



# Progress Report

## August 2003 – December 2005

### **Vision:**

To provide a national focus for all knowledge related efforts that inform Irish policy in relation to drug misuse.

### **Mission:**

The NACD has undertaken to:

- Support the Government in significantly reducing the health, social and economic consequences of drug misuse through the provision of timely data and analysis of research;
- Review its knowledge base, identifying gaps which can be addressed through research;
- Ensure that evidence from scientific research forms the basis for policy formulation, development of services and continuous improvement in all its approaches to tackling drug misuse in Ireland;
- Work closely with the Drug Misuse Research Division of the Health Research Board, providing advice, coordinating research efforts and maximising the use of resources;
- Support and promote the National Documentation Centre;
- Liaise with the relevant agencies nationally in order to co-ordinate research and resources;
- Ensure participation nationally of a broad range of parties in fulfilling its research needs and dissemination of findings;
- Serve all drug misuse reduction activities in providing for an effective dissemination of research findings, information and other data thus linking research to practice.

### **Values:**

The NACD agreed that the following values would guide the implementation of its work programme.

The NACD will:

- manage the diversity of its membership and commit to a consensus approach in decision-making;
- foster a culture of respect, dignity, transparency and fairness in all its operations;
- be objective in the collection and dissemination of information in line with its commitment to the National Drugs Strategy 2001-2008;
- Commit to the highest possible standards of excellence and ethical conduct;
- Seek out collaborations and partnerships where there is greater benefit to achieving its goal and co-operate with everyone who can benefit from its knowledge base.

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# FOREWORD



It gives me great pleasure to welcome this – the second progress report of the National Advisory Committee on Drugs (NACD) – since it was established in 2000.

The NACD fulfils the very important role of advising Government in relation to prevalence, prevention, treatment and consequences of problem drug use in Ireland. The value of the NACD became evident in the recent mid-term review of the National Drugs Strategy. Findings and recommendations emerging from NACD research were integrated into this review process. Gaps in the research and knowledge identified in the first work programme of the NACD continue to contribute valuable insights to Government. Research is one of the five pillars of the National Drugs Strategy 2001–2008 that clearly reflects the importance of having good quality data and information underpinning policymaking in this difficult and complex area.

The evaluation of the NACD by Talbot Associates, commissioned by my department, found that the NACD provided excellent value for money. The Government was pleased to extend the mandate of the NACD up to 2008. In the remaining period to 2008 the NACD will implement recommendations from the evaluation and continue to develop and expand its work programme.

I am very pleased that this Progress Report provides an opportunity to highlight the broad range of research projects that have been carried out – or are on-going – under the Committee’s stewardship. I want to congratulate the Committee and its Chairperson, Dr Des Corrigan, for the efficient and professional manner in which it has carried out its work to date. I also want to acknowledge the strong commitment shown by members from across the various sectors represented on the Committee. The body of work produced to date is all the richer for their input and expertise. I wish the Committee well in the future and look forward over the coming months to seeing the results of the many studies they have commissioned.

**Noel Ahern TD**

*Minister of State with responsibility for the  
National Drugs Strategy*

# CHAIRPERSON'S REPORT



It is my privilege to present this report on the activities of the NACD to the Minister of State with responsibility for the National Drugs Strategy. In doing so, I thank him and his officials in the Drugs Strategy Unit of the Department of Community, Rural and Gaeltacht Affairs for their continuous support of our work. The Minister has always been available to us for briefings and we are grateful to him for his commitment to the work of the NACD.

The hard work of the staff of the NACD and of the Committee's members is reflected in the high quality Reports and Bulletins which have appeared since 2003. These publications cover all aspects of our remit from Government and are testimony to the input of a dedicated and incredibly hard working Secretariat allied to the intensely professional and committed expertise of members of the Committee. I thank them all for their enthusiasm and expertise. In particular I want to express the appreciation we all feel for our director, Mairéad Lyons. Her energy, commitment and hard work are infectious and I feel privileged through having the opportunity to work with her.

The successful completion of so much of our work programme is due to her drive and vision. As this Report demonstrates, the NACD has produced a significant body of relevant work and has, I believe, established itself as a key component of the National Drugs Strategy. Our work programme has benefited enormously from the views expressed by the large number of stakeholders who contributed ideas and proposals during the consultation process.

My colleagues and I are confident that we can build on the successful outcomes of the past few years and that we will continue to provide information and advice that is timely, relevant and makes a real contribution to achieving the goals of our National Drugs Strategy.

**Dr Des Corrigan**

*Chairperson*

# EXECUTIVE SUMMARY



This is the second report of the NACD on its research activities from August 2003 to December 2005 inclusive. This progress report bears testimony to its many achievements and accomplishments. This has been a very productive time for the NACD with much research completed and other research in progress which substantially contributes to understanding problem drug use in Ireland.

During this period the NACD has systematically built on the solid foundation of its first three years of work; 20 research reports have been published and research has been and is being commissioned in a number of important areas. Credit for these accomplishments is due to the hard work and expertise of not only the Committee and the staff of the NACD, but also to those who carried out and participated in research on drug misuse; an issue that affects every person in Irish society. In addition to the work of their substantive posts the Committee members give on average three days per month to NACD business.

Gaps in information and knowledge about problem drug use in Ireland are being dealt with in a methodical and meticulous manner through internal and external research to ensure that up to date data and evidence are made available to government to inform drugs related policy in Ireland. The NACD continues in its mission to bring an evidence based approach to drugs policy and practice in Ireland. This period also saw the construction and development of the NACD website which has made a significant and meaningful contribution to raising public awareness and understanding about problem drug use. Chapters One to Three of this report give the background of the Committee, its Work Programme and a list of

completed research during the period August 2003 to December 2005. Chapter Four explores the important area of Communication. Chapter Five describes ongoing research and a summary of the External Review of the NACD is presented in Chapter Six.

