

Rabbitte revisited: the *First Report*
of the Ministerial Task Force on
Measures to Reduce Demand for Drugs –
ten years on

SHANE BUTLER

*Shane Butler is a Senior Lecturer at the School of Social Work and Social Policy,
Trinity College Dublin*

Introduction

During the autumn of 1996 two official reports dealing with what might broadly be described as substance misuse were published in Dublin. One of these, *National Alcohol Policy – Ireland*, which emanated from the then Department of Health and was published by the Stationery Office, was a beautifully produced document, reflecting the six years it had been in preparation and the amount of drafting, editing and design work put into its final format. The other, the awkwardly named *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* (which will be referred to hereafter by its more common title as the ‘Rabbitte Report’), had been produced in three months by a task force of seven ministers of state, chaired by Pat Rabbitte, Minister of State to the Government. Understandably, the Rabbitte Report was somewhat lacking in production values: it had a lurid maroon cover, no ISBN, no indication of which government department had published it and, at least to the academic reader, it bore a strong resemblance to an undergraduate group project which had been cobbled together in desperate haste. However, to the joy of those who argue that there is an inverse relationship between the glossiness of an official report and its actual impact on public policy, the Rabbitte Report had immediate and lasting effects while the national alcohol policy proposals sank more or less without trace.

The aim of this paper, written on the occasion of Rabbitte’s tenth birthday, is to revisit the report by examining its main recommendations in the context of both the Irish drug policy scene and the wider public policy arena of 1996, and by looking critically at how it has influenced ongoing drug policy in this country over the past decade.

The Rabbitte Report: background and context

The historical evolution of recent public policy on illicit drugs in Ireland – starting with what in retrospect was a relatively minor matter of young people experimenting with ‘soft’ drugs in the late-1960s, but changing radically with the advent of injecting heroin use in Dublin from about 1980 onwards – has been studied in detail elsewhere (Butler, 2002). From an ideological perspective the major dilemma for Irish, as for all, drug policy makers is to decide where and how explicitly to choose a place on the spectrum of possible drug policy positions. At one end of this spectrum there is the highly moralistic option of waging ‘a war on drugs’, as favoured by the United States of America (Bewley-Taylor, 1999) and as reflected in the international drug conventions of the United Nations; increasingly, the middle ground consists of the pragmatic preference for using strategies such as methadone maintenance or needle exchange schemes for injecting opiate users, which are simply aimed at reducing drug-related harm while having no aspiration to the creation of a drug-free society (Butler and Mayock, 2005); while, the other extreme, which as yet has not been implemented anywhere, is the libertarian ideal of legalising all psychoactive drugs, thereby leaving individual citizens free to use drugs if they so wish but also with personal responsibility for problems arising from such drug use (Szasz, 1992). From a more mundane administrative perspective, and particularly as research evidence has accumulated about the range of personal and environmental factors which contribute to problem drug use (Advisory Council on the Misuse of Drugs, 1998), one of the most difficult tasks for national governments has been to integrate or ‘join up’ the efforts of all governmental sectors which can be seen to have a legitimate contribution to make to drug policy.

The circumstances which led to the establishment of the Rabbitte task force in mid-1996 seem, in retrospect at least, reasonably clear. At this time Ireland was just about to assume the Presidency of the European Union, and one of the issues on which it proposed to take a leadership role was drug policy.

