



VENUE	PORTLAOISE
DATE	15 MAY 2008

NOTE

Mr. John Curran, 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 **Portlaoise** on **15 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 of Community, Rural and Gaeltacht Affairs 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 attendees. Furthermore, this note does not suggest there was consensus amongst those in attendance on the points listed in the following sections.

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

The following concerns were raised by attendees of the public consultation meeting. Concerns are listed below in no particular order.

KEY NOTES FROM THE GROUP

- The need for education was referenced in the context of:
 - Current lack of focus of education, especially for young people
- The overall lack of treatment and family support
- Significant concerns were raised regarding young people. In particular:
 - The need for youth cafés in the region to occupy young people
 - A general lack of facilities and services for young people
 - Concern regarding early school leaving
 - Frustration that the YPFSF not yet to reach Edenderry
 - Belief that addiction starts at a very young age
 - Recent youth project in Portarlington highlighted awareness and easy availability of drugs among young people
 - Concern regarding the overall culture that suggests tolerance of some drugs, especially alcohol
- There was much discussion on alcohol. Key points raised include:
 - Need to ensure that we do not underestimate the use of alcohol, especially among young people (as young as 10/11 years old)
 - Need for acceptance that alcohol is a “gateway drug” for many people
 - Harm reduction and prevention is also required for alcohol
 - Concern regarding the ease with which alcohol can be accessed
 - Alcohol can be more harmful in terms of public disorder.
- Linked to the above concerns on alcohol, there are growing concerns that the drugs problem is getting worse and includes legal drugs (such as alcohol and nicotine) as much as illicit drugs. It was commented that the Strategy should not solely focus on “hard” drugs and should also consider legal drugs.



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- It was felt that the drugs problem is extending beyond the deprived areas and is more visible now. In addition, there is a perception that the drugs problem is no longer confined to major urban areas and is extending nationwide.
- Regarding treatment, the following issues were raised:
 - The treatment centre in Portarlinton was closed down years ago. However, one individual stated that tablets and cocaine are the main issues in Portarlinton. Others referred to problems with heroin in the region also.
 - Waiting list for methadone maintenance in Portlaoise, as it is proving very difficult to get GPs on board.
- The need for rehabilitation is key. Although there is a very good youth diversion programme at the moment this is only available to young people up to 18 years. There are no follow up schemes (CE schemes) or supported employment.
- At a local region a specific concern is the increase in population and the effect this is having on the community

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

The following points were raised by attendees of the public consultation meeting as examples of what is working and what is effective in dealing with the drugs problem. Points are listed in no particular order.

KEY NOTES FROM THE GROUP

- A new Youth Justice Programme is starting in Portarlinton, which is seen to be a positive move. The aim is to have approximately 30 young people on the scheme.
- The Gardai have dedicated 2 Gardai full-time on drugs in Portarlinton.
- Courts are seen to be effective at securing appropriate sentences in Portlaoise, however, it doesn't seem to act as a deterrent. There are always new "players" ready to move in to cover a gap. It was thought that sentencing can often be higher in more rural areas, for example the mandatory 10 year sentence is applied more often in rural areas than in the Dublin courts. This was thought to be the result of local ownership by the judge.
- Significant increases in the level of drug seizures in Portlaoise. Furthermore, there is a visible Garda presence supporting this activity. However, supply does



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not appear to be a problem, despite increases in seizures.

- Education programmes, such as Walk Tall and SPHE, are good in terms of content. The difficulty is in the delivery of the programmes and the focus the schools place on the programmes. Also, drugs are just one aspect. As the programmes are so broad, the drugs awareness and prevention element is very limited.
- The RDTF has been successful in the development of service for places like Portllington which is a split town. Although it took some time to become established, the RDTF is now becoming aware of the issues relevant to the region. Furthermore, it provides a meeting place in the region for local services and organisations to discuss local problems.
- The Midlands Prison has good access to treatment. Although reluctant to give methadone, other treatment services are provided.



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

The following gaps were identified by attendees of the public consultation meeting. Gaps are noted in no particular order.

KEY NOTES FROM THE GROUP

- Education programmes, such as Walk Tall and SPHE, need proper status on the curriculum. Teachers should be trained effectively.
- Prevention is also required out of school. We shouldn't rely solely on in school programmes, as we miss certain groups. There are other organisations and groups within the community which would be willing to take on board prevention programmes.
- Concern was expressed regarding the lack of registration figures / data for people that present for treatment / help, not just those on the waiting lists for methadone maintenance. Without this data it is difficult to quantify the extent of the problem and know who needs support.
- At the moment, GPs and pharmacies do not engage in the region, for example, there is no underage consultant for methadone in the Midlands.
- Lack of connectivity between schools and those hitting adult age. This is where people can often fall between the gaps.
- There is a lack of awareness around what treatments are available in the region, especially treatments for cocaine. There is also an overall concern that those involved in local services do not know what is available locally.
- There are problems with the supply of drugs in Portlaoise Prison. In this context, it was stated that the need to tackle the elimination of the supply of drugs in prisons should be a key priority. At the moment there is a lack of resources to allow this to happen, for example there are only 19 specially trained dogs nationwide. More dogs are required (to be operated by prison officers) as they are the most effective at detecting drugs.



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WHAT ARE THE PRIORITIES FOR THE FUTURE?

The following priorities were identified by attendees of the public consultation meeting. Priorities are noted in no particular order.

KEY NOTES FROM THE GROUP

- Regulation of alcohol advertising is required to address significant concerns with alcohol.
- There wasn't a consensus on whether alcohol and drugs should be considered jointly in the one strategy. However, at the very least it was thought that a link should be made between the two. It was thought that the Strategy should include a focus on legal drugs, such as alcohol and prescription drugs.
- The main thrust of the Strategy should be Education and Prevention. Specific points raised included:
 - Adopt a *Train the Trainer* type approach, whereby those people who provide services in the community train others/peers from the local community.
- Focus on implementing what was set out in the Action Plan for the existing Strategy, before creating a new Drugs Strategy. Frustration was expressed at the fact that many of the actions from the 2006-08 Plans have yet to be achieved.
- The new Strategy should focus on providing services and facilities for young people to act as diversionary programmes. For example Rathangan have 31 groups that work together to provide alternatives for young people.
- Increased awareness is required to ensure people know how to engage in the process
- Community detoxification and rehabilitation in the Midlands is required.
- There is a need to ensure that funding is more accessible to youth groups and community groups.
- There is an excellent Recreational Strategy, yet funding is required to implement it. Better interdepartmental cooperation is needed in this regard.
- Need for the implementation of a CAB type structure at a lower more local level.

Other points:

Special thanks were offered to Mr. Pat Carey, T.D., for his engagement in the National Drugs Strategy. The appointment of a Minister to the NDS was considered very encouraging at a regional level.