



Midland Regional Drugs Task Force



Midland Regional Drugs Task Force

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# Action Plan 06-08

Laois | Offaly | Longford | Westmeath

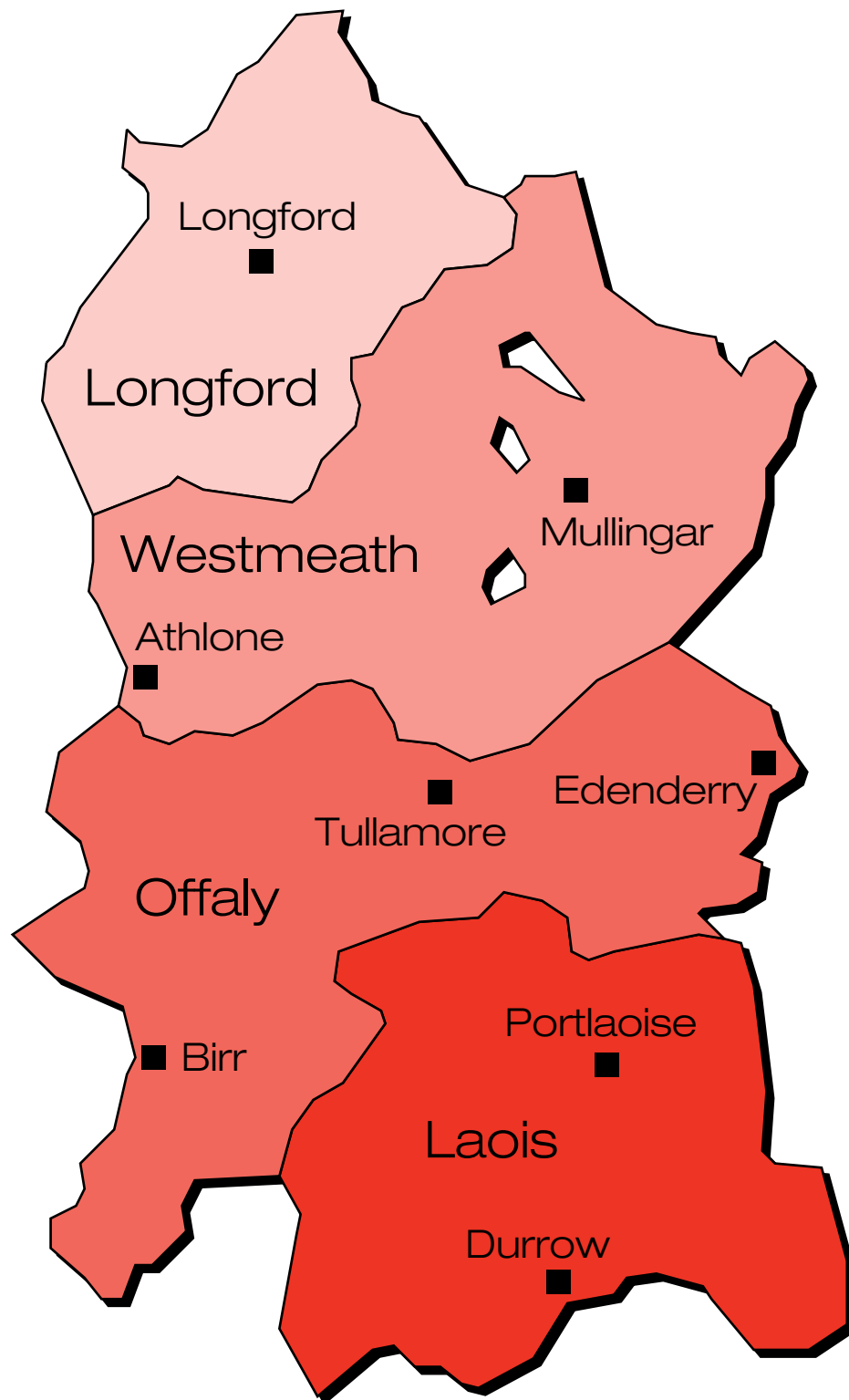


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## Map of MRDTF Region



## Chairperson's Foreword

This is the first Regional Substance Misuse Action Plan of the Midland Regional Drugs Task Force, as a result of resources being made available from the Department of Community Rural And Gaeltacht Affairs (DCRGA). A comprehensive consultative process was undertaken last year in order to provide all stakeholders in Laois, Longford, Offaly and Westmeath the opportunity to contribute and input into the design of the Action Plan.

The Action Plan sets out a wide range of actions agreed by the Task Force as being appropriate and realistic responses to the drugs issue in the Midland Region. The Plan is structured around five key strategic priorities: structure, governance and ways of working, education/prevention, treatment/rehabilitation, supply reduction and research.

My own personal involvement came about when I was invited to become an independent Chairperson and I was immediately taken by the enthusiasm of Mr. Bill Ebbitt who as Health Promotion Manager for the Midland Health Board acted as interim co-ordinator.

I would like to congratulate all members of the Midland Regional Drugs Task Force, especially the Interim Co-ordinator Bill Ebbitt for their dedication, continued participation and valuable input in terms of time and effort to the production of this Action Plan. Bill has recently left the Midlands to become a National Function Manager for the Health Service Executive (HSE). The full-time Co-ordinator is now Antoinette Kinsella and currently Julie Scully is acting Co-ordinator. This Action Plan document is the result of their dedicated and invaluable contributions and the time given from my committee members, Niall Cullen, Joyce Furlong, Mary Hughes, Frankie Keena and the expertise of Brian McNeice consultant Director of Genesis Ireland.

I believe that this Action Plan identifies the needs of the Midland Region and that achieving the actions listed will go a long way towards addressing the current drugs issue and supporting individuals and families who are facing the daily battle to lead lives free from drugs. The ongoing support of the National Drugs Strategy Team (NDST) especially Niall Cullen is acknowledged. It is important that society will actively support all the agencies who can take positive actions to reduce and eliminate the incidences of the misuse of drugs. I trust that all the actions will be successful.

*J. Taaffe.*

Chairperson  
Midland Regional Drugs Task Force



## Section 1: Background and Context

### 1.1 Introduction

Under the government's national drugs strategy 2001-2008 the Midland Regional Drugs Task Force (MRDTF) is one of ten Regional Drugs Task Forces (RDTFs) set up across the country in 2003 by Minister Noel Ahern T.D. to deliver a more co-ordinated response in tackling the problem of drug misuse.

The Midland RDTF was established in 2003 with the guidance and support of the National Drugs Strategy Team (NDST) under the aegis of the Department of Community Rural and Gaeltacht Affairs (DCRGA), the lead government department for the National Drugs Strategy 2001-2008.

After undertaking a comprehensive consultation process in the Region, the Midland RDTF working with its co-ordinators drew up the first Midland RDTF Action Plan. The plan was completed during 2005 and submitted to the NDST and DCRGA for its consideration and approval for government funding.

This plan is not a static document and therefore is subject to changes and alterations made to it by the Taskforce during its lifetime. In relation to this, the membership of the Taskforce, along with the staff, will endeavour to ensure that all the relevant parties are kept informed of such changes as they occur. The NDST will continue to support and monitor the progress of the implementation of the plan.

