Towards a Drugs Service Development Plan for Bray

Report for the Bray Drugs Working Group

Isis Research Group,
Centre for Women's Studies,
Trinity College Dublin.
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Isis Research Group,
Centre for Women's Studies,
Trinity College Dublin.
Tel. (01) 6082871 Fax (01) 6083436 Email HYPERLINK mailto:isis@iol.ie isis@iol.ie

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EXECUTIVE SUMMARY

This report concerns the nature and scope of service provision in responding to illegal drug use in Bray. It is the second piece of research in a two-part process, the first being a prevalence study of treated illegal drug users (O'Sullivan and Roche, 1998) which established the current extent of illegal drug use, insofar as this was possible. It is a research based examination of existing services and a broad needs analysis leading towards a comprehensive service plan which could be used either in the context of Local Drugs Task Force designation, or under a similar coalition of statutory and voluntary bodies which would be dependent on funding from a range of statutory sources.

The gaps in services were identified as the following:

Rehabilitation Programmes: There are no progression routes or tailored programmes to help recovering users after medical maintenance programmes.

Premises: There is a lack of suitable premises for every aspect of work relating to drugs - from youth work to counselling, to methadone programmes, to follow-on programmes.

Needle Exchanges: Both the outreach worker and drug users stated that the lack of a needle exchange lead to people exposing themselves to unnecessary health risks.

Pharmacies: More pharmacies urgently need to be persuaded to engage with the methadone protocol.

Information Services: There is an expressed need for the development of a walk-in counselling and advice service.

Socialising facilities for young people: A drop-in centre, or at least the provision of a drop-in place at certain was a special need identified by the lifeskills organisers.

Sports and Leisure Activities: The need for a drop-in centre for young people was identified by users. They also cited the need for a gym or sports complex which does not cost a huge entry fee.

Counselling, Personal Development Courses and Alternative Therapies: A number of users emphasised the need for good counselling and personal development work.

Courses for Adults in the Community to Build Awareness of Drug Use: There is a need for existing clinics or educational facilities to work with parents in a supportive way at community level about the issue of drugs.

Youth Workers: The provision of more paid workers to support youth initiatives was seen as critical.

Child Care: Subsidised affordable childcare which is community-based would enable mothers to take up educational and working opportunities. The lack of affordable, good quality childcare has a close relationship to the drug problem at many levels.

Although in common with most areas, there is a relationship between socio-economic deprivation and problematic drug use, our research indicates that in Bray, the profile of young people using drugs is quite mixed in terms of class, gender, family backgrounds and educational attainment. Therefore, any response to problem drug use will have to take cognisance of this fact and be multi-faceted and flexible in its approach. The long-term challenges that were identified can only be met within a well-resourced set of structures that knit together the expertise and knowledge of the community as well as the statutory agencies. These should come into play as the primary source for understanding local needs and the impact, successful or otherwise of programmes which are put in place.

The researchers recommended that a process involving all of the above be started which would lead to the development of a coherent, integrated and holistic drugs service plan for Bray. This could involve the setting up of sub-committees of relevant community and statutory players under the following headings:

Prevention and Education,
Treatment and Counselling,
Rehabilitation,
Task Force Designation and Possibly
Supply/Policing.

Prevention and Education

Although there are currently many useful and important youth initiatives in Bray there is an over-riding problem of a lack of resources. The following actions were suggested:

- To undertake an audit of drugs education in both the formal and informal education settings,
- The EHB Education Officer to work with the sub-group on meeting the training needs identified through the audit,
- An after-school group to complement the existing homework clubs,
- Expansion and further support of the Lifeskills programme,
- Develop drop-in evenings for adolescents in some of the centres,
- Local suitably trained people to make inputs to the SPHE (Social Personal and Health Education) in schools,
- Retention and expansion of outward bound and similar outdoor programmes,
- Audit all existing and proposed programmes and facilities for their spirit of inclusiveness.

Treatment and Counselling

- Upgrade the inadequate and inappropriate facilities and premises for the three community treatment clinics,
- Consider the development a drop-in facility for the clients of the treatment centres,
- Establish needle exchanges,
- Develop and expand existing supports for the families of drug users.
- The issue of gender was highlighted during the research and this is a factor that must be taken into account in the development of any new treatment service.
- Consider the development of a ‘one-stop shop’ for the Bray area where people can access information and support in relation to drugs. This could possibly incorporate a range of advice, counselling and rehabilitation services under one roof.

Rehabilitation

There is a need for a broader range of rehabilitation strategies to reintegrate drug users into the community. These would include initiatives around education, work strategies and job creation which would aim to bring the drug user back into the mainstream.

For many people, rehabilitation will need to be a two-part process, with a preparatory foundation level to prepare them for mainstream training and vocational opportunities. The preparatory level could be sited in the proposed Counselling and Rehabilitation Centre.

Suggested Facilities

Basic educational and lifeskills classes
Range of personal development courses and therapies
Eligible for CE scheme funding
Creche
Drop-in facility

VEC and FAS could create progression routes within their mainstream services tailored to the special needs of former drug users.

There is an opportunity for vocationally orientated courses to be put in place now to cater for the new industries associated with the planned Business Park and the growth in the hotel industry in Bray. Suitable training bodies such as CERT for example, could be invited to put together training to ensure the inclusion of those who might otherwise be excluded from the prospects offered by such developments.

INTRODUCTION I.

1. INTRODUCTION: PURPOSE OF THIS REPORT

This current report concerns the nature and scope of service provision necessary to respond to illegal drug use in Bray. It is the second piece of research in a two-part process. The first piece of work, a prevalence study of treated illegal drug users was carried out for the Bray Partnership in 1998 (O'Sullivan and Roche, 1998) and established the current extent of illegal drug use, insofar as this was possible. Its logical corollary was research into the elements necessary for a service plan, responding to the special needs of the Bray locality.

The Bray Drugs Working Group is in the process of applying for designation as a Local Drugs Task Force, on the basis of illegal drug prevalence in the area. If this status is granted, it would bring in its wake a budget in the region of £500,000. Our recommendations take account of this possibility and the report therefore can be used as a basis for the consultation process that would need to take place in the wake of such status being granted.

The evaluation of Task Force plans and proposals carried out by the PA Consulting Group underlined the necessity to identify gaps in service provision and prioritise service planning on that basis as welt as on the basis of funding (PA, 1998). This has been borne in mind and this current report's recommendations centrally concern the establishment of coherent and integrated local structures. These recommendations are based on the research process and, we argue, are vital for the Bray area regardless of whether Task Force status is granted. If Task Force status is not granted, funding would have to be accessed from existing statutory sources. But an appropriate and coordinated model of organisation would still be vital.

Task Force designation entails a specific structural approach to the problem of illegal drug use. The Task Force model as it has evolved, seeks to develop coalitions of statutory, voluntary and community-based organisations which can focus on specific aspects of the illegal drugs problem. This coordinated approach is essential to success in responding to the myriad of problems, regardless of amounts or sources of funding. Recognising this factor, the Bray Partnership has already tried to set up its early strategic responses and information-gathering on a Task Force model, emphasising the inclusion of all significant actors in the field at present. Our recommendations build on this approach.

The Bray Partnership, community workers and activists formed the Bray Drugs Working group in 1997. They have been examining the pressing need for expanded and more effective drug related services during a period when it is argued that the extent of illegal problem drug use has significantly worsened (O'Sullivan and Roche, 1998:27). The prevalence research, carried out in 1998, concluded that although 67 opiate users from the Bray area were in treatment, this had to be considered the minimum number; EHB estimates were that these treated misusers represented a third to a quarter of all opiate users. On this basis, a prevalence count could run anywhere from 201 to 2G8 users.

There are important socio-economic dimensions to this use- In O'Sullivan and Roche's work, they have argued that DED data reveals a huge variation in the seven district electoral divisions that comprise the greater Bray area in respect of employment, educational attainment and social class. The 1998 prevalence study data also established that the profile of the typical treated heroin user is a male in his late teens to early twenties, unemployed and living in one of the more disadvantaged areas.

However, the research for this current report will indicate that the picture is more complex and varied than the statistics on treated opiate users currently show. The scope of the illegal drugs culture includes far more than heroin misuse, although the tatter is arguably the most difficult and demanding in terms of service response.

Of course the Bray community has already begun this difficult task. For example, there are three community clinics/treatment services operating in Bray, all established since 1997. All those attending are heroin users who are on methadone maintenance programmes. However O'Sullivan and Roche highlighted a number of issues which point to unmet needs on the part of heroin users. These include:

- Complete absence of rehabilitation programmes;
- High numbers who admitted using shared injecting equipment in the previous four weeks;
- Provision for those who have not been resident in the area for more than 12 months and who have not therefore been eligible for treatment services;
- Irregular heroin users who require access to a different treatment model; a number who applied for help at the community clinics were refused methadone which was deemed an inappropriate for non-daily users;
- GP and pharmacist resistance to engaging in treatment through the new methadone protocol.
- Current medical treatment insufficiently supported by rehabilitation and other complementary services.
- Insufficient response to heroin misuse problems associated with social and economic disadvantage.

