

NATIONAL DRUGS STRATEGY TEAM

ANNUAL REPORT 2005

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1. CHAIRPERSON'S REPORT

I am pleased in my capacity as chairperson of the National Drugs Strategy Team (NDST) to present this report covering the work of the Team for 2005 to the Minister of State with responsibility for the National Drugs Strategy, Mr. Noel Ahern T.D.

During the year, the Team continued to address fundamental and well-documented operational issues drawn to our attention by the Regional and Local Chairpersons' Networks, Citywide and the Voluntary Network in order to support and enhance the work of Task Forces in their challenging task of addressing clearly identified needs to address drugs misuse at community level. These included the need for an 'Emerging Needs Fund' at local level, maintaining the premises initiative, agreeing the process to put in place the project development workers and administrative assistance at local level, the recruitment process for Regional Drugs Task Force (RDTF) coordinators and the timely assessment of their regional plans.

As a result of the work of the Team, informed by ongoing communication with the local Chairpersons' Network and two meetings with the regional chairpersons, 15 projects were approved by Minister of State Ahern under the emerging needs process with an annual budget of €49,179 in addition to the annual allocation of €16m to almost 280 Local Drugs Task Force (LDTF) projects. There was considerable disappointment that a maximum of €1m was available for allocation to Emerging Needs in 2005. Early in 2006, an additional €3m was made available by Minister of State Noel Ahern for projects proposed by LDTFs and recommended by the NDST. Significant progress was made in the recruitment of the project development workers and administration assistance at local level.

By year's end one full time regional coordinator was in place following a recruitment process facilitated by the HSE, and initial approval given by Minister of State Ahern for regional plans with an initial upper limit of €5 million. In addition, the Team and the twenty-four voluntary Task Force chairs had a summit meet with the Taoiseach and Tanaiste on the drugs issue in July and a reaffirmation of the Government's commitment to the National Drug Strategy was given at the meeting. As part of the revitalisation agenda, the LDTF Network organised the 'Vital Connections' seminar on 3rd October to focus on current issues and the voluntary service interests organised a seminar in November to initiate a process of developing a cohesive voluntary sector.

I want to acknowledge the work of all twenty-four voluntary chairpersons involved in supporting the National Drug Strategy at local and regional level, their fellow Task Force members and the Coordinators of the Task Forces.

The Team, in conducting its business, met on 17 occasions in 2005 and a total of 32 sub-groups meetings were held. Individual Team members participated on/chaired all sub-committees and had liaison roles with the Task Forces at local and regional levels which provides a vital channel of communication between the Team, regions and local areas.

The Director of the NDST, Ms. Patricia O'Connor, and her staff continued to have an oversight role of all projects in the 14 LDTF areas. The support staff was enhanced further in April by the Department of the Taoiseach, following the recall of the half-

time Administrative officer, by a full-time Assistant Principal Officer (APO) and an additional full time Clerical Officer (CO). At year end the staff complement was six, namely, a Director, Development Worker, Finance/Research Officer, APO, Executive Officer and CO. With the operationalisation of the RDTFs, the additional staff assigned by the Department of the Taoiseach was much appreciated by the Team.

We are again most appreciative of the productive relationships we enjoy with the Department of Community, Rural and Gaeltacht Affairs and with the National Advisory Committee on Drugs (NACD).

The Mid-Term Review of the National Drug Strategy, which runs to 2008, published in June 2005, continues to provide a focus for the work and priorities of the Team. In this regard, the establishment of the *rehabilitation* working group in September was of key importance to the future work of the Task Forces given the numbers of people now on methadone maintenance. The inclusion of *family support* as a new action, naming the Team as a partner agency with the HSE and the Department of Social and Family Affairs is also significant given the impact of drug misuse on individual families. With *poly drug use* coming more into sharp focus, the inclusion of a review led by the Department of Health and Children to explore the potential for better co-ordination and synergies between drugs and alcohol areas was seen as timely and has the full support of the Team. Finally, given the increasing *prevalence of cocaine* the Team agreed in November to begin developing a position paper in conjunction with the NACD for presentation to Government.

I am happy to present this report covering the work of the Team for 2005 to the Minister of State with responsibility for the National Drugs Strategy, Mr. Noel Ahern T.D.

Padraic White
Chairperson

2. DIRECTOR'S REPORT

This report from the National Drugs Strategy Team (NDST), builds on the progress report presented to the Department of Community, Rural and Gaeltacht Affairs (D/CRGA) in late 2005 summarising the 2004 work programme of the Team.

This year again saw a period of further development and expansion of the work of the Team which included, on the administration side, the incorporation of project indicators to our LDTF 1 form and our data base in order to enhance our knowledge on project outputs as recommended by Goodbody Economic Consultants in an expenditure review commissioned by the Department of Finance. LDTFs also fed back information on the LDTF process itself (Appendix 4, Goodbody Expenditure Review process indicators). This gives a good overview of the extent of the partnership work involved in this SMI initiative, the sectoral representation of LDTFs and their Sub-Committees, and the level of satisfaction of LDTF members with the LDTF process during 2005.

Training was provided for all interim funded LDTF project personnel by staff in September on the enhanced LDTF form and there was ongoing work in relation to the assessment of projects submitted under the LDTF emerging needs fund and a significant expansion of our work in relation to Regional Task Forces in assessment of plans etc. The arrival of a full time Assistant Principal Officer Carmel Madden, from the Department of the Taoiseach in April along with Lorraine Cain, Clerical Officer on the return of Grainne Hynes to that Department was therefore timely and warmly acknowledged.

In all, 17 Team meetings and 32 sub-group meetings were held during 2005 along with quarterly meetings with the LDTF Coordinator Network and one meeting with the interim RDTF Coordinators. The composition of the Team, its terms of reference and the role of Team members are set out in Appendix 1.

The visits by President McAleese to a number of projects in six Task Force areas in January and November during which she met project participants and staff was highly valued and appreciated by all concerned in the communities.