### 1.2 Overview of The National Drugs Strategy 2001-2008

The overall objective of the National Drugs Strategy 2001-2008 is to significantly reduce the harm caused to individuals and society by drug misuse through a concerted focus on:

- Supply reduction
- Prevention (including education and awareness)
- Treatment (including rehabilitation and risk reduction)
- Research

The document states that the Strategic Aims of the National Drugs Strategy (NDS) are to:

- Reduce availability of illicit drugs
- Promote throughout society a greater awareness, understanding and clarity of the dangers of drug misuse
- Enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society
- Reduce the risk behaviour associated with drug misuse
- Reduce the harm caused by drug misuse to individuals, families and communities
- Have valid, timely and comparable data on the extent and nature of drug misuse in Ireland
- Strengthen existing partnerships in and with communities and build new partnerships to tackle problems of drug misuse

### 1.3 Mid-term Review of National Drugs Strategy

In 2005 a Mid-term Review of the National Drugs Strategy was published and the main outcomes were as follows:

- Current aims and objectives of the National Drugs Strategy are fundamentally sound
- Progress is being made across the 4 pillars
- Some adjustments are required to re-focus priorities and accelerate rollout and implementation of key actions in the period up to 2008
- Rehabilitation to be a 5th pillar of the Strategy
- Family Support measures to encourage RDTFs to prioritise the provision of family support services in their areas and action plans

### 1.4 Background to the Midland Regional Drugs Task Force

The geographic area covered by the Taskforce is Laois, Offaly, Longford and Westmeath. The role of the RDTF as set out in the National Drugs Strategy (NDS) is to research, develop, implement and monitor a co-ordinated response to illicit drug use at regional level, based on best evidence of what is effective. This will be achieved using a partnership approach involving the statutory, voluntary and community sectors, through the deployment of a single, integrated plan, which all organisations and agencies statutory, voluntary and community are committed to implementing.

The RDTF operates at five distinct levels:

1. Collaborative working within and between agencies and the community and voluntary sector in developing synergies in service provision
2. Creating and maintaining an up-to-date database on the nature of illicit drug use in the region and provide information on drug-related services and resources in the region
3. Identifying and addressing gaps in service provision, having regard to evidence available on the extent and specific locations of illicit drug use in the region
4. Developing regionally relevant policy proposals
5. Supporting the implementation of actions under the National Drugs Strategy within a regional context

The Midlands RDTF has been given the task of developing a Regional Action Plan.



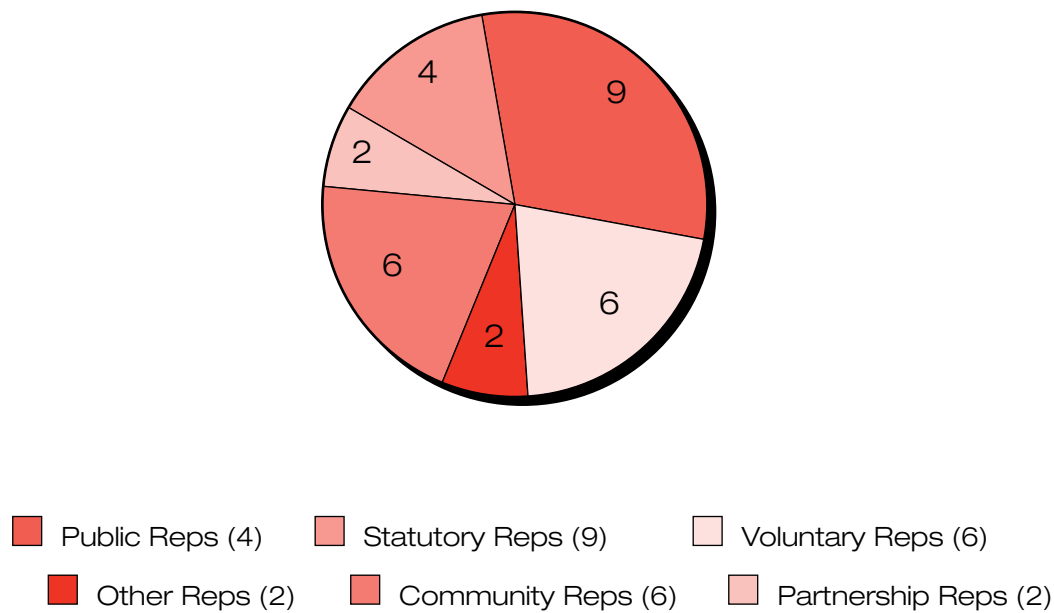
### 1.5 Membership of Midland Regional Drugs Taskforce

Under the original terms of the NDS, each Task Force appointed a Regional Co-ordinator and a Chairperson. In the Midland Region, an independent chairperson was elected by the membership. Following the guidelines issued by the NDS, this membership is subject to review and rotation. In this region there are seats available to the following sectors:

Statutory	Statutory	Other
Local Authority; Vocational Educational Committee; Health Services Executive; Department of Education and Science; Department of Social and Family Affairs	An Garda Síochána; Probation Service; Foras Áiseanna Saothair; Revenue Commissioners - Customs and Excise Division; Public Representatives;	Voluntary Sector; Community Sector; Area Based Partnerships.

There are a total of 27 seats on the Midland RDTF and the chart below shows the breakdown of these seats.

Chart 1: Seats on MRDTF



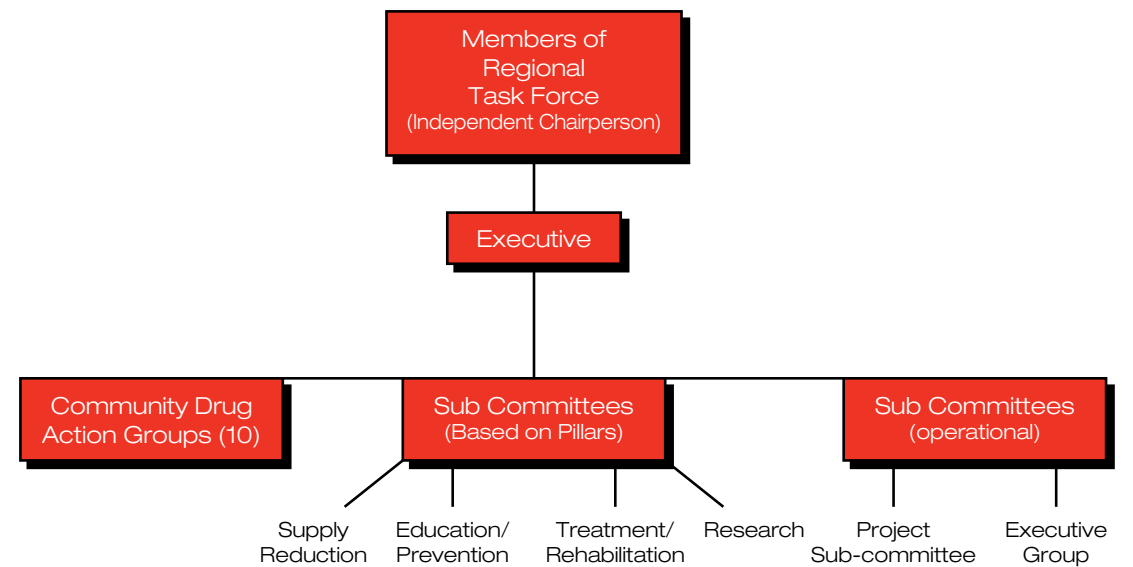
### 1.6 Organisational Structure of MRDTF

The Midland RDTF has an Independent Chairperson. The Chairperson is appointed for a minimum period of two years and a maximum period of three years. The RDTF will have a staff of three full-time workers; a co-ordinator, a regional development officer and an administrator. The HSE acts as the host agency for the MRDTF.

The Midland RDTF has also agreed to establish four sub-committees based on the pillars of the NDS, these sub-committees will have both RDTF Members and non-RDTF members and will draw in expertise when required. In addition to the regional sub-committees it will also have two key operational sub-committees, the projects sub-committee will deal with the assessment of new projects and monitor projects receiving on-going funding from the RDTF. The executive sub-committee will be responsible for finance and staffing.