O'Sullivan and Roche (1998:27) argued that implementation of the Methadone Protocol would have a significant impact on the figures for illegal drug use in Bray because all drug users on methadone maintenance/reduction programmes would require prescriptions from a GP in their locality as well as having them filled locally.

However, more users seeking treatment in the immediate area would also raise issues about the quality and confidentiality of current available services and the range of services which would need to be developed. In a town with a population of 26,953 (CSO 1996), and clearly deiineated communities, best quality services are vital to help users, their families and the surrounding locality to pull back and recover from the profound damage, anti-social activity and consequent labelling that illegal opiate use too often entails.

While best quality service is an issue no matter which dimension of the drugs problem is being dealt with, say prevention or rehabilitation, O'Sullivan and Roche (1998) have argued that a comprehensive strategy which has identified all the elements requiring attention and prioritised them, is the way forward. This is the premise that has been the foundation of the 13 extant Drugs Task Forces. The focus has been on a partnership approach which can tap into the experiences and knowledge base of local people while at the same time enabling locally-based initiatives to draw on the resources and expertise of statutory bodies and professional groups with a successful track record of responding to social need in its widest sense. This more wide-ranging holistic model lies behind our recommendations.

STRUCTURE II.

II. STRUCTURE OF THE REPORT: FIELDWORK METHODOLOGY AND DATA COLLECTION

The following sections of this report are based on the research process which Bray Drugs Working Group felt was germane to build the rationales for a methodical and locally relevant service development plan. The research has comprised the following elements:

- Survey forms sent to 66 statutory and voluntary organisations and individuals in the Bray area to ascertain levels of involvement in the drugs area and service development needs of which 25 were returned;
- A focus group interview with members of the Bray Drugs Working Group; Interviews with existing social, educational and drugs service providers; Focus group and interviews with
  - users in treatment
  - family members of users not in treatment
- Review of documentation from the Task Forces already in existence.

The data is used extensively to describe the current social context of illegal opiate use in Bray (Section III) and the current levels of service provision (Section IV). It is also used in the task of identification and analysis of gaps in service provision and the ordering of priorities in relation to those gaps (Section V).

Based on this data, the recommended service strategy is laid out in Section VI. The four Appendices provide additional relevant information on the following:

- A locally based intervention service in north inner city Dublin;
- The ten factors cited by Lifeline Drugs Education group in Manchester that are thought to come together to make a young person at high risk to developing a dangerous relationship with drugs;
- Key elements identified as necessary in building effective community involvement.
- Leaflet of Crosscare, a facilitation programme for communities dealing with drug problems.

III. SOCIAL CONTEXT

III. THE SOCIAL CONTEXT OF DRUG USE IN BRAY

The 1996 Gamma statistics for the Bray Partnership indicate higher than average [9] indicators of social and economic disadvantage in selected areas of Bray, most notably Little Bray. However, as O'Sullivan and Roche (1998:10-11) have noted, it is relatively difficult to disaggregate meaningful data on disadvantage for other local authority estates because of the existence of large privately-owned estates in the same DEDs. There are additional complexities arising from the APC Gamma statistics for Bray, including a tendency towards a somewhat lower percentage of a semi-skilled and unskilled workforce compared with the national average, a decreasing economic dependency ratio since 1986, and a labour force participation rate which is only slightly below the national average.

This creates a somewhat different setting for Bray's problem of heroin misuse when compared, for example, with the south and north inner cities of Dublin where entrenched and extensive social exclusion has been such a defining theme. Like inner city Dublin, illegal drug use, including heroin is part of a young people's social scene which places a premium on getting 'wrecked' (Coveney, et al., 1999). Hence in the interviews we conducted with young heroin users in the Bray area, involvement with illegal opiate use was preceded by a pattern of very early alcohol use and an exposure to and wide experimentation with illegal non-opiate drugs, including notably, cannabis, amphetamines and Ecstasy. Acid was also mentioned in the interviews. The commonly cited locations for drug use were weekend parties and nights out with groups of young people without any adult supervision. Heroin use was seen as an extension of that pattern, part of the 'scene', the 'fashion': it "was cool to be on it" because the "big lads" were on it. Another common theme was to use heroin to deal with the overuse and uncomfortable come-down impact of Ecstasy.[1]

Illegal heroin use in the Bray area was in some cases characterised by the capacity of young heroin users to continue to work while using, especially in the early stages of addiction. A frequent explanation for continuing with heroin use was that it was "like answer to all your questions" because it was "nice" and removed all your worries.

The availability of heroin on a number of estates made it possible for young people to begin to 'dabble', sometimes in spite of warnings from established addicts who pointed out the dangers to newly inducted users. The response however was that no one believed she/he would end up as an addict, a classic and much documented feature of early heroin use (see Coveney et al., 1999). Several young people reported using just at weekends and were not daily users. Many drug users stated that the lack of a local needle exchange or even a local pharmacist who would sell needles led to needle-sharing. Established addicts reported travelling all the way to the other side of Dublin, as far as Ballymun or Ballyfermot, in order to source a sufficient supply of drugs, often purchasing enough to deal locally in Bray as a 'street dealer' in order to support their habit. However, there was also a pattern of paid work to support heroin usage.

The research team has already commented extensively on this phenomenon in two other recent reports. Ecstasy appears to be an increasingly common part of a night out, especially if this involves visits to clubs or private parties, both of which were mentioned in the Bray interviews. The existence of this phenomenon suggests indicates that information, advice and support on dealing with Ecstasy is an increasingly felt need, especially when lack of information can lead to the use of heroin to deal with the symptoms (Brady et al, 1999; Coveney et al., 1999).

Family members of users and community-based workers dealing with drugs confirmed that the problem of heroin use in Bray is multi-layered. There are areas of deprivation in Bray that are well known to have a range of social problems, where as one neighbourhood worker described it, "women take full responsibility for the family" while the adult men in the families retain an adolescent pattern of heavy drinking, and part-time involvement, at best, with the issues of family life. There are also a growing number of young single parent families which creates a community in need of special support.

In the most deprived housing estates, early school leaving and truancy are problems which contribute to early drug experimentation. Several drug users commented that their experimentation had started in their early adolescence when they had already left school.

A neighbourhood worker argued that children who come from the estates or areas seen as more difficult are receiving insufficient support and remedial help to enable them to maximise their time in school. There are problems in the cross-over period between primary and secondary school for vulnerable children with dropping out a particular risk at that point. Out of school children have been consistently identified as being at greater risk in respect of illegal opiate use (Lifeline, 1998). However, workers in community-centre based life-skills programmes report that they have successfully worked with young people who have experienced stigmatisation in school and have been expelled or have left school. This indicates that with appropriate programmes young people are responsive and can gain self-knowledge.

But it was suggested that because of perceived differences between local areas, some young people and their parents are reluctant to travel outside their immediate locality to avail of services. One worker reported that there are major problems of self-esteem in families and communities and as a result, people feel 'intimidated' and 'won't mix' with other groups. The ready availability of casual part-time or semi-skilled fulltime work for school-age young people was seen as a cause for concern because there is such peer pressure to have money and the right clothes, which in some cases was leading to early school leaving. Several of the drug users also commented on this aspect; two were now on FAS training schemes and because they were receiving allowances and had reasonable clothing, they felt that very much younger adolescents were picking up the incorrect message that heroin use did no lasting damage in the long run.

Community activists reported difficulty for many women accessing FAS training programmes in Loughlinstown which start too early and finish too late for the women who are also challenged by the lack of childcare facilities. These combine to prevent women who are rearing their families in poverty from engaging in retraining and again this reinforces a negative role model. Extensive alcohol use/abuse appears to be accepted without criticism and the fact that this can create a background acceptance of substance abuse is not often discussed at public meetings on the drug issue.

Inadequate facilities and resources for young people from the more marginalised areas and estates appear to be a genuine problem. Yet problems of low self-esteem and the lack of appropriate resources is not alone a problem of the more deprived estates. An Eastern Health Board worker argues that the socio-economic profile of drug use is mixed with middle class teenagers from all over Wicklow coming into Bray seeking supplies of drugs, including heroin. Any rehabilitation services put in place must thus assume a wider role. Whereas there will be issues of self-esteem and confidence-building for all former opiate users, there are special needs which may be more directly

related to levels of disadvantage and the need to skill up those young people who were early school-leavers and who need a greater range of preparation and skills-acquisition to enable them to access appropriate and interesting employment in a post-addiction phase. On the other hand, programmes must fit a wide spectrum of needs, including those former addicts who have completed a secondary school education and gained their Leaving Certificate. There could, for example, be a fast-track programme to slot such young people into existing services with a minimum of preparation, like the more intensive and skilled FAS computer programming courses.

