence by Drug



2.1.4 Lifetime prevalence rates for different drugs varied between age groups with the highest lifetime prevalence amongst the 25-34-year-old age group, except for certain drugs such as ecstasy, cocaine, poppers and solvents which were highest amongst 15-24-year-olds. In contrast, the use of sedatives, tranquillisers and anti-depressants increased with age, with those aged 55-64 reporting the highest level of lifetime use. In relation to recent and current use, those aged 15-24 had the highest prevalence rate for illegal drugs and those aged 35 and over reported minimal levels of use of such drugs. Almost twice as many men as women reported using illegal drugs in all prevalence brackets. As this is the first study of its kind, it is not possible to compare these figures with earlier studies and discern trends. However, these figures provide a very good baseline and it is planned to repeat the study in 2006. The findings are outlined in Tables 2.1-2.3.

8 This research method is not intended to capture clusters of problematic drug use in areas. Consequently, when no respondents report the use of a particular drug this does not mean that there is no use of that drug in the area, although it may be indicative of low levels of use. For that reason it is not particularly suitable method for measuring prevalence of drugs such as heroin.

Table 2.1: Ireland – Lifetime prevalence (%)

Drug	All adults 15-64	Males	males	Young adults 15-34	5-24	25-34	35-44	45-54	55-64
Any illegal drugs[9]	19.0	24.4	13.5	26.4	25.2	27.7	18.1	11.1	4.6
Cannabis	17.6	22.5	12.5	24.4	23.3	25.5	17.4	10.3	3.5
Heroin	0.5	0.7	0.3	0.7	0.4	1.0	0.5	0.3	-
Methadone	0.4	0.4	0.4	0.7	0.3	1.2	0.4	-	-
Other Opiates[10]	3.1	2.1	4.0	3.0	1.6	4.5	3.9	3.0	1.9
Cocaine (total, including crack)	3.1	4.5	1.7	4.8	5.3	4.2	2.9	1.1	0.3
Crack	0.4	0.6	0.1	0.5	0.5	0.5	0.4	0.2	0.1
Cocaine Powder	3.0	4.3	1.7	4.7	5.1	4.2	2.7	0.9	0.1
Amphetamines	3.0	4.1	1.9	4.9	4.6	5.3	1.9	0.9	0.4
Ecstasy	3.8	4.9	2.6	7.1	7.8	6.4	1.6	0.1	0.2
LSD	3.0	4.6	1.5	4.6	3.9	5.3	2.4	1.6	0.3
Magic Mushrooms	4.0	5.9	2.1	6.2	5.8	6.6	4.4	0.8	0.3
Solvents	1.8	2.3	1.2	3.4	3.6	3.3	0.4	-	0.5
Poppers[11]	2.6	3.9	1.3	4.7	4.8	4.6	1.3	0.4	0.1
Sedatives, Tranquillisers, Anti-depressants	12.2	9.3	15.1	8.3	6.5	10.1	12.6	15.0	21.8

- no respondents in this category

** less than a half of 0.1 percent (< 0.05)*

NOTE: all figures less than 0.1 are rounded to the nearest decimal place.

9 For the purposes of this study, illegal drug use refers to the use of amphetamines, cannabis, cocaine powder, crack, ecstasy, heroin, LSD, magic mushrooms, poppers and solvents.

10 Other opiates i.e. opiates, opium, Temgesic®, buprenorphine, Diconal®, napps, MSTs, pethidine, DF118® (dihydrocodeine), and morphine.

11 Poppers i.e. amyl or butyl nitrite.

Table 2.2: Ireland – Last year prevalence (%)

Drug	All adults 15-64	Males	Females	Young adults 15-34	5-24	25-34	35-44	45-54	55-64
Any illegal drugs	5.6	7.7	3.4	9.7	12.8	6.5	3.4	1.1	0.5
Cannabis	5.1	7.1	3.0	8.7	11.1	6.1	3.3	1.1	0.5
Heroin	0.1	0.1	0.2	0.2	0.3	0.2	-	-	-
Methadone	0.2	0.2	0.2	0.4	0.3	0.5	0.2	-	-
Other Opiates	0.5	0.5	0.5	0.5	0.6	0.4	0.3	0.5	0.4
Cocaine (total, including crack)	1.1	1.7	0.5	2.0	2.7	1.3	0.5	0.2	-
Crack	0.1	0.1	0.1	0.2	0.1	0.2	-	-	-
Cocaine Powder	1.1	1.7	0.5	2.0	2.7	1.3	0.5	0.2	-
Amphetamines	0.4	0.7	0.2	0.8	1.2	0.3	0.2	-	-
Ecstasy	1.1	1.5	0.6	2.2	2.9	1.6	-	-	-
LSD	0.1	0.2	-	0.2	0.2	0.2	-	-	-
Magic Mushrooms	0.3	0.6	0.1	0.6	1.1	0.2	0.2	-	0.1
Solvents	0.1	*	0.1	0.1	0.2	0.1	-	-	-
Poppers	0.4	0.4	0.4	0.7	1.0	0.5	0.1	-	-
Sedatives, Tranquillisers, Anti-depressants	5.7	4.0	7.3	3.7	3.5	3.9	4.5	7.6	12.0

- no respondents in this category

** less than a half of 0.1 percent (< 0.05)*

NOTE: all figures less than 0.1 are rounded to the nearest decimal place.

Table 2.3: Ireland – Last month prevalence (%)

Drug	All adults 15-64	Males	Females	Young adults 15-34	5-24	25-34	35-44	45-54	55-64
Any illegal drugs	3.0	4.1	1.8	5.2	6.9	3.3	1.6	0.6	0.4
Cannabis	2.6	3.4	1.7	4.4	5.7	3.0	1.6	0.6	0.4
Heroin	0.1	0.1	0.1	0.1	0.3	-	-	-	-
Methadone	0.1	0.1	0.2	0.2	0.1	0.3	0.2	-	-
Other Opiates	0.2	0.2	0.1	0.1	0.1	0.2	0.1	0.3	0.1
Cocaine (total, including crack)	0.3	0.7	-	0.7	0.9	0.4	0.1	-	-
Crack	-	-	-	-	-	-	-	-	-
Cocaine Powder	0.3	0.7	-	0.7	0.9	0.4	0.1	-	-
Amphetamines	0.2	0.2	0.1	0.3	0.6	-	0.1	-	-
Ecstasy	0.3	0.6	*	0.6	0.8	0.5	-	-	-
LSD	*	*	-	*	-	0.1	-	-	-
Magic Mushrooms	0.1	0.1	-	0.1	0.1	-	-	-	0.1
Solvents	*	*	-	0.1	0.1	-	-	-	-
Poppers	0.1	0.1	*	0.2	0.3	-	-	-	-
Sedatives, Tranquillisers, Anti-depressants	3.9	2.9	5.0	2.1	1.9	2.2	2.6	6.1	9.6

- no respondents in this category

** less than a half of 0.1 percent (< 0.05)*

NOTE: all figures less than 0.1 are rounded to the nearest decimal place.

Regional Prevalence

2.1.5 The second bulletin of the Population Survey was published in April 2004 and gives a breakdown of drug prevalence by Health Board Region. The key finding from the second bulletin was that the proportion of those surveyed who reported ever having taken an illegal drug (lifetime prevalence) varied between 11.3% (North Western Health Board) and 29.5% (Northern Area Health Board) across the health board areas. These boards also had the lowest and highest rates of recent (2.6% and 8.5% respectively) and current use (0.5% and 5.4% respectively). In general, the survey showed that prevalence rates across all measures (lifetime, recent and current) tended to be higher in the Eastern part of the country. Cannabis was the main illegal drug used on a lifetime, recent or current basis in all health board areas and prevalence rates for cannabis were at least twice as high for other illegal drugs.

2.1.6 Prevalence rates for other illegal drugs were considerably lower than for cannabis across all areas and periods of time. For example, the highest prevalence rate for recent use of ecstasy was 3% and cocaine (powder) 2% compared to 8% for cannabis. The profile of illegal drug users showed a great deal of consistency across Health Boards. In almost all areas, prevalence rates for lifetime, recent and current use were higher amongst men than women and higher amongst young people than older people. Details are outlined below in Table 2.4.

Table 2.4: Ireland – Illegal Drugs – Regional Breakdown (%)[12]

	Lifetime All adults 15-64	Lifetime Young adults 15-34	Lifetime Older adults 35-64	Recent All adults 15-64	Recent Young adults 15-34	Recent Older adults 35-64	Current All adults 15-64	Current Young adults 15-34	Current Older adults 35-64
IRELAND	19.0%	26.4%	12.3%	5.6%	9.7%	1.9%	3.0%	5.2%	1.0%
ECAHB	25.8%	35.8%	17.7%	6.4%	11.4%	2.3%	4.1%	8.1%	1.0%
MHB	11.2%	15.8%	7.3%	2.8%	5.1%	0.8%	1.0%	1.3%	0.8%
MWHB	12.5%	17.8%	7.8%	3.2%	6.0%	0.8%	1.6%	2.6%	0.8%
NEHB	19.1%	32.9%	7.1%	6.4%	13.3%	0.4%	2.5%	4.8%	0.4%
NWHB	11.3%	13.9%	9.2%	2.6%	4.8%	0.8%	0.5%	0.7%	0.4%
NAHB	29.5%	38.6%	20.7%	8.5%	14.3%	2.9%	5.4%	9.2%	1.7%
SEHB	18.9%	27.5%	11.8%	6.8%	13.6%	1.3%	3.1%	6.9%	_
SWAHB	24.1%	29.6%	17.1%	7.5%	10.1%	4.1%	4.3%	6.1%	1.9%
SHB	12.3%	18.6%	7.1%	4.7%	8.6%	1.4%	2.1%	4.1%	0.4%
WHB	15.1%	19%	11.8%	2.8%	3.4%	2.3%	1.9%	2.0%	1.8%

- no respondents in this category

12 Midland Health Board, Mid-Western Health Board, North Eastern Health Board, North Western Health Board, Southern Health Board, South Eastern Health Board and Western Health Board, East Coast Area Health Board, Northern Area Health Board and South Western Area Health Board.

2.2 Opiate Use in Ireland

2.2.1 In May 2003, the NACD launched "A 3-Source Capture-Recapture Study of the Prevalence of Opiate Use in Ireland 2000-2001" which was the first national estimate of opiate use carried out. A previous estimate, produced in 1998 and based on 1996 figures, estimated prevalence in the 15-54-year-old age bracket for Dublin City and County only. The research for the more recent report began in mid-2002 and was based on 2000 and 2001 statistics from the following three data sources:

- Central (Methadone) Treatment List;
- National Garda Study on Drugs, Crime and Related Criminal Activity; and
- Hospital In-Patient Enquiry (HIPE) Database.

2.2.2 The study estimated that there were 14,452 opiate users in Ireland in 2001. Of this figure, 12,456 relate to Dublin and 2,225 relate to outside of Dublin. This was the first estimate of opiate use outside of Dublin. When compared to the figure for Dublin from the previous study, the study also showed a slight decrease on the 1996 figure of 13,461 to 12,456. These figures translate into prevalence estimates of 5.6 per thousand nationally and 16 per thousand in Dublin.

The main estimates from the study are outlined below[13]:

- National 2001 14,452
- Non-Dublin 2,225
- Dublin 2001 12,456
- Dublin 1996 13,461

National Prevalence Rate – 5.6 per thousand of 15-64-year-old age group

Dublin Prevalence Rate – 16 per thousand of 15-64-year-old age group

2.2.3 In terms of the prevalence rate in Dublin, as opposed to actual numbers, there has been a significant change, much of which is due to the increase in the population in Dublin in the period. In order to facilitate comparison between both estimates, prevalence rates are presented below on the same basis i.e. for the 15-54 age bracket.

Dublin (15-54-year-olds)

Dublin 2001 Prevalence Rate – 18.2 per thousand of **15-54**-year-old age group

Dublin 1996 Prevalence Rate – 21 per thousand of **15-54**-year-old age group

2.2.4 The study also pointed out a possibly significant trend in relation to the age profile of users. In 1996, 53% of users were in the **15-24**-year-old age bracket in Dublin, whereas the equivalent national (including Dublin) figure is 36%. This has had a complementary impact on those in the **25-34**-year-old age bracket. In 1996, the proportion in this age group in Dublin was just under 34%, whereas in 2001, the national figure was approximately 44%. With regard to the **35-54**-year-old age group, in 1996, they accounted for 12% of the user population in Dublin compared to the percentage nationally of 20% in 2001. The different bases of the studies notwithstanding, this points to an aging of the opiate using population and to a possibly lower rate of initiation into opiate use.

13 Figures do not add to national total as they are the result of separate statistical calculations performed independently of each other.

2.3 Treatment Statistics

Central (Methadone) Treatment list

2.3.1 The Central (Methadone) Treatment List is a register of patients receiving methadone maintenance in Ireland and it is compiled by the ERHA.[14] At the end of July 2004, there were 7,052 patients availing of methadone maintenance, up over 40% since the end of 2000. A breakdown is provided below in Figure 2.3 and Table 2.5.

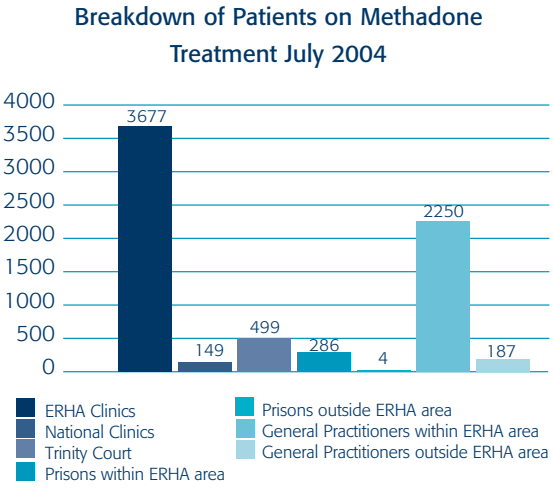
2.3.2 As the table also shows, the numbers receiving methadone treatment outside the ERHA region has increased as well, up from 96 or just 2% in December 2000 to 336 or just under 5% in July 2004. This reflects a number of trends including the increased availability of methadone treatment outside the ERHA region, which can result in users staying in their own Health Board area and not having to travel for treatment to the ERHA region. An increase in the numbers of users residing outside the ERHA region, including migration of existing users from the ERHA, is also likely to be another factor. These figures are consistent with the findings of the NACD capture-recapture study and the trend demonstrated in the ERHA region that increased availability leads to more users coming forward for treatment. While in percentage terms, the increase in the non-ERHA regions is very significant, the vast bulk of methadone treatment continues to take place in the ERHA area. Another development of note since 2001 is the significant increase in the availability of the provision of methadone through the Prison Service.

Table 2.5 – Numbers on Methadone Treatment

Breakdown of Patients	Dec 2000	Dec 2001	Dec 2002	Dec 2003	Jul 2004
ERHA Clinics	2,849	3,174	3,346	3,543	3,677
National Clinics	41	66	91	123	149
Trinity Court	513	510	506	501	499
Prisons within the ERHA		229	425	402	286
Prisons outside of the ERHA					4
General Practitioners within the ERHA area	1,574	1,782	1,961	2,160	2,250
General Practitioners outside the ERHA area	55	104	120	154	187
Total	5,032	5,865	6,449	6,883	7,052

14 Counties Dublin, Kildare and Wicklow. The Eastern Health Board was dissolved under the Health (Eastern Regional Health Authority) Act 1999 and replaced by the ERHA and three new Health Boards i.e. the Northern, East Coast and South Western Health Boards which are delegated functions by the ERHA. The ERHA took formal responsibility for health services in Dublin, Kildare and Wicklow from 1 March 2002.

Figure 2.3



2.3.3 Table 2.6 below shows the numbers of Pharmacies and General Practitioners participating in the Methadone Protocol. Overall the numbers of pharmacies have increased by just under 45% and the number of GPs by 39% since December 2000. The figures also show an expansion in the numbers of clinics involved in delivering the service, with an 18% increase since December 2000 from 56 to 66, of which 7 are located outside the ERHA.

2.3.4 Table 2.7 shows the breakdown of the methadone waiting list for the ERHA region for December 2000 to July 2004. There has been a significant cut in the numbers on the waiting list of 249 people or just over 48% since July 2001. However, this is much smaller than the increase in the number of treatment places available, indicating that more users are coming forward for treatment as services become more available.

2.3.5 In relation to the age and gender of the clients, the bulk (74%) are aged between 20 and 34 years of age, most of the remainder are in the 35-44 age bracket and with very small numbers below 20 years of age. This could be partly due to the aging of the population as outlined in the capture-recapture study or the delay between commencing opiate use and seeking treatment that has been noted in other studies, particularly through the NDTRS.[15] In relation to gender, the majority of the population (68%), particularly in the older age groups, is male.

Table 2.6 Area Breakdown of Participating Pharmacies and GPs

Area Breakdown of Participating Pharmacies	Dec 2000	July 2004
Pharmacies with ERHA area	158	190
Pharmacies outside ERHA area	58	123
Total:	216	313
Area Breakdown of Participating General Practitioners	**Dec 2000**	**July 2004**
The No. of GP's participating within the ERHA area	130	178
The No. of GP's participating outside the ERHA area	27	40
Total	157	218

15 HRB Occasional Paper 13:'Trends in treated problem opiate use in the seven health board areas outside the Eastern Regional Health Authority from 1998–2002'. This paper noted a time lag of almost four years was recorded between commencing opiate use and users seeking treatment in the study area.

Table 2.7 Waiting List Breakdown

	Dec 2000	July 2001	Jul 2002	Jul 2003	Jul 2004
NAHB	63	82	51	20	47
SWAHB	197	230	133	133	126
ECAHB	6	11	7	8	2
Trinity Court	162	189	122	136	98
Total	428	512	313	297	273

NDTRS (National Drug Treatment Reporting System)

2.3.6 The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated problem drug use in Ireland co-ordinated by the Drug Misuse Research Division (DMRD) of the Health Research Board (HRB).[16] Figures produced up to 2002 show that there has been a substantial increase in the numbers of drug users in treatment in most Health Boards. It covers a range of treatments being administered for a number of drugs as reflected in Table 2.8 below, but the figures are only available up to 2002. The numbers in treatment for all drugs and reported to the NDTRS has increased steadily, from 6,919 in 2000 to 8,596 in 2002 (Table 2.8). This increase is probably due to a number of factors including an increase in the availability of treatment services and users new to treatment consequentially coming forward, an increase in the number of centres reporting cases to the NDTRS as well as the possibility of an increase in the prevalence of drug use.

Table 2.8 Main problem drug reported by cases treated for problem drug use by health board of residence 2000-2002

Main problem drug	2000	2001	2002
ERHA	5,323 (%)	5,868 (%)	6,248 (%)
Opiates	5,031 (94.5)	5,631 (96.0)	5,921 (94.8)
Ecstasy	32 (0.6)	30 (0.5)	18 (0.3)
Cocaine	47 (0.9)	43 (0.7)	73 (1.2)
Amphetamines	2 (0.0)	4 (0.1)	1 (0.0)
Benzodiazepines	56 (1.1)	57 (1.0)	42 (0.7)
Volatile inhalants	11 (0.2)	3 (0.1)	3 (0.0)
Cannabis	137 (2.6)	95 (1.6)	177 (2.8)
Other substances	7 (0.1)	5 (0.1)	13 (0.2)
Outside ERHA	1,596 (%)	2,024 (%)	2,328 (%)
Opiates	241 (15.1)	397 (19.6)	490 (21.0)
Ecstasy	257 (16.1)	271 (13.4)	245 (10.5)
Cocaine	31 (1.9)	52 (2.6)	79 (3.4)
Amphetamines	28 (1.8)	17 (0.8)	29 (1.2)
Benzodiazepines	42 (2.6)	52 (2.6)	64 (2.7)
Volatile inhalants	30 (1.9)	37 (1.8)	43 (1.8)
Cannabis	933 (58.5)	1,146 (56.6)	1,334 (57.3)
Other substances	34 (2.1)	52 (2.6)	44 (1.9)
Total	6,919	7,892	8,576

Source: unpublished analysis from the NDTRS

16 For the purpose of the NDTRS, treatment is broadly defined as 'any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their drug problems.'

2.3.7 The numbers treated for problem drug use and residing in the ERHA area increased by 17% between 2000 and 2002 while the numbers treated for problem drug use and residing in the seven Health Board areas outside the ERHA increased by 46% during the same period (Table 2.8) which is consistent with expansion in treatment services. However, the numbers treated for problem drug use and residing in the ERHA area are still substantially higher than the total of those residing in the other seven Health Board areas.[17]

2.3.8 The table also shows some significant differences between the ERHA and the rest of the country. Almost 94% of treated cases residing in the ERHA area reported opiates as their main problem drug compared to almost 19% of treated cases residing outside the ERHA area. In total, according to 2002 figures for all forms of treatment, the ERHA accounted for 92.5% of people who had treatment for opiate use. However, as noted previously, there has been a substantial increase in the absolute numbers in treatment outside the ERHA region.

2.3.9 In relation to cannabis, just under 3% of those in treatment in the ERHA area reported cannabis as their main problem drug while just under 56% of those residing outside the ERHA area reported this as their main problem drug. In both areas, the numbers of cases in treatment for cocaine use has increased which mirrors trends noted elsewhere, although absolute numbers remain small. However, it should be noted that cocaine is often used within a polydrug use[18] environment and the numbers increase when those who reported using cocaine as a secondary or other drug are included.

2.3.10 Table 2.9 presents demographic and socio-economic information by health board area of residence. The numbers living in the ERHA

Table 2.9 Demographic and socio-economic characteristics of cases treated for problem drug use by health board of residence 1998-2002*

	2000	2001	2002
ERHA*	5,323 (%)	5,868 (%)	6,248 (%)
Number (%) under 18 years	180 (3.4)	161 (2.8)	169 (2.7)
Number (%) males	3,601 (67.8)	3949 (68.0)	3,972 (67.0)
Number (%) of early school leavers†	1,433 (30.9)	1,527 (29.5)	1,585 (28.5)
Number (%) aged 16 to 64 years employed	1,358 (26.8)	1,347 (24.4)	1,337 (22.8)
Outside ERHA*	1,596 (%)	2,024 (%)	2,328 (%)
Number (%) under 18 years	279 (17.5)	346 (17.1)	422 (18.3)
Number (%) males	1,264 (79.6)	1,571 (78.2)	1,811 (80.4)
Number (%) of early school leavers†	241 (19.7)	320 (21.0)	302 (17.7)
Number (%) aged 16 to 64 years employed	507 (34.5)	645 (34.9)	659 (31.3)
Total	6,919	7,892	8,576

* It should be noted that not all forms returned had complete data.

† Left school before the age of 15 years.

Source: unpublished analysis from the NDTRS

17 The seven Health Board areas are the: Midland Health Board, Mid-Western Health Board, North Eastern Health Board, North Western Health Board, Southern Health Board, South Eastern Health Board and Western Health Board.

18 Polydrug use is the use of more than one drug often with the intention of enhancing or countering the effects of another drug. Polydrug use may however simply occur because the user's preferred drug is unavailable or too expensive at the time.

area in treatment that were under 18 years old decreased between 2000 and 2002, while the number living in the seven Health Board areas under 18 years old in treatment increased. A higher proportion of those in treatment living in the ERHA area were female than the proportion living outside the ERHA. Also of note, a higher proportion of treated drug users living in the ERHA area left school before their fifteenth birthday than their counterparts living outside the ERHA. Overall, there are very low rates of employment among treated drug users.

2.4 Garda Síochána Statistics

2.4.1 The figures below contained in Tables 2.10 - 15 relating to possession and seizure data from 2000-2003 are taken primarily from An Garda Síochána Annual Crime Reports. The offence data details all drug offences recorded where proceedings have been instituted within the year in question. The seizure data relates to the overall quantities of drugs seized in a given year.