The Midland RDTF will also facilitate the establishment of Community Drug Action Groups in the towns most badly affected by the drugs problem in the region. These groups will mainly comprise of members of the local community with seats being made available for stakeholders also. These groups will be empowered to participate in the implementation of actions to tackle substance misuse in their local community.

Chart 2: Midland Regional Drugs Task Force Organisational Chart



## Midland Regional Drugs Taskforce Members 2003-2006

Organisation	Member 03-06	Member 06-08
Independent Chairperson	Jack Taaffe	Jack Taaffe
Co-Ordinators Interim Full Acting	Bill Ebbitt Antoinette Kinsella	Antoinette Kinsella Julie Scully
NDST Representative	Niall Cullen	Niall Cullen
Health Service Executive	Bill Ebbitt Fran Byrne Kevin O'Hagan Peter McEvoy	Dorrie Mangan
Vocational Education Committee	Josephine O'Donnell	Josephine O'Donnell
Foras Áiseanna Saothair	Claire Wynne	Claire Wynne
An Garda Síochána	John Moloney	Liam Delaney
Dept of Education & Science	Seamus Murray	Seamus Murray
Customs & Excise	Dave McEneff Terry Smith	Patricia Furlong
Probation & Welfare	David Murray	Mary O'Sullivan
Directors of Community & Enterprise	Declan Byrne	Declan Byrne
Westmeath Community Forum	Linda Jo Quinn Joyce Furlong Maureen Finlay	Joyce Furlong
Offaly Community Forum	Mary Scully	Brian Hart
Laois Community Forum	Paul Culleton Mary Wheatley	Mary Wheatley
Longford Community Forum	Parvez Butt	Parvez Butt
Midland Regional Youth Services	Nicola Johnston Geraldine Lacey	Nicola Johnston Geraldine Lacey
Foroige	Colin McAree	Colin McAree
Midland Regional Support Agency	Julie Scully	Vacant
Merchant's Quay Ireland	Tony Geoghegan	Tony Geoghegan
Partnerships & ADM Funded	Karina Curley	Karina Curley
Community Groups	Frank Murtagh	Frank Murtagh
Traveller Groups	Teresa Joyce Petra Daly	Vacant
National Learning Network	Mary Hughes	Mary Hughes
Belhavel Training Services	Sheila Byrne	-
Open Door Project	Declan Hughes	Declan Hughes
Athlone Drug Awareness	Frankie Kenna	Frankie Kenna
Lir Family & Community Project	Graeme Moore	Not Applicable
Laois County Council	Marita Costigan	Thomas Jacob
Offaly County Council	-	Percy Clendennan
Westmeath County Council	-	Joe Whelan
Longford County Council	Paddy Belton	Gerry Brady
Irish Pharmaceutical Union	Liz Hoctor	Paddy Carragher
Dept. Social Family Affairs	Vacant	Vacant

## Section 2: A Profile of the Region

## 2.1 Regional Demographics

The CSO Preliminary Statistics for 2006 show that the four counties in the Midland Region have experienced a very significant increase in population since 2002. In fact the region appears to be one of the fastest growing regions in the state.

The population of the Region was 251,380 in 2006. This was broken down by County as follows:

Table 1: Population of each county and % Change 2002-2006

County	2002	2006	% Change
Longford	21,068	34,361	10.6
Westmeath	71,858	79,403	10.5
Laois	58,774	67,012	14
Offaly	63,663	70,604	10.9
Midland Region	225,363	251,380	11.5
State	3,917,203	4,234,925	8.1

Source: CSO 2006 Preliminary

A combined population of 60,000 is estimated to reside in the towns of Athlone, Mullingar, Tullamore, Longford, and Portlaoise. The 2006 census figures indicate that the Midland Region exceeded the National Spatial Strategy current trend based population projections for 2020. This would indicate a projected population of approximately 300,000 in the Midlands by 2020.

The Region is lagging behind in average disposable household income per person relative to the State average and the Border, Midland & Western (BMW) Region.

Table 2: Average Disposable Household Income .

County	Disposable Household Income per person (2003)	Index of Disposable Household Income (State 100)
Longford	€17,023	88.1
Westmeath	€18,024	97.1
Laois	€14,926	89.3
Offaly	€16,422	86.8
Midland Region	€17,097	90.9
BMW Region	€17,114	91
State	€18,610	100

Source: CSO 2003



## 2.2 Extent and Nature of the Drug Misuse Problem in the Region

There are a variety of data sources currently available outlining the scale and nature of the drugs misuse issue across the country, however, data for this region is difficult to isolate from national statistics and as a result data available to the RDTF for the region is limited. The Midland RDTF has identified the urgent need to establish more detailed information in relation to the extent and nature of drug use in the region.

### 2.2.1 Prevalence of Drug Use in the Region

In June 2005, the second bulletin on the 2002/2003 Drug Prevalence Survey was published and gives a breakdown of drug prevalence by HSE Region and Northern Ireland. This survey found that the proportion of those surveyed in the Midland Region who reported ever having taken an illegal drug (lifetime prevalence) was 11.2%, 3% of those had done so in the previous year and 1% was in the previous month.

Table 3: Ireland - Illegal Drugs - MRDTF Region (%)

	Lifetime all adults 15-64	Lifetime young adults 15-34	Lifetime older adults 35-64	Recent all adults 15-64	Recent young adults 15-34	Recent older adults 35-64	Current all adults 15-64	Current young adults 15-34	Current older adults 35-64
Midland Region	11.2%	5.8%	7.3%	2.8%	5.1%	0.8%	1.0%	1.3%	0.8%
Ireland	19.0%	26.4%	12.3%	5.6%	9.7%	1.9%	3.0%	5.2%	1.0%

Source: NACD & DAIRU, June 2005

Illegal drug use in this RDTF area primarily related to the use of cannabis for which similar rates were reported. The study also found that males and young adults reported higher prevalence rates. All prevalence rates in the Region were lower than the corresponding national rates.

The lifetime prevalence rate for alcohol among male respondents was higher than the corresponding national rate. The nature and extent of alcohol usage in the region was raised during the consultation process for this plan, however, since it is not an illicit drug (for adults) it was not appropriate for it to be covered by the actions in this plan except for those under 18.

### 2.2.2 Opiate Use in the Region

The latest European School Survey Project on Alcohol and Other Drugs (ESPAD) 2005, found that a National level 89% of 16 year olds attending school have used alcohol in the last 12 months, that almost one in ten had taken 'any illicit drug but cannabis', that use of inhalants is twice the EU average (22%) and the use of marijuana or hashish is twice as common in Ireland (32%) than the average for all ESPAD countries (16%).<sup>1</sup> The report also indicated that more than one in five Irish schools students believe that cannabis is 'easily available in schools' and 78% believe it to be easily available in general.

The first national capture-recapture study of opiate use estimated that there are 14,452 opiate users in Ireland of which approximately 2,225 are outside the Dublin area. In July 2004, there was over 7,000 people on the Central (Methadone) Treatment List however there was a 250% increase in the numbers on the treatment list outside of the Eastern Region Health Authority region.

The European monitoring centre for drugs and drug addiction (EMCDDA), defines problem drug use (PDU) as 'injecting drug use or long duration/regular use of opiates, cocaine and/or amphetamines'. Variations in definitions and methodological uncertainties mean that obtaining reliable estimates in this area is difficult, according to the EMCDDA. While there is considerable anecdotal evidence suggesting extensive cocaine use in Ireland, statistics for the Midlands do not exist.