It was particularly rewarding and affirming to receive such a positive evaluation of the work of the NACD from Talbot Associates and to receive a renewal of its mandate. It reinforced the commitment of the NACD to pursue gaps in knowledge for all the stakeholders whom we serve.

I feel continuously privileged to work with the NACD and its Chairperson, Dr Desmond Corrigan whose interest, drive, expertise and enthusiasm continue to facilitate the work of the NACD. I owe a debt of gratitude to former Research Officer, Dr Aileen O’Gorman who left after four years to pursue interests in UCD. I thank Muiris Ó Conchuir, Alan Gaffney, Declan Crean and Mary Jane Trimble, former and current Office Managers and Secretariat, respectively for their commitment and effort in achieving the goals of the NACD. Appreciation is extended also to Martha Doyle for her work on the DTMS, to Úna Molyneux for her work as a Research Assistant and Catherine Darmody for her work on web development and other IT matters in the NACD.

**Mairéad Lyons**

*Director*

# ACKNOWLEDGEMENTS

**Dr Teresa Whitaker** – Writing of the Report

**Ms Catherine Darmody** – Production

**Mr Alan Gaffney** – Production

**Ms Mairéad Lyons** – Director

# GLOSSARY OF TERMS

|                |   |              |   |
|----------------|---|--------------|---|
| <b>A&amp;E</b> | Accident and Emergency  | <b>NTORS</b> | National Treatment Outcome Research Study                             |
| <b>BYAP</b>    | Ballymun Youth Action Project   | <b>OJEC</b>  | Official Journal of the European Community                            |
| <b>CDTL</b>    | Central Drug Treatment List   | <b>RAG</b>   | Research Advisory Group   |
| <b>CICE</b>    | Church of Ireland College of Education                                  | <b>RDTF</b>  | Regional Drugs Task Force   |
| <b>DAIRU</b>   | Drug and Alcohol Information and Research Unit                          | <b>RIWG</b>  | Research and Information Working Group                                |
| <b>DEWF</b>    | Drug Education Workers Forum  | <b>SHB</b>   | Southern Health Board<br>(January 2005: HSE Southern Region)          |
| <b>DMRD</b>    | Drug Misuse Research Division   | <b>SLÁN</b>  | National Health and Lifestyle Survey (DOHC)                           |
| <b>DSU</b>     | Drug Strategy Unit  | <b>SPHE</b>  | Social Personal and Health Education                                  |
| <b>ECAHB</b>   | East Coast Area Health Board<br>(January 2005: HSE Eastern Region)      | <b>SWAHB</b> | South Western Area Health Board<br>(January 2005: HSE Eastern Region) |
| <b>EMCDDA</b>  | European Monitoring Centre for Drugs and Drug Addiction                 | <b>THAU</b>  | Tallaght Homeless Advice Unit   |
| <b>ERHA</b>    | Eastern Regional Health Authority<br>(January 2005: HSE Eastern Region) | <b>UISCE</b> | Union for Improved Services, Communications and Education             |
| <b>ESSD</b>    | European Society for Social and Drug Research                           | <b>UKPHA</b> | UK Public Health Association  |
| <b>HIPE</b>    | Hospital In-Patient Enquiry   | <b>VDTN</b>  | Voluntary Drug Treatment Network                                      |
| <b>HRB</b>     | Health Research Board   |              |   |
| <b>HSE</b>     | Health Service Executive  |              |   |
| <b>IAAAC</b>   | Irish Association of Alcohol and Addiction Counsellors                  |              |   |
| <b>ICAA</b>    | International Council on Alcohol and Addictions                         |              |   |
| <b>IDG</b>     | Interdepartmental Group on Drugs  |              |   |
| <b>JELR</b>    | Justice, Equality & Law Reform (Dept. of)                               |              |   |
| <b>KCCP</b>    | Kilbarrack Coast Community Programme                                    |              |   |
| <b>LDTF</b>    | Local Drugs Task Force  |              |   |
| <b>MQI</b>     | Merchants Quay Ireland  |              |   |
| <b>NACD</b>    | National Advisory Committee on Drugs                                    |              |   |
| <b>NAHB</b>    | Northern Area Health Board<br>(January 2005: HSE Eastern Region)        |              |   |
| <b>NAN</b>     | Nurses Addiction Network  |              |   |
| <b>NDC</b>     | National Documentation Centre   |              |   |
| <b>NDST</b>    | National Drugs Strategy Team  |              |   |
| <b>NDU</b>     | National Drugs Unit (An Garda Síochána)                                 |              |   |

# BACKGROUND AND FUNCTIONS OF THE NACD

This is the second progress report of the National Advisory Committee on Drugs (NACD) which presents the goals and achievements of the NACD from August 2003 to December 2005.

## Origins

The NACD was established on a non-statutory basis in 2000 for an initial period of three years which was subsequently extended to a fourth year ending in July 2004. Following an external review of the NACD its mandate was renewed. The NACD is under the auspices of the Department of Community, Rural and Gaeltacht Affairs and reports to the Minister of State with responsibility for the National Drugs Strategy 2001-2008.

## Functions

On its establishment, the functions of the NACD (the Committee) were set out as follows:

- Based on the Committee's analysis and interpretation of research findings and information available to it, to advise the Cabinet Committee on Social Inclusion and, through it, the Government, in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland;
- To review current information and research capacity in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland and to make recommendations, as appropriate, on how deficits should be addressed including how to maximise the use of information available from the community and voluntary sector;
- To oversee the delivery of a three year prioritised programme of research and evaluation as recommended by the Interim Advisory Committee to meet the gaps and priority needs identified by:
  - a) using the capacity of relevant agencies engaged in information gathering and research, both statutory and non-statutory, to deliver on elements of the programme;
  - b) liaising with these agencies with a view to maximising the resources allocated to delivering the programme and avoiding duplication;
  - c) co-ordinating and advising on research projects in the light of the prioritised programme;
  - d) commissioning research projects which cannot be met through existing capacity.
- To commission additional research at the request of the Government into drug issues of relevance to policy;
- To work closely with the Health Research Board (HRB) on the establishment of a national information/research database (in relation to the prevalence, prevention, treatment and consequences of problem drug use) which is easily accessible; and
- To advise relevant agencies with a remit to promote greater public awareness of the issues arising in relation to problem drug use and to promote and encourage debate through the dissemination of its research findings.