The individual contribution of Team members in their liaison role with LDTFs and RDTFs during 2005 cannot be overstated. This vital role helps to maintain and develop close links and good working relationships with our local and regional structures, work that is not possible to maintain from a central base. In terms of local and regional project support, 318 projects were allocated a total of almost €8 million in 2005 and a further €1,615,760 was allocated to support the refurbishment of 7 premises. Details of all premises allocations made in 2005 are set out in Appendix 5 and under Emerging Needs are set out in Appendix 6. Details of all allocations to RDTF projects in 2005 are included in Appendix 7 and by LDTF in appendices 8-10.

The Work Programme in 2005, set out under four broad strands, aimed to consolidate and build on the substantial progress made during 2004. These are:

Strand	Sub-Group(s)
1	Local Drug Task Force Cocaine Evaluation
2	Regional Drug Task Force
3	Mid-Term review
4	Revitalisation process of the commitment by Departments and agencies to the NDST, LDTF, RDTF, IDG, Service Users

In addition a number of specific training needs were identified and progressed which are outlined in Section 1.5. All proposals emanating from Sub-Groups were subject to final decision by the NDST in a plenary session.

KEY ACHIEVEMENTS

2.1.4. Strand 1: Local Drugs Task Forces, Evaluation, and Cocaine:

- January: An application form, guidelines and assessment system for the new emerging needs and premises funds was finalised, agreed and disseminated.
- January: Final sign off and dissemination of the Revised LDTF Operational Guidelines.
- January: Citywide facilitated a meeting of LDTF community representatives, which was addressed by the Director.
- June: Guidelines were developed and disseminated to inform the assessment of Cross-Task Force (including potentially combined Local and Regional) Projects.
- July: Minister of State approval was given for the provision of LDTF project development workers and administrative assistance.
- June and November: Comprehensive proposals for the allocation of funding to projects and to support actions on premises were submitted to the Minister of State.
- August: Review initiated by the Team on the need for additional LDTFs in line with NDS action 85.
- September: Revised LDTF 1 forms were agreed, disseminated and put into operation though a series of training days for all projects.
- November/December: Annual interim funding allocations for 2006 for all LDTF projects were agreed and processed.
- December: D/CRGA approval was received to begin the process of evaluating all LDTF interim funded projects.
- December: The first in a series of seminars organised in conjunction with the NACD to build research capacity at Task Force level.

With regard to Cocaine:

- Four pilot projects were initiated and an action evaluation process agreed.
- A pilot training programme at three specific levels was developed and overseen.

- Approval was given by DCRGA that the Complementary Therapies dimension would be progressed via Blanchardstown LDTF.

2.1.2. Strand 2: Regional Drugs Task Forces

- March: RDTF operational guidelines (from April 2005) finalised and disseminated.
- April: Government approval secured by NDST for the HSE to permanently employ 10 Regional Coordinators.
- July and September: 10 RDTF plans were assessed and approved for initial funding in 2005 with an initial upper limit of €5 million.
- September-December: The HSE supported the recruitment process for the 10 Coordinator posts including the preliminary work, advertising (October), training for interviewers (November) and interview processes (December) with a view to having all Coordinators in post as quickly as possible. One person was in post by year's end.
- December: The NDST held an inaugural meeting in a regional venue in Kilkenny and also used the opportunity to meet with the South Eastern RDTF and pay visits to a number of projects in the area.

LDRF/RDTF combined actions:

- In September 2005, the Team prepared and presented a paper to the IDG on the consequences for statutory body representatives of Local and Regional Drug Task Forces becoming legally incorporated.
- Arising out of this, the Team investigated the potential to put in place a group insurance scheme for all LDTF, RDTFs and the NDST covering public liability, employers liability and directors and officers liability, with a view to having this in place by 2006.

2.1.4. Strand 3: Adjustments arising from the Mid-Term Review (MTR)

- January-May: The NDST contributed to the MTR through its Director and in liaison with the Team, the LDTF Chairpersons' and the Coordinators' Networks.
- The implications of the final report of the MTR for the priorities and focus of the Team were considered in the context of the work programme for the second half of 2005 and future work programmes:
 - June: A critical implementation path was submitted to D/CRGA in relation to Actions 108 and 83.
 - September: The Team nominated the Director as its representative on the D/CRGA led Rehabilitation Working Group.

2.1.4. Strand 4: Revitalisation

(of Commitment and Contribution of Government Departments and Agencies to NDST, LDTFs, RDTFs, IDG and Service Users)

- 31st May: The Team received a presentation on the key findings arising from the review of ringfenced CE LDTF places conducted by Dr Alan Bruce, Consultant, who had undertaken the review on behalf of FAS.

- July 14th: The Team and Chairpersons of the Local and Regional Drugs Task Forces met with the Taoiseach and the Tanaiste.
- October 3rd: A Local Task Force Conference, *Revitalising LDTFs*, was organised by the LDTF Chairs/Coordinators Networks, funded by D/CRGA, was held in the Royal Hospital Kilmainham.
- September: The Inter Departmental Group (IDG) was reconstituted by the Minister of State in September with the NDST being represented by its Chairperson.
- November 25th: The Voluntary Drug Treatment Network (VDTN) held a seminar in Mullingar to review and present its findings on participation on RDTFs and the NDST.

Looking ahead to 2006 the NDST staff and I look forward to further developing our management information systems and maintaining our support for the work with the Local and Regional Drugs Task Forces. In addition we will support the ongoing assessment of emerging needs proposals, premises and strategies, initiate the evaluation process for interim funded LDTF projects and maintain close links with and support our key stakeholders: LDTF and RDTF Coordinators and Chairpersons, the evolving National Voluntary Network and Citywide. We are fully committed to maintaining an efficient and quality customer service to all our stakeholders.

