

# **Dún-Laoghaire Rathdown Local Drugs Task Force**

## **Initial Planning Report**

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## 1. Area Profile

The Dún-Laoghaire Rathdown County Council recorded a population of 194,038 in 2006. Thirty four percent (or 65,359) were children under the age of 18; a further 24% (or 45,903) were aged between 19-34.

Fourteen thousand people were in receipt of lone parent, disability or retirement payments with a further 5,000 people registered as unemployed in the county. The number of people unemployed is larger than many other well known unemployment black spots in Dublin.

There were 107 Traveller families living in the county amounting to between 530 – 600 Travellers. A total of over 500 refugees and asylum seekers were resident in the County in 2006.

The County is unusual in that it contains both areas of significant affluence and areas of extreme disadvantage. Four out of five DED's in the county are among the 10% most advantaged areas in Ireland while the DED's in which the local area partnership operates (Southside Partnership) are among the most disadvantaged in the country.

The proportion of lone parent households is considerably higher than the national average, accounting for up to two thirds of households in some pocket communities. Early school leaving and low participation in third level and further education continues to be a problem. Poverty and deprivation in the area is concentrated in run-down estates with poor services and problems of crime, vandalism and drug use. This is exacerbated by poor public transport provision connecting isolated estates with key services.

*(Source: preliminary planning work carried out by the Local Drugs Task Force staff).*

## 2. Drug Information

The number of new cases seeking treatment for cocaine problems has increased since 2000 and now represents a larger share of the total treatment seeking population than ever before, particularly clients seeking non-opiate services such as community-based rehabilitation. Treatment interventions for cocaine misuse are still developing and there is no obvious pharmacological substitution to mediate craving. Alcohol, cannabis and ecstasy are the other more common drugs of choice.

The number of people presenting for treatment over the past three years are as follows:

	> 19 yrs	20 – 34 years	<35 years	Total
2004	12	110	75	197
2005	14	142	70	226
2006	24	169	92	285

Drugs were the primary reason for people presenting although alcohol also featured strongly accounting for 46% of cases over the three years.

Polydrug use is also emerging as a concern. Out of the six most common drugs of choice (heroin, methadone, cannabis, benzodiazepines, cocaine and alcohol):

- 33% of patients were using 4 of these 6 substances;
- 19% of patients were using 3 of these 6 substances;
- 18% of patients were using 5 of these 6 substances;
- 9% of patients were using 6 of these 6 substances;
- 6% of patients were using 2 of these 6 substances;
- 1% of patients were using 1 of these 6 substances.

There is a continuing significant increase in drug and substance abuse in the Traveller community by all members – young people, men and women. Although the issue of drugs is growing within the community, this is not translating to greater participation by Travellers in services provided to drug users and their families.

*(Source: preliminary planning work carried out by the Local Drugs Task Force staff).*

### **3. Summary Review of 2000 Plan**

#### **3.1 Plan 2000 Aim**

The last Strategic Plan of the Dun-Laoghaire Rathdown (DLR) Local Drugs Task Force was written in 2000 and had the following aim:

**To reduce the impact of the drug problem in the Task Force area by reducing the social, financial, legal and health harms caused by drug abuse to drug users and to the rest of the community in co-operation with the local community, voluntary and statutory agencies.**

#### **3.2 Plan 2000 Objectives**

- To increase numbers in rehabilitation/social integration activities.
- To increase the number of problem drug users in treatment.
- To increase the range of treatment options available.
- To reduce:
  - (a) the number of people experimenting with drugs;
  - (b) the number of people becoming regular drug users;
  - (c) the number of problem drug users;
  - (d) the extent of the health problems facing drug users.
- To reduce:
  - (a) supply of illicit drugs;
  - (b) illicit supply of licit substances (alcohol, tobacco and solvents)
  - (c) leakage of addictive medicines onto the drug scene.
- To support community involvement in Estate Management as a means of reducing environmental and other factors which have an impact on drugs problems.