# WORK PROGRAMME – STRUCTURES AND MEMBERSHIP

## The NACD

How does the NACD achieve its aims? The success of the NACD is largely due to its broad based committee system. The membership of the NACD reflects the range of different perspectives in the field of drug misuse. The members serve at the invitation of the Minister of State and have been drawn from the statutory, community, voluntary and academic research sectors together with senior level representation from the relevant Government Departments.

## Sub-Committees

Emerging from the main committee are five sub-committees (see appendix 2) who examine relevant issues relating to problem drug use, in the areas of prevalence, prevention, treatment, consequences and early warning/emerging trends. These sub-committees have enabled the NACD to address an extensive research programme. Their work involves framing appropriate research questions, commissioning research, reviewing draft reports prior to sending them to the committee for consideration.

## Work Programme/Meetings

Implementation of the work programme requires considerable work from the committee. Between July 2003 and December 2005, there were sixteen main committee meetings and each meeting lasted three hours. In addition, each member sits on an average of two sub-committees as well as individual Research Advisory Groups. The various subcommittees (Consequences, Prevention, Treatment, Prevalence and EWET) have also held between 12 and 16 meetings each. On average 1,000 hours per person have been given to NACD and sub-committee meetings, at the very least this amounts to 143 days over two and a half years, averaging five days a month. For the Director and Research Officer it represents almost a third of their workload.

## Terms of Reference

Terms of reference for each sub-committee may include the following key responsibilities:

- Evaluate and determine the research needs for a specific sector or area of focus;
- Agree the research approach and agenda;
- Formulate the key research questions;
- Review and, if appropriate, approve research proposals;
- Monitor progress on research projects;
- Support the development of position papers to the NACD.

The current work programme of the NACD has guided the actions of the Committee, its sub-committees and staff.

## Consequences

The aim of the **consequences** sub-committee is to examine the impact of drug problems on society in terms of:

- drug related deaths;
- the effect of drugs on the family and communities;
- the relationship between drugs and crime;
- the methods for tackling social nuisance related to drug misuse.

## Early Warning and Emerging Trends

The aim of the **early warning and emerging trends** sub-committee is:

- To receive, share and monitor on behalf of the NACD, information from national and EU sources on New Synthetic Drugs of concern in the context of the Council Decision of 2005/387/JHA on information exchange, risk assessment and control of new psychoactive substances.

- To receive, share and monitor on behalf of the NACD, information on emerging trends and patterns in drug use particularly polydrug use and associated risks;
- To monitor the pilot project on emerging trends being developed at EU level, to assess its relevance to Ireland and whether it should be implemented in this country;
- To report to the NACD on a quarterly basis about emerging trends and New Synthetic Drugs, but more frequently if circumstances warrant it.

### *Prevalence*

The aim of the **prevalence** sub-committee is:

- To determine the size and nature of drug problems in Ireland;
- To determine the extent and nature of opiate use, poly-drug use and patterns of drug use (experimental, occasional, regular, non-medical and problem use) particularly among young people under 25;
- To identify emerging trends and geographical spread;
- To determine the extent and nature of problem use of prescription drugs;
- To determine the prevalence of drug misusers not in contact with treatment services.

### *Prevention*

The aim of the **prevention** sub-committee is:

- To examine the effectiveness in terms of impact and outcomes of existing prevention models and programmes, with particular regard to evaluation instruments developed at European level;
- To undertake comparative studies of different models with particular reference to those in operation in Local Drug Task Force (LDTF) and Regional Drug Task Force (RDTF) areas;

- To determine transferability of models among different target groups.

### *Treatment/Rehabilitation*

The aim of the **treatment/rehabilitation** sub-committee is:

- To examine the effectiveness in terms of impact and outcomes of existing treatment and rehabilitation models and programmes;
- To examine the impact of the treatment setting;
- To examine the context in which relapse occurs;
- To undertake longitudinal studies of the effectiveness of existing treatment and rehabilitation models.

### *Managing Research*

In addition to the internal research programme, the NACD commissions an extensive amount of research externally through the public tendering process. Research Advisory Groups are established for every external project. Completion of contracted research is made possible with the support of the many agencies external to the NACD such as local health authorities, the Drug Treatment Centre Board, An Garda Síochána, hospital and voluntary/community groups. These agencies gather data and make it available to the NACD.

### *The Process*

The NACD gathers information through its relationship with a range of agencies and service providers in the field of drug addiction, through commissioning research and through carrying out internal research itself. The commissioning process goes through seven stages where the NACD: 1) agree the research question, 2) agree the design/methodology best suited to address the question, 3) prepare a tender brief, 4) issue the request for tenders, 5) award the contract, 6) agree the project objectives document and 7) address any conflict of interests.

Once the research is completed the researcher starts a report drafting process in which the NACD or a named sub group act as peer reviewers to ensure the quality of the document and findings.

A draft final report is then submitted to the NACD and it then considers and deliberates over a period of time which will vary depending on the volume of work or indeed the complexity of the issue. The NACD will finally agree recommendations to Government and with that a publication process is initiated. Not all reports are published and this is determined by several factors: whether the report provides any new information, whether it is simply to inform internal deliberations on planning or whether the research is weak or flawed in the methodology or analysis. It is the desire of the NACD to achieve as many publications arising from research it commissions as is possible and to disseminate that research to its key stakeholders in Government. The NACD engages in extensive efforts to disseminate findings from its research through media release, briefing seminars and conferences.