2.4.2 Overall, the data in this period shows that cannabis constitutes the majority of all offences, followed by ecstasy, heroin, cocaine and amphetamines (Table 2.10). Possession offences show a reduction for 2003, although the reasons for this are not clear. Care should be taken in interpreting fluctuations in both possession and seizure data as substantial individual seizures and operations can distort overall patterns. In terms of regional breakdown, Dublin continues to have the highest concentration of drug possession offences in the country followed by the South Eastern, Southern and Eastern regions. The Northern and Western regions continue to have the lowest recorded number of offences.[19]

2.4.3 Tables 2.10 -14 set out the possession offences by region and drug for the years 2000-2003. They show that heroin offences have remained relatively stable over the period while ecstasy offences have fallen and cocaine offences have risen year on year. Table 2.14 sets out the figures for drugs offences in 2003. It shows that cannabis, resin and plants, still account for the bulk of drugs offences, approximately 58%. The highest number of these offences were committed in Dublin, although there are a high number of cases in other regions particularly the Southern and South Eastern regions. In relation to heroin, Dublin is still the predominant region in relation to these offences with 83% of all possession offences committed in that region. Taken in combination with the Eastern region, the total of the two regions is 93%. However, this is lower than the figures from 2000, when the Dublin region alone accounted for 94% of all offences.

2.4.4 Dublin is also the dominant region in terms of cocaine possession offences with almost 60% of all offences in 2003. The Southern and Eastern regions were the next highest, they respectively recorded 17% and 12% of these offences. In relation to ecstasy, the Eastern region has the highest number of recorded offences followed by Dublin, the South Eastern and the Southern regions. The Western and Northern regions have the lowest levels of offences in nearly all categories.

19 The Dublin Metropolitan Region (DMR) comprising of the North Central, South Central, Northern, Southern, Eastern and Western Divisions. The Eastern Region comprising of Carlow/Kildare, Laois/Offaly, Louth/Meath and Longford/Westmeath Divisions. The Southern Region comprising of the Cork City, Cork North, Cork West, Kerry and Limerick Divisions. The Northern Region comprising of the Donegal, Sligo/Leitrim and Cavan/Monaghan Divisions. The South Eastern Region comprising of the Waterford/Kilkenny, Wexford and Tipperary Divisions. The Western Region comprising of the Mayo, Galway West, Roscommon/Galway East and Clare Divisions.

Table 2.10 An Garda Síochána National Breakdown of Drug Offences By Drug Type 2000-2003.

	2000		2001		2002		2003	
	No.	%	No.	%	No.	%	No.	%
Cannabis	796	9.5	1,066	12.0	872	10.2	852	12.6
Cannabis Resin	4,031	48.0	4,053	48.0	4,595	54.0	3,003	44.5
Cannabis Plant	53	0.6	24	0.5	33	0.4	36	0.5
Heroin	730	8.7	908	11.0	796	9.4	719	10.6
Ecstasy	2,086	24.8	1,845	22.0	1,351	15.9	960	14.2
Cocaine	180	2.1	297	3.0	478	5.6	607	9.0
Amphetamine	391	4.7	207	2.0	300	3.5	180	2.7
Other	128	1.6	129	1.5	92	1.0	401	5.9
Total	8,395	100.0	8,529	100.0	8,517	100.0	6,758	100.0

Table 2.11 An Garda Síochána Breakdown of Offences by Drug Type Per Region 2000.

	DMR		Eastern		Southern		South East		Northern		Western		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Cannabis	200	25.1	158	19.8	100	12.6	209	26.3	54	6.8	74	9.3	796
Cannabis Resin	1,070	26.5	633	15.7	1,100	27.3	424	10.5	320	7.9	484	12.0	4,031
Cannabis Plant	18	34.0	7	13.2	19	35.8	1	1.9	1	1.9	7	13.2	53
Heroin	692	94.8	24	3.3	5	0.7	3	0.4	4	0.5	2	0.3	730
Ecstasy	277	13.3	626	30.0	529	25.4	260	12.5	232	11.1	162	7.8	2,086
Cocaine	120	66.7	19	10.6	21	11.7	11	6.1	2	1.1	7	3.9	180
Amphet	116	29.7	81	20.7	90	23.0	66	16.9	5	1.3	33	8.4	391
Other	83	64.8	8	6.3	11	8.6	1	0.8	14	10.9	11	8.6	128
Total	2,576	30.7	1,556	18.5	1,876	22.3	975	11.6	632	7.5	780	9.3	8,395

Table 2.12 An Garda Síochána Breakdown of Offences by Drug Type Per Region 2001.

	DMR		Eastern		Southern		South East		Northern		Western		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Cannabis	419	39.3	237	22.2	72	6.8	134	12.6	97	9.1	107	10.0	1,066
Cannabis Resin	1,289	31.8	345	8.5	1,307	32.2	470	11.6	288	7.1	354	8.7	4,053
Cannabis Plant	2	8.3	3	12.5	5	20.8	6	25.0	0	0.0	5	20.8	24
Heroin	806	88.8	45	5.0	9	1.0	16	1.8	26	2.9	9	1.0	908
Ecstasy	478	25.9	215	11.7	482	26.1	272	14.7	233	12.6	175	9.5	1,845
Cocaine	184	62.0	14	4.7	51	17.2	18	6.1	13	4.4	17	5.7	297
Amphet	28	13.5	47	22.7	45	21.7	45	21.7	7	3.4	35	16.9	207
Other	59	45.7	15	11.6	17	13.2	24	18.6	5	3.9	9	7.0	129
Total	3,265	38.3	921	10.8	1,988	23.3	985	11.5	659	7.7	711	8.3	8,529

Table 2.13 An Garda Síochána Breakdown of Offences by Drug Type Per Region 2002.

	DMR		Eastern		Southern		South East		Northern		Western		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Cannabis	194	22.2	332	38.1	147	16.9	61	7.0	32	3.7	105	12.0	872
Cannabis Resin	1,287	28.0	336	7.3	1,473	32.1	730	15.9	339	7.4	430	9.4	4,595
Cannabis Plant	7	21.2	7	21.2	8	24.2	3	9.1	4	12.1	4	12.1	33
Heroin	681	85.6	44	5.5	36	4.5	7	0.9	8	1.0	20	2.5	796
Ecstasy	219	16.2	286	21.2	352	26.1	200	14.8	151	11.2	143	10.6	1,351
Cocaine	278	58.2	27	5.6	136	28.5	20	4.2	5	1.0	12	2.5	478
Amphet	52	17.3	54	18.0	70	23.3	101	33.7	10	3.3	13	4.3	300
Other	38	41.3	4	4.3	14	15.2	19	20.7	14	15.2	3	3.3	92
Total	2,757	32.4	1,090	12.8	2,236	26.3	1,141	13.4	563	6.6	730	8.6	8,517

Table 2.14 An Garda Síochána Breakdown of Offences by Drug Type Per Region 2003.

	DMR		Eastern		Southern		South East		Northern		Western		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Cannabis	413	48.5	138	16.2	109	12.8	84	9.9	25	2.9	83	9.7	852
Cannabis Resin	764	25.4	383	12.8	759	25.3	670	22.3	201	6.7	226	7.5	3,003
Cannabis Plant	11	30.6	2	5.6	13	36.1	2	5.6	4	11.1	4	11.1	36
Heroin	600	83.4	75	10.4	20	2.8	14	1.9	3	0.4	7	1.0	719
Ecstasy	217	22.6	243	25.3	137	14.3	191	19.9	99	10.3	73	7.6	960
Cocaine	362	59.6	72	11.9	106	17.5	35	5.8	17	2.8	15	2.5	607
Amphet	14	7.8	29	16.1	32	17.8	85	47.2	13	7.2	7	3.9	180
Other	154	38.4	20	5.0	100	24.9	64	16.0	21	5.2	42	10.5	401
Total	2,535	37.5	962	14.2	1,276	18.9	1,145	16.9	383	5.7	457	6.8	6,758

Source: All of the above tables are sourced from the relevant Garda Annual Reports.

2.4.5 In relation to seizures, the figures from the period 2000-2003 (Table 2.15) are set out below. It should be pointed out that seizure figures can be particularly variable from year to year and that drugs seized in a particular country may not necessarily be intended for distribution and sale in that country. However, while there are annual fluctuations, especially in non-resin cannabis, a number of general observations can be made. In this regard, there has been an increase in volume of drugs seized in almost all drug categories over the period. Of particular note has been the big increase in cannabis resin, amphetamines, cocaine and ecstasy seizures in 2003, although ecstasy seizures had been consistently falling prior to that year. Heroin seizures are relatively stable over the period.

Table 2.15 Seizures of Selected Drugs by Year*

Drug Type	2000	2001	2002	2003
Cannabis (inc. plants)	208.1kg (98 plants)	9,590.4kg (365 plants)	5,600kg (770 plants)	201.7kg (244 plants)
Cannabis resin	379.8kg	567kg	3,332.7kg	5,349kg
Heroin	23.94kg	29.5kg	16.7kg	27.05kg
Ecstasy	551,420 Tabs	469,862 Tabs	129,774 Tabs	1,291,812 Tabs
Amphetamines	5.8kg +149 Tabs	17.9kg	16.4kg	67.7kg
Cocaine	18kg	5.3kg	31.7kg	107.4kg

*An Garda Síochána Annual Reports 2000-03 – Customs seizures are also included in this table.

2.5 Summary

The main points in this overview of the nature and extent of drug misuse can be summarised as follows:

- Just under one in five people (19%) of 15-64-year-olds have ever used an illegal drug in their lifetime, with the highest prevalence amongst 25-34-year-old age group (27.7%) and the lowest among 55-64-year-olds (4.6%).
- In terms of recent (last year) and current (last month) use, the rates are 5.6% and 3.0% respectively with the 15-24-year-old age group having the highest prevalence and 55-64-year-olds the lowest.
- Cannabis is the most widely used illegal drug in terms of lifetime prevalence followed by magic mushrooms, ecstasy, cocaine, LSD and amphetamines, although the prevalence for all these drugs is much lower.
- Cannabis is again the most widely used in terms of recent and current use significantly more than ecstasy and cocaine, the next most widely used drugs.
- In relation to regional prevalence, the North Western Health Board (11.3%) and the Northern Area Health Board (29.5%) have the lowest and highest lifetime prevalence across the health board areas. These boards also had the lowest and highest rates of recent (2.6% and 8.5%) and current use (0.5% and 5.4%). In general, prevalence rates across all measures (lifetime, recent and current) tended to be higher in the Eastern part of the country.
- The first national capture-recapture study of opiate use estimated that there are 14,452 opiate users in Ireland, of which approximately 12,500 are in Dublin.
- Measured against the earlier estimate for Dublin from 1996, there has been a decline of approximately 1,000 users in Dublin and significant shift in terms of the age profile of opiate users (i.e the population is aging).
- In July 2004, there were over 7,000 people on the Central (Methadone) Treatment List, 95% of which are in the ERHA region.
- The non-ERHA regions have seen an increase in numbers on the treatment list from 96 in December 2000 to 336 in July 2004.
- There has been a similar expansion in the numbers of GP's, pharmacists and clinics as well as increased provision in the prison system.
- The NDTRS has noted an increase of 24% in the numbers in treatment for all drugs between 2000 and 2002. This increase is probably due to a number of factors including an increase in the availability of treatment services and the users new to treatment consequentially coming forward, an increase in the number of centres reporting cases to the NDTRS as well as the possibility of an increase in the prevalence of drug use.
- Almost 94% of treated cases residing in the ERHA area reported opiates as their main problem drug compared to almost 19 % of treated cases residing outside the ERHA area.
- Just under 3% of those in treatment in the ERHA area reported cannabis as their main problem drug, while just under 56% of those residing outside the ERHA area reported this as their main problem drug.
- In most areas, the numbers of cases in treatment for cocaine use has increased which mirrors trends noted elsewhere, although absolute numbers remain small.
- Those in treatment in ERHA and non-ERHA regions tended to be male, with a high proportion of them being early school leavers and unemployed.
- Garda statistics show that cannabis constitutes the majority of all possession offences.

- Dublin has the highest number of possession offences, followed by the South Eastern, Southern and Eastern regions. The Northern and Western regions continue to have the lowest recorded number of offences.
- In relation to heroin and cocaine, Dublin is still the predominant region in relation to these offences with 83% and 60% respectively of all possession offences for both drugs committed in that region.
- There has been an increase in the volume of drugs seized in almost all drug categories over the period 2000 to 2003. Of particular note has been the big increase in cannabis resin, amphetamines, cocaine and ecstasy seizures in 2003, although ecstasy seizures had been consistently falling prior to that year. Heroin seizures are relatively stable over the period.

Chapter Three

Progress in implementing the Strategy

Progress in implementing the Strategy

3.1 Introduction

3.1.1 As outlined in chapter 1, the overall strategic objective of the National Drugs Strategy is to ***significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on the four pillars of supply reduction, prevention, treatment and research.***

3.1.2 To monitor progress in achieving the overall strategic objectives, the Strategy sets out **Key Performance Indicators (KPIs)** so that Departments and Agencies can measure their success in implementing the Strategy. This chapter examines the progress achieved by individual Departments and Agencies in relation to the KPIs. Attached to this chapter is a table which sets out the 100 individual actions, the date set in the Strategy or the Critical Implementation Path (CIP) for their completion and a short commentary on progress. The table reflects the information contained below in the KPIs.

3.2 Supply Reduction Pillar

3.2.1 The objectives under the supply reduction pillar are:

- To significantly reduce the volume of illicit drugs available in Ireland, to arrest the dynamic of existing markets and to curtail new markets as they are identified; and
- To significantly reduce access to all drugs, particularly those drugs that cause most harm amongst young people, especially in those areas where misuse is most prevalent.

KPIs – Progress to date

Increase the volume of opiates and all other drugs seized by 25% by end 2004 and by 50% by end 2008 (using 2000 seizures as a base)

3.2.2 The Garda Síochána and Customs and Excise are achieving considerable success in relation to this target to date although heroin seizures are relatively stable. Seizures of a range of drugs increased in 2001, 2002 and 2003. While there are annual fluctuations, especially in non-resin cannabis, a number of general observations can be made. There has been an increase in volume of drugs seized in almost all drug categories over the period, in particular cannabis resin, amphetamines and cocaine. Ecstasy seizures increased considerably in 2003, although they had been consistently falling prior to that year. *(Please see Chapter 2 for more details regarding seizures including tables).*

Establish a co-ordinating framework in relation to drugs policy in each Garda District by end 2001

3.2.3 A co-ordinating framework has been established under the Assistant Commissioner and the National Support Services. It assigns responsibility for co-ordinating the Garda Drugs Strategy at a regional, divisional and district level. In addition, the Garda Community Consultations document was approved by the Commissioner in September 2002 and a framework to engage the community in policing issues is part of the Garda Síochána Bill currently before the Oireachtas. Divisional policing plans were also posted on the Garda website during 2004.

Increase the level of Garda resources in Local Drugs Task Force areas by end 2001, building on lessons emanating from the Community Policing Forum

3.2.4 The concept of Community Policing Fora involves having a partnership approach in place between the local community, An Garda Síochána and the local authorities, which facilitates the development of a dialogue between the police and local community on drugs issues. It also provides a means of assisting the local authorities to examine estate management issues within the

boundary area covered by each forum, such as poor lighting or actions to tackle the activities of anti-social tenants.

3.2.5 Two Community Policing Fora have been developed in the North Inner City and Finglas/Cabra LDTFs respectively. After the pilot phase, projects are independently evaluated and assessed for mainstreaming into the appropriate State agency. In this regard, the initial phase of the North Inner City Community Policing forum has been evaluated and was extended to further areas in the North Inner City in June 2003. The Finglas/Cabra Forum is still in its pilot phase. The Department of Justice, Equality and Law Reform is currently putting in place a policy framework and structures, in the context of the Garda Bill, which will facilitate the development of formal and inclusive partnership arrangements on policing issues between the Garda Síochána and the communities it serves.

3.2.6 In the context of increasing Garda resources, the current Garda strength within the LDTF areas has shown moderate increases. A review of overall deployment of Garda strength is scheduled for mid 2004 in line with the PULSE (Police Using Leading Systems Effectively) System and updated Garda Established Redistribution Model (GERM)[20]. The allocation of additional resources in LDTF areas will be considered in line with an overall increase in the strength of An Garda Síochána.

Strengthen and consolidate existing coastal watch and other ports of entry measures designed to restrict the importation of illicit drugs

3.2.7 Customs and Excise has implemented a number of measures to enhance drugs detection capability at points of entry. In particular, a Customs Drugs Watch programme was launched in January 2003 and a poster and public awareness programme is in place promoting this initiative. The number of detection dogs available at major entry points to the State has also increased and the acquisition of additional technical and other equipment in order to enhance the ability of the Customs Service to detect illegally imported drugs is reviewed on an ongoing basis. As part of this review process, a Customs cutter (RCC Suirbhéir) was purchased and commissioned in June 2004. The boat will patrol the coastline for the purposes of surveillance, monitoring and intercepting vessels suspected of drug smuggling. In addition, tenders have been invited for the acquisition of x-ray scanning technology for screening containerised freight.

Co-operate and collaborate fully, at every level, with law enforcement and intelligence agencies, in Europe and internationally, in reducing the amount of drugs coming into Ireland

Customs and Excise

3.2.8 Co-operation at international level is on an ongoing basis. In 2003, Customs and Gardaí participated in forty international joint operations (controlled deliveries), up from seven in 2002, with other European and international law enforcement agencies. As a result of these operations/investigation, drugs of all categories with a total street value of €16,000,000 were seized. This included 15kgs. of heroin and 24kgs. of cocaine and a total of 51 people were arrested.

3.2.9 Regarding participation with Europol, in excess of 25% of controlled deliveries undertaken in 2003, were co-ordinated through Europol, and included the Dutch and UK authorities. A further 30% were the result of bilateral operations with the German and French customs authorities, and the Drug Enforcement Agency of the USA.

20 GERM is a mechanism for assessing police demand taking into account levels of population, crime and public order in order to determine resources.

3.2.10 The Customs Service continues to liaise and share information and intelligence on an international basis with other Customs administrations, the World Customs Organisation and Europol, utilising Customs conventions, protocols and agreements. On a yearly basis, Irish Customs also participates in a number of drugs-focused joint surveillance exercises carried out under the auspices of the EU Council's Customs Co-operation Working Group. In 2003, the Irish Customs service co-ordinated and organised an international drug focused maritime surveillance exercise involving 27 administrations which resulted in the seizure by Customs Services in Europe of 7,270 kgs cannabis resin, 732kgs cocaine and 4.4kgs of amphetamines.

3.2.11 The Customs Service with the assistance of an Garda Síochána also carried out an evaluation of the role of Irish Customs in Europol. As a result it is progressing the assignment of a Customs Officer as a Europol Liaison Officer to Europol Headquarters, in The Hague in accordance with the Europol Act 1997.

An Garda Síochána

3.2.12 An Garda Síochána collaborates fully with International Law Enforcement Agencies on a variety of levels. They are represented on a number of EU Working Groups established to provide greater co-ordination in the fields of combating Drug Trafficking and Organised Crime. These include the Police Co-operation Working Group and the Multi-disciplinary Group on Organised Crime.

3.2.13 At an operational level An Garda Síochána has liaison officers posted in Europol, Interpol, The Netherlands, Spain, France and the United Kingdom. The primary role of these officers is to facilitate ongoing co-operation between An Garda Síochána and Law Enforcement Officials in other jurisdictions.

3.2.14 In co-operation with a number of EU Member States, An Garda Síochána has participated in, and conducted a number of projects under the EU Agis, Oisin, Falcone and Phare Programmes. These projects are specifically designed to increase both the knowledge and contact between Law Enforcement Officials across the European Union on policing issues relative to organised crime, drug trafficking and money laundering.

3.2.15 In the context of International Investigations An Garda Síochána received 140 Mutual Assistance requests in 2003 and 170 in 2004 to date. In the same period An Garda Síochána transmitted 29 Mutual Assistance requests in 2003 and 38 in 2004 to other Law Enforcement Agencies.

3.2.16 In June 2004 the Criminal Justice (Joint Investigation Teams) Act 2004 was signed into law by the President. This legislation provides for the establishment of Joint Investigation Teams between EU Member States in order to carry out criminal investigations with a cross border dimension.

3.3 Prevention Pillar

3.3.1 The objectives under the prevention pillar are:

- To create greater societal awareness about the dangers and prevalence of drug misuse; and
- To equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development;

KPIs – Progress to date

Bring drug misuse by school-goers to below the EU average and, as a first step, reduce the level of substance misuse reported to ESPAD by school-goers by 15% by 2003 and by 25% by 2007 (based on 1999 ESPAD levels as reported in 2001)

3.3.2 The ESPAD – European School Survey Project on Alcohol and Drugs is a co-ordinated set of school surveys which is undertaken every four years among 15-16-year-old school goers. The second ESPAD study was conducted in 1999 among approximately 95,000 students in 30 participating countries. The 1999 study reported that the use of cannabis was twice as common in Ireland than the average for all ESPAD countries, while the use of illicit drugs, other than cannabis, was slightly above average. However figures reported in 1999 show a decrease in the use of cannabis since the 1995 survey.[21]

3.3.3 The latest ESPAD survey was conducted in 2003 and the results will be disseminated in late 2004. It is also worth noting that, as outlined in chapter 2, the NACD published an All Ireland Population Drug Prevalence Survey in April 2003 and this provides the most up to date figures in relation to drug misuse in Ireland. As this is the first such survey, it is not possible to discern trends, however, the Survey shows that in Ireland:

- 25.2% of 15-24-year-olds have used illegal drugs in their lifetime (Cannabis 23.4%);
- 12.8% have used illegal drugs in the last year (Cannabis 11.1%); and
- 6.9% have used illegal drugs in the last month (Cannabis 5.7%).

Develop and launch an ongoing National Awareness Campaign highlighting the dangers of drugs, the first stage to commence by end 2001

3.3.4 The National Drugs Awareness Campaign was launched on 15 May 2003. The launch marked the beginning of a three-year campaign which aims to increase awareness amongst the general population about problem drug use and its consequences across society through changing the knowledge and attitude of targeted groups. The campaign is made up of different phases with each phase dealing with different population groups and topics.

3.3.5 The first phase was aimed at the general population and centred on a television and radio advertising campaign with the slogan *"Drugs: there are answers"*. Each advertisement focused on an everyday situation and how drugs can touch all our lives. The advert promoted the idea that "to make the right choices you need the right information". The advertising elements of this first phase of the campaign were supported by an information website www.drugsinfo.ie, a public relations campaign and a widely distributed brochure designed to raise awareness about the causes and consequences of drug use in Ireland today. The campaign also includes a drugs information helpline – 1850 719 819.

3.3.6 In its second phase, the campaign was specifically aimed at informing parents about the realities of the drugs issue in order facilitate more open communication with their children. This phase of the campaign included parent oriented television and radio advertisements with prominent use of the helpline number and the website address. Additional resources have also been made available in the form of a parent's information booklet and increased content on the website. The campaign has also developed a roadshow to which parents from around the country were invited to an open question and answer session in their locality where their questions and issues were addressed by a panel of experts.

3.3.7 The next phase of the campaign is concerned with cocaine use particularly among 18-35-year-olds, with the tagline "There's no fairytale ending with Cocaine". It is being placed on posters in recreational settings such as pubs and nightclubs through beer mats, postcards as well as targeted press advertising. A microsite on www.drugsinfo.ie was also developed to support the campaign.

21 The 1999 ESPAD Report- Alcohol and Other Drug Use Among Students in 30 European Countries, Pompidou Group Council of Europe, p.73

3.3.8 In line with best practice, the campaign is being routinely evaluated. Recent research shows that the campaign is effective at communicating a core message that help is available with almost one in two parents recalling some advert for drugs, and one in four specifically recalling the "Drugs – there are answers" campaign. There is also evidence that as the campaign develops, more specific messages are being identified and recalled by the target audiences e.g. "Talk to your children about drugs" and "Where to go for help and information".