Domestically, however, Ireland did not appear to be well placed to act as a role model for other EU countries; drug problems had been a cause of concern in Ireland for almost thirty years and Dublin was already sixteen years into its so-called 'opiate epidemic', but neither the 'top-down' nor the 'bottom-up' drug policy structures appeared to be working satisfactorily. From a top-down perspective, the Department of Health had been involved since 1972 in sporadic but ultimately fruitless attempts to play a co-ordinating role in drug policy for the wide range of statutory and voluntary bodies involved in this field; committees based within the Department of Health and variously named the *Inter-Departmental Committee on Drugs*, the *National Co-ordinating Committee on Drug Abuse* and the *National Co-ordinating Committee on Drug Misuse* had struggled unsuccessfully over the years to keep all of the stakeholders involved and committed on an ongoing basis to the drafting and implementation of integrated policies appropriate to the changing drug scene (Butler, 2002). Attempts of a bottom-up nature to involve community and locally-based voluntary groups in the policy process proved to be equally fraught. During the first decade of Dublin's heroin problem, the Eastern Health Board (the statutory health authority for the city at this time) had been implacably opposed to sharing power with community groups from urban areas with a high prevalence of drug problems, favouring instead preventive and treatment responses which were centrally based and professionally delivered (Cullen, 1990). Even after such community-based activities had been recommended in the *Government Strategy to Prevent Drug Misuse* (1991) and after the Eastern Health Board had embarked on the creation of a network of decentralised treatment services, collaboration between the statutory authorities and the community and voluntary sectors continued to be problematic; for instance, a flagship attempt to create a *community drug team* in Ballymun, as a partnership venture between the Eastern Health Board and the Ballymun Youth Action Project, foundered in a welter of confusion and mutual recrimination (Forrestal, 1996). Perhaps the government of the day, the 'Rainbow Coalition' which was less than a year away from a general

election, might have lived with this rumbling discontent about its handling of drug policy had it not been for the murder in June 1996 of Veronica Guerin, an investigative journalist who had written extensively of the drugs-crime nexus in Dublin. This murder, which reinforced popular fears that the government had lost control of the illicit drugs scene, seemed to be the catalyst for a range of legislative and policy responses aimed at tackling Dublin's drug problem and reassuring the public about the government's determination in this regard. Many of these responses, of which the creation of the Criminal Assets Bureau was perhaps the best-known, were 'supply-side' initiatives, using criminal justice sanctions in an effort to cut off or at least reduce potential users' access to illicit drugs. However, in recognition of the fact that such supply-side initiatives were unlikely to lead to total victory in this 'war on drugs', the government also established the Rabbitte task force, charging it with the task of making recommendations on 'measures to reduce the demand for drugs'.

In addition to understanding the general context within which it was set up, it is also important to identify the specific policy influences which were to make an impact on the Rabbitte group over the course of its brief working life; in retrospect, there appear to have been two such influences – one primarily in the sphere of central government and one of a grass-roots or civil society nature – which merit discussion here.

During the early 1990s the broad issue of public sector reform, and the desirability of introducing management systems associated with the private sector, returned to prominence in Ireland; fortuitously, just two months prior to the setting up of the Rabbitte task force a second report on the Strategic Management Initiative (SMI), Ireland's version of what is commonly described as New Public Management, had been published by the senior civil servants with responsibility for introducing these reforms into Irish public sector management. The report in question, *Delivering Better Government* (1996), while generally focusing on the necessity to have clearly stated

policy objectives which should be achieved with the use of evidence-based strategies, looked specifically and in some detail at complex policy issues which could not be managed or resolved within 'the functional remit and skill base of a single Department or Agency' (14). This report referred to these as 'cross-departmental' issues (in subsequent policy debate it became more common to describe them as 'cross-cutting' issues), suggesting that traditional public service culture and structures encouraged central government departments and other statutory agencies to defend their own interests and work in isolation from one another, rather than to collaborate in managing these policy issues which cut across existing agency boundaries. As a means of improving public sector responses to these cross-cutting issues, *Delivering Better Government* recommended the creation of the following dedicated structures:

- cabinet sub-committees to deal with specific complex issues;
- nominated 'lead' departments to play a co-ordinating role for such issues;
- allocation of responsibility for policy co-ordination to a specific minister or minister of state within the 'lead' department;
- 'cross-cutting' teams or structures with specific responsibility for ongoing management of the policy issue in question.

The drugs issue was one of those complex policy issues identified as appropriate for the development of this new approach to policy co-ordination.