In 2004 the MRDTF commissioned an exploratory study of heroin misuse in Athlone and Portlaoise entitled 'Darkness on the Edge of Town' attempted to estimate the extent of the heroin issue in both locations. Whilst the report was not definitive in terms of the number of heroin users it did state that there were 57 people reported to be in treatment in the Region in 2000 but that this figure was likely to be 'a serious under-representation of the heroin problem that exists'. From this study the profile of drug misusers in the Region indicates that the majority are male, in their teens or early 20's, living in the family home and poorly educated.

### 2.2.3 Treatment Statistics

The treatment statistics presented relate to those recorded on the National Drug Treatment Reporting System (NDTRS) cases rose from 65 to 127 between 2003 and September of this year.

Table 4: Users Receiving Treatment in the HSE Midland Area from 2003 - Present.

HSE Midlands Area	2003	2004	2005	Jan-Sept 06
	No of clients	No of clients	No of clients	No of clients
HSE Midland Clinics	63	88	94	95
HSE Midland GP's	2	12	27	32
Total	65	100	121	127

Source: Central Treatment List

<sup>1</sup> Published by the National Advisory Committee on Drugs (NACD) and the Drug and Alcohol Information and Research Unit (DAIRU), 2005.

<sup>2</sup> *The State of the Drugs Problem in Europe*, EMCDDA, 2005

<sup>3</sup> McElwee and Monaghan, 2005, Athlone Institute of Technology and Midland RDTF



## 2.2.4 Garda Statistics for the Midland Regional Drugs Task Force Area

Table 5: Persons Prosecuted for drugs offenses by age and gender

Region	Under 17 years		18-20 years		21 years & over		Total		Total Persons
	M	F	M	F	M	F	M	F	
Laois/Offaly	67	6	459	39	1137	169	1663	214	1877
Longford/Westmeath	9	1	47	3	93	8	149	12	161
Total Region	76	7	506	42	1230	177	1812	226	2038
Total National	522	38	2587	163	5975	584	9082	785	9867
Region %	4%		26.9%		69%		100%		
National %	6%		28%		66%		100%		

(An Garda Síochána Annual Report 2005)

Table 6: Proceedings for possession, supply, obstruction and other offenses.

Region	Spec 3 MDA (possession only)	Spec 15 MDA (supplier/dealer)	Sec 21 MDA (obstruction)	Other MRD (offenses)	Total
Laois/Offaly	373	85	10	14	482
Longford/Westmeath	149	30	3	4	186
Region Total (%)	522 (78%)	115 (17%)	13 (2%)	18 (3%)	668 (100%)
National (%)	7432 (74%)	1928 (19%)	479 (5%)	235 (2%)	10,074 (100%)

(An Garda Síochána Annual Report 2005)

Table 7: Misuse of Drugs Act (as amended)

Offenses where proceedings commenced by division and drug type

Region	Cannabis	Cannabis Resin	Cannabis Plant	Heroin	LSD	Ecstasy	Amphet	Cocaine	Other	Total
Laois/Offaly	71	210	3	52	0	63	36	32	5	473
Longford/Westmeath	0	117	5	18	0	25		15	3	183
Region Total (%)	71 (10.8%)	327 (49.9%)	8 (1.2%)	70 (10.68%)	0 (0%)	88 (13.43%)	36 (5.49%)	47 (7.17%)	8 (1.2%)	655 (100%)
National (%)	1048 (10.92%)	5113 (53.29%)	64 (.67%)	1022 (10.65%)	19 (.20%)	787 (8.20%)	191 (1.99%)	1224 (12.76%)	127 (1.32%)	9595 (100%)

(An Garda Síochána Annual Report 2005)





## 2.3 Services Available to Drug Users in the Region

Currently there are very limited services available to drug users in the Region. There is no detox facility in the region and there are currently no residential rehabilitation places available. This section details the services currently available.

A number of community/voluntary organisations are also active around the specific issue of drugs.

### 2.3.1 Community Alcohol & Drug Service (CADS)

The H.S.E. provides addiction counselling and a methadone maintenance programme through the Community Alcohol and Drug Services. Access to the Service is by self-referral, G.P., Probation Service, or any other statutory or voluntary organisation. Psychiatric assessment and intervention is available through a Consultant Psychiatrist within the Service.

#### Addiction Counselling Services

The overall purpose of the addiction counselling service is to seek to minimise drug and alcohol related harm in order to have a positive impact on individuals, families and communities by:

1. Providing assessment, counselling and therapeutic interventions that are matched to clients needs, demonstrable staff competence and evidence based practice.
2. Supporting and consulting with other disciplines in related areas, including primary care workers and other community agents in the provision of services for clients including provision of advice and support, brief intervention, systematic care planned counselling and extended care planned counselling.

#### Methadone Maintenance Programme

The Methadone Maintenance Programme is provided by a level 2 G.P. and a clinic nurse in CADS in Athlone and Portlaoise. Each clinic can accommodate a maximum of thirty clients. Currently, clients attending the Programme from Mullingar and Birr travel to Portlaoise using transport service provided by the HSE.

### 2.3.2 Adult Clinical Psychology

Clinical psychologists aim to reduce psychological distress and promote psychological wellbeing. The clinical psychologist works with individuals, couples, groups and families with mental health problems including addictive behaviours, and personal and family relationships. The clinical psychology service offers assessment using a variety of methods including tests, clinical interviews and observation of behaviour. Assessment may lead to therapy, counselling or advice. Clinical Psychologist work in many settings including hospitals, community health settings, in the community, and in individuals homes.

### 2.3.3 Probation Service

The probation service become involved when clients are referred to them by the Courts or through their work in prisons, and when appropriate make referrals to treatment services.

### 2.3.4 The Garda Drug Squad

The Gardai are actively involved in giving advice and assistance in relation to substance abuse to parents and community groups. According to An Garda Síochána Annual Report 2005 there were 80 lectures given in the region in that year.

### 2.3.5 Juvenile Liaison Service

Juvenile Liaison Service is run by the An Garda Síochána and is aimed at young people under the age of 18 years. The purpose of the office is to prevent youth entering into the criminal justice system.

### 2.3.6 Substance Misuse Education and Prevention Service

The Substance Misuse Education and Prevention service is provided through the Health Promotion Service. It provides a comprehensive range of services, throughout the Midland Area, based on the needs of the community, voluntary and statutory sectors around the issues relating to substance misuse. Partnership working with the community, voluntary and statutory sectors is a key means by which services are planned, implemented and delivered.

Services include

- The provision of accurate advice and information to the public on substance misuse.
- The publication and dissemination of resources and materials designed to be used as a tool for working with parents, communities and young people.
- The provision of training on evidence based substance misuse education theory, practice and methodologies to professionals working with young people in formal/informal educational settings.
- The supporting of whole community initiatives, both existing and new, by facilitating local communities, in partnership with other agencies, to develop effective and lasting local strategies.
- The provision of educational programmes within settings such as communities, youth services, out of school settings and workplaces. These programmes are delivered to population groups including young people, parents, community groups, men's and women's groups and special interest groups.

### 2.3.7 Athlone Drug Awareness Group

This group offers drug awareness talks, non-alcoholic youth discos/events, dissemination of material on substance misuse. The group have always been committed to delivering healthy alternatives to alcohol and drugs. These activities have included the provision of alcohol free discos in association with our partners the Athlone Rugby Club, the Feedback music contest with our local agency partners Harmony CDP & Table quizzes and debates have also proven very popular and have incorporated the health theme on all occasions. Over the years we have funded recreational activities for many young people who would not have otherwise had the opportunities available to them.