Many of these objectives have been progressed over the last seven years:

- the number of people engaged in rehabilitation and social integration activities has increased;
- the number of people in treatment has increased;
- the range of treatment options available is being slowly increased;

A number of challenges have also presented themselves and prevented the Task Force (TF) from fully achieving the objectives and ultimately the aim:

- similar to national trends, the number of people using or abusing drugs has increased in the County. There is no evidence of a reduction in (a) numbers of people experimenting with drugs (b) numbers of people becoming regular drug users (c) numbers of people becoming problem drug users or (d) reduction in the health problems facing people with problem drug use.
- While the number of people in the treatment services has increased, it has also increased in tandem with a general increase in the numbers of people misusing drugs. It is difficult to say, therefore, if the percentage of drug users in treatment has increased.
- There is an absence of substitution treatments for some of the newer drugs (such as cocaine) so the current treatment options may not always be entirely appropriated;
- There is a lack of continuum of care through the treatment and rehabilitation process and a real need for integrated care pathways to be developed for each client with all agencies on board;
- there is a need to increase particularly the work done to guide people into these services and to support them while they are so engaged.

*(Source: preliminary planning work carried out by the Local Drugs Task Force staff).*

### **3.3 Achievements:**

During the facilitation process, members of the DLR Drugs Task Force were asked to look back at their work over the last number of years and cite their achievements. While participants emphasised the difficulty in quantifying the impact of the work, they pointed to the following positives:

- 22 interim funded projects up and running.
- 13 projects mainstreamed.
- 300 – 400 people have been trained in addiction studies.
- Vulnerable people are receiving services.
- The Drugs Task Force is a central local pillar that supports other organisations (statutory and voluntary) to make interventions. It has a very much behind the scenes role, funding and supporting aspects of projects that are crucial for development.
- If the DTF was shut down overnight, big gaps would be left behind that would be impossible to fill.
- There is a dedicated FAS project for drug mis-users which has been working particularly well.
- Over 100 people have been supported to go to third level to study in the addiction field.
- The TF allocates a series of small grants to groups which may seem small at first glance, but are important to the community and voluntary projects.

- Having an organisation in place that supports interventions in the lives of drug users is an impact in itself.
- The project dealing with referrals by the Juvenile Liaison Team to Treatment Centres was badly needed. It was supported by the Drugs Task Force and has had significant impact.
- 67% of people who left DROP are in part/time or full/time education or employment.
- The supported projects have grown significantly since they were first established.
- The Community Addiction Team is vital project offering supports and services.
- The work done in the area of prevention within schools has been ongoing but is hard to judge it's success in keeping young people away from drugs as it is difficult to measure.

### **3.4 Improvements**

Task Force members were then asked to name the things that didn't work so well over the past number of years and to list the things that could be improved upon moving into the next planning phase:

- Information flow between projects and the Task Force structures.
- There is a concentration on funding but not as much of a focus on evaluation.
- Promotion of the work of the TF has been poor.
- Significant gaps on the West side of the County ... many of the services orientated towards the East.
- More inter-agency work needed – not enough pooling of resources and there are poor links between agencies and within agencies.
- Not enough inter-agency protocols have been developed.
- TF structure needs to be re-examined along with the issues of representation and communication.
- The mainstreamed projects have lost touch with the TF and within the mainstream organisations themselves, they are not integrated.
- Issues when raised sometimes get lost ... most systematic processing of issues needed.
- Some geographic areas are not represented on the TF and how to reflect the needs of these communities is a concern.
- Capacity building within the community has been weak – the TF has failed to bring new community people on.
- The DTF needs to be more pro-active about identifying and targeting vulnerable groups. The communities are often aware of problems before agencies so it is important that an early warning flagging system is developed.
- Communication between people involved in the TF is poor.
- The different agency boundaries within the county has presented significant difficulties, not least that of communication.
- The cutting of the Emergency Funding has resulted in the TF unable to respond flexibly and quickly to problems or issues as they emerge.

#### 4. Current Planning Period

Task Force members were asked to consider what niche the organisation occupies in the county, given the range of other bodies (statutory, voluntary, local development) that also deal with the issue of drugs either directly or indirectly. Participants came up with the following:

- It is the only organisation in the area whose sole focus is on the tackling of drugs.
- The DLR Drugs Task Force is the local expression of a national strategy.
- It works to influence the national strategy by feeding through local issues and knowledge.
- Having the DTF structure in place gives a visibility to the drug problem.
- It acts as a channel between people on the ground and mainstream agencies ... a bit like a local intermediary, supporting, funding and influencing.
- It is an action focused organisation.
- It is a repository of local knowledge.

Recommendation: More work could be done on identifying the niche for the Task Force and this clarity will help communicate the message of the TF more effectively to wider audiences.

