Mid-term Review of the National Drugs Strategy 2001-2008

Department of Community, Rural and Gaeltacht Affairs

Report of the Steering Group, March 2005

Supply Reduction

Treatment

PRN.A5/0739

Department of Community, Rural and Gaeltacht Affairs

An Roinn Gnóthaí Pobail, Tuaithe agus Gaeltachta 2004

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Minister of State's Foreword

Implementing a policy such as the National Drugs Strategy over an extended period is a challenging task. It is important to keep focus and maintain momentum. To bring this about, I believe that it is important to build in a review mechanism that can take stock and assess the direction and continued relevance of the Strategy. As this report details, despite advances in many areas, gaps remain to be filled in the next three years. In this regard, while progress may not always have been as fast as we would have liked, the aims and objectives of the Strategy remain fundamentally sound. Where the Steering Group has found issues that need to be addressed or prioritised for the remaining period of the Strategy, they have made appropriate recommendations. In this regard, the mid-term review has not only allowed us time to reflect on and assess where we are but also to recommit to the Strategy for the next three years.

Since I have become Minister of State with responsibility for the National Drugs Strategy, I have met many people working in the drugs field in communities all over the country. They have urged the Government to stay committed to implementing this Strategy and not to settle for the progress that we all acknowledge has been made in recent years. I want to reassure all involved in this area that our commitment to tackling drugs misuse, particularly the drugs that do most harm and to the most vulnerable users and their families, remains as strong as ever. Indeed, the thorough examination of the Strategy that has been undertaken in this review, the wide-ranging consultation process and the partnership approach adopted in the framing of this report, is I believe, further evidence of the Government's ongoing commitment to addressing drug misuse in Ireland. I further believe that the recommendations set out in this report will serve to re-focus and re-energise the Strategy in the remaining period up to 2008.

Finally, I would like to thank all those involved in the process, those who met with the Steering Group, those who made submissions and came to the public fora and, particularly, the members of the Steering Group who have worked so hard in compiling this report.

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

Acknowledgements

The production of this report would not have been possible without the time and energy invested by members of the Steering Group over the past 6-9 months. The many insights into complex issues which they presented from a wide variety of perspectives was a very important part of the production of this report.

Many Departments, organisations and individuals made submissions and presentations throughout the course of the consultation process which was undertaken as part of the review and their input is gratefully acknowledged.

I would also like to thank PA Consulting Group and, in particular, Joan Hart, who assisted the Steering Group in its work and the National Children's Office for their help and advice.

Finally, I would like to thank the staff from the Drugs Strategy Unit who ensured that the Steering Group was well served at all times, in particular, our secretary, Úna Ní Fhaircheallaigh, John Kelly, Sinead Copeland, Pat O'Grady and Evan Breen.

Kathleen Stack
Chairperson

March 2005

Introduction

Like many countries throughout the world, problem drug use in Ireland continues to be a major challenge. While cannabis remains the most commonly used illegal drug in Ireland, in terms of harm to the individual and the community, heroin continues to have the greatest impact. The most recent estimates indicate that there are approx 14,500 opiate users in Ireland, of which there are roughly 12,500 in Dublin.

Ireland's seven year National Drugs Strategy was launched in May 2001 and is delivered through four inter-connected pillars dealing with:

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

2004 marked the half-way point of the Strategy and a mid-term review was initiated in June last year. The review was overseen by a Steering Group chaired by the Department of Community, Rural and Gaeltacht Affairs.

The overall aim of the review was to examine the progress being made in achieving the key strategic goals set out in the Strategy and to enable priorities for future action to be identified – and a re-focussing of the Strategy if necessary – for the remaining period up to 2008. The Steering Group was also asked to examine the relevance of the Strategy in tackling the current nature and extent of drug misuse in Ireland, including emerging trends, and to identify any gaps presenting and how they might be addressed.

From the outset, the Steering Group was cognisant of the fact that the Government has positioned the National Drugs Strategy within the context of wider social inclusion policy. The recommendations in this report are framed in this context and the focus of the Strategy will continue to be on illegal drugs that do most harm and on the most vulnerable drug misusers, families and communities.

The approach adopted by the Steering Group was influenced by a number of factors. In particular, the Group recognised that this is a mid-term review of the Strategy and, as such, represents a stock-take of progress at this half-way point, when the implementation of some of the actions is still ongoing.

In keeping with the terms of reference of the review, the report looks broadly at progress made to date under the Strategy's 100 actions and identifies a number of areas that need to be prioritised in the remaining period up to 2008. In this context, the Steering Group found that many of the actions requiring multi-agency involvement are more challenging in terms of their implementation – than those where a single Department or agency has primary responsibility.

In looking at progress, the Steering Group drew on material contained in the recently published National Drugs Strategy Progress Report[1] which outlines in greater detail progress on individual actions (although in some cases there have been further developments since that report was compiled). In addition, the Progress Report looks at the nature and extent of drug misuse in Ireland drawing on relevant research as well as looking at developments in relation to other drugs initiatives such as the Local Drugs Task Forces and the Young Peoples Facilities and Services Fund.

In their work, the Steering Group took account of the various issues raised during the consultation process as well as new emerging trends, such as the increased prevalence of heroin outside of the Eastern region and the increased prevalence of cocaine. The Group also drew on the work of the consultants (PA Consulting Group), on relevant research findings, and, importantly, on the group's own experiences working in the drugs field.

In framing its recommendations, the Group concentrated on what it considered to be the most pertinent issues in terms of the future development and implementation of the Strategy. Where it was found that there are significant issues in relation to the delivery of existing actions, these are highlighted in the analysis under each pillar and it is recommended that their implementation be given renewed focus and priority for the remainder of the Strategy. In some cases, new actions – or amendments to existing actions – are being recommended both to deliver existing targets as well as to meet the changing nature of drug use.

Where appropriate, the report also proposes new ways of measuring progress through revised performance indicators, in line with the lessons emerging from the review and developments in research and data availability.

A number of the issues that arose during the review do not readily lend themselves to consideration under the existing pillar approach that shapes the Strategy. These include issues such as alcohol misuse and family support. These issues are examined in Chapter 7 – which looks at institutional structures – and a number of recommendations are made.

Finally, in its work the Steering Group noted that a distinctive feature and strength of the National Drugs Strategy to date has been the bringing

1 *National Drugs Strategy 2001-2008 Progress Report* published by the Department of Community, Rural & Gaeltacht Affairs in March 2005.

together of the key players – both statutory and community & voluntary – working in partnership to develop a range of responses to tackle drug misuse, building on evidence-based approaches. The Group recognises the ongoing value and importance of this way of working which will continue to be one of the cornerstones of Ireland's Drugs Strategy into the future.

STRUCTURE OF THE REPORT

The Steering Group's Report is structured as follows:

- Chapter 1 – The Process – This chapter outlines the terms of reference for the review and the process through which it was conducted by the Steering Group.
- Chapter 2 – Overview of the issues emerging from the consultation process – this chapter synopsises the main views put forward during the extensive consultation process which was carried out as part of the review.
- Chapter 3 – Supply Reduction Pillar – this chapter outlines progress made to date across the actions under this pillar, identifies areas that need to be prioritised in the remaining period of the Strategy and makes a number of recommendations in this regard.
- Chapter 4 – Prevention, Education & Awareness Pillar – this chapter outlines progress made to date across the actions under this pillar, identifies areas that need to be prioritised in the remaining period of the Strategy and makes a number of recommendations in this regard.
- Chapter 5 – Treatment, Rehabilitation & Risk Reduction Pillar – this chapter outlines progress made to date across the actions under this pillar, identifies areas that need to be prioritised in the remaining period of the Strategy and makes a number of recommendations in this regard.
- Chapter 6 – Research Pillar – this chapter outlines progress across the actions under the research pillar, identifies areas that need to be prioritised in the remaining period of the Strategy and makes a number of recommendations in this regard.
- Chapter 7 – Institutional Structures of the National Drugs Strategy – this chapter looks at the institutional structures supporting the implementation of the Strategy and makes a number of recommendations in this regard.
- Chapter 8 – Conclusions of the Steering Group – this chapter outlines the key conclusions of the Steering Group and looks at a number of other issues that arose during the course of the review.

In addition, attached to each pillar chapter is a table which gives an assessment of the state of play in relation to the actions in the Strategy. These assessments are a snapshot of progress, although it must be recognised that this is a dynamic situation and, in many cases, the best available information dates from 2004. As outlined above, further detail on all the actions is contained in the recently published National Drugs Strategy Progress Report. In order to present the actions in an easily accessible format, they are colour coded as follows:

Green – This refers to actions that have either been completed (e.g *action 45*) or relate to actions that are a continuing or ongoing task such as terms of reference or relate to continuing policy or mode of operation of a Department or Agency (e.g. *action 14*). In other words, this does not refer to actions where work is ongoing to deliver actions not yet completed.

Yellow – This refers to actions where progress has been made and more work is ongoing to deliver the action by the relevant body concerned. Naturally, the progress made in this regard varies and a number are more advanced than others and are closer to completion.

Blue – This refers to actions where a very significant amount of work remains to deliver the action. It is important to stress that, in all cases, this does not mean that progress has not already been made but, rather, that a considerable amount remains to be done. This is often due to the size of the task concerned or because wider policy developments have impacted on the way in which actions will be implemented and on timescales. A number of these actions were highlighted during the review process and are addressed in the body of the chapter and through the recommendations.

CHAPTER 1

THE MID-TERM REVIEW PROCESS

1 The Mid-term Review Process

1.1 In April 2004, Mr Noel Ahern, TD, Minister of State with responsibility for the National Drugs Strategy (NDS) established a Steering Group to oversee the mid-term review of the Strategy. The Steering Group – chaired by Ms Kathleen Stack of the Drugs Strategy Unit of the Department of Community, Rural & Gaeltacht Affairs – comprised representatives of a number of Departments, agencies and the community and voluntary sectors involved in implementing the Strategy. PA Consulting Group assisted the Steering Group in its work. Membership of the Steering Group is set out in Appendix 1.

1.2 The Terms of Reference of the Steering Group were as follows:

- To 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;
- To 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;
- To 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, to consider how the Strategy, including the structures involved in its delivery, should be re-focussed or modified for the remaining period of the Strategy up to 2008; and
- To make recommendations to the Cabinet Committee on Social Inclusion on the basis of the findings.

1.3 In order to ensure that the review reflected as broad and varied a perspective on the Strategy and its future direction as possible, the Steering Group undertook a wide-ranging and intensive programme of consultation. This programme included (i) written submissions from interested parties, (ii) regional public fora throughout the country, (iii) oral hearings with relevant bodies and interest groups and (iv) consultations with a number of young people from targeted areas.

1.4 Advertisements were placed in national, provincial and local newspapers in June 2004 seeking written submissions from interested individuals and groups. The Steering Group, also wrote to a number of Government Departments, State Agencies, Local Authorities, Health Boards, County Development Boards, Community Groups, Voluntary Organisations etc. seeking their input into the consultation process. Arising from this, over 120 written submissions were received from a cross-section of statutory, voluntary and community organisations, as well as members of the public. A list of those who made submissions is attached at Appendix 2.

1.5 Public consultation fora were held in Galway, Limerick, Waterford, Carrick-on-Shannon and Dublin during October 2004. These locations were chosen to ensure a wide geographical spread and to facilitate as many people as possible to participate in the consultation process. The fora were attended by members of the public, TDs, City and County Councillors, representatives of statutory agencies, community and voluntary groups and Regional and Local Drugs Task Force members. Members of the Steering Group and PA Consulting Group also attended.

1.6 The format of the fora was identical irrespective of location. Minister of State Ahern chaired each forum and a wide-ranging and informative debate on the issue of drug misuse in Ireland, and the effectiveness of the National Drugs Strategy, took place at each of them. Central to each forum were workshops to discuss progress under the four pillars which underpin the Strategy – Supply Reduction, Prevention, Treatment and Research. Workshop participants were asked to give their views on the strengths and weaknesses of the current approach to the Strategy, to identify gaps they felt needed to be addressed and to consider new emerging trends. The deliberations of the workshops were fed back to the full forum and an open discussion held. Conclusions from the fora were considered by the Steering Group and have informed the recommendations of this review, as outlined in later chapters.

1.7 Twenty-five Government Departments, Agencies, Community Groups and Voluntary Organisations involved in implementing the Strategy made presentations to the Minister of State and the Steering Group on their views on progress to date and their perspectives on what should be the priorities going forward. The outcome of these presentations has also informed the work of the Steering Group. A list of the bodies who made presentations is set out in Appendix 3.

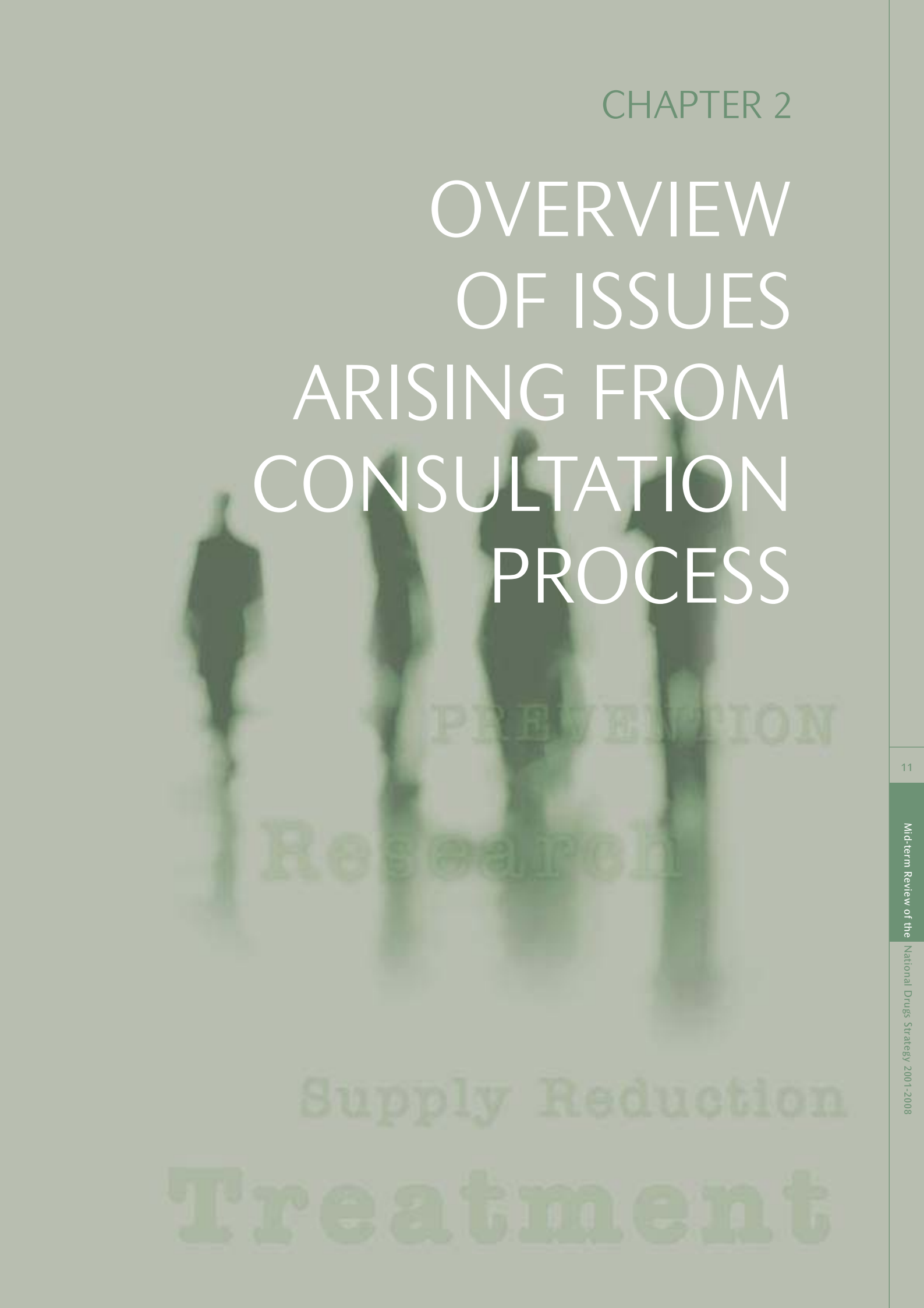
1.8 The Steering Group sought advice from the National Children's Office on setting up a separate consultation process to capture the views of

young people in vulnerable communities. In all, five consultations were held with these young people ranging in ages from 12 to 20 years. These consultations were for the most part held in the same regional centres as the broader regional consultations (with the exception of Carrick-on-Shannon which was replaced by Sligo). The outputs were synthesised and formed part of the deliberations of the Steering Group.

1.9 The Steering Group was assisted in its work by PA Consulting Group who reviewed the Strategy in terms of progress achieved, impact and emerging trends, gaps in service provision and provided their overall conclusions on the review process. They also reviewed key national and EU data to assess progress and impacts. Their work was supplemented, as necessary, by interviews with key players involved in the Strategy.

CHAPTER 2

OVERVIEW OF ISSUES ARISING FROM CONSULTATION PROCESS



2 Overview of Issues arising from Consultation Process

2.1 As was the case with the consultation process leading to the development of the National Drugs Strategy 2001-2008, the extensive public consultation carried out by the Steering Group revealed a mature level of understanding of the nature of the current drug problem and the burden it places on individuals, their families and communities and society generally. All phases of the consultation attracted individuals and groups who were affected by the issue of drug misuse, or had a particular interest or responsibility in tackling the problem. This chapter is a synopsis of the views put forward during the consultation process without comment by the Steering Group on those views. Discussions held throughout the consultation process (including the public fora) were frank and wide-ranging and the main issues which emerged are listed below.

SUPPLY REDUCTION

2.2 There is a public perception that a greater range and volume of drugs are now more freely available within communities, despite increases in the number and volume of seizures by the Gardaí & Customs. Many contributors to the consultation phase saw heroin as a Dublin problem but others saw it as a growing problem in some other parts of the country. However, generally outside Dublin, the main profile of the drugs market is seen to be centred around cannabis, cocaine, ecstasy as well as prescribed and non-prescribed drugs. Cocaine is seen as an increasing problem. Its availability and the mobility with which supply networks can operate is also of concern. Also of rising concern is the illicit market for prescribed drugs, for example, benzodiazepines.

2.3 The role of community-oriented policing, and engagement with the community in curtailing the influence of drug-related organised crime, was raised throughout the consultations. Community groups, in particular, emphasised throughout the process that communication between communities and the Gardaí needs to improve to facilitate better exchange of information in order to more actively pursue action on tackling drug dealing. Many participants felt that offences with regard to possession were being pursued more readily by the Gardaí than supply offences. It was also felt that charges in relation to the possession of drugs for personal usage had the potential to alienate young people rather than act as a deterrent. There was a sense that the Gardaí were slow to respond to open dealing and to conduct surveillance of known dealers in communities. While there was recognition of the success that the Gardaí have had in relation to large seizures, there was frustration within local communities that enough is not being done. The lack of progress in developing the Community Policing Fora (CPF) model was also highlighted and is seen as a critical issue in many communities. There was a perceived need for more emphasis on resourcing CPFs in terms of support staff and funding.

2.4 In relation to Local Drugs Task Force (LDTF) areas, while the Garda Síochána can point to additional resources being assigned to these areas, the perception is that these additional resources have not been highly visible on the ground.

2.5 The need to strengthen the role of the Criminal Assets Bureau (CAB) to target medium-scale dealers, who target the vulnerable within communities, was also raised. The view was expressed at a number of the sessions that CAB had lost its focus on seizing assets associated with drug dealers and the perception at local level is that it is now more concerned about tax evasion and other types of crime.

2.6 There was also frustration expressed that some local authorities are not actively implementing anti-social behaviour policies to limit the activities of drug dealers in housing estates.

2.7 In relation to the judicial system, there was general support for the legislative framework but it was felt that judges should have more support and guidance in relation to sentencing. It was felt that the sentencing regime was inconsistent and guidelines should be drawn up to have a more consistent system and that there should be better communication on the rationale behind particular sentences. It was felt that alternative options to prison sentences should also be examined, particularly in the case of young offenders, and that there is a need for more arrest referral schemes, particularly in LDTF areas.

PREVENTION

2.8 The need to develop preventative measures to target those who are vulnerable, particularly those who are classified as "early school leavers" was raised. There was a perceived need to distinguish between initiatives in the formal school setting and non-school based setting. It was felt that the latter is of particular importance given the numbers who do not complete the school cycle and who represent a specific vulnerable group in the community. While there was support for initiatives like "Walk Tall" and "On My Own Two Feet" as part of the Social Personal Health Education (SPHE) programmes, the view was expressed that it is difficult to see the

impact on the ground. The involvement of parents and the wider community in delivering these programmes was suggested as a way of improving their effectiveness. Lack of consistency and continuity in programme delivery was also a key issue raised in the consultations and is emphasised in any research on this issue.