The second policy influence which was to prove important for Rabbitte and his committee was the emergence of a community-based movement known as the Inter-Agency Drugs Project (IADP) within the north inner-city of Dublin. Other grassroots anti-drugs movements, such as Concerned Parents Against Drugs (CPAD) which had operated through the 1980s or the Coalition of Communities Against Drugs (COCAD) which was active during the mid-1990s, had been controversial in that their attempts to create informal policing systems had drawn them

into regular conflict with statutory health, justice and housing authorities, with the anti-drug activists being described as 'vigilantes' (Bennett, 1988; Lyder, 2005). The IADP, however, had its origins within a broader community development movement, the Inner City Organisations Network (ICON) and, while not averse to organising public protest, was less adversarial and philosophically more amenable to working with statutory bodies within the then dominant social partnership movement (O'Donnell and Thomas, 1998).

The Rabbitte Report: recommendations and implementation

The somewhat muddled format of the Rabbitte Report reflected the speed with which it was produced and the sense of urgency felt by those ministers of state responsible for its production. However, in terms of its content, there were two main, interrelated themes which emerged most clearly from this document: one of these was the acknowledgement that problem drug use could not be explained satisfactorily in individual terms but must be considered in relation to wider structural factors, including poverty, educational disadvantage, unemployment, high localised crime rates and housing difficulties; the second was the need to create policy structures which on an ongoing basis would recognise and respond appropriately to the complexity of drug-related problems.

A decade later, the decision to view heroin problems in the context of what is now commonly referred to as 'social exclusion' may seem mundane and self-evident, but it should be borne in mind that despite strong, supporting epidemiological evidence, Irish policy makers had never previously accepted this perspective in such an explicit or unequivocal way. The idea that heroin problems could validly be seen as just one of the many faces of urban poverty was argued throughout the Rabbitte Report, but most emphatically perhaps in the chairman's single-page preface, supported by an appendix (Appendix 3) which mapped the geographic distribution of people receiving

treatment for drug problems in the Dublin area. In his brief preface, Rabbitte argued forthrightly that Ireland's drug problem was essentially a heroin problem existing in those local authority housing estates in Dublin where, borrowing the words of the political philosopher Hobbes, he described life as having become 'nasty, brutish and short'. Appendix 3 simply used colour-coded maps which provided graphic proof that treated drug misuse was not randomly distributed across Dublin, but instead clustered in areas designated as socially disadvantaged. The epidemiological data summarised in these maps could not conceivably be regarded as new, since the linkage between social deprivation and heroin use had consistently been evident in the data produced by the Health Research Board's reporting system on treated drug misuse in Dublin (e.g. O'Higgins, 1996). Indeed the very first prevalence study of heroin use in Dublin (Dean, Bradshaw and Lavelle, 1983) – carried out during 1982 and 1983 by the Medico-Social Research Board, a forerunner of the Health Research Board – had expressed sentiments very similar to those of Rabbitte, concluding that:

[I]t is difficult not to think that these young people in North Central Dublin are the victims of society. They live in a dirty, squalid, architecturally dispiriting area; education seems to provide no mode of escape; unemployment is their almost inevitable lot ... crime the societal norm; imprisonment more likely than not; heroin taking is regarded as commonplace by quite young children; current treatment and rehabilitation seem to hold little in the way of answers to their heroin abuse. (26-27)

Following this first prevalence study in 1983, the government of the day established a *Special Governmental Task Force on Drug Abuse* which, like the Rabbitte committee, consisted of ministers of state who quickly submitted their report to government. However, the government did not publish the full report of this task force and it was not until several years later, when it was leaked to interested parties, that it became apparent that the government had ignored its primary ideological thrust – which

was to view problem drug use as primarily determined by environmental factors and to recommend selective targeting of resources at identified, high-risk urban areas. Instead, official policy on drug issues was largely dominated for the next decade by individualistic ideas which purported to explain problem drug use by reference to poor decision making by individuals who, for a variety of poorly-understood reasons, opted to use dangerous drugs (Butler, 1991, 139-143).