### *Research Advisory Groups*

The primary role of the Research Advisory Group is to guide and manage research projects from inception to completion. Terms of reference include the following:

1. Monitor and support the research through each stage of development;
2. Agree the project objectives document;
3. Inform the research process and agree the development or enhancement/changes to the design;
4. Provide practical advice where difficulties emerge during the various stages of research;
5. Ensure ethical approval is obtained where necessary from the relevant research ethics committee;
6. Observe the publication and copyright policy of the NACD as stated in the NACD contracts;

7. Review drafts of progress and final reports providing feedback where appropriate re the needs of the NACD in terms of content for consideration and publication;
8. Report to the NACD and the appropriate sub-committee on progress of research projects;
9. Sign off on the final draft of the report to be submitted to the NACD for approval and agreement on recommendations to be made to Government.

Between August 2003 and December 2005 there were on average 60 meetings of the Research Advisory Groups (Consequences, Prevention, Treatment and Prevalence). The meetings lasted two hours with an average of four hours preparation time. In addition, there were four meetings of research advisory groups with recipients of the Community/Voluntary Sector Research Grant Scheme.

### *Collaboration*

A key function of the NACD is to liaise with external agencies to maximize the resources allocated to delivering the programme. The NACD is actively involved with the National Drugs Strategy and has presented recommendations to them based on research evidence. Other external agencies which the NACD are involved with include Combat Poverty Agency and the UK Research and Information Working Group (RIWG).

The RIWG is facilitated by the Home Office in the UK. Ireland participates by invitation to share knowledge and exchange ideas. Its aim is research collaboration and the promotion of good practice when developing drugs research and monitoring information in the UK (including Wales, Scotland and Northern Ireland) and the Republic of Ireland. These discussions have direct benefit to the development of good practice here. RIWG meetings are held quarterly. The NACD's participation in RIWG has resulted in the development of valuable networks which have greatly enhanced its work.

### ***Business Plan 2005-2008***

Arising from a Government decision to renew the NACD mandate, a second work programme has been developed. A consultation process was undertaken with key interest groups and stakeholders to explore further research and information opportunities. The plan has incorporated the continuation of the current programme set out above and the identification of ongoing gaps in our knowledge. Two new priority areas for development in line with Government priorities are Rehabilitation and Drugs and Crime research.

The Work Programme for 2005-2008 was restructured to include the following four key elements:

- Commissioned research
- Grant-aided research
- Internal research
- Communications

It also reflects the time and resource requirements for necessary professional development work and for management and administration within the NACD.

### ***Commissioned Research***

Research is one of the four pillars of the National Drugs Strategy 2001-2008, clearly reflecting the importance of having information and evidence to underpin policy-making in this diverse field. The commissioned research programme focuses on the completion of current research projects, on undertaking a limited number of 'follow through' or repeat projects, and on exploring areas of potential research, particularly in rehabilitation and drugs and crime. Gaps in knowledge and information regarding evidence based practice are best filled through commissioned research.

### ***Grant-aided Research***

Grant-aided research is also a potential means of developing the knowledge and skills required both to undertake and manage research activities. The NACD

develops this aspect through the implementation of a focused programme of research supports including the continuation of its existing Community and Voluntary Sector Research Grant Schemes and supporting the Regional and Local Drug Task Force research initiatives.

### ***Internal Research***

Internal research capacity has been developed to implement the Drug Trend Monitoring System (DTMS) to meet the objectives set out under the Programme for Government and the National Drugs Strategy for the identification of new or emerging drug trends. This initiative is currently being piloted. Focus will also be given to publication of 'position papers' that will provide timely insights for Government into current drug-related issues.

### ***Communications***

The functions of the NACD necessitate communication for many different reasons and at different levels. A Communications strategy has been put in place to optimize the impact of the various initiatives and outputs, in terms of provision of advice, dissemination of findings and promotion of the research agenda. The objectives of the communications strategy are:

- To provide timely advice and briefings to the Minister on key issues and emerging trends;
- To advise service providers and practitioners across sectors of relevant research findings that may inform current thinking and practice;
- To promote the research agenda amongst key influencers in those agencies and bodies that promote, commission, fund or undertake drug-related research and/or have access to relevant data in this field;
- To represent the NACD and Ireland at international fora.

## Summary of NACD research to December 2005



| Project          | Research Team                 | 2000 |    | 2001 |    | 2002 |    | 2003 |    | 2004 |    | 2005 |    | 2006 |    |
|------------------|-------------------------------|------|----|------|----|------|----|------|----|------|----|------|----|------|----|
|                  |                               | Q1   | Q2 |
| General/Web only | Progress Report               |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Research Ethics               |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Quality in Addiction Services |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Homeless Paper                |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| General          | Business Plan 2005-2008       |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Benzodiazepines...            |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | A Prevalence study of...      |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Drug use among new...         |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| Comm/Vol Sector  | Heroin-the mental roof...     |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Evaluation of CVRGS           |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Overview (lit review)         |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Overview Cannabis             |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| Consequences     | Community Study               |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Exec Summary                  |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Family Study                  |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Drugs & Crime                 |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| EWT              | Public Health Issues (HIV)    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | DTMS                          |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Heroin Briefing Paper         |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Overview methods & data       |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| Prevalence       | CRM (3Source) Study           |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Key Summary                   |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Pop Survey 02/03              |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Tech Report & CIs             |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| Prevention       | Summary methodology           |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Network Analysis              |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Risk Group: Homeless          |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Risk Group: Travellers        |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| Treatment        | Risk Group: Travellers        |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Pop Survey 06/07              |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Overview of Research          |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|                  | Family Support Study          |      |    |      |    |      |    |      |    |      |    |      |    |      |    |

August 2003 – December 2005

# NACD PUBLICATIONS

The NACD completed several research projects between August 2003 and December 2005. Publication represents the culmination of a research process. The actual research will have been undertaken over a specified period and subjected to a detailed review by the Committee prior to publication. These publications are listed in chronological order.