2.9 In relation to the requirement on schools to have substance use policies in place, concerns were expressed that there is a gap between what the Department of Education and Science requires and what is happening on the ground. It was felt that the guidelines on preparing policies are very good but the sense was that policies could be disciplinary, rather than supportive, and that some schools are not equipped to intervene appropriately.

2.10 The Young Peoples Facilities and Services Fund (YPFSF) is seen to be working well in providing facilities and services for young people at risk. It was also seen as useful in linking the various agencies involved in developing preventative programmes. However, the need to link the YPFSF more clearly to the Drugs Strategy was raised. It was felt that projects based in Dublin were in a better position to access funding under the programme. The lack of facilities in areas outside of the YPFSF jurisdiction was a major concern and it was felt that local authorities do not appear to have the capacity to get involved in the planning, funding or management of such facilities. In addition, facilities such as schools and community halls are often not available outside school hours and during school holidays. The client base is often discriminated against due to the social stigma associated with their drug misuse. Where facilities are available, there are management issues about how best to supervise them and what skills are needed to provide support.

2.11 The consultation process highlighted the perception that attitudes to certain drugs, such as cannabis, are changing with growing levels of "acceptance" across the country. There is also a perception that cocaine is now being viewed with more acceptance in some sections of the population. In addition, it was felt that the advertising of alcohol and tobacco (both of which are seen as gateway substances) contribute to the overall glamourisation of drugs and should be targeted. It was also felt that programmes are needed to educate young people about the dangers of so called "acceptable" drugs.

TREATMENT AND REHABILITATION

2.12 The need for treatment to focus on the person – and not the drug – was emphasised throughout the consultation process. It was felt that people had to "fit" into programmes, rather than services being delivered to meet individual needs. It was also felt that all addiction services should be needs-led, not just focussed on treatment. Views were expressed that new trends – polydrug use, cocaine, prescribed drugs, alcohol and drugs – require alternative treatment approaches. There is a perceived need for keyworkers to co-ordinate assessment and to work with family members. The timing of intervention is seen as critical and treatment options should be available when individuals are motivated. With regard to service-user charters, the service users themselves felt that they should have been more involved in the process of drafting the charters and that they should be consulted when they are being amended or revised.

2.13 Access to methadone treatment was seen as an important issue. It was pointed out that methadone treatment is not available in every local area which means that individuals have to travel distances to receive treatment with implications for employment prospects, cost of travel, child-care etc. Attention was drawn to the waiting lists for methadone treatment that exist in some areas. Problems in sourcing GPs and pharmacists for methadone treatment were highlighted in some areas and it was felt that educational programmes should be made available to GPs and pharmacists to de-stigmatise addiction. While methadone maintenance has stabilised many drug misusers, there were concerns about the long-term effects of prolonged methadone use. There is a perceived need for more ancillary services to be made available to those on methadone.

2.14 The differences in availability and access to treatment and treatment options between different areas of the country were continually highlighted throughout the consultation process. Where a client lives is seen as critical to their ability to access treatment, with misusers in the Eastern area, and in some of our larger cities, faring better than those in the rest of the country. The focus on the medical/clinical treatment model was not seen as relevant in many regions given the type of problem drug use in those areas (i.e. non prevalence of opiate use in some regions).

2.15 During the discussions, some key gaps in relation to treatment services were highlighted namely:

- The need for residential/respite facilities and half-way houses;
- Needle exchange programmes (to include mobile and pick-up services) need to be expanded;
- Waiting lists to access services need to be shortened; and

- Access to services outside office hours needs to be expanded.

2.16 The health risks associated with hepatitis C and HIV and the lack of awareness of those risks were also raised – as was the linked issue of the need for more harm reduction measures generally.

2.17 In relation to prisons, views were expressed during the public consultation process that those who have a drug problem entering the prison system are in danger of continuing to misuse drugs due to the availability of such substances in some parts of the system. It was felt that the provision of training, counselling and education is essential to ensure that those being released have an increased chance of rehabilitation and pose a reduced risk of re-offending. Concerns were expressed with regard to the potential for the spread of blood-borne illnesses in prison and the difficulties of employing the same range of harm reduction approaches in prison settings as are available in the community. The need for care planning and co-operation between the health and prison services in relation to prisoners on their committal and release, particularly in the case of early release, was highlighted.

2.18 Rehabilitation is seen as a critical issue and was a recurring theme during the consultations. A rehabilitation element to the overall Strategy is seen as essential in ensuring that drug users are not kept on methadone indefinitely. A clear definition of what rehabilitation is, and an identification of the agencies and groups that should be involved in providing such services, was called for throughout the consultation process. The emphasis throughout was that rehabilitation services need to be tailored to meet the client's needs and to flow seamlessly from treatment, as part of the continuum of care.

2.19 Aftercare was seen as a key gap in terms of access to employment, sheltered and appropriate housing and relapse prevention and to break the cycle of drug dependence. The special Community Employment (CE) schemes for drug misusers and other FÁS schemes were mentioned in the consultation process as a very important element in the rehabilitation of drug misusers. However, there was a strong message throughout the consultation phase that there is a need for more rehabilitation services focussing on general life skills, as well as vocational opportunities.

RESEARCH

2.20 The research pillar did not feature as strongly as other pillars during the consultation process. However, the consultation process underlined the existence of information gaps within the system on topics such as trends in drug misuse, the operation of the criminal justice system, the operation of SPHE, funding of drug treatment services, treatments other than methadone etc. It was felt that while much more is now known about the drug problem in Ireland from a national perspective, more local and regionally based research is needed. The need for more clarity and information about the respective roles of the various agencies involved in drugs research – and their interaction with one another – was also raised.

FAMILY SUPPORT

2.21 The need to develop supports and guidance for parents, as well as children at risk, was highlighted. It was felt that parents and other family members are a neglected group who feel frustrated in seeking support for their children/ relatives. Parents and other family members can find it difficult to know where to turn when the domestic situation is chaotic as a result of a drug problem within the family. Further issues arise where the parents are drug misusers themselves and, in many cases, the grandparents or other relatives are faced with the task of raising children without adequate financial and other supports. The positive role families can play across all of the pillars of the Strategy was emphasised. The work and role of families is seen as being in some ways unacknowledged, while at the same time being an untapped resource. In discussing the role of families, it was felt that it must be noted that the family needs to be recognised as a support and resource, as well as having their support needs addressed.

ALCOHOL

2.22 The issue of alcohol was raised as a particular challenge – both as the preferred "drug of choice" for many and also because of its possible role as a "gateway" substance to other drugs. Linked to this is the question of having a combined drugs and alcohol strategy which was a recurring theme throughout the consultations, particularly in areas outside of Dublin.

STRUCTURES

2.23 The partnership approach to tackling drug misuse, which is seen as a unique feature of all of the levels of implementation of the National Drugs Strategy, was viewed very positively by participants in the consultation process. It was felt that the structures in place gave those working on the ground direct access to the decision-makers through the Cabinet Committee on Social Inclusion. However, a number of participants pointed out that the portfolio of the Minister of State with responsibility for the Drugs Strategy had been widened to encompass housing issues and this is seen as a signal of the declining importance of the drugs issue at national level.

2.24 There was a perception that the roles of groups such as the Inter-Departmental Group on Drugs, the National Drugs Strategy Team, and the Drugs Strategy Unit of the Department of Community, Rural & Gaeltacht Affairs have become blurred over the years and that there is a need for more clarity around this issue. An increase in the number of community and voluntary representatives on the National Drugs Strategy Team was also called for. It was also felt that representatives of statutory agencies sitting at national and local fora should be well informed of their roles and have a clear understanding of what they should be adding to the process.

2.25 The issue of funding for drugs services was also raised throughout the process. It was felt that funding should be allocated on a multi-annual basis with arrangements made for staff pay increases so that they do not negatively impact on programme costs.

2.26 There was a sense that national agencies are not sufficiently linked up in terms of planning. There were strong arguments put by some participants that key implementing agencies should be "challenging themselves" more in terms of what they're actually doing to implement the Strategy.

2.27 There was a sense of frustration in relation to the pace of development of the Regional Drugs Task Forces (RDTFs). The RDTFs are at different stages in mapping services, identifying priorities and developing plans. The need for the RDTFs to have full- time co-ordinators was repeatedly raised. Varying views were expressed about the independence of the co-ordinators with some participants strongly of the view that the co-ordinators should be employees of the Health Services, with others strongly of the view that they should not. Community groups in some regions reported finding it difficult to engage with the RDTFs and there were questions about the commitment of statutory agencies in others.

2.28 Equally there was a sense of frustration about the resourcing of the LDTFs and what was seen as the slowness in the implementation of the recommendations of the Burtenshaw[2] report in relation to additional staffing.

2.29 It was felt that the Strategy has worked well in terms of promoting inter-agency co-operation but is not reaching its full potential due to a lack of, or delay in, the implementation of some of its key actions. Interaction between services on the ground is perceived as working better but it still falls short of a streamlined, timely continuum of care. People are still seen to be slipping through the net. Where strong community-based projects are in place, it is felt that brokering and mediation for individuals appears to be less of a problem.

2 *Review of the Local Drugs Task Forces,* Rita Burtenshaw, MSc, July 2002. The National Drugs Strategy Team used this Report as the basis of a detailed review of LDTFs completed in December 2002.

CHAPTER 3

SUPPLY REDUCTION

3 Supply Reduction

3.1 Of the 100 actions in the NDS, 21 are directed towards the supply reduction pillar (see pages 22-23 for details). The Steering Group reviewed progress in relation to the various actions and found that many of them have advanced considerably since 2001. In the case of 11 of the actions, they are either completed or are ongoing tasks over the lifetime of the Strategy *(shown in green)*. In the case of a further 9 actions, while some progress has been made, further work is necessary or underway in order to complete the implementation of the actions *(shown in yellow)*. The final action requires much more progress *(shown in blue)*. The principal agencies involved in implementing actions under the supply reduction pillar are the Department of Justice, Equality & Law Reform, together with the Garda Síochána; the Revenue Commissioners, in particular Customs and Excise Service; the Courts Service; the Prison Service; the Probation and Welfare Service; the Department of Environment, Heritage & Local Government together with the Local Authorities; the LDTFs and the community and voluntary sectors.

3.2 A robust **legislative framework** *(action 6)* is in place and is continually reviewed to ensure that it can be adapted to meet emerging trends. The principal piece of legislation underpinning the prevention of the misuse of dangerous or otherwise harmful drugs is the Misuse of Drugs Act 1977. Other legislation currently in place includes:

- Customs Consolidation Act 1876;
- Customs and Excise (Miscellaneous Provisions) Act 1988;
- The Criminal Justice Act 1994;
- The Criminal Justice (Drug Trafficking) Act 1996;
- The Criminal Assets Bureau Act 1996;
- The Proceeds of Crime Acts 1996 to 2005;
- The Licensing (Combating Drug Abuse) Act 1997; and
- The Criminal Justice Act 1999.

All of these legislative instruments are used on an ongoing basis by the Garda Síochána to combat national and international drug trafficking.

3.3 As part of its ongoing review of legislation, the Minister of Justice, Equality & Law Reform has tabled two new significant draft pieces of legislation – the Criminal Justice Bill 2004 and the Garda Síochána Bill 2004. A proposed amendment to the Criminal Justice Bill will, among other things, make it an offence to participate in or contribute to the activities of a criminal organisation. Included in the draft provisions of the Garda Síochána Bill are mechanisms for enhanced co-operation between the Gardaí and Local Authorities through the establishment of Joint Policing Committees (JPCs) to address local policing and other issues which come within the responsibility of Local Authorities. This includes the question of drug supply matters in local areas. The Steering Group emphasises, however, that having a robust legislative framework is not sufficient in itself to guarantee success – how it is implemented is critical. The Steering Group notes that local community and voluntary sector involvement is a key issue in this regard and that this is reflected in the provisions of the Garda Síochána Bill through local involvement at both the levels of the JPC and local community fora. The Group also notes that the Bill specifically provides that the JPC's function is to serve as a forum for consultations, discussions and recommendations on matters affecting the policing of the local authority's administrative area, and in particular, to keep under review the levels and patterns of crime, disorder and anti-social behaviour in that area (including the patterns and levels of misuse of drugs). Whilst policing issues may change in a community, the Steering Group feels that the JPCs should give priority to drug problems and related crime.

3.4 The Steering Group is aware of the calls from around the country to establish **Community Policing Fora** *(action 11)* outside of the areas in which they have been piloted. The principle of and need for effective mechanisms of engaging with communities is agreed both by the Garda Síochána and local communities. As outlined above, the Department of Justice, Equality & Law Reform is currently developing a legal framework through the Garda Síochána Bill to facilitate the development of formal and inclusive partnership arrangements on policing issues between the Gardaí and local communities. Models of community participation in policing have already been developed, however, through the CPFs. Progress in extending CPFs beyond the current areas is slow and emerged as an important concern during the consultation process, particularly for LDTFs and other areas experiencing problems of drug misuse. While there are many understandings of CPFs, the model as it operates in the Store Street Garda District[3] (north inner city area of Dublin) is generally seen as the preferred model of co-operation. However, this type of CPF is resource intensive – in terms of finance, personnel and other resources. The Steering Group feels that the challenge now is to urgently explore how CPF arrangements can be extended to other areas of the country, bearing in mind the developments in the Garda Síochána Bill and resource implications. The Steering Group is concerned that the new legislation should not delay the roll-out of CPF arrangements and believes that *action 11* should be re-prioritised.

3 This model involves the appointment of a full time co-ordinator who is not a member of the Gardaí but rather a representative of the community and the assignment of a Garda Officer on a full-time basis to work with the Forum.

3.5 The Steering Group found that there were strong perceptions among the public around the operation of the **criminal justice system** and **enforcement practice**. These perceptions include low use of mandatory sentencing provisions, uneven enforcement and sentencing across geographic areas and a disproportionate focus on possession rather than supply of drugs[4]. These perceptions could potentially dilute public confidence in the deterrent value of the criminal justice system. In the circumstances, this will require the further development of robust information frameworks on the operation of the criminal justice system and wide dissemination of statistical information. Developments such as PULSE (Police Using Leading Systems Effectively) and the District Court Criminal Case Tracking System (CCTS) will lead to improvements in this area. The Steering Group notes that there have been significant developments in Information Technology in various areas of the criminal justice system which will facilitate progress in the establishment of a framework to monitor arrests, prosecutions and sentencing *(action 4)*. However, there are still data gaps, particularly at inter-agency level, and the Steering Group believes there is a need now to focus on greater connectivity between systems and data. An internal working group in the Department of Justice, Equality & Law Reform is currently developing a framework as required by *action 4* and the Steering Group considers that it should make recommendations as to how data should be disseminated once the framework is up and running with a view to making the data as widely available as possible.

3.6 The NDS includes actions on two specific aspects of the operation of the criminal justice system – monitoring the efficacy of the existing **arrest referral** schemes and their expansion, as appropriate *(action 13),* and the extension of the **Drug Court** model *(action 20)* to other LDTF areas, if it is positively evaluated. The Steering Group is aware that pilot arrest referral procedures have been put in place in Cork, Dún Laoghaire and Ballymun. In addition, a further pilot arrest referral scheme for juvenile offenders is in operation in the North Inner City LDTF area in Dublin. This has coincided with a recently completed research study of arrest referral schemes commissioned by the Task Force and funded by the Department of Justice, Equality & Law Reform. With regards to the pilot Drug Court, the Steering Group notes that following an evaluation of the model, it has been extended to the entire Dublin 7 area. This initial evaluation concluded that the original catchment area of the Court was too small to allow for a conclusive evaluation and so recommended that its area be extended. A further evaluation of the extended Drug Court will be carried out after which an informed decision can be taken in relation to its further expansion. The Steering Group is of the opinion that, subject to positive evaluations, both of these actions should be progressed past pilot stage, as a matter of urgency, and a decision made to extend the models to other areas or to put other approaches in place.

3.7 The Steering Group believes that the mid-term review has revealed a need to engage with the **Judicial Studies Institute on drug-related issues**. The Group is conscious that the judiciary is completely autonomous and independent and must remain so but it believes that the provision of guidance or training for judges on drug-related issues should be explored with the Institute. The Steering Group is aware that the Institute has included the topic of drug misuse in conferences, seminars and publications but feels that there is scope for further co-operation going forward.

3.8 The Steering Group notes the work currently underway to advance *action 19* which calls for early intervention to combat drug misuse among young people coming to Garda attention. A committee to advance this issue, which is chaired by the Department of Health & Children, has met on six occasions since June 2004. To date, the committee has consulted with service providers and gathered information and statistics from the Garda Síochána in order to identify the number, nature and contributory factors of incidences coming to Garda attention. The report of the Under 18s Working Group[5] is also of considerable relevance to the work of this committee. The Steering Group understands that the committee will draw up recommendations for an appropriate referral framework for these young people and believes that these recommendations should be implemented as a matter of priority.

3.9 Three of the actions included in the NDS are aimed at strengthening dedicated drugs law enforcement arrangements through **increasing resources in the LDTF areas** *(action 7),* establishing a **co-ordinating framework for drugs policy** in each Garda District *(action 8),* and making **additional resources available to drug units** *(action 10)*. The Gardaí have established Divisional Drug Units in virtually all divisions. In addition, a framework document on Divisional Drug Policing Plans has been prepared and liaison with communities on drug related matters will be an important part of the process. The Garda Síochána state that 134 additional Gardaí have been allocated to LDTF areas between January 2001 and July 2004. However, there is a perception that these additional resources have not impacted on the ground in relation to the drugs issue and that increased resources are needed. The Steering Group

4 The Garda Síochána point out that in all jurisdictions with equivalent legislation, there are naturally more charges for possession than supply.

5 The Under 18s Working Group was established in October 2001 to develop a protocol for the treatment of persons under 18 years of age presenting with serious drug problems. The Group was chaired by the Department of Health and Children and comprised a broad range of statutory and non-statutory service providers and community representatives. The Group's Report will be published in mid 2005.

notes that the Government has decided to increase overall Garda numbers from 12,000 to 14,000. In this regard, the Minister for Justice, Equality & Law Reform has stated that these additional resources will be targeted at the areas of greatest need, as is envisaged in the Programme for Government. Areas with a significant drug problem are a particular priority identified in the Programme. In keeping with this, the Steering Group believes that LDTF areas and other areas where a significant drug problem exists should be prioritised when allocating these additional resources.

3.10 A key strand of the NDS is to disrupt the activities of **drug dealers** and the Steering Group notes the many successes of the Garda Síochána and Customs and Excise over the period of the Strategy to date. However, the Group believes that the operations of middle-ranking suppliers and dealers need to be targeted further. The Steering Group is aware that the issue of strengthening mandatory sentencing provisions is being examined in the Department of Justice, Equality & Law Reform. However, the Group believes that the focus of such initiatives should be on those who profit from the supply of drugs and that, within the system, cognisance should be taken of those who act as 'mules' for other reasons such as funding their own habits or poor economic circumstances. The Steering Group suggests that this should be one of the issues to be addressed by the framework of co-operation with the Judicial Studies Institute proposed in the recommendations below.

3.11 The Steering Group believes that in conjunction with treatment, curbing the supply of illicit substances in prisons should be a goal of the Strategy. The Prison Service has taken a number of initiatives to achieve this over recent years such as netting over yards, new 'pre-agreed visitor' visiting arrangements and enhanced CCTV. The Group recommends that these efforts be continued.

3.12 The Steering Group notes the progress achieved under *actions 14 to 18* by the Customs and Excise Service (C&E) and the Garda Síochána. The Memorandum of Understanding and Working Protocol between the Gardaí and C&E provides the framework for this co-operation. C&E, in turn, has over 40 Memoranda of Understanding with companies in the international travel and trade business sectors. The Gardaí and C&E also operate confidential drug watch programmes. C&E now has nine drug detector dog teams deployed at the main ports and airports and are putting in place a mobile container x-ray scanner, which will be used for detecting all contraband, including illicit drugs in commercial containerised traffic. In addition to improved liaison at national level, both the Gardaí and the C&E are actively participating in EU and other international fora.

3.13 The Steering Group notes the success of the **Criminal Assets Bureau** (CAB) in targeting the assets of drug dealers since its establishment in 1996. The Group believes, however, that the Bureau, in pursuance of *action 9* of the Strategy, should ensure that the assets of middle-ranking criminals are targeted on an ongoing basis. The Group acknowledges that this will require international co-operation to prevent drug traffickers from successfully moving assets abroad. The Group is also of the opinion that consideration should be given to using the monies made from drug-related crimes which are seized by CAB to fund drugs projects in the affected communities. The Steering Group is aware of the legislative and administrative difficulties which may arise in this regard but consider that the issue should be explored further as it would represent an important symbolic gesture to those communities most affected.