Thanks again to our chairperson Padraic for his ongoing support, clarity and professionalism, to my own staff for their efficiency, enthusiasm and consistent good humour and the staff in the D/CRGA with whom we maintain regular contact and who give us vital support including the Drugs Strategy Unit, the IT support staff and the Training Unit. Thanks also to the Local and Interim Regional Coordinators and their Chairpersons, Anna Quigley and the staff in Citywide, Jane Kenny, VDTN Coordinator, voluntary service providers, all of whom we look forward to working with during 2006.

Patricia O Connor,
Director

3. NATIONAL DRUGS STRATEGY TEAM SUB-GROUPS

- Local Drugs Task Force
- Regional Drugs Task Force
- Emerging Needs/Premises
- Cocaine
- Training
- Evaluation

The sub-groups met a number of times during the course of the year. Individual Team members participated on/chaired all Sub-Groups and had liaison roles with the Task Forces at local and regional levels.

The Remainder of the report outlines details the work in 2005 of the various Sub-Groups of the National Drugs Strategy Team.

3.1 Local Drugs Task Force Sub-Group

The LDTFs were set up in 1997 to facilitate a more effective response to the drug problem in the areas experiencing the highest levels of drug use. LDTFs are a partnership between the statutory, voluntary and community sectors. To date, LDTFs have been mandated to prepare and oversee the implementation of two sets of action plans (one in the case of Bray) that coordinate all relevant drug programmes in their areas under the four strands of the National Drugs Strategy namely education/prevention, treatment and rehabilitation, supply reduction and research and address gaps in service provision.

The LDTF Sub-Group, which includes two representatives from the LDTF Coordinators Network met on 16 occasions. Its work, in summary, focussed on the following areas:

- Overseeing the health of the 277 Round 2 projects and 36 Round 1 projects currently in operation.
- Developing and agreeing a revised LDTF 1 form to take account of the indicators proposed in the Goodbody Economic Evaluation (unpublished).
- This was followed in September by a series of training sessions undertaken by the support staff in relation to completing these forms.
- Agreeing with D/CRGA the payment of increments to all staff in interim funded projects.
- Monitoring the annual funding allocations of mainstreamed LDTF projects.
- A planning and review day was held on 18th January to agree its annual work programme for 2005.
- Completing the assessment of individual LDTF nett project development and administrative needs and submitting recommendations to the Team for sign off and submission to the Minister of State.
 - The funding package sought was €73,000 and this was approved in July 2005.
 - On approval by the Minister, monitoring progress on the recruitment process.
- Overseeing the administrative/development budgets for LDTFs.
- Finalising guidelines to facilitate assessment of Cross Task Force projects.
- Developing the assessment system for the Emerging Needs and Premises Funds.
- Finalising the updated LDTF Operational guidelines. As a first step NDST liaison persons presented details of the new schemes and the key elements of the revised operational guidelines at the February 2005 meetings of the LDTFs.
- Linking with the Traveller Drug Specific Initiative encouraging and developing participation by Traveller representation/links with Task Forces.
- In December, initiating a review of the Community Employment (CE) ring fenced places by LDTF aimed at establishing current take up and identify any issues that may have arisen.

The future of the Emerging Needs Fund and the previous 3-year planning cycle for LDTF funding and mainstreaming of interim funded projects are issues which the NDST will be focusing on during 2006.

3.2 Regional Drugs Task Force Sub-Group

The Regional Drug Task Forces (RDTFs) were initiated in 2002 to research, develop, implement and monitor a coordinated response to illicit drug use at regional level. They have to oversee multiple counties, a number of urban centres with differing degrees of drug problems and overall populations in their regions typically in the range 200,000 to 600,000. This is achieved through a partnership approach involving the statutory, voluntary and community sectors through the development of an integrated plan, which all organisations and support and are committed to implementing.

Each of the ten RDTFs and their sub-groups has maintained regular meeting schedules during 2005 and focused on the completion of three year strategies. In February, the Team developed guidelines to support the RDTFs in developing their strategies. By May, six strategies were submitted with the remaining four strategies submitted in September. Each of these ten strategies outline responses to illicit drug use and also focus on specific problematic areas in terms of pockets of illicit drug use and emerging needs in the regions. This data combined with information from the National Capture Recapture Study on Opiate Use, Garda seizures of illicit drugs, the National Drug Treatment Reporting System and the Central Methadone Treatment List has provided the basis upon which the NDST made recommendations in 2005 to the Minister Noel Ahern T.D., for funding. This has led to the approval of over 160 projects for funding across all the regions, spanning the main pillars in the National Drugs Strategy of treatment, research, rehabilitation, education and prevention.

A total of €252,500 was the amount of funding spent by RDTFs in 2005 on their operational costs with further expenditure of €380,700 funded in respect of 25 individual projects across three of the regions, listed in Appendix 7.

In 2005 Government support was secured by the NDST for the HSE to permanently employ 10 RDTF Coordinators. From September to December the HSE delivered on a national recruitment campaign for 10 RDTF Coordinator posts. This is major step for the RDTFs in helping them to focus on initiating projects and the implementation of the actions within their strategies. The team will continue to help build the capacity of the RDTFs through a comprehensive induction process for the new coordinators along with prioritising the recruitment of dedicated administrator and development workers in each task force.

The RDTF Chairpersons' Network held an inaugural meeting in July while the NDST met with the RDTF Chairpersons' Network on two occasions. In December, the NDST held an inaugural meeting in a regional venue in Kilkenny and also used the opportunity to meet with the South East RDTF and pay visits to a number of projects in the area.

The NDST supports the development and operation of RDTFs through its RDTF Sub-Group. Looking forward to 2006, the Sub-Group has identified priority actions around building capacity, governance, funding and implementation of action plans, drug specific community employment schemes, a working group on residential rehab, additional LDTFs within RDTFs, alcohol and evidence based responses to drug prevalence.

3.3 Emerging Needs and Premises Sub-Group

Emerging Needs

Following an announcement by the Minister of State on 8th January, the Team issued a call for proposals on 28th January to all Local Drugs Task Forces. Agreed criteria and application forms in respect of this fund were circulated at that time. In the interests of consistency and good order the guidelines indicated that a rolling assessment system would be applied with closing dates of the March, July and November 2005 for submission of applications. Following detailed assessment by a sub-group of the Team made up of relevant liaison personnel of applications received, an initial submission in support of ten projects was made in June. Of these five were approved in July.