## 1. October 2003

*Drug Use in Ireland and Northern Ireland First results from the 2002/2003 Drug Prevalence Survey.* Bulletin 1 NACD and the Drug and Alcohol Information and Research Unit (DAIRU) within the Department of Health, Social Services and Public Safety in Northern Ireland.

## 2. October 2003

*Drug Use in Ireland and Northern Ireland – First Results from the 2002/2003 Drug Prevalence Survey – A Summary of the Methodology.* NACD and DAIRU.

## 3. December 2003

*Use of Lofexidine in the Management of Opiate Dependence Syndrome.* The National Medicines Information Centre at St James's Hospital.

## 4. December 2003

*Use of Naloxone in the Management of Opiate Dependence Syndrome.* The National Medicines Information Centre at St James's Hospital.

## 5. December 2003

*An Overview of Cocaine Use in Ireland.* NACD.

## 6. February 2004

*Progress Report – July 2000 to July 2003.* NACD.

## 7. March 2004

*Prevalence of Opiate Use in Ireland 2000-2001. A 3-Source Capture Recapture Study.* Dr Alan Kelly, University of Dublin, Trinity College.

## 8. April 2004

*Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results Bulletin 2.* NACD and DAIRU.

## 9. May 2004

*A Review of Harm Reduction Approaches in Ireland and Evidence from the International Literature.* Dublin City University.

## 10. September 2004

*An Overview of Scientific and other Information on Cannabis.* Dr Mark Morgan, Head of the Education Department at St. Patrick's College, Drumcondra, Dr Claire Collins, Research Director of Social and Clinical Research Consultants (SCRC), Mr Johnny Connolly, Criminologist and Research Officer with the Drug Misuse Research Division of the Health Research Board and Dr Dominique Crowley, Specialist in Public Health Medicine.

## 11. October 2004

*Benzodiazepines – whose little helper? The role of Benzodiazepines in the development of substance misuse problems in Ballymun.* Ballymun Youth Action Project (BYAP).

## 12. October 2004

*A prevalence study of drug use by young people in a mixed suburban area.* Kilbarrack Coast Community Programme (KCCP).

## 13. October 2004

*Drug use among new communities in Ireland: An Exploratory Study.* Merchants Quay Ireland.

## 14. October 2004

*Heroin – the mental roof over your head. Links between Homelessness and Drug Use.* Tallaght Homeless Advice Unit.

### **15. November 2004**

*Mental Health and Addiction Services and the Management of Dual Diagnosis in Ireland.* School of Nursing, Dublin City University.

### **16. November 2004**

*The Role of Family Support Services in Drug Prevention.* Unique Perspectives.

### **17. April 2005**

*Drug Use Among the Homeless Population in Ireland.* Merchants Quay Ireland.

### **18. June 2005**

*Drug Use in Ireland and Northern Ireland – First Results (Revised) from the 2002/2003 Drug Prevalence Survey.* Bulletin 1. NACD and DAIRU.

### **19. June 2005**

*Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland). Results (Revised)* Bulletin 2. NACD and DAIRU.

### **20. October 2005**

*Drug Use in Ireland and Northern Ireland. 2002/2003 Drug Prevalence Survey: Cannabis Results.* Bulletin 3. NACD and DAIRU.

### **21. November 2005**

*Business Plan 2005-2008.* NACD (website only).

# COMMUNICATION

During the period under report (August 2003 to December 2005), the NACD has published 20 reports and provided advice to Government. The NACD executes two of its core functions – namely to provide advice and to promote and encourage debate through the dissemination of its research findings – via the publication and dissemination of its research. The Committee communicates the results of research undertaken to a wide and varied audience including government ministers, senior government officials, political representatives, policy makers, service providers, experts, community interest groups, the research community and the media.

This requires the NACD to present information that is clear and accessible to a range of people. All report publications include an Executive Summary that enables a quick understanding of the study and its outcomes.

Furthermore, to enhance the distribution of the results of research undertaken, publication of reports is supported by media relations activity and seminars.

### Advice to Government

A key function of the Committee is, on the basis of analysis and interpretation of research findings and information available to it, to advise the government, in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland. In addition to the advice provided by research publications the following specific areas are direct requests from government:

- At the request of the Minister of State and under Action 98 of the National Drugs Strategy, the NACD undertook research on drug use among vulnerable groups such as the Homeless and Travellers. The NACD made a series of recommendations to Government to develop and improve services for homeless drug users which informed the development of a new strategy on homelessness. The recommendations covered four key areas: policy and planning, drug treatment, harm reduction, and accommodation and housing.
- The NACD expect to provide advice in 2006 on drug treatment outcomes for opiate users.
- Action 100 of the National Drugs Strategy required research to be carried out on Harm Reduction Approaches in Ireland and internationally. Recommendations were made to the Government regarding the availability and access to harm reduction programmes including needle exchange services.
- Research on cannabis was commissioned to provide an overview of the scientific and other information available. Recommendations have been made to Government. In particular, the report drew attention to the harmful consequences of smoking cannabis and the need to monitor the potency of cannabis products in Ireland.
- As part of the programme for Government, the NACD established a pilot Drug Trend Monitoring System, which captured information from a wide range of sources on drug trends. A report was submitted with the recommendation to implement a drug trend monitoring system in Ireland. This matter is still under consideration by the Government.
- The NACD was requested to provide a briefing document to Government on Drug Rehabilitation to support the development of a 5th pillar in the National Drugs Strategy. The briefing which comprised a literature review and analysis was provided in September 2005.
- Arising from changes in the Health, Safety and Welfare at Work Act, 2005, the NACD were invited to advise Government in relation to the development of Regulations on Workplace Drug Testing through participation in the HSA consultative process.
- The Chairperson of the NACD attends the IDG and provides advice directly at this forum on issues such as the Drug Related Deaths Surveillance System.