This view of heterogeneous drug use is also advanced by workers in the St. Cronan's Clinic which serves a clientele that cuts across socio-economic divides, including people who are long term unemployed, students and those in regular employment. The latter groups have expressed misgivings about having to give up work as a result of their addiction and again require interventions which relate to their specific needs and circumstances. For example, those on methadone maintenance and at work need provision of their methadone at times which can enable them to continue to work. But this flexibility with local chemists has yet to be established.

Treatment and rehabilitation services will need to respond to a diversity of needs as well as understandable fears about the stigma attached to being a drug user and the stigma experienced also by the family of a drug user.

SERVICE PROVISION IV.

IV. CURRENT LEVELS OF SERVICE PROVISION

The survey forms were sent out to a range of individuals in the statutory, voluntary and community sectors. Respondents were asked to indicate how or whether their work feeds into any aspect of service provision which could be related specifically to drugs or was related to the social settings or contexts where it was possible to engage with aspects of the drug problem. There were a surprising number of queries from people who did not see their work directly related to drug use, because they were not dealing with treatment or maintenance. Yet they were, for example, involved in skilling themselves and others up on drug education and prevention strategies, often at local community level. This is an example of the need for the Bray Drugs Working Group to document and acknowledge in its strategic plan that responding to illegal drug use entails multiple points of intervention.

Education and Prevention

The following section offers a brief overview of the various drug education/prevention strategies available in Bray. The usefulness of different approaches is discussed and some issues for change are indicated.

Formal Educational Sector

There are a variety of drugs education programmes in the primary and post-primary schools in the Bray area. Some of the programmes operational in the formal sector presently are the SAPs (Substance Abuse Prevention) and On my Own Two Feet programme. The latter is a self-esteem approach to the prevention of drug use, based on the rationale that if young people have a secure sense of self-identity they will feel less need to engage in peer activities which expose them to risk. Other schools offer drug prevention modules as part of some broader course, for example the SPHE (Social Personal and Health Education) course. Some schools offer once-off talks to their pupils and parents. The **IDEAS (Independent Drugs Education and Awareness Service Ltd.)** company, based in Blanchardstown, has been invited to provide drug prevention workshops in various educational and recreational institutes in Bray.

After-school homework clubs, which involve around 160 children, take place in a number of schools and acts as an important support for these children. These are run in conjunction with the **Marion Pre-school and Family Centre** and staffed through a CE scheme.

Bray and North Wicklow Youthreach offers education programmes for early school leavers and young mothers. They offer general information and counselling, drug related discussions and workshops to their trainees.

Informal Education Sector

Bray Youth Services has established a comprehensive substance abuse programme as part of their remit to co-ordinate the social, personal development training needs of young people. As part of their service they offer:

- Coordination of a Drugs Awareness Week
- Substance abuse workshops
- Support for the Drugs Awareness Forum

Lifeskills programmes for young people are run in both the **Little Bray** and **St. Fergal's Family Resource Centres** in partnership with the Bray Youth Services. The Little Bray Family Resource Centre also offers prevention and education programmes and workshops to young people between 12-18 years old and parents in the community. They support and assist drug users accessing education and training opportunities.

Bray and North Wicklow Women's Network provides education and prevention programmes for mothers of children under twelve years old.

The Eastern Health Board has a commitment to education and prevention in the area of drugs. Their Education Officers are involved in 'programme planning and delivery as well as co-ordination of activities' (Eastern Health Board, Service Plan 1999:34) Four additional Education Officers will be appointed to the Eastern Health Board area in 1999. They will also be developing a peer parent education programme using the parent education video 'Let's Talk Drugs with Parents', for parents and community groups, and will continue to provide a range of drug education programmes to specific target groups.

Two addiction studies courses are being run in the Bray and North Wicklow area at present. Graduates of these courses will be well placed to participate in future education and prevention initiatives.

DICE (Drug Information Community Education): Members of St. Cronan's community clinic provide drug information to various community groups and organisations. They use the 'Parent to Parent' video course to educate parents.

The Gardai and Bray Youth Services, in conjunction with Little Bray and St. Fergal's Family Resource Centres have secured Department of Justice funding for a new youth worker in Bray. **The Probation and Welfare Service** as well as the **Home School Liaison Co-ordinators** are involved with this process also.

Educators in both the formal and informal sectors in Bray have already demonstrated a willingness to tackle the issue of drugs. But, it is important that the adult community offers responses which are grounded in the realities of young people's lives.

The types of drug education, being offered to young people within the formal education sector and community sectors need to be explored further. This is because of cumulative and consistent research findings which point to the fact that drug use is seen by a growing and substantial minority of young people as an acceptable part of their recreational and social lives (Bisset, 1997; Lifeline, 1998; Murphy et al., 1998) An overview of Irish surveys indicates that illegal non-opiate drug use has been tried by 18 per cent to 52 per cent of young people (Brady et al., 1999). Education programmes must respond to these changes and present accurate information to young people about the choices they are making in respect of drugs like cannabis and Ecstasy. This has already been acknowledged in the setting up of a workshop with experts who promote realistic approaches to prevention by the Eastern Health Board and Bray UDC in conjunction with a number of local community groups (Cohen, 1998).

The responses to the questionnaires indicated that the level of involvement between schools and the community sector varies from school to school. The creation of structures that would allow both the schools and community/youth sector to interact more effectively around drug related issues is explored further in Section VI. In an area like this, where patterns of use and information change rapidly, it is vital for education

programmes to be as current as possible and it can only be to everyone's benefit to integrate approaches both in and out of school.

Treatment and Counselling

There are currently three community clinics in Bray all of which have somewhat different histories.

Ballywaltrim Community Clinic

The Ballywaltrim Drug Project evolved from an existing drop-in centre which had been set up by a group of concerned members of the community to provide a safe place for drug users in the locality. This had developed from a public meeting in Ballywaltrim to address the perceived drug problem in the area. A support group was formed which secured the use of a portocabin in the grounds of St. Fergal's church. They set up the drop-in centre for local drug users for one night a week which expanded to two, with refreshments, darts, cards and games. A group of about 15 became The Get-Along Gang' and the organisers saw themselves 'as just there to be there' for the drug users; there was no advice or counselling involved at that stage. However, it became apparent that the users themselves wanted more than simply a drop-in centre and at a subsequent public meeting the Eastern Health Board offered to support them with a methadone treatment service.

There are 18 clients of the service of which 16 are male and 2 female. Since the start of the programme, 11 clients have found employment. It is run by 8 volunteers, and the EHB supply a doctor, a nurse and a general assistant each night as well the services of an addiction counsellor who is available to clients in his office and at the clinic. After seeing the doctor, clients are welcome to stay and take part in the group activities which vary from playing games to serious discussions. They completed a 'self-development' course funded by the Bray Youth Services who have also funded some trips and activities for the group. Their main priorities in relation to their service is to 'offer a safe non-judgmental place for addicts and proper support for recovering addicts.' (Questionnaire)

Seriously inadequate premises remains a central issue for the organisers who are actively seeking some place more suitable.

St.Cronan's Community Clinic

St Cronan's Clinic operates from 5.00 pm to 7.30pm on Monday and Wednesday evenings. The four volunteers work in conjunction with the Eastern Health Board in the administering and managing of the clinic and programme of treatment. There are 18 clients, 15 male and 3 female, referred from a variety of sources including local doctors, EHB personnel and through word of mouth. The services of a doctor, nurse and general assistant are available for the times of the clinic.

The clinic, which is on the main street of Bray, services the central part of the town, from the river to the eastern half of the Boghall Road, an area of wide socio-economic differences. Their clients include students, workers and unemployed people from a variety of backgrounds. Although two local chemists participate in the methadone protocol, clients can experience difficulty filling their prescription during opening hours and working full-time.

As well as the methadone clinic, they distribute information, organise Parent to Parent workshops which take place off site and give informational talks to various groups. The EHB Addiction Counsellor has an office in the building.

Their premises are also inadequate, but they are hoping that this will be rectified in the near future.

Little Bray Community Clinic

This clinic operates out of the Little Bray Family Resource Centre which is located in three portocabins in Fasseroe estate. They are moving to another building which is being fitted out for their requirements by the UDC.

They have 8 clients, six of whom are female. The clinic is run by four volunteers, one person on a Community Employment scheme and has the services of a doctor, nurse, general assistant and addiction counsellor from the EHB.

The clinic is but one of a wide range of services run by the Family Resource Centre.