Figure 3.1 shows examples of TV advertising from the first two phases of the Awareness Campaign

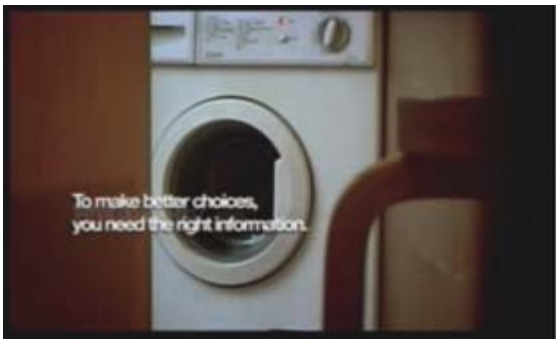
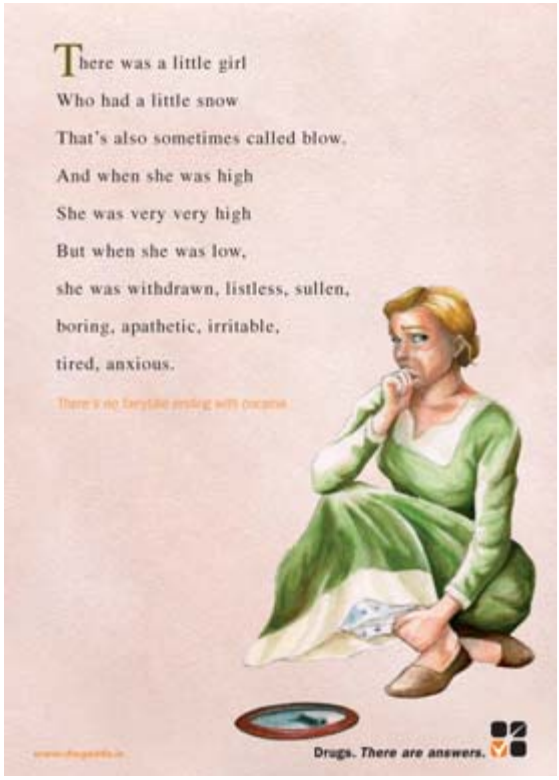
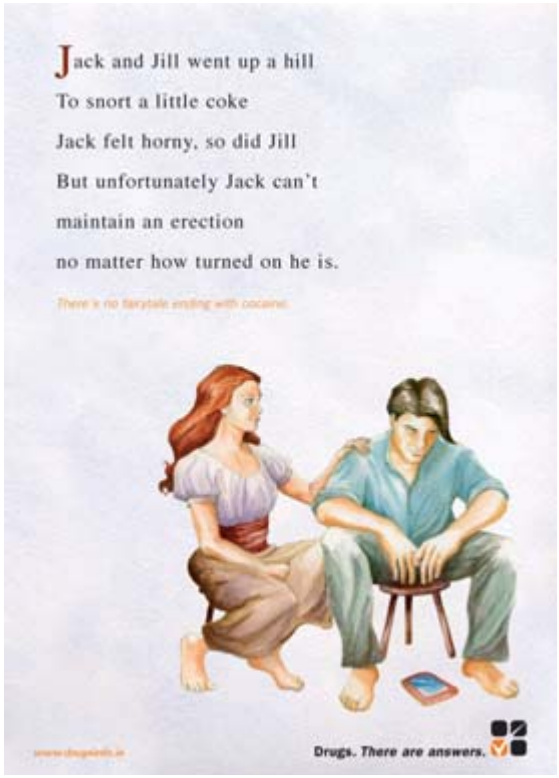
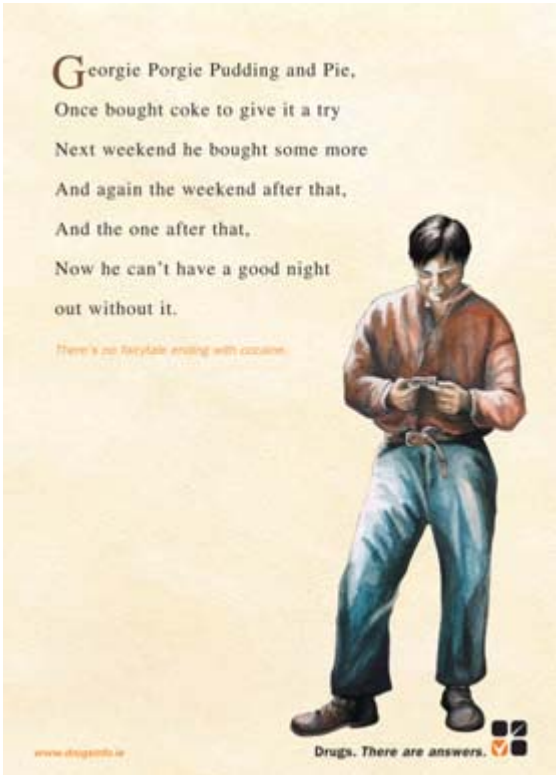


Figure 3.2 Images from the latest phase of the awareness campaign which focuses on cocaine







Develop formal links at local, regional and national levels with the National Alcohol Policy, by end 2001 and ensure complementarity between the different measures being undertaken

3.3.9 The Department of Health and Children, which has primary responsibility for alcohol policy, is pursuing a number of initiatives in the area of alcohol misuse. Increased linkages have been forged on an ongoing basis between both alcohol and drugs policies in terms of cross-representation on the relevant committees and working groups to ensure complementarity between the different measures. The NDST meets with the National Alcohol Policy Advisor and the NDST and D/CRGA were represented on the Strategic Task Force on Alcohol on which the National Alcohol Policy Advisor is also a member. At RDTF level, there is cross-membership with Health Board alcohol policy structures.

Publish and implement a policy statement specifically relating to education supports for Local Drugs Task Force areas, including an audit of the level of current supports, by end 2001

3.3.10 A comprehensive review of educational disadvantage provision is being finalised with a view to ensuring that the educational needs of disadvantaged children and young people are prioritised and effectively addressed into the future. In this context, the Department proposes the following in relation to the policy statement/audit of supports:

- Carry out an exercise to produce a definitive list, with the assistance of the LDTFs, of primary and post-primary schools serving LDTF communities;
- The audit should focus on supplementary supports being provided in each LDTF area and on the extent of involvement in particular programmes/schemes, rather than on producing a detailed financial analysis; and
- A focused policy statement to be prepared setting out the current supports for educational disadvantage and how they will evolve.

It is planned that this exercise can be completed before the end of 2004.

Nominate an official from the Department of Education and Science to serve as a member of each of the Local Drugs Task Forces by end 2001

3.3.11 The Cromien Report on the re-organisation of the Department of Education and Science was accepted by Government in late 2000. One of its findings was that regional offices of the Department should be established in Blanchardstown, Tallaght, Mullingar, Limerick, Galway, Cork, Sligo, Navan, Waterford and Naas, as well as a Regional Directorate based in Dublin. The functions of the regional offices

include representing the Department on the LDTFs and RDTFs, as well as providing for the Department's representation on the NDST itself.

Prioritise Local Drugs Task Force areas during the establishment and expansion of the services of the National Educational Welfare Board (NEWB)

3.3.12 Under the Education (Welfare) Act, 2000, the National Educational Welfare Board (NEWB) was established to ensure that every child attends school regularly or otherwise receives an education. To discharge its responsibilities, the Board is developing a nationwide service to provide welfare-focused services to children, families and schools. The NEWB has appointed a Chief Executive Officer, Directors of Corporate Services and Educational Welfare Services and the necessary support and service delivery staff. To date, fifty-three educational welfare officers have been appointed and when the remaining positions are filled, the total staff complement will be 84.

3.3.13 At this stage of its development, the aim of the Board is to provide a service to the most disadvantaged areas including LDTF areas and areas designated under the Government's RAPID programme and most at-risk groups. Five regional teams have now been established in Dublin, Cork, Limerick, Galway and Waterford and an educational welfare service is now available, for the first time, in the cities of Limerick, Galway and Kilkenny. Twelve towns with significant school going populations, 11 of which are designated under the Government's RAPID programme, also now have an Educational Welfare Officer allocated to them. These towns are Dundalk, Drogheda, Navan, Athlone, Carlow, Wexford, Bray, Clonmel, Tralee, Ennis, Sligo and Letterkenny. In addition, the Board will follow up on urgent cases nationally. For further information please see www.newb.ie

Have comprehensive substance misuse prevention programmes in all schools and, as a first step, implement the "Walk Tall" and "On My Own Two Feet" Programmes in all schools in the Local Drugs Task Force areas during the academic year 2001/02

3.3.14 The Department notified all primary and secondary LDTF schools of the requirement to implement "Walk Tall" and "On My Own Two Feet" programmes respectively from September 2001 and information seminars were provided to facilitate this delivery. The Department implemented substance misuse prevention programmes in all schools in the LDTF areas during the academic year 2001/02.

Complete the evaluation of the "Walk Tall" and "On My Own Two Feet" Programmes by end 2002

3.3.15 Extensive evaluations of the Walk Tall Programme have been conducted and the outcomes were positive. The programme has a widely accepted rationale and has been accepted by teachers. It was felt by teachers that the Walk Tall Programme links in well with other aspects of Social Personal and Health Education (SPHE) programme i.e. the Stay Safe Programme. Teachers held a very positive view of the programme in terms of its potential outcomes for children, including safety, drug prevention, self-esteem, personal responsibility and decision-making. The SPHE post-primary service is undertaking some preliminary evaluation of the implementation of the SPHE to junior cycle, including the "On My Own Two Feet" programme as a core element of SPHE, throughout the country. A report on this research is expected by end 2004. A more comprehensive evaluation project is planned for 2005-2006.

Deliver the SPHE Programme (Social, Personal and Health Education) in all second level schools nation-wide by September 2003

3.3.16 The SPHE Programme has been on the curriculum of all primary and secondary schools since September 2003 and LDTF areas were prioritised in this regard. Ongoing support to assist second level schools in the implementation of the SPHE syllabus is being offered by the Post-Primary SPHE Support Service. SPHE, as part of the curriculum, supports the personal development, health and well-being of young people and helps them to develop the skills to maintain supportive relationships.

3.3.17 An additional Regional Development Officer has been recruited to the Support Service to work with second level schools in the LDTF areas. At primary level, the Primary Curriculum Support Service has been augmented by four SPHE trainers. Two additional National Support Officers have been recruited and are dedicated to working with primary schools in LDTF areas. The Department, in co-operation with the Health Promotion Unit and the Health Boards, also drafted guidelines to assist schools in the formation of a drugs policy in May 2002, but to date, not all schools have such policies in place. However, it is expected that a significant number will put such policies in place during the course of the school year 2003/04 and the Department will monitor the situation. The Department is giving consideration to carrying out an evaluation on the implementation of SPHE to date in both primary and post-primary schools.

3.4 Treatment Pillar

3.4.1 The objectives under the treatment pillar are:

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

KPIs – Progress to date

Have immediate access for drug misusers to professional assessment and counselling by Health Board services, followed by commencement of treatment, as deemed appropriate, not later than one month after assessment

3.4.2 There has been considerable progress on this action across the ERHA region including increased capacity, new centres and increased involvement of GPs and pharmacies. In addition, waiting lists have been substantially reduced. At the end of July 2001, there were 512 on the methadone waiting list compared to 273 at end July 2004.

3.4.3 However, there is more work to be done before the target of one month is reached. In this regard, Health Boards are working towards increased involvement of GPs and pharmacists with regard to the Methadone Protocol. In July 2001, there were 168 GPs and 233 pharmacists involved in the scheme in comparison to 218 GPs and 313 pharmacists involved at the end of July 2004. The number of clinics involved in delivering the service has increased since December 2000 from 56 to 66, of which 7 are located outside the ERHA. Direct access to counselling and assessment is in place, especially in larger urban centres. *(Chapter 2 contains further details in relation to treatment).*

Have access for under-18s to treatment following the development of an appropriate protocol for dealing with this age group

3.4.4 A Working Group, chaired by the Department of Health and Children, and comprising a broad range of statutory and non-statutory service providers and community representatives was established in October 2001 to develop an appropriate protocol.

To fulfil it's remit, the Group undertook a number of initiatives, including;

- An examination of the legal issues surrounding treatment;
- A literature review;
- A review of services and service gaps nationally;
- Focus groups of service misusers within and outside the ERHA region; and
- A review of the treatment issues.

3.4.5 The task proved to be more complex than anticipated and as a result, it was not possible to meet the mid 2002 deadline. The Group felt that the complexity of individual needs in this client group implied that a protocol format could be overly restrictive, and that it was preferable to try to establish appropriate broad guidelines or models for treatment.

3.4.6 The Group also wished to emphasise the range of personal, social and economic factors which contributed to involvement in drug misuse at a young age in order to avoid dealing with the issue of adolescents and children presenting to the drug treatment services in too narrow a fashion. The review was finalised in July 2004 and was presented to the IDG in October. Once printed, the report will be widely circulated and its implementation monitored by the IDG on an ongoing basis.

3.4.7 As regards existing services, the three Area Health Boards within the Eastern Region provide detoxification and rehabilitation services on both an in-patient and out-patient basis. Under-18-year-olds are prioritised for these services. In order for drug-free treatment programmes to be successful the individual must be motivated to commence a programme of detoxification and engage in follow-up care. The three Area Health Boards also utilise in-patient rehabilitation services outside the Eastern Region. The Matt Talbot Adolescent Service, a drug-free residential facility for the treatment of alcohol and drug misuse in young males between 14 and 18 years in the Southern Health Board, is also in operation.

Increase the number of treatment places to 6,000 places by end 2001 and to a minimum of 6,500 places by end 2002

3.4.8 Significant progress has been made in relation to the numbers receiving substitution treatment and the latest figure for those receiving methadone at the end of July 2004 is 7,052. The breakdown of this figure is as follows:

Breakdown of Patients	July 2004
ERHA Clinics	3,677
National Clinics	149
Trinity Court	499
Prisons within ERHA area	286
Prisons outside ERHA area	4
General Practitioners within ERHA area	2,250
General Practitioners outside ERHA area	187
Total	7,052
Area Breakdown of Participating Pharmacies	
Pharmacies within ERHA area	190
Pharmacies outside ERHA area	123
Total	313
Area Breakdown of Participating General Practitioners	
The No. of GP's participating within the ERHA area	178
The No. of GP's participating outside the ERHA area	40
Total	218

Continue to implement the recommendations of the Steering Group on Prison-Based Drug Treatment Services as a priority and implement proposals designed to end heroin use in prisons during the period of the Strategy

3.4.9 The July 2000 report of the Steering Group[22] on Prison Based Drug Treatment Services concluded that the level and extent of the medical and other supports available to drug misusers in the wider community should be replicated within the prison system. The Steering Group's recommendations focused on developing a cross-agency, multi-disciplinary response aimed at delivering effective treatment and harm reduction measures while maintaining – and, where possible, enhancing the supply reduction measure.

3.4.10 Significant progress has been made in implementing the recommendations of the Steering Group:

- During 2001, a number of appointments were made, including (i) a pharmacist to oversee the development of new systems and controls in the procurement, storage and dispensing of medicines; (ii) a co-ordinator of nursing to provide strategic leadership for newly appointed professional nurses; and (iii) a Deputy Governor with specific responsibility as training officer for intervention programmes for prison staff on drug identification and drug use.
- In 2002, a co-ordinator of Drug Treatment Services (Prisons) was appointed by the ERHA and is based in Mountjoy Prison and a three-strong Probation and Welfare Service was also established which provides programmes for prisoners to address their addictions and the necessary supports during detoxification and stabilisation.
- In 2004, a consultant psychiatrist in addiction was appointed by the NAHB to provide sessions at the Mountjoy Complex. It is hoped that a similar appointment will be made shortly by the SWAHB with sessions at Cloverhill and Wheatfield Prisons.
- Eighty-four professional nurses have also been appointed to work (though not exclusively) in the areas of detoxification, managing/supporting prisoners on methadone and in the treatment of addiction related conditions. In this regard, since September, 1999, seven Prison Officers have been seconded and have completed nurse training under the PCW (Pay and Competitiveness at Work) Agreement. These officers are now assigned to the Irish Prison Service as Nurse Officers.
- The appointment of psychologists and addiction counsellors for the Mountjoy Complex, Cloverhill and Wheatfield Prisons are expected shortly;
- Additional drug free areas are also in operation in St. Patrick's Institution, Cloverhill and Wheatfield prisons; and
- In addition, new inter-agency and multi-disciplinary structures have evolved to co-ordinate and further develop drug treatment in prisons and throughcare arrangements with community-based services – at both policy and operational levels.

3.4.11 As a result of these developments, prisoners now have better access to detoxification programmes on committal to prison. Approximately 500 prisoners have completed Mountjoy Prison's Drug Treatment Programme (a six week course involving detoxification, intensive counselling and psychological support) and there are structured throughcare arrangements between prison and drug treatment centres in the wider community. The number of prisoners in receipt of methadone maintenance has also increased – from 184 in December 2000 to 290 at the end of July 2004. Methadone maintenance, combined with throughcare arrangements,

22 Membership of the Steering Group on Prison Based Drug Treatment Services is attached as Appendix 8

has brought stability to the lives of many prisoners and has helped to overcome previously chaotic transitions from prison to release into the community.

3.4.12 The Irish Prison Service is also continuing to take extensive and diverse measures to prevent the supply of illicit drugs within prisons. Traditional means of effecting supply reduction have been reinforced through (i) the use of video surveillance in visiting rooms, prison yards and other areas where drugs are likely to change hands; (ii) the provision of screened visiting rooms and (iii) in the case of Mountjoy Prison, new visiting arrangements which involve prior nomination and identification of visitors. New prison rules are currently being drafted and will provide, inter alia, for mandatory drug testing.

3.4.13 More recently, the Irish Prison Service has embarked on a programme of installing nets over prison yards to prevent contraband, such as drugs, being propelled over perimeter walls. Future prison designs will seek to locate yards away from perimeter walls as part of further efforts to limit the supply of illicit drugs.

Have in place, in each Health Board area, a Service User Charter by end 2002

3.4.14 A Service Users Charter outlines what a person presenting to the addiction services can expect and what will be expected of them in terms of their rights and also their responsibilities. Each of the ERHA Health Boards has developed a charter and other Health Boards are in the final stages of developing their charters.

Have in place, in each Health Board area, a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser, by end 2002

3.4.15 Health Boards are the primary providers and drivers of treatment services for problematic drug misusers. The addiction services seek to deliver these services in partnership with local communities and private service providers, where appropriate. The services designed for drug misusers provided directly by the Health Boards include:

- Outreach – making contact with drug users not currently accessing services, advising on services, on safer injecting and sex practices and providing needle exchange;
- Education – helping to implement the education component of the National Drugs Strategy and providing services to drug users, schools, families, local communities and professional groups on drug related issues;
- Treatment – a range of interventions including assessment, stabilisation, harm reduction measures, care planning, methadone maintenance, counselling and detoxification within specialist clinics, residential settings and within community settings;
- Rehabilitation – the provision of a range of options including residential and day programmes and a planning and brokerage service designed to equip drug users with the skills and tools for progression and reintegration; and
- Community Welfare – a service to assist clients with accommodation and income maintenance needs.

3.4.16 Services provided by a range of voluntary and community sector organisations which are funded and co-ordinated by the Health Boards include:

- Drop-in services;
- Peer support services;
- Family Support;
- Education services;

- Counselling services;
- Rehabilitation and aftercare services;
- HIV/AIDS Support;
- Training services;
- Personal development training.

3.4.17 Health Boards provide residential and day treatment and rehabilitation both directly, through Section 65 grants and through mainstreamed LDTF projects[23]. The range of services being offered is currently under assessment and based on additional needs highlighted, services will be developed from 2004 onwards.

Provide stabilised drug misusers with training and employment opportunities and, as a first step, increase the number of such opportunities by 30% by end 2004

3.4.18 There are 54 drugs related Community Employment Projects up and running with a total of approximately 1,120 contracted places available of which just over 900 are filled according to the latest figures. In addition, a drugs awareness training programme for CE supervisors has been developed with Merchants Quay. This programme is currently being piloted and providing evaluation is successful, will be available to all CE supervisors during 2004.

3.5 Research Pillar

3.5.1 The objectives under the research pillar are:

- To have available valid, timely and comparable data on the extent of drug misuse amongst the Irish population and specifically amongst all marginalised groups;
- To gain a greater understanding of the factors which contribute to Irish people, particularly young people, misusing drugs.

KPIs – Progress to date

Eliminate all major research gaps in drug research by end 2003

3.5.2 As outlined in chapter 1, the NACD was established in 2001 to advise the Government in relation to prevalence, prevention, consequences and treatment of problem drug use in Ireland based on their analysis and interpretation of research findings.

3.5.3 To date, the Committee has either completed or has work on-going on thirty-eight projects. Among the more high profile projects are:

- Prevalence Estimate of Opiate Users – results released in May 2003;
- All-Ireland General Population Survey on Drug Use:
  - 1st bulletin released – October 2003
  - 2nd bulletin (Regional Results) released – April 2004
- Overview of research in relation to the Prevention of Drug Misuse published in December 2001 – this helped inform the development of the National Drugs Awareness Campaign;
- Study on Cocaine use in Ireland – published in December 2003;
- Review of Harm Reduction approaches – published in May 2004;
- Study on Cannabis – published in September 2004;
- On-going Longitudinal Study on Treatment Outcomes – will give better information on the most effective forms of treatment for drug users;
- Collaborative research projects on drug use amongst vulnerable groups such as Travellers and the Homeless; and

23 Mainstreaming is when projects which, following independent evaluation, are deemed to be achieving their objectives, have their continued funding taken over by a designated Department/Agency.

- The NACD is also developing a Drug Trends Monitoring System (DTMS) to monitor changes in drug misuse throughout the country.

Publish an annual report on the nature and extent of the drug problem in Ireland and on progress being made in achieving the objectives set out in the Strategy

3.5.4 This report fulfils this KPI in relation to progress being made in the Strategy. In addition, the Critical Implementation Path (CIP) for the Strategy was published in April 2004. The purpose of the CIP is to map out how the 100 actions are being delivered and the timeframes for delivery. Future progress under the Strategy will be measured against the steps set out in the CIP. Copies of the Report are available from the Drugs Strategy Unit, Department of Community, Rural and Gaeltacht Affairs, www.pobail.ie or telephone 01 6473000. In addition, in September 2003, the NACD launched a Progress Report covering the work of the Committee from July 2000 to July 2003. Copies of the Report are available from the NACD – www.nacd.ie or telephone 01 6670760.

No.	Agency	Action	Due date	Commentary
1	D/CRGA	The Department, through the IDG and the NDST to co-ordinate the implementation of the National Drug Strategy in partnership with Government Departments, State Agencies, and the community and voluntary sectors and to bring to the Cabinet Committee on Social Inclusion any identified issues which have a detrimental effect on the implementation of policy.	Ongoing	IDG meetings are held monthly. The Cabinet Committee on Social Inclusion is given six-monthly reports on progress in achieving the targets set out in the strategy.
2	D/CRGA	The IDG, in conjunction with the NDST, to establish an evaluation framework for the Strategy, incorporating the performance indicators against which progress under the four pillars will be assessed. Annual reports and mid-term evaluations would facilitate progression towards key strategic goals. The cost effectiveness of the various elements of each pillar of the new Strategy should be established to enable priorities to be established and a re-focusing, if necessary, of strategic objectives from the mid-term evaluation stage at 2004.	Ongoing	The monthly meetings of the IDG and the Cabinet Committee on Social Inclusion regularly monitor and assess the progress of the Strategy with specific reference to its targets and performance indicators. A progress report covering 2001-2004 is being published in early 2005. The mid-term review will look at refocusing priorities, if necessary.
3	D/CRGA	Continued provision of accessible, positive alternatives to drug misuse in areas where such misuse is most prevalent through the YPFSF and more generally, through arts and culture youth programmes, the schemes run by the Irish Sports Council and the facilities provided through funding under the Sports Capital Programme. These should be accessible and attractive to those most at risk of drug misuse and those from socially, educationally and culturally diverse backgrounds. In this regard, the LDTF areas should be prioritised. Specific efforts should also be made to ensure that the groups who are most at risk of drug misuse are actively engaged in recreational activities at local level.	Ongoing	The YPFSF covers the 14 LDTF areas as well as four other urban centres. The Sports Capital Programme has always given extra weighting to areas of disadvantage and from 2003 is particularly prioritising LDTFs, RAPID & CLÁR areas.