Participants then reviewed the previous aim set out in the 2000 plan and were asked to identify their aim for this plan. It was felt that the aim, as articulated in 2000, was still valid in 2008 given the rise in drug use throughout the country

This aim was focused primarily on working together to reduce the harm caused by drug abuse – still a very valid concern given the local climate. One other key aim emerged during the discussion – this related to reducing the demand for drugs.

Recommendation: The DLR Drugs Task Force should consider revisiting their aim to encompass both aspects i.e. that of reducing harm and reducing demand.

Given the limited time frame, it was not possible to articulate specific objectives that would work towards achieving this aim. However, while participants were thinking about what they would like to see reflected in a new aim, they made a number of suggestions which are listed below. These are important contributions because, while not being aims per se, they are a reflection of how participants would like to see the Task Force doing business:

- identifying and meeting gaps
- influencing policy
- improving interagency/information flow
- using resources more efficiently and effectively
- responding to needs in a timely fashion
- being innovative and creative ... seeking out good practice
- focusing on target groups
- close collaboration between all stakeholders
- building on strengths
- recording, measuring and evaluating work done
- celebrating success

Recommendations: These could be included in the Strategy as a way of describing how the TF does business – perhaps translated into something like ‘Guiding Principles’.

## 5. Current Issues Identified

The issues listed below are drawn from discussions that took place at meetings as well as preliminary work done by the DTF team for the planning process. These formed the basis for setting the strategic priorities. The issues can be summarised as follows:

- Drug abuse and its effect on families - family support is becoming more and more crucial.
- A need to expand the definition of ‘progression’ as used by statutory bodies in relation to drug mis-users.
- Supports need to be provided to CE schemes (supervisors and sponsors) to address drug mis-use issues among CE employees.
- Information needs to be available to employers generally about recognising signs of drug mis-use among employees and how to manage it, if it manifests itself.
- Poor facilities for young people in the area and it is not clear which services in are available or open to people under the age of 18.
- The building and design of estates needs to be continually improved to address the issues of facilities and anti-social behaviour.
- Joined up thinking about alcohol and drugs is needed between all agencies.
- HSE say very few people under the age of 18 are presenting at treatment clinics yet all the data points to an increase of drug use among this cohort.
- The services of agencies needs to be advertised – poor awareness.
- The multiplicity of bodies on the ground causes confusion for everyone especially clients and their families. Intervention pathways need to be clear for both potential clients and service providers involved in referral and support.
- Lack of a continuum of care through the treatment and rehabilitation process. There is a need to offer integrated care pathways to people seeking help.
- Physical access to services is a problem ... many people are cut off from services due to poor public transport and other access problems.
- Cocaine use is a rising issue in the area. The number of new cases seeking treatment for cocaine problems has increased. Services are stretched to cope.
- Attention needs to be paid to the 0-3 year olds and their families in order to prevent drug mis-use at a later age.
- Greater community involvement is needed in the Task Force at both TF level, sub-committee level and among target communities. The involvement of service users is also important.
- There is a continuing significant increase in drug and substance abuse in the Traveller community yet this is not translating to greater participation by Travellers in services.
- Gaps in services in Ballogan and other areas, particularly the west side of the county.
- Young people are not aware of the consequences of using/abusing drugs.
- Not enough treatment beds at the local level.
- The drug related data that is available is poor and presents difficulty when planning interventions.

- Information and communication within the Task force structures, between the Task Force and other organisations and between the Task Force and wider communities has been poor and needs to be improved.
- Increased need to focus on target groups and be aware of emerging target groups e.g. new communities, people who experience homelessness, prisoner families and ex-prisoners; older addicts – people in their 30's, 40's, 50's
- There has been an increase in people using prescription drugs.
- There is a clear link between alcohol/ drug abuse and domestic violence.
- Local GP's need more support, particularly around the issue of security and people presenting for treatment when high on some substance.
- The growth of the number of licit selling points of alcohol needs to be challenged.

## 6. Strategic Priorities and Actions

Participants addressed each issue in turn, deciding whether it was a short term or long term priority. A short discussion took place in some instances on the actions that could be started in the short term. However, given the tight timescale, it was not possible to explore each action in great detail.

Recommendation: The Task Force or the sub-groups spend some time in the near future completing the tables below in terms of additional actions; identifying the lead agency and determining outcomes and indicators for progress.