The Team was made aware by the Minister of State in October that in fact an upper limit of €1 million was available to support proposals submitted. The Team had completed a second assessment process at that point and the upper limit resulted in a prioritisation of projects, which formed the basis of a further submission in November. The Team also proposed in the interests of maintaining a degree of momentum in relation to the work of LDTFs, to:

- Review the status of all outstanding projects, which had been submitted by the second deadline date of 31st July for assessment by the Team
- Review all other remaining projects, including all those submitted by the third deadline date of November 30th and decide on those to be recommended ranked in priority as additional allocations in €500k or €1million blocks as a result of any additional funding in the 2006 estimates

The Team also recommended that a pause should be taken following the November deadline, in order to proceed with a review of the process and guidelines.

In all, fifteen projects were approved under the Emerging Needs process by the end of 2005, which are listed in Appendix 5.

Premises

The Team agreed an updated application and reviewed and set down the criteria for this initiative early in 2005, which were widely disseminated to Local Drug Task Forces. As with the Emerging Needs Fund, a rolling assessment system was applied with closing dates of the March, July and November 2005 being applied for submission of applications to the Team following approval at Task Force level.

In all, a total of eight applications were received in 2005 under the premises initiative fund. Following details assessment by a sub-group of the Team, two submissions were made to the Minister of State in June and September 2005. The projects approved are listed in Appendix 5. From October 2005, the internal D/CRGA guidelines adapted from Department of Finance guidelines were applied to all applications under this initiative.

In addition, the Minister of State gave approval for the compilation of a detailed report of the work required on the proposed major refurbishment of 42 Manor Street, Dublin 7 in the North Inner City area to house a range of community based projects including the Gateway rehabilitation project.

3.4 Cocaine Sub-Group

The Cocaine Sub-Group developed a programme of pilot interventions to respond to cocaine use in a variety of settings. This was approved by the Team, and submitted the D/CRGA in September 2004. Funding of €400,000 was made available by the D/CRGA to implement these recommendations.

The pilot interventions were divided into:

- Four Pilot Projects
- Four Training Initiatives
- Educational Material

Pilot Projects:

There are 4 treatment pilot projects as follows;

- A cognitive/behavioural therapy package and a contingency management approach for intravenous cocaine users in the North Inner-City area;¹
- Group drug counselling, individual drug counselling, cognitive behaviour therapy and contingency management for poly-drug users in the South Inner-City;
- Peer support network model for problematic female cocaine users in the City Centre; and
- Problematic levels of recreational intra-nasal usage (mild usage described as ‘snorting usually at weekends’) in the Tallaght Area.

Goodbody Economic Consultants has been recruited to evaluate these interventions.

Training Initiatives:

During 2005, training was provided on raising cocaine awareness: 55 people attended 1-day workshops, and 49 people attended 2-day training courses training for front-line workers. The training was carried out and evaluated by Merchants Quay.

The evaluation of the training showed an increase in skills and knowledge,² and recommended further training.³

Training was also provided to 21 qualified counsellors (11 were nominated by LDTFs) working with cocaine/ stimulant misusers on a psychotherapeutic basis, in Cognitive Behavioural Therapeutic training, accredited by Leeds University.

A final part of the training is in complementary therapies. This will be led by Blanchardstown LDTF, and training will be carried out on Ear Acupuncture, Indian Head Massage and Reiki Healing.

¹ The roll-out of this project has yet to commence. However the training element commenced in 2005.

² At the outset of the training, just 4 out of the 104 participants rated their skills and knowledge in the region of 70 or more out of 90. At the end, 53 rated their skills and knowledge in this bracket. At the other end of the spectrum, prior to commencing the training, 52 out of the 104 participants rated their competency levels below 50 out of 90. On completing the course, only 2 people remained in the below 50 bracket.

³ The evaluation recommends training which focus on the needs of workers who wish to have knowledge of cocaine as part of dealing with clients with poly drug use and other courses which offer training to individuals who work with clients regularly whose primary drug of choice is cocaine, in a whole organisation approach.

3.5 Training

Although the Training Sub-Group was not in operation in 2005, several training seminars and courses were held during the year.

Seminars for RDTFs and LDTFs on legal incorporation

Due to requests for information from Local and Regional Drug Task Forces, information sessions were hosted by the NDST to examine issues around:

- Pros and cons of becoming a legal entity
- 'Hosting' contracts
- Employer responsibilities

This information was useful both for the Task Forces and also for Task Force projects.

The information session was delivered by 'Community Legal Resource' a not-for-profit organisation that works with the community sector. Over 30 people attended the two sessions in March: one in Dublin (facilitated by a Department of Education and Science venue) and the other in Portlaoise. These received positive feedback.

Out of these seminars, several papers were distributed:

- A paper discussing consequences for Task Forces becoming legal entities
- A template for Task Forces to incorporate, including:
 - Template for company limited by guarantee without share capital
 - Guidance on applying for incorporation and recognition as a charity
 - Checklist on good employment practice & procedures

Related to this, a Memorandum of Understanding regarding Task Forces entering into hosting arrangements to employ staff was developed and circulated.

Training on project and process indicators identified in the Goodbody Expenditure Review of LDTFs

The September 2005, several training sessions were held with LDTF projects to ensure clarity around the feedback on projects' progress to LDTFs.

From mid-2005, the Team updated the LDTF 1 form (the form used by all projects to outline activity and progress in order for the LDTF to recommend continued funding) This form was revised by the Team and signed off by Departments and Agencies in September 2005.

The revised form incorporates the indicators from the 'Goodbody Expenditure Review of LDTFs'. This information enables a significantly increased level of detail on project activity for all interim funded projects including target group, methods used, category of project, staffing levels and numbers of people accessing services. The revised form also incorporates a more rigorous financial feedback section. This gives a greater level of detail to the LDTFs regarding project expenditure; dividing activity into salary and programme costs.