EHB Addiction Counsellors

The two EHB addiction counsellors offer counselling for drug users and their families, from both the community clinics and from the Eastern Health Board offices in the Strand Road. Clients are referred from doctors, the probation services as well as self-referrals. Since the service has begun in the last two years, approximately 50 people have used their services with a gender ratio of approximately 70 per cent male, 30 per cent female.

The level of service provided is negatively impacted by the lack of suitable premises and facilities necessary to carry out the work properly, as no offices have been dedicated to this service specifically.

EHB Outreach Worker

The outreach worker does street work and house calls with people who are not linked into any formal services; he tries to provide connections to existing HIV/drug services, counselling and drugs education.

Liaison Pharmacist

The Liaison Pharmacist liaises with local pharmacists to recruit them to the methadone protocol scheme and support them in their subsequent involvement. Whilst a number of pharmacists are involved, the co-ordinator is working towards an increase in numbers participating.

General Practitioners

A number of doctors in the Bray area are involved in the Methadone prescription Protocol and would also offer general medical care to clients.

Narcotics Anonymous

This group meets three times a week in Bray to provide peer support for drug users.

Bray and North Wicklow Women's Network

This group provides support and counselling for family members of drug users as well as people who have a problem with drugs themselves.

Coordinating Groups and Structures

Bray Drugs Awareness Forum

The Bray Drugs Awareness Forum was set up in 1992 through Bray Youth Services. The members included 8-10 local community representatives, Gardai, Probation Services, local community activists and later community clinics. The initial focus of the group was on prevention and education. An example of the type of work carried out would be the Drugs Awareness Week. The forum has gone through a process of evaluation and decided to form three sub-groups:

- youth and informal
- school
- long-term prevention.

Bray Drugs Working Group

A coalition consisting of representatives of the community clinics, the family resource centres, the Drugs Awareness Forum, the Gardai, the Eastern Health Board, the UDC, the VEC and FAS came together in 1997 to form the Bray Drugs Working Group. It is facilitated by the Bray Partnership. The purpose of this group was to "address the pressing need for expanded and more effective drug related services" (O'Sullivan and Roche, 1998:5). The group commissioned a study on the level of illegal drug use in Bray and is also working towards the designation of Bray as a Drugs Task Force area.

Garda Liaison Committee

A Garda Liaison Committee was set up by Bray UDC and the Gardai and comprises councillors, Gardai, and officials. It meets once a month to discuss topics including antisocial behaviour and, on occasions, the misuse of drugs. It was also involved in the establishment of community clinics.

V. GAPS IN SERVICES

V. GAPS IN SERVICES EDENTIRED THROUGH THE RESEARCH

Through the focus group and individual interviews, the conversations with service providers and the survey forms, gaps in current service provision were identified. Perhaps the single over-riding problem at present is the lack of coherent structures. This showed up in the survey form where several organisations recorded that they were not in communication with anywhere else in relation to drug services. However, the type of work in which they were engaged very often had a direct bearing on or contribution to tackling the drug problem in Bray.

Outstanding needs which were identified are discussed below.

Rehabilitation Programmes

There is a general agreement amongst service providers in Bray that methadone maintenance or stabilisation programmes alone are insufficient for users, families and the community alike and that something more substantive urgently needs to be put in place. Rehabilitation from this perspective is actually quite wide-ranging. One addiction counsellor argued that people want and need to progress to meaningful, paid employment, not simply schemes or courses. It was suggested that FAS needs to approach the issue of users with some sort of intermediary system whereby former users can be honest about their status as recovering addicts and employers can be supported in taking on former users as employees for a sort of apprenticeship or sponsored period. In this way, with ongoing support for employer and employee alike, expectations are not set too high and users are not set up for failure. As matters stand now, if users present to FAS with no preparation on either side, not admitting their problems, the likelihood of failure is greatly increased, thereby further damaging their self esteem.

The Eastern Health Board Drugs Service have been up until recently concentrating all of its efforts on treatment as the first step in addressing the drug problems of their catchment areas. However, they are acutely aware that rehabilitation and aftercare must be prioritised at this stage to counteract the revolving door pattern which too often characterises the provision of treatment alone. This is expensive, wasteful and damaging to addicts who go through a series of repeated relapses more often if treatment has not been holistically based with clear progression routes out from methadone maintenance. The Area Manager is eager for the community to make its needs known and to develop a comprehensive action plan. Within the limits of its resources and with due regard to the process of decision making and ownership, the EHB has tried to become involved whenever a locality has specifically invited it to do so.

Because of the need for establishing a broad-ranging approach to rehabilitation, the EHB would be but one of a wide range of experts and statutory organisations who would need to be involved to develop the variety of rehabilitation options that are required. The VEC, FAS and the schools would all have valuable parts to play in the putting together rehabilitation services which encourage former addicts into mainstream education and employment. This joint venture on the part of a number of agencies would require a formal umbrella or structure which Task Force designation would provide. The EHB would also see that it needs a comprehensive study to ascertain how and when clients are ready for aftercare and rehabilitation work.

The outreach worker cautioned that rehabilitation will have to fit a wide spectrum of needs, with some requiring remedial education for example, while others will require a differently tailored approach.

Interviews with users confirmed the integral importance of rehabilitation measures. Users spoke of the need for something beyond methadone and for phased reintroductions to the world of work. Family members of those not in treatment spoke of the isolation of the 'junkie world' and the need to bring young people back in to a more normal mode of relating to the community. The tendency to marginalise even users in treatment required challenging and shifting to a frame of reference which would prioritise reintegration. One mother of a user spoke of an ongoing day programme of personal development, reality therapy, art, sporting activities, etc. This would help to fill the huge gap that is left when people give up drugs as well as beginning to re-skill people.

A neighbourhood worker commented that any rehabilitation effort would require attention paid to gender. Two of the treatment centres report very small percentages of women amongst their clientele whilst the third has a greater number of women than men. It is important to be sensitive to how both men and women respond to the services provided.

Premises

A number of respondents expressed concern about the lack of appropriate premises for both the existing treatment services and for any planned rehabilitation work. Provision of suitable premises was seen as vital for every aspect of work relating to drugs h from counselling, to methadone programmes, to follow-on programmes. But the problem of where premises should be sited has yet to be resolved.

Needle Exchanges

The outreach worker reported that his most pressing concern is to establish needle exchange(s) for the Bray area.

This issue was also raised by users who commented on the difficulty in getting clean needles. At one point there had been a local chemist who was willing to supply clean needles but now there was no source in Bray. One of the community clinics also expressed concern about this issue and was open to the idea of their premises being used as a needle exchange at certain times, but was sensitive to the fact that users wanting needles and former users in treatment should not be accessing premises at the same time.

Pharmacies

There is an urgent problem around pharmacies engaging with the methadone protocol and doing so within a range of hours so that clients are adequately catered for both in the daytime and later in the evenings. The latter can be very important in a newly established treatment regime in order to keep the person stable. Also, for longer established clients, a choice of hours would permit them to access courses or even work without jeopardising their maintenance programme.

Information Services

One of the existing treatment centres expressed the desire to be able to provide an information service every day. This tied in with the expressed needs of parents of users who argue from their experiences that they needed a walk-in counselling and advice service where they could access information confidentially and in safety and also gain some support for themselves in the early stages of dealing with problem drug use.

Socialising facilities for young people

A drop-in centre, or at least the provision of a drop-in place at certain hours would enable adolescents to have their own space and was a special need identified by the lifeskills organisers. This would not necessarily entail structured activities, as there is a need to reach out to young people who do not respond to such activities, but it would be a positive point of contact with supportive adults as well as being a safe place to meet.

Sports and Leisure Activities

Users who were in treatment also identified the need for a drop-in centre for the young people in their communities. Additionally, they cited the need for a gym or sports complex which does not cost a huge entry fee.

Several expressed concern about the impact of their addiction and that a sense of physical well-being would also help aid their recovery from both addiction and the impact of methadone.

Better and accessible sports facilities might also have an impact on very young teenagers, encouraging them to engage their energies in these pursuits rather than in drugs use.

Counselling, Personal Development Courses and Alternative Therapies

A number of users emphasised the value of good counselling and personal development work. Learning how to relax, learning techniques of self-identifying strengths and weaknesses, identifying periods of stress and how to relieve them without recourse to drugs was seen as vital in re-establishing a sense of self-esteem.

Courses for Adults in the Community to Build Awareness of Drug Use

Existing clinics or educational facilities should be in a position to work with the issue of drugs awareness for parents in a supportive way at community level which will educate parents realistically about illegal drug use but also support them to build skills to communicate with their children. For the parents of users, this was a preventative strategy which they wished had been available for them.

Youth Workers

The provision of more youth workers was seen as critical especially in those communities which have proven especially vulnerable to illegal opiate use. There would be an additionality value to having local people from the communities trained to take up these jobs. The problems of truancy, bad school attendance and early school leaving need to be addressed as these children are at risk of getting involved with drugs.