3.14 Due to the illegal nature of drug use, it is quite common for drug users to come to the attention of the Gardaí. Over the course of their drug-taking many drug users will receive criminal convictions and, subsequently, a criminal record. While being arrested can often precipitate drug users engaging in drug treatment, at the post-treatment level, a criminal conviction can prove a serious impediment to rehabilitation. A criminal conviction can pose a significant drawback in terms of employment, training and travel and makes successful re-integration into mainstream society more difficult. The Steering Group is of the view that, as an aid to rehabilitation, consideration should be given to the development of **Rehabilitation of Offenders legislation**, similar to that which operates in other countries. This would allow for certain categories of criminal convictions to effectively become "spent" after a specified period of time. In this context, the Group has noted the references to this issue in the National Economic and Social Forum's Report on the Re-integration of Prisoners (Forum Report No. 22) which was published in 2002. The Group recognises the complexities involved in this matter, not least the administrative and legal issues that it raises, which should not be underestimated.

3.15 The Steering Group believes that data collection and the provision of timely information will support the ongoing and future review and evaluation of the actions under this pillar. The Steering Group notes that the National Advisory Committee on Drugs (NACD)[6] has prioritised drugs and crime in its new work programme which will further contribute to evidence based policy-making.

KEY ISSUES EMERGING

3.16 As outlined at the beginning of this chapter, progress has been made across the 21 actions in

6 The National Advisory Committee on Drugs (NACD) was established in 2000 and advises the Government in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland based on its analysis of research and information available to it. In 2004, the Government extended its mandate to 2008 and its new work plan will include research on drugs and crime and rehabilitation.

the supply pillar. However, the Steering Group has identified *three key issues* which will need to be addressed over the remaining lifetime of the Strategy up to 2008. The Group believes that this can be done in the case of two of the issues through replacing or amending *existing* actions in the Strategy and in the case of the remaining issue through the development of a *new* action:

1. **ISSUE: Garda resources in LDTF areas** – there is a perception that the additional resources allocated to LDTF areas have not impacted on the ground in relation to the drugs issue. LDTF areas and areas where a significant drug problem exists should be prioritised when decisions are being made regarding the deployment of the additional Gardaí that are to be recruited.

Recommendation of Steering Group:

- The level of Garda resources in LDTF areas should be increased and the additional resources should be assigned to community policing and the prevention of drug dealing ***(Action 7 replaced).***

Department/Agency responsible: An Garda Síochána

2. **ISSUE: Expansion of Community Policing Fora** – Community Policing Fora are being piloted in a number of areas but progress in implementing them beyond the current areas is slow and is a particular concern, particularly in LDTF areas.

Recommendation of Steering Group:

- Taking into account the provisions of the Garda Síochána Bill 2004, Community Policing Fora (CPF) should be extended to all LDTF areas and to other areas experiencing problems of drug misuse ***(Action 11 replaced).***

Department/Agency responsible: An Garda Síochána

3. **ISSUE: Specialist training for judiciary on drug related issues** – while recognising that the judiciary is completely autonomous and independent, it is believed that the provision of guidance or training for judges on drug-related issues should be explored with the Judicial Studies Institute.

Recommendation of Steering Group:

- A framework of co-operation with the Judicial Studies Institute on the provision of specialist training on drug-related issues to members of the Judiciary should be developed by January 2007 ***(New Action).***

Department/Agency responsible: Courts Service

KEY PERFORMANCE INDICATORS

3.17 As outlined in the introduction, the Steering Group has also examined the question of key performance indicators (KPIs) in relation to the various pillars. These indicators replace the existing KPIs and concentrate on available data and, where not specified, refer to the period up to the end of 2008 (i.e. the end of the NDS).

In the case of the supply reduction pillar, the Steering Group proposes the following KPIs:

- Volume of drugs seized increased by 50% based on 2000 figures;
- Number of seizures increased by 20% based on 2004 figures; and
- Number of supply detections increased by 20% by end 2008 based on 2004 figures.

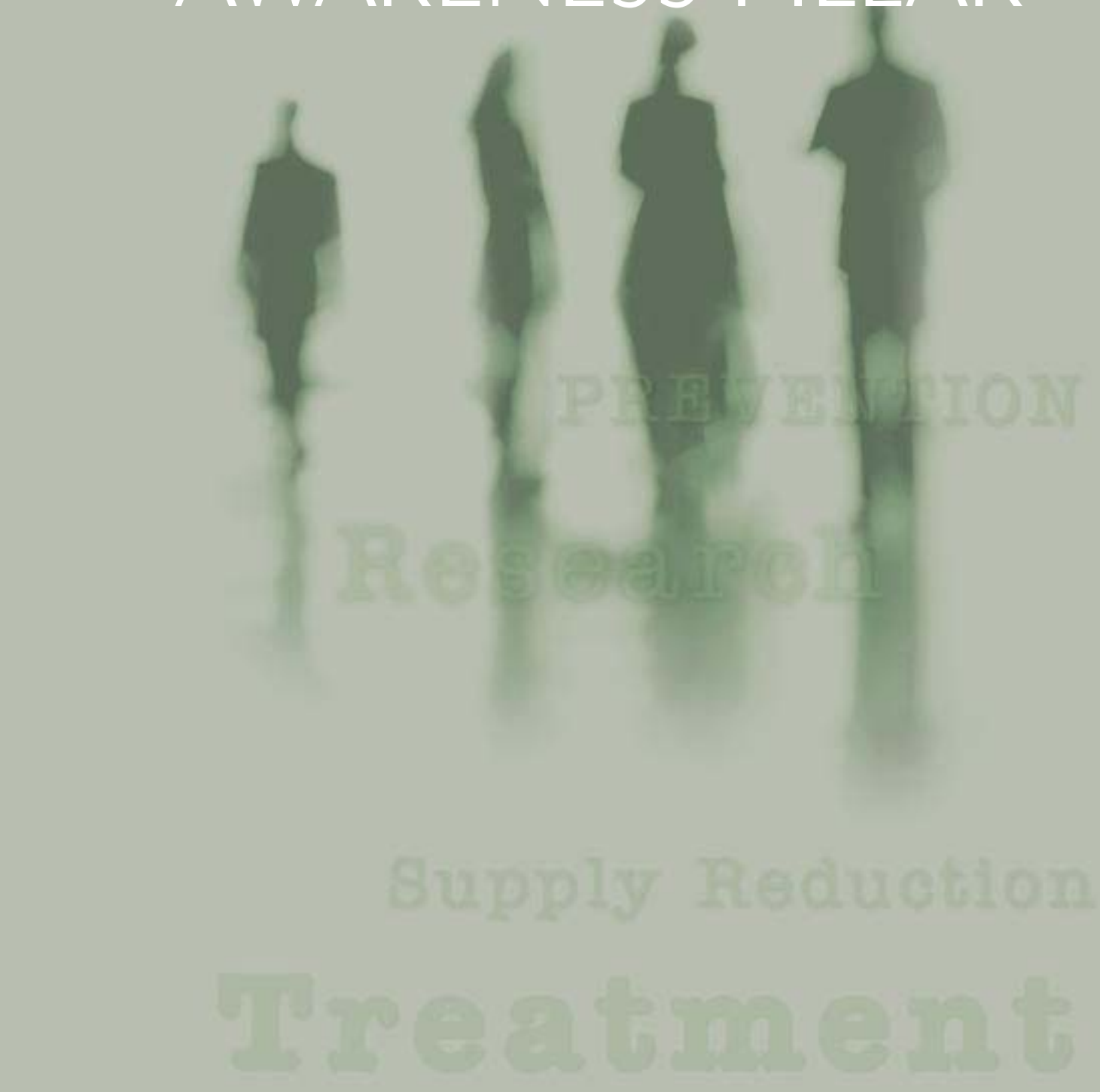
PROGRESS ON ACTIONS OF THE SUPPLY REDUCTION PILLAR

No.	Agency	Action	Progress
4	**D/JELR**	To oversee the establishment of a framework to monitor numbers of successful prosecutions, arrests and the nature of sentences passed.	Progress made/more work underway
5	**D/JELR**	To establish, in consultation with the Gardai and the community sector, best practice guidelines and approaches for community involvement in supply control activities with law enforcement agencies.	Progress made/more work underway
6	**D/JELR**	To review the ongoing effectiveness of crime legislation, in tackling drug-related activity.	Completed or Ongoing Task
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.	Progress made/more work underway
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.	Progress made/more work underway
9	**Garda Síochána**	To target the assets of middle-ranking criminals involved in drug dealing.	Progress made/more work underway
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.	Progress made/more work underway
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.	Considerably more progress required
12	**Garda Síochána**	To ensure that operations similar to Dóchas, Nightcap and Cleanstreet are implemented in urban centres throughout Ireland, where drug dealing is ongoing.	Completed or Ongoing Task
13	**Garda Síochána**	To monitor the efficacy of the existing arrest referral schemes and expand them, as appropriate.	Progress made/more work underway
14	**Garda Síochána Customs & Excise**	To continue to work more closely together in accordance with the principles of their Memorandum of Understanding. 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.	Completed or Ongoing Task
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.	Completed or Ongoing Task

No.	Agency	Action	Progress
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.	Completed or Ongoing Task
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.	Completed or Ongoing Task
18	**Garda Síochána Customs & Excise**	To have available to the enforcement agencies detection dogs and other resources to restrict the importation of illicit drugs.	Completed or Ongoing Task
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.	Progress made/more work underway
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.	Progress made/more work underway
25	**D/EHLG**	To commission an external evaluation of the impact of enforcement activity under the Housing Acts (evictions, excluding orders).	Completed or Ongoing Task
27	**Gardaí, HBs, VFI, LVA and IHF**	Representative bodies, including the Vintners Federation of Ireland (VFI), the Licensed Vintner's Association (LVA) and the Irish Hotel Federation (IHF) to prepare guidelines, in association with the Garda 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.	Completed or Ongoing Task
28	**Gardaí, HBs, VFI, LVA and IHF**	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.	Completed or Ongoing Task
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 Integrated Services Process (ISP) may be relevant.	Completed or Ongoing Task

CHAPTER 4

PREVENTION, EDUCATION & AWARENESS PILLAR



4 Prevention, Education & Awareness Pillar

OVERVIEW OF PROGRESS

4.1 The NDS includes 16 actions *(see pages 30-31 for details)* aimed at prevention, encompassing education and awareness, the essential aim of which is to reduce the demand for drugs. In the case of 11 of the actions, they are either completed or are ongoing tasks over the lifetime of the Strategy *(shown in green)*. In the case of the remaining 5 actions, while some progress has been made, further work is necessary or underway in order to complete the implementation of the actions *(shown in yellow)*.[7] The principal agencies involved in delivering these actions are the Departments of Education & Science and Health & Children; their associated agencies including the National Educational Welfare Board; Vocational Education Committees; the Health Service Executive (HSE); the LDTFs and the voluntary and community sectors.

4.2 The Steering Group reviewed progress in relation to the various actions and found that many of them have advanced considerably since 2001. In general, the Steering Group notes that there are now a range of school-based programmes and schemes in place aimed at tackling disadvantage, developing personal skills and making students more aware of issues around drugs. In addition, guidelines have been developed to facilitate all schools in drawing up substance use policies and a National Drugs Awareness Campaign highlighting issues around drug misuse is in place. A summary of progress across the various actions is outlined in this chapter. Issues highlighted during the course of the review which will need to be addressed in the remaining period of the Strategy are also highlighted.

4.3 Half of the 16 actions *(actions 31-36 and 42-43)* relate to school-based prevention programmes which can broadly be categorised into (i) programmes to tackle educational disadvantage and (ii) dedicated programmes aimed at substance misuse.

4.4 A key priority in the Strategy has been to target schools in LDTF areas and other disadvantaged areas and to make additional supports available to these schools. The principal strands in the Department of Education & Science's approach to educational disadvantage include the National Educational Welfare Board (NEWB), the School Completion Programme (SCP) and the Home School Community Liaison Scheme (HSCL). In the context of the NDS, the Steering Group notes that:

- *Action 30* called for the prioritisation of LDTF areas in the establishment of the NEWB, which was launched in December 2003. While there are now Educational Welfare Officers assigned to all LDTF areas, the Steering Group notes that the Board is not operating at its full complement. Notwithstanding the current difficulties in relation to employment ceilings, the Steering Group believes that there is a need to continue to expand the work of the Board to areas with high levels of drug misuse.
- The SCP (relevant to *action 36*) has been in operation since 2002 and currently operates in 82 clusters nationwide, encompassing over 400 schools. Similar to the NEWB, the Steering Group considers that there is a need to continue to expand the Programme to target areas with high levels of drug misuse and to evaluate its ongoing impact on the ground.
- The HSCL Scheme (relevant to *action 34*) focuses on primary and post-primary schools that have been designated as disadvantaged. Through its network of co-ordinators in some 500 schools, the HSCL now also includes advice to parents on substance misuse. While recognising the valuable work being done through the Scheme, the Steering Group considers that it could be further strengthened through the provision of additional resources. In particular, the Group considers that there is a need to expand the engagement of Home School Community Liaison with families, particularly those dealing with drug misuse.

4.5 With regard to **dedicated programmes aimed at tackling substance misuse**, the Steering Group notes that the Social, Personal and Health Education (SPHE) Programme (*actions 31* and *33*) is a curriculum subject at both primary and post-primary level, up to Junior Certificate. At both levels, there are dedicated modules which focus on the "prevention of substance misuse" including alcohol. However, the review highlighted a number of issues in the delivery of SPHE around the country and, by extension, those modules dealing specifically with substance misuse. It was found that the practice of delivering SPHE can vary between schools suggesting that there may be capacity issues regarding implementation at local level. The fact that SPHE is not an exam subject was also highlighted as a factor in the perceived low prioritisation of this subject on school timetables. The Steering Group believes that consistency in the delivery of these programmes is critical to their successful implementation. In this context, the Group considers that ongoing training and support in prevention education should be made available for teachers and, furthermore, that it should be part of the curriculum for student teachers.

7 Action 34 has always been broken into two parts for assessment and has a dual colour coding. In terms of overall assessment it is deemed to not yet be completely in place.

4.6 "Walk Tall" is a Substance Misuse Prevention Programme which is taught as part of SPHE at primary level (*actions 32* and *34*). The Walk Tall Support Service currently provides a range of supports to primary schools in LDTF areas to implement the Walk Tall Programme as part of the SPHE curriculum and to develop substance use policies. One of the challenges of the Walk Tall Programme is to provide continuing development for teachers on the programme. In addition, the Steering Group considers that there is a need to extend the comprehensive range of supports currently available to primary schools in LDTF areas through the Walk Tall Support Service to other areas of disadvantage.

4.7 The NDS (*actions 34* and *35*) also recommends exploring ways of **involving parents and families in prevention programmes**, in particular parents and families of "at risk" children, and that they have access to factual preventative materials. In this context, the Steering Group notes that a number of LDTF measures have focussed on parents of 'at risk' young people and families of drug misusers – however, there are continuing gaps in support for parents in non-LDTF areas. Phase 2 of the National Drugs Awareness Campaign (see para 4.11 below) was targeted specifically at parents and featured amongst other things, a television, radio and print advertising campaign, specific parent-focussed information on the website and a 'Parent's Guide to Drugs' information leaflet. The Steering Group found, however, that despite the availability of this material there is often confusion amongst parents and families as to how best to access information regarding drugs. In the circumstances, the Group considers that factual preventative information for parents and families should be made available in locations such as Garda stations, libraries, health centres and other public offices.

4.8 In line with *action 43* of the Strategy, the Departments of Education & Science and Health & Children have developed and disseminated **guidelines on the preparation of substance use policies** for schools to assist them in managing issues relating to drug misuse. Returns to the Department of Education & Science indicate that over 50% of all schools had adopted substance use policies by mid 2004. The Group found, however, that there are still practical problems in both developing and implementing such policies in some schools. In this context, the Steering Group notes that the Department of Education & Science will shortly be conducting a review of the process of developing and implementing substance use policies. Notwithstanding the findings of the review which are expected by the end of 2005, the Steering Group considers that it is imperative that a mechanism is put in place to track the development of substance use policies in schools and that an annual progress report is produced in this regard. In addition, the Group considers that the development and implementation of such policies in all LDTF area schools by the end of the 2005/06 academic year is a key priority going forward.

4.9 With regard to programmes in non-school based settings, *action 37* of the Strategy stipulates that actions 31-35 (which deal primarily with school based prevention programmes) should also apply in **non-school settings**[8]. This is particularly important in that this sector deals with young people from more disadvantaged backgrounds who are at a higher risk of early school-leaving and drug misuse.

4.10 The Steering Group found that while there have been important strides in developing non-school based programmes in recent years, there may be continuing gaps and also a lack of consistency in the approaches adopted by the different agencies. In the circumstances, the Steering Group considers that a working group should be set up – under the aegis of the Department of Education & Science – that would examine this area, identify ongoing gaps and develop guidelines and models of best practice for the implementation of substance use programmes in non-school settings. The working group should include representatives of the relevant Departments (Health & Children, Justice, Equality & Law Reform) as well as the Prison Service, the HSE and the community & voluntary sectors. In their deliberations, the working group should be particularly conscious of the needs of high risk groups such as foreign nationals, young offenders, Travellers and gay/lesbian/bisexual young people.

4.11 There has been considerable progress in relation to *action 38* which calls for the development of a **National Drugs Awareness Campaign** highlighting the dangers of drugs. A three-year campaign was launched in May 2003 and to date, has been conducted in three phases:

- Phase 1 – was aimed at the general population and featured an advertising campaign plus a supporting website, an information leaflet and a helpline;
- Phase 2 – was targeted specifically at parents and featured a television, radio and print advertising campaign, a helpline, specific parent-focussed information on the website, a 'Parent's Guide to Drugs' information leaflet and a nationwide road-show which aimed to answer parents questions about drugs and their children; and
- Phase 3 – was targeted at cocaine users in the 18-35 year age group. This phase has also focussed on public relations activities and has achieved a high level of media awareness.

8 In general, these include programmes for under 18 year olds run through, for example, Youthreach, FÁS Community Training Workshops and VTOS (Vocational Training Opportunities Scheme) as well as youth diversionary programmes funded through the LDTFs, the YPFSF, the Garda Síochána, the National Youth Health Programme (NYHP), Senior Traveller Training Centres and the Irish Prison Service.

The focus of further phases of the campaign is currently being considered.

4.12 The Steering Group notes the importance of **youth work** in engaging with young people in a non-school setting, particularly those most at risk. In general, youth work aims to enhance the personal and social development of young people through their voluntary participation in programmes and activities that are complementary to their formal, academic and vocational education and training. In this way, it is seen as a mechanism through which to engage with young people involved in, or at risk of becoming involved in, drug misuse. Among the approaches used are activities and programmes dealing with the welfare and well-being of the individual(s) involved, the promotion of issue-based activities, recreational and sporting activities and creative, artistic and cultural or language-based programmes and activities. Through these approaches, the aim is to engage with the young people, and by their interaction with the youth workers and the volunteers involved, to help and support them to engage in a more meaningful way with the issues they face in their lives.

4.13 In this context, *action 3* of the Strategy looks at the issue of **alternatives to drug misuse** for young people and the need to prioritise LDTF areas in funding programmes such the Young Peoples Facilities & Services Fund (YPFSF), the Sports Capital Programme and other such initiatives. The YPFSF, in particular, continues to target LDTF areas and to date, approximately €85m has been allocated, primarily to the 14 LDTF areas to support over 450 services and facilities projects, aimed at "at risk" young people in the 10 -21 age group. In this context, access by the Fund's target group, particularly to the larger youth and community facilities being put in place though the YPFSF, is a key issue and one that is being actively monitored by the Fund's National Assessment Committee (NAC). Overall, the Steering Group considers that the expansion of the Fund to other areas of similar need, outside of the LDTFs, needs to be actively progressed and notes that the work that is ongoing by the NDST regarding the identification of future Task Force areas is relevant in this regard. In addition, the Group believes that targeting potentially high risk groups, such as foreign national young people, should be a priority area for the Fund in the future.

4.14 An issue of ongoing concern to the Steering Group is the **use of school facilities outside of school time and school holidays** for community education and recreation purposes – particularly those located in disadvantaged areas. While some schools make their premises available to local clubs and groups, the Group considers that, in general, there is significant under-usage of such valuable community facilities and that ways of addressing the issues currently preventing/limiting such usage (e.g. insurance, health and safety) need to be addressed. While it is recognised that this is essentially a matter for boards of management and trustees of schools, the Steering Group welcomes the recent circular from the Department of Education & Science encouraging schools to allow community access to their premises outside of school hours. The Group also notes that this issue is being considered at present by the NAC and that the Committee will be developing proposals in this regard which will be brought to the IDG for consideration as soon as possible.

4.15 The Steering Group notes that one of the main actions identified in the Strategy *(action 29)* – publishing and implementing **a policy statement** on education and auditing levels of support **in LDTF areas** – has not been completed. One of the main reasons for the delay is the review currently being conducted by the Department of Education & Science on its approach to educational disadvantage. The Department intends that the outcome of this review will provide the framework for policies of educational supports at LDTF level. The Steering Group notes that the Department expects to be able to complete a map of schools serving LDTF areas and an audit of supplementary supports available through LDTFs by the end of 2005.

4.16 The Steering Group emphasises again the importance of data collection and the use of administrative data to contribute to programme evaluation and the development of evidenced based policy-making. In this regard, efforts should be made by all agencies involved in prevention to gather data on their activities at both local and national level.