The NDST staff carried out 3 information sessions for LDTF projects in September 2005 to ensure clarity regarding the new LDTF 1 form.

Training for community and voluntary representatives on LDTFs and RDTFs in consultation with Citywide and VDTN

The NDST also liaised with Citywide and the Voluntary Drug Treatment Network in their seminars with the community and voluntary representatives on Local and Regional Drugs Task Forces.

The Team also supported a FETAC accredited course on LDTF community representative training for 12 participants, initiated in 2005.

NACD Seminars to build capacity in relation to research:

A series of four research seminars was organised by the NACD, at the request of the NDST, aimed at building capacity to engage with research. The first of these was held in December 2005.

3.6 Evaluation Sub-Group

In 2005, the Evaluation Sub-Group's remit was to draft a tender document regarding the process that would be undertaken in the evaluation of LDTF interim-funded projects, and present this to the Team.

The evaluation Sub-Group comprised of NDST members, representatives from the LDTF Coordinators' Network and the National Advisory Committee on Drugs.

From January to April 2005, the Sub-Group met 3 times. A draft tender was presented to the Team in April; it was recommended that where project promoters run more than one project, these projects would be evaluated together. It was also recommended that LDTFs would carry out an internal evaluation on some projects with an annual budget of less than €50,000.

The NDST considered this process, and feedback was sought from Department, Agency and sector representatives. However, in April 2005 the Evaluation process went into abeyance as clarification was sought on mainstreaming of current interim funded projects.

In December 2005 the D/CRGA requested the NDST to begin the process of evaluating interim funded LDTF projects, following consent from channels of funding to enter into the evaluation process without prejudice to the mainstreaming issue.

4 APPENDICES

4.1 APPENDIX 1

4.1.1 Membership of the National Drugs Strategy Team

Name	Dept./Agency
Mr. Padraic White	Chairperson of the National Drugs Strategy Team
Ms. Patricia O'Connor	Director of the National Drugs Strategy Team
Ms. Carmel Madden (April onwards)	Dept of the Taoiseach based in the NDST
Mr. Tom Gallagher	Dept of the Environment and Local Government
Mr. Niall Cullen	Dept of Justice, Equality and Law Reform
Ms. Derval Howley (up to Feb) Mr. Cathal Morgan	Health Service Executive Eastern Region
Mr. John Harkin (up to Feb) Ms. Marie-Therese Martin	FÁS
Mr. Andrew Diggins	Dept of Education and Science
Mr. Fergus McCabe	Community Sector
Fr. Sean Cassin	Voluntary Sector
Mr. Barry O'Brien	Garda Síochana
Ms. Lousie Kenny (up to November) Ms. Anna May Harkin	Dept of Health and Children
Mr Padraig deStanlaigh	Dept of Community, Rural & Gaeltacht Affairs

4.1.2 NDST Support Staff

Name	Dept./Agency
Ms Aoife Davey	NDST
Ms Lisa Wafer	NDST
Mr Peter Walker	NDST
Ms Lorraine Cain	D/Taoiseach

4.1.3 Terms Of Reference Of The National Drugs Strategy Team

The terms of reference of the NDST, as defined in the National Drugs Strategy (Ref NDS action 85) are:

- To ensure effective co-ordination between officials from Government Departments and State Agencies represented on the NDST and members of the community and voluntary sectors in delivering the LDTF and RDTF plans;
- To review, on an ongoing basis, the need for LDTFs in disadvantaged urban areas, particularly having regard to evidence of localised growth or reduction in heroin misuse;
- To identify and consider policy issues and ensure that policy is informed by the work of and lessons from the LDTFs and RDTFs, through joint meetings with the IDG;
- To oversee the establishment of the RDTFs;
- To draw up guidelines for the operation of the LDTFs and RDTFs and oversee their work;
- To evaluate the LDTF and RDTF action plans, when submitted, and make recommendations to the IDG regarding the allocation of funding to support their implementation;
- To ensure that monies allocated by the Department of Community Rural and Gaeltacht Affairs to projects overseen by the NDST are properly accounted for;
- To prepare an annual report and present it to the Department of Community, Rural and Gaeltacht Affairs.
- To meet regularly with the co-ordinator of the National Alcohol Policy (Correct title: National Alcohol Policy Advisor) and, similarly, a member of the NDST should be represented on the body charged with the co-ordination of the National Alcohol Policy;
- To continue to be represented on the YPFSS National Assessment Committee and ensure that the LDTFs continue to be represented on the Development Groups for the Young People's Facilities and Service Fund (YPFSS);
- To be kept informed by Departments and Agencies of any relevant initiatives being taken that would affect LDTF or RDTF areas. In addition, membership of the NDST and LDTFs/RDTFs should be acknowledged and written into the business plans/work programmes of all relevant Departments and Agencies;
- To consider funding, on a pilot basis, training initiatives to strengthen effective community representation and participation in the LDTFs and RDTFs;
- To examine and advise the IDG on the feasibility of introducing a standards and accreditation framework for all individuals, groups and agencies engaged in drugs work. Such a framework should address issues such as standards, training, qualifications, etc.; and
- To continue to identify "best practice" models arising from the work of the LDTFs and RDTFs and disseminate them widely.

The Team reports to the Minister of State at the Department of Community, Rural and Gaeltacht Affairs who in turn provides regular updates to the Cabinet Committee on Social Inclusion. The Team Chairperson, through the NDS Inter Departmental Group (IDG), provides updates and advice to the Minister of State to assist him in fulfilling his role. The terms of reference of the NDST have remained unchanged as a result of the NDS Mid-Term Review (June 2005).