Child Care

Because of the lack of affordable childcare, there is evidence from our research of children being taken out of school to look after younger siblings. Subsidised affordable childcare which is community-based would enable mothers to take up educational and working opportunities. While it would appear to be not directly related to drug use and rehabilitation, the lack of affordable, good quality childcare has a close relationship to the problem at many levels. Such provision would have a positive effect on their families, countering poverty and facilitating the creation of positive role models for children and young people.

VI. A GROUNDED SERVICE STRATEGY

This research has explored current modes of drug use in Bray and the types of service provision, which have been established to date. Most importantly, the research has located broad areas of need which require redress. These are urgent needs. Current service providers have pointed out how inadequately resourced they are. Drug users and family members have discussed at length with the research team how these inadequacies seriously affect their chances for regaining a foothold in their personal lives. The data on rehabilitation efforts has indicated a huge area of unmet need. For example, there is insufficient access to methadone treatment; and there are no progression routes for those on methadone maintenance that include specifically tailored programmes to reintroduce users to the world of work.

The lack of adequate resources in this critical area has knock-on effects in the community, which again have been identified in previous sections of this report. As a whole, these unmet needs at personal, agency and community level present serious long-term challenges. However, these needs can only be met within a well-resourced set of structures that knit together the expertise at a number of levels in Bray, including the local neighbourhoods where outreach workers and volunteers can identify and access available skills and expertise to match priorities.

This process of knitting together structures points to a partnership approach, between local communities, agencies and the statutory sector, regardless of whether or not formal Task Force designation is granted to Bray. In her discussion of drug service development in the greater Dublin area, McCann (1998) argues that the most productive model is one where the community has real participation in the decision-making on the nature, timing and extent of service needs. Decision-making about service delivery cannot come from agencies alone. If there is to be a coherent, long-term series of responses to drugs issues, the expertise and knowledge of the community must come into play as the primary source for understanding local needs and the impact, successful or otherwise of programmes which are put in place.

McCann makes a plea for what she terms the ‘medical micro approach’, vital for treatment, of course, to be placed in the larger picture of the multi-faceted needs and resources of a community. She argues that the basic principles of participation are already part of many community structures and that if the statutory and other agency providers can match this commitment with active and well-resourced strategies, communities will be able to successfully respond to the needs of young people. Key elements in such strategies would be:

- Building in a process of equitable dialogue in planning from the outset;
- nvolvement of the community in decision-making on service planning;
- Identifying and legitimating workers from the community who can provide support and technical back-up;
- Accepting the principle of shared care between agencies and communities. (McCann, 1998:154)

These objectives of McCann’s emerged in the research here in Bray as felt needs, community and outreach workers could see the value of mainstreaming the work they have initiated in the last number of years while representatives from statutory bodies could see the value of open, active dialogue.

The next step in Bray is to translate such objectives into actions (see Appendix Three for a list of key elements involved in this process of translation). The Task Force model of organisation is the one that has already evolved in a number of areas which, like Bray, have been hard-hit by drugs.

Overall Coordination in a Task Force Model

In general, the role of a Drugs Task Force, as it has evolved since the institution of the National Drugs Task Force in October, 1996, has been to develop integrated approaches and actions within and across the often complex and rapidly evolving layers of local community, voluntary and statutory involvement with the problem of illegal drug use. A Task Force also has the responsibility for monitoring locally-based projects. Stemming from this agenda, a typical organisational structure has been to work through a series of sub-committees or core teams which channel information and reports on work in progress in several directions at once; at local level, people working in one specialised area of work are kept updated and also inform decision-making. Information and policy shifts are channelled into the work of the National Drugs Task Force as well. Changes and innovations elsewhere in the country may also then be reflected back through the national forum to the local level of a Drugs Task Force, The sub-committee structure operates under three broad topic headings, the work of which falls into the distinct areas of prevention/education, treatment, and rehabilitation with a fourth issue, the supply and reduction of drugs supply at local level. This last is an identified area of concern for at least some Task Forces. The two key groups who are facilitated to work together by the Task Force model are the statutory agencies and the community groups.

Statutory Agencies

Most local and national statutory agencies are represented on the Task Forces. The PA review document of Task Forces argued that some statutory agencies carried out their work with a very positive pro-active agenda, concentrating especially on how their agencies could respond best at a local level (PA, 1998: 2-13).

Problems with statutory agencies were seen in the following areas:

- Carrying out a watching brief as opposed to being pro-active;
- Lack of a clear brief from their organisations;
- Lack of guidance as to what was expected from statutory representatives.

Community Groups

The PA Report makes it clear that the active engagement of community groups and representatives has been critical to the success of the Task Force model, not least because they are the ones with the direct stake in and commitment to improving matters at local level. However the consultants caution that some community groups may have relatively little experience of all the aspects of the drugs issue. They may also be unsure about how they can work effectively with statutory agencies. Both these observations have relevance for groups in Bray.

Some groups and individuals in Bray engaged in the drug issue at various levels have expressed hesitation about setting up new structures which might replicate already existing ones. But there may be a confused perception here about what are currently existing services and the need for incorporating these services into a more integrated approach which is action focussed. Also, it would be useful for committees to be more focussed on specific aspects of the drug issue.

In the event that Task Force funding is not available in the immediate future, there is still an important potential for fruitful coalitions to take place between statutory and community organisations. For example, the Inter Agency Drugs Project in the North Inner City was in place before the local drugs Task Forces were set up and 'considerable success was achieved in ensuring honest dialogue and in involving the community and voluntary sector in co-operative measures with statutory bodies" (North Inner City Drugs Task Force Strategy Plan, 1998:5).

Below, we have prioritised some critical areas of action. However, it is important to acknowledge that the range of key players in Bray will need to set in train an effective consultation on the specifics of these critical areas of action. They will also need to be aware that any agreed structure will need to respond to other priorities that arise and are identified on an ongoing basis, as the drugs problem takes on different levels of complexity in the community. The message from other Task Forces is that changing agendas need to be effectively and quickly channelled to appropriate committees or groups in order to achieve a rapid response.

In respect of costings and necessary financial resources, it should be noted that the, PA report commented that the Task Forces that relied on costing individual projects in advance of Task Force designation actually being granted were not very successful (PA, 1998). Many were carried out in haste with inadequate needs analysis and consultation and subsequently required redrafting. The PA group concluded that the most successful plans were those that went through a careful and structured approach of identifying needs and prioritising proposals (PA, 1998:iii). This attention to process and needs analysis is the approach taken in this report.

Working Groups

In line with successful operations in other Task Force areas, it is recommended that the following sub-groups form:

- **Prevention and education**
- **Treatment and counselling**
- **Rehabilitation**

These groups will be a necessary focus for responses to drugs in Bray, regardless of whether Task Force designation is granted.

The research noted a resource problem around the issue of Task Force designation with all bodies and players continuing to meet on this issue, in addition to the other pressing issues which would fall in to the work of the three sub-committees suggested above.

Therefore, until the problem of Task Force designation in Bray is resolved, it is recommended that a group comprising representatives from each of the above sub-groups, with a combination of both statutory and voluntary organisations, form a **Task Force designation committee** and concentrate on this aspect of the work only, reporting back to plenary meetings of all involved parties at regular intervals.

In this manner, those whose primary involvement and interest lies in one of the first three named working groups can make the best use of their time commitment, pursuing their work in parallel with the work of negotiating Task Force status.

Another issue covered in some drug Task Force areas is that of supply/policing. For example, the Blanchardstown Drugs Task Force has acknowledged that there are a number of overlapping factors which play a part in continuing drug misuse of which availability is a key one. Thus a major part of the work is to limit the quantities of drugs available in the community.

It is recommended that the possibility of the Garda Liaison Committee fulfilling this role of work on supply in Bray should be explored. If this does not have potential for community representatives to work together with the Gardai and the UDC, a variety of other approaches could be examined. Examples of community councils and estate management courses can be found in the local Drug Task Force areas of Blanchardstown and DunLaoghaire/Rathdown, amongst others.

Embryonic structures are already in place in respect of other areas as well. For example, it appears that the Bray Drugs Awareness Forum could be a starting point for an education/prevention sub-group. To carry out the actions required, a coalition could include both formal and informal educators, a Department of Education representative, EHB Drugs Education Officer, amongst other relevant groups and individuals.

Major developments have taken place in the area of treatment in Bray over the last number of years with the development of the community clinics and the expansion of the EHB services. This study identified areas of treatment, which still require a high level of co-operation between the statutory agencies and the voluntary/community organisations.

The area of rehabilitation will require a coalition made up of community activists and organisations, including FAS, VEC, Bray Partnership Local Employment Service and Bray UDC.

It is important that each of these sub-groups co-opt as many of the relevant players who can contribute to its broad remit as possible in order to achieve success.