<sup>4</sup> A level 2 G.P. is a G.P. with specialist training regarding the prescribing of methadone.



## Section 3: The Action Plan

### 3.1 Consultation Process for the Action Plan

The Midland RDTF established a Steering Group to oversee the development of the Regional Action Plan chaired by the Chairperson, and comprised of representatives of the taskforce. The Steering Group invited tenders for the development of this action plan. Genesis Strategic Management Consultants were awarded the tender and undertook the development of the Action Plan.

A comprehensive consultation process was undertaken in order to provide all stakeholders within the Region the opportunity to contribute and input into the design of the Action Plan. The consultation process included:

- Public fora meetings
- Meetings with statutory and voluntary organisations and groups
- Consultations with public representatives
- Meetings with key individuals and groups
- Written submissions
- Telephone based submissions
- Visits to projects.

Four public consultation meetings were held in Athlone, Tullamore, Longford and Portlaoise in February and March 2005. These public meetings were well advertised in the local media (radio and print), through public posters and through the various organisations represented on the RDTF. The meetings were facilitated by Genesis and the format of the meetings were identical in all four locations. The meetings resulted in a range of recommended actions to be considered for the final Action Plan. All of these ideas were considered by the Steering Group.

Over fifty meetings were conducted with various statutory and voluntary organisations and groups throughout the Region over the January to April 2005 period.

Written submissions were also encouraged by the RDTF through public advertisements and posters and through the organisations represented on the taskforce. In total, over 20 written submissions were received and considered as part of the development of the Action Plan.

A confidential telephone hotline was also set-up and manned throughout the month of March 2005 to facilitate members of the public to submit their views on the Action Plan.

Visits were made to a number of current, active projects within the Region. These visits provided an opportunity to review some of the work been undertaken on the ground and to engage individuals currently participating in these projects and solicit their views on the Action Plan. In particular, the views of young people and minority communities were sought.

Finally, a number of organisations conducted their own consultation sessions and submitted the output and conclusions from these sessions to the RDTF for consideration.

The consultation process assisted in the identification of key issues and developing practical suggested actions/solutions to address these issues. And, the process set out to ensure that stakeholders attempted to develop ideas and suggestions to address the identified issues. As a result, the process resulted in a thorough analysis and understanding of what the key issues were, but more importantly, practical actions/solutions being identified for consideration by the RDTF in the development of the Action Plan.

The RDTF is very confident that the extensive nature of the consultation process carried out ensures that the final Action Plan is reflective of the views of those living and working in the Region.

The Actions are presented under the following headings:

Strategy	Title
Strategy 1	Structures, Governance and Ways of Working.
Strategy 2	Education / Prevention
Strategy 3	Treatment / Rehabilitation
Strategy 4	Supply Reduction
Strategy 5	Research

<sup>5</sup> A list of those consulted is included in Appendix 2.



## 3.2 Actions

### Strategy 1: Structure, Governance and Ways of Working

No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
1.1	Re-select Membership of the RDTF	<p>Following completion of the Action Plan the membership to include senior decision makers within their agency and public/community and voluntary representatives.</p> <p>Sub-committees to be established within the Midland region in line with the pillars outlined in the National Drug Strategy.</p>	RDTF	New Taskforce appointed Sub-committees up and running.	Urgent
1.2	Appoint a full time RDTF co-ordinator	<p>To recruit, select and appoint a regional co-ordinator.</p> <p>The co-ordinator is responsible for the delivery of the Regional Action Plan</p>	HSE in conjunction with the RDTF	Full time co-ordinator appointed and in situ	Urgent
1.3	Appoint Support Staff to the RDTF	To Appoint one RDTF Development Worker and one Administrator to assist the RTDF co-ordinator to deliver the Regional Action Plan	RDTF	Development Worker and administrative support worker appointed and in situ.	Urgent
1.4	Define terms of reference and operational procedures for the RDTF	The taskforce will agree operational procedures.	RTDF	The taskforce operates within the operational procedures agreed.	Urgent
1.5	Design and deliver an induction programme and organise relevant training programmes for all members of the RDTF	<p>An induction programme will be designed to ensure that all members have a basic (and common) level of awareness of the nature, extent and scale of the drug issue in the Region.</p> <p>Relevant training programmes offered to all members of the Taskforce</p>	RDTF - Co-ordinator	<p>All new RDTF members will receive induction training. All members will be aware of their expected role.</p> <p>Members will have an understanding of; the level of services in place; an awareness of best practice in the provision of services; understand the strategy of the RDTF</p>	Urgent



No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
1.6	The RDTF will initiate support and the establishment of Community drug action groups in each major town within the Region.	Establish and support local groups in acting as a resource through which 'local' actions can be delivered within the context of the Regional Action Plan	RDTF Staff	10 community drug action schemes up and running in the region.  Local communities empowered to participate in the implementation of actions to tackle drug misuse in the region.	Urgent
1.7	Explore a co-ordinated approach between issues to deal with illicit drug abuse and alcohol abuse among teenagers within the Region	To support the establishment of appropriate structures to devise a range of measures to reduce alcohol consumption in particular among teenagers.	RDTF - Co-ordinator	Development of appropriate actions for dealing with alcohol abuse among teenagers within the region.	High
1.8	Establish a Projects Sub-committee	To establish a projects sub-committee and agree a terms of reference for Projects Sub committee.  Where 'expert' advice may be needed on any particular project/proposal, an external advisor will be organised as appropriate.	RDTF	All new projects/proposals submitted to the RDTF are assessed through this sub-committee to ensure they are in line with best/recommended practice.  All projects that receive funding will meet the criteria set out by the RDTF.	Urgent
1.9	To ensure that RDTF is kept up-to-date with relevant research material.	All new relevant research documents are available and circulated to the membership.	RDTF - Co-ordinator	Awareness of all relevant research material for use in provision of services within the Region	High
1.10	To develop a system of performance monitoring to be used throughout the lifetime of the RDTF and the Regional Action Plan	To ensure appropriate documentation is maintained from which progress against Regional Action Plan is reviewed annually	RDTF Staff	Progress against the plan is visible and clear to all key stakeholders.	Medium
1.11	Formal evaluation of RDTF once a year	To ensure that self-evaluation is conducted.	External Facilitator	That future planning is based on past experience.	Medium
1.12	Encourage and foster the media (local media in particular) to promote the work of the RDTF.	Put guidelines in place for liaison with the media and to appoint a spokesperson to liaise with the media	RDTF	A regular media presence for the RDTF	Medium



## Strategy 2: Education/Prevention

No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
2.1	Establish an inter-agency team to build and deliver training for dealing with substance misuse within local community development groups	<p>Identify a pool of trainers from the MRDTF Region.</p> <p>Develop accredited training programmes (including Prior Accredited Learning and FETAC) to provide training and enhance the capacity of professionals and volunteers to appropriately respond to those who present with substance misuse issues</p> <p>Deliver relevant training programmes in the Region</p>	Inter agency in partnership with RDTF	<p>A pool of trainers are identified.</p> <p>Accredited training is provided to members of local community development groups in the region.</p> <p>Enhanced capacity of professionals and volunteers to deal with substance misuse.</p>	Urgent
2.2	Develop, launch and disseminate a range of materials appropriate to relevant audiences within the Midlands Region	<p>Identify and evaluate existing materials and assess deficits.</p> <p>Prepare and develop new material to address deficit and/or audiences not currently catered for using a variety of multi-media methods.</p> <p>Train and accredit individuals to deliver the material with particular emphasis on out of school and non-formal education and parent-support settings.</p> <p>Monitor and evaluate regularly the effectiveness of the material and how it is delivered</p> <p>Review annually materials and identify additional requirements based on deficits and needs</p>	RDTF / HSE - Regional Health Promotion Service in partnership with other agencies	<p>Comprehensive range of material available</p> <p>Where appropriate material delivered through 'accredited' individuals</p> <p>Materials updated regularly, as required</p> <p>Awareness levels raised so people are aware where to go to access information</p> <p>Material is accessible to all target groups</p>	Urgent
2.3	Ensure all schools and other educational/training establishments within the area implement a comprehensive substance misuse prevention programme in the context of health education.	<p>Ensure there is a needs-led, comprehensive substance misuse prevention programme in place across the Region</p> <p>Appoint a worker to support the substance use education programmes in the formal and non-formal education settings.</p>	RDTF / HSE / DES / FÁS.	<p>Ensure all education settings within the Region are delivering the programme in line with best practice.</p> <p>Existing 'Walk Tall' and 'On My Own Two Feet' Programmes be used as the initial primary resource and local variations of programmes developed to support local needs.</p>	Urgent