4.1.4 Role Of National Drugs Strategy Team Members

1. **Liaison Person Representing his/her agency or sector:**
 - To bring information, ideas, policies and proposals from his/her agency or sector to the NDST and provide appropriate feedback to the agency/sector.
 - To bring information, ideas policy and proposals from the NDST to his/her agency or sector and provide feedback to the NDST.
 - To assist, as appropriate, in the provision of induction and ongoing training/support to representatives from his/her agency or sector in relation to their work with the Task Forces.
 - To inform himself/herself on issues relevant to drug misuse, so as to enhance his/her contribution to the work of the NDST and his/her agency or sector's contribution to the work of the Task Forces generally.

2. **Liaison Person with LDTFs/RDTFs:**
 - To act as liaison to at least one LDTF, and to no more than two LDTFs.
 - The liaison person should attend every second meeting of the LDTF.
 - To attend all RDTF meetings during 2005 in view of crucial operationalisation phase. Where the nominated liaison person cannot attend, an alternative Team/staff representative should be nominated to attend as a substitute.
 - To concentrate on Regional Drug Task Force work not on sub-groups: retain participation to sub-groups if already committed - review and agree minimum attendance; If on planning sub-group retain commitment.
 - To feed back to the Local/Regional Task Force on the work of the NDST and on the overall implementation of the National Drugs Strategy.
 - To assist the Task Force in its work, through the provision of procedural and other appropriate advice.
 - To bring information, ideas and proposals raised by the Task Forces to the attention of the NDST and provide feedback as appropriate.
 - To highlight problems emerging which need Team attention.
 - To assist as appropriate where difficulties arise which could not be resolved at local or regional level.
 - To give advice to LDTF and RDTF Co-ordinators and Chairpersons.
 - Term of office should be reviewed every 3 years.
 - To maintain independent status and is not a voting member of the Task Force.

Notes:

It should be noted that contact between the liaison person and the Task Force is just one of a number of proposed channels of communications between the NDST and Task Force. Other channels include:

- Ongoing communication between the NDST secretariat and Task Force support staff of various operational matters (approval of funding, interim funding applications, etc.);
- Regular meetings between the NDST and the Chairpersons and Co-ordinators Networks;
- Representation of LDTF and RDTF Co-ordinators on NDST sub-committees;
- One-off conferences or workshops on specific issues;
- Regular contacts between NDST members and Task Force representatives from their agencies/sectors.

4.2 APPENDIX 2 –Chairs/Coordinators of Local Drugs Task Forces

LDTF	Chairperson	Coordinator
Ballyfermot	Mr David Connolly	Mr Frank Gilligan
	Cherry Orchard Hospital Ballyfermot Dublin 10	
Ballymun	Mr Mick Cowman	Mr Hugh Greaves
	Axis Centre Main Street Ballymun Dublin 9	
Blanchardstown	Mr Philip Keegan	Mr Joe Doyle
	22(a) Main Street Blanchardstown Dublin 15	
Bray	Mr Brendan Maloney	Ms Niamh Mc Alinden
	Bray LDTF Unit 2, First Floor 24 Florence Road Bray Co. Wicklow	
Canal Communities	Mr Tony Mac Carthaigh	Ms Mary Ryder
	Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	
Clondalkin	Ms Fidelma Twomey	Mr Enda Barron
	Unit 5 Oakfield Clondalkin Dublin 22	

LDTF	Chairperson	Coordinator
Dublin N.E.	Mr George Ryan	Mr Tom O'Brien
	Le Chéile Collins Avenue East, Donnycarney Dublin 5	
Cork	Cllr. James Corr	Mr David Lane
	Community Care Office St Finbarrs Hospital Douglas Road Cork	
Dublin 12	Mr Brian Nugent	Ms Aoife Fitzgerald
	Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	
Dun Laoghaire/ Rathdown	Ms Grainne Burke	Mr Jim Doherty
	Centenary House 35 York Road Dun Laoaghire Co. Dublin	
Finglas/Cabra	Mr Joey Furlong	Mr John Bennett
	Finglas/Cabra LDTF Tolka Clinic 121 Broombridge Close Ballyboggan Road Dublin 11	
North Inner City	Ms Maureen O'Sullivan	Mr Mel MacGiobuin
	22 Lower Buckingham St. Dublin 1	

LDTF	Chairperson	Coordinator
South Inner City	Mr Tom Brunkard	Mr Colm Browne
	Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	
Tallaght	Ms Anna Lee	Ms Lisa Baggott
	Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	

4.3 APPENDIX 3 - Chairs/Coordinators of Regional DTFs

RDTF	RDTF Chairperson	RDTF Coordinator
Midland	Mr Jack Taffe	Mr Bill Ebbitt
	Midland Health Board Health Promotion Service The Old Maltings Coote St Portlaoise Co Laois	
Mid-Western	Mr Tom Gleeson	Ms Maria McCully/ Mr Rory Keane
	Drugs Strategy Co-ordinator Mid Western Health Board Unit 4, Mount Kenneth Dock road, Limerick	
North Eastern	Mr Pat Shields	Dr Nazih Eldin
	Health Promotion Unit North Eastern Health Board Railway Street Navan Co Meath	
North West	Mr Loman Conway	Ms Patricia Garland
	Addiction and Counselling Services North Western Health Board Charter House Old Market Street Sligo	
Southern	Mr Kevin Davis	Mr Willie Collins
	Coordinator Drugs and Alcohol Services Southern Health Board St Finbarrs Hospital Douglas Road Cork	

RDTF	Chairperson	Coordinator
South East	Mr Cyril Darcy	Mr Tony Barden
	Regional Drugs Co-ordinator South Eastern Health Board First Floor Beech House Cove Roundabout Dunmore Road Waterford	
Western	Mr Padraic Hughes	Ms Fiona Walsh
	Regional Drugs Co-ordinator Western Health Board Drugs Services 64 Dominic Street Galway	
East Coast Area (Dublin region)	Mr John O'Brien	Ms Siobhan Turner
	East Coast Area Health Board Block B, The Civic Centre, Main Street, Bray, Co. Wicklow	
Northern Area (Dublin region)	Ms Eleanor McEvoy	C/O Pat Dunne, ACE
	HSE Northern Area Swords Business Park Balheary Road Swords, Co. Dublin	
South West Area (Dublin region)	Fr Sean Healy	Mr Maurice Farnan
	Drug and Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	

4.4 Appendix 4: Goodbody Expenditure Review Process Indicators

Introduction

The Goodbody Expenditure Review identified a number of indicators to measure LDTF processes. These are:

- The number of LDTF meetings: the number of meetings attended by LDTF members annually
- The number of person-days that attendance at meetings equates to: the number of persons-days of attendance at meetings by LDTF members annually
- The number of LDTF coordinator external meetings: the annual number of non-project related meetings attended by the LDTF coordinator with entities external to the Task Force
- Stakeholder satisfaction rating: the number and proportion of LDTF members who expressed themselves ‘satisfied’ or ‘very satisfied’ with the LDTF process, when asked to rank the process on the usual Likert scale.