Due dates in this table reflect the target dates agreed and published in the Critical Implementation Path 2004.

No.	Agency	Action	Due date	Commentary
4	D/JELR	To oversee the establishment of a framework to monitor numbers of successful prosecutions, arrests and the nature of sentences passed.	2005	This is a complex and highly technical project as it requires the development of interfaces between the databases of the Garda Síochána, the Courts Service and the Prisons Service, some of which are themselves in a developmental phase. Work on the development of such interfaces to facilitate the ready availability of information on successful prosecutions, arrests and the nature of sentences passed is ongoing. The Minister for Justice, Equality and Law Reform has recently approved a specific recommendation of the Expert Group on Crime Statistics that a Central Crime Statistics Unit be established. It is proposed that one of the functions of the unit would be to oversee integration of the various IT systems with a view to the development of an integrated criminal history repository. By its nature, this is a mid to long term project and the Department is anxious to achieve some progress in the shorter term. Consequently, in conjunction with an Garda Síochána, they are proceeding with the introduction of a pilot study to be based in selected Garda Districts aimed at tracking pathways of drug offenders through the Criminal Justice System. The results of this study will inform the overall comprehensive delivery of this action point.
5	D/JELR	To establish, in consultation with the Gardaí and the community sector, best practice guidelines and approaches for community involvement in supply control activities with law enforcement agencies.	Guidelines 2004 (Late 2005 – Implement-ation)	The Department is currently involved in putting in place a policy framework and structures which will facilitate the development of formal and inclusive partnership arrangements on policing issues between An Garda Síochána and the communities it serves. Included in its draft provisions are mechanisms for enhanced co-operation between the Gardaí and Local Authorities through the establishment of Policing Committees. It is intended that such committees will act as fora where matters relating to all aspects of policing can be discussed and where strategies and recommendations for dealing with issues arising locally can be decided. It is intended that these Policing Committees will facilitate the establishment of local policing fora to address specific matters, including drug supply issues, in local areas.

No.	Agency	Action	Due date	Commentary
6	D/JELR	To review the ongoing effectiveness of crime legislation, in tackling drug-related activity.	Late 2004	The EU carried out a mutual evaluation report on Ireland's law enforcement response in the fight against drug trafficking (2002). It concluded that most of the core legislation relating to drug trafficking and financial investigations is relatively recent and the provisions are comprehensive and support strong and effective law enforcement. Furthermore, sections of the Criminal Justice (Drug Trafficking) Act 1996 which relate to Garda powers of detention in drug trafficking cases were reviewed during 2002 by the D/JELR in conjunction with Garda Authorities. Arising from this review an extension to the applicability of sections 2,3,4,5, and 6 (Garda powers of detention) until Dec 2004 was approved by the Oireachtas in December 2002. In addition a research study has been commissioned on the utilisation of the provisions in respect of drug trafficking offences which were introduced under Part 2 of the Criminal Justice Act 1999. The results of this study are expected to be available in late 2004. The Department will continue to assess the need to review particular elements of drug related legislation.
7	Garda Síochána	To increase the level of Garda resources in LDTF areas by end 2001 and build on lessons emanating from the Community Policing Forum (CPF) model.	Late 2004	The current strength within the LDTF areas has shown moderate increases. A review of overall deployment of Garda strength is scheduled for 2004 in line with the Pulse System and up-dated General Established Redistribution Model (GERM). The allocation of additional resources in LDTF areas will be considered in line with an overall increase in the strength of An Garda Síochána.
8	Garda Síochána	To establish a co-ordinating framework for drugs policy in each Garda District, to liaise with the community on drug-related matters and act as a source of information for parents and members of the public. Each Garda District and Sub-District be required to produce a Drug Policing Plan to include multi-agency participation in targeting drug dealers.	Early 2004	The Garda Community Consultations document was approved by the Commissioner in September 2002. A framework to engage the community in policing issues is part of the Garda Síochána Bill currently before the Oireachtas. Divisional policing plans were also posted on the Garda website during 2004.
9	Garda Síochána	To target the assets of middle-ranking criminals involved in drug dealing.	2004	Working Group submitted proposals to the Garda authorities in June 2003. Regional managerial briefings on asset forfeiture were held between May and September 2003. Training courses for divisional personnel in asset forfeiture and confiscation is ongoing with the aim of asset profilers in each region to be in place by Mid 2005.

No.	Agency	Action	Due date	Commentary
10	Garda Síochána	To continue to target dealers at local level by making additional resources available to existing drugs units and for the establishment of similar units in areas where they do not currently exist.	Late 2004	A number of Divisional and District Drug Units have been established in areas of identified need. A working group is currently examining the resources of dedicated drug units. This work will incorporate a review of the GERM model scheduled to commence in 2004.
11	Garda Síochána	To extend the Community Policing Fora (CPF) initiative to all LDTF areas, if the evaluation of the pilot proves positive. The proposed RDTFs should be consulted in assessing whether CPFs should be in regional areas of particular need. Where CPFs do not exist, CPF methods should be adopted for best practice for mainstream policing policy.	Ongoing from Late 2003	There are currently three Community Police Fora in the North Inner City, Finglas/Cabra area and the South Inner City. Further development of fora as per Garda Síochána Bill in Action 7.
12	Garda Síochána	To ensure that operations similar to Dochas, Nightcap and Cleanstreet are implemented in urban centres throughout Ireland, where drug dealing is ongoing.	Mid 2004 onwards	Clean Street VII and VIII were conducted during 2003. A number of Nightcap operations were also conducted during the year in locations throughout the country. A draft document on the future conduct of such operations has been submitted to the Commissioner. This document recommends regional training which is anticipated to commence during 2004.
13	Garda Síochána	To monitor the efficacy of the existing arrest referral schemes and expand them, as appropriate.	Mid 2004 onwards	Pilot surveys in Dun Laoghaire, Ballymun and Cork commenced in June 2003. Research is currently underway in the North Inner City LDTF funded by the D/JELR.
14	Garda Síochána/ Customs & Excise	To continue to work more closely together in accordance with the principles of their Memorandum of Understanding (MOU). They should also co-operate and collaborate fully with law enforcement and intelligence agencies in Europe and internationally in reducing the amount of drugs coming into Ireland.	Ongoing	Co-operation is ongoing in accordance with the MOU and Operational Protocol. Local liaison structures have been enhanced following a series of regional Garda/Customs liaison meetings in Sept/Oct 2003. Co-operation at international level has also been enhanced.
15	Garda Síochána/ Customs & Excise	To strengthen and consolidate existing coastal watch and other ports of entry measures designed to restrict the importation of illicit drugs by end 2002.	Early 2003	Customs & Excise, who have primary responsibility in this area, have implemented a number of measures to enhance drugs detection capability at points of entry. The Customs Drugs Watch programme was re-launched in January 2003. A poster and public awareness programme is in place. A Customs cutter (RCC Suirbhéir) has been purchased and was commissioned in June 2004.
16	Garda Síochána/ Customs & Excise	To develop benchmarks against which seizures of heroin and other drugs can be evaluated under the EU Action Plan in order to establish progress on a yearly basis.	Ongoing	Benchmarks established. Progress being monitored against targets set.

No.	Agency	Action	Due date	Commentary
17	Garda Síochána/ Customs & Excise	To ensure greater integration of Customs and Excise within a European context, an Officer of the Customs and Excise Division should be appointed to the Europol National Unit.	Mid 2001	Customs Officer appointed to Europol National Office in July 2001.
18	Garda Síochána/ Customs & Excise	To have available to the enforcement agencies detection dogs and other resources to restrict the importation of illicit drugs.	Ongoing	Customs and Excise have detector dogs currently in place at all major entry points to the state and An Garda Síochána also have a number of dogs available to them. The acquisition of additional technical and other equipment is considered by the Revenue Commissioners on an ongoing basis. As part of this review process a Customs cutter has been purchased. Additionally, Revenue has invited tenders for the acquisition of x-ray scanning technology for screening containerised freight.
19	Garda Síochána and Health Boards	Incidences of early use of alcohol or drugs by young people coming to Garda attention to be followed up by the Community Police and/or the health and social services, in order that problem drug misuse may be diagnosed/halted early on through appropriate early intervention.	Mid 2005	A review group established under the Department of Health and Children with Garda representation to progress this action. This group will also be influenced by Arrest Referral Scheme research.
20	Courts Services	To have in all LDTF areas an early intervention system, based on the Drug Court model, if the evaluation in the North Inner City of Dublin is positive. This should be accompanied by appropriate familiarisation for the judiciary on the role of the Drug Court.	Late 2005	A pilot Drug Court programme has been in existence in Dublin's North Inner City since January 2001. The Northern Area Health Board has provided resources for the operation of the Drug Court programme. The evaluation report of the project, published in February 2003 by the Minister for JELR, was generally positive. The recommendations of the report included the extension of the current pilot area to further test and refine the emerging model and to address difficulties which have been identified. This is to take place with the concurrent development of a Drug Court Planning Programme which will focus on research and development activity necessary to roll out the Drug Court more widely. Since mid 2003, the pilot Drug Court area of operation has been extended to the Dublin 7 catchment area. Another evaluation will be carried out by the Courts Service in 2005.

No.	Agency	Action	Due date	Commentary
21	Prison Services	To continue to implement the recommendations of the Steering Group on Prison-Based Drug Treatment Services as a priority and to implement proposals designed to end heroin use in prisons during the period of the Strategy.	Late 2005	Considerable progress has been made. A group to review education and training needs was established and has completed its work. A Deputy Governor with responsibility for staff training has been appointed. Eighty-four professional nurses have also been appointed to work (though not exclusively) in the areas of detoxification, managing/supporting prisoners on methadone and in the treatment of addiction related conditions. A Co-ordinator of Pharmacy Services and a Co-ordinator of Nursing Services in prisons have been appointed. A senior Probation and Welfare Officer and three team members have been assigned to drug treatment work within the Mountjoy complex. Preparatory work is underway for the recruitment of Addiction Counsellors and psychologists. New prison rules are currently being drafted and will provide, inter alia, for mandatory drug testing.
22	Prison Service	To expand prison-based programmes with the aim of having treatment and rehabilitation available to those who need them including drug treatment programmes, which specifically deal with the reintegration of the drug using offender into the family/community.	Late 2008	A drug free unit opened in St. Patrick's Institution in November 2000 and drug free areas opened in Wheatfield in 2002. The Training Unit in the Mountjoy complex is designated a drug-free place of detention. There is a separate wing in Cloverhill Prison for prisoners who wish to remain drug free. Over 490 offenders have completed the drug treatment/detox programme, which has been running in the Medical Unit, Mountjoy Prison since July 1996. This six-week course involves detoxification where necessary, intensive counselling and psychological support for prisoners. The Minister for Justice, Equality and Law Reform is currently considering a draft drugs policy for the Irish Prison Service.
23	Prison Service	To commission and carry out an independent evaluation of the overall effectiveness of the Prison Strategy by mid 2004. The review should cover all aspects of drug services in prisons including research on the levels and routes of supply of drugs in prisons.	Mid 2008	The Irish Prison Service continually monitors the effectiveness of its drug policies and already has a good knowledge of the levels and routes of supply of drugs in prisons. Pending the finalisation of the new drugs policy currently being considered by the Minister for Justice, Equality and Law Reform, it would be premature to undertake a wide-ranging review of all aspects of drug services in prisons. The better course would be to undertake the review when the new policy has been in place for a sufficient period of time, to allow for meaningful evaluation. It is intended that the review should be initiated in 2007.
24	Prison Service	To expand the involvement of the community and voluntary sectors in prison drug policy via the ongoing development of the Local Prison Liaison Groups and the formal meetings between the sectors and the Steering Group on Prison-Based Drug Treatment Services.	Late 2004	The Governors of the Dublin prisons hold regular meetings with the Prisons and Community Drugs Liaison Group. These meetings provide a forum for consultation with this sector and issues raised are considered by the National Steering Group where appropriate. Consideration is being given to establishing a formal means of consultation between the National Steering Group and this sector.

No.	Agency	Action	Due date	Commentary
25	D/ELG	To commission an external evaluation of the impact of enforcement activity under the Housing Acts (evictions, excluding orders) on homelessness by end 2001.	Early 2002 – Guidelines distributed to LA's late 2004	Based on an external evaluation undertaken in 2001, Dublin City Council has published a document entitled "Anti-Social Behaviour – Policy and Procedure" which outlines their policy and procedure for dealing with anti-social behaviour. In addition, the Housing Unit has produced "Good Practice Guidelines on Preventing and Combatting Anti-Social Behaviour" (December 2003) which are being applied nationally.
26	D/ELG	To monitor and evaluate homelessness initiatives in relation to drugs issues in the context of the Homeless Strategy and particularly, in relation to the Dublin Action Plan.	Mid 2004	Included in NACD research as per Action 98.
27	Gardaí, HBs and VFI, LVA HFI	Representative bodies, including the Vintners Federation of Ireland (VFI), the Licensed Vintner's Association (LVA) and the Irish Hotel Federation to prepare guidelines, in association with the Gardaí Authorities and the Health Boards, for publicans and night-club owners, regarding drug dealing on, or in the vicinity of their premises. These guidelines should set out clearly the actions which the owner of the premises should take in response to drug dealing e.g. co-operation with the Gardaí, etc.	Early 2004	Guidelines for licensees produced as a result of the considerations of the working group. Being published in late 2004.
28	Gardaí, HBs and VFI, LVA HFI	Gardaí to object to the renewal of licences for publicans and night-club owners where there has been a history of drug dealing on the premises.	From late 2003	Monitoring these activities are part of the ongoing work of An Garda Síochána.
29	D/E&S	Publish and implement a policy statement on education supports in LDTFs, including an audit of the current level of supports by end 2001.	Early 2004	The D/E&S is currently undertaking an extensive review of its education disadvantage provision. When the review is complete, the policy statement relating to LDTF area schools will be issued.
		Nominate an official to serve as a member of each Task Force.	Early 2002	Officials from D/E&S are attending all LDTF meetings.
		Set up a group in the Department to discuss cross-cutting issues.	Early 2002	Regular meetings on social inclusion issues, chaired by an Assistant Secretary General are held in the D/E&S.

No.	Agency	Action	Due date	Commentary
30	D/E&S	To prioritise LDTF areas during the establishment and expansion of the services of the National Educational Welfare Board.	Ongoing from early 2003	The NEWB has appointed a Chief Executive Officer, Directors of Corporate Services and Educational Welfare Services and the necessary support and service delivery staff. At this stage of its development, the aim of the Board is to provide a service to the most disadvantaged areas, including LDTF areas and areas designated under the Government's RAPID programme and most at-risk groups. Five regional teams have now been established in Dublin, Cork, Limerick, Galway and Waterford and an educational welfare service is now available, for the first time, in the cities of Limerick, Galway and Kilkenny. Twelve towns with significant school going populations, 11 of which are designated under the Government's RAPID programme, also now have an Educational Welfare Officer allocated to them. In addition, the Board will follow up on urgent cases nationally.
31	D/E&S, HPU & HBs	To put in place by end 2001 mechanisms which will support, enhance and ensure the delivery of school-based education and prevention programmes in all schools nationwide over the next three years.	Early 2002	Ongoing support to assist second level schools in the implementation of the SPHE syllabus is being offered by the Post Primary SPHE Support Service. An additional Regional Development Officer has been recruited to the Support Service to work with second level schools in the LDTF areas. At primary level the Primary Curriculum Support Service has been augmented by four SPHE trainers. Two additional National Support Officers have been recruited and are dedicated to working with primary schools in LDTF areas.
32	D/E&S, HPU & HBs	To implement 'Walk Tall' and 'On My Own Two Feet' Programmes in all schools in the LDTF areas, in the context of the SPHE programme during the academic year 2001/02.	Academic Yr 2001/2002	D/E&S notified all primary and secondary LDTF schools of the requirement to implement 'Walk Tall' and 'On My Own Two Feet' respectively from September 2001. Information seminars were provided to facilitate this delivery and ongoing support for the implementation of the programme is available in the LDTF areas. Since September 2003 all schools have a timetabled SPHE programme up to Junior Cert level, including 'On My Own Two Feet' as a core element of the SPHE post-primary programme.
33	D/E&S, HPU & HBs	To deliver the SPHE Programme in all second-level schools by September 2003.	Sep 2003	The programme has been on the curricula of all primary and second level schools up to junior cycle since September 2003.
34 (A)	D/E&S, HPU & HBs	To complete the evaluation of the 'Walk Tall' and 'On My Own Two Feet' programmes by end 2002 and to continue to evaluate the programmes in order to establish whether they need to be augmented or whether there is a need for alternative programmes to address key gaps.	Early 2004	Extensive evaluations of the 'Walk Tall' programme have been conducted and the outcomes were positive. The programme has a widely accepted rationale and has been accepted by teachers. The SPHE post-primary service is undertaking some preliminary evaluation of the implementation of the SPHE to junior cycle, including the 'On My Own Two Feet' programme as a core element of SPHE, throughout the country. A report on this research is planned for late 2004. A more comprehensive evaluation project is planned for 2005-06.

No.	Agency	Action	Due date	Commentary
34 (B)	D/E&S, HPU & HBs	Schools should encourage the participation of parents on such programmes where appropriate. In particular, mechanisms for engaging the parents of at-risk children in programmes should be examined with a view to establishing models of best practice.	Ongoing from Mid 2004	In April 2002, the Department invited representatives of the 14 LDTFs to engage with the Home School Community Liaison Scheme. In relation to non-LDTF/HSCL areas, an overall strategy with a view to involving schools and parents of at risk children is being developed with Department of Health and Children and the Health Boards. Within the context of Substance Use Policy Development, parents are identified as key stakeholders and recommendations are made regarding their involvement in policy committees. A number of the health boards are also involved in the provision of parent programmes with a drug prevention focus.
35	D/E&S, HPU & HBs	To ensure that parents have access to factual preventative materials which encourage them to discuss the issues of coping with drug misuse with their children.	Ongoing from Mid 2004	One of the aims of the Home School Liaison Scheme of D/E&S is to raise awareness in parents of their capacities to enhance their children's educational progress and to assist them in developing. Currently 278 primary and 191 second level schools are involved in the Scheme. Raising the awareness of parents in schools not involved in the HSCL Scheme will be the subject of discussions between the Health Boards, the D/E&S and D/H&C. The National Drugs Awareness Campaign, launched May 2003, is directed at parents and in conjunction with the campaign website and helpline, a special parent's information booklet has been developed and disseminated throughout the country. Also as part of the campaign, roadshows aimed specifically at parents are being undertaken in each Health Board area, to raise awareness of the issues surrounding drug use.
36	D/E&S	To ensure that every second level school has an active programme to counter early school leaving with particular focus on areas with high levels of drug misuse.	2006	The School Completion Programme (SCP) was expanded from September 2002. 65 new projects involving 225 primary schools and 75 second level schools have been created by the expansion. The total number of projects covered by the SCP is 82 involving 276 primary and 106 second level schools. The Department is at present reviewing the SCP and is examining the possibility of the inclusion of additional schools in the programme. In addition, the National Educational Welfare Board is actively working with schools to ensure that school attendance policies are in place to address absenteeism and early school leaving.
37	D/E&S, HPU & HBs	Recommendations 31-35 to apply equally to the non-school education sector.	Ongoing	All Youthreach and Senior Traveller Training Centres have staff trained in the Substance Abuse Prevention Programme and implement it. Drug education is included in VTOS and other adult education programmes as necessary. Community Training Workshops (CTWs) are operated by FÁS and include a module on drugs and substance abuse, prevention and awareness in their life and social skills programme. CTWs operating in LDTF areas have appointed a Drugs Education and Prevention Officer.

No.	Agency	Action	Due date	Commentary
38	D/H&C	To develop and launch an ongoing National Awareness Campaign highlighting the dangers of drugs. The campaign should promote greater awareness and understanding of the causes and consequences of drug misuse, not only to the individual, but also to his/her family and society in general.	During 2003	This advertising and PR campaign was launched by Minister Micheal Martin and Minister of State Noel Ahern with an overall message of "Drugs – there are answers" in May 2003. This phase was followed up by more parent focused communications. A third phase on cocaine has since been rolled out.
39	D/H&C	To ensure that adequate training for health care and other professionals engaged in the management of drug dependency is available, including, if necessary, arrangements with third level institutions and other bodies.	During 2006	The target groups that require training are to be identified by Mid 2004. Health care and other representatives will be consulted on the adequacy of present training programmes. A report with recommendations to address any gaps that are evident will be produced.
40	D/H&C	To consult all treatment and rehabilitation providers in order to ensure that performance indicators, used in the evaluation of services, accurately and consistently reflect the needs of specific areas i.e. performance indicators should reflect the reality of the drug problem locally.	Ongoing from early 2005	Consultation has taken place in Health Boards in relation to performance indicators for Health Board drug services. These performance indicators are in place and discussions are ongoing in relation to improvements for 2004. It is considered necessary to have adequate performance indicators in place in Health Boards before entering into consultation with voluntary service providers. However, it should be noted that monitoring of the services of those organisations who receive Section 65 funding is part of the condition of the provision of this funding.
41	D/H&C	To oversee implementation of the recommendations of the Benzodiazepine Working Group, which is due to complete its work by end June 2001, as part of the overall strategy of quality improvement of current services.	Ongoing from early 2004	The report of the Benzodiazepine Committee was finalised and published in December 2002. Relevant bodies and agencies will be consulted in relation to the implementation of the recommendations before the end of 2003. A lot of the recommendations are in place already. The Report and Good Practice Guidelines for clinicians has been widely circulated. Work on the Pharmacist Guide has commenced.

No.	Agency	Action	Due date	Commentary
42	D/E&S & D/H&C	To ensure that the design and delivery of all preventive programmes is informed by ongoing research into the factors contributing to drug misuse by particular groups.	Ongoing from Mid 2002	There is regular contact between the two Departments to ensure that the SPHE programmes in primary and post primary schools are informed by ongoing research. The Health Promotion Unit is represented on the NACD prevention sub-committee who have commissioned research into various aspects of drug use prevention and have published a document entitled "Drug-Use Prevention: an Overview of Research".
		The programmes should also include the development of initiatives aimed at equipping parents of at-risk children with the skills to assist their children to resist drug use or make informed choices about their health, personal lives and social development.	Early 2004	The Department of Health and Children continues to link with the Review of Parenting Support currently underway within the context of Best Health for Children. The development of such initiatives will be the subject of discussions involving the two Departments and the Health Boards in 2004. Parents are a key target group during the National Drugs Awareness Campaign.
43	D/E&S & D/H&C	To develop guidelines, in co-operation with the Health Boards to assist schools in the formation of a drugs policy and ensure that all schools have policies in place by September 2002.	Academic Year 2004/05	Guidelines have been developed and were issued to schools in 2002. Support is being provided to schools to assist them in the formation of substance misuse policies. All health and education personnel have been provided with training to support them in their work with schools. Many schools have developed policies and more are still going through the development process. The D/E&S will be monitoring the introduction of policies by schools during the year. Local level consultation will be required with the Health Boards. Support materials are also being developed for schools and some discussions have taken place around the evaluation of the process.
44	Health Boards	To have immediate access for drug misusers to professional assessment and counselling by health board services, followed by commencement of treatment as deemed appropriate, not later than one month after assessment.	Early 2003 – Late 2005 Varies by HB	There has been considerable progress on this action across the ERHA region including increased capacity, new centres and increased involvement of pharmacies. The number on waiting lists have been substantially reduced though more work and development of services is needed in some locations to achieve the provision of treatment within one month. Services also need to be developed in areas which still do not have a treatment facility. Boards outside the ERHA region are working towards increased involvement of GPs and Pharmacists with regard to the Methadone Protocol. Direct access to counselling and assessment in place, especially in larger urban centres.
45	Health Boards	To increase the number of treatment places for opiate addiction to 6,000 by the end of 2001 and to a minimum of 6,500 by the end of 2002.	Early 2003	End July 2004 figure is 7,052

No.	Agency	Action	Due date	Commentary
46	Health Boards	To develop and put in place by end 2002 a service-users charter specific to treatment and rehabilitation facilities which would lead to a greater balance in the relationship between the service user and the service provider.	Early 2004	Most Health Boards have developed these charters. Other Health Boards are in the final stages of developing their charters.
47	Health Boards	To base plans for treatment services on a "continuum of care" model and a "key worker" approach to provide a seamless transition between each different phase of treatment.	Late 2006 Varies by HB	Each of the Area Health Boards have developed a continuum of care model/approach to treatment and rehabilitation. Where feasible existing staff such as counsellors, nurses and rehabilitation workers have taken on a key working role with clients.
48	Health Boards	To have in place, in each Health Board area, a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser, by end 2002. This approach will provide a series of options for the drug misuser, appropriate to his/her needs and circumstances and should assist in their re-integration back into society.	During 2005-2007	Health Boards already provide a range of residential, day treatment and rehabilitation programmes both directly and through Section 65 and mainstreamed LDTF projects. The range of services being offered is currently under assessment and based on additional needs highlighted, services will be developed.
49	Health Boards	To develop a protocol, where appropriate, for the treatment of under 18-year-olds presenting with serious drug problems especially in light of the legal and other dilemmas which are posed for professionals involved in the area. In this context, a Working Group should be established to develop the protocol. The Group should also look at issues such as the availability of appropriate residential and day treatment programmes, education and training rehabilitative measures and harm reduction responses for the young. The Group should report by mid 2002.	Early 2004	Report has been finalised and is in the process of publication. Report will be available early 2005.
50	Health Boards	To develop, in consultation with the NACD, criteria to ensure that all State-funded treatment and rehabilitation programmes accord with quality standards as set out by the Health Boards.	2005	The process of developing quality standards will be ongoing in conjunction with the NACD during 2003 and 2004. Quality seminar hosted by the NACD and the ERHA has been held. HBs reviewing current policies in line with best practice. Training in Quality Standards has been held in the Eastern Region.