KEY ISSUES EMERGING

4.17 As outlined at the beginning of this chapter, considerable progress has been made across the 16 actions in the prevention pillar. However, the Steering Group has identified *four key issues* which will need to be addressed over the remaining lifetime of the Strategy up to 2008. The Group believes that this can be done through replacing or amending six *existing* actions in the Strategy and developing two *new* actions as outlined below:

1. **ISSUE: Substance use policies in schools** – while a significant number of schools now have substance use policies in place, there is a need to monitor the development and implementation of such policies.

Recommendations of Steering Group:

- Substance use policies should be developed and implemented in all LDTF area schools by the end of the 2005/06 academic year ***(Action 43 replaced);***

- A mechanism to monitor the development of substance use policies in all schools should be put in place and should report annually ***(Action 43 replaced).***

Department/Agency responsible:
Department of Education & Science

2. **ISSUE: Implementation of SPHE** – where such programmes are in place, the practice of implementing them can vary significantly between schools. Equally, there can be a lack of prioritisation by management in some schools of the implementation of the programmes.

Recommendations of Steering Group:

- Appropriate and ongoing training and support services should be put in place on a nationwide basis for teachers to deliver the SPHE ***(Action 31 amended)***;
- The supports provided to LDTF area schools through the Walk Tall Support Service should be extended to other areas of disadvantage ***(Action 32 amended)***;
- Schools at primary and post-primary levels should further prioritise the implementation of school based prevention programmes within existing timetables ***(Action 33 amended)***;
- Prevention education should be part of the curriculum for student teachers ***(New Action)***.

Department/Agency responsible:
Department of Education & Science and Health Service Executive

3. **ISSUE: Prevention programmes in non-school settings** – while there has been progress in developing non-school based programmes in recent years, there are gaps and a lack of consistency in terms of how the programmes are delivered by the different agencies.

Recommendation of Steering Group:

- A working group should be established – under the aegis of the Department of Education & Science – to examine this area, to identify ongoing gaps and to develop guidelines and models of best practice for the implementation of substance use programmes in non-school settings. The group should report by January 2006 ***(Action 37 amended)***.

Department/Agency responsible:
Department of Education & Science

4. **ISSUE: Supports for parents & families** – while there have been positive developments in this area, there is often confusion amongst parents and families as to how best to access information regarding substance misuse. The role of the HSCL Scheme also needs to be strengthened.

Recommendations of Steering Group:

- Factual preventative information for parents and families in dealing with substance misuse should be more easily accessible in appropriate locations such as Garda Stations, libraries, health centres and other public offices ***(Action 35 replaced)***;
- The role of the Home School Community Liaison Scheme should be further strengthened through the provision of additional resources. In particular, there is a need to expand the engagement of HSCL with families, particularly those dealing with drug misuse ***(New action)***.

Department/Agency responsible:
Department of Education & Science and the Health Service Executive

KEY PERFORMANCE INDICATORS

4.18 Having considered the issue, the Steering Group proposes the following KPIs under the prevention pillar. These indicators replace the existing KPIs and concentrate on available data:

- The 3 Source Capture-Recapture study estimate of opiate misusers, which will be released in 2007, to show a stabilisation in terms of overall numbers and to show a reduction of 5% of the prevalence rate based on 2001 figures published in 2003;
- The NACD Drug Prevalence survey, which will be released in 2007, to show a reduction of 5% of the prevalence rate of recent and current use of illicit drugs in the overall population based on 2002/03 rate;
- Substance use polices in place in 100% of schools; and
- Early school leaving in LDTF areas reduced by 10% based on 2005/06 rate.

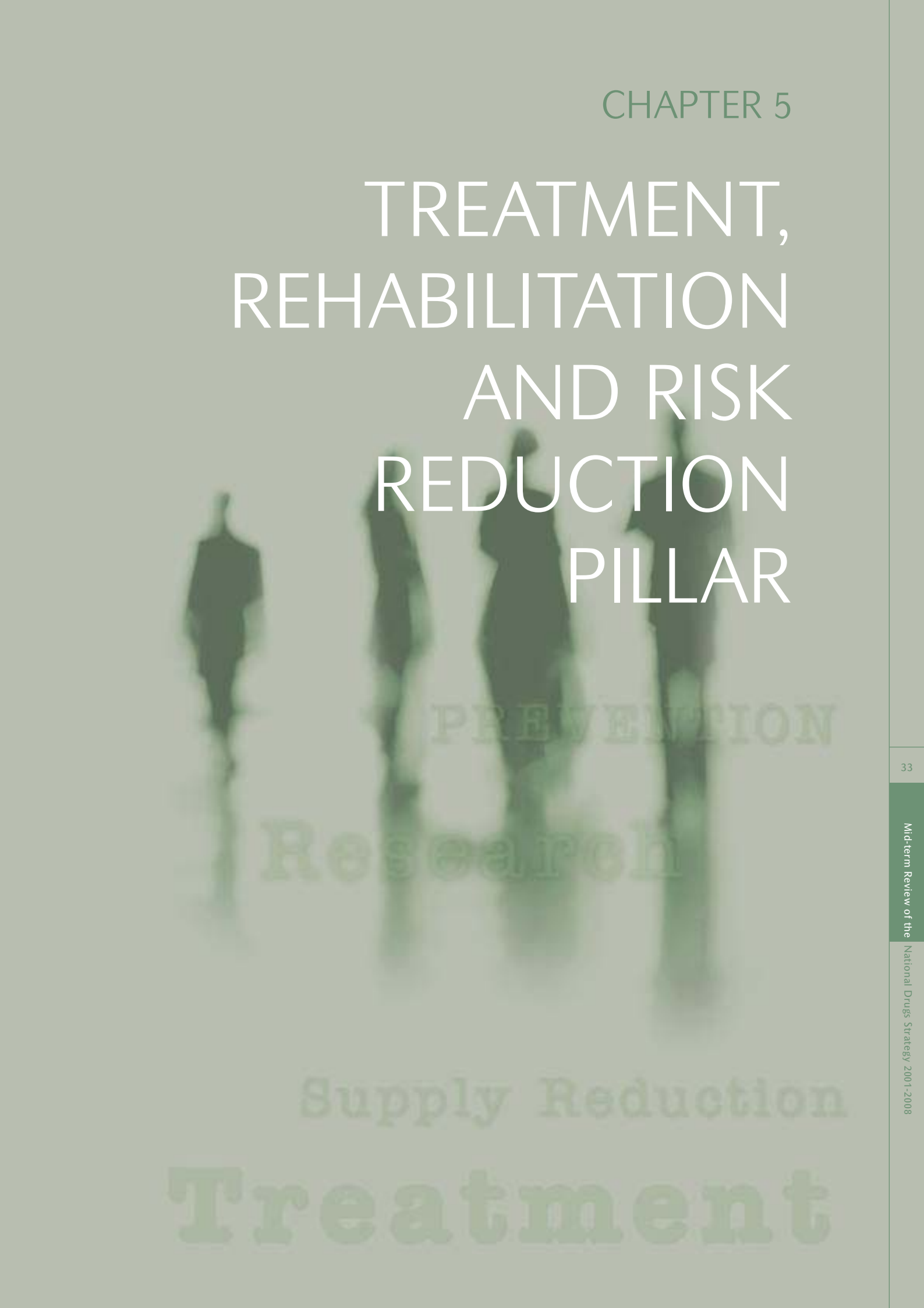
PROGRESS ON ACTIONS OF THE PREVENTION, EDUCATION AND AWARENESS PILLAR

No.	Agency	Action	Progress
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.	Completed or Ongoing Task
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. Nominate an official to serve as a member of each Task Force. Set up a group in the Department to discuss cross-cutting issues.	Progress made/ more work underway
30	**D/E&S**	To prioritise LDTF areas during the establishment and expansion of the services of the National Educational Welfare Board.	Completed or Ongoing Task
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.	Completed or Ongoing Task
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.	Completed or Ongoing Task
33	**D/E&S, HPU & HBs**	To deliver the SPHE Programme in all second-level schools by September 2003.	Completed or Ongoing Task
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.	Completed or Ongoing Task
34 (B)		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.	Progress made/ more work underway
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.	Completed or Ongoing Task

No.	Agency	Action	Progress
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.	Completed or Ongoing Task
37	**D/E&S, HPU**	Recommendations 31-35 to apply equally to the non-school education sector.	Progress made/ more work underway
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.	Completed or Ongoing Task
42	**D/E&S, D/H&C**	To ensure that the design and delivery of all preventive programmes are informed by ongoing research into the factors contributing to drug misuse by particular groups. 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.	Progress made/ more work underway
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.	Progress made/ more work underway
95	**LDTFs/ RDTFs**	Community-based initiatives to raise awareness.	Completed or Ongoing Task
96/97	**LDTFs/ RDTFs**	LDTFs/RDTFs to raise awareness of drug misuse including involving user groups.	Completed or Ongoing Task

CHAPTER 5

TREATMENT, REHABILITATION AND RISK REDUCTION PILLAR



5 Treatment, Rhabilitation and Risk Reduction Pillar

OVERVIEW

5.1 The NDS includes 36 actions *(see pages 40-43 for details)* which fall under the treatment, rehabilitation and risk reduction pillar. The delivery of services under this pillar involves a complex network of statutory and non-statutory agencies working in partnership. The principal agencies involved are the Department of Health & Children; the Health Service Executive (HSE); the Prison Service; FÁS; the Probation and Welfare Service; Local Authorities; the LDTFs and a wide range of community and voluntary bodies. Of the actions under this pillar, nine are completed and/or ongoing *(shown in green)*. There have been varying degrees of progress made on a further twenty four *(shown in yellow)*, while, for various reasons, considerably more progress has to be made on three actions *(shown in blue)*.

5.2 In reviewing the provisions in the Strategy in relation to treatment, the Steering Group is conscious of the variance in prevalence of drug misuse across the country, particularly between the Eastern region (former the ERHA area) and the rest of Ireland. Heroin and other problematic drug use is still most prevalent in the Eastern region, and accordingly, services have been in greater demand and have developed at a faster rate than in other parts of the country. This has been the background to the Steering Group's considerations in its review of treatment services.

5.3 In reviewing the ongoing work under this pillar, the Steering Group examined a range of issues and believes that significant progress has been made in relation to a number of actions in this field. In particular, there has been a considerable expansion in the number of **methadone treatment places** *(action 45)*. The Strategy set a target of a minimum number of treatment places of 6,500 by end 2002. This target has been surpassed with end March 2005 figures standing at 7,390 treatment places. In addition, there has also been 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 old ERHA region.

5.4 The Group is aware that there are difficulties nationwide in the **recruitment of new pharmacists and GPs** *(action 56)* into the methadone protocol. Outside the Dublin area, there is a shortage of GPs that are sufficiently trained to commence clients in treatment under the protocol[9]. There are also problems in some areas in relation to engaging pharmacists to operate the protocol. In the greater Dublin area, while there have been increases in the numbers of GPs participating in recent years, there continues to be a shortage in some areas which prevent clients from availing of local services. The Steering Group believes that to facilitate the successful implementation of the Strategy, greater involvement of GPs and pharmacists is essential.

5.5 The Steering Group notes that the voluntary and community sectors have made an important contribution to expanding the range of treatment services available and to increasing the number of counsellors and project workers involved in drug services. The Group notes that it is currently not open to those sectors to employ medical staff directly although it is not clear to the Group why this is the case. Given the complexity of this issue, the Group recommends that the Methadone Implementation Committee[10] should be asked to examine this matter and to report to the IDG by the end of 2005. The Committee should look at the potential for voluntary services to employ medical staff directly as a means of improving treatment access and continuity of care for their clients.

5.6 The Steering Group notes that though there has been significant progress with regard to **waiting lists**, there are still critical time lags in accessing services in some locations in the Eastern region and in many locations in other parts of the country. Furthermore, the Steering Group recognises that for some groups (e.g. homeless people, Travellers) maintaining regular contact and providing support is crucial so that when treatment is available they are informed and ready to take up the place. It should also be acknowledged that to date, the experience has been that as services develop in any given area, more people come forward to access these services.

5.7 The Steering Group is also conscious of the call throughout the consultation process for greater availability of, and access to **detoxification**, at community and residential level. The Group is of the opinion that this provision should be expanded in line with international benchmarks, however, it is important to note that successful outcomes are more likely when linked with rehabilitation. In this context, increases in detoxification places, both community and residential, should be made in conjunction with increases in overall rehabilitation services.

9 Level 1 GPs cannot initiate clients into methadone treatment – this can only be done by Level 2 GPs.

10 The Methadone Implementation Committee was established to oversee the implementation of the regulatory changes of 1998 in relation to the prescribing of methadone. In 2002 the Committee was reconfigured in order to conduct an internal review of the operation of the Methadone Treatment Protocol.

5.8 In relation to **prisons**, it is noted that the Irish Prison Service has made steady progress in implementing most of the actions set out for it in the NDS *(actions 21-24)*, although the evaluation of the prison drugs strategy set for 2004 will not now begin until 2007. A key initial priority has been to develop the infrastructure to deliver treatment services and to achieve equivalence of care with community services. These enhanced provisions and institutional arrangements have brought improvements to the level and quality of services available within prisons (e.g. expansion of the provision of methadone programmes and increased number of drug-free units). The Steering Group is aware, however, that further improvements are required in prison treatment services – particularly in developing counselling services, enhanced methadone provision and post-release arrangements. The Prison Service is proactive in developing and improving these services and it is recognised that such developments must occur simultaneously with developments in the community and are mutually dependent. However, the Group recognises that there is still a gap in relation to sharing information between services, which would help in post-release arrangements. The Group notes that there have been developments in the area of case management which are ongoing and is of the view that these should be implemented as soon as possible and definitely before the end of 2006.

5.9 In addition, while acknowledging that the problem is most acute in prisons in the Eastern region, the Group believes that, as with drug treatment for the general community, treatment provision outside that area also needs to be expanded. The Group notes that the Department of Justice, Equality & Law Reform is in the process of finalising a prison drugs policy which will set the framework for developing future services. The fact that injecting drug use continues amongst drug misusers in the Irish prison population is a matter of great concern. The research available highlights the greater vulnerability of prisoners to infectious disease due to the higher prevalence of infection in the prison population. This merits continuing consideration in order to explore the many harm reduction approaches available for implementation within Irish prisons. The Steering Group notes that the increased provision of substitution treatment, vaccination programmes and education have been important steps in this regard and that this progress should be maintained. Finally, the Group also notes the absence of developed linkages between the Prison Service and key stakeholders such as the Drugs Strategy Unit of the Department of Community, Rural & Gaeltacht Affairs and the National Drugs Strategy Team in the development of drugs policy – and believes that this should be addressed.

5.10 The Steering Group is aware of the calls that have been made for further progress with regard to providing a **range of medical and non-medical treatment services for problem drug users**, including drug-free and detox facilities (related to *action 48*). The Group recognises that demand for these forms of treatment can vary and that analysis of this demand is hampered by the absence of more comprehensive timely data on the availability of alternative treatments to methadone. However, in line with the Strategy, the Group believes that there should be broad and accessible provision of these options and, in the regions where this is still not the case, their development should be prioritised for the remainder of the Strategy.

5.11 Delivering a seamless 'client centred' service is a particularly challenging action. In this context, the Group feels that the principle of **continuum of care** *(action 47)* i.e. smooth transition into appropriate and timely treatments and on through to rehabilitation, can play an important role. A range of treatment approaches is required in order to provide problem drug users with a **planned programme of progression**. In the opinion of the Group, this would provide drug misusers with planned timely access to a range of options from presentment, assessment, treatment and on to after-care, rehabilitation and re-integration.

5.12 A number of other issues have arisen in the context of the availability of treatment, in particular **the increased prevalence of cocaine misuse**. The trend in this regard is noted in a number of sources including Garda figures and treatment statistics, as well as the NACD study[11] which was published in 2003. In order to meet this challenge, the Steering Group believes that treatment services need to address the needs of cocaine-dependent patients and tailor and expand existing services in this regard. The Group notes that the Addiction Services in the HSE Eastern Region already provide a range of services to those presenting with problem cocaine use. The services are focussed on psychological support, counselling interventions and referral to appropriate residential services.

5.13 In this regard, the Group notes that there are different cohorts of users, which require different treatment approaches, in particular, opiate users who are also using cocaine. Unlike heroin, there is no substitution treatment for cocaine. In addition, the Group is of the opinion that the outcome of the evaluations of the pilot projects on cocaine[12], which are being rolled out in 2005 should be carefully examined and the lessons implemented, particularly in the LDTF areas where the misusers most at risk

11 *An Overview of Cocaine Use in Ireland* published by the NACD in December 2003.

12 Funding of almost €400,000 has been allocated by D/CRGA to support a series of pilot proposals aimed at tackling cocaine use in LDTF areas. The funding is being used for the training of frontline staff, the production of educational material and for a number of pilot treatment interventions with specific groups such as intravenous cocaine users, problematic intranasal cocaine users and problematic female cocaine users.

are still located. The prevalence of crack cocaine, although still very low, will also need to be closely monitored. In line with the recommendations of the NACD report, it is also essential to continue to challenge the perception that cocaine use is not dangerous. In this context, the Steering Group is aware that more problem drug users are presenting with a range of drug dependencies, including **alcohol**, and that **poly-drug use** is increasingly the norm for this group. Effectively managing this trend presents a different set of challenges for the NDS, which need to be accommodated in the different approaches to treatment. Successfully treating this more diverse prevalence pattern will mean access to, and greater provision of, a wider range of treatment services.

5.14 The Strategy set out that a **protocol should be developed for the treatment of under 18 year olds presenting with serious drug problems** *(action 49)*. The Under 18s Working Group, chaired by the Department of Health & Children, 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.[13] The Group decided that treatment services for under 18 year old problem drug users should be based on a four-tiered approach from tier 1 which comprises services who engage with young people but who have no specialist expertise in adolescents or addictions through to tier 4 – those services with specialist expertise in both adolescents and addiction and can provide brief intensive treatment. The Department of Health & Children has allocated funding of €500,000 to the HSE Eastern Region to fund the development of tier 3 teams (multi-disciplinary teams specialising in adolescents and addictions). The Steering Group believes that one of the priorities for the next phase of the Strategy is to advance the implementation of the Working Group's Report. This will be monitored through the IDG on a regular basis.

5.15 In relation to *action 54*, the Steering Group is conscious that the Health Services consider that full-time **childcare facilities within an addiction setting** may lead to further stigmatisation of children of drug misusers. Therefore, implementing the action as it is currently phrased is not appropriate and it should be made more flexible. In this regard, the Steering Group believes that the Health Services should aim to provide more appropriate services where necessary, such as drop-in play/creche areas rather than full-time facilities.

5.16 Research carried out by the NACD[14] has raised the problems posed in delivering services to people with **dual diagnosis** (co-existence of mental health disorder and drug dependence). This particular cohort is more vulnerable to relapse, homelessness and suicide and in this regard, the Group welcomes the examination of joint protocols by the Advisory Sub-Group on Dual Diagnosis as part of the Expert Group on Mental Health which was established in August 2003 to prepare a new national policy framework for the mental health services.

5.17 The Steering Group also welcomes the drafting of **service user charters** by many of the Health Services as outlined in *action 46*. However, the Group is of the opinion that, in the future, where this is not already taking place, services should consult more widely with service users in the drafting of these documents.

5.18 The issue of preventative strategies in relation to **drugs overdose** was also raised during the course of the review. This is an area of concern for the Steering Group who believe that a national approach should be taken to this matter with appropriate preventative strategies being put in place and evaluated.

5.19 A striking feature of the consultation process was the numerous calls that were made for the development of a more comprehensive and inter-linked approach to **rehabilitation** under the NDS. Furthermore, there were strong and consistent calls for rehabilitation to be made the "fifth" pillar of the Strategy, given its overall importance for drug misusers in terms of "moving on" and, ultimately, re-integrating them into society. While there is a lack of understanding around what is meant by rehabilitation, in general, it is seen as embracing a wide range of services (e.g. personal development, training, community integration, access to housing, access to employment etc.). In Ireland, there are a number of agencies currently involved in the provision of rehabilitation services, including the Health Services, FÁS and the community and voluntary sectors.

5.20 In this regard, the Steering Group is conscious of the key contribution FÁS has made to the NDS in relation to rehabilitation through the ring-fencing of **CE places** for drug-related projects. These CE places have served as an important mechanism for engaging drug users in treatment and rehabilitation programmes. However, the Group notes that a number of issues arise in this context, including the need to accommodate the needs of the Regional Drugs Task Forces and the cap of three years as a limit on the time a participant can remain on CE. In addition, discrepancies in how drugs projects are dealt with from area to area were also noted e.g. some schemes were dedicated Drugs Task

13 The Under 18 Group undertook a number of initiatives including an examination of the legal issues surrounding treatment, a review of relevant literature, an analysis of trends in drug misuse by children and adolescents, a review of services and service gaps nationally, the establishment of focus groups of service users within and outside the ERHA region and a review of the treatment issues raised by its deliberations.