It was decided following a recommendation by the facilitator, that a one-year interim action plan would be prepared rather than a multi-annual action plan. There were a number of reasons for this:

- a lot of work had been done up to this point and the overall aim along with the current issues and strategic priorities had been identified. This is enough to provide the over-arching framework for the work of the TF over the next number of years. The missing elements are central objectives and detailed yearly actions linked to those objectives along with a built in monitoring and review mechanisms.
- The Task Force is suffering a little from information deficit at this point so some foundation work needs to be done in the short term to give greater clarity to issues and help inform future actions.
- a complete up-to-date area and poverty profile is currently being undertaken by Southside Partnership which will help the Task Force ensure greater targeting and focus. This however will not be ready until April.
- An evaluation has taken place of the DTF projects but the final outcome was not available at the time of the planning process.

Recommendation: the Task Force revisit it's strategy after one year in light of the new information emerging and it should be in a better position to prepare a multi-annual action plan.

On this basis, therefore, the following tables were pulled together by the facilitator to reflect work done during the planning session. In each table, the issue is presented and the actions suggested by participants at the facilitation session and at previous meetings are set out in the first column. The second and third column indicate whether this is something that should be progressed in the short term (ST) or medium to long term (M-

L/T). The next column indicates who is the lead agency (only the DTF is mentioned in this column to date – again, this is something the TF or sub-groups need to review to identify lead agency for each action). The column headed 'structure' indicates suggestions by the facilitator where an action should be progressed directly by a sub-group or whether it could be progressed by a smaller, time-bound, goal oriented Task Group. These are suggestions only – the TF may decide to change these. The last columns are blank at this point but should specify the desired outcome and indicators of progress. The actions in *italic* are those that emerged in the preliminary work done by the DTF team. These were not discussed at the facilitation day and therefore none of the corresponding boxes are complete but are included as actions for development.

## 6.1 Strategic Priorities

### A. Family Support

**Issue A1: The effect of drug abuse on families means that family support is becoming more and more crucial.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Assess what is currently in place in the County with regard to family support, particularly services targeted at families of drug users.	√		DTF	Sub-group		
<i>Community parents (Action 95)<sup>1</sup></i>						
<i>The establishment of a formal Family Support Network in the Area</i>						

**Issue A2: Attention needs to be paid to the 0-3 year olds and their parents to try and prevent drug-misuse at a later stage.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Focus on young parents – bring together liaison mid-wife, parent support workers and partnership childcare workers and other key stakeholders to look at how this could be addressed.	√		DTF	Task Group		

<sup>1</sup> This action was mentioned during a previous meeting yet there is no Action 95 listed in the document received by the facilitator. This needs to be fleshed out so that it makes sense.

**B. Information and Awareness**

**Issue B1: Supports need to be provided to CE schemes (Supervisors and sponsors) to address drug mis-use (including alcohol) among CE employees**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Incorporate module into the training currently provided by FAS.	√		FAS			
MAY BE OTHER SUGGESTIONS						

**Issue B2: Information needs to be available to employers generally about recognising signs of drug mis-use among employees and how to manage it, if it manifests itself.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Develop policies for the working environment – encourage employers to bring the drug abuse aspect into health and safety work policies.	√		DTF	Sub-group		
MAY BE OTHER SUGGESTIONS						

**Issue B3: There is poor awareness around the drug services and supports in the area. People, especially young people, are not aware of the consequences of using or abusing drugs - the consequences of drug taking and the services of agencies need to be advertised.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
People are not linking in with the cocaine services – they need to be more widely advertised. An information campaign is needed. It might be possible to tie this in with the National Drugs Awareness Campaign	√		DTF	Sub-group		
<i>The provision of a basic information/ awareness court to 30 communities in the County within 2 years</i>						

**Issue B4: The multiplicity of organisations on the ground causes confusion for everyone, especially clients and their families.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Develop intervention pathways for (a) for the client mapping the routes they should take if engaging with any of the service providers (b) for the agencies which makes it clear where people should be referred when they present. This information could then be made available in a number of different ways e.g. website, posters, booklets.	√		DTF	Sub-group		

**Issue B5: Need to be more pro-active about identifying target groups and their needs e.g. new communities, people who are homeless, prisoner families and ex-prisoners, older addicts (aged 30+).**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
An early-flagging system needs to be developed.	√		DTF	Sub-group		
A contact person within each state agency needs to be identified e.g. sergeants of community policing unit so that community representatives can contact them directly with emerging problems.	√		DTF	Sub-group		