In addition to this decision to approach problem drug use from the perspective of social exclusion, the other major theme of the Rabbitte Report was that dealing with the necessity to create policy structures which might effectively co-ordinate all of the various stakeholders involved in this sphere. The range of governmental sectors which had been identified as relevant to drug policy was reflected in the makeup of the Rabbitte committee, whose members represented such diverse interests as health, child care, education, youth and community work, social welfare, local government and housing; the absence of a minister of state representing the criminal justice sector, which has always played a key role in enforcing misuse of drugs legislation, may be explained by reference to the fact that this was a committee which was concerned with demand reduction rather than supply reduction, but is nonetheless noteworthy. In any event, Rabbitte drew explicitly on the SMI proposals already referred to in framing its policy structures:

The drugs problem is what the Strategic Management Initiative in the Public Services describes as a 'cross-cutting' issue which cannot be dealt with satisfactorily by any one Department. A large number of Departments and their supporting agencies are directly involved in the fight to reduce both the supply and demand for drugs. If the programmes and services which they provide are to be delivered in an effective, efficient manner, it is absolutely essential that practical and workable arrangements be put in place to ensure a coherent, co-ordinated approach (*First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs*, 12).

Drawing on this management philosophy, Rabbitte went on to propose what was described as a 'matrix of structural arrangements for delivery of services' (21) consisting of three layers: a Cabinet Drugs Committee, to be chaired by the Taoiseach; a 'cross-cutting' National Drugs Strategy Team, consisting of senior personnel from relevant government departments, related executive agencies and representatives from the voluntary and community sectors; and eleven Local Drugs Task Forces (LDTFs) to integrate policy and practice in those areas identified as having a high prevalence of problem drug use. As can be seen, these proposed arrangements were intended to combine top-down features – and there can be no higher policy structure than a cabinet committee – with bottom-up structures in the shape of LDTFs, aimed at facilitating the involvement of local residents in partnership with locally-based representatives of statutory services. In recommending the creation of the LDTFs Rabbitte drew explicitly upon the experience of the Citywide campaign, declaring itself 'impressed with the positive impact of the Inter-Agency Drug Project in Dublin's North Inner City (45)'. Ideologically, the creation of LDTFs – which would serve as vehicles for selectivist or targeted funding of drug prevention initiatives in those areas identified by the epidemiologists as being most vulnerable to drug problems – was a practical reflection of this new political willingness to see drug problems in structural rather individualistic terms. Thus, rather than blaming socially excluded urban dwellers for their folly in using the most risky drugs in the most risky ways, the government was now proposing to invest in a broad range of policy measures which, by generally tackling social exclusion, might specifically lead to a reduction in the prevalence of such drug use.

These recommendations were quite radical but equally impressive was the determination of the political system to move ahead quickly with their implementation. The Rainbow Coalition and the Fianna Fail/Progressive Democrats coalition which replaced it in the early summer of 1997 appeared to share a sense of political urgency with regard to drug policy, and by the end of this year the Local Drugs Task Forces had been established

and many other features of what was to become known as the National Drugs Strategy had been set in place. The main structures within this national policy framework were:

- a Cabinet Committee on Social Inclusion – which was nominally different from what Rabbitte had recommended but which reinforced the ideological shift towards viewing serious drug problems from the perspective of social exclusion;
- a ‘lead’ department, initially the Department of Tourism, Sport and Recreation but, following the reordering of central government departments in 2002, the Department of Community, Rural and Gaeltacht Affairs which went on to set up its own Drugs Strategy Unit ;
- a minister of state who was allocated special responsibility for the National Drugs Strategy within this ‘lead’ department;
- the establishment of a ‘cross-cutting’ National Drugs Strategy Team (NDST), made up of representatives of central government departments and other statutory bodies as well as representatives from the community and voluntary sectors;
- an Inter-Departmental Group on Drugs (IDG) (consisting of senior civil servants) which advises the Cabinet Committee on Social Inclusion and monitors the overall implementation of drug policy.

In 2001, following an extensive process of review and consultation, these basic structures were retained and incorporated into a new and formally designated National Drugs Strategy based upon a new policy document *Building on Experience: National Drugs Strategy 2001-2008*. This document, which was a model of managerialism, set out detailed aims and objectives, specified actions considered necessary for the attainment of these aims and objectives, and identified the agencies which were deemed accountable for carrying out these actions. Time-frames and key performance indicators were also provided for this strategy which was described as resting upon four ‘pillars’: *supply reduction, prevention* (a somewhat ambiguous phrase which referred to education and public awareness), *treatment* and *research*. In 2005 a mid-term review of the