These structures will give Bray an opportunity to develop projects “which are part of a clear integrated strategy that links to and complements the work being done locally by statutory agencies” (PA Consulting 1998:ii).

Prevention and Education

Although there are currently many useful and important youth initiatives in Bray like the sporting clubs, the scouts and so on, which are invaluable, there is an over-riding problem of a lack of resources. The sporting clubs are run on voluntary labour; the youth clubs and homework clubs that exist are housed in completely inadequate premises. The Lifeskills programme in Little Bray, for example, uses a room which is a drug treatment clinic at other times. The homework clubs have to move from place to place, using school premises in many cases, even though these are not ideal for the work they are doing. The lack of dedicated, trained youth workers is a huge problem. Although there are many local people willing to volunteer time to work with young people, when it comes to adolescents, youth workers need to have the right training and background. A lack of resources in terms of proper premises, fully trained properly funded youth workers, and money for equipment and activities blights the efforts of all of the youth initiatives in Bray.

It is clear that many excellent initiatives are taking place in the Bray area concerning drug prevention/education. However, one of the main areas to be addressed initially is

the area of co-ordination. The questionnaires and interviews indicated a low level of networking in relation to drug education work. Although some schools and some teachers are addressing drug education in the classroom, schools are not as actively involved in the local response to drug education as the youth/informal sector. In fact, educators are attending meetings that are primarily about Task Force designation or treatment. Therefore, it is recommended that the work of the sub-committee on prevention and education seek to establish closer links with the schools in the area. This is especially critical for the primary schools where there is a need for drugs awareness and education for older children in vulnerable age groups.

As already stated, the Bray Drugs Awareness Forum has taken the initiative in Bray regarding drugs education co-ordination and thus could evolve to become the Prevention and Education sub-group,

To have as inclusive a structure as possible, the group could

- have co-chairs from the formal and informal education sectors,
- hold its meetings in schools and community centres and
- vary its time to suit working schedules.

The first priority of the education/prevention sub-group should be to undertake an **audit of drug education** in both the formal and informal education settings. This would involve looking at the training levels of the educators and youth workers, the materials used and which children are receiving drugs education. This would clarify for all involved, what resources are available in terms of personnel and materials and **avoid duplication in relation to future actions.** This could also lead to a setting up of shared resources such as information, training and resource materials.

The EHB Education Officer has a training remit and could work with the group on meeting the **training needs** that would be identified through the audit. It is important that all adults who work with children, from community centre attendants to youth workers are specifically trained to deal with ail kinds of children and young people. The emphasis here should be on training community residents to deliver, on a paid basis, services which have been identified as being necessary. The value of such an approach stems directly from the credibility of local people and their much greater awareness of local realities. It would also be an important dimension to be creating socially valuable, paid employment in the local community. For those in the community who seek training in order to be more effective volunteers, it is important that there is good quality training available, paid for as part of the resource package required by the communities to deal with drugs.

There are a growing number of people in the Bray area who have completed Community Addiction Studies courses. This pool of skilled people is an ideal resource for the dissemination of information on drugs in the schools and community as well **as** contributing to the task of building networks.

The literature of the *Lifeline* group shows that although many children may experiment or use drugs recreationally, there are certain factors which indicate some groups of young people are more vulnerable to developing a substance abuse problem. (Lifeline, 1998 - see Appendix Two). The issue of early school leaving and difficulties around primary to secondary transfer in certain parts of Bray has been highlighted earlier. These children in particular must be prioritised in any action undertaken, A programme could be developed which would included both in-school and out of-school activities and ensure that these children are targeted. Homework clubs have been successfully

developed in Bray as a response to the problem of children failing within the school system for a variety of reasons who might be likely not to complete their education. (Marian Pre-School & Family Centre, 1998) With increased resources, this existing framework, with support from the schools especially Principals and Home School Liaison Co-ordinators, the youth services and the EHB, could be adapted to set up an **after-school** group for these targeted children.

At present, the lifeskills programmes which operate in the Little Bray and St. Fergal's Family Resource Centres are hugely successful. They are also over-subscribed, with many more teenagers keen to participate than can possibly be included. The value of the programme lies in the intensive nature of the work which is carried out in a small group format, providing maximum learning experience. There is clearly a need **for an expansion of** this **programme** by increasing the personnel involved, the number of evenings that it operates in these centres, and also by extending it to other areas of Bray.

Particular attention must be paid to the needs of young people who do not respond well to structured activities. Time and space could be devoted to **drop-in** evenings, for young people in some of the centres, A youth worker who could support this programme and an early intervention after-school programme could be a shared resource for a variety of groups.

SPHE (Social Personal and Health Education) which is being taught in many schools includes a module on substance abuse which is loosely defined at present. It would be beneficial if local people who have been trained in addiction studies could make contact with the schools to make an input into this section of the curriculum, to strengthen its content and to link it into the local realities of the drug scene.

The Bray Youth Service has funding for this year only for an Outward Bound programme which appears to be proving very beneficial for young people. Programmes like these comprising physical and sporting activities for children and young people are invaluable developmental tools. Yet existing clubs and activities are subsisting on minimal resources. These need further supports in terms of trained workers and ongoing resources to fund equipment and activities. At the same time, it is important to develop an integrated plan for youth activities which can encourage and support new initiatives at the same time as supporting existing services which are already validating young people.

Finally, it is important to examine the programmes and facilities that are already in existence, as well as any new proposed programmes for their spirit of inclusiveness. There is little value in excluding the most vulnerable children and young people from activities and facilities that are geared towards the prevention of anti-social behaviour and development of greater social and personal skills. The nature of the programmes themselves and the level of training of the staff have to be audited to see how they can operate better in the light of the overall development of a drugs prevention strategy,

Treatment and Counselling

One of the priority areas for action highlighted by the research was the expansion of treatment services. These are proposed in the context of existing statutory and locally-based treatment services. Although most of the services noted relate to heroin users, recreational or non-opiate drug users may also require treatment options.

Inadequate and inappropriate facilities and premises for the three community treatment clinics which exist at present are a consistent problem that emerged from the research, While there are draft plans for the three clinics to upgrade their premises somewhat, these plans might usefully be reconsidered in the context of Bray receiving Task Force designation. The need for a drop-in facility for the clients of the treatment centres has also been expressed.

There is also an urgent need for suitable spaces for different services being offered, for example a range of alternative venues for counselling depending on the individual's needs and where s/he has progressed to in terms of treatment.

Needle exchanges must be a part of any local treatment strategy for heroin users in Bray. Service providers made various proposals for the location of needle exchanges. Once it is accepted in principle that this is an action to be undertaken, the sub-group must agree the location(s) most suitable for the clients. The pros and cons of where exchanges are most effectively located would need to be thoroughly debated as there was concern expressed as to the desirability of placing needle exchanges in the same premises as treatment facilities. This issue might be usefully considered in conjunction with the need to encourage chemists in Bray to become involved in strategic responses.

The lack of participation by Bray chemists in a strategic drugs service plan was noted by both users and service providers. At present there is only one pharmacist with two outlets in the town who will dispense methadone under the protocol. **The recruitment of more community pharmacists** with more flexible opening hours to accommodate workers and students is an issue to be tackled in conjunction with the EHB liaison pharmacist.

Family support is a crucial part of any drug treatment strategy, for the families of users, as much as for the users themselves. The parents and siblings of drug users need advice, support and counselling in times of crisis and on an on-going basis. Family support services exist to an extent in the Bray area. However, these need to be developed further to complement existing services and in parallel with any new treatment services. A peer education approach facilitated by organisations such as Crosscare (see Appendix Four) has proved useful for parents of drug users in the North Inner City and is also used by the Eastern Health Board. Options like these would be well worth exploring,

The issue of **gender** was highlighted during the research and this is a factor that must be taken into account in the development of any new treatment service.

The concept of a 'one-stop shop' for the Bray area where people can access information and support has emerged through our research. This needs to be explored further. Counselling and rehabilitation services are suggested as complementary and as such it is proposed that a **Counselling and Rehabilitation** Centre for drug users and their families be developed in Bray. This might also incorporate an information service for members of the general public seeking access points or clarification about drug use. But if there is a decision to include the latter function, thought would need to be given to the problem of preserving confidentiality in a geographical area as small as Bray. There would also need to be debate about the inclusion or exclusion of medical treatment in the context of this one-stop shop. It should also be noted that if this combined one-stop shop approach were adopted, it would require the pooling of expertise of both the treatment and rehabilitation sub-groups to develop it.

The counselling element of this Centre would include

- Advice and information for drug users and their families,
- counselling for both users and members of their families,
- a full range of family support services

A case study of a centre which offers some of the above components is outlined in Appendix One.

Broader Strategies of Rehabilitation

There is also a need for a broader range of rehabilitation strategies to reintegrate drug users into the community. These would include initiatives around education, work strategies and Job creation which would aim to bring the drug user back into the main stream.