**Issue B6: The drug related data that is available is poor and is the cause of incomplete knowledge which in turn affects information and services.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
The establishment of a continually updated and published set of Drugs Misuse related statistics and be able to analyse trends in drug misuse in the area.	√		DTF	Sub-group		

**C: Facilities and Services**

**Issue C1: The cutting of emergency funding has reduced the ability of the TF to respond to needs in a flexible and timely manner once they present themselves.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Assess the impact of these cuts and begin a lobbying process to either re-introduce this fund or seek funds from elsewhere for this purpose.	√		DTF	Task Group		

**Issue C2: Poor facilities for young people in the area and it is not clear which services are available or open to people under the age of 18.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Conduct an audit of all facilities in the County to assess their accessibility for people under the age of 18.	√		DTF	Sub-group		

**Issue C3: Few people under the age of 18 are presenting at treatment clinics yet all the data points to the fact that drug mis-use is on the increase among this cohort.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Examine the Yoda project in Tallaght as a possible model for a future intervention in this area. Other good practice models could also be looked at.	√		DTF	Sub-group		

**Issue C4: The building and design of estates needs to be continually improved to address the issue of anti-social behaviour and ensure the provision of facilities.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Audit of the physical environment in the County taking account of architectural and structural factors in crime and anti-social behaviour.	√		DTF or CC	Task Group		

**Issue C5: Physical access to services is a problem ... many people are cut off from services due to poor public transport and other access problems.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Requires further investigation, particularly given the investment in public transport facilities that is currently taking place. A particular piece of work needs to be done around bus services in the area, their routes and timetabling.		√				

**Issue C6: There is a continuing significant increase in drug and substance abuse in the Traveller Community yet this is not translating to greater participation by Travellers in services.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
There is a lot of work going on in this area at present – ongoing support will be provided to the service providers working with Travellers.	√	√				
<i>Establish a rehabilitation programme targeting Travellers</i>						
<i>Additional initiatives on Drugs Service Outreach into the Traveller Community</i>						
<i>Support for labour market initiatives for Travellers with Drug mis-use problems</i>						

**Issue C7: Services are stretched to cope with the increase in cocaine use in the County and the treatment options available are very limited.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
A piece of work needs to be carried out exploring the link between mental health and cocaine mis-use	√		DTF	Task Group		
Information campaign needed (see Issue X above)						
OTHER TREATMENT OPTIONS NEED TO BE EXPLORED						

**Issue C8: There are significant gaps in services in some areas in the county (Ballyogan in particular was mentioned). The kind of problems experienced include: huge waiting lists for treatment; the abuse of alcohol by young people in particular; no transport services after 9.00 p.m.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
The poverty of services in these areas is not a drug issue alone. An investment programme is planned for the Ballogan area so it was decided to see what happens with this before setting out any actions. Some of the actions listed above such as the audit, research etc. will be of benefit to these areas.		√				

**Issue C9: Not enough treatment beds available at the local level. One point of view argued that if there was a good continuum of care available then having treatment beds locally would not be an issue. On the other hand, it was argued that recovering drug users need to be in a safe and familiar environment surrounded by family and friends when being treated. To have both a good continuum of care and enough local beds would be the ideal scenario (see Issue D1).**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Investigate the bed situation at local level and see where the need lies.	√		DTF	Task Group		

#### **D. Integration**

**Issue D1: Joined up thinking about alcohol and drugs is needed between all agencies working in this area in the County, particularly in the areas of care, referral and progression.**

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
A number of pieces of work are needed in this area – to identify where the problems lie, to assess what can be done locally and what needs to happen nationally. Good practice and models elsewhere of effective inter-agency need to be examined elsewhere.	√		DTF	Task Group		
Lack of a continuum of care through the treatment and rehabilitation process.		√	DTF	Sub-group		

Integrated care pathways need to be offered to people seeking help. Research needs to be undertaken to see how this can be done, to see how it has been done elsewhere and possibly pilot an approach to try out different options.						
Re-defining the concept of progression for all agencies but particularly FAS.	√		FAS	Task Group		

## E. Capacity Building

### Issue E1: Greater community involvement is needed in the Task Force at all levels.

Suggested Actions	S/T	M-L/T	Lead	Structure	Outcome	Indicator
Training for TF Members	√		DTF	Task Group		
Track the outcomes for people who have been trained	√		DTF	Sub-group		
<i>The establishment of a Service Users Forum</i>						
<i>Six week feeder courses for Diploma in Maynooth</i>						
<i>Policies in Schools (Action 43)</i>						
<i>See section 7 below for other suggestions.</i>						

Note: There were a number of other issues that were raised during meetings but were not progressed during the facilitation session because of time constraints that prevented teasing them on to any meaningful degree. However, they are listed here for information purposes and they may be progressed further by the TF itself if they are deemed a priority:

- Local GP's need more support, particularly when people presenting for treatment are high on some substance and security is a very real issue for them.
- the growth of the number of licit selling points of alcohol needs to be challenged.
- there has been an increase in the number of people using prescription drugs.