No.	Agency	Action	Due date	Commentary
51	Health Boards	To have a clearly co-ordinated and well publicised plan in place for each Health Board area by end 2002 for the provision of a comprehensive and locally accessible range of treatments for drug misusers, particularly for young people, the planning of such services to be linked to the national profile of drug misuse amongst young people and to the areas where usage is most prevalent. Plans to be implemented by 2004.	During 2004/05 (varies by HB)	Health Boards in the ERHA have provider plans in place. Work ongoing to implement plans during 2004/2005. Other Boards are in various stages of implementation. The U-18's Report will influence this action in relation to the treatment of young people.
52	Health Boards	To produce and widely distribute a well publicised, short, easily read guide to the drug treatment services available in each Health Board area with contact numbers for further information and assistance.	Early 2004	Guide produced by all Boards.
53	Health Boards	To require from 2002 that all Health Boards, in considering the location and establishment of treatment and rehabilitation facilities, develop a management plan in consultation with local communities. Existing examples whereby Health Boards have established monitoring committees with the local community to oversee the operation of the treatment services have proven successful should be replicated where appropriate.	2002 onwards	Health Boards in the ERHA have a management plan in place, monitoring committees or liaison groups. They are working with the relevant sectors in relation to the development of new services. This issue has not arisen in most non-ERHA Boards but will be taken on board in the context of the development of any centres in the future.
54	Health Boards	To consider, as a matter of priority, how best to integrate child-care facilities with treatment and rehabilitation centres and how childcare can best be provided in a residential treatment setting. This should be done in conjunction with the Department of Justice, Equality and Law Reform.	Late 2004	Childcare facilities are being developed in new facilities. All existing facilities present limited possibilities for on-site childcare options. Discussions have been held with the D/JELR and the NDST. A number of the Health Boards have raised issues as regards the appropriateness of on-site integration and are examining other options. It is hoped that this will be examined further in the mid-term review of the NDS. In the non-ERHA Boards a review of plans for childcare in drug treatment clinics (in Boards that have such clinics) is ongoing.

No.	Agency	Action	Due date	Commentary
55	Health Boards	To explore immediately the scope for introducing greater provision of alternative medical and non-medical treatment types, which allow greater flexibility and choice. This may increase the number of drug misusers presenting for treatment as it is evident that a "one size fits all" approach is not appropriate to the characteristics of Irish drug misuse.	Mid 2004	Alternative therapies are already available in a number of Health Boards in the ERHA through Section 65 grants and LDTF projects. Lofexidine is available within young peoples programmes within the Eastern Region. A pilot project in relation to Buprenorphine is taking place in Trinity Court. The Health Boards outside the ERHA are consulting with service providers in other Boards on a range of effective, evaluated therapies that are available. The availability of complimentary treatment will be dependent on access to appropriate qualified staff and financial resources.
56	Health Boards	To consider as a matter of priority, how to increase the level of GP and pharmacy involvement in the provision of treatment programmes.	Ongoing from Early 2004	Consultation with GPs and pharmacists in relation to this action is an ongoing task in the ERHA region. Both the participation of GPs and pharmacists within the region has increased since the launch of the Strategy. In addition, the review of the Methadone Protocol was finalised in June 2004 and is in the final stages of publication. Recommendations will be made in this regard. Non-ERHA Boards are consulting with GPs and pharmacists in order to increase their engagement in the provision of services for drug users. A contract for GPs involved in the Methadone Protocol has also been agreed for the provision of methadone treatment.
57	Health Boards	To oversee the development of comprehensive residential treatment models incorporating detoxification, intervention, pre-treatment, counselling, motivational work, therapeutic treatment and high quality rehabilitation for misusers who wish to become drug-free. Resources should continue to be targeted at the most efficient and effective of these services.	Ongoing from Mid 2004	A range of options exist nationwide. Boards are identifying further needs through consultation and options are being explored for additional residential programmes on an ongoing basis.
58	Health Boards	To report to the NACD on efficacy of different forms of treatment and detox facilities and residential drug-free regimes on an ongoing basis.	Ongoing from Late 2003	All Health Boards continually liaise with the NACD. The Eastern Boards are working with the NACD on the Longitudinal Treatment Outcomes Study on the efficacy of treatment programmes.
59	Health Boards	To secure easy access to counselling services for young people seeking assistance with drug-related problems, especially given the correlation between suicide and drug misuse and the growing incidence of suicide amongst young people.	2004	Emergency assessment and immediate access are available. A Suicide Resource Officer has been appointed in a number of Boards. A review of counselling services in the Eastern Region was undertaken in 2002 and the Steering Group is progressing implementation. The ECAHB runs eight week pre-intervention programmes for concerned people. Outside the Eastern Region, access to assessment is available in most Boards within a few days. Priority is given to emergency cases. There is quick access to counselling services in most regional Boards but they are also under review.

No.	Agency	Action	Due date	Commentary
60	Health Boards	To ensure that treatment for young people includes family therapy and community integration phases, in order to encourage family involvement which is a crucial component in the treatment of young people.	Late 2004 (varies by HB)	In the SWAHB treatment is available as part of a comprehensive Young Person's Programme in Fortune House and future programmes are being developed. The SWAHB has indicated that they will be seeking to employ a family therapist in the provision of new services for Clondalkin and Tallaght. The ECAHB have developed a psychological intervention programme for young people. The assessment phase has commenced and the programme will begin shortly. Funding for family group work programmes through Section 65 grants and the LDTFs is in place. The Northern Area Health Board has developed a young persons programme in City Clinic, Domville House and the Crinan Project. Facilities are available for the development of a young persons programme in the Finglas/Cabra area. The Drug Treatment Centre Board, through the young persons programme, provides family support counselling to families attending this service.
61	Health Boards	To consider developing drop-in centres, respite facilities and half-way houses, where a clear need has been identified, as such facilities have been found to be useful in the prevention of relapse.	Ongoing	Drop-in and aftercare services are provided by boards and agencies funded under Section 65 grants. A pilot drug free after care programme has commenced in the NAHB. The Health Boards will assess the current level of services and identify gaps and needs in conjunction with homeless strategies during 2003 and the RDTFs will also have a role to play in this.
62	Health Boards	To review the existing network of needle exchange facilities with a view to ensuring access for all injecting drug misusers to sterile equipment.	2004 onwards	The Eastern Regional Health Authority established a working group made up of representatives from the voluntary and statutory service providers to examine this action. The Group reviewed the existing level of services and supported the development of further initiatives. During the lifetime of the group additional services were developed in partnership with community services in both the Northern and South Western Area Health Boards. Additional Services have also developed in partnership with homeless agencies and for women working in prostitution.
63	Health Boards	To pursue with the relevant agencies, as a matter of priority, the setting up of a Pilot Community Pharmacy Needle and Syringe Exchange Programme in the ERHA area, and in the event of a successful evaluation, the programme to be extended where required.	No date yet	This action has been stalled for a number of reasons. There were unofficial IR issues with the Liaison Pharmacist and ongoing concerns with the IPU regarding commencing such a pilot. However, progress has been made and the outstanding issue are being addressed.

No.	Agency	Action	Due date	Commentary
64	Health Boards	To continue to develop good practice outreach models, including mechanisms to outreach drug misusers who are not in contact with mainstream treatment or support agencies. A reduction in the level of drug-related deaths, particularly from opiate abuse, through targeted information, educational and prevention campaigns must be a key aspect of the Strategy.	Ongoing work during Strategy from 2004	A review of outreach services in the ERHA has been completed and its recommendations are being considered. The HBs are identifying gaps in outreach services where such services currently exist and will consider introducing outreach services, including drug related deaths, where a need is identified.
65	Health Boards	All treatment providers should co-operate in returning information on problem drug use to the Drug Misuse Research Division of the Health Research Board.	Ongoing from 2004	Progress made in recruiting staff. Data is being provided without difficulty from most Boards. In addition, a newly agreed contract obliges GPs to make timely statistical returns to the HRB. The HRB will work with the Health Boards to ensure timely return of data. The Prison Service is not yet in a position to provide returns to the NDTRS.
66	Health Boards	To consider the feasibility of new suitably trained peer-support groups in the context of expanded provision. Peer-support groups are a component of the existing strategy and are regarded as an effective rehabilitative support.	During 2004-05 – varies by HB	The Area Health Boards and Trinity Court have been allocated funding to enable them to support the development of peer-support groups. Also peer advocacy in the area of mental health is being explored to establish whether or not some of the training modules could be utilised. For example, in the ECAHB, a pilot peer support model took place during 2003. The take up of this support model was very low and it is being reviewed. In the SWAHB, peer support is to be expanded in the context of addiction. The current levels of services will be assessed during 2003/04 in areas outside the ERHA, as part of the work of the RDTFs.
67	Coroner's Office and CSO	Develop accurate mechanism for recording the number of drug-related deaths.	During 2004-05	Preliminary discussions have taken place among those involved in the recording process of drug-related deaths to identify how the current mechanism could be improved. Following further consultations and detailed consideration of this matter, it is planned to have an enhanced mechanism for recording such fatalities, on a pilot basis in the first instance, in place by mid 2005.
68	Health Boards & LAs	Liaise re housing with LA to ensure access to housing for recovering drug users.	2003 onwards	Regular contact established. HBs working with LAs on this issue.
69	LAs & HBs	To develop and implement proposals for the collection and safe disposal of injecting equipment.	Mid 2004	This action is the responsibility of the Health Boards and the Local Authorities. A sub-group has been established to develop guidelines in relation to the collection and disposal of injecting equipment and the Health Board Outreach Workers will provide a training programme around 'needle stick' injury and health and safety.

No.	Agency	Action	Due date	Commentary
70	LAs & HBs	To consider how the design of housing estates can contribute to the prevention of drug dealing in the context of ongoing reviews of the Social Housing Design Guidelines for Local Authority Estates. In this regard, the lessons learned from the ISP may be relevant.	Ongoing	The D/ELG and LAs continue to promote the need to eliminate anti-social behaviour in the design of new social housing. Attention is being given to ensuring that design criteria reflect these needs. In addition, the Housing Unit's "Good Practice Guidelines on Preventing and Combatting Anti-Social Behaviour" (December 2003) provide advice and guidance to Local Authorities on security and anti-crime design features in the design of housing and accommodation units.
71	CDBs	To consider the needs of those areas that have high levels of drug misuse when drawing up city/countywide strategies for economic, social and cultural development.	Ongoing	The CDB strategies are published. The CDBs, in their work, will take account of the needs of those areas that have high levels of drug misuse.
72	Prof. Bodies and Training Institutes	To make available to individuals interacting with groups most at risk of drug misuse, such as youth workers, teachers, student welfare officer, GPs, pharmacists, nurses, counsellors, child-care workers, law enforcement agents, members of the judiciary etc. specialist drug prevention training as part of their initial vocational training. The relevant professional body or employer should ensure that training, or up-skilling is available on an on-going basis to ensure that the approach taken reflects changing attitudes and patterns of drug misuse.	Mid 2006	D/CRGA is writing to the bodies in question asking them to report on the availability of such training and to consider its inclusion. The Department will then prepare a report on current levels of provision with recommendations to address gaps. Where gaps exist and agreement is forthcoming to put in place such courses, these will need to be developed.
73	Public Media	To encourage the media to play a larger role in creating a greater understanding of drug misuse throughout society. Informed coverage and analysis and debate of drugs issues on an ongoing basis within the public sphere will contribute to the successful implementation of the Strategy. In this regard, the role of the D/CRGA, as the co-ordinator of the National Drugs Strategy, as a possible central source of information should be considered.	Ongoing	D/CRGA has responsibility for co-ordinating the implementation of the Strategy. Media queries are referred to the most appropriate source when it is not possible to deal with in-house. In addition, the NACD holds media briefings in relation to research publications.

No.	Agency	Action	Due date	Commentary
74	FÁS	To increase the number of training and employment opportunities for drug misusers by 30% by end 2004, in line with the commitment to provide such opportunities in the PPF and taking on board best practice from the special FÁS Community Employment Programme and the Pilot Labour Inclusion Programme.	Late 2004	There are 54 drugs related Community Employment Projects up and running with a total of approximately 1,120 contracted places available of which just over 900 are filled according to the latest figures. In addition, a drugs awareness training programme for CE supervisors has been developed with Merchants Quay. This programme is currently being piloted and providing evaluation is successful, will be available to all CE supervisors during 2004.
75	FÁS	To examine the potential to involve recovering drug misusers in Social Economy projects, and in other forms of vocational training. The ring-fencing of places within the FÁS Community Employment Programme has been an important element of the existing approach to rehabilitation.	Ongoing from mid 2003	FÁS has approved one Social Economy project based in the Tullow Farm, Co. Carlow. This project has already recruited a manager and is in the process of recruiting four project workers. The complex is under the management of the Merchants Quay drug project in Dublin and provides support for drug misusers drawn mainly from LDTF areas in Dublin.
76	FÁS	To monitor the participation of recovering drug misusers on such programmes and to review their overall effectiveness. In this context, alternative models should be developed where appropriate.	Early 2005	Contract specifications prepared by FÁS, with a view to commissioning professional research on the overall effectiveness of CE. This is part of the overall review of CE and in conjunction with a special drugs related working group representing the NDST, FÁS and the Community Sector.
77	Oireachtas Committee on Drugs	To establish a dedicated drugs sub-committee of the existing departmental joint committee which would meet at least three times a year.	Late 2004	The new Committee formed after the election, covers two departments (D/CRGA and Tourism and Sport) and has a very wide brief but does not include the role envisaged in the Strategy. There are ongoing discussions with the Chair of the Committee in this regard, however, the Minister of State met the full Committee to discuss the Strategy in early 2004.
78	IDG	To be chaired by the Minister of State at the D/CRGA. This will ensure greater co-ordination between the IDG constituents in the future and will help to maintain high-level representation and more effective communication between the IDG and the Cabinet Sub-Committee.	Ongoing	The Minister of State has chaired the IDG since October 2001.
79	IDG	Membership of IDG to be at Assistant Secretary level. Regular joint meetings between the IDG and the NDST to be held.	Ongoing	

No.	Agency	Action	Due date	Commentary
80	IDG, NDST & D/H&C	Develop formal links with National Alcohol Policy.	Ongoing	The NDST and D/CRGA were represented on the Strategic Task Force on Alcohol. The NDST also meets with the National Alcohol Policy Co-ordinator. At RDTF level, there are close links and cross-membership with Health Board alcohol policy structures.
81	IDG	Seek reports from key service providers and to attend meetings, also reps from voluntary, community and professional sectors to attend meetings, as appropriate.	Ongoing	The Prison Service, the Customs and Excise and the NACD have all given presentations to date and others will be invited as appropriate.
82	IDG	Terms of reference – advise Cabinet Committee on critical matters relating to the NDS, ensuring input of Depts./Agencies into operational difficulties, approving plans and initiatives of LDTFs and RDTFs, monitoring and evaluating their operation.	Ongoing	
83	IDG (in conjunction - with the NDST)	Review membership of the Team immediately, and every two years subsequently. To review the workload of the NDST, in particular the need for a director to oversee the management of the office and additional technical support workers.	Early 2004	Review completed in December 2001. Staff delayed due to the change of Department and the requirement for a Memorandum for Government. The Memo was agreed in November 2002. All staff have since been appointed.
84	IDG & NDST	Depts. and Agencies on the IDG and NDST to commit in writing to the process and the level and extent of representation should be specified.	Late 2002	This was included in the Memorandum for Government in November 2002 on staffing for the NDST which was agreed by Government.
85	NDST	Implementation the Terms of Reference of NDST.	Ongoing	
86	NDST	Meet regularly with Co-ordinator of National Alcohol Policy and represented on the body Co-ordinating National Alcohol Policy.	Ongoing	See Action 80.
87	NDST	Ensure representation on YPFSF bodies, nationally and locally.	Ongoing	
88	NDST	NDST to be updated on developments by Agencies. NDST work to be core part of NDST members workload.	Ongoing	

No.	Agency	Action	Due date	Commentary
89	NDST	To consider funding pilot training initiatives for RDTF/LDTF community representatives.	Early 2004	A review of the work of the LDTFs has been completed and this addressed training needs for LDTF reps. Initial training of community reps. on RDTFs was undertaken in October 2003 in conjunction with Citywide and will be kept under review by the NDST.
90	NDST	Examine feasibility of standards and accreditation framework for Drug Workers.	Late 2004	Preliminary work has been undertaken to progress this action.
91	NDST	Disseminate models of best practice from work of LDTF/RDTF.	Ongoing	Seminars and information sessions convened as required. In addition, the LDTF co-ordinators network facilitates dissemination of best practice and the RDTF interim co-ordinators network will do likewise going forward.
92	NDST	Establish RDTFs.	Late 2003	The ten Regional Health Boards have agreed to the appointment of Interim Co-ordinators to the RDTFs. Representatives from the other sectors involved have also been appointed. Work is ongoing on mapping services in the regions and identifying gaps in those services and the first RDTF plans are due to be submitted to the NDST in early 2005.
93	RDTFs	Representation on RDTF to be at senior level.	Early 2003	Membership finalised and is kept under review by the NDST.
94	RDTFs/ NDST	Membership of RDTFs.	Early 2003	Membership finalised and is kept under review by the NDST.
95	LDTFs/ RDTFs	Community-based initiatives to raise awareness.	Ongoing	Carried out on a regular basis by Task Forces.
96/ 97	LDTFs/ RDTFs	LDTFs/RDTFs to raise awareness of drug misuse including involving user groups.	Ongoing	Carried out on a regular basis by Task Forces.
98	NACD	To carry out studies on drug misuse amongst the at-risk groups identified e.g. Travellers, prostitutes, the homeless, early school leavers etc. including de-segregation of data on these groups. It is essential that the individuals and groups most affected by drug misuse and those involved in working to reduce, treat and prevent drug misuse have immediate access to relevant statistical information.	Mid 2004	Research commissioned on drug use amongst the Homeless and amongst Travellers. All reports due by Mid 2005.
99	NACD	To commission further outcome studies, within the Irish setting to establish the current impact of methadone treatment on both individual health and on offending behaviour. Such studies should be an important tool in determining the long term value of this treatment.	Late 2005	A three year longitudinal study commissioned November 2002, is being carried out by NUI Maynooth. A report on year 1 is due in late 2004.

No.	Agency	Action	Due date	Commentary
100	NACD	To conduct research into the effectiveness of new mechanisms to minimise the sharing of equipment e.g. non-reusable syringes, mobile syringe exchange facilities, etc. to establish the potential application of new options within particular cohorts of the drug using population i.e. amongst younger drug misusers, within prisons, etc.	Early 2004	A study has been completed by DCU and the report was published in May 2004. It is available on the NACD website www.nacd.ie.

Chapter Four

Progress in Other Initiatives

Progress in Other Initiatives

This chapter looks at progress being made through the Local Drugs Task Forces (LDTFs), the Young People's Facilities and Services Fund (YPFSF), the Regional Drugs Task Forces (RDTFs) and the Premises Initiative for Community Drugs Projects which are part of the overall work being done under the National Drugs Strategy.

4.1 Local Drugs Task Forces

4.1.1 As outlined in Chapter 1, Local Drugs Task Forces represent a partnership between the statutory, voluntary and community sectors, which seek to link in with, and add value to, community-based initiatives targeting drug misuse at a local level. Thirteen of the fourteen LDTFs were established in 1997 in the areas experiencing the highest levels of opiate misuse. These are: Ballyfermot, Ballymun, Blanchardstown, the Canal Communities, Clondalkin, Dublin North Inner City, Dublin South Inner City, Dublin 12, Dun Laoghaire/Rathdown, Finglas-Cabra, Cork City North East Dublin and Tallaght. Bray was designated as an LDTF area in 2000.

4.1.2 In 1998, the LDTFs drew up their first action plans, following an intensive consultative process in each area involving the community, voluntary and statutory sectors. Each plan represented a consensus on the priority issues to be addressed in tackling drug misuse in their communities and included a range of measures in relation to treatment, rehabilitation, education, prevention and curbing local supply. The over-riding aim of these plans was:

- To provide a strategic, co-ordinated response to the drug problem in the Task Force area; and
- To develop community-based initiatives that added value to the programmes and services already being delivered or planned by the statutory agencies in the LDTF areas.

4.1.3 In June 1998, an independent evaluation of the Task Force initiative by PA Consulting concluded that the LDTFs had achieved a considerable degree of success in the short time since they were established, not least in reducing the feelings of frustration and isolation previously felt by many communities in the affected areas.

4.1.4 In July 2000, the Cabinet Committee on Social Inclusion approved further funding to enable the LDTFs to expand the range of programmes within their action plans.The types of projects and activities receiving support as part of the two rounds of plans include:

- Local information, advice and support centres for drug users and their families;
- Community Drug Teams, including services such as treatment, outreach, crisis intervention, etc.;
- Special projects aimed at children involved in drugs or at risk of drug misuse;
- Production of drug awareness materials;
- Drug training programmes for community groups, teachers, youth workers and other professionals;
- Rehabilitation programmes; and
- Initiatives to allow local communities to work with the State Agencies in addressing the issues of supply control in their areas.