14 *Mental Health and Addiction Services and the Management of Dual Diagnosis in Ireland* published by the NACD in November 2004.

Force projects where almost all participants were specially designated as having had substance misuse problems, while in others, there were dedicated places in 'mainstream' CE schemes. In addition, an evaluation of CE schemes[15] has recently been completed and highlighted the need for inter-agency gaps to be addressed if rehabilitation services are to be improved.

5.21 In considering this issue, the Steering Group is conscious of the need to strengthen and expand the Strategy's rehabilitation provisions – particularly in light of the significant and ongoing expansion in treatment provision in recent years *(actions 48, 57 & 74 primarily)*. Equally, however, the Group is conscious that there are many different views and interpretations as to what constitutes rehabilitation ranging from therapeutic approaches on the one hand to training and social re-integration on the other (as outlined in paragraph 5.19 above). The Group is also conscious that the NACD will be examining this area during 2005 as part of their new research work programme. In the circumstances and given the overall importance of this area in the NDS in the future, the Steering Group supports the proposal that rehabilitation should be made the fifth pillar of the Strategy. However, the Group believes that further work needs to done before a comprehensive policy – and individual actions – on rehabilitation can be developed. Accordingly, it is recommended that a working group be established under the aegis of the Department of Community, Rural & Gaeltacht Affairs to comprehensively examine this area and to develop an integrated rehabilitation policy. The group should include representatives of the key agencies currently involved in delivering rehabilitation services and should examine the broad range of issues that impact on the provision of rehabilitation, including the long-term supports that are required to enable drug misusers to re-integrate into the labour market. The working group should have regard to the findings of the evaluation of CE carried out in 2004 (see paragraph 5.20 above) and the work to be done in 2005 by the NACD, as well EU and international best practice in this area. The group should report to the IDG and the Cabinet Committee on Social Inclusion by the end of 2005 on the appropriate actions to be implemented.

5.22 Notwithstanding the work of the group to be established, the Steering Group is of the opinion that the three year cap for CE places needs to be applied flexibly in the case of recovering drug misusers.

5.23 In relation to **harm reduction approaches[16] – including needle exchange** and other injecting paraphernalia *(actions 62 and 63)*, the Group feels that, in light of the increase in the incidence of hepatitis C and the ongoing prevalence of HIV, higher priority should be given to the relevant actions in the Strategy. This is supported by the available data that indicates that sharing injecting paraphernalia continues amongst drug misusers. The Group is also conscious that it is much easier to transmit blood-borne diseases such as hepatitis C through shared injecting paraphernalia than it is with HIV. Accordingly, drug misusers are not adequately protected through measures designed to combat the spread of HIV. The Steering Group is of the opinion that further efforts are needed to identify the risk behaviours of Irish drug users that contribute to the higher prevalence rates (e.g. hepatitis C) than EU norms and to raise awareness amongst users in this regard. Furthermore, enhanced training for service providers on this issue should be made available.

5.24 In this regard, the Steering Group advocates the expansion of harm reduction services, especially needle exchanges, to improve access and availability in the evenings and weekends and in areas of greatest need such as the eastern region. The Group is of the opinion that a range of approaches may be necessary to achieve this and the Health Services should prioritise and develop whatever is most appropriate to the area concerned. In particular, the Group believes that harm reduction services should have the flexibility to cater for the provision and/or exchange of a range of drug use paraphernalia so as to reduce the risk of contracting drug-related infectious diseases. The Steering Group also understands that the action regarding the collection and safe disposal of injecting equipment *(action 69)* is now being progressed but that considerably more work is required to advance its implementation.

KEY ISSUES EMERGING

5.25 As outlined at the beginning of the chapter, significant progress has been made across the 36 actions under the treatment pillar. However, the Steering Group has identified *six key issues* that need to be addressed in the period up to 2008. This can be done through a mixture of replacing or amending *existing* actions and developing two *new* actions which are set out below:

1. **ISSUE – Availability of treatment options** – given the increased prevalence of poly-drug use, including cocaine, the availability and range of treatment options should continue to be increased.

15 *A Review of Drugs Task Force Project Activity for FÁS Community Employment and Job Initiative Participants,* Dr. Alan Bruce, July 2004 *(unpublished)*.

16 Harm Reduction approaches focus on minimising the health, personal and social harms associated with drug use such as the spread of blood-borne diseases. Harm reduction programmes typically include a range of interventions, which on a continuum, commence with communication with drug users and the general public and move to the prescription of drug substitution treatment (*A Review of Harm Reduction Approaches in Ireland and Evidence from the International Literature* published by NACD in May 2004).

Recommendations of the Steering Group:

- An audit of the current availability of treatment options should be carried out which should include an assessment of treatment needs and propose ways of tracking ongoing developments. The audit should be completed by mid-2006 ***(New Action)***.

- In the context of increased poly-drug use, including cocaine and other drugs of dependence, increasing the availability and range of treatment options, including detoxification, should continue to be prioritised. This work should take on board the lessons of the pilot cocaine projects currently being rolled out in LDTF areas ***(Action 48 amended)***.

Department/Agency responsible: Health Service Executive

2. **ISSUE – Rehabilitation provision within the Strategy** – the Steering Group believes that rehabilitation should be the fifth pillar of the Strategy. In this context, however it was felt that a working group should be set up to develop the pillar in terms of an integrated rehabilitation provision.

Recommendations of the Steering Group:

- Rehabilitation should become the fifth pillar of the National Drugs Strategy. In this context, a working group should be set up to develop an integrated rehabilitation provision. The group, to be chaired by the Department of Community, Rural & Gaeltacht Affairs, should report to the IDG and the Cabinet Committee on Social Inclusion by the end of 2005 on the appropriate actions to be implemented ***(New Action)***.

Department/Agency responsible: Department of Community, Rural & Gaeltacht Affairs

3. **ISSUE – Treatment for Under 18s** – the Working Group has completed its work and the challenge for the remaining period of the Strategy is to implement the recommendations arising from the Working Group's report.

Recommendations of the Steering Group:

- The guidelines agreed by the Working Group on treatment for under 18s should be fully implemented by end 2007, with priority given to areas of most need ***(Action 49 replaced)***.

Department/Agency responsible: Health Service Executive

4. **ISSUE – Development of needle exchange and related harm reduction service provision** – in the light of the increase in the incidence of hepatitis C and the ongoing prevalence of HIV, higher priority needs to be given to the actions in the Strategy in relation to harm reduction approaches – including needle exchange and exchange of other injecting paraphernalia.

Recommendations of the Steering Group:

- The provision of needle exchange and related harm reduction services should be expanded in order to ensure wider geographic availability and availability at evenings and weekends, concentrating at first on areas of highest need ***(Action 62 replaced)***.

Department/Agency responsible: Health Service Executive

5. **ISSUE – Target for treatment provision** – while there have been significant improvements in treatment provision in recent years, in the remaining phase of the Strategy the concentration should be on providing appropriate treatment (covering all treatments) no later than one month after assessment.

Recommendations of the Steering Group:

- Appropriate treatment should be provided to problem drug users no later than one month after assessment. This target should be met by end 2007 ***(Action 44 amended)***.

Department/Agency responsible: Health Service Executive

6. **ISSUE – Participation of GPs and pharmacists** – the importance of increasing GP and pharmacist participation in the provision of methadone treatment needs to continue to be prioritised.

Recommendations of the Steering Group:

- The numbers of GPs (in particular Level II GPs) and pharmacists participating in the methadone protocol, particularly in the areas of most need, should continue to be increased ***(Action 56 replaced)***;

- The Methadone Implementation Committee should examine the issue of the voluntary and community services employing medical staff directly and they should report to the IDG by the end of 2005 ***(Action 56 replaced)***.

Department/Agency responsible: Health Service Executive/Department of Health & Children

KEY PERFORMANCE INDICATORS

5.27 In the case of the treatment pillar, the Steering Group proposes the following KPIs to replace the existing indicators set out in the NDS:

- 100% of problematic drug users accessing treatment within one month after assessment;
- 100% of problematic drug users aged under-18 accessing treatment within one month after assessment;
- Harm reduction facilities available, including needle exchange where necessary, open during the day, and at evenings and weekends, according to need, in every local health office area; and
- Incidence of HIV in drugs user stabilised based on 2004 figures.

PROGRESS ON ACTIONS OF THE TREATMENT, REHABILITATION AND RISK REDUCTION PILLAR

No.	Agency	Action	Progress
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.	Completed/Ongoing Task
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.	Progress made/more work underway
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.	Considerably more progress required
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.	Progress made/more work underway
26	**D/EHLG**	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.	Completed/Ongoing Task
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.	Progress made/more work underway
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.	Progress made/more work underway
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.	Progress made/more work underway
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.	Progress made/more work underway
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.	Completed/Ongoing Task
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.	Progress made/more work underway

No.	Agency	Action	Progress
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.	Progress made/more work underway
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 his/her re-integration back into society.	Progress made/more work underway
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 availability of appropriate residential and day treatment programmes, education and training rehabilitative measures and harm reduction responses for young people. The Group should report by mid 2002.	Completed/Ongoing Task
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.	Progress made/more work underway
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. These plans to be implemented by end 2004.	Progress made/more work underway
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.	Completed/Ongoing Task
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 treatment services have proven successful and should be replicated, where appropiate.	Completed/Ongoing Task
54	**HEALTH BOARDS**	To consider, as a matter of priority, how best to integrate childcare 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 & Law Reform.	Progress made/more work underway

No.	Agency	Action	Progress
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 appropiate to the characteristics of Irish drug misuse.	Progress made/more work underway
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.	Progress made/more work underway
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.	Progress made/more work underway
58	**HEALTH BOARDS**	To report to the NACD on the efficacy of different forms of treatment and detox facilities and residential drug-free regimes on an ongoing basis.	Completed/Ongoing Task
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.	Progress made/more work underway
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.	Progress made/more work underway
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.	Considerably more progress required
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.	Progress made/more work underway
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.	Considerably more progress required
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.	Progress made/more work underway

No.	Agency	Action	Progress
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.	Progress made/more work underway
68	**HEALTH BOARDS & LAs**	Liase re housing with LA to ensure access to housing for recovering drug users.	Completed/Ongoing Task
69	**LAs & HBs**	To develop and implement proposals for the collection and safe disposal of injecting equipment.	Progress made/more work underway
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.	Completed/Ongoing Task
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.	Progress made/more work underway
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.	Progress made/more work underway
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.	Progress made/more work underway

CHAPTER 6

RESEARCH PILLAR

6 Research Pillar

OVERVIEW OF PROGRESS

6.1 The NDS includes 5 actions *(see page 49 for details)* under the research pillar relating to (i) specific pieces of work to be carried out by the National Advisory Committee on Drugs (NACD) *(actions 98-100)*, (ii) returns by service providers to the Drug Misuse Research Division of the Health Research Board *(action 65)* and (iii) the development of an accurate mechanism for recording the number of drug-related deaths *(action 67)*. One of the actions *(shown in green)* has been completed while there has been varying degrees of progress made on all of the remaining four actions *(shown in yellow)*.

6.2 The overall objectives of this pillar are to have available valid, timely and comparable data on the extent of drug misuse in Ireland, with a particular focus on marginalised groups, and to gain a greater understanding of the factors which contribute to Irish people, particularly young people, misusing drugs. This is being done through the development of more rigorous information based on quality research that will underpin the development of evidence based policy-making across each of the pillars. This chapter looks at progress to date across the five research actions and identifies a number of issues to be addressed in the period up to 2008.

6.3 Since its establishment in 2000, the NACD has produced a substantial body of work through its ongoing research programme. In relation to the specific actions set out in the NDS, it has commissioned a report on **Harm Reduction** *(action 100)* which was published in 2004[17]. Research will also be published on **specific 'at risk' groups** *(action 98)* such as homeless people (April 2005) and members of the Traveller Community. In addition, the NACD is conducting ongoing research into specific groups such as early school-leavers and sex workers. It has also commissioned a **longitudinal study on treatment outcomes**, known as ROSIE *(action 99)* which is ongoing.

6.4 Key prevalence information has also been provided through the **NACD/DAIRU[18] Drug Prevalence Survey 2002/2003** as well as the **3 Source Capture Recapture Study (2003)** which estimates the number of opiate users in Ireland. The Steering Group believes that these two pieces of research are vital in assessing trends in drug misuse in Ireland and that they should, therefore, be repeated before the end of the Strategy. The NACD has also published many other reports on identified research gaps, e.g. use of buprenorphine, lofexidine, naloxone, cocaine, cannabis, dual diagnosis, role of family support agencies etc. although the Steering Group notes that, currently, no mechanism exists for **monitoring the implementation of the recommendations** arising from these reports. This is an issue that the Steering Group considers needs to be addressed.

6.5 The Drug Misuse Research Division (DMRD) of the Health Research Board (HRB), which is an independent statutory body under the aegis of the Department of Health & Children, plays a key role in the area of monitoring and surveillance of drug treatment through its management of the **National Drug Treatment Reporting System (NDTRS)** – the national epidemiological database on treated problem drug use, which is compiled from the returns made by various service providers.[19] *Action 65* of the NDS provides that all treatment providers should co-operate in returning information on problem drug use to the DMRD. In this regard, it is noted that the situation has significantly improved regarding returns from the health services and a number of revisions have been made to the reporting system in order to improve its completeness, accuracy and usefulness. It is also noted that the Prison Service has not yet been included in the returns to the NDTRS, although the Group understands that this is being addressed bilaterally between the DMRD and the Prison Service.

6.6 *Action 67* of the National Drugs Strategy calls for the development of an accurate mechanism for recording the **number of drug-related deaths** in Ireland. In this regard, the Departments of Justice, Equality & Law Reform, Health & Children and Community, Rural & Gaeltacht Affairs, the National Drugs Strategy Team and the HRB, in conjunction with the Central Statistics Office (CSO) and the Coroners' Office, have been working on this action. Given its particular expertise, the DMRD has agreed to develop and host a National Drug-Related Death Index. In this context, the DMRD will publish an occasional paper during 2005 that will describe what is known about trends in drug-related deaths and deaths among drug users in Ireland and will begin the process of establishing the Index. The Steering Group views the development of such an index as a very important component of an overall strategy to reduce drug-related deaths and is of the opinion that it should be progressed as soon as possible.

17 *A Review of Harm Reduction Approaches in Ireland and Evidence from the International Literature* published by the NACD in May 2004.

18 DAIRU – Drug and Alcohol Information and Research Unit of Northern Ireland

19 The DMRD is the central point through which drug research data and information is channelled. In this context, it has developed the National Documentation Centre (NDC) on Drug Use, which holds 2,500 volumes on drug-related research published in Ireland and a number of key international publications. Funding for the NDC is provided by the Department of Community, Rural & Gaeltacht Affairs. In addition, the DMRD is the designated National Focal Point for European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), to which it makes annual reports based on the 5 key indicators of the EMCDDA – 1. extent and pattern of drug use in the general population; 2. prevalence of problem drug use; 3. demand for treatment by drug users; 4. drug-related deaths and mortality of drug users and 5. drug-related infectious diseases (HIV, hepatitis).

6.7 The Steering Group is aware that a **Drug Trend Monitoring System (DTMS)** is being piloted by the NACD at present. The aim of the DTMS is to identify trends such as the spread of drugs such as heroin into new areas; the availability of new drugs; new patterns and combinations of drug use; and new drug user groups. Once the pilot is completed (in April 2005), a report will be submitted to the Cabinet Committee on Social Inclusion regarding the best way forward. The Steering Group is aware that the outcome of the pilot is not yet clear and that recommendations have yet to be made. However, the Group believes that a monitoring system, in whatever form it may take, could prove to be very valuable in terms of localised knowledge in the future.

6.8 The **Central Methadone Treatment List (CMTL)** is another important source of information and the Group is of the opinion that it would be improved by the provision of further information regarding entry and re-entry of clients and the length of time in treatment. The Group is aware that some work in this regard is ongoing. In addition, the Steering Group believes that details regarding the **waiting lists in various regions** should also be developed by the HSE as, currently, only data for the Eastern region is available.

6.9 Similarly, there are gaps in relation to information and data collection within the **criminal justice system** that, if filled, could prove useful to policy-makers. While the Garda Annual Reports provide a good breakdown in relation to drugs seizures by type and overall arrests for possession and supply, the information is not sub-divided into possession and supply offences broken down by drug. The new Courts Cases Tracking System, referred to in Chapter 3, will have additional information in relation to sentencing in drugs cases which will help to inform on the above issues. The Group also notes that research into drugs and crime is one of the priority areas for the NACD for their new work programme.

6.10 In reviewing progress under the research pillar, the Steering Group is conscious of the need for good quality data and research to support the implementation of the NDS. Both of the main players in the research field in Ireland – the DMRD and the NACD – fulfill distinct roles and have enhanced understanding about the drug situation in Ireland. The issue of their working relationship was examined in the review of the NACD[20] carried out in 2004 and the Steering Group supports the recommendations made in that review **for the establishment of closer contacts** between them and believes that this would improve co-operation and coherence in the sector. The Steering Group is also conscious that the review concluded that the NACD was effective and providing value for money.

6.11 Currently, a range of different Departments and agencies such as the DMRD, NACD, Garda Síochána, Courts Service, the HSE, the Drug Treatment Centre Board and the voluntary sector produce data in the drugs field on an ongoing basis. The Steering Group believes that a **report outlining the available data on the nature and extent of drug use in Ireland** – separate from a report on the progress of the Strategy itself – should be produced. In this regard, the Group is conscious that the DMRD already produce an annual report on the drugs situation in Ireland for the EMCDDA. Accordingly, the Group believes that publication of the data contained in that report could fulfill this requirement. In this regard, the Drugs Strategy Unit will discuss this matter further with the DMRD and the Department of Health & Children.

6.12 An issue also raised during the course of the review was **the need for localised and regionalised data** on the nature and extent of drug misuse – in addition to national data – to allow for the planning of services at local and regional levels. There are a number of challenges involved in providing such data, including the fact that in a number of cases, areas covered by services providers are not co-terminus. For example, the HSE areas are different to the Garda districts which, in turn, do not correspond to LDTF areas. This makes it difficult to compare different data sources, but notwithstanding these issues, the Steering Group feels that developing localised and regionalised data is very important and must be actively progressed.

6.13 There are also issues around the actual **commissioning** and **carrying out** of local/regional research by, for example, LDTFs and RDTFs and the Steering Group notes the need to ensure that acceptable research standards are followed. In this regard, the Group is aware that it is very difficult to provide localised information from routine administrative data. In order to assist with developing localised knowledge at LDTF and RDTF level, it is noted that the NACD has agreed to facilitate a training workshop during 2005 on how to commission and manage research projects, with nominated participants from the different areas. Guidelines that will support groups undertaking or commissioning research will also be developed. In general, the Group notes that there is also a need for better use to be made of **available information** so that it is more accessible for policy-makers and other bodies such as LDTFs and RDTFs. This requires a commitment on the part of the different agencies to make the information they have more readily available.

KEY ISSUES EMERGING

6.14 The Steering Group notes that substantial progress has been made in relation to the 5 actions

20 *Review of the Work of the National Advisory Committee on Drugs* (NACD), Talbot Associates, Management Consultants, May 2004

under this pillar. *Two key issues* were highlighted during the course of the review, however, which if addressed, the Group believes will strengthen this pillar and add to its overall role within the Strategy. As these issues are not covered within the scope of the existing 5 actions of the Strategy, 2 *new* actions are being proposed, as outlined below.

1. **ISSUE: Monitoring the implementation of the recommendations in the NACD reports** – currently there is no mechanism in place to track progress in implementing the NACD recommendations arising from their various reports.

Recommendation of the Steering Group:

- Monitoring the implementation of the recommendations arising from the NACD reports should become part of the NDS progress reports to the Cabinet Committee on Social Inclusion. Reporting on the NACD recommendations should be done annually ***(New Action)***.

Department/Agency responsible: Department of Community, Rural & Gaeltacht Affairs

2. **ISSUE: Information available from the Central Methadone Treatment List** – this could be improved by the provision of further information regarding entry and re-entry of clients and the length of time in treatment. In addition, details regarding the waiting lists in various regions should also be developed by the HSE as, currently, only data for the Eastern region is available.

Recommendation of the Steering Group:

- The CMTL should be developed by the provision of further information regarding entry and re-entry of clients and the length of time in treatment and this additional information should be made available on an annual basis. Waiting lists for treatment in the various regions should also be developed by the HSE ***(New Action)***.