## The NACD Website – [www.nacd.ie](http://www.nacd.ie)

The website has been substantially revised and was launched in May 2004 acting as a valuable tool for information dissemination. This initiative was the outcome of a rewarding team effort by the NACD staff who collaborated with external design consultants. The website is clear and accessible and provides a comprehensive listing of links with information on drug use, treatment and research from Ireland, the UK and further afield. The information is presented bilingually through the medium of the English and Irish language.

The home page provides information about the NACD, their work programme, news and events, publications, research activities, research funding and links to other useful organisations. The site is an important resource because it offers the possibility to download relevant reports and policy documents. Information is regularly updated.

The name, address and phone number of the NACD is clearly presented thus facilitating communication from a wide audience. Queries are regularly received and dealt with by staff. Potential users employing search engines such as Google or Yahoo will find a link to the NACD by typing in keywords such as ‘drugs’, ‘Ireland’.

## Media Relations

As noted, media relations activity is an important communications tool of the NACD to primarily ensure that the results and recommendations of the NACD’s publications are effectively disseminated to its audiences and stakeholders. Secondly, media relations activity also serves to ensure a greater level of informed debate and dialogue in the sector in order to encourage solutions to Ireland’s drug problems. In this regard, press briefings and seminars are hosted by the NACD and press releases are distributed to coincide with the publication of various reports.

The complexity of the drugs issue leads to challenges in effectively communicating the results and

recommendations of NACD publications. To meet this challenge, the NACD hosts media briefings in conjunction with the publication of reports. Each briefing includes a question and answer session in which the NACD endeavours to respond to any questions about aspects of its reports. A press release outlining the report’s key results and the NACD’s recommendations arising from the report is also distributed to the media. All press releases are posted on the website and are also translated into Irish.

Between August 2003 and December 2005, eleven press releases were distributed to a wide range of print and broadcast media. If requested, representatives of the NACD have provided interviews to print and broadcast journalists, which journalists have used for sound bites on national and regional radio and TV news bulletins. NACD representatives also participate extensively in interviews on current affairs programmes throughout Ireland’s national and regional radio network. For example, between September 2004 and September 2005, approximately fifteen interviews were provided to current affairs programmes on regional radio stations.

The following examples demonstrate how effectively the results of NACD publications are dispersed across a broad spectrum of media outlets.

The publication and launch of the report, ‘Drug Use Among the Homeless Population in Ireland’ in April 2005 resulted in coverage in seven national papers (The Irish Times, Irish Independent, Irish Examiner, The Star, Irish Mirror, Irish Sun and Daily Ireland) including reporting in The Irish Times on two different days. Director of the NACD, Mairead Lyons also participated in a panel discussion on RTE Radio One’s Tonight with Vincent Browne. Various sound bites were broadcast, with quotes from the Minister, the Chairperson and the Director, throughout the day of the launch of the report on: national radio stations, RTE One, 2FM and Today FM; Dublin stations, Newstalk 106, Q102, 98FM, FM 104 and regional stations via Independent

Network News (INN); INN syndicates news bulletins to Ireland's 28 regional radio stations throughout the country.

The publication of the NACD/DAIRU 2002/2003 Drug Prevalence Survey: Cannabis Results also generated coverage in all national and tabloid newspapers. Including on line media (e.g. Ireland.com), a total of ten news articles were published. The print coverage was news driven and was given space on the opening news pages of each paper. The country's major broadcasters, RTE, TV3 and SKY also covered the launch. Throughout the day of the launch, a total of 31 news bulletins (national and regional) reported the report's key results. Some stations continued to cover the issue for a number of days.

## Seminars and Presentations

### Seminars

Between August 2003 and December 2005, 8 seminars were held. These seminars were opened by the Minister of State with responsibility for the National Drugs Strategy, Mr Noel Ahern TD and mostly chaired by Dr Des Corrigan, Chairperson of the NACD. The Director and/or the Research Officer made presentations on the work of the NACD to various networks in public health and social sciences. Invitations were extended to Government departments, Drugs Strategy Unit, National Drugs Strategy Team, Regional Drugs Task Forces, Local Drugs Task Forces, statutory drug services, community drug services/groups and voluntary drugs services, family support network, Citywide Drug Crisis Campaign and the media.

Where relevant, invitations were extended to other specialist sectors such as the mental health sector and the homeless sector and are noted in the summaries. With an average attendance of 100 people, the seminars have provided a platform for the problem drug use sector to network, share information, experiences and knowledge.

Given the small number of staff in the NACD, organizing seminars placed a substantial burden on the workload of the office. A decision was taken in 2004 to host media briefings in future and to host seminars less frequently.

### Presentations to Key Audiences

In fulfilling the NACD's mission to link research to practice and the value of co-operating with everyone who can benefit from its knowledge base, the Director or Research Officer regularly give lectures and presentations.

#### 2003

- *Addiction*, The Wheel, Carmichael House, September.
- *Overview of Drugs in Ireland*, Merchants Quay Ireland/ University College Dublin, September.
- *Drug Use Prevention: An Overview of Research*, Addiction Studies, Adult Education Course, Co. Wicklow, November.
- *Drug Use Prevalence in Ireland*, Regional Drugs Task Force Conference, Heritage Hotel, Portlaoise, November.
- *Population Survey* presentation, December.
- *Cocaine Seminar*, Mont Clare Hotel, December.
- *The Work of the NACD* presentation to Drug Treatment in Prisons Working Group, December.

#### 2004

- City Wide Family Support Network, Mansion House, Dublin, April (Launch of Directory).
- Lecture to Students on M.A. Addiction Studies in Dublin Business School, April.
- EU National Drug Coordinators Meeting, June.
- Information briefing to Regional Drugs Task Force in NAHB (Axis Centre), July.