implementation of the strategy was completed and published (*Mid-term Review of the National Drugs Strategy 2001-2008*, 2005), again presenting its findings in managerial terms on the degree to which the various actions had been achieved. This mid-term review was broadly positive of the way in which the strategy was working, while also concluding that ‘some adjustments are required in order to **refocus priorities** and **accelerate the roll-out** and **implementation** of the various key actions in the remaining period of the Strategy up to 2008’ (62; bold in original). It was recommended specifically that the existing four pillars should be added to through the creation of a new ‘rehabilitation’ pillar (62). By the time the mid-term review was conducted, progress had been made on creating Regional Drugs Task Forces based within the previously existing regional health board areas, to complement the work of the existing Local Drugs Task Forces – which operated in smaller urban areas with a high prevalence of problem drug use and which by this time had been funded for two rounds of ‘action plans’ at this local level.

National Drugs Strategy: a shaky edifice?

Ten years on, it is clear that the impressive edifice which is our National Drugs Strategy – with its pillars, multi-layered and cross-cutting structures and general appearance of effective and efficient management – had its origins in the Rabbitte Report of 1996. However, whether one should accept at face value that this strategy has been shown by independent evaluation to be largely successful in attaining its goals of delivering joined-up and effective responses to the problems of illicit drug use is considerably less clear.

Over the past century and in all countries which have developed public policy responses to drugs, the dominant and abiding tension has been between two conflicting perspectives: one based within a healthcare or therapeutic paradigm and the other within a criminal justice or legal paradigm. In the former, drug users are viewed as pathological and in need of therapy, while in the latter they are viewed as immoral rule-breakers deserving of exemplary

criminal justice sanctions. More than thirty years ago, Gusfield (1975), writing of American public policy on drugs, referred to this as 'the conflict of tough versus tender attitudes towards drug users (11)': a conflict which, as he pointed out, could not be resolved by research or the input of scientific experts. Even a cursory glance at how Irish criminal justice policy on drugs has evolved over the past decade, makes it obvious that our National Drugs Strategy has failed to resolve this conflict. Although the broad thrust of Irish drug policy during this period has been increasingly 'tender', as exemplified by expanded healthcare services for problem drug users and by the application of the social exclusion perspective to this issue, criminal justice policy has remained resolutely 'tough'. One example of this toughness is to be found in the Criminal Justice Act, 1999, introduced by Minister John O'Donoghue, which provided for mandatory minimum sentences of ten years for persons convicted of being in possession of drugs valued at €12,700 or more; if implemented by the judiciary (which in the main appears not to have been the case to date), this would impose very severe jail sentences not only, perhaps not even primarily, on high-level drug dealers, but also on low-level dealers quite likely to be themselves drug dependent. When Minister for Justice, Equality and Law Reform, Minister Michael McDowell not only fulminated regularly against the evils of drug use but resisted the introduction of harm reduction strategies into the prison system; in 2004, responding to a specific suggestion by public health advocates that drug-using prisoners might be provided with needle exchange facilities such as are available to drug users who are not in prison, he denounced this suggestion as 'moral fuzziness' (*Irish Times*, September 29, 2004). From a strategic management perspective, what is striking about Minister McDowell's proposal to create drug-free prisons (*Department of Justice, Equality and Law Reform Press Release, November 21, 2005*) is not so much the moral absolutism upon which it is based or the fact that the proposal seems impracticable, but that it represents an old-fashioned 'departmental' policy initiative, a solo run taken outside of and without reference to the cross-cutting structures now in place. In short, traditional ideological

and institutional conflict as to how the state should conceptualise and manage illicit drug users does not appear to have been altered in any significant way by the creation of the new managerial approach to drug policy.