Department/Agency responsible: Drug Treatment Centre Board/Health Service Executive

KEY PERFORMANCE INDICATORS

6.15 As with the other pillars, the Steering Group proposes a number of KPIs in relation to research, to replace the existing indicators:

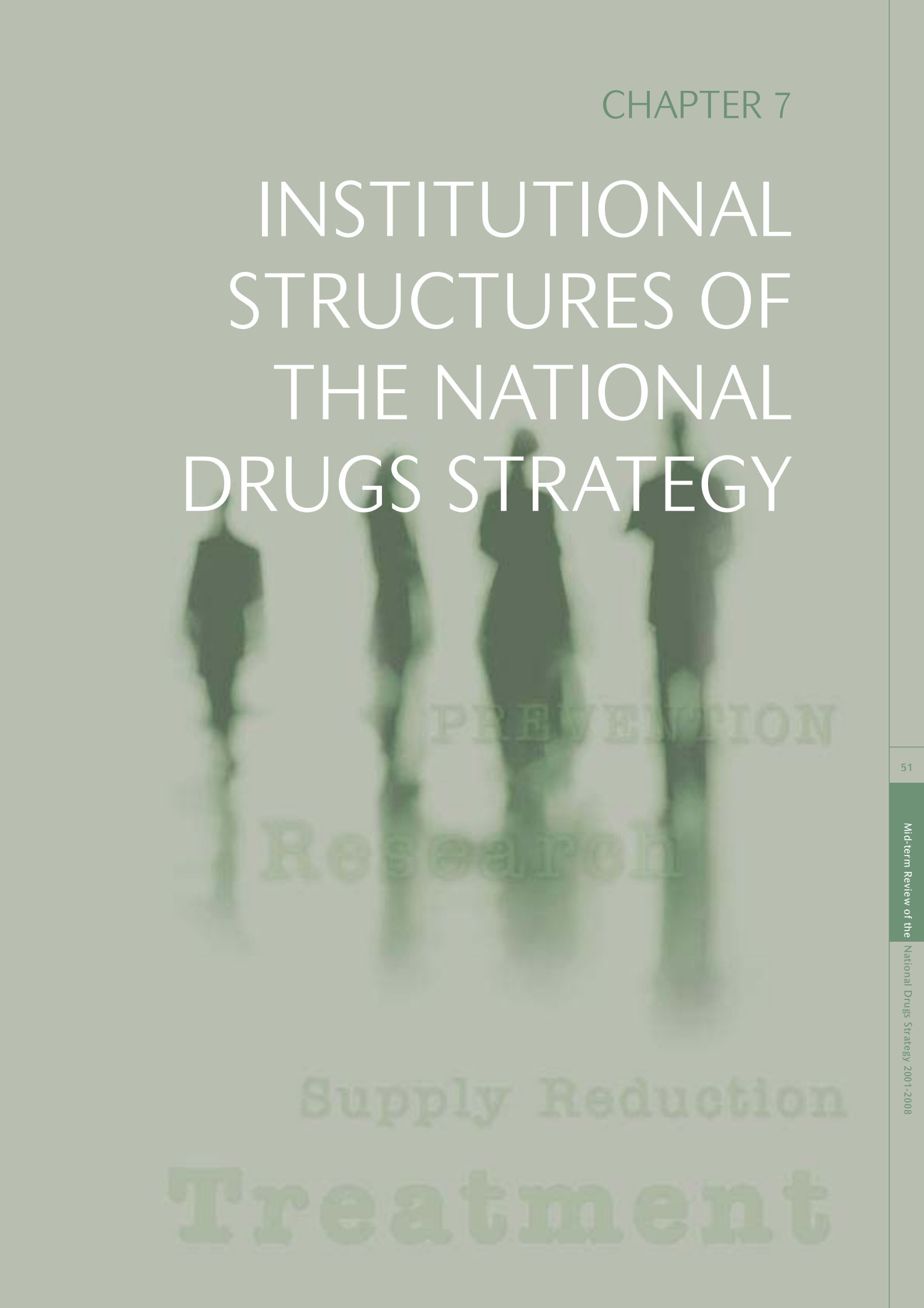
- Eliminate all identified gaps in drugs research by mid 2008;
- Publish an annual report on the nature and extent of the drug problem in Ireland, drawing on available data; and
- Publish a report on progress being made in achieving the objectives and aims set out in the Strategy every two years.

PROGRESS ON THE ACTIONS UNDER THE RESEARCH PILLAR

No.	Agency	Action	Progress
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.	Progress made/more work underway
67	**Coroners' Office and CSO**	Develop accurate mechanism for recording the number of drug-related deaths.	Progress made/more work underway
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.	Progress made/more work underway
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.	Progress made/more work underway
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.	Completed/Ongoing Task

CHAPTER 7

INSTITUTIONAL STRUCTURES OF THE NATIONAL DRUGS STRATEGY



7 Institutional Structures of the National Drugs Strategy

7.1 The NDS contains 22 actions *(see pages 58-59 for details)* relating to institutional structures. The Steering Group notes that 17 *(shown in green)* of the 22 actions have been completed or are ongoing tasks, although some were implemented considerably later than scheduled. Many of these actions are of a routine nature and form ongoing tasks for the life of the Strategy for the relevant Department or agency. In relation to the actions that have been completed, the Steering Group notes that the RDTFs have been established *(actions 92-94)* and the review of the NDST carried out and staff levels increased *(action 83)*. Of the remaining five actions, the Steering Group notes that some progress has been made in relation to three of the actions *(shown in yellow)* while in the case of the remaining two actions, considerably more progress is required *(shown in blue)*.

7.2 The Steering Group is cognisant that effective implementation of the NDS is closely linked to how well the institutional arrangements work. As a cross-cutting area of public policy and service delivery, implementation of the NDS represents a significant institutional challenge. There are over 20 statutory agencies involved in delivering the Strategy, as well as multiple service providers and community and voluntary groups. The NDS recognises the specific issues and limitations in managing cross-agency collaboration. Its overall approach is to put workable inter-agency mechanisms in place to co-ordinate the activities of multiple statutory and non-statutory agencies to achieve the Strategy's objectives. To facilitate this integration and co-ordination, a dedicated institutional framework is in place which interacts closely with all of the statutory and non-statutory agencies involved in implementing the Strategy. Terms of Reference of the bodies which make up this framework are outlined in Appendix 4. The Steering Group has reviewed the current institutional arrangements with a view to addressing gaps and clarifying roles.

7.3 The Group notes the continued valuable role that the **LDTFs** play in the areas of highest drug misuse and is of the opinion that they will continue to be a vital part of the local infrastructure for the foreseeable future. To date, LDTFs have implemented two rounds of actions plans, containing over 440 projects and are currently beginning an examination of emerging needs in their individual areas. They face a number of challenges going forward in relation to monitoring existing and new projects and fulfilling their key role of facilitating an effective response to the drug problems in their areas. The Steering Group believes that evaluation and mainstreaming[21] of projects should continue to be a key feature of the operation of LDTFs. In this regard, the Steering Group notes that there are currently a number of obstacles to mainstreaming which need to be resolved, principally the financial and audit requirements on the State agencies through which funding for the projects is channelled.

7.4 The Steering Group considers that issues such as the level of commitment of members of LDTFs, participation of members and their understanding of their roles, as well as discontinuity caused by membership turnover, can impact on the effective operation of Task Forces. The Group believes that all partners should renew their commitment to the LDTFs, and provide enhanced training and support for their staff to engage fully in LDTF activities. In line with *action 89*, the NDST should continue to focus on strengthening and supporting community representation and participation on the Task Forces.

7.5 In relation to project monitoring by the LDTFs, the Steering Group notes that the forthcoming Goodbody Report[22] puts greater stress on obtaining measurable outputs and outcomes from the LDTF projects, a process that would significantly add to the effectiveness of the LDTFs by assisting them in assessing their ongoing activities. The additional administrative supports for the LDTFs that will be rolled out during 2005 should facilitate this work by improving their operational capacity on the ground.

7.6 With regard to the **YPFSF**, the Steering Group notes the importance of continuing to develop and enhance the links between the Development Groups for the Fund and the LDTFs so as to maximise the level of integration and coherence on the ground. In this context, the Group notes that the role of the LDTF representative on the Development Group is to provide a continuing overview of the implementation and monitoring of the YPFSF plans and to provide for ongoing liaison and consultation so as to ensure that the views of the Task Force members are reflected on an ongoing basis. Ultimately, the Steering Group considers that programmes being funded through the Fund and the Task Forces should be linked and integrated to the fullest extent possible so as to ensure that the optimum benefit accrues to the young people and communities involved.

7.7 The Steering Group notes the evolving role of the **RDTFs**, including the completion of their first round of regional action plans. The Group is aware that during the consultation process, the resourcing

21 A unique feature of the LDTF Initiative has been the "mainstreaming" of projects. In this instance, mainstreaming refers to the process whereby LDTF projects are evaluated and, if deemed to be working successfully, their funding is transferred to the relevant Department/ agency on an ongoing basis in accordance with agreed procedures.

22 *Expenditure Review of the Local Drugs Task Forces* carried out for the Department of Community, Rural & Gaeltacht Affairs by Goodbody Economic Consultants and due to be published in June 2005.

and support for the RDTFs was highlighted as a cause of concern and believes that this presents a challenge for the remainder of the Strategy. In this regard, the absence of a full-time co-ordinator is seen as a key limitation to their development. The Group recommends that this and other staffing issues should be addressed at an early date. The Steering Group is strongly of the view that the issue of the appointment of full time co-ordinators, in particular, should be resolved as a matter of urgency and by June 2005 at the latest.

7.8 The Group believes that representatives of the statutory bodies who are members of LDTFs and RDTFs need to be mindful of their role. In particular, they should consult with – and bring relevant information to – their Task Forces regarding developments at both local and national levels within their organisations that impact on progressing actions in the NDS. They also need to ensure that their parent organisations are aware of developments within the Task Forces and how those developments impact on their agencies.

7.9 The Steering Group notes the appointment of an independent chairperson to the **National Drugs Strategy Team (NDST)** in 2004 and the increased capacity of the NDST arising out of the additional staff resources allocated as a result of the review in the NDS *(action 83)*. These resources have allowed the NDST to fulfil more completely its terms of reference. The Group is aware that the NDST has a substantial workload over the remaining period of the Strategy, particularly in relation to the RDTFs, mainstreaming of LDTF projects, the Emerging Needs Fund for the LDTFs and the new Premises Initiative for Community Drugs Projects. In addition, the NDST has a continuing workload in relation to the existing projects from the two rounds of the LDTF plans and the Premises Initiative. These issues will continue to be the main focus of the work of the Team. The Group welcomes the development of a comprehensive database on the existing LDTF projects which should assist the NDST in their work, particularly in relation to monitoring outcomes and financial oversight. In this regard, the Steering Group believes that the operational capacity of the Team should be the subject of ongoing review to ensure its effectiveness and to foresee likely challenges.

7.10 The Group also feels that the NDST is in a unique position to identify service gaps and best practice approaches as well as trends and developments on the ground and to bring these issues to the attention of the IDG and the Minister of State. In addition, given the wide membership of the NDST, it can address routine co-ordination issues in relation to the work of the Task Forces and the implementation of the Strategy. In relation to the membership of the NDST, the Steering Group is cognisant of the need to reflect the interests of the RDTFs. In this regard, the Group believes that representation of the community and voluntary sector at NDST meetings should be augmented to include a member from each sector who could represent the views of the RDTFs at the Team. In addition, it is felt that Departmental and agency representatives should be able to discuss drugs services from a nationwide perspective. The Group also calls on the Department of Social & Family Affairs to renew its membership on the NDST. Furthermore, the Group is strongly of the view that future changes in Departmental or agency structure should not adversely impact on membership of the NDST or the Task Forces.

7.11 Accordingly, the Steering Group recommends that membership of the NDST should be made up as follows:

- Department of Education & Science;
- Department of Justice, Equality & Law Reform;
- Department of Health & Children[23];
- Department of Community, Rural & Gaeltacht Affairs;
- Department of the Taoiseach;
- Department of Environment, Heritage & Local Government;
- Department of Social & Family Affairs;
- FÁS;
- Garda Síochána;
- Health Service Executive;
- Community Sector – to represent LDTF and RDTF interests; and
- Voluntary Sector – to represent LDTF and RDTF interests.

7.12 The Steering Group is of the opinion that the **Inter-Departmental Group on Drugs (IDG)** has not fulfilled the role envisaged in the NDS. Despite the fact that the IDG has been chaired by the Minister of State, Departments have not been represented as often as envisaged by Assistant Secretaries at these meetings. This is a capacity issue common to many co-ordinating structures. To date, all IDG meetings have effectively been joint IDG-NDST meetings, whereby statutory NDST members have often fulfilled two roles. Accordingly, the existence of an IDG as a separate body within the institutional structure is compromised. In this regard, the role of the IDG as set out in its terms of reference *(action 82)* i.e. an advisory body to the CCSI, has suffered. In order to strengthen this role, the Steering Group believes that the IDG should be re-constituted and its membership revised. This would strengthen the IDG as a decision-making body so that it can both anticipate and respond to implementation issues and/or new trends emerging that may affect the Strategy. In addition to this policy and overseeing role, it should resolve any

23 In view of the health reforms, the Department of Health & Children believes that it will no longer have a role on the NDST.

conflicts that arise over the direction of the Strategy and the roles of the key players. It needs, therefore, to re-establish a separate role within the NDS institutional structures, while retaining its linkages with the NDST.

7.13 Accordingly, the Steering Group recommends that membership of the IDG should comprise Assistant Secretaries or equivalent from the relevant Departments and agencies as well as the chairpersons of the NDST, the NACD and the NAC of the YPFSF. Departmental representatives should have the authority to make decisions on the issues being discussed. In addition, in order to preserve the engagement by the community and voluntary sector at this level, there should be a representative with a clear mandate from each of those sectors on the IDG. The Steering Group also believes that the re-constituted IDG will provide an opportunity for feedback and discussion on issues relating to drug misuse as they arise at EU and international fora. In order to fully maximise the time of the members, the Steering Group is of the opinion that meetings should be held at least once a quarter and in order to preserve the link with the NDST, joint meetings of the IDG and the NDST should occur every 6 months. The Group also feels that the HSE, the Prison Service and the Department of Social & Family Affairs should be represented on the IDG.

7.14 The role of the **Drugs Strategy Unit in the Department of Community, Rural & Gaeltacht Affairs (D/CRGA)** is not properly defined in the Strategy and the Group believes that this should be addressed in this review. One of the key functions of the Unit is to co-ordinate the overall implementation of the Strategy. In addition, the Unit carries out a range of other functions, including, advising and supporting the Minister of State, driving the implementation of the Strategy, monitoring and reporting on the implementation of the various NDS actions and highlighting gaps and issues arising to the IDG and the Cabinet Committee on Social Inclusion (CCSI). In addition, the Unit has responsibility for the operation and ongoing management of the YPFSF and it also chairs the British-Irish Council Sectoral Group on the Misuse of Drugs[24]. The Department also funds and is financially accountable for the work of the Task Forces, the YPFSF, the NACD and the NDST. In addition, the Unit represents Ireland at EU National Drugs Co-ordinators' meetings which are usually held twice a year. The Minister of State is a member of the CCSI and ensures that the Committee is kept informed and aware of developments and issues around tackling drug misuse. In this context, the Steering Group notes the views expressed during the consultation process that consideration should be given to the appointment of a full-time Minister of State to the Drugs Strategy portfolio in light of the expanding range of initiatives under the NDS and the serious implications for society of the drugs issue.

7.15 The Steering Group is conscious of the concerns expressed throughout the consultation process about **alcohol use** and, in particular, binge drinking. Confusion was expressed during that process as to why alcohol and illegal drugs are dealt with by two separate strategies and many felt that they should be addressed through one overall policy. There are a number of strands to alcohol policy in Ireland. Among them are issues relating to:

- prevention which is the responsibility of the health services and the education services;
- treatment which is the responsibility of the health services; and
- supply control related issues which are the responsibility of the Department of Justice, Equality & Law Reform and the Garda Síochána.

Overall co-ordination of alcohol policy is the responsibility of the Department of Health & Children. The question of a combined alcohol and drug strategy is, the Steering Group believes, beyond the remit of this review. However, in this regard, the Group would like to stress that although there are separate policies, in many cases, there are not separate services addressing issues of substance misuse on the ground.

7.16 Most educational activities in relation to prevention cover substance misuse in general rather than any specific substance or group of substances. However, awareness raising campaigns and campaign messages need to be focussed and credible. In this regard, the Steering Group is of the opinion that addressing alcohol and illicit drugs together is problematic, given that the messages communicated in relation to alcohol are not necessarily appropriate to illegal drugs. That said, there is still potential for some cross-over between campaigns. In relation to treatment for substance misuse, different clients have different needs, but treatment that is client-centred should address all the issues personal to that client including alcohol treatment, where necessary. The Steering Group notes that in the context of supply reduction, there are a number of issues that make closer linkages between policy on both alcohol and illicit drugs difficult to achieve. These relate principally to the different legal status of both substances. Notwithstanding these issues, the Steering Group is conscious of the links that exist between early use of alcohol and illicit drugs and believes that the laws regarding the sale and supply of alcohol should be

24 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 which are the British and Irish Governments, the devolved administrations of N. Ireland, Wales, Scotland, 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.

rigorously enforced. As regards structures dealing with both policies in the health services, including health promotion and addiction services, alcohol and illicit drugs are frequently addressed through linked structures. In this regard, the Steering Group notes that there are many areas of cross-over and synergy and these should be developed and formalised.

7.17 In regard to the actions in the NDS concerning the development of stronger linkages, *(actions 80* and *86)* the Steering Group believes that cross-representation and liaison, particularly between the NDST and the National Alcohol Advisor, should be strengthened and both the NDST and Department of Community, Rural & Gaeltacht Affairs should continue to be represented on any successor group to the Strategic Task Force on Alcohol (STFA)[25]. In addition, further examination of the linkages required at local and regional level is needed. Many of the Task Forces already deal with underage drinking as an illicit substance and, in most cases, prevention programmes operated through the Task Forces do not make any distinction between substances. However, in relation to the proposal made in the Report of the STFA (published in September 2004) that the Task Forces should oversee alcohol specific projects, the Steering Group would view this positively provided the capacity is available to do so and that funding for such projects is sourced from the appropriate bodies. LDTF oversight of alcohol projects should not be allowed to dilute funding allocated by the Department of Community, Rural & Gaeltacht Affairs for the provision of drugs services. Overall, it is the opinion of the Steering Group that the formation of closer synergies between the two policies at a strategic level has been impeded by the lack of comparable structures. That said, the Steering Group feels that opportunities for further linkages between the two policies should be pursued. Bearing in mind the developments in relation to alcohol policy arising out of the Report of the STFA, it is proposed that a working group – to be chaired by the Department of Health & Children – and involving key stakeholders of both the alcohol and drugs areas should be established to explore the potential for better co-ordination between the two areas and how synergies could be improved. The question of a combined strategy should also be looked at in this context. The Steering Group recommends that this working group should report by end 2006.

7.18 The Steering Group views the provision of **family support services** as crucial in delivering the strategic aim of reducing harm to families. The concept of family support is generally understood as the provision of services and interventions, both formal and informal, that support families. The range of services encompassed include, among other things:

- parent education;
- child development and education;
- therapeutic interventions;
- respite for families and drug misusers themselves;
- home-based programmes;
- youth work; and
- community and personal development.

7.19 Research suggests that the support needs of families affected by drug use revolve around strengthening individual capacities, ensuring group and child-centred activities and responding to parents in need. It is clear from the recent NACD study published in 2004[26] that all family support services experience some degree of uncertainty in dealing with families with drug problems. This uncertainty arises from a lack of clarity in their role of providing a service to families with drug problems; lack of skills to work successfully with these families and lack of support within their organisations to deliver a service to these families. The Steering Group endorses the NACD recommendations emanating from their study, namely:

- to increase the capacity of services to respond through an appropriate level of resources and training for staff in services;
- to strengthen interagency links and networks by building knowledge of local community issues and attitudes thus improving communications; and
- to develop relevant monitoring and evaluation tools to measure effectiveness of services.

7.20 The Steering Group acknowledges the considerable role that families play in drug prevention through caring for drug misusers and their children, as well as through successful drug treatment and social re-integration of those family members isolated by their drug problems. The Group is also conscious of the great harm experienced by families through drug misuse and notes the strong calls for family support services to feature much more prominently in the Strategy. Accordingly, the Steering Group believes that the provision of services for families of drug misusers should be prioritised, particularly in areas of highest need such as LDTFs. Many of the Task Forces have services in place already but gaps may need to be filled and the Group believes that the NDST should

25 The STFA was established by the Minister for Health & Children in January 2002 to review international research so as to identify evidence-based measures effective in preventing alcohol related harm; to examine the changes in alcohol consumption and related harm in the last decade and to recommend specific, evidence based measures to Government to prevent and reduce alcohol related harm in Ireland. To date, the Task Force has published an interim report in May 2002 and a further report in September 2004.

26 *The Role of Family Support Services in Drug Prevention* published by the NACD in November, 2004.

give guidance and direction to the LDTFs in this regard. The RDTFs should also provide mechanisms for the provision of family support services to those most in need in their areas. In addition, the potential role of non-drugs specific family support services in supporting the families of drug misusers has been noted in the 2004 NACD study and this should be further developed. Where these services exist, information should be made more widely available and more accessible to families who are seeking them.