4.1.5 Table 4.1 below gives a project breakdown by LDTF area at July 2004. As the table shows, 122 projects from the first round of LDTF plans were mainstreamed in January 2001 following their successful evaluation. As a result, over €11m was transferred to the relevant Departments and Agencies which are now responsible for the continued funding of these projects. Of the overall total, 61 projects (50%) went to the three area Health Boards in the ERHA area. A further 36 projects were

Table 4.1 – Breakdown of Projects by LDTF Area

LDTF	Round 1 Mainstreamed	Round 1 Interim	Round 2 (Total)	Total
Ballyfermot	11	4	11	26
Ballymun	11	2	18	31
Blanchardstown	11	1	18	30
Bray	0	0	18	18
Canal Communities	8	2	28	38
Clondalkin	8	0	33	41
Dublin N.E.	8	0	16	24
Cork	10	4	20	34
Dublin 12	5	0	17	22
DL/Rathdown	14	0	18	32
Finglas/Cabra	7	2	20	29
North Inner City	5	10	24	39
South Inner City	10	10	20	40
Tallaght	14	1	22	37
Total	122	36	283*	441

Table 4.2 – Details of LDTF projects broken down by agency – July 2004

Agency	Round 1 Mainstreamed	Round 1 Interim – 10 to be evaluated	Round 2	Total
SWAHB	27	9	94	128
NAHB	27	9	58	93
ECAHB	7	0	18	25
SHB	4	4	9	17
D/E&S	36	5	51	89
D/JE&LR	9	0	18	27
FÁS	7	4	23	35
D/ELG	5	5	12	22
Total	122	36	284*	441

*Note: Difference between total amounts of round II projects in the tables above is due to Bray Community Drugs Team being funded via two channels of funding i.e. total of projects equals 283, but total of funding agencies equals 284.

mainstreamed to the Department of Education and Science with the remaining transferring to the Departments of Justice, Equality & Law Reform, Environment, Heritage & Local Government, the Southern Health Board and FÁS. In addition, 36 projects from the first round of action plans remain on interim funding pending their final evaluation. In total, 283 projects are being supported under the second round of LDTF plans, bringing the overall total to 441 projects between the two rounds of plans. Table 4.2 gives a breakdown of the projects by funding agency channel.

4.1.6 By June 2004, approximately €80 million cumulatively has been allocated or spent by the LDTFs to implement their two rounds of local actions plans. The financial support that the LDTFs have provided to local initiatives has, since 1997, allowed a variety of projects to flourish. The following are some examples of projects supported by the Task Forces that help to show the diversity and innovative approaches that have been adopted by communities in response to drug misuse.

Star Project

4.1.7 The Star Project was established in Ballymun on Dublin's northside in February 1998 to provide training, education and support for women who have stabilised their drug use. The project works to facilitate learning through a group process, with the aim of developing each participant's individual potential and self-determination. It enables the participants to examine their drug use and their lives generally. During their time at the project, many of the issues which directly affect them are explored and examined so that they can become empowered to make constructive choices for themselves.

4.1.8 Star also maintains close links with other local community groups, educational, medical and addiction services in order to assist the women's development in a holistic manner. Among the challenges for the project is to find ways of engaging with the participants to help them to adjust to the discipline of the programme, and to make more effective life choices and to have a more positive image of themselves and manage their lives more effectively.

4.1.9 For a number of the women accessing Star, this is the first time they have engaged in employment/education since finishing school, which for some was a negative experience and for some participants, it can take a couple of months to settle in. The programme offers a wide variety of topics including modules on personal development, health, parenting, addiction support group, computer studies, first aid, arts and crafts and career development. Since 1998, the project has developed from a 14 week voluntary course to a 2 year Community Employment programme for 15 women, with each woman participating through that period in a structured and supportive day programme. The project has an annual budget of approximately €333,000.

Donnycarney Drug Project

4.1.10 Donnycarney Drug Project, a strand of the Donnycarney Youth Project, was one of the first projects to receive funding from the Dublin North East Drugs Task Force in 1997. The guiding principles of the project are to encourage people to take control of their lives, to develop their potential fully and to promote community empowerment. This involves people coming together to identify their collective needs and to develop programmes to address those needs. The project was mainstreamed through the Department of Education and Science in 2001.

4.1.11 The project was originally designed to meet the needs of some 30 drug misusers with a broader group of "at risk" and experimenting young people requiring education and awareness training. Through a needs assessment of the target group, a drop-in centre, treatment clinic, counselling, crisis intervention, education and prevention and referral to residential treatment were identified, as their principal needs.

4.1.12 The rehabilitation and treatment services provided by Donnycarney Drug project include:

- Northern Area Health Board (NAHB) Satellite Treatment Centre, Scripting Doctor, Methadone Maintenance (dispensed in community pharmacies), twice weekly supervised urines, nurse service once a week for blood testing, etc.;
- Crisis intervention;
- Outreach service;
- Drop in (structured and unstructured);
- Family and sibling support;
- Prison visits and aftercare;
- Relapse prevention and recovery type interventions;
- Referrals to treatment (inside and outside catchment area) and rehabilitation;
- Counselling and Care Planning;
- Key working and referral to other agencies as appropriate;
- Support with housing issues, childcare, court appearances, and with accessing outside education, training and employment opportunities;
- Personal development training; and
- Recreational activities.

4.1.13 The project also runs an Integration Programme, a dedicated Community Employment Programme for people in recovery from problem drug use in partnership with FÁS Community Services. The day programme caters for 15 participants and is fully subscribed at present. An NAHB funded Education and Prevention Youth Worker is also employed by the Donnycarney Youth Project. This worker has a specific brief to promote positive lifestyle choices and the development of affirming and supportive peer groups among targeted groups of young people who access the service, through sport and leisure activities and through group work. Education and prevention programmes delivered in the project during 2003-2004 include:

- Teenage Health Programme;
- Alcohol Awareness;
- Sibling Group;
- Football Group;
- Table Tennis Club;
- Drop In Groups; and
- Jobs Club.

4.1.14 As of April 2000 when the satellite treatment centre was opened, 37 people have attended the Donnycarney Youth Project Drug Programme for treatment and methadone maintenance since 2000, of these:

- 23 clients are currently in treatment – there is no waiting list;
- 5 clients have detoxed and remain drug free;
- 5 clients have been referred to other clinics; and
- 4 clients remain drug free having successfully completed residential programmes.

In addition, the Drop In drug project sees approximately 100 clients a week.

4.1.15 The Donnycarney Drugs Project also delivers an extensive education and prevention programme to the local community. In December 2003, it moved to new premises in *Le Chéile* – the Donnycarney Community & Youth Centre which was funded through the Young People's Facilities and Services Fund. The project has an annual budget of €285,000.

The Cumas Project

4.1.16 Established in October 1998, the Cumas Project works with families in the Clondalkin area of Dublin, whose children are at risk of, or involved in drug misuse. It aims to help them cope effectively with the impact of drug misuse and provides a range of supports, which include group work, one-to-one support, home visitations and aural acupuncture/acupressure.

4.1.17 The project was mainstreamed through the South Western Area Health Board (SWAHB) in January 2001. In the first 6 years, 130 families have accessed this service, which has as its four central aims:

- To identify needs and provide individual support to families;
- To provide group work support as considered appropriate to the needs presented;
- To provide information to allow people to make informed decisions about drug misuse and related issues; and
- To work in partnership with statutory and voluntary agencies to provide a co-ordinated response to the needs of families affected by drug misuse.

4.1.18 A Family Worker has a central role to play in this process and acts as someone who will listen to family's fears in relation to drug misuse. The Family Worker also makes a significant contribution to the assessment, planning and reviewing process by focusing on the strengths of the family as well as dealing with the reason for their contact with the project. In the first 6 years, 203 young people participated in group-work, which consisted of 6 sibling groups, 2 older teenager groups, 1 group for young drug users, groups for young girls needing support to remain in school and 2 peer education groups. Such work has helped to develop self-confidence, whilst providing young people with a space where they can talk to other young people who may be in similar situations.

4.1.19 Summer projects and residential trips have also been used to give young people a break away from the home environment and provided them with interesting and constructive activities. Cumas has co-facilitated 4 parent drugs education sessions, in which approximately 35 people have participated. Literature appropriate to both adults and young people on drug and health-related issues is available and is used by the project with people – both for those who drop in and with more long-term work.

4.1.20 The Parent/Grandparent Support Group provides support to parents and grandparents in a group context for those dealing with drug misuse in the family. There have been 39 Parent/Grandparent group participants since 2002. The project is also keen to foster a close inter-agency liaison and sharing of skills by establishing links through networking and communication with relevant agencies and interagency committees. As a result, the Cumas staff members are represented on 12 agency committees in the community.

4.1.21 The project has 4 staff trained to provide aural acupuncture and acupressure services. The service is offered on a drop-in basis as well as through scheduled appointments and is a form of relaxation and stress relief that also

supports detoxification. A total of 136 individuals have accessed the service since 2002. The annual budget allocated to the Cumas Project from the South Western Area Health Board for 2004 is €257,032.

4.2 Young People's Facilities and Services Fund

4.2.1 The Young People's Facilities and Services Fund (YPFSF) was established by the Government in 1998 to assist in the development of youth facilities, including sport and recreational facilities, and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. The main aim of the Fund is to attract "at risk" young people in disadvantaged areas into these facilities and activities and divert them away from the dangers of substance misuse. The target group of the programme is young people in the age range of 10 to 21 years who are defined as "at risk" due to factors such as family circumstances, educational disadvantage, or involvement in crime or substance misuse.

4.2.2 The main focus of the YPFSF has been on the Local Drugs Task Force areas where integrated plans were prepared on the basis of detailed guidelines agreed by the Cabinet Committee on Social Inclusion. However, in addition to these areas in Dublin, Bray and Cork City, funding was also allocated to four other urban areas – Galway, Limerick, Waterford and Carlow. Funding was also allocated to a number of voluntary organisations with a national or regional remit with the capacity to deliver targeted education and prevention initiatives. As part of the first round of allocations, seven voluntary organisations were also approved funding to deliver drug prevention/education programmes, including peer education programmes, on a national basis. These included – the National Youth Federation, Foróige, the Irish Society for the Prevention of Cruelty to Children (ISPCC) and the Irish Girl Guides.

4.2.3 In broad terms, approximately 450 facility and services projects are being supported under the Fund. These initiatives fall under seven broad headings:

1. The building, renovating or fitting out of ***community centres, youth facilities and sports clubs*** so as to provide suitable accommodation for programmes and services geared for the most "at risk" young people in an area. Access for the target group is an essential condition of funding for capital projects;

2. A number of ***purpose-built youth centres*** are being funded which will provide a focal point for youth activities in an area, particularly in areas such as Tallaght, Ballymun, Clondalkin, Blanchardstown in Dublin and Mahon in Cork, where there has been a dearth of dedicated youth facilities;

3. 173 ***youth and outreach workers***[1] have been appointed to work on the ground with the target group offering developmental activities and educational programmes for young people who have traditionally found themselves outside the scope of mainstream youth work due to family background, involvement with crime or drugs or through lack of education;

4. 14 ***sports development officers*** are being funded, one in each LDTF area. These officers use sport as a tool to engage young people in disadvantaged areas into active recreation and leisure pursuits and facilities at the level to suit their needs. Six of these appointments were approved in August 2004;

1 114 workers under Round 1 and a further 59 under Round 2

5. A wide variety of ***community-based prevention/education programmes***, including Early School Leaving Programmes, Sports and Recreational Activities, Family Support Programmes, Art, Drama and Music Programmes, Counselling and Transport Services are being supported;

6. A number of ***targeted interventions*** for particular groups such as youth work projects for young travellers have been put in place; and

7. A number of ***national drugs education and training officers*** for youth organisations catering for the target group who will deliver programmes throughout the country have also been employed.

4.2.4 As part of the first round of allocations of the YPFSF (1998-2003), over €68 million was allocated to almost 300 facility and services projects. The vast majority of this funding was allocated to support projects in Local Drugs Task Force areas. A further €13.9m was allocated to approx 100 projects under the second round of the Fund in March and August 2004 bringing the total allocation under the Fund to almost €80m.

Round I capital projects

4.2.5 Through the funding allocated under the first round of the fund, a number of large-scale community/youth centres were built and have become operational during 2004. A number of these are set out in Table 4.3.

As outlined above, as part of the round II allocations announced in March 2004, substantial funding is also being made available towards the staffing (including a centre manager and 2 additional youth workers) and the operational costs of these centres.

Evaluation of the YPFSF

4.2.6 An evaluation of the YPFSF was carried out by WRC Consultants in December 2002. This evaluation examined the planning, implementation, progress, performance and impact of the services element of the Young Peoples Facilities and Services Fund (YPFSF). The executive summary and main findings of the evaluation are attached as Appendix 11.

Mainstreaming of round I services projects

4.2.7 Eighty-five services projects funded under the first round of the Fund were positively evaluated in 2002 and have been mainstreamed with effect from 1st January 2004. As a result, an amount of €6.705m was transferred to the Departments of Education & Science and Justice, Equality & Law Reform who are now responsible for the continued funding of the projects in question. A list of the projects in question is attached as Appendix 9.

Round II allocations

4.2.8 Through the funding allocated under round II, a number of new dedicated youth and community centres will be built in areas such as Darndale in North Dublin, Ballyfermot in West Dublin, Knockmitten in Clondalkin, Brookfield in Tallaght, Ballywaltrim in Bray and Knocknaheeny in Cork city. In addition, grants for a wide and diverse variety of youth work projects across the 14 Drugs Task Force areas were approved. In addition, as outlined above:

- Substantial funding was allocated towards the staffing and operational costs of a number of the large scale youth/community centres built under round I; and

- Funding was allocated for six additional sports development officers to work with young people at risk through the medium of sport/recreation.

Table 4.3 – Major Capital Projects funded under Round 1 of the YPFSF

Centre	Capital allocation Under Round I	Round II allocation towards staffing/ operational costs	Officially opened/ opening	Main facilities provided in the centre
St. Catherine's Centre, Marrowbone Lane, Dublin 8	€4.22m	€251,000 p.a.	March 2004	• Sports hall • Conference and meeting rooms • Studio
Donnycarney Youth & Community Centre, Dublin 5	€3.16m	€237,000 p.a.	February 2004	• Computer Room • Sports hall • Dark room • Arts and Crafts
Finglas Youth Centre, Dublin 11	€1.96m	€374,000	April 2004	• Gym • Meeting rooms • Purpose-built sports hall • Training rooms
St. Teresa's Hall, Donore Ave, Dublin 8	€1.84m	€232,000 p.a.	Early 2005	• Multi-purpose hall • Stage • Therapy Room • Counselling rooms • Youth services • Activity Rooms • Offices • Roof Garden
Cabra Parkside Community & Sports Complex in Dublin	€4.84m	€500,000 p.a.	April 2004	• All-weather pitch • Gym/weights room • Indoor basketball hall • Dance studio • Full contact sports room • Multi-purpose studio • Multimedia room • Office space • Meeting rooms • Childcare facilities

Minister of State, Noel Ahern T.D. at Cabra Parkside Community and Sports Complex, announcing an allocation of almost €400,000 under the YPFSF, to put in place seven new Sports Development Officers operating in a number of areas across Dublin.

A breakdown of the total allocations made to each of the LDTF areas under round II of the Fund is attached as Appendix 10.

In addition to the capital projects outlined in Table 4.3, a wide variety of services projects are being supported under the Fund and the following gives some examples of those activities.

Cherry Orchard Integrated Youth Service

4.2.9 The Cherry Orchard Integrated Youth Service (COYS) Outreach Service, Ballyfermot was established in January 2003 and shows how successful an outreach programme can be in terms of addressing local concerns regarding the level of anti-social behaviour and drug and alcohol misuse by local young people. The Ballyfermot area as a whole, and Cherry Orchard in particular, is characterised by high levels of social and economic disadvantage with a very high proportion of young people in the local population (52% are less than 25 years of age). Project staff identified the following as some of the most significant local issues:

- The absence of local facilities accessible to young people;
- The prevalence of drug and alcohol use in the youth culture of the area;
- A high proportion of young people involved in crime and joy-riding;
- Early parenthood among young women; and
- The exposure of young people to violence in the home.

4.2.10 The funding from the YPFSF supported the development and implementation of an outreach/ street work service within the Cherry Orchard Youth Service. Two outreach workers (one full-time and one part-time) are employed to provide the outreach service three nights a week with two shifts operating each night. The workers found multiple and serious at risk behaviours among the target group. An estimated three-quarters of the young people targeted were involved in drug and alcohol misuse, theft, petty crime, joy riding, or experienced violence in the home.

4.2.11 Working on the streets, at night, provided a means of engaging with young people in small groups and centre-based activity. This demonstrated how an outreach programme can successfully make contact and build relationships with young people on the streets.

Bohermore Teenage Development Project

4.2.12 Bohermore Teenage Development Project in Galway City has been funded under the YPFSF for 4 years and aims to:

- Improve the quality of life for young people in Bohermore;
- Facilitate the social and recreational education of young people; and
- Provide an atmosphere where ethnic diversity and cultures are honoured and respected.

4.2.13 The project has provided excellent developmental opportunities for the target group, including a Youth Advocate Programme, which provides support and diversionary activities as part of the programme. Overall, Bohermore provides a programme of recreational, educational and developmental activities that present new opportunities, increase self-confidence and self-esteem and build relationships with parents by encouraging parental participation and co-operation through formal and informal consultation.

4.2.14 The project raises drug awareness and facilitates discussion around its use and harmful effects. It promotes health awareness, builds confidence and develops communication skills and encourages group building and group identity. Among the activities provided are – music, computers, dance, summer sailing and soccer programmes and other outdoor activities. The project receives annual funding of €50,000 from the YPFSF.

Ballymun Regional Youth Resource

4.2.15 Ballymun Regional Youth Resource (BRYR) was established on the basis of a Youth Development Plan commissioned in 1998. The Project aims to enable young people to engage, and contribute to the development of the best possible environment in Ballymun so that they can make a positive and enjoyable transition to adulthood.

4.2.16 The outreach team implements a range of organised group activities and development programmes with almost 20 targeted groups. They advise, directly assist and refer young people in need of support. BRYR plays an active role in the community; working with young people, with youth leaders and with other community players. It also:

- Provides different levels of support to different youth focused organisations in the community;
- Assists and advises organisations with their programmes and organisational structures in relation to young people;
- Provides practical support such as administration, clerical and fund raising supports;
- Provides organisations with information about youth work training and programme resources available; and
- Provides specialist arts support and assists with youth activity grants and funding.

4.2.17 There are a number of staff funded under the first round of YPFSF funding – namely, a project manager, a full time administrator, an outreach worker, a trainer and an arts worker. The Project also received funding of €50,000 under the second round of YPFSF allocations to employ a second arts worker to increase its work with the target community.

4.3 Regional Drugs Task Forces

4.3.1 The National Drugs Strategy 2001-2008 provides for the establishment of 10 Regional Drugs Task Forces (RDTFs) throughout the country. By the end of 2003, all of the RDTFs had been established. The RDTFs are currently mapping out the patterns of drug misuse in their areas – as well as the current levels of services in place to address drugs misuse using a standard template developed by the NDST.

4.3.2 It is anticipated that most of this work will be completed by the end of 2004 and will then feed into the drafting of regional action plans which will be assessed by the NDST. Recommendations on funding will then be made to the Inter-Departmental Group on Drugs (IDG) and the Cabinet Committee on Social Inclusion (CCSI) and it is hoped that the RDTFs will be in a position to begin implementation of their plans by mid to late 2005.

A list of the RDTFs and contact details for their Chairpersons and interim co-ordinators is attached as Appendix 12.

4.4 Premises Initiative for Community Drugs Projects

4.4.1 In 2000, the Government committed €12.7m over 3 years to assist community-based projects in Local Drugs Task Force areas to address their accommodation needs. In addition, a number of projects outside LDTF areas which cater for clients from LDTF areas were also allocated funding. At the end of June 2004, all of the available funding had been allocated to approx 50 projects across the various Task Force areas. In some cases, the funding was allocated to purchase premises and for major renovations/ refurbishments while in others, it was provided for:

- General refurbishment and upgrading;
- Fitting out and furnishings;
- Essential repairs (e.g. re-wiring); and
- Small extensions and internal renovations.

4.4.2 Funding for the projects is channelled through the relevant State Agency (mainly the Health Boards and Local Authorities) under the normal conditions governing their capital grant schemes.

Details of the projects for which funding has been approved are set out in Appendix 13.

Chapter Five

Future Developments in Drugs Policy

Future Developments in Drugs Policy

This chapter looks at on-going and future developments at both national and EU levels in terms of drugs policy.

5.1 Mid-Term Review of the Strategy

5.1.1 The National Drugs Strategy 2001-2008 calls for an independent evaluation of its overall effectiveness to be carried out by the end of 2004, the mid-point of the Strategy. The objective of the mid-term review is to examine the progress being made to date in achieving the goals and actions set out in the Strategy. It will also enable priorities for future action to be identified and a re-focusing of the Strategy, if necessary, for the remaining period up to 2008.

5.1.2 A Steering Group, chaired by the Department of Community, Rural and Gaeltacht Affairs, is overseeing the review. The Group is made up of representatives of the relevant Government Departments and Agencies involved in implementing the Strategy and the Community & Voluntary sectors. The Group is being assisted in its work by independent consultants (PA Consulting Group) who were appointed in August 2004 following a competitive tender process. A full list of members of the Steering Group is attached at Appendix 14. The terms of reference for the review are attached at Appendix 15.

5.1.3 The mid-term review is being informed by a widespread consultation process. Notices were placed in the national, provincial and local press in early June 2004 inviting individuals and organisations to submit their views in writing on the Strategy and how it might be re-focused in the remaining period up to 2008. The Steering Group also wrote to various Departments, Agencies and bodies inviting written submissions from them. This included not only those directly involved in implementing the Strategy but also groups such as County Development Boards, family support groups, sporting organisations, youth organisations, trade unions, employer organisations, community development groups, etc. Approximately 125 submissions have been received to date.

5.1.4 The consultation process also involved over 25 oral presentations by relevant Departments and Agencies in September-October 2004 and a series of open public meetings throughout the country in October 2004 to ensure that as broad a perspective as possible was captured. It is expected that the review will be completed by early 2005.

5.2 Expenditure Review of Local Drugs Task Forces

5.2.1 The Expenditure Review Initiative (ERI) is a process of evaluation carried out by Government Departments as part of their annual business planning. The objectives of the ERI are to analyse, in a systematic manner, what is being achieved by Government spending and to provide a basis on which more informed decisions can be made on priorities – both within and between programmes.

5.2.2 The LDTF Programme was selected for review during 2004. The Expenditure Review is being carried out by Goodbody Consultants and is due to be completed by early 2005. It is intended that its findings will feed into the mid-term review process outlined above.

5.2.3 The Expenditure Review is examining the objectives of the LDTFs and the effectiveness of expenditure to date on the Programme. The review's main concentration is on the projects contained in the first round of LDTF action plans as these are the longest established and the most suitable in terms of measuring outputs and outcomes. The full terms of reference for the Expenditure Review are contained in Appendix 16.

5.3 Work of the National Drugs Strategy Team (NDST)

5.3.1 As outlined in Chapter 1, the NDST is made up of representatives from six Government Departments, three Agencies, the community and voluntary sectors, a medical adviser and an independent chairperson. The Team will continue its collaborative inter-agency approach to tackling the issue of drug misuse, focussing particularly on the specific actions assigned to it in the Drugs Strategy. This work will be supported by the Team's 4.5 staff, and will be informed by the "on the ground" activities of the 14 Local and 10 Regional Drugs Task Forces.

5.3.2 The priorities of the Team for the coming period include:

- Inputting into the mid-term review process;
- Reviewing and consolidating the work of 14 LDTFs on an on-going basis;
- Overseeing the evaluation and mainstreaming of the first and second LDTF local action plan projects, including dissemination of best practice emerging;
- Overseeing and facilitating the development of the RDTFs;
- Continuing to provide advice to the Minister of State and the Department of Community, Rural and Gaeltacht Affairs regarding emerging issues at local and regional levels; and
- Maintaining links with the NACD, Strategic Task Force on Alcohol, the Homeless Consultative Forum, the National Assessment Committee for the YPFSF and other relevant fora.

5.4 Future Programme of the National Advisory Committee on Drugs

5.4.1 An independent evaluation of the NACD was commissioned in early 2004. Talbot Consultants carried out the review and looked at the operation and work of the Committee to date and made various recommendations as to its future. The review made a positive evaluation of the NACD's work and, in the view of the consultants, the Committee "provides excellent value for money". Their primary recommendation was that the NACD should be continued in its current role and that its position in the Irish drug information and policy environment context should be maintained. In this regard, they recommended that the new mandate for the Committee should coincide with the National Drugs Strategy and should, therefore, run up to the end of 2008. These recommendations were agreed by Government in July 2004.

5.4.2 It was also agreed that certain areas of the current NACD work programme will need continued funding, e.g. in prevalence estimation (population survey, capture recapture estimate of heroin use, etc.); in the area of the consequences of drug misuse for families and individuals; and in determining treatment effectiveness.