Similarly, when one looks at the operation of the LDTFs, the bottom-up structures intended to integrate the activities of statutory agencies and community/voluntary groupings in those areas with an identified high prevalence of drug-related problems, it is not difficult to discern tensions between these locally based structures and the state. The scale of preventive and treatment activities carried out at this level, as well as the scale of government investment, was made clear by the Taoiseach, Bertie Ahern, in his address to a conference on LDTFs held in October, 2005, when he noted that: 'Since 1997 nearly [€]200 million has been allocated and spent on this work across the LDTF areas' (*Vital Connections: Local Drugs Task Forces – Leading the response (Conference Report)*, 2006, 3). While the mid-term review of the National Drugs Strategy, in common with a number of earlier evaluations of their performance, was broadly positive about the LDTFs, it must be acknowledged that all of these evaluations tend to be qualitative and descriptive rather than providing hard, quantifiable evidence of effectiveness – thereby legitimating indefinite funding of these locally-based initiatives. Community activists appear to have become increasingly uneasy about their participation in LDTFs, sensing that top-down governmental commitment to these structures – and perhaps to the National Drugs Strategy as a whole – has waned in recent years. For instance, the fact that the last Minister for State with responsibility for the National Drugs Strategy also had ministerial responsibilities in another department is regarded by some as evidence of a diminished governmental commitment to the drugs issue. Similarly, proposals to have LDTF projects, at present receiving dedicated funding negotiated through the NDST, mainstreamed – which refers to the process of transferring funding responsibility for such projects back to the appropriate central government department or agency – is viewed with apprehension by some stakeholders in the

community and voluntary sector. These tensions were brought sharply into focus in late 2005 by the resignation from the NDST of Fergus McCabe, who had been involved ten years earlier in the creation of the Citywide campaign (which had served as a template for the local drugs task forces) and who had been the community sector representative on the NDST since its inception. Just as the broader community and voluntary sector may be prone to doubts over its participation in social partnership arrangements (Murphy, 2002; Meade, 2005), wondering whether it has not been bought off by state largesse so that its radical credentials have been terminally damaged, the community drug sector may also be experiencing some nostalgia for the days when its relationship with the state was more adversarial.

Rabbitte's achievement: a conclusion

In trying to form final judgements on drug policy developments over the past decade, it is useful to refer back to the national alcohol policy report published at the same time as the Rabbitte Report and to ask why this alcohol policy document failed to lead to any significant implementation of a different style of public policy on alcohol. The answer to this question seems quite straightforward: the political system did not adopt the public health strategies recommended in the 1996 national alcohol policy report because to do so would have entailed open conflict with the drinks industry, possible job losses and loss of revenue, as well as serious risk of electoral unpopularity. In short, political leaders and senior public sector managers decided that the economic and political tensions inherent in the adoption of such a public health approach outweighed its scientific merit; it should be pointed out that English policy makers followed a similar line (Room, 2004). Although it does not bring the state into conflict with any legitimate business interests, the challenge in relation to the use of illicit drugs is no less complex, involving as it does the task of maintaining balance between the conflicting criminal justice and healthcare paradigms. It may well be that there is no ultimate resolution of this tension between the

criminal justice perspective, which argues its case in the strident, moralistic language of the 'war on drugs', and the healthcare perspective which operates from pragmatic, harm reduction premises. One of the most striking characteristics of managerialism (Clarke, 2004; Dent, Chandler and Barry, 2004) is that it exaggerates consensus and depoliticises contentious political issues, and this perhaps has been the principal achievement of Rabbitte: it bypassed contentious ideological debate, opting instead to present the 'drug problem' as an issue best tackled through the use of modern management techniques, allegedly the norm in the private sector.

Prior to the Rabbitte Report, the style of drug policy making in Ireland was sometimes described, informally and perhaps politically incorrectly, as 'epileptic': a reference to the fact that there were long periods of almost total quiescence interspersed with frenzied bursts of activity. Through its introduction of a managerial philosophy and accompanying structures, Rabbitte has effectively created a more normalised and routinised style of drug policy making. The underlying ideological issues have not been resolved; the structures are precarious; and the policy process is by no means as rational or as 'evidence-based' as is implied. None of these *caveats* should, however, take from what was a considerable achievement in assembling structures which have long survived the crisis that led to their creation.