7.21 The Steering Group is aware of the contribution that family support groups and their networks can and do make to the provision of information and support to families affected by drug misuse. The groups themselves provide peer support to family members and the networks facilitate these groups to develop at local, regional and national level, to share information, to identify common issues for these families and bring them to the attention at policy level through the NDS framework. The Steering Group believes that the work of family support groups and networks should continue to be encouraged and supported.

7.22 The Steering Group is aware that it has, to date, not proved possible to establish a **sub-committee on drugs** *(action 77)* of the existing Oireachtas Committee on Arts, Sport, Tourism, Community, Rural & Gaeltacht Affairs, partly due to the wide range of responsibilities of that Committee. In order to progress this matter and recognising the workload of the Committee, the Group recommends that, rather than set up a specific sub-committee, the Minister of State meet with the full Committee to discuss the Strategy and its implementation twice a year.

KEY ISSUES EMERGING

7.23 The review has highlighted *six key issues* in relation to institutional structures which must be addressed over the remaining period of the Strategy. In the case of five of the issues, this can be done through replacing or amending *existing actions*. One *new* action is also required. The issues are as follows:

1. **ISSUE – Operation of the NDST** – while additional staff have been allocated to the NDST thereby increasing its operational capacity, there is a need for a periodic review of the operation of the Team to ensure its ongoing effectiveness.

Recommendation of the Steering Group:

- The current arrangements in relation to the operation of the NDST should be formally reviewed after they have been in place for two years ***(Action 83 replaced)***.

Department/Agency responsible:
Department of Community, Rural & Gaeltacht Affairs/IDG

2. **ISSUE -Membership of the NDST** – with the establishment of the Regional Drugs Task Forces, there is a need to review the membership of the Team to ensure that the views of the RDTFs are represented. Representation by the Department of Social & Family Affairs on the Team should also be renewed.

Recommendation of the Steering Group:

- Community and voluntary sector representation on the NDST should be formally reviewed to ensure that both the LDTFs and RDTFs are adequately represented. The Department of Social & Family Affairs should also be represented on the Team ***(Action 83 replaced)***.

Department/Agency responsible: IDG/NDST

3. **ISSUE – Role of the Inter-Departmental Group on Drugs** – in order to strengthen the role of the IDG, it needs to be reconstituted and its membership revised.

Recommendation of the Steering Group :

- Membership of the IDG should consist of Assistant Secretaries or equivalent from the relevant Departments and Agencies as well as the chairpersons of the NDST, the NACD and the NAC for the YPFSF and representatives of the C&V sectors;
- Departmental representatives should have the authority to make decisions on the relevant issues;
- Meetings of the IDG should be held at least once a quarter and joint meetings with the NDST should be held every 6 months;
- The HSE, the Irish Prison Service and the Department of Social & Family Affairs should be represented on the IDG. ***(Action 79 replaced).***

Department/Agency responsible:
Department of Community, Rural & Gaeltacht Affairs

4. **ISSUE – Alcohol** – while alcohol and drug misuse are two separate policy areas there is a need to develop better linkages and co-ordination between them at policy and operational levels.

Recommendation of the Steering Group:

- A working group involving key stakeholders of both the alcohol and drugs areas should be established to explore the potential for better co-ordination between the two areas and how synergies could be improved. The working group should also examine and make recommendations on whether a combined strategy is the appropriate way forward. It is recommended that the working group should report by end 2006 ***(Action 80 amended)***.

Department/Agency responsible: Department of Health & Children

5. **ISSUE – Family support** – families currently play a crucial role in assisting drug misusers to tackle their addictions and in caring for them and their children and this needs to be more explicitly recognised and supported.

Recommendation of the Steering Group:

- Family support services should be developed in line with the recommendations in the 2004 NACD Report i.e.
  - increasing the capacity of services to respond through an appropriate level of resources and training for staff in services;
  - strengthening interagency links and networks by building knowledge of local community issues and attitudes thus improving communications; and
  - developing relevant monitoring and evaluation tools to measure effectiveness of services.
- The NDST should actively encourage the LDTFs and RDTFs to prioritise the provision of family support services in their areas and action plans.
- Family support networks should be supported in their work in the areas of information provision and assistance to local family support groups. ***(New Action).***

Department/Agency responsible: National Drugs Strategy Team/Department of Social & Family Affairs/HSE

6. **ISSUE – Oireachtas Committee** – it has not proved possible to establish a sub-committee on drugs of the existing Oireachtas Committee on Arts, Sport, Tourism, Community, Rural & Gaeltacht Affairs, partly due to the wide range of responsibilities of that Committee.

Recommendation of the Steering Group:

- The Minister of State should meet with the Oireachtas Committee on Arts, Sport, Tourism, Community, Rural & Gaeltacht Affairs twice a year to discuss the NDS and its implementation ***(Action 77 replaced)***.

Department/Agency responsible: Oireachtas Committee on Arts, Sport, Tourism, Community, Rural & Gaeltacht Affairs.

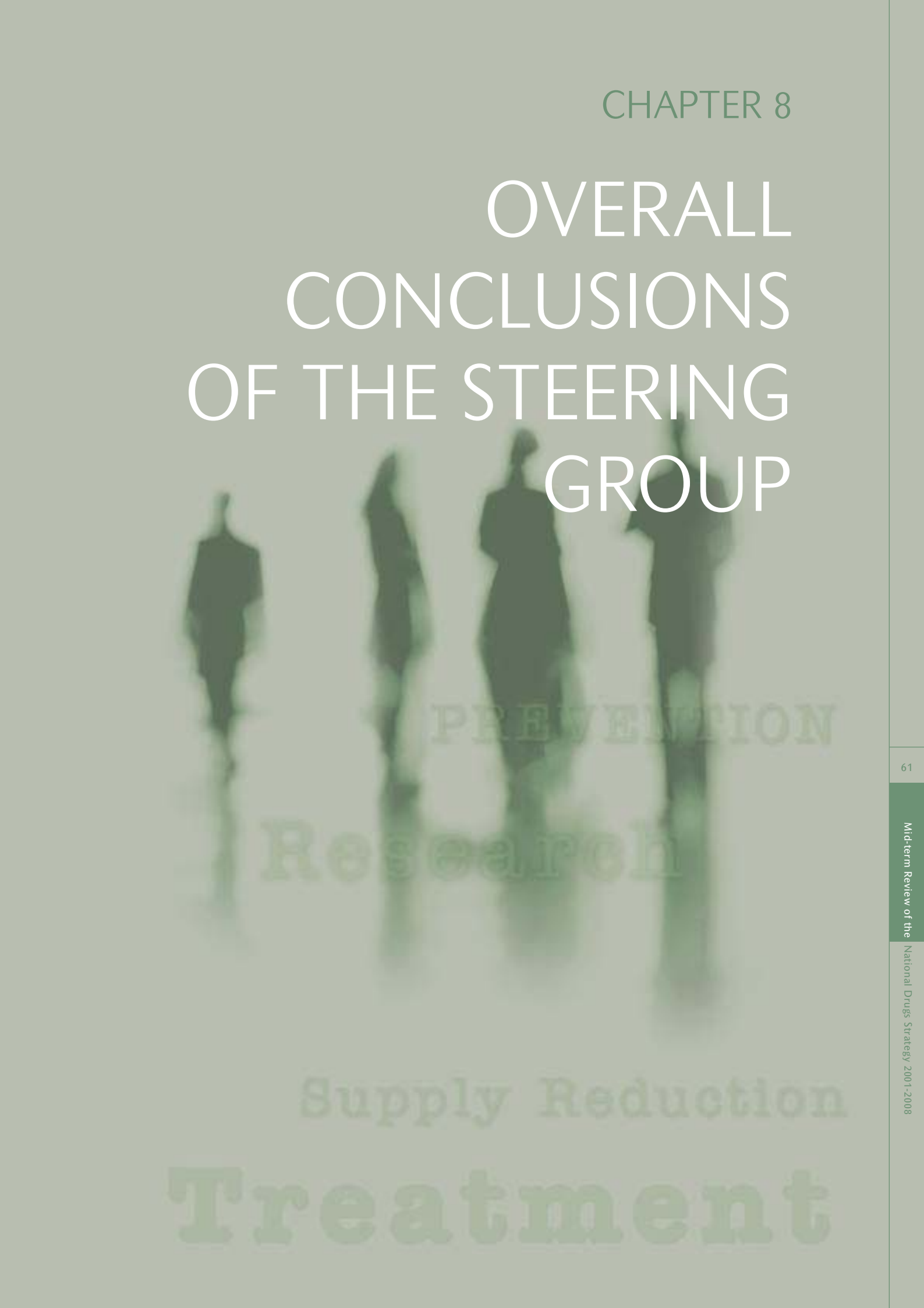
PROGRESS ON ACTIONS UNDER THE CO-ORDINATION PILLAR

No.	Agency	Action	Progress
1	**D/CRGA**	The Department, through the IDG and the NDST to co-ordinate the implementation of the National Drugs 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.	Completed/Ongoing Task
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-focussing if necessary, of strategic objectives from the mid-term evaluation stage at 2004.	Completed/Ongoing Task
72	**Professional Bodies and Training Institutes**	To make drug prevention training available to individuals interacting with groups most at risk of drug misuse, such as youth workers, teachers, student welfare officers, GPs, pharmacists, nurses, counsellors, childcare workers, law enforcement agents, members of the judiciary etc.	Considerably more progress required
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 Department of Community, Rural & Gaeltacht Affairs, as the co-ordinator of the National Drugs Strategy, as a possible central source of information should be considered.	Completed/Ongoing Task
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.	Considerably more progress required
78	**IDG**	To be chaired by the Minister of State at the Department of Community, Rural & Gaeltacht Affairs. 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 Committee on Social Inclusion.	Completed/Ongoing Task
79	**IDG**	Membership of IDG to be at Assistant Secretary level. Regular joint meetings between the IDG and the NDST to be held.	Completed/Ongoing Task
80	**IDG, NDST & D/H&C**	Develop formal links with National Alcohol Policy.	Progress made/more work underway
81	**IDG**	To seek reports from key service providers, on request, and to attend meetings, as appropriate. Representatives from voluntary, community and professional sectors to attend meetings, as appropriate.	Completed/Ongoing Task

No.	Agency	Action	Progress
82	**IDG**	Terms of reference – advise Cabinet Committee on critical matters relating to the NDS, ensuring input of Departments/Agencies into operational difficulties, approving plans and initiatives of LDTFs and RDTFs, monitoring and evaluating their operation.	Completed/Ongoing Task
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.	Completed/Ongoing Task
84	**IDG & NDST**	Departments and Agencies on the IDG and NDST to commit in writing to the process and the level and extent of representation should be specified.	Completed/Ongoing Task
85	**NDST**	Implement the Terms of Reference of NDST.	Completed/Ongoing Task
86	**NDST**	To meet regularly with the Co-ordinator of the National Alcohol Policy and to be represented on the body co-ordinating National Alcohol Policy.	Progress made/more work underway
87	**NDST**	Ensure representation on YPFSF bodies, nationally and locally.	Completed/Ongoing Task
88	**NDST**	NDST to be updated on developments by Agencies. NDST work to be a core part of NDST members workload.	Completed/Ongoing Task
89	**NDST**	To consider funding pilot training initiatives for RDTF/LDTF community representatives.	Completed/Ongoing Task
90	**NDST**	Examine feasibility of standards and accreditation framework for Drug Workers.	Progress made/more work underway
91	**NDST**	Disseminate models of best practice from work of LDTF/RDTF.	Completed/Ongoing Task
92	**NDST**	Establish RDTFs.	Completed/Ongoing Task
93	**RDTFs**	Representation on RDTF to be at senior level.	Completed/Ongoing Task
94	**RDTFs/ NDST**	Membership of RDTFs.	Completed/Ongoing Task

CHAPTER 8

OVERALL CONCLUSIONS OF THE STEERING GROUP



8 Overall conclusions of the Steering Group

8.1 The National Drugs Strategy represents a critical cross-cutting area of public policy in Ireland involving a large number of statutory and non-statutory agencies working in partnership. Following the review of the Strategy, the Steering Group has reached a number of key conclusions which are set out in this chapter. A number of other issues that arose in the context of the review are also examined below.

KEY FINDINGS

8.2 The key findings of the Steering Group are that the **current aims and objectives** of the Strategy are **fundamentally sound** and that progress is being made across the pillars of the Strategy, although it does vary from action to action. To date, the Strategy has focussed the activities of Departments and agencies on identified priorities so as to maximise the impact of their combined actions.

8.3 However, the Steering Group also found that some adjustments are required in order to **re-focus priorities** and **accelerate the roll-out** and **implementation** of various key actions in the remaining period of the Strategy up to 2008. The implementation of the recommendations which are set out in Chapters 3-7 and outlined again below will serve to strengthen the overall shape of the Strategy and actively drive its implementation for the next three years.

8.4 The table below contains a summary of the state of play with the 100 actions in the NDS. Further details in relation to the actions is contained in the preceeding chapters.

PILLAR	Total Number of Actions	Completed/ Ongoing tasks	Progess made/ More work underway	Considerably more progress required
Supply Reduction	21	11	9	1
Prevention	16	11	5	–
Treatment	36	9	24	3
Research	5	1	4	–
Co-ordinating Structures	22	17	3	2
Total	100	49	45	6

8.5 The recommendations of the Steering Group are as follows:

PILLAR	Recommendation	Department/ Agency responsible	Existing action to be replaced or amended	New Action
SUPPLY REDUCTION	The level of Garda resources in LDTF areas should be increased and the additional resources should be assigned to community policing and the prevention of drug dealing.	Garda Síochána	Action 7 replaced	
	Taking into account the provisions of the Garda Síochána Bill 2004, Community Policing Fora should be extended to all LDTF areas and to other areas experiencing problems of drug misuse.	Garda Síochána	Action 11 replaced	
	A framework of co-operation with the Judicial Studies Institute on the provision of specialist training on drug-related issues to members of the Judiciary should be developed by January 2007.	Courts Service		Yes
PREVENTION, EDUCATION AND AWARENESS	Substance use policies should be developed and implemented in all LDTF area schools by the end of the 2005/06 academic year.	D/E&S	Action 43 replaced	
	A mechanism to monitor the development of substance use policies in all schools should be put in place and should report annually.	D/E&S	Action 43 replaced	
	Appropriate and ongoing training and support services should be put in place on a nationwide basis for teachers to deliver the SPHE.	D/E&S HSE	Action 31 amended	
	The supports provided to LDTF area schools through the Walk Tall Support Service should be extended to other areas of disadvantage.	D/E&S HSE	Action 32 amended	
	Schools at primary and post-primary levels should further prioritise the implementation of SPHE and other school-based prevention programmes within existing timetables.	D/E&S HSE	Action 33 amended	
	Prevention education should be part of the curriculum for student teachers.	D/E&S		Yes
	A working group should be established – under the aegis of the Department of Education & Science – to examine the implementation of substance use programmes in non-school settings. The group should identify ongoing gaps and develop guidelines and models of best practice and it should report by January 2006.	D/E&S	Action 37 amended	

PILLAR	Recommendation	Department/ Agency responsible	Existing action to be replaced or amended	New Action
	Factual preventative information for parents and families in dealing with substance misuse should be more easily accessible in appropriate locations such as Garda Stations, health centres and other public offices.	D/E&S HSE	Action 35 replaced	
	The role of the Home School Community Liaison Scheme should be further strengthened through the provision of additional resources. In particular, there is a need to expand the engagement of HSCL with families, particularly those dealing with drug misuse.	D/E&S		Yes
TREATMENT, REHABILITATION AND RISK REDUCTION	An audit of the current availability of treatment options should be carried out which should include an assessment of treatment needs and propose ways of tracking ongoing developments. The audit should be completed by mid 2006.	HSE		Yes
	In the context of increased poly-drug use, including cocaine and other drugs of dependence, increasing the availability and range of treatment options, including detoxification, should continue to be prioritised. This work should take on board the lessons of the pilot cocaine projects being rolled out in LDTF areas in 2005.	HSE	Action 48 amended	
	Rehabilitation should be the fifth pillar of the Strategy. In this context, a working group should be set up to develop an integrated rehabilitation provision. The group, to be chaired by the Department of Community, Rural & Gaeltacht Affairs should report to the IDG and the Cabinet Committee on Social Inclusion by the end of 2005 on the appropriate actions to be implemented.	D/CRGA		Yes
	The guidelines agreed by the Working Group on treatment for Under 18s should be fully implemented by end 2007, with priority given to areas of most need.	HSE	Action 49 replaced	
	The provision of needle exchange and related harm reduction services should be expanded in order to ensure wider geographic availability and availability at evenings and weekends, concentrating at first on areas of highest need.	HSE	Action 62 replaced	
	Appropriate treatment should be provided to problem drug users no later than one month after assessment. This target should be met by the end of 2007.	HSE	Action 44 amended	

PILLAR	Recommendation	Department/ Agency responsible	Existing action to be replaced or amended	New Action
	The numbers of GPs (in particular Level II GPs) and pharmacists participating in the methadone protocol, particularly in the areas of most need, should continue to be increased.	HSE	Action 56 replaced	
	The Methadone Implementation Committee should examine the issue of the voluntary and community services employing medical staff directly and they should report to the IDG by the end of 2005.	D/H&C	Action 56 replaced	
RESEARCH	Monitoring the implementation of the recommendations arising from the NACD reports should become part of the NDS progress reports to the Cabinet Committee on Social Inclusion. Reporting on the NACD recommendations should be done annually.	D/CRGA		Yes
	The Central Methadone Treatment List should be developed by the provision of further information regarding entry and re-entry of clients and the length of time in treatment and this additional information should be made available on an annual basis. Waiting lists for treatment in the various regions should also be developed by the HSE.	HSE/DTCB		Yes
CO-ORDINATING STRUCTURES	The current arrangements in relation to the operation of the NDST should be formally reviewed after they have been in place for two years.	NDST D/CRGA	Action 83 replaced	
	Community and voluntary sector representation on the NDST should be formally reviewed to ensure that both the LDTFs and RDTFs are adequately represented. The Department of Social & Family Affairs should also be represented on the Team.	NDST	Action 83 replaced	
	Membership of the IDG should consist of Assistant Secretaries or equivalent from the relevant Departments and agencies as well as the chairpersons of the NDST, the NACD and the NAC for the YPFSF and representatives from the C&V sectors. Departmental representatives should have the authority to make decisions on the relevant issues being discussed. Meetings of the IDG should be held at least once a quarter and joint meetings with the NDST should be held every 6 months. The HSE, the Irish Prison Service and the Department of Social & Family Affairs should be represented on the IDG.	D/CRGA	Action 79 replaced	

PILLAR	Recommendation	Department/ Agency responsible	Existing action to be replaced or amended	New Action
	The Minister of State should meet with the Oireachtas Committee on Arts, Sport, Tourism, Community, Rural & Gaeltacht Affairs twice a year to discuss the NDS and its implementation.	D/CRGA	Action 77 replaced	
	A working group involving key stakeholders of both the alcohol and drugs areas should be established to explore the potential for better co-ordination between the two areas and how synergies could be improved. The group should also examine and make recommendations on whether a combined strategy is the appropriate way forward. It is recommended that the working group should report by end 2006.	D/H&C	Action 80 amended	
CROSS-PILLAR	**Family support**	D/H&C D/SFA		Yes
	The recommendations in the 2004 NACD Report *(Role of Family Support Services in Drug Prevention)* should be implemented, namely: ■ increasing the capacity of services to respond through an appropriate level of resources and training for staff in services; ■ strengthening interagency links and networks by building knowledge of local community issues and attitudes thus improving communications; and ■ developing relevant monitoring and evaluation tools to measure effectiveness of services.			
	The NDST should actively encourage the LDTFs and RDTFs to prioritise the provision of family support services in their areas and action plans.	NDST		
	Family support networks should be supported in their work in the areas of information provision and assistance to local family support groups.	D/H&C D/SFA		

8.6 In overall terms, the Steering Group's recommendations will result in:

- ***Ten*** of the Strategy's existing actions being ***replaced***;
- A further ***seven*** of the existing actions being ***amended***; and
- ***Eight new actions***.

In addition, a number of new key performance indicators are proposed under each of the pillars which are set out at the end of the relevant chapters.

FRAMEWORK FOR IMPLEMENTATION OF RECOMMENDATIONS

8.7 In conjunction with the relevant Departments and agencies, the Drugs Strategy Unit will draw up a revised framework for the implementation of the Steering Group's recommendations, including timescales etc. This will be presented to the IDG within 3 months of the publication of this report.

RESOURCES FOR IMPLEMENTING THE RECOMMENDATIONS

8.8 In drawing up their recommendations the Steering Group is conscious and mindful of overall budgetary constraints to which Departments and agencies operate on an ongoing basis. Individual Departments will seek funding through the annual Estimates process over the next three years to implement the various recommendations, many of which will demand a re-focussing of existing resources – rather than additional resources – in order to accelerate the implementation of the actions.