## **7. Structure of the Task Force**

The Task Force has been in operation now for a number of years and has hit that cross-roads, in every organisations development, when it has to make decisions about future steps and the right structure to deliver results.

While a number of strengths were identified regarding the work of the Task Force, a number of weaknesses were also identified, namely:

- a lack of community involvement. This is needed at both Task Force level, sub-committee level, among target communities and among service users.
- Information and communication within the Task Force structures, between the Task Force and other organisations and between the Task Force and wider communities has been poor and needs to be improved.
- More timely and informative feedback is required from the projects that are already receiving funding (including the ones that are mainstreamed) to ensure the TF which is charged with the responsibility for drugs in the area is fully informed about any issues arising.
- A greater focus on evaluation and review is needed rather than just concentrating on funding.
- Greater promotion of the work of the Task Force is needed.
- The issue of representation is a concern ... how can all communities get their voices and their needs heard at Task Force level?

A series of actions were identified that would help improve the work of the Task Force. These would be all progressed in the short term within the Task Force meetings, by the DTF team or by a Task Group.

### **Action 7.1: Establish a Channel of Communication with Wider Community**

Capacity building within the wider community involves training, information, awareness raising and establishing good communication mechanisms. This is a long term goal but steps should be put in place at this point. It will not be possible to have everyone who needs to be represented sitting at the table as too many people would make the Task Force unwieldy. The issue is not about bodies sitting on a structure, however, but about having a system whereby the views of the community are fed into the TF in a timely and meaningful way.

What is important therefore is establishing a two channel of communication. A community reference group could be set up to facilitate this involvement. This does not have to be anything formal but a time set aside a few times a year where the various communities are brought together for members to talk about their communities and the drug related needs at local level. It could be linked into the Community Platform or the Community and Voluntary Forum but whatever way it is done, if people from the local communities are involved in the wider work of the Task Force, it may be possible to build up a bank of volunteers who may be called up to participate in sub-groups, task groups or the Task Force itself.

### **Action 7.2 Develop a Communication Strategy**

A communication strategy does not have to be a major piece of work – merely a system set down which ensures that information flows within the TF itself and between the TF

and the wider community. This could be facilitated in a number of ways – through the website, through newsletters, through use of local media. It would also deal with the important aspect of receiving information back from funded projects (interim and mainstream) to ensure the TF is fully informed about what is happening in the area.

### **Action 7.3 Information Flow within Agencies**

Part of this communication strategy should also deal for protocols within agencies – for example, how does a statutory agency representative feed information back to the relevant people on aspects of the Task Force work? If there are substitute members nominated, how do they receive information to keep them up to speed if they are required to attend meetings? How is the information flow across districts managed? Statutory agency representatives should be consulted on the best way forward.

### **Action 7.4 Review Task Force Structures**

Once the overall strategy and the one year plan has been agreed, then it should be a relatively simple process to look at the actions and look at what structure is most appropriate to deliver these actions and who should be sitting on this structure. This review would involve:

- examining state agency involvement and see if there is anyone else who should be involved at either TF, sub-group or TF level;
- examining community involvement and ensure through the Reference Group mentioned above or a revival of community representative meetings, that the views of all communities (geographic and target communities) are reflected in the Task Force (including sub-groups and Task Groups)
- Examine the local development bodies and assess if there is anyone else who should be involved at TF, sub-group or Task Group level.
- Each member should be clear about his or her role in the TF and clear communication protocols established within their respective organisations.

### **Action 7.5 Build in Review Mechanisms**

The TF should build in review and evaluation mechanisms to happen on a regular basis not only in individual projects but across the TF strategy as a whole. The outcomes and indicators for each action will assist in this but it is important that the Strategy is not just a series of actions carried out in a piecemeal fashion but an integrated approach to tackling the aim of the Task Force – that of reducing harm and reducing demand.