5.4.3 The Government also agreed the focus of the NACD's work programme for the coming period. This included the establishment of an early warning/emerging trends mechanism, developing information on effective rehabilitation and integration of treated drug users in Ireland and the relationship between drugs and crime.

5.5 Final Evaluation of the EU Drug Strategy and Action Plan 2000-2004

5.5.1 In December 1999, the European Council adopted the European Union Strategy on Drugs (2000-2004), which lays down the overall guidelines and objectives for the European effort in the drugs sphere. The EU Action Plan on Drugs was adopted by the European Council in June 2000.

5.5.2 The final evaluation of the current EU Drugs Strategy and Action Plan 2000-2004 is being completed at the time of writing. The aim of this evaluation is to assess the level of progress in the Action Plan and the extent to which the achievements meet the objectives of the Drugs Strategy. It also aims to assess the impact of both the Drugs Strategy and the Action Plan on the drug situation in the European Union. The final evaluation will be an important element for preparing the new EU Strategy and Action Plan(s) in this field from 2005 onwards. The European Commission will prepare a Communication on this final evaluation which, it is planned, will be presented to the Council and the European Parliament in late 2004.

5.6 New EU Drugs Strategy and Action Plan

5.6.1 As the current European Strategy on Drugs will expire by the end of the year, the European Council has to adopt a new European Drugs Strategy by December 2004. In order to prepare for the new Strategy, the Department of Justice, Equality and Law Reform, as part of the Irish Presidency of the EU and in partnership with the forthcoming Presidencies of the Netherlands, Luxembourg and the United Kingdom, organised an EU Drugs Conference. The conference, entitled "EU Strategy on Drugs – The Way Forward", took place on 10 and 11 May, in Dublin. It was co-financed by the European Commission under the AGIS Programme. The conference was designed to provide a first opportunity for Member States to exchange views on the future EU Drugs Strategy for 2005 onwards and to consider some of the priority issues.

5.6.2 At the conference, it was generally agreed that the Strategy should be based on:

- A balanced and multidisciplinary approach;
- Scientific evidence;
- Respect for the principles of subsidiarity and proportionality; and
- Providing added value in relation to activities that are undertaken at national level.

5.6.3 Furthermore, the future action plans resulting from the new Strategy should contain more measurable targets and specific time bound actions that can be monitored and evaluated. The Presidency prepared a report to the Council in this regard which was discussed by the Horizontal Drugs Group (HDG) in May and at Council on 8 June. At that meeting, the Council decided that a new integrated and balanced Drugs Strategy for the post-2004 period should be put into place.

5.6.4 The Netherlands Presidency will further develop the new Strategy during its presidency which, it is planned, will be brought to the European Council in December 2004. The adoption of the first action plan to give effect to the Strategy is scheduled to take place during the Luxembourg presidency in the first half of 2005.

5.7 British-Irish Council

5.7.1 At the first British-Irish Council (BIC) Summit in December 1999, it was agreed that Ireland would take the lead in the work of the Council on the Misuse of Drugs. The second summit meeting, held in Dublin in November 2001, focussed on drugs and a framework for future co-operation in the sector was agreed. This framework is focussed on two key areas – Demand Reduction and Supply Reduction. Since then Drugs Ministers have met three times. In this regard, the latest BIC Ministerial meeting on drug use is planned to take place in Edinburgh on 8 November 2004. The aim of the meeting is to maintain and develop the links that have been made across the BIC.

Appendices

Members of the Inter-Departmental Group on Drugs

Mr. Noel Ahern T.D.	Minister of State *(Chairperson)*
Ms. Deirdre Carroll	Department of Community, Rural and Gaeltacht Affairs
Ms. Kathleen Stack	Department of Community, Rural and Gaeltacht Affairs
Mr. John Kelly	Department of Community, Rural and Gaeltacht Affairs
Ms. Una Ní Fhaircheallaigh	Department of Community, Rural and Gaeltacht Affairs
Mr. Evan Breen	Department of Community, Rural and Gaeltacht Affairs
Mr. Tony Carberry	Department of Finance
Mr. Tom Mooney	Department of Health and Children
Mr. Michael Colgan	Customs and Excise
Mr. Des Dowling	Department of the Environment, Heritage and Local Government
Ms. Catherine Byrne	Department of Justice, Equality and Law Reform
Mr. Paddy McDonagh	Department of Education and Science
Ms. Elaine Kelly	Department of An Taoiseach
Mr. Tony Hickey Asst. Commissioner	Garda National Drugs Unit

National Drug Strategy Unit
Department of Community, Rural and Gaeltacht Affairs

Kathleen Stack	Principal Officer
John Kelly	Assistant Principal
Úna Ní Fhaircheallaigh	Assistant Principal
Pádraig De Stanlaigh	Assistant Principal
Pat O'Grady	Higher Executive Officer
Jeanette Young	Higher Executive Officer
Sinéad Copeland	Administrative Officer
Evan Breen	Administrative Officer
Orla McGovern	Executive Officer

Appendix Three

Membership of the National Drugs Strategy Team

Name	Dept./Agency
Mr Pádraig White	Chairman
Ms Eileen Hughes	Department of the Environment and Local Government
Mr Niall Cullen	Department of Justice, Equality and Law Reform
Dr Derval Howley	Eastern Regional Health Authority
Mr John Harkin	FÁS
Mr Andrew Diggins	Department of Education and Science
Mr Fergus Mc Cabe	Community Sector
Fr Seán Cassin	Voluntary Sector
Dr Joe Barry	Medical Advisor
Mr Barry O'Brien	Garda Síochána
Ms Louise Kenny	Department of Health and Children
Mr Pádraig Stanley	Department of Community, Rural and Gaeltacht Affairs
Ms Patricia O'Connor	Director
Ms Aoife Davey	Development Worker
Ms Lisa Wafer	Finance and Research Officer
Ms Grainne Hynes	NDST Support Staff
Mr Peter Walker	NDST Support Staff

Co-ordinators of Local Drugs Task Forces

Ballyfermot	Mr Frank Gilligan Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	Tel. 01 6206488 Fax 01 6206401 e-mail: frank.gilligan@erha.ie e-mail: advance@eircom.net (support: Elfrieda: 6238001)
Ballymun	Mr Hugh Greaves Axis Centre Main Street Ballymun Dublin 9	Tel. 01 8832142 Fax 01 8832144 e-mail: hugh.greaves@axis-ballymun.ie
Blanchardstown	Mr Joe Doyle 22(a) Main Street Blanchardstown Dublin 15	Tel. 01 8604845 Fax 01 8604848 e-mail: joseph.doyle@nahb.ie
Bray	Ms Niamh Mc Alinden Bray LDTF Unit 2, First Floor 24 Florence Road Bray Co. Wicklow	Tel. 01 2762975 Fax 01 2762941 e-mail: niamhmcalinden@eircom.net
Canal Communities	Ms Mary Ryder Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	Tel. 01 6206413 Fax 01 6206401 e-mail: mary.ryder@swahb.ie
Clondalkin	Mr Enda Barron Unit 5 Oakfield Clondalkin Dublin 22	Tel. 01 4579445 Fax 01 4579422 e-mail: cdtf1@indigo.ie
Dublin N.E.	Ms Sinead Wiley Le Chéile Collins Avenue East, Donnycarney Dublin 5	Tel. 01 8465074 Fax 01 8465071 e-mail: dnedtaskforce@eircom.net
Cork	Mr David Lane Community Care Offices St. Finbarr's Hospital Douglas Road Cork	Tel. 021 4923132 Fax 021 4923137 e-mail: laned@shb.ie
Dublin 12	Ms Aoife Fitzgerald Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	Tel. 01 6206422 (office) Fax 01 6206401 e-mail: aoife.fitzgerald@swahb.ie

Appendix Four

Dun Laoghaire/Rathdown	*Coordinator position vacant* Centenary House 35 York Road Dun Laoghaire Co. Dublin	Tel. 01 2803335 Fax 01 2300690 e-mail: g.fitzpatrick@ecahb.ie (until coord in position; Task Force admin support)
Finglas/Cabra	Mr John Bennett Finglas/Cabra LDTF Tolka Clinic 121 Broombridge Close Ballyboggan Road Dublin 11	Tel. 01 8307440 Fax 01 8820330 e-mail: finglascabradtf@eircom.net
North Inner City	Mr Mel MacGiobuin (Acting) 22 Lower Buckingham St. Dublin 1	Tel 01 8366592 Fax 01 8366286 e-mail: nicdtf@iol.ie (support: Caroline Gardner: carolinenicdtf@hotmail.com)
South Inner City	Mr Colm Browne Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	Tel 01 6206438 Fax 01 6206401 e-mail: colm.browne@swahb.ie
Tallaght	Ms Lisa Baggott Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	Tel. 01 6206414 Fax 01 6206401 e-mail: lisa.baggott@swahb.ie

Chairs of Local Drugs Task Forces

Ballyfermot	Mr David Connolly Dublin Inner City Partnership Equity House 16 Upper Ormond Quay Dublin 7	Tel 01 8721321 Fax 01 8721330 e-mail: office@dicp.ie
Ballymun*	Mr Mick Cowman (To be confirmed)	e-mail: mickcowman@ireland.com
Blanchardstown	Mr Phillip Keegan (Vice Chair, acting interim) 14 Dromheath Gardens Mulhuddart Dublin 15	Tel 01 8365090 e-mail: phillip@citywide.ie
Bray	Mr Brendan Maloney Kilbride Cottages Killarney Road, Bray Co. Wicklow	Tel 01 2865700 e-mail: brendanmaloney@brendanmaloney.ie
Canal Communities	Mr Tony Mac Carthaigh Rialto Community Drugs Team St. Andrew's Community Centre 468 South Circular Road Dublin 8	Tel 01 4540021 Fax 01 4541148 e-mail: rialtocommunitydrugteam@eircom.net
Clondalkin	Mr Aileen O'Donoghue Clondalkin Partnership Camac House, Unit 4 Oakfield Industrial Estate Clondalkin Dublin 22	Tel 01 4576433 Fax 01 4577145 e-mail: aodonoghue@clondalkinpartnership.ie
Dublin N.E.*	Mr George Ryan 110 Griffith Court Fairview Dublin 3	e-mail: gryan@iol.ie
Cork*	Cllr James Corr "Kakuri" Hettyfield Estate Douglas Road Cork	Fax 021 4294496
Dun Laoghaire/Rathdown	Ms Grainne Burke Barnardos 14 Tivoli Terrace South Dun Laoghaire Co. Dublin	Tel 01 2842323 Fax 01 2806271 e-mail: grainne.burke@dunlaoghaire.barnardos.ie
Dublin 12	Mr Brian Nugent KWCD Partnership Ltd. Unit 9 Ashleaf Centre Crumlin Cross Dublin 12	Tel 01 4059300 Fax 01 4059359 e-mail: bnugent@kwcd.ie

Finglas/Cabra*	Mr Joey Furlong 134 Ratoath Estate Cabra Dublin 7	e-mail: joey@indigo.ie
North Inner City*	Ms Maureen O'Sullivan 39 Fairfield Avenue East Wall Dublin 3	
South Inner City*	Mr Tom Brunkard 5 Kilmainham Lane Kilmainham Dublin 8	e-mail: tbrunkard@eircom.net
Tallaght	Mr Mick Duff 26 St. Aengus Crescent Tymon North Tallaght Dublin 24	Tel 4610239 Fax 4628179 e-mail: mickduff@ntlworld.ie

*Chairperson can be contacted through the relevant LDTF co-ordinator

Membership of National Advisory Committee

Chairperson

Dr Des Corrigan	School of Pharmacy, Trinity College

Vice Chairperson

Dr Mary-Ellen McCann	Voluntary Drug Treatment Network

Mr David Moloney	Department of Health and Children
Dr Joe Barry	Eastern Regional Health Authority
Dr Eamon Keenan	Consultant Psychiatrist, Eastern Regional Health Authority
Mr Willie Collins	Southern Health Board
Dr Hamish Sinclair	Health Research Board
Ms Catherine Byrne	Department of Justice, Equality and Law Reform
Superintendent Barry O'Brien	Garda National Drugs Unit
Ms Mairín O'Sullivan	Department of Education and Science
Dr Derval Howley	National Drugs Strategy Team
Mr Liam O'Brien	Community Sector Representative
Ms Anna Quigley	Community Sector Representative
Mr Brian Melaugh	Ana Liffey Drug Project
Ms Mairead Kavanage	Ballymun Youth Action Project
Ms Kathleen Stack	Department of Community, Rural and Gaeltacht Affairs
Ms Patricia O'Connor	Director, National Drugs Strategy Team
Mr Tony Geoghegan	Irish Association of Alcohol and Addiction Counsellors

National Assessment Committee – Contact Details

Name	Address
Ms Kathleen Stack Chairperson	Dept. of Community, Rural &Gaeltacht Affairs 43-49 Mespil Road Dublin 4
Ms Jeanette Young Secretary	Dept. of Community, Rural & Gaeltacht Affairs 43-49 Mespil Road Dublin 4
Mr Dave Spratt	Dept. of Arts, Sport & Tourism, Frederick Buildings, Sth Frederick Street, Dublin 2
Mr Fergus McCabe	National Drugs Strategy Team, 4-5 Harcourt Road, Dublin 2
Mr John Dolan	Dept. of Education & Science, Social Inclusion Unit Block 2 Floor 2 Marlboro St, Dublin 1
Mr David Treacy	City of Dublin YSB, 70 Morehampton Road, Donnybrook, Dublin 4
Ms Bernie McGowan	Voluntary & Community Services, Dept. of Community, Rural & Gaeltacht Affairs, 6-7 Hanover Street, Dublin 2.
Ms Mary Cunningham	National Youth Council of Ireland, 3 Montague St, Dublin 2.
Mr Niall Cullen	Dept. of Justice, Equality & Law Reform, 94 St. Stephen's Green, Dublin 2.
Ms Mary Forrest	Mater Dei Counselling Centre, Clonliffe Road, Dublin 3.
Ms Evelyn Downes	Dept. of Environment & Local Government Customs House, Dublin 1
Mr Karl Mitchell	Dublin City Council, Civic Offices, Wood Quay, Dublin 8
Mr Tony Carberry	Department of Finance Mount Street Dublin 2

Irish Drug Court

The pilot Drug Court Programme was launched in the Dublin District Court in January 2001 in response to the high number of drug related offenders presenting in the Irish justice system in the mid 1990s and was influenced by the strong evidence from other jurisdictions in support of the approach. The programme marked a major policy initiative in the criminal justice system and was designed as an alternative measure for dealing with less serious and non-violent drug offenders. It involves a court supervised holistic programme combining medical treatment (including counselling), intensive Probation and Welfare supervision and education and job-training. The Programme's essential features are:

- Frequent supervision contacts and drug testing;
- Direct access to full information on the drug offender's progress and conduct;
- Immediate responses to programme failures; and
- Frequent progress report hearings before the same Drug Court Judge and permanent staff.

The Drug Court Team is a multi-disciplinary grouping and, as well as representatives from the treatment and justice systems, the inclusion of an Education Co-ordinator and a Community Welfare Officer has meant that the Team has been able to adopt an holistic approach to participants needs. The Drug Court Team comprises the following:

- A Co-ordinator – Senior Court Clerk;
- Drug Court Nurse;
- Two Probation and Welfare Officers;
- Education and occupational training official;
- Welfare Officer to deal with housing and welfare issues; and
- Four Community Garda Officers.

The Judge chairs the pre-court meeting to review cases with the Drug Court Team and if the meeting fails to reach consensus, the Judge has the final decision and is ultimately responsible for decisions about case processing. The participant appears continuously before the same Judge and a personal relationship between the participant and Judge is developed. He oversees the participants' compliance with the programme and issues sanctions and incentives to encourage this compliance.

Drug Court Procedures

The following sets out the procedures on referral from the trial court:

Week 1: Probation and Garda Assessment:

- Eligibility, suitability and motivation
- Previous convictions, outstanding charges and warrants

Week 2: Health Assessment – including urine test:

- Nature and extent of drug abuse
- History of treatment contacts in past
- Any other health/mental health issues

If these assessments are satisfactory, the participant is formally admitted to the Drug Court and a treatment plan is prepared. The participant is immediately assessed for educational/job training needs.

Treatment Phases

Treatment encompasses three phases:

- **Phase 1:** Stabilisation (court attendance weekly/urine testing weekly). The goals involved in this phase include stabilising physical health, ceasing criminal activity and associations and demonstrating a commitment by attending education/job training.
- **Phase 2:** Consolidation and early integration (court attendance every two weeks/urine testing twice weekly). The goals in this phase are to maintain good physical health; generally, eliminate drug use

and remain free of illicit drugs; and continue education, vocational training or employment.

- **Phase 3:** Rehabilitation and reintegration (monthly court attendance/urine testing weekly). The goals of this phase include remaining consistently free of illicit drugs; maintaining stable home environment; anticipating graduation in a minimum of 12 months from commencement and on graduation, remaining in contact with the Drug Court through Rehabilitation Officers for 12 months.

In October 2002, the final evaluation of the Pilot Drug Court was completed. Early indications on the overall effectiveness of the Drug Court are that particularly towards the end of the pilot period, the Drug Court had started to impact on the drug use and offending behaviours of participants. The rate of re-offending had declined substantially and, at the same time, the number of urines that were "clean" had increased significantly. There was also a high rate of participation in educational activities.

The evaluation recommended that the pilot be extended and the catchment area be widened to include the Dublin 7 area. This would allow it to focus on the research and development activity necessary to roll out the Drug Court more widely, while continuing and expanding the current pilot to further test and refine the emerging model and to address difficulties which had been identified. The evaluation can be found in full at **www.justice.ie/departments/default.asp**

Membership of the National Steering Group on Prison-Based Drug Treatment

Director of Regimes, IPS (Chair – currently Mr. John Brosnan)

A/G Gerry Baxter, Dóchas Centre, IPS

Gov. Willie Connolly, Operations Directorate, IPS

D/G Catherine Comerford, Cloverhill Prison

Dr. Des Crowley, NAHB

Mr. Niall Cullen, Crime 2 Division, D/JELR

Dr. Enda Dooley, Director of Healthcare, IPS

Gov. Liam Dowling, Regimes Directorate, IPS

Ms. Vivienne Fay, Area Operations Manager, Drugs/Aids Service, ECAHB

Mr. David Gilbride, Regimes Directorate, IPS

A/G Aileen Greally, Training Unit, IPS

D/G Kevin Laide, Assistant Training Officer (Drug Treatment), IPS

Gov. Seán Lennon, St. Patrick's Institution, IPS

Ms. Catherine Linehan, Operations Directorate, IPS

A/G Tom Lynch, Wheatfield Prison, IPS

Ms. Philomena Mallon, Regimes Directorate, IPS

D/G Declan Murphy, Mountjoy Prison, IPS

Mr. Gerry McNally, Assistant Principal, Probation & Welfare Service

A/G Vincent Melvin, Castlerea Prison, IPS

D/G Liam Metcalfe, Cork Prison, IPS

Ms. Frances Nangle Connor, Co-ordinator of Prison Nursing Services, IPS

Mr. Colm O'Herlihy, Supervising Teacher, Cork Prison, IPS

Ms. Deirdre O'Reilly, Co-ordinator of Pharmacy Services, IPS

Mr. Julian Pugh, Co-ordinator Drug Treatment Services (Prisons), ERHA

Gov. Seán Quigley, Cork Prison, IPS

Ms. Sheila Reaper Reynolds, SWAHB

Mr. Colm Regan, Senior Psychologist, IPS

Mr. Martin Rogan, Director of Mental Health and Addiction Services, SWAHB

Dr. Siobhan Rooney, Consultant General Psychiatrist in Addictions, NAHB

Ms. Ruth Ryan, Directorate Manager of Planning & Commissioning, ERHA

Mr. John Shelly, Human Resources Directorate, IPS

Ms. Gerri Skehan, Senior Probation & Welfare Officer, PWS

Dr. Brion Sweeney, Clinical Director/Consultant Psychiatrist, NAHB Drugs/Aids Services

Mr. David Wyse, Senior Counsellor, NAHB

Young People's Facilities & Services Fund

Projects mainstreamed through Department of Education and Science under Round 1

Dun Laoghaire Rathdown

Sallynoggin Youth Worker

Sandyford Youth Project

Loughlinstown and Ballybrack Youth Project

Rosemount/St. Columbanus/Windy Arbour Youth Project

Prevention Through Education Project

Hillview/Mountainview Youth Work Project

Southside Travellers Youth Service/ Exchange House

Cuala Sports & Social Integration Project

Ballymun

BRYR

Young Women's Programme

Family Support Worker

BACA

Columban Youth Project

Young Travellers Youth Project

Ballyfermot

Ballyfermot Youth Service (Gurteen)

Ballyfermot Youth Service (Information Officer)

CANDLE Community Trust Ltd.

Mary Queen of Angels After School

Labre Park (After School)

Cherry Orchard Integrated Youth Service

Cherry Orchard After Schools Project

Canal Communities

Bluebell Youth Worker

Rialto Youth Worker

St. Michael's Youth Worker

CC Regional Youth Service

Common Ground (Prog. Costs)

Bluebell Young Women's Education Project

Dublin 12

Dublin 12 Regional Youth Service

St. John Bosco – New Options New Choices

St. John Bosco – Youth Project

Dublin North East

CDP – Priorswood Youth Worker

Kilmore West Youth Project

St. Monica's Youth Project

Kilbarrack Youth Project

Trinity Youth Project

Northside Travellers

Dublin North Inner City

Market Areas Youth Service

Stoneybatter Youth Service

Eastwall/Northport Youth Project

North Wall

Aosóg (After Schools)

St. Agatha's – Youth Worker

Ballybough Youth Service – Youth Worker

Wexford Centre – Caretaker

Cavan Centre – Youth Worker

South Inner City

Ringsend/Dodder Youth Service

SWICNYS

Whitefriar St. Youth Service

St. Andrew's Youth Service

Donore Avenue Network (DEN)

Westland Row CBS

Finglas/Cabra

Cabra Youth Service

Parent Support Project – Fingal Centre

Blanchardstown

*The BOND Project
(This project was mainstreamed through Department of Justice, Equality and Law Reform)

Potential Early School Leavers (P.E.S.L.)

Mulhuddart Community Youth Project (MCYP)

Baldoyle Youth Forum (Dublin North East)

Clondalkin

CASP

Teen Counselling

Catholic Youth Care (CYC) Workers

CYC – Quarryvale

CYC – Deansrath/Sruleen

Youth Support and Training Unit

Clondalkin Partnership

Collinstown Park Sports Complex

Youth Support Worker

Tallaght

Travellers Youth Service

Tallaght Youth Service – Springfield

Tallaght Youth Service – Brookfield

CARP

Cork

U4EA Arts Programme

Togher Link Up

Glen Young Adults Project

Togher Family Centre Ltd. – After School Activities

Ballyphehane Action for Youth

Bishopstown Outreach Project

Blarney Street & Surrounding Areas Community

Association – The Rock Youth Group

St. Joseph's Mayfield Youth Affairs Project

Badoireacht – Meitheall Mara

Churchfield Youth Community Trust (CYCT)

Round II allocations of the YPFSF in LDTF areas

LDTF Area	Total	Capital	Services
Dublin North East	€1,019,500	€725,000	€294,500*
South Inner City	€1,202,000	€409,000	€793,000*
Dublin 12	€1,110,000	€673,000	€437,000*
Ballymun	€839,500	€385,000	€454,500
Finglas/Cabra	€909,500	€160,000	€749,500
North Inner City	€905,000	€533,000	€372,000
Ballyfermot	€827,500	€710,000	€117,500
Canal Communities	€685,100	€60,000	€625,100*
Blanchardstown	€857,000	€327,000	€530,000*
Clondalkin	€850,000	€450,000	€400,000*
Tallaght	€950,000	€540,000	€410,000*
Dun Laoghaire	€957,000	€449,000	€508,000*
Bray	€2,002,000	€1,850,000	€222,000
Cork	€1,207,000	€881,000	€326,000
Sub total	€14,391,300	€8,152,000	€6,239,100

Sub total	€14,391,300
Technical assistance to VECs and Local Authorities	€384,200
Overall total – Round II	**€14,775,000**

* includes funding of €55,000 p.a. for sports development officer post

Evaluation of the Young Peoples Facilities and Services Fund

Executive Summary

1. This evaluation examines the planning, implementation, progress, performance and impact of the services element of the Young People's Facilities and Services Fund (YPFSF). The evaluation situates the introduction of the YPFSF in the context of the recommendations made in the Second Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1997) and the establishment of structures and initiatives to develop a strategic response to drugs misuse during the late 1990s.