8.9 However, the Group feels it is very important to point out that some of the recommendations, due to the need for extra services and staffing to implement them, carry significant additional resource implications if they are to be implemented over the remainder of the Strategy. These include:

- Taking into account the provisions of the Garda Síochána Bill 2004, Community Policing Fora (CPF) should be extended to all LDTF areas and to other areas experiencing problems of drug misuse. *(Garda Síochána)*
- To provide appropriate treatment to the drug misuser no later than one month after assessment. *(HSE)*
- In the context of increased polydrug use, including cocaine and other drugs of dependence, to prioritise and continue to develop actions related to increasing the availability and range of treatment options. This should take on board the lessons of the pilot cocaine projects developed by the NDST. *(HSE)*
- To expand provision of needle exchange and related harm reduction services in order to ensure wider geographic availability and at evenings and weekends, concentrating at first on areas of the highest need. *(HSE)*

COST EFFECTIVENESS OF THE VARIOUS ELEMENTS OF THE NDS

8.10 In the terms of reference for the review, the Steering Group was asked to look at the **cost effectiveness** of the **various elements** of the Strategy. To do this, it is necessary to look firstly at the **resources allocated to addressing the drugs issue** by Government. The Steering Group found that it is very difficult to quantify and measure these resources as they are spread across a number of different Departments, agencies, local authorities and other statutory bodies. Even within Departments and agencies, it can be difficult to accurately estimate spending associated with drug misuse as services such as An Garda Síochána, the Prisons, the Courts and Probation and Welfare and the various health and education services deal with drugs issues as part of their wider daily services.

8.11 However, the Group feels that such **a measure of the expenditure** is vital to gauge the cost effectiveness of the different elements of the Strategy. In this regard, the Group proposes that bearing in mind the complexities attached to this issue, only expenditure that is directly attributable to drugs programmes (e.g. drugs services of the Health Services, cost of Garda drug units, drugs specific training of prison officers etc.) should be measured. Although this would not capture the overall resources devoted to addressing the direct and indirect costs of drug use, it would give an indication as to the overall budget priorities accorded to this issue. Without such a measure, as imperfect as it may be, it is difficult to quantify the resources being committed to implementing the NDS. The Steering Group recommends that the Inter-Departmental Group on Drugs should consider how best this issue should be progressed and that the estimates should be produced on an annual basis.

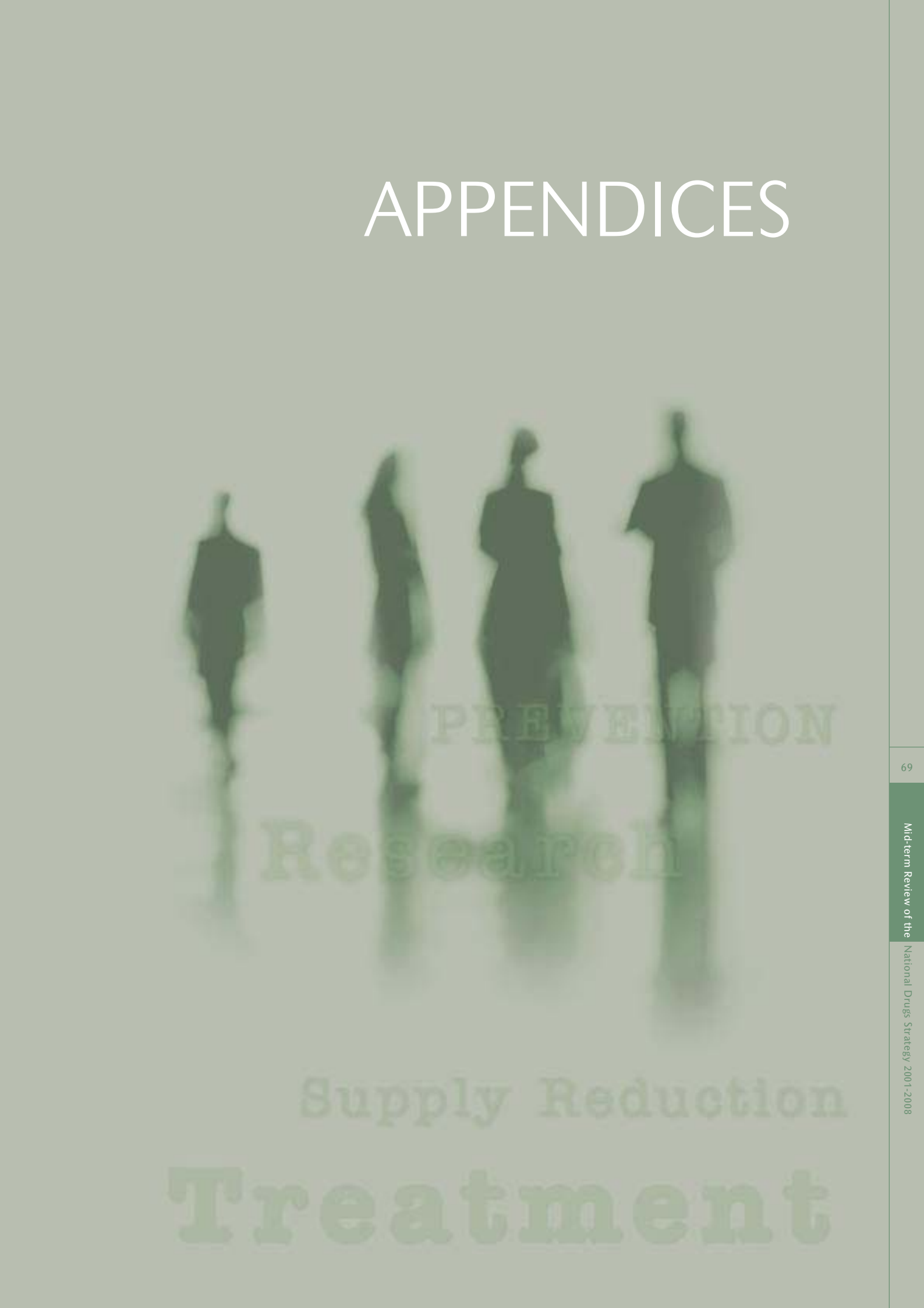
EU DRUGS ACTION PLAN

8.12 The Steering Group is also conscious that negotiations are ongoing at the time of writing on the EU Drugs Action Plan 2005-08. These actions will flow from the EU Drugs Strategy 2005-2012, which was agreed in December 2004 by the European Council. The multi-disciplinary, balanced approach of the National Drugs Strategy 2001-2008 is consistent with the EU Strategy and the proposed actions of the new EU Drugs Action Plan are broadly consistent with those in the current Strategy and in this mid-term review. Accordingly, the Group is confident that the complementarities between national and EU approaches will be maintained.

OVERALL IMPACT OF THE STRATEGY

8.13 The review sought to assess the impact and direction of the Strategy at this mid-point stage and overall impacts cannot be measured until the Strategy as a whole is completed. In the circumstances, the Group concentrated on identifying adjustments to the existing Strategy. Accordingly, the review identified areas of progress in implementing the Strategy and highlighted priorities for the second phase up to 2008. By implementing the recommendations outlined in this report, the Steering Group believe that the Strategy can better deliver the aims and objectives set out for the period 2001-2008.

APPENDICES



Appendix 1

MID-TERM REVIEW OF THE NATIONAL DRUGS STRATEGY – STEERING GROUP

Name	**Organisation**
Ms. Kathleen Stack *(chair)*	Department of Community, Rural & Gaeltacht Affairs
Ms. Alice O'Flynn	Health Service Executive
Ms. Catherine Byrne	Department of Justice, Equality & Law Reform
Supt. Barry O'Brien	An Garda Síochána
Mr. David Moloney	Department of Health & Children
Mr. Fergus McCabe	CityWide – Community Sector
Ms. Mairéad Lyons	National Advisory Committee on Drugs
Ms. Patricia O'Connor	National Drugs Strategy Team
Mr. Andrew Diggins	Department of Education & Science
Mr. Tony Geoghegan	Merchants Quay Ireland – Voluntary Sector
Mr. David Gilbride	Irish Prison Service

Secretariat

Úna Ní Fhaircheallaigh *(secretary)*	Department of Community, Rural & Gaeltacht Affairs
Mr. John Kelly	Department of Community, Rural & Gaeltacht Affairs
Ms. Sinéad Copeland	Department of Community, Rural & Gaeltacht Affairs
Mr. Pat O'Grady	Department of Community, Rural & Gaeltacht Affairs
Mr. Evan Breen	Department of Community, Rural & Gaeltacht Affairs

Appendix 2

MID-TERM REVIEW – WRITTEN SUBMISSIONS RECEIVED

Individuals

Cllr. Mary Murphy

Cllr. Michael Conaghan, Lord Mayor of Dublin

Mr. David Graham

Dr. Bobby Smith

Fr. Peter McVerry

Mr. Ian McCabe

Mr. Julian Pugh

Mr. Mike Brennan

Mr. Paul Delaney

Ms. Ancilla O'Reilly

Ms. Maeve Shanley

Dr. Mary-Ellen McCann

Mr. Trevor Sargent T.D.

Mr. Stephen Harding

Mr. Michael Hickey

Ms. Helen Callan

Ms. Marina O'Brien

Mr. Brian O'Connor

Organisations

Addiction Response Crumlin

Addiction Service ECAHB

Association of Garda Sergeants and Inspectors

Association of Secondary Teachers in Ireland

Balbriggan Awareness of Drugs

Ballybeg Action Group

Ballyfermot Advance Project

Ballyfermot Local Drugs Task Force

Ballyfermot STAR

Ballymun Local Drugs Task Force

Belong to Youth Project

Blanchardstown Local Drugs Task Force

Border Regional Authority

CARP – Killinarden Tallaght

Carrick-on-Suir Youth Information Centre

Casadh

Catholic Youth Care

Citywide Drugs Crisis Campaign

Citywide/Family Support Network

Clonmel Community Drugs Initiative

Clonmel Family Support Group

Community Addiction Team – Dún Laoghaire/Rathdown

Community Awareness of Drugs (CAD)

Consultant Psychiatrist in Addiction (NAHB/ Mountjoy Prison)

Coolamber Drug Rehabilitation Centre

Coolmine Therapeutic Community

Council for Addiction Information & Mediation (COAIM)

County Waterford Community Drugs Initiative

Courts Service

Department of Education & Science

Department of Foreign Affairs

Department of Health & Children

Department of Justice, Equality & Law Reform

DePaul Trust

Drogheda Partnership

Drogheda RAPID

Drug Awareness Programme (Crosscare) – Clonliffe College

Drug Education Workers Forum

Drug Misuse Research Division (DMRD) – Health Research Board

Dublin 12 Local Drugs Task Force

Dublin AIDS Alliance

Dublin City Council

Dublin City Development Board & Community Forum

Dublin North East Local Drugs Task Force

Dublin Regional Authority

Dún Laoghaire/Rathdown Community Addiction Team

Dún Laoghaire/Rathdown Local Drugs Task Force

Dun Laoghaire/Rathdown Outreach Project (D.R.O.P)

East Coast Area Health Board

East Coast Regional Drugs Task Force

Eastern Regional Health Authority

European Cities Against Drugs (ECAD)

FÁS

Finglas/Cabra Local Drugs Task Force

Foróige

Forum for Young People in Galway City

Garda National Drugs Unit

Irish Association of Alcohol and Addiction Counsellors

Irish Bishop's Drug Initiative

Irish Penal Reform Trust

Irish Pharmaceutical Union

Irish Prison Service

Irish Society for the Prevention of Cruelty to Children

Kerry Diocesan Youth Service

Kilbarrack Coast Community Programme

Labour Party

Laois County Development Board

Limerick City Development Board

Limerick City Drugs Prevention Group

Local Drugs Task Force Co-ordinators Network

Local Drugs Task Forces Community Representatives

Longford Traveller Movement

Merchants Quay Ireland

Mid-West Regional Drugs Task Force

Mid Western Health Board

National Advisory Committee on Drugs

National Council for Curriculum Assessment

National Drugs Strategy Team

North Eastern Health Board

North Eastern Regional Drugs Task Force

Northern Area Health Board, ERHA

North West Inner City Network (Dublin)

North Western Health Board

Ossary Youth

Pavee Point

Pharmaceutical Society of Ireland

Probation and Welfare Service

Regional Drugs Task Force Co-ordinators

Regional Drugs Task Force Community Representatives

Revenue Commissioners

Rialto Community Network Ltd.

School Completion Programme

SHY Project

Sinn Féin

Snug Counselling & Information Centre

South Eastern Health Board

Southern Regional Drugs Task Force

South Inner City Local Drugs Task Force (Dublin)

Southside Community Drugs Initiative

South Western Area Health Board, ERHA

Star Project Ballymun Ltd.

Step by Step

Substance Misuse Prevention Programme (Walk Tall)

Suir Valley Community Drugs Team

Talbot Centre

Tallaght Local Drugs Task Force

Tallaght Partnership

The Cornmarket Project

The Council for Addiction Information & Mediation

The Green Party

The Marian Centre, Bluebell

The Plough Youth Club

The Workers Party

Travellers Action (Trav Act)

TRUST

Voluntary Drug Treatment Network

Waterford Community Based Drugs Initiative

Wexford Area Partnership

Wexford County Board Development Initiative

Working Group for Families Living in Emergency Accommodation

Appendix 3

MID-TERM REVIEW – ORAL PRESENTATIONS TO THE STEERING GROUP

An Garda Síochána

Association of Garda Sergeants and Inspectors

Citywide Drugs Crisis Campaign

Citywide Family Support Network

Department of Education & Science

Department of Environment, Heritage & Local Government

Department of Health & Children

Department of Justice, Equality & Law Reform

Drug Treatment Centre Board

Drug Users Fora/Groups

Eastern Regional Health Authority

FÁS

Irish College of General Practitioners

Irish Pharmaceutical Union

Irish Prison Service

Local Drugs Task Forces Community Representatives

Local Drugs Task Forces Co-ordinators

Local Drugs Task Forces Chairpersons

National Advisory Committee on Drugs

National Drugs Strategy Team

National Youth Council of Ireland

Probation and Welfare Service

Regional Drugs Task Forces Community Representatives

Regional Drugs Task Forces Co-ordinators

Revenue Commissioners – Customs and Excise Division

Voluntary Drug Treatment Network

Appendix 4

TERMS OF REFERENCE OF BODIES OPERATING UNDER THE NATIONAL DRUGS STRATEGY

Cabinet Committee on Social Inclusion (CCSI)

The Cabinet Committee on Social Inclusion provides a strategic focus on tackling the problems of social inclusion, disadvantage and alienation. Its agenda, therefore, ranges across the responsibilities of a number of Ministers. The work of the Committee is guided by the provisions of Programmes for Government, social partnership agreements and the National Development Plan. It has a specific remit in relation to the National Anti Poverty Strategy and the National Drugs Strategy.

Inter Departmental Group (IDG)

- To advise the CCSI on critical matters of a public policy nature relating to the National Drugs Strategy (NDS);
- To ensure the timely and effective input of relevant Departments and agencies into any emerging operational difficulties or conflicts in relation to implementation of national drugs policy; and
- To approve the plans and initiatives of the LDTFs and the proposed RDTFs and to monitor and evaluate the outcomes of their implementation through joint meetings with the NDST.

National Drugs Strategy Team (NDST)

- To ensure effective co-ordination between officials from Government Departments and State Agencies represented on the Team and members of the community and voluntary sectors in delivering local and regional task force plans;
- To review on an ongoing basis the need for LDTFs in disadvantaged urban areas, particularly having regard to evidence of localised heroin misuse;
- To identify and consider policy issues and ensure that policy is informed by the work of and lessons from the LDTFs and the RDTFs, through joint meetings with the IDG;
- To oversee the establishment of RDTFs;
- To draw up guidelines for the operation of Local and Regional Drugs Task Forces and oversee their work;
- To evaluate the Local and Regional Drugs Task Forces action plans 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 & Gaeltacht Affairs to projects overseen by the NDST are properly accounted for; and
- To prepare an annual report and present it to the Department of Community, Rural & Gaeltacht Affairs.

National Advisory Committee on Drugs (NACD)

On its establishment, the functions of NACD were set out as follows:

- based on the Committee's analysis and interpretation of research findings and information available to it, to advise the CCSI and through it, the Government, in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland;
- to review current information sets and research capacity in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland and to make recommendations, as appropriate, on how deficits should be addressed including how to maximise the use of information available from the community and voluntary sector;
- to oversee the delivery of a three year prioritised programme of research and evaluation as recommended by the Interim Advisory Committee to meet the gaps and priority needs identified by:
  - (a) using the capacity of relevant agencies engaged in information gathering and research, both statutory and non-statutory, to deliver on elements of the programme;
  - (b) liaising with these agencies with a view to maximising the resources allocated to delivering the programme and avoiding duplication;
  - (c) co-ordinating and advising on research projects in the light of the prioritised programme;
  - (d) commissioning research projects which cannot be met through existing capacity;

- to commission additional research at the request of the Government into drug issues of relevance to policy;
- to work closely with the Health Research Board (HRB) on the establishment of a national information/research database (in relation to the prevalence, prevention, treatment and consequences of problem drug use) which is easily accessible; and
- to advise relevant agencies with a remit to promote greater public awareness of the issues arising in relation to problem drug use and to promote and encourage debate through the dissemination of its research findings.

In addition, as part of their extended mandate, the Government identified (i) drugs and crime and (ii) rehabilitation as priority areas of research for the NACD for the period up to 2008.

National Assessment Committee (NAC) for the Young Peoples Facilities and Services Fund (YPFSF)

- To prepare guidelines for the development of integrated plans in the target areas, which meet the overall aims of the Fund;
- To assess the plans emanating from each of the target areas and to make recommendations on funding to the CCSI;
- To monitor ongoing progress in the implementation of the local plans and address difficulties/issues arising; and
- To identify and consider policy issues relevant to the operation of the Fund for consideration by the IDG.

Drugs Strategy Unit – Department of Community, Rural and Gaeltacht Affairs (D/CRGA)

- To co-ordinate the overall implementation of the NDS;
- To advise and support the Minister of State with responsibility for the NDS;
- To drive the implementation of the NDS – particularly through the IDG;
- To monitor and report on the implementation of the various NDS actions and highlight gaps and issues arising to the IDG and the CCSI;
- To operate and manage the YPFSF and deal with emerging operational and policy issues in conjunction with the NAC;
- To be financially accountable for the work of the LDTFs, the YPFSF, the NACD and the NDST;
- To chair the British-Irish Council Sectoral Group on the Misuse of Drugs; and
- To represent Ireland at EU National Drugs Co-ordinators meetings.

In addition, the Unit is represented on the NDST and the NACD as well as a number of other relevant Committees.

Glossary of Terms

British-Irish Council	–	BIC
Cabinet Committee on Social Inclusion	–	CCSI
Central Methadone Treatment List	–	CMTL
Central Statistics Office	–	CSO
Community and Voluntary	–	C&V
Community Employment	–	CE
Community Policing Fora	–	CPF
County Development Boards	–	CDBs
Criminal Assets Bureau	–	CAB
Criminal Case Tracking System	–	CCTS
Customs & Excise	–	C&E
Department of Community, Rural & Gaeltacht Affairs	–	D/CRGA
Department of Education & Science	–	D/E&S
Department of Environment, Heritage and Local Government	–	D/EHLG
Department of Health & Children	–	D/H&C
Department of Justice, Equality & Law Reform	–	D/JELR
Department of Social & Family Affairs	–	D/SFA
Drug & Alcohol Information Research Unit (Northern Ireland)	–	DAIRU
Drug Misuse Research Division	–	DMRD
Drugs Strategy Unit	–	DSU
Eastern Regional Health Authority	–	ERHA
European Monitoring Centre for Drugs & Drug Addiction	–	EMCDDA
General Practitioner	–	GP
Home School Community Liaison Scheme	–	HSCL
Health Board	–	HB
Health Research Board	–	HRB
Health Service Executive	–	HSE
Inter-Departmental Group on Drugs	–	IDG
Integrated Services Process	–	ISP
Irish Hotel Federation	–	IHF
Irish Prison Service	–	IPS
Joint Policing Committees	–	JPC
Key Performance Indicator	–	KPI
Licensed Vintners Association	–	LVA
Local Authorities	–	LAs
Local Drugs Task Forces	–	LDTFs
National Advisory Committee on Drugs	–	NACD
National Assessment Committee of the YPFSF	–	NAC
National Children's Office	–	NCO
National Development Plan	–	NDP
National Drugs Strategy Team	–	NDST
National Drug Treatment Reporting System	–	NDTRS
National Drugs Strategy 2001-2008	–	NDS
National Educational Welfare Board	–	NEWB
Police Using Leading Systems Effectively	–	PULSE
Programme for Prosperity & Fairness	–	PPF
Regional Drugs Task Forces	–	RDTFs
School Completion Programme	–	SCP
Social Personal Health Education	–	SPHE
Strategic Task Force on Alcohol	–	STFA
Vintners Federation of Ireland	–	VFI
Vocational Education Committee	–	VEC
Young People's Facilities and Services Fund	–	YPFSF