References

- Advisory Council on the Misuse of Drugs (1998) *Drug Misuse and the Environment*. London: Her Majesty's Stationery Office.
- Bennett, D. (1988) 'Are They Always Right? Investigation and proof in a citizen anti-heroin movement' in M. Tomlinson, T. Varley and C. McCullagh (eds), *Whose Law and Order? Aspects of crime and social control in Irish society*. Dublin: Sociological Association of Ireland, 21-40.
- Bewley-Taylor, D. (1999) *The United States and international drug control 1909-1997*. New York: Pinter.
- Building on Experience: National Drugs Strategy 2001-2008*. Dublin: Stationery Office.

- Butler, S. (1991) 'Drug Problems and Drug Policies in Ireland: A Quarter of a Century Reviewed', *Administration*, 39, 210-233.
- Butler, S. (2002) *Alcohol, Drugs and Health Promotion in Modern Ireland*. Dublin: Institute of Public Administration.
- Butler, S. and Mayock, P. (2005) 'An Irish solution to an Irish problem': Harm reduction and ambiguity in the drug policy of the Republic of Ireland', *International Journal of Drug Policy*, 16, 415-422.
- Clarke, J. (2004) *Changing Welfare, Changing States: new directions in social policy*. London: Sage.
- Cullen, B. (1990) 'Community Action in the Eighties: A Case Study' in *Community Work in Ireland: Trends in the 80s, Options for the 90s*. Dublin: Combat Poverty Agency, 271-294.
- Dean, G., Bradshaw, J. and Lavelle, P. (1983) *Drug Misuse in Dublin 1982-1983: Investigations in a North Central Dublin Area and in Galway, Sligo and Cork*. Dublin: Medico-Social Research Board.
- Delivering Better Government: Strategic Management Initiative. (Second Report to Government of the Co-ordinating Group of Secretaries)* (1996) Dublin: Stationery Office.
- Dent, M., Chandler, J. and Barry, J. (eds) (2004) *Questioning the New Public Management*. Aldershot: Ashgate.
- Department of Justice, Equality and Law Reform (2005) 'Address by Minister to an Irish Prison Service Seminar on the new Drugs Policy and Strategy', Press Release, November 21, 2005.
- First Report of the Ministerial Report on Measures to Reduce the Demand For Drugs ('Rabbitte Report')*. (1996) No publication details.
- Forrestal, C. (1996) *Evaluation Report on Ballymun Community Drug Team*. (Dublin: Community Action Network).
- Government Strategy to Prevent Drug Misuse*. (1991). Dublin: Department of Health.
- Gusfield, J. (1975) 'The (F)Utility of Knowledge: The Relation of Social Science to Public Policy towards Drugs', *Annals of the American Academy of Political and Social Science*, 417, 1-15.
- Irish Times*, September 29, 2004. 'Minister confirms drug-free prisons plan'.
- Lyder, A. (2005) *Pushers Out: the inside story of Dublin's anti-drug movement*. Victoria, Canada: Trafford.
- Meade, R. (2005) 'We hate it here, please let us stay! Irish social partnership and the community / voluntary sector's conflicted experiences of recognition', *Critical Social Policy*, 25, 349-373.
- Mid-Term Review of the National Drugs Strategy 2001 -2008*. (2005). Dublin: Department of Community, Rural and Gaeltacht Affairs.
- Murphy, M. (2002). 'Social partnership – is it the only game in town?' *Community Development Journal*, 37, 80-90.

- National Alcohol Policy – Ireland.* (1996). Dublin: Stationery Office.
- O'Donnell, R. and Thomas, D. (1998). 'Partnership and Policy Making' in S. Healy and B. Reynolds (eds), *Social Policy in Ireland*. Dublin: Oak Tree Press, 117-146.
- O'Higgins, K. (1996). *Treated Drug Misuse in the Greater Dublin Area: A Review of Five Years 1990 – 1994*. Dublin: Health Research Board.
- Room, R. (2004). 'Disabling the public interest: alcohol strategies and policies for England', *Addiction*, 99, 1083-1089.
- Szasz, T. (1992). *Our Right to Drugs: The Case for a Free Market*. London: Praeger.
- Vital Connections: Local Drug Task Forces – leading the response.* (Report of a conference organised by the Local Drugs Task Force, Chairs and Coordinators Network on October 3, 2005, at the Royal Hospital Kilmainham) (2006). No publication details.