2. The YPFSF is currently located in the prevention pillar of the National Drugs Strategy (2002-2008) and aims, through the provision of services and facilities funded by the programme, to divert "at risk" young people in disadvantaged areas from the dangers of substance misuse. Funding of just under €150 million is provided in the National Development Plan (2000-2006) for the YPFSF. Under round one of the YPFSF, spanning 1998 – the year in which it was introduced – to the end of 2002, a total of €68 million has been allocated to the programme. Of this funding, just under €18 million is currently allocated to approximately 200 service projects that provide a wide range of activities, programmes, and services. The YPFSF is being implemented in 18 locations, 14 of which are areas in which a Local Drugs Task Force (LDTF) has been established. The other four are the urban areas of Carlow, Galway, Limerick and Waterford. The majority of the funding is allocated to the 14 areas in which a LDTF has been established.

Structures

3. The structures established to implement the YPFSF include a National Assessment Committee (NAC) operating under the auspices of the Inter-Departmental Group on the National Drugs Strategy. The initial role of the NAC included drawing up a set of guidelines for the implementation of the YPFSF. These guidelines required the establishment of Development Groups (DGs) in each of the 18 areas identified for implementation of the YPFSF. In areas in which a LDTF existed, the DG comprised representatives of the relevant local VEC, the Local Authority, and the LDTF, with the latter being responsible for initiating the work of the DG. In locations outside of LDTF areas the development of local plans was the responsibility of the VEC. The DGs/VECs were charged with developing integrated local plans based on local consultations and securing project applications from projects in their areas, and supporting, monitoring, and reporting on the implementation of local plans and projects approved by the Cabinet Committee on Social Inclusion on the recommendation of the National Assessment Committee. Within the DG structure, the VEC is responsible for the services element of the YPFSF with the Local Authority being responsible for the facilities element.

Findings

4. Given the manner in which the programme was designed (i.e. encompassing national, local and project levels and including service and facilities projects) *it was concluded in Chapter 2 that the structures established to support its implementation were appropriate for their functions.* However, underestimation of the resources required to effectively manage and implement such a large scale programme – particularly at national level – together with the practical difficulties experienced in actually getting projects off the ground *has resulted in a considerable time delay in the implementation of round one of the YPFSF*. Taking actual expenditure as a crude indicator of progress, it is estimated that at the end of 2001, expenditure on the service element of the programme was approximately €9 million, representing 50% of the actual allocation to this element of the programme. A similar situation was found to exist in relation to progress on the facilities element of the programme.

5. The findings concerning the planning of the programme presented in Chapter 3 show that *there was considerable divergence in the approach taken by DGs/VECs* to undertaking the local consultation process and in the manner and coverage of relevant issues in the local plans that were prepared. The variation in the planning documentation can be seen as in part reflecting local circumstances and a desire on the part of the DGs/VECs to respond to this. However, particular weaknesses were identified in the manner in which local services were profiled and, associated with this, in the identification of strategies and the setting of operational targets at the level of local plans.

6. As indicated above, the implementation of the services element of the programme has experienced delays and this is reflected in the high proportion of projects (i.e., 69%) that reported experiencing a major difficulty in relation to project implementation. The main factor contributing to delayed and interrupted implementation at project level is the difficulty that projects experienced in recruiting and retaining suitably qualified and experienced personnel to run projects. Despite a degree of variation in the manner in which VECs supported projects, projects were satisfied with the support they received in relation to addressing problems arising during project implementation and with the nature and level of advice and support they received from VEC personnel on an on-going basis.

7. The findings concerning the monitoring and reporting system in place in the YPFSF pointed to a number of weaknesses and inconsistencies in the procedures and practices used by VECs. Among the weaknesses documented were the general absence of data on the numbers and profile of young people actually benefiting from the Fund and the focus of reporting procedures on progress at the level of individual projects with little consideration being given to reporting on the implementation of local plans and their strategic impact at local level. A number of factors were identified as contributing to the weakness of the monitoring and reporting system including the absence of detailed consideration being given to this issue at planning stage, the lack of detail in the actual templates provided by the NAC, and the varying expertise available at VEC and project levels. Recommendations to address these weaknesses are presented in Chapter 7.

8. The findings of the survey of projects undertaken during this evaluation found that *there was considerable diversity in the nature of the projects being funded and in the target groups being reached by them.* The detailed findings of this survey are presented in Chapter 4 and they show that the predominant types of actions being implemented by projects include providing *activity and club based programmes* followed by a range of specialist type services *including street work, family support and counselling services.* Combined, these two categories account for over half of all the specific actions being implemented by projects. It was also found that just over two fifths (i.e., 44%) of project actions were being implemented in the context of objectives that specifically referenced issues such as preventing substance misuse or diverting young people from drug usage. The survey findings also showed that the majority of young people participating in the YPFSF *are at the younger end of the target age range of the YPFSF* (e.g., 52% are 13 years old or under and 73% are 15 years old or under). This profile can be interpreted as reflecting an emphasis in local plans on preventing substance misuse and diverting young people from substance misuse. However, the data also point to difficulties in engaging with older adolescents and young people experiencing multiple difficulties including engaging in behaviours placing themselves and others at risk. The nature of the work required to engage with this group of young people is highlighted in a number of the case studies of projects presented in Chapter 6.

9. Despite the range of difficulties experienced during project implementation and the experience of a level of under-resourcing on the part of approximately two-thirds of projects, *the vast majority of projects indicated that they were being successful in achieving their objectives and in contributing to achieving the main aim of the YPFSF.* More generally, with regard to the impact of projects funded under the YPFSF, the findings of the survey of projects concerning self-assessed impact, the comments of support personnel in the VECs concerning the operation and impact of projects, and the accounts of projects actions and effectiveness presented in the case studies all point to the general conclusion that the projects are having an impact in terms of the main objective of YPFSF.

Overall conclusions

10. In drawing overall conclusions from the evaluation it was noted that the YPFSF is currently operating in the context of a number of other programmes targeting disadvantaged young people as well as a range of initiatives addressing substance misuse among young people. This situation is reflected in the pattern of funding to promoting organisations and projects in the YPFSF where it was found that over half (55%) of projects were in receipt of funds from at least one additional source. While this finding indicates that the YPFSF is being effective in relation to achieving its operational objectives of *enhancing existing services* for young people in its target group as well as *developing additional* youth services for its target group, *it raises issues regarding the effectiveness of providing funding from multiple sources to support the operations of individual projects.* Consistent with the conclusions and recommendations of other reports (e.g., the National Youth Work Advisory Committee's report on *Proposals for the National Youth Work Development Plan, 2003-2007*) it is recommended that:
    - a strategic review of all programmes and funding targeted toward disadvantaged and "at risk" youth be undertaken and that allied to this there is need to devise and introduce a common framework for monitoring and assessing the performance and impact of programmes and projects working in this area.

11. A number of specific conclusions and recommendations are made with reference to the roll out of round two of the YPFSF, including the need:
    - to revisit and systematically update local plans, particularly in relation to documenting levels of provision and identifying the pattern of service usage by young people;
    - to adopt a consistent and systematic approach to the areas of project development and support, monitoring and reporting and, provide resources and support for projects to develop capacities in the areas of self-evaluation and documenting project progress; and
    - to develop a clear focus on the local plan as providing a framework for local action to address drugs misuse by the target group and that projects approved for funding in round two should be facilitated to meet collectively to that end.

12. To strengthen the national dimension of the YPFSF and to ensure the identification of policy lessons and effective exchange with other programmes, it is recommended that:
    - a National Co-ordinator be appointed;
    - an annual report on the implementation of the programme be prepared; and
    - a national forum or network for VEC personnel involved in supporting and reporting on the implementation of the YPFSF be established.

13. In line with the targets set for the prevention pillar of the National Drugs Strategy, it is recommended that:
    - the selection of projects for mainstreaming as well as new projects should be firmly based on the identification of their capacity to contribute to the reduction of drugs misuse among young people in school. To this end,

a number of lines of action showing potential on the basis of the findings of this evaluation are presented. In presenting these lines of action emphasis is placed on the need for a co-ordinated approach to the provision and development of services if gaps in services are to be avoided.

14. The overall recommendations made by the evaluator – and set out in Chapter 7 of the Report – are summarised below.

Young People's Facilities & Services Fund – Overall recommendations

Chapter 7 of the evaluators report contains a series of recommendations in relation to various aspects of the Fund. These are summarised below.

Issue: Context in which YPFSF is operating

- A strategic review of the objectives, operations and funding of all initiatives and programmes targeted toward disadvantaged youth should be undertaken as a matter of urgency;
- A common framework together with an associated set of templates and procedures for the monitoring and reporting of actions and projects targeted toward disadvantage youth should be established and used by the relevant funding authorities. A starting point for this would be the adoption/modification of the framework used for monitoring and reporting on the actions and beneficiaries of ESF assisted actions;
- All funding authorities should make a specific allocation of resources to enable the development of capacity at the level of projects to effectively document project performance and engage in effective self-evaluation at project level;

Issue: Implementation of the services element of the YPFSF

- Each Development Group (D/G) should be required to review its original plan and to provide an assessment of the current situation particularly taking into account the profile of services for disadvantaged young people in its area. This audit of local services should be done in a consistent and comprehensive manner in all areas. In the light of the experience of the first round of the YPFSF, funding authorities and statutory agencies should be required to provide D/Gs with information on the nature and extent of the services they are providing in each area and on the profile of young people using their services;
- A set of templates should be put in place to be used in the area of planning, monitoring and reporting on performance and impact at local plan and projects levels
- A set of specifications for the deployment of technical assistance by VECs involved in implementing the YPFSF is required. This should take the form of a common contract for all VECs. This contract should specify a core set of responsibilities to be discharged by the technical assistance function;
- A forum or network for D/G and VEC personnel involved in supporting, monitoring and reporting on the YPFSF should be established. This forum or network should be developed and resourced as a means of linking the work of the YPFSF in each of the local areas in which it is being implemented, identifying common lessons for practice and policy, and acting as a clearing house to identify and address any difficulties arising in the implementation of the programme in a timely and consistent manner;
- As part of the implementation of round two of the YPFSF, projects funded in each local area should be facilitated to meet on a regular basis. The purpose of such meetings should include reviewing the collective performance and impact

of projects in the context of targets and objectives set in local plans and identifying lessons for policy and practice at the local level. Such meetings should also be seen as providing a basis to improve co-ordination at the local level;

- The work of the NAC requires the preparation of integrated reports on the progress and lessons of the YPFSF at a national level at a minimum on an annual basis. The implementation of a common framework in relation to monitoring and reporting should be seen as providing the basis for this. In this regard, the appointment of a National Co-ordinator with responsibility for supporting programme implementation and reporting on the YPFSF at a national level should be considered. The National Co-ordinator would report to the NAC.

Issue: Performance & impact at the level of individual projects

- All projects should be required to identify and document the precise manner in which their activities, services and programmes are contributing to the achievement of the central aim of the YPFSF. More attention also needs to be paid to the specification of quantitative targets at project level in such a manner that these targets provide a realistic basis for reviewing performance; and,
- All projects should be facilitated and resourced to develop the capacity to adequately document and review their performance and impact.

Issue: Identifying round II priorities for YPFSF

- The decision-making process in relation to setting priorities and criteria for the inclusion of service projects in the second round of the YPFSF and mainstreaming should be firmly placed in the context of the results of the planning operations of the D/Gs as recommended in Chapter 7. Allied to this, the process of project selection should be based firmly on identifying the specific role and contribution of each project in relation to achieving the performance indicators set for the prevention pillar of the National Drugs Strategy, particularly those in relation to the reduction of drug misuse among young people in school.

  A number of project types and actions have been identified that show potential in this regard, including:

- The provision of street work services encompassing the capacity for effective one-to-one work with young people that are behaviourally at risk and backed up by effective systems of referral;
- Developing and providing access to recreational opportunities in areas lacking such provision and at times when the need for such alternatives is greatest, that is, in the evenings and week-ends;
- The provision of specialist services addressing the presence of at risk factors deriving from poor parent-adolescent relationships;
- The development of an effective interface between the work of Home School Community Co-ordinators and out-of-school supports for young people who are actually identified as a risk of early school leaving;
- The provision of systematic supports to engage young people in a sustained way in sports and health supporting recreational activities and life-styles; and,
- An increased focus on working with the parents of young people who are identified as being behaviourally at risk.

RDTF Contact List Interim Co-ordinators and Chairpersons

RDTF	Co-ordinator	Chairperson
1. Midland	Mr Bill Ebbitt Midland Health Board Health Promotion Service The Old Maltings Coote St Portlaoise Co Laois Work: 0502 64566 Email: bill.ebbitt@mhb.ie	Mr Jack Taffe Rath Colman Mullingar Co. Westmeath Tel: 044 40061
2. Mid-Western	Ms Maria McCully Drugs Strategy Co-ordinator Mid Western Health Board 57 O'Connell St Limerick Work: 061 318633 Email: mariamccully@eircom.ie	Mr Tom Gleeson, Blackwater, Ardnacrusha, Co Clare Tel: 061 341969
3. North-Eastern	Dr Nazih Eldin Health Promotion Unit North Eastern Health Board Railway Street Navan Co Meath Work: 046 9076400 Email: nazih.eldin@nehb.ie	Mr Pat Shields Regional Co-ordinator D/CF&SA, NE Region Dundalk, Co. Louth Address: Government Building, St. Alphonsus Road, Dundalk, Co Louth Tel: 042 9392683 Fax: 042 9392696 Email: pat.shields@welfare.ie
4. North-Western	Ms Patricia Garland Addiction and Counselling Services North Western Health Board Charter House Old Market Street Sligo Work: 071 9140409 Email: patricia.garland@nwhb.ie Secretary: Belinda Taylor: 071 9135061	Mr Loman Conway, CEO, Co. Sligo VEC, Quay Street Sligo Tel: 071 9138301 Fax: 071 9144121 Email: ceo@sligovec.ie
5. Southern	Mr Willie Collins Co-ordinator Drugs and Alcohol Services Southern Health Board St. Finbarr's Hospital Douglas Road Cork Work: 021 4923135 Email: collinsw@shb.ie or williecollins@eircom.net	Mr Kevin Davis Senior Development Officer FÁS Community Services FÁS Training Centre Rossa Ave Bishopstown Cork Tel: 021 4856405 Fax: 021 4544297 Email: kevin.davis@sw.fas.ie

RDTF	Co-ordinator	Chairperson
6. South-Eastern	Mr Tony Barden Drugs Co-ordinator South Eastern Health Board St. Patrick's Hospital John's Hill Waterford Work: 051 846720 Email: bardent@sehb.ie	Mr Cyril Darcy 11 Seaview Park Tramore Co. Waterford Tel: 051 381122
7. Western	Ms Fiona Walsh Regional Drugs Co-ordinator Western Health Board Drugs Services 64 Dominic Street Galway Work: 091 561198 Fax: 091 561499 Email: f.walsh@whb.ie	Mr Padraic Hughes (Retired) Tullycommons Castlebar Co Mayo Tel: 094 9026891 Email: padraighughes1@eircom.net
8. East Coast Area (Dublin region)	Ms Siobhan Turner Acting Regional Drugs Co-ordinator East Coast Area Health Board Southern Cross House Southern Cross Business Park Boghall Road Bray Co. Wicklow Work: 01 2014200 Email: siobhan.turner@erha.ie	Mr John O'Brien (Retired FÁS) Hillcrest, Timmore, Newcastle, Co. Wicklow. Tel: 01 2819054
9. Northern Area (Dublin region)	Dr Jane Renehan Park House North Circular Road Dublin 7 Work: 01 8823482 Email: jrenehan@eircom.net	Eleanor McEvoy Managing Director Phonecard Warehouse Ltd. Unit E, Site 1 Swords Business Park Dublin Tel: 01 8903475 Fax: 01 8903476 Email: eleanor@phonecardwarehouse.ie
10. South-Western Area (Dublin region)	Mr Maurice Farnan Drug and Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10 Work: 01 6206400 Fax: 01 6206401 Email: Maurice.farnan@erha.ie	*To be selected*

Projects allocated funding under the LDTF Premises Initiative

Project Name	LDTF Area	Amount Allocated	Current Status
Ballymun Community Addiction Centre	Ballymun	€1,115,790	Construction to begin early 2005
Mountview/Blakestown Community Drugs Team	Blanchardstown	€89,672	Complete
Corduff Drug Counselling Service	Blanchardstown	€53,092	Complete
Moatview/Fairfield Rehab & Support Group	Dublin North East	€76,184	Complete
Bonnybrook/Fairfield Community Building Project	Dublin North East	€1,237,409	Complete
Anna Liffey Drug Project	North Inner City	€820,657	Complete
The Cavan Centre	North Inner City	€79,994	Complete
Chrysalis Community Drug Project	North Inner City	€22,300	Complete
Inchicore Community Drugs Team	Canal Communities	€788,868	Due for completion mid 2005
Rialto Community Drug Team	Canal Communities	€41,000	Due for completion by end 2004
TURAS Rehabilitation Project	Canal Communities	€38,000	Due for completion by end 2004
LYNKS Rehabilitation Project	Canal Communities	€50,000	Due for completion by end 2004
Hesed House Family Support Programme	Canal Communities	€240,461	Complete
Rialto Family Centre	Canal Communities	€330,132	Complete
Clondalkin Addiction Support Programme (CASP)	Clondalkin	€1,273,737	Complete
YSTU Clondalkin LDTF	Clondalkin	€157,847	Complete
Carline Project	Clondalkin	€222,415	Complete
Addiction Response Crumlin	Dublin 12	€25,395	Complete
Dublin 12 Drugs Task Force	Dublin 12	€36,188	Complete
Walkinstown/Greenhills Resource Centre	Dublin 12	€71,105	Complete
Sunshine Education, Training & Rehabilitiation Centre	Dublin 12	€591,766	Complete
Bawnlea Family Support Programme (Barnardos)	Tallaght	€14,100	Due for completion by end 2004
Brookfield Community Centre	Tallaght	€50,000	Due for completion by end 2004
CARP Killinarden	Tallaght	€1,007,895	Complete
JADD Jobstown	Tallaght	€324,158	Complete
St. Aengus Community Action	Tallaght	€88,882	Complete
St. Dominic's	Tallaght	€8,000	Due for completion by end 2004
Springfield Family Support	Tallaght	€11,500	Due for completion by end 2004
Jobstown Addiction Support	Tallaght	€33,000	Due for completion by end 2004
St. Francis Farm Tullow	Cross-Task Force	€63,487	Complete
Advance	Ballyfermot	€634,870	Complete

Project Name	LDTF Area	Amount Allocated	Current Status
Ballyfermot STAR	Ballyfermot	€125,669	Complete
Liberties Recycling Rehabilitation Project	Ballyfermot	€99,000	Complete
CASADH Rehabilitation Centre	South Inner City	€76,200	Complete
School St. & Thomas Court Family Support Centre	South Inner City	€101,600	Complete
ELAH Counselling Service	South Inner City	€44,500	Complete
Ringsend & District Response to Drugs	South Inner City	€450,000	Complete
CASADH Rehabilitation Project	South Inner City	€88,000	Due for completion by end 2004
Oliver Bond Community Addiction Team	South Inner City	€13,000	Due for completion by end 2004
High Park Drumcondra	South Inner City	€30,000	Due for completion by end 2004
Coolmine Therapeutic Community, Clonee	South Inner City	€210,000	Due for completion by end 2004
Donore Community Drug Team	South Inner City	€388,000	Complete
St. James Resource Centre	Cross-Task Force	€203,200	Ongoing
Fountain Resource Centre	South Inner City	€28,100	Complete
Dun Laoghaire/Rathdown Outreach Project	Dun Laoghaire	€187,933	Complete
Bray LDTF	Bray	€76,184	Complete
Bray Travellers Community Dev Group – Youth Dev Project	Bray	€43,000	Complete
Bray Community Addiction Drugs Team	Bray	€15,300	Due for completion by end 2004
Marist Rehabilitation Centre	Cross-Task Force	€457,400	Complete
Millennium Carving Project	North Inner City	€110,467	Complete
Collamber Drug Rehabilitation	Finglas Cabra	€350,448	Complete
Mahon Action Youth Project	Cork	€126,974	Due for completion mid 2005
Cork Community Drug Team	Cork	€8,000	Due for completion by end 2004

Contact List of Steering Group on the National Drugs Strategy Mid-term Review

Ms. Kathleen Stack	Dept. Community, Rural & Gaeltacht Affairs
Mr. David Gilbride/ Ms. Philomena Mallon	Irish Prison Service
Ms. Mairead Lyons	NACD
Det. Supt. Barry O'Brien	Garda National Drugs Unit
Mr. Fergus McCabe/ Ms. Anna Quigley	Citywide
Ms. Alice O'Flynn/ Dr. Derval Mowley	ERHA
Mr. David Moloney	Dept. Health & Children
Mr. Tony Geoghegan	Voluntary Drug Treatment Network
Ms. Patricia O'Connor	NDST
Mr. Andrew Diggins	Dept. Education & Science
Ms. Catherine Byrne	Dept. Justice, Equality & Law Reform
Ms. Úna Ní Fhaircheallaigh	Dept. Community, Rural & Gaeltacht Affairs
Mr. Pat O'Grady	Dept. Community, Rural & Gaeltacht Affairs

Terms of Reference for the Mid-term Review of the National Drugs Strategy (NDS)

- Examine the progress and the impact of the NDS across the four pillars of supply reduction, prevention, treatment and research in the context of the objectives set for it, the 100 actions assigned to be implemented by Departments and Agencies and the cost effectiveness of the various elements;
- Examine the relevance of the objectives and actions in tackling the current nature and extent of drug misuse in Ireland, including emerging trends, and identify any gaps presenting and how they might be addressed;
- Review the operational effectiveness of the structures of the NDS, including co-ordination mechanisms;
- Develop performance indicators and baselines in order to measure the effectiveness of the NDS in the future;
- In light of the foregoing, consider how the Strategy, including the structures involved in its delivery, should be refocused or modified for the remaining period of the Strategy up to 2008; and
- Make recommendations to the Cabinet Committee on Social Inclusion on the basis of the findings.

Terms of Reference for the LDTF Expenditure Review

The Terms of Reference for the proposed Expenditure Review are as follows:

- Examine the objectives of the LDTFs and the extent to which they have been achieved;
- Measure the outputs and, as far as possible, the outcomes of the LDTF process and projects;
- Assess the overall effectiveness of the expenditure with particular reference to:
    - The numbers of drug users, families and others in the community assisted;
    - The quality of that assistance;
    - The level and nature of services provided;
    - Whether those services meet the defined needs of the LDTF areas;
    - Whether the measures accord with the aims, objectives and targets of the National Drugs Strategy 2001-2008;
    - The extent to which the community, voluntary and statutory sectors have become involved in the process;
    - The preventative achievements of the process; and
    - The impact on the communities as a whole.
- Define performance indicators and baselines in order to measure the work of the LDTFs in the future;
- Review the effectiveness of the mainstreaming process with particular reference to the cost implications; and
- Review the overall costs and staffing resources associated with the process and make recommendations in relation to improving the efficiency and effectiveness in the context of the resources allocated to the LDTF process.

The review should concentrate on the projects contained in the first action plans as these are the longest established and the most suitable in terms of measuring outputs and outcomes. The majority of these projects from the first round of LDTF action plans are now mainstreamed and are funded through a number of other Departments and agencies as outlined in paragraph 1 above.


PREVENTION
Research
Supply Reduction
Treatment