- South Eastern Regional Drugs Task Force Prevalence Workshop, Kilkenny, September.

## 2005

- Drug Awareness Programme, January.
- Lecture to Students on M.A. Addiction Studies in Dublin Business School, April.
- *Drug Testing Monitoring System – Preliminary Report of Pilot Study* to LDTFs and RDTFs, April.
- ‘Addiction’, Lecture to students on M. Sc. Addiction Studies, Trinity College, June.
- Drug Treatment Centre Board, July.
- *Key issues relating to Best Practice in Drug Rehabilitation*, Presentation to Rehab Working Group, September.
- *Drugs and Families – Shared Perspectives, Shared Solutions*, Barnardos and Merchants Quay Ireland Training Programme, Parkgate Hall, Conyngham Road, Dublin 7, November.
- *Commissioning and Managing Research*, seminar to LDTF, December.

## Courses and Conferences

### *Courses Attended (August 2003-December 2005)*

In order to meet the demands of research publication, the NACD ensures that staff receive training and development in essential software applications such as: Microsoft Word, Excel, Access, Powerpoint, Outlook and Statistical Package for the Social Sciences. Freedom of Information Training Workshops, Finance and Governance and Writing Skills courses were also attended.

### *Conferences and Seminars attended (August 2003 - December 2005)*

To keep well informed and up to date with developments nationally and internationally in the field of substance misuse, the Director and/or the

Research Officer attended relevant conferences which also provide opportunities for networking and communication.

## 2003

1. *The Substance of Youth: Alcohol and Drug Use Amongst Young People*, 3rd Annual Conference, Addiction Research Centre, Trinity College, Dublin, September.
2. *Cocaine Use in Northern Ireland – myth or reality?* The Rosspark Hotel, Kells, Co. Meath, September.
3. *Emerging Trends*, British Irish Conference (BIC), Guernsey, September.
4. European Society for Social Research on Drugs (ESSD), 14th International Conference, October. Hosted by the Institute for Social Drug Research (ISD) Department of Criminal Law and Criminology of the Faculty of Law, University of Ghent, Belgium.
5. *Forum on the Workplace of the Future, Achieving High Performance in Irish Workplaces*, International Research Conference, Croke Park, November.
6. *Drug Prevention* Conference, Bray, Co. Wicklow, November.

## 2004

7. *Connecting Research, policy and practice: Lessons learned, challenges ahead*, Strategic Conference, Strasbourg, (Pompidou Group, Co-Operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs), February.
8. *Injecting Practices of Injecting Drug Users*, Drug Misuse Information Scotland, Scottish Executive, Effective Intervention Unit, February.
9. *Police Co-Operation Party EU Aegis Programme, A Multi-agency response to Cocaine related Crime and Social Problems*, An Garda Síochána, March.
10. *EU Strategy on Drugs – the way Forward*, Irish EU Presidency Conference, Dublin Castle, May.

11. *Towards a Comprehensive System for Treating Alcohol-Related Problems*, 4th Annual Conference, Addiction Research Centre Trinity College Dublin, September.
12. *European Society for Social Drug Research (ESSD)*, 15th Annual Conference, Munich, Germany, October.

## 2005

13. Conference: *Darkness on the Edge of Town: Heroin Misuse in Athlone and Portlaoise*, Athlone Institute of Technology, January.
14. Seminar on *Quality of Mental Health – Your views*, hosted by Mental Health Commission, Burlington Hotel, Dublin 4, February.
15. *16th International Conference on the Reduction of Drug Related Harm*, Belfast, Northern Ireland, March.
16. *Evaluation of the Work of the Blanchardstown Equal Initiative 2002-2005*, Blanchardstown Equal Initiative, May.
17. *British Irish Council*, Edinburgh, May.
18. Conference to launch *The Development of a National Set of Child Well-Being Indicators*, Westbury Hotel, Dublin, June.
19. *Vital Connections*, Local Drugs Task Forces Leading the Response, Royal Hospital Kilmainham, October.
20. *European Society for Social Drug Research (ESSD)*, 16th Annual Conference, Town Hall, Albert Square, Manchester, UK, October.
21. *Health Inequalities on the Island of Ireland – An Agenda for Change! Creating Connections*, Glenroyal Health, Maynooth, Co. Kildare, November.

## ONGOING RESEARCH

In addition to the research already published, the NACD has commissioned a number of other studies.

### **Ongoing Commissioned External Research**

#### *Evaluation of the NACD Pilot Community and Voluntary Sector Research Grant Scheme*

An evaluation of the NACD Pilot Community and Voluntary Sector Research Grant Scheme was carried out by Kate Ennals Associates. A draft of the report was received in November 2005 and is under consideration by the NACD.

#### *Community Study*

A two year Community Study was completed by Dr Hilda Loughran and Dr Mary Ellen McCann from the Department of Social Policy and Social Work in UCD. The goals of the community study were set out in the tender to capture the experiences of communities of the drug problem since 1996 with a view to informing the development of a set of community indicators of a community drug problem. A final draft of the report was provided to the NACD in November 2005 and Executive Summary in December 2005 for its consideration. Publication is expected in mid to late 2006.

#### *Families – Experiences of support*

This qualitative study examined the experiences of families seeking support to cope with problem opiate use on the part of one or more family members. The overall objective of the study was to develop greater understanding of the ways in which families, and in particular, the person in the family with the primary caring role, sought support; their expectations in doing so and their perception of the adequacy or effectiveness of the responses they received. This research was carried out by Dr Carmel Duggan of WRC Social and Economic Consultants. A report was submitted to the NACD on the 1st of November 2005. A progress report and an outline of a draft report was submitted in December 2005 and will be considered with a view to publication in mid 2006.