Although in common with most areas, there is a relationship between socio-economic deprivation and problematic drug use, our research indicates that in Bray, the profile of young people using drugs is quite mixed in terms of class, gender, family backgrounds and educational attainment. These broader rehabilitation programmes will have to take cognisance of this fact and provide a suitable variety of activities, targeted in such a way that it does not appear to cater to one group exclusively. The development of this complex range of services will be the work of the rehabilitation sub-group which should include relevant community groups as well as the EHB, the VEC and F(S and crucially, the Local Employment Service.

The siting of rehabilitation services is obviously an issue which will have to be worked out in relation to any proposed premises that become available to the Bray drugs services as well the existing premises of the statutory bodies of the sub-group. However, it would be appropriate for the preparatory level to be sited in the proposed **Counselling and Rehabilitation Centre.**

For many people, rehabilitation will need to be a two-part process, with a preparatory foundation level to prepare them for mainstream training and vocational opportunities. Because of the diverse needs of the clients of such a service, it might be appropriate to arrange rehabilitation services on a modular basis. Some would require quite extensive remedial educational work, whereas others with qualifications and/or jobs already could benefit from the alternative therapies and counselling options.

The purpose of the services would be to prepare clients for the more mainstream vocationally orientated training offered by the VEC and FAS, employment, or simply taking their place in the community in a way that they find more fulfilling. A specific Job function for the LES would be to develop a link with rehabilitation services to work directly with affected young people. The LES would thus be able to help procure job placements for rehabilitated individuals in conjunction with agreements secured with willing and responsive employers.

Suggested Facilities

Educational Modules

- Literacy and numeracy skills,
- Practical life skills such as DIY,
- Cookery and nutrition

Personal Development

- Parenting and relationship courses,
- Personal development,
- Alternative therapies such as reflexology, reiki, or yoga,
- Art therapy and pottery,
- Sporting and recreational activities including 'Alternative Highs'

Additional Requirements

- Eligibility for CE scheme funding
- Crèche
- Drop-in facility

As members of the rehabilitation sub-group, it would be incumbent on the VEC and FAS to create progression routes within their mainstream services tailored to the special needs of former drug users. The important elements of these would be

- The availability of a mentor (following the example of the education co-ordi nator available to clients of Little Bray and St. Fergal's Family Resource Centres) to help people progress through their rehabilitation process, through mainstream education and training;

- That the course leaders and co-ordinators would be made aware of the background and special needs of the participants so that there would be a greater degree of flexibility in VEC and FAS courses.

There is an opportunity for vocationally orientated courses to be put in place now to cater for the new industries associated with the planned Business Park and the growth in the hotel industry in Bray. Suitable training bodies such as CERT for example, could be invited to put together training to ensure the inclusion of those who might otherwise be excluded from the prospects offered by such developments.

Conclusion

The development of a drug service plan for Bray is not just catering for a minority subgroup within the population of the town, it has implications for the whole community. The raising of awareness and education about drugs affects a wide section of the community; most people in our society use some kind of drugs and problem drug users have families and neighbours who are badly affected in a vast number of ways. Dealing with the issue of drugs therefore has to be seen with in overall development of the life of the town.

The timing of the development of a drugs service plan for Bray is most fortuitous as it comes at a time of great expansion and general optimism in the town of Bray. There are a number of significant developments in the business and civic life of the town with the planning of the new civic centre, the new business park as well as the building of numerous new hotels and businesses around the town itself. All of these developments offer the potential for new opportunities and prosperity for those that are in the right position to take advantage of them. It is imperative that the people who have been most vulnerable to the devastating effects of drug abuse - the socio-economically marginalised, are prioritised by being given appropriate preparation and training by the training and employment bodies operating in the town.

Summary of the Strategy Plan

CO-ORDINATING SUB-GROUPS
Task Force Designation
Education Prevention
Treatment Counselling
Rehabilitation
Supply/Policing

EOUCXTION – PREVENTION PRIORITIES	TREATMENT PRIORITIES
Networking	Needle Exchange
Audit of Current Education Provision and Training Needs	Increased Local Pharmacy Involvement
Meeting Training Needs	Family Support
Identify and Prioritise Vulnerable Children	Improved Premises for Local Clinics
After School Group	Central Information Resource
Drop-in Facility	Gender Sensitive Approach

REHABILITATION PRIORITIES
A Multi-layered Approach
Foundation Courses
Mentoring
Preparation of Mainstream Service Providers for the Special Needs of Clients.
Links with FAS, VEC and LES
Integration Into the Overall Development Plans for the Area.

Map of Proposed Drug Services in Bray

Level One: Community Treatment and Stabilizing Services

ST. CRONAN'S, LITTLE BRAY AND BALLYWALTRIM COMMUNITY CLINICS

- Medical management of addiction including prescribing for methadone treatment programmes
- Nursing service
- Viral screening and vaccination
- Liaison with central and other Community Health Service,
- Psychiatric Services and local General Practitioners
- Liaison with local community via Project Committee
- Facilitation of clients by Project Committee members
- Drop-in
- Counselling

NEEDLE EXCHANGE

Location yet to be decided

Level Two: Advise and Information, Counselling and 1st Stage of Rehabilitation

PROPOSED COUNSELLING, INFORMATION, AND REHABILITATION CENTRE

- advice and information for drug users and their families,
- counselling for both users and members of their families,
- a full range of family support services
- creche facility
- drop-in facility
- rehabilitation programme including
  - basic and further education both on and off site
  - range of counselling and alternative therapies
  - personal development options
  - sporting and recreational activities including 'Alternative Highs'

Level Three: 2nd Stage of Rehabilitation: Mainstreaming

FAS

Linked to the rehabilitation centre with

- Mentor
- Integration into existing training courses

VEC

Linked to the rehabilitation centre with

- Mentor
- Eligibility for continued CE or VTOS funding
- Integration into existing education courses

LES

Linked to the rehabilitation center with

- Mentor
- Integration into paid employment

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Appendix One

Case Study

The Talbot Centre

- **Introduction**
- **Background and History**
- **Client Group**
- **Overall Approach**
- **Referral and Initial Meeting**
- **The Programme: Counselling, Education and Recreation**
- **Outcomes**
- **Other Activities**
- **Future Directions**

Introduction

"The centre, funded by the Eastern Health Board, provides a free counselling service catering for young people (12-20 years) who have become involved in alcohol and/or substance abuse of various sorts." (Information Leaflet)

The Philosophy of the centre is one of non-judgmental support for the young people and their families who avail of their services.

The centre does not operate as a clinic; there is no medical aspect to the work that is done there. While methadone is an important feature in other clinics. The Taibot Centre works with young people in a holistic way. The programme offered at the centre is comprised of three key elements: Counselling, Education and Recreational Activities.

Background and History

The Talbot Centre was established in 1983 by the Eastern Health Board, in conjunction with local people. At that time it operated as a Day Centre, offering a full-time programme for clients to participate in. However, with the advent of PAS and Youthreach, paid courses which would have attracted many of its clients, the centre changed the programme structure to a more sessionally based one, focusing on the issues of drugs and family. The programme now offers clients sessions by appointment, structured to facilitate those who may be unemployed, at school, on courses or working.

Client Group

The centre will accept anybody under 20 years of age whose drug use is seen as a problem by him/herself or by others, or anybody who is thought to be at risk as a result of drug use in his or her surroundings. An example of this second instance might be a child who is living with drug using parents and perhaps also siblings; the referral could come from a concerned teacher or social worker. Referral agencies include probation officers, social workers, training supervisors, hostel staff such as a key worker, teachers, parents, family, or the client himself.

For the year 1997. the centre received a total of 111 referrals. Of these, 81 individuals attended, and 45 families. The present male/female ratio is thought to be approximately 50:50, which indicates an increase in the number of women attending the centre compared to previous years.

Many of the clients attending are also involved in other training or education courses, such as school, FAS courses, CERT courses, Youthreach, or other similar projects. Some of the clients are working, while some are unemployed. Because of these varying circumstances, much of the work carried out in the centre is on a sessional basis.

The amount of time for which people attend varies widely. The staff estimated that the average length of attendance for clients is between six and nine months. There is no limit on the time a client may attend the centre; the intention is to provide support for clients when they feel they need it, and for however long it is needed.

Overall Approach

The overall approach of the centre is a non-judgmental one. The centre does not seek to recommend courses of action to clients, but to provide support for the client to consider their options and ultimately make their own decisions. The centre seeks to provide a space in which people have the opportunity to discuss issues concerning them in a safe non-threatening environment. This approach is seen as essential to the empowerment of individuals.

The centre also encourages an informal social atmosphere among staff and clients, and considers this an extremely valuable aspect of the centre. The evaluation study, carried out in 1993, found that the informal aspects of the interactions in the centre, such as chatting and making tea, were of utmost importance to the clients who attended, as they helped create a welcoming relaxed atmosphere in the centre.