Data Limitations

- The process indicators provide a snap shot on overall activity. However, there are limitations to the data.
- All LDTFs did not respond; 6 LDTFs provided full information on the indicators, 2 LDTFs provided part information.
- Table 1 indicates the level of satisfaction that LDTF board members have with the overall LDTF process. Several TFs indicated that the question was too broad to be of any real relevance. The option of ‘no opinion’ was also considered to be lacking. One TF commented that ‘this represents the internal process only. Virtually all members asked that their positions be reversed if the process was to include the process external to [this] LDTF’.
- Tables 2 and 3 outline the number of meetings and the number of hours that these equate to. However, this does not inform on the quality of participation, the work done in preparation for meetings, the follow-up to meetings, and the time spent commuting to and from meetings.
- Table 4 provides a list of coordinator external meetings. This data is limited again, as a full list and categories were not provided to coordinators. Thus, these are the main areas of external meetings, rather than a comprehensive list of total meetings.

Table 1: The Number and proportion of LDTF members who expressed themselves as ‘satisfied’ or ‘very satisfied’ with the LDTF process, when asked to rank the process on the usual Likert scale”

Satisfaction	SIC	Canal	Blanch	Ballyf	Clond	Tallaght	Average No: 6 LDTFs
Strongly satisfied	2	18	10	8	4	3	7.5
Somewhat satisfied	11	4	6	0	12	17	8.3
Undecided	1	1	5	3	0	0	1.7
Somewhat dissatisfied	3	0	0	1	1	0	0.8
Strongly dissatisfied	1	0	1	0	0	0	0.3

Table 2: LDTF Board Meetings: Number (and hours) of LDTF board meetings attended by sectors

	SIC	Canal	Blanch	Ballyf	Clond	Bray	Tallaght	Dub NE			
Total no of Meetings	11	10	11	11	10	9	10	12			
										<i>TOTAL No. of Meetings Attended:</i>	
										8 LDTFs	
LDTF Meetings attended by:											% of meetings per sector
Statutory reps	43	38	56		49	30	48	34		298	32%
Community reps	45	35	39		24	29	56	48		276	29%
Voluntary reps	27	48	35		43	5	0	24		182	19%
Co-ordinator	11	10	10			8	9			48	5%
Political reps	4	7	11		0	7	9	4		42	4%
Chairperson	11	9	11			6	7			44	5%
NDST Liaison	9	4	6		1	6	6	4		36	4%
Partnership		3				9				12	1%
No of hours at	300	308	336	338	230	403	270	720	2905 hours	938 Meetings	

Equated to number of person years: based on a 7-hour day, a five-day week and a 220-day working year (7,700 hours/year)
 An LDTF spends on average 363 hours at LDTF meetings= 5% of a full-time person year on average per LDTF

Table 3: LDTF Sub-Committee Meetings: Number (and hours) of LDTF board meetings attended by sectors

	SIC	Canal	Blanch	Clond	Bray	Tallaght	Dub NE			
Total Number of meetings										
									TOTAL No. of Meetings Attended: 7 LDTFs	% of meetings per sector
Voluntary reps	40	22	347	53	0	16	38		516	35%
Community reps	77	54	65	35	20	64	130		445	30%
Statutory reps	30	34	124	42	30	52	72		384	26%
Coordinator	0		53		12	20			85	6%
Chairperson	25		10		0	12			47	3%
Political reps	4	0	0	0	2	6			12	1%
No of hours	294	220	1513	295	104	342	600	3368 Hours at Sub-Committee Meetings	1489 Meetings	

Equated to number of person years: based on a 7-hour day, a five-day week and a 220-day working year (7,700 hours/year)
 An LDTF spends on average 481 hours at LDTF Sub-group meetings= 6% of a full-time person year on average per LDTF

Table 4: LDTF Coordinator External Meetings: The annual number of non-project related meetings attended by the LDTF Coordinator with entities external to the Task Force

	SIC	Canal	Blanch	Ballyfer	Clond	Tallaght	Dub NE	TOTAL Number of Meetings: 7 LDTFs
No. of LDTF co-ord external meetings	52	60	84	84	128	106	63	577
RDTF	20	20	7		19	20	2	88
Partnership	6	20			21	9	20	76
RAPID	10		8		10	19	10	57
Coordinators' Network		11	13	4	8	10		46
Cohesion Group/Local Dev Gp/Councils/CDP/SIMS			14	18	4	8		44
Project Management					32		8	40
NDST/NDST Sub-groups		3	9		9	16		37
Other	10			10		5	10	35
SCP			5	16		4	4	29
Coordinator and Chairs Network		6	5	4	5	4		24
Project Cees/steering groups				17				17
Equal			14					14
Roofs (Homelessness)			6	4				10
Drug Education Programme					8			8
CE Working Group						8		8
Networks: Vol/Educational				7				7
SAYS	6							6
Community Rep. Forum					6			6
Prison Link					6			6
HSE							5	5
URBAN				4				4
Probation & Welfare							4	4
YPFSF						3		3
Citywide			2					2
Hyper Magazine			1					1

