



VENUE	ATHLONE
DATE	24 MAY 2008

NOTE

Mr. Pat Carey, T.D., Minister for State with responsibility for the National Drugs Strategy, and the Steering Group established to develop proposals for a new strategy, invited members of the public to a series of public consultation meetings throughout April and May 2008, as part of the development of the new National Drugs Strategy 2009-2016. The public consultations were advertised in both the national and local press and were open to all members of the public.

As part of the public consultation meeting, members of the public were asked to consider the following questions:

- What are your top 3 concerns in relation to drugs in your area?
- What aspects of our efforts to deal with the drugs problem are working well?
- Are there gaps in the way we are addressing the drugs problem?
- What are the priorities for the future?

This note provides a summary of the outputs from the public consultation meeting in **Athlone** on **24 May 2008**.

The following points are worth noting in the context of the consultation outputs:

- the views highlighted in this note are those of the stakeholders that attended the public consultation meeting and, unless otherwise stated, should not be considered outputs of analysis conducted by either the Department or PA Consulting Group;
- it was not possible to present verbatim each individual view or comment made during the consultation process. This overview aims to include the issues and concerns that were common to many stakeholders.



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WHAT ARE YOUR TOP 3 CONCERNS IN RELATION TO DRUGS IN YOUR AREA?

The following concerns, in no particular order, were raised by attendees of the public consultation meeting:

- There is no local database to help identify the core problems of the area. As a result, there is no evidence base to highlight where local agencies and relevant bodies should focus their effort. Although the Regional Drugs Task Force referred to a research study currently underway, it was highlighted that this would not report until January 2009.
- Lack of a strategic coordinated approach, especially when considering young people. In general, many other problems are experienced with drugs (including prescription drugs and alcohol) such as mental health and homelessness. At the moment, there aren't the resources to cover all the gaps.
- Concern was expressed regarding the lack of access to treatment services, particularly methadone maintenance in the Midlands. Given this is a hard to reach population, the perception was that we should be engaging those that are presenting for treatment. In addition:
 - Inability to access methadone maintenance treatment in prison, unless already receiving treatment from a clinic at the time of entering prison
 - Recent press coverage suggesting there was a wait for up to a year in Athlone.
 - Methadone maintenance is only just starting in Tullamore.
 - No methadone maintenance available in Longford and transport to Athlone is limited.
 - Feeling that the HSE is not always on board. Often very difficult to get GPs on board.
 - No needle exchange facilities in the Midlands. Although people may be able to go to Merchants Quay and get the equipment (needles) there, there is no care provided on how to use them safely afterwards when back in the Midlands.
- Haphazard use of the HSE funds on treatment and rehabilitation services and facilities.
- Lack of rehabilitation, residential beds in the Midlands, despite a serious heroin problem.



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- The age of people presenting is getting younger. In general, the age of people starting to drink is also perceived as getting younger.
- General lack of youth services and youth facilities. Current diversionary services for young people are inadequate.
- Lack of consistency in sentencing when the Gardai do get the drugs users / addicts to Court. Mandatory sentencing is not being applied.
- Family support is not available for those that need it, such as members of a drug users / addicts family.
- Concerns regarding the effect on Local Authority estate of local drug problems. Significant issues regarding debt and the associated intimidation.
- The Gardai are doing excellent work in the Open Door project in Athlone.
- There are interagency elements that are working well and should be developed further.
- It will be important to ensure the views of drugs addicts are taken into consideration when developing the new National Drugs Strategy. *In response, the Minister referred to the inclusion of Uisce as a key stakeholder group in the process.*

KEY NOTES FROM THE GROUP

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process.

WHAT ASPECTS OF OUR EFFORTS TO DEAL WITH THE DRUGS PROBLEM ARE WORKING WELL?

- Despite being very much at the early stages, the local Regional Drugs Task Force is already seeing some positive effects due to local programmes, especially with young people.
- There are a lot of requests from local communities to open youth clubs especially in the more rural areas, as there are seen to be particularly effective.
- Last year the area received funding to initiate small grants (approx 47). Community leaders came forward to help roll out initiatives in the local communities resulting in great community engagement. Community leaders should be encouraged more to take responsibility for what is going on locally.
- Garda Drugs Squad is very successful at seizures.
- Communication is good and very important in a region such as the Midlands where there is a large number of area coming together.

ARE THERE GAPS IN THE WAY WE ARE ADDRESSING THE DRUGS PROBLEM?

- It can be difficult to get local pharmacies to agree to dispense methadone.
 - There is a particular concern regarding the proposed action of chemists not supplying medical card holders from 01 May.
- Need to provide safe avenues of a right of passage for addicts.
- Need more residential treatment
- Need to understand the levels of intervention. Who does what and when?
- 80-85% of 13 years old peers are drinking. Most know where to get drugs. What aren't teachers engaging more? Need a better reaction from schools.



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- Frustration of judges and sentencers of seeing people before them with drug and alcohol problems but having no where to refer them to.
- Very frustrated at attaining residential treatment. Despite having funding for 10 residential beds, there was a severe community reaction to the proposal.
- At the moment, it is not possible to put in place a Continuum of Care until facilities are available in the Midlands.

WHAT ARE THE PRIORITIES FOR THE FUTURE?

- Establishment of a statutory body to check facilities. *Response to this was that the HSE is the statutory body to ensure standards and clinical governance.*
- Prevention and education is key. The smoking ban is thought to be working well – something similar is required.
- Message from schools is that the age is getting younger. Need to address this problem as a matter of priority.
 - Consider the use of cinemas to get the message across to young people. This is currently being trialled with Carlton Screens at the week-ends.
 - Need to get more involved with parents in dealing with young people. Greater engagement with Parents' Associations in schools.
- If the Regional Drugs Task Force is the way forward, then there is a need to consider capacity. It is important to understand who should be sitting around the table for the RDTF, the right resources need to be made available and the structure should be evaluated to ensure it is effective.
- Should be adopting a bottom up approach, ie. the community groups and the parents are those that know the problems locally.
- Greater role for the Gardia with young people through community policing, engagement and schools etc.
- There is need to include alcohol in the Drugs Strategy, as this is the first drug that young people come across.
 - Although it was considered sensible to have a joint approach to alcohol and drugs, it was noted that care was required to ensure the



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drinks industry would not damage the Strategy is alcohol were included.

- A lifecycle approach to dealing with different ages of people is required.
- The structure of the RDTFs appears to be disjointed, for example, the management of Development Workers vary by region. At the moment, coordinators are HSE employed but seconded to the RDTF. What impact will the HSE embargo have on this? Is it appropriate for the RDTF to be independent yet grant aided by the HSE?
- A lot of the RDTF issues are about staffing and resources. It is meant to be about interagency working and local research.
- Supply reduction is key, including better cooperation with the Gardai.
 - It would be good to adopt a similar model to that in Dublin of the Community Policing Fora.
 - Community gardai in Athlone is very effective and should be extended to other regions of the county, as well as being a key focus of the strategy.
- A national awareness campaign on cocaine is required. However, to ensure it is effective, there is a need to evaluate the effectiveness of other awareness campaigns.
 - A strategic targeted campaign on cocaine is being prepared but need to know where and who it is targeting before being launched.

Information sharing is crucial. It is important to know who is responsible within agencies for dealing with information (both collation and sharing).

KEY NOTES FROM THE GROUP

To ensure the views and opinions of drug users/addicts are also documented