Referral and Initial Meeting

Referrals come from many sources as described above. Once the referral has been made, an appointment is made for an initial meeting. This meeting will, if possible, include the referral agent and other key people in the young person's life.

The Programme: Counselling, Education and Recreation

The centre has laid down six specific aims to form the basis of its activities. They are as follows:
"The primary aim of the agency is to educate and empower young people to take control of their lives.
To help raise their self-esteem and confidence.
To critically examine the serious consequences of substance misuse.
To give them and space to redirect themselves with support in a structured, safe and stable environment.
To act as a resource to the local community, as well as to voluntary and statutory agencies."

"To assist young vulnerable people to deal with their problems while remaining in their community." (E. Gallagher, 1993)

In order to achieve these aims, the centre implements a programme based on three key elements; Counselling, Education and Recreation.

Counselling and therapy form the core of the programme. The counselling consists not only of one-to one encounters with the individual in question, but also takes a more systemic approach by, if possible, involving family members or other key people in the individual's life in the therapeutic process. In general, clients will be offered a programme based upon their individual needs, and including one-to-one counselling, family therapy, and group therapy.

The aim of individual counselling is to give clients an opportunity to discuss and explore personal issues, and to examine their behaviour and its consequences. The core principle of family therapy is that the client should not be viewed or treated in isolation, but as a member of a group of people. usually family, who are affected by his or her behaviour. Group therapy involves group discussion, and the opportunity to share experiences, in order to create an environment of positive peer influence and peer support. One of the main aims of all these different approaches is to empower the young person and key people in their lives to make constructive and healthy decisions for the future, and to take control of the events and circumstances that affect their lives.

This aspect of the programme, i.e. offering support to individuals affected by the young person's drug use, was also examined in the 1993 study. It was reported that:

"Most of the parents had found that they had also benefited themselves by getting involved. The parent support meetings were specifically mentioned - these parents having found it particularly helpful to meet other parents who were experiencing similar difficulties with their children." (E. Gallagher, 1993)

Education is also a key element of the programme. Through education, the centre seeks to:

- provide clients with information necessary to make informed decisions and choices;
- to address possible skill deficits resulting from poor educational opportunities and early school leaving by developing their numeracy and literacy abilities;
- To develop the skills and provide advice and information necessary for seeking employment.

The staff stressed the point that there is an urgent ongoing need to promote awareness of many health and welfare issues concerning the young people attending the centre. Of particular concern is the need for education around safer sex and contraception. The point was made that many of the young people who attend the centre are sexually active, some from quite a young age, and may not have ever discussed such issues as condom use, prevention of AIDS or other STD's, or contraception. Examples were given of young people attending the centre who are already mothers or fathers, or were in the process of becoming mothers or fathers; such situations present many other areas of necessary support and education. Much of this education is seen to take place as part of the counselling process, and is tailored to meet the varying needs of each individual.

Recreation is seen as an important element of the programme for various reasons; it promotes the development of social skills, it helps create a stronger group atmosphere as people have the opportunity to get to know each other in a more informal context, and it presents the idea to young people of the possibilities for enjoyment without drugs. There is no formal timetabled programme of recreational activities - when they occur depends on the circumstances of the current client group, such as time available to them if they are on other training courses or in employment.

Outcomes

As each individual case varies considerably, there are no set criteria by which treatment is deemed to be successful or otherwise. Rather, part of the therapeutic process is the ongoing evaluation of the client's progress and current needs, both on the part of the client and the relevant project worker. The ethos in the centre is one of providing support to clients when they need it and however they need it, as opposed to trying to achieve specific targets, non-achievement implying failure. Ultimately it is up to the individual to evaluate his or her own drug use and the behaviour associated with that, and to decide what course of action they wish to take. The Talbot Centre aims to provide the space and safety for that individual to do this.

Other Activities

The Talbot Centre also offers courses to people who are working in various capacities in the community, and who wish to know more about the issues surrounding drug use in the area, and about how they themselves can deal with it in their own work. Those who have attended include community nurses and teachers. The course outlines the issues related to drug use in the community, but stresses the fact that the people attending the course have ample skills, which they can draw on when dealing with this issue. The approach that the centre advocates is that the focus of these drugs-related situations is the individual client: one does not need to be an expert in 'drugs' to deal with people using drugs. The experience and skills in dealing with people that these community workers have is just as applicable and valuable in a drugs-related context.

Reference

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The Director of Research of Lifeline lists the following ten factors that come together to make a young person at high risk to developing a dangerous relationship with drugs.

1. School non-attendance.
2. Early involvement with crime, criminals and the criminal justice system.
3. An experience of being looked after by the local authority.
4. An experience of homelessness.
5. Unemployment of self and significant others.
6. Heavy use of legal drugs (tobacco and alcohol) in early life.
7. An experience of a mental health issue (e.g. low self-esteem, depression etc.)
8. Parent(s) who are/were criminally active with their own substance problems.
9. Disruption of family unit by inconsistent parenting, separation, bereavement etc.
10. Use of illegal drugs such as Cannabis, LSD, and Ecstasy.

(Lifeline, 1998:4)

Appendix Three

Elements to be Included in Strategies for Effective Community Involvement

The following presents an outline on good practice in developing effective community involvement strategies which is adapted from the Joseph Rowntree Foundation work on urban regeneration (JRF, 1999). It may provide a useful check-list on the key elements which will need to be attended to in developing the specific aspects of a service plan for Bray.

Getting started

- Map local organisations;
- Understand local priorities and skills;
- Build confidence through early project work;
- Develop a vision and action plans with local communities

Involving communities in partnerships

- Create partnership structures that work for local communities;
- Make resources available for community groups;
- Arrange training for both community activists and professionals;
- Help community groups with administrative and financial procedures.

Developing an infrastructure to build and sustain community organisations

- Accept that community organisations need long-term support;
- Contribute to the better co-ordination of training and support services.

Monitoring Progress

- Establish a framework for evaluating both concrete outputs and key processes in community involvement.

Appendix Four

Leaflet of the Drug Awareness Programme, Crosscare.

What Is DAP Crosscare?

The Drugs Awareness Programme provides training and support for those interested in preventing drug problems. It is part of Crosscare, a registered charity, and is managed by the Teen Counselling Board of Management.

Who is is aimed at?

The Drugs Awareness Programme works with people of all ages and experience - young people, adults, parents, teachers, employers and health workers - helping groups and communities to develop a comprehensive approach to drug problem prevention.

By working in partnershipwith communities we can harness the expertise and resources which already exist. By training we improve these skills and heighten awareness of drug issues. By facilitation we empower people to put their skills into action.

How does it work?

Each programme is tailored to meet the needs of participants and the community. Training is usually carried out in weekly sessions in the community where the participants live or work and where they meet.

Programmes can be divided into two distinct stages:

1. Training and Needs Assessment -
This phase focuses on assessing the needs of the community or group, identifying and delivering the training required by the group.

2. Deveiopment and Support -

This phase provides the practical support and assistance necessary for the group to develop and set up whatever service it has chosen as its objective.

What can the DAP do for you?

The DAP provides a wide range of services including:
- Needs assessment for local drug prevention
- Drug Awareness training for leaders
- Peer Leader Training (adults, youth)
- Seminars and Drug-awareness courses
- One-to-one counselling and referral for drug-users and their families
- Replies to telephone queries
- Materials for projects
- Resources for other trainers
- Networking for prevention
- Consultancy on prevention of drug problems in school, family and work place
- Adventure in the City (group activity)

MISSION STATEMENT

"The DAP aims to support, facilitate, train and empower communities to develop their own resources so that they can play a central role in preventing and repairing the damaging effects of drug misuse."

Areas of Action include:

Ballyfermot - City Quay - Charlemont Street - Clondalkin - Crumlin - Darndale - Killinarden - Markets Area, Dublin 7 - North Inner City - Priorswood - Rathfarnham - Sheriff Street - St. Dominic's, Tallaght - European Exchange (Helsinki/Lisbon) - Co-operation Ireland - Bishops' Network for Prevention of Drug Problems

Funding

Drugs Awareness Programme Crosscare has received funding from:

- Eastern Health Board
- Dublin Diocese/Crosscare
- Other Sources (Health Promotion Unit, fundraising, donations and grants)

Personnel:

Director:	Chris Murphy
Co-ordinator:	Bernie Roe
Project Workers:	Elaine Butler
Conor Rowley Office Administrator:	Susan O'Neill

Drugs Awareness Programme,

Crosscare,
Clonliffe College,
Dublin 3,
Ireland
Phone: (01) 836 0911
Fax: (01) 836 0745

International prefix: +3531
email: drugprev@tinet.ie
Reg. charity no: CHY 6262

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