4.5 APPENDIX 5 - Capital Projects Granted Funds In 2005

Project Name	Amount Sanctioned
Blanchardstown LDTF –Tolka River Project	€75,000
Ballymun LDTF - Community Addiction Centre	€52,760
Finglas/Cabra LDTF –LDTF Refurbishment	€30,000
Finglas/Cabra LDTF reallocation – Wellmount Health Centre	€450,000
Clondalkin LDTF –Cumas Project	€158,000
NIC LDTF – Open Heart House	€50,000
Tallaght LDTF – Kiltalown House	€100,000
Total	€1,615,760

4.6 APPENDIX 6 - Emerging Needs Projects Granted Funds In 2005

Project Name	Amount Sanctioned
Blanchardstown LDTF – Community Policing Forum	€60,000
Blanchardstown LDTF – Counselling Support for CDTs	€40,000
Ballymun LDTF - GP Community Partnership Addiction Pilot	€53,600
Dublin NE LDTF – Howth Peninsula Drugs Awareness Group	€44,934
Dun Laoghaire Rathdown LDTF - Barnardos Childcare Project	€13,904
Ballyfermot LDTF – Ballyfermot STAR (Dedicated Cocaine Service)	€7,670
NIC LDTF – SNUG Counselling	€22,400
Canal Communities LDTF – Outdoor Pursuits	€13,780
Dublin LDTF - Croí Nua	€100,000
Dublin LDTF – Ciall	€200,000
SIC LDTF - Ashleigh House	€100,000
SIC LDTF - Outreach Worker, Donore CDT (extension to existing P/T position)	€25,000
SIC LDTF - Family Support Worker, CASADH	€35,832
Finglas/Cabra LDTF – Dedicated Cocaine Project Worker (FAST)	€48,615
Finglas/Cabra LDTF – Colaiste Eoin Equine Programme	€14,144
TOTAL	€849,879

4.7 APPENDIX 7 - Summary Of Funding 2005 By RDTF

South Eastern RDTF	
Project Name	Funding €
Administration/Development Fund	€23,810
Alcohol & Substance Misuse Campaign	€10,000
Ballybeg Drug Awareness Week	€3,700
Carlow/KK CBDI	€14,250
Carlow/KK Drugs Awareness Week	€10,500
Ceim Eile	€30,000
Co. Waterford CBDI	€11,390
Community Drugs Network	€1,000
Croi Nua	€16,250
Development Worker	€2,500
Extension of Frontline Project	€1,000
Facilitation Training Programme	€2,000
Family Support Group	€1,100
Healthy Choices/Health Decisions	€13,000
Intercity/Ferrybank CBDI	€12,500
Ossary Youth Programme	€3,000
Parent to Parent Brochure	€5,000
Small Grants Fund	€30,000
Southside CBDI Art Programme	€2,500
St. Francis Farm	€40,000
Wexford Area Partnership/Cornmarket Project	€45,000
Young Persons Guide to Survival	€1,000
South Eastern RDTF Total	€332,500
Southern RDTF 2005:	
Project Name	Funding €
Small Grants Fund	€13,200
Educational Seminars	€10,000
Southern RDTF Total	€23,200
Mid-Western RDTF 2005:	
Project Name	Funding €
Aljeff Treatment Centre	€25,000
Total Funding to RDTFs 2005	€380,700

4.8 APPENDIX 8-10 - Summary of Funding & Project Details by LDTF

Appendix 8: Details the funding allocated to each LDTF project on 'initial' and 'interim' funding (the first and subsequent tranche of funding). The report is detailed by LDTF and is divided into 'Round 1' and 'Round 2' projects. Round 1 refers to the projects from the first round of LDTF strategies, c. 1997. While the majority of round 1 projects were mainstreamed after successful evaluation in 2001, some remained on interim funding. Round 2 projects refer to the projects emanating from the second LDTF strategies.

Appendix 9: Details the target groups that the projects work with. These are the target group categories identified in the Goodbody Expenditure Review, 2005:

- Adult drug users (over 18 years)
- Young drug users (under 18 years)
- Recovering/Stabilised drug users
- Prisoners and recovering prisoners
- Homeless drug users
- Families of drug users
- Children/young people (at risk) and their families
- Service providers
- Community residents
- Other

Please note that where projects have no categories ticked, these are projects on initial funding in 2006.

Appendix 10: Details the outcomes of the LDTF projects in 2005. Projects were asked to categorise themselves as per the Goodbody Expenditure Review (2005) categories:

- Access to treatment and rehabilitation
- Treatment and harm reduction for drug users
- Rehabilitation of drug users
- Education and prevention
- Family support
- Supply control
- Education and training of drug workers
- Research
- Other

The report provides the aggregate outputs for categories of projects. As projects can tick one or more of these categories, the outputs cannot be aggregated across categories, as this would be double counting.

The output indicators, as defined in the Goodbody Expenditure Review (2005) are the following:

'Project employment': The full time equivalent person years of employment. Part-time and seasonal employment converted to person years on the basis of a 7-hour day, a five-day week and a 220-day working year.

‘Number of cases’: the number of separate individuals to whom services were provided within the year.

For activity that was delivered on an individual basis:

‘Number of visits’: the number of times the service was used during the year.

‘Number of cases closed’: the number of cases in the year where the education, training, treatment, rehabilitation or family support service offered to the client was successfully delivered and service is no longer availed of. Successful delivery means that the client is no longer regarded as being in need of that particular service.

For activity that was delivered on a group basis:

‘Number of session-hours’: the number of sessions in the year by their duration in hours.

‘Number of participant-hours’: annual number of attendances at sessions by duration of attendance in hours.

‘Number completed courses’: Number of individuals in the year who successfully completed courses in education, training, treatment rehabilitation or family support services and who no longer avail of that particular service. Successful completion means that the person attended at least 65 per cent of the sessions offered.

For any methadone treatment services:

‘Number not misusing’: the numbers and proportion of those in drug substitution treatment that are not misusing drugs at end September of each year.