No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
2.4	Design, develop and deliver a drugs education programmes for GPs and Pharmacies in the Region	All GPs and Pharmacies in the Region to receive drugs education support on an ongoing basis.	HSE - GP Unit	GPs and Pharmacies have drugs education support on an ongoing basis. Increased participation by GPs and Pharmacies in drug related treatment service provision	High
2.5	Develop parental support programmes to support parents dealing with substance misuse issues.	Identify existing parental support programmes and ensure accessibility throughout the region.  Review and modify existing support programmes to meet local needs.	Local community development action groups	Regular parental support information seminars/events take place within the Region. Parents have easy access to information.	High
2.6	Encourage and support the implementation of the Youth Work Act across the region.	The RDTF will assist in the development of regional youth action plans in accordance with the Youth Work Act. To ensure that substance misuse prevention is a key component of these action plans.	VECs in partnership with other community, voluntary and youth service providers and young people.	Targets within action plan delivered once they are in place.	High
2.7	Information to be made available to all higher education students within the Region	The RDTF will work with Athlone IT to ensure that accurate and up to date substance misuse information is available to all third level students in the region.	RDTF Athlone IT (Healthy Campus Initiative)	Students have easy access to accurate information.	Medium
2.8	Ensure all education settings in the Region develop a substance use policy in consultation with their stakeholders.	Provide support and advice to education settings to assist in the process of developing substance use policies.  A review of the current provision and effectiveness of policies should be carried out in all education settings.	HSE / FÁS DES	Educational establishments (schools and all other education settings) have substance use policy in place A report on the status of substance use policies in education settings compiled.	Medium
2.9	To identify and support peer-led projects in the Region	Review examples of successful peer-led projects in and outside the Region  Encourage and support 'best practice' peer-led projects in the region, on an ongoing basis  Review and evaluate effectiveness of peer-led projects regularly	RDTF RDTF Co-ordinator	5 peer-led projects up and running within the Region by the end of 2007  An evaluation report on the effectiveness of peer led models to be compiled.	Medium



No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
2.10	To identify and support the provision of accessible, positive programmes (through arts, culture, sport, youth schemes) in the areas where drug misuse is most prevalent.	<p>Work in partnership with various bodies to support the delivery of programmes in at risk communities where drug misuse is most prevalent.</p> <p>The development and design of these programmes should involve those for whom they are aimed at. Ensure projects in the region access initiatives</p>	Youth Services in partnership with others e.g. VECs, Arts Officers, local sports partnerships Dept of Arts, Sport and Tourism and DCRGA	Programmes are run using creative methodologies that has involved the target group in their design and implementation	Medium

### Strategy 3: Treatment/Rehabilitation

No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
3.1	Regular multi agency meetings to take place to review client needs in each major area within the Region	<p>The various representatives on the RDTF, on behalf of their respective organisations, should sign-up to the principle of this multi-agency approach working together in a case-based model</p> <p>This case based approach should provide a well co-ordinated continuum of care for clients which identifies clear treatment and support pathways</p> <p>Approach to be reviewed regularly in each area to ensure that it is working effectively</p>	RDTF Co-ordinator & Director of Child Care HSE in partnership with various agencies	<p>Monthly meetings taking place across the Region</p> <p>A co-ordinated client centred approach in place in the Region.</p>	Urgent



No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
3.2	Provide a range of drop in centres/facilities throughout the region for those affected by substance misuse.	<p>Identify four pilot projects (new or existing) in key urban centres, with a long-term goal to extend to 12.</p> <p>These centres will operate as open access, no appointment necessary facilities. They will also offer information, advice and referral support as well as services identified by users.</p> <p>Appoint two outreach workers across the four pilot centres with a remit for developing capacity and skills</p> <p>Establish protocols for the provision of harm reduction programmes delivered through these pilot centres and ensure a protocol is in place for Under 18's within the centres</p> <p>Evaluate effectiveness of pilot projects.</p>	RDTF co-ordinator in partnership with existing projects/ community groups and service providers (HSE, Health Education Officers, PHN)	<p>4 pilot projects supported/established initially</p> <p>A range of services are co-ordinated and delivered through the centres.</p> <p>Clients value and use the centre</p>	Urgent
3.3	Establishment of Support Services for Under 18's	<p>A member of the addiction team should be seconded to the Child and Adolescent team (based on demand)</p> <p>Ensure appropriate support for the child and adolescent team is in place to deliver services to the Under 18's</p> <p>Deliver service inline with the Under 18 protocol.</p> <p>This is seen as an urgency given the current lack of service available to Under 18's.</p>	<p>HSE - Child and Adolescent Team</p> <p>RDTF to liase with HSE</p> <p>Youth Sectors to meet</p>	Drop in centres (outlined above) and the related services are available to Under 18s and deliver inline with protocol	Urgent
3.4	Establish an outreach service for drug users in the Region.	<p>Establish an outreach team (with a minimum of two workers) that will engage in direct client work and will provide contact, advocacy, support and harm reduction services.</p> <p>This team should incorporate a peer element to assist with making contact with hard to reach communities/individuals.</p> <p>Pilot outreach work in two areas.</p> <p>Evaluate effectiveness of pilot and assess ongoing need for outreach work and allocate resource accordingly.</p>	RDTF & HSE	Effective outreach provided through the pre-treatment, treatment, post treatment phases as required by clients (initially in the pilot catchments areas)	Urgent





No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
3.5	Ensure access to Detox Programmes is available for drug users within the Region.	<p>Establish relationships and procedures with detox programme service providers to facilitate referral to detox beds</p> <p>In short-term develop a link with existing detox programmes and in the long-term establish local detox services (both in the region and at community level).</p> <p>Develop a protocol for community detox.</p>	HSE & Local GP Unit	<p>5 beds accessed for drug users in the region in the short term. (Targets based on 1 bed per 40,000 per capita population, 3 week stay, 80% utilisation)</p> <p>A detox centre open in the region.</p>	Urgent
3.6	Ensure that a follow up care programme is available in the Region.	<p>Follow up care work will be delivered through rehabilitation programmes.</p> <p>Identify best practice in after care and provide a range of after care interventions/supports including both individual and group care support.</p>	Multi-Agency	After care support provided to all clients that need it.	Urgent
3.7	Set-up and deliver support services for the families of drug-users	<p>Identify models of support services for families of drug users which might include the following:</p> <p>Family resource services Support groups Coffee mornings etc</p>	RDTF in liaison with HSE	Family Support Service, for families of drug users, exist in all four counties	Urgent
3.8	Provide and support a residential treatment/rehabilitation programme based within the Region (Explore possibility to support)	A residential treatment/rehabilitation programme is seen as a critical urgency for the region.	RDTF in partnership with FÁS / HSE / Probation Service / NLN / VEC / Community & Voluntary Groups etc.	Provide 50 places per year for residential rehabilitation.	Urgent
3.9	Provide and support a non residential, community based rehabilitation programme incorporating various strands.	The programme should be spread across the region to ensure accessibility for users incorporating: Therapeutic interventions, work related social skills, Vocational rehabilitation and Educational opportunities	RDTF in partnership with FÁS / HSE / Probation Service, NLN / VEC / Community & Voluntary Groups etc.	Provide 100 places per annum for community based rehabilitation schemes.	Urgent



No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
3.10	Minimise waiting lists and times for treatment services. (Note: the RDTF will play a key challenging role in monitoring this on an ongoing basis)	Aim for minimum of 4 week waiting period (for assessment and treatment)  RDTF role is to monitor and actively lobby for the delivery of minimum standards	HSE	National strategy targets delivered in the region.	Urgent
3.11	Explore the establishment of a crisis intervention service, available on a 24 hour 7 days a week basis.	Research the models of best practice for a crisis intervention service.  Use this research to establish an appropriate crisis intervention service in the Region. Any service developed should be available on an advisory, information and referral basis.	RDTF Co-ordinator in partnership with existing agencies.	Service is based on established best practice.  Available 24 / 7  Formal agreements for provision of service in place	High
3.12	Establish a regular forum for service providers to share experiences and knowledge.	The RDTF Co-ordinator would facilitate the establishment of a service providers forum.  The topics for discussion and frequency of meeting will be driven by the service providers themselves.	RDTF co-ordinator	Service providers forum meeting regularly.  Improved networking and information sharing among service providers.	High
3.13	Establish a users' group to ensure the availability of accurate, up-to-date 'street information' that can inform the need for services in the Region.	The RDTF will facilitate the establishment of a users' forum for this region.  This would also act as a support group to users to assist in identifying the needs, requirements and experiences of users accessing the services.  The feedback from the users should be made available to all stakeholders.	RDTF	That users have a voice in the development of services for drug users in the region.	High
3.14	Promote a forum/fora for drug users in the region to comment on the provision, accessibility and quality of services.	This forum will provide a users perspective on services to the RDTF and allow the taskforce to maintain a strong focus on the adequacy of service provision in the region.	RDTF	Regular sessions take place.	High



## Strategy 4: Supply Reduction

No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
4.1	Extend the Community Policing Fora into the RDTF area.	<p>This will be delivered in line with the proposed legislation</p> <p>To explore the development of local policing for a/joint policing committees in the region, in conjunction with the implementation of An Garda Síochána Act 2005.</p> <p>Clear terms of reference need to be established</p>	An Garda Síochána, County & Town Councils in partnership with local community groups.	<p>RDTF is linked with the implementation body of the Garda Bill with respect to community policing fora</p> <p>Joint policing committees established.</p>	Urgent
4.2	Promote and support the establishment of estate management programmes in all 4 counties in the Region.	Target high priority estates and focus on positive, practical needs based interventions within the estates.	County & Town Councils in partnership with An Garda Síochána, Community Action Groups, Partnership Agencies and Resident Associations.	<p>Programmes established in Longford, Westmeath, Laois and Offaly</p> <p>Level of trust and co-operation with local communities increased</p> <p>Increased local agency involvement in tackling estate management issues.</p>	Urgent
4.3	Enhance the through care programme to provide support for prisoners (especially pre and post release)	<p>The Midlands Region has a large prison population due to the presence of Portlaoise and the Midlands Prison, with a sizeable population of prisoners from within the region</p> <p>Ensure appropriate drug treatment and through care programmes are in place within the prisons in the Region</p>	Probation Service / Irish Prison Service and RDTF	<p>Prisoner after care programme established A post release after care programme being delivered.</p> <p>Pre-release service available in all prisons in the Region.</p> <p>Pre-release plans in place for all released prisoners.</p>	Urgent



No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
4.4	Review the capacity of An Garda Síochána to respond to the substance misuse issue in the Region.	<p>There is a need to ensure that adequate resources are put in place to support An Garda Síochána and that major gaps are addressed.</p> <p>Conduct an audit of the capacity of An Garda Síochána to respond to drug related crime.</p> <p>Identify key deficits in resourcing</p> <p>Develop an action plan to address the gaps. In particular, where dedicated drugs units exist ensure that they are adequately resourced with full time dedicated officers.</p> <p>Ensure that there is an efficient sharing of resources across divisions to support An Garda Síochána.</p>	An Garda Síochána / RDTF	Clarity on what resources are available and what gaps exist.	High
4.5	Consider alternative measures (e.g. develop and support non custodial options, arrest referral schemes, post prison support.	Observe what is happening with the pilot and review what could/should be done in the region. Explore the potential use of non-custodial interventions in tackling drug misuse.	Department of Justice / Equality and Law Reform / Probation Service	To establish the potential for the use of non custodial options in the region.	High
4.6	Monitor training for judges (through the judicial training system), solicitors and barristers around drug issues as identified under the NDS	Monitor the delivery of this NDS action.	Department of Justice / Equality and Law Reform	All judges in the Region receive drug related training support	High
4.7	Ensure guidelines for publicans and night-club owners are in place and being implemented.	<p>The 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 An Garda Síochána etc.</p> <p>Review national guidelines (amend if required)</p> <p>Provide training for all publicans and night-club owners (in the guidelines and what to look out for)</p> <p>Support the implementation of guidelines in all pubs, night-clubs, hotels in the Region</p> <p>An Garda Síochána to object to the renewal of licences for publicans and night-club owners where there is a lack of co-operation with implementation of guidelines or there has been a history of drug dealing on the premises.</p>	An Garda Síochána / HSE / VFI / LVA / HFI	All pubs, clubs and hotels in the Region are familiar and operating within the guidelines	Medium



## Strategy 5: Research

No.	Title of Action	Description	Lead Agency	Outcome Measure	Priority
5.1	Establish a programme for collecting local information which is accurate and up-to-date.	<p>Utilise existing research mechanisms to maximum effect e.g. the Drug Trend Monitoring system, HRB figures, An Garda Síochána figures etc.</p> <p>Design a template for collecting data at local level.</p> <p>Develop research framework to be applied in all areas within the Region.</p> <p>Collect information regularly and monitor trends and patterns over time in a uniform and rigorous manner.</p> <p>Monitor trends and patterns over time.</p>	RDTF	Produce a report of the research collected annually.	High
5.2	Engage in a consultation process specifically with young people in the Region to get their views.	Link in with existing county based youth fora with specific substance misuse issues to be discussed	VECs in partnership with youth, sport, community and voluntary services and projects	Produce a report of the outcomes.	High



## Appendix 1

### Feedback from Consultation Process

#### Key Issues

The consultation process assisted in the process of both identifying key issues and developing practical suggested actions/solutions to address these issues. Specifically, the consultation sessions were designed to not just identify a list of problems within the Region. Rather, the process ensured that stakeholders attempted to develop ideas and suggestions as to what could be done to address the issues. As a result, the process resulted in a thorough analysis and understanding of what the key issues were, but more importantly, practical actions/solutions identified for consideration by the RDTF in the development of the Action Plan.

The following is a brief summary of the feedback of the consultation process.

#### Governance

It is vital that the RDTF has a suitable and credible 'Management Committee' which is chaired by an able individual who has the qualities of 'being able to get things done.'

The RDTF should act as a decision making and policy setting body and therefore requires the membership to be comprised of credible figures from statutory, voluntary and community sectors, capable and empowered to make decisions on behalf of their relevant organisations.

The work of delivering the Regional Drugs policy should be contracted, in part or in whole to credible and acceptable localised agencies. A training programme should be developed for the members of the RDTF who cannot take post until it is completed.

The statutory sector should be represented by senior personnel who can make commitments from their service.

The Coordinator should report to the full RDTF and provide written reports on progress on at least four occasions each year.

Any Regional policy should coordinate with national policy.

The feedback from the consultation has been separated out under the four strategic headings being used at national level and known as the national pillars.

#### National Pillars

1. Education/Prevention
2. Treatment/Rehabilitation
3. Supply/Reduction
4. Research

#### 1. Education/Prevention:

Advertising information about drugs and effects should be targeted at young people and given a localised 'flavour'.

Targeted work with vulnerable young people should be initiated.

Children in care should receive special attention.

Peer-led projects should be encouraged.

Community drug action schemes should be extended.

Social work reports on young people should reflect their drug use even if it is experimental.

There is a need for a properly researched and up-to-date drug prevention education programme in schools.

School drug education should be 'inspected' for acceptability, conformity and deliverability.

A common curriculum should be developed to ensure uniformity across the Region.

Clear guidance should be given on the use of Gardaí, medical and other personnel in schools.

Parents should be given complimentary advice and guidance appropriate to the age and stage of development of their children.

Advice should be made available to higher education students with special emphasis on the effects a criminal conviction for a drugs offence can have on future employment and careers.

A programme of parental advice and support should be available to parents in the Region.

Youth programmes and activities should be encouraged.

#### 2. Treatment/Rehabilitation:

A client-centric approach should be adopted with all agencies/organisations working closely together in an integrated and co-ordinated way to act in the best interest of the client.

Waiting lists should be minimised.

Advertising information about drugs' services should be initiated across the Region.

Arrangements should be put in place for 'crisis-intervention'.



All services should be provided in an accessible manner, in particular hard to reach communities should be carefully considered in the design and delivery of services.

Support should be available for the families of drug users.

A drug problem service should be created as a reception point for assessment and routing of service users.

GPs should be 'encouraged' to be more proactive in services for drug users.

RDTF should consider establishing an 'expert committee' to advise on best practice.

A system of monitoring developments should be developed.

An audit should be carried out of all services to eliminate overlap and enable coordination.

A comprehensive range of services should be provided within the Region including detoxification, treatment, rehabilitation, outreach, after care, harm reduction etc.

Information on polydrug use, needle sharing, blood borne viruses and clean drug injecting equipment should be made available to drug users by appropriate/effective methods.

Ante-natal services should be developed to monitor the health of pregnant women up to the birth of the child.

Services should be sensitive to the needs of women particularly where there are children.

The implications of services being user-friendly to minority ethnic groups should be carefully considered.

A users' group should be created to enable 'street information' to be taken into account as services evolve.

Services for Under 18's should be provided urgently.

Areas where there is significant under provision of service should be addressed as a matter of urgency.

The providers of undergraduate training programmes for doctors and other medical personnel should be approached to include drug use as a part of their training programmes.

Exchange schemes for needles and syringes should be administered by local pharmacists with agreed levels of paraphernalia being distributed. Special arrangements will need to be considered in very rural areas.

Methadone or similar treatment should be available from all local pharmacists with special arrangements in rural areas.

Alcohol misuse should be tackled and addressed as an urgent priority.

Any RDTF plan should be closely linked to initiatives to address alcohol misuse in the Region.

### 3. Supply/Reduction

General acceptance that a range of drugs are freely available within the communities in the Region.

The Gardaí should be proactive in work with young people outside of their duties to foster a positive relationship with young people.

Gardaí should be adequately resourced to tackle the drugs issue including the provision of dedicated drugs officers.

Robust and uniform sentencing policies should be agreed by Judges across the Region.

Consideration should be given to establishing special 'drug courts' which only deal with drug-related offenses.

Community policing is central to tackling the drug problem Gardaí should monitor the use of drugs detected in licensed premises and withhold or revoke licenses where clear failure to comply with a drug-free environment.

Similarly premises licensed for other entertainment should require to be drug-free with failure to comply resulting revocation of the license.

The Prison Service should have abstinence and education programmes for prisoners both in custody and in preparation for release.

All prison officers should have training on dealing with drug use in prison.

Information for prisoners' families should be developed and made available on how to support a drug-using prisoner on release.

### 4. Research

There is a need to have local information which is accurate and up-to-date.

This information should be collected in a uniform and rigorous basis and should be commissioned over a long period of time. This will establish trends and will act as a monitor of effectiveness.

The handling of the information is important and it should be intended for the use of the statutory and voluntary sectors in whole or in part to inform service delivery.

Where there is research into the scale of the problem, the reporting of the information should be handled with great care as the wrong interpretation can set back developments.



## Appendix 2 - Consultation Process

List of consultation meetings:

### Organisations/Individuals

Addiction Counsellors  
 Athlone Action on Addiction  
 Athlone Drug Awareness Group  
 Department of Education  
 Dr Niall McElwee  
 FÁS  
 Foroige  
 Gardaí  
 Gráinne Monaghan  
 Health Promotion Officers  
 Health Service Executive,  
 Midland Area  
 Judge Mary Martin  
 Laois County Council  
 Laois County Council Executives  
 Laois Local Sports Partnerships  
 Laois VEC  
 Longford Citizens  
 Information Centre  
 Longford County Council  
 Longford County Council Executives  
 Longford Drug Awareness Group  
 Longford VEC  
 Merchants Quay Ireland  
 Midland Community Groups  
 Midlands Regional Youth Service  
 Midlands Simon Community  
 National Learning Network  
 (formerly NTDI)  
 National Parents Council  
 Offaly County Council  
 Offaly County Council Executives  
 Offaly VEC  
 Our Lady's Bower School  
 Probation & Welfare Service

School Principals  
 Social Workers  
 Various Written Submissions  
 Westmeath County Council  
 Westmeath County Council Executives  
 Westmeath VEC

### Public Meetings

Athlone (31st March,  
 SAS Radisson Hotel)  
 Longford (21st March,  
 Longford Arms Hotel)  
 Portlaoise (21st February,  
 The Heritage Hotel)  
 Tullamore (22nd February, Tullamore  
 Court Hotel)

### Projects

Coolamber Drug  
 Rehabilitation Programme  
 Granard Action Group  
 Knockmay Community  
 & Family Resource Centre  
 Longford Travellers Movement  
 OAK Partnership  
 Offaly Community Forum  
 Open Door Men's Project, Athlone  
 Shadows  
 (A community art project on  
 addiction and domestic violence, and  
 their effects on children)  
 Stepping Out  
 The Acorn Project, Edenderry  
 Tullamore Travellers Movement

## Appendix 3 - List of Abbreviations

AIT	Athlone Institute of Technology
DES	Department of Education and Science
DTS	Department of Tourism and Sports
DCRGA	Department of Rural and Gealtacht Affairs
ESPAD	European Schools Survey Project on Alcohol and Other Drugs
FAS	Foras iiseanna Saothair
FETAC	Further Education and Trainers Awards Council
GP	General Practitioner
HSE	Health Service Executive
HFI	Hotels Federation Ireland
LVA	Licensed Vintners Association
MRDTF	Midland Regional Drugs Task Force
NDST	National Drug Strategy Team
NDS	National Drugs Strategy
NLN	National Learning Network
RDO	Regional Development Officer
RDTF	Regional Drug Task Force
SPHE	Social Personal Health Education
VEC	Vocational Educational Committee
VFI	Vintners Federation Ireland