#### *2002/2003 Drug Prevalence Study*

The first Drug Prevalence Survey in Ireland was commissioned by the NACD and DAIRU in 2002 and undertaken by MORI MRC. Its aim is to establish the extent and pattern of drug misuse on the whole island of Ireland; Bulletins 1 and 2 were released in 2003. Bulletin 3 which focused on cannabis use and attitudes to cannabis was published in 2005 which will be followed by Bulletins 4, 5 and 6 in 2006.

#### *Research Outcome Study in Ireland Evaluating a drug treatment effectiveness (ROSIE)*

Dr Catherine Comiskey and Dr Gemma Cox from NUI Maynooth are carrying out a national longitudinal study, designed to evaluate the effectiveness of treatment and other intervention strategies used in Ireland for Opiate Dependence Syndrome with adult opiate users. This study is being carried out in collaboration with the Centre for Drug Misuse Research in Glasgow. Study recruits will be followed at three time intervals: at start of treatment, 6 and 12 months later. The draft final report was received in December 2005.

#### *Evaluation of the National Drug Awareness Campaign*

The NACD commissioned a research project to track the effectiveness of the National Drugs Awareness Campaign over its 3-year cycle. Dr Saoirse Nic Gabhainn and Dr Jane Sixsmith, Centre for Health Promotion Studies, National University of Ireland, Galway were awarded the tender in July 2003. Phase one reviewed the development process in the period leading up to the launch of the campaign. Phase two will examine the process and actions following the launch of the campaign in 2003. Phase 3 will review the ongoing process of implementation. A final report is due in mid 2006.

#### *Travellers and Drug Issues*

Vision 21 commenced research exploring the nature and extent of drug misuse among the Traveller Community in Ireland in August 2003. The fieldwork

was undertaken from July 2003 to mid 2004 and a preliminary report was submitted to the Research Advisory Group. Professor Jane Fountain from the Centre for Ethnicity and Health University of Lancashire (UK) undertook a detailed analysis of the data and a complete final report is expected in early 2006.

### ***Capture Recapture Method (CRM) 2-Source.***

Dr Alan Kelly and Conor Teljeur from The Small Area Health Research Unit, Department of Community Health & General Practice, of Trinity College are developing prevalence estimates using the Capture Recapture method and two data sources (CTL and Garda Study). The objective is to test the application of the method to local area statistics in order to develop local prevalence estimates. A draft internal report on LDTF prevalence estimates has been completed. The NACD in collaboration with NDST are preparing a briefing based on this report to be circulated early in 2006 to the LDTFs for internal use.

### **Ongoing Internal Research**

In its mission to review the knowledge base and identify gaps which can be addressed through research, the NACD have undertaken the preparation of internal papers to inform discussion on key issues. Some of these papers may be published in due course or may form part of a larger project:

- Confidence Intervals for the 2002/2003 Drug Prevalence All Ireland Survey will be completed early in 2006.
- Workplace Drug Testing review has been prepared and is going to the working group to facilitate contributions to the regulations on workplace drug testing.
- Hidden Harm Summary is being prepared on the Report of an Inquiry by Advisory Council on the Misuse of Drugs in London (2003); this research seeks to estimate the number of children of drug users and identify their needs.
- A paper on polydrug use has been presented to the population survey research advisory group to assist in the analysis of data.
- HIV study: Preliminary work was carried out on understanding differences of HIV prevalence in two Dublin communities. Data were examined and interviews were carried out with those involved with drug issues in these communities for some time. Finally it is intended to hold focus groups with drug users in these communities in 2006.
- Support work to other projects is also an important dimension of the work of the NACD, including:
  - full transcription of 33 tapes for the Traveller Study,
  - review of LDTF, RDTF plans for reference to needs of Travellers and
  - an exploration of estimating the numbers of children of problem drug users in Ireland.
  - An Executive Summary of The Community Study was prepared to assist the NACD present the issues emerging to the IDG.

### ***Best Practice in Rehabilitation Briefing***

Based on a series of discussions within the Treatment/Rehabilitation sub-committee and a review of the literature related to best practice in drug rehabilitation, a briefing paper was forwarded to the Working Group on Rehabilitation established by the Drugs Strategy Unit. Drug rehabilitation is an holistic approach which provides a 'continuum of care' to problem drug users enabling them to address their (health, drug use, social, housing, educational, and/or vocational) needs as is most appropriate for them; and which is aimed at maximising their quality of life, and that of their families and communities; and enabling re-integration into the community. In this sense, drug rehabilitation encompasses interventions aimed at stopping, stabilising and/or reducing the harm associated with a person's drug use as well as addressing a person's broader health and social needs.

To achieve best practice in the proposed rehabilitation strategy the NACD advised that a number of issues will need to be considered:

- i) the establishment of transparent training and employment structures for key workers – addressing issues of accredited training, inclusion in drug services; accountability etc;
- ii) the development of standard template assessment instruments for drug users at different stages of their drug using careers;
- iii) the development of templates for individual rehabilitation care plans; and
- iv) the development of protocols to facilitate the level of interagency co-operation and information sharing needed to implement shared care plans

#### *Drug Trend Monitoring System*

The Drug Trend Monitoring System (DTMS) model agreed by the EWET sub-committee and the NACD was piloted and aimed at the production of two outputs in December 2004. These include a report on drug trends throughout Ireland, and a methodology report on the operation and cost of the DTMS system. Progress updates were submitted to the EWET. The main focus has been on operationalising the two key aspects of the DTMS model notably the development of a Media Monitoring system of drug related media reports and the establishment of a nationwide trend monitoring network. Meetings were held with the RDTFs and LDTFs in July 2003 with the purpose of outlining what the NACD is hoping to achieve with the development of the DTMS.

#### *Interagency Working for Prevention*

The Prevention sub-committee is exploring the issue of interagency co-operation. There have been several reports, evaluations of these processes in Ireland yet there are still difficulties. It presents a particular challenge for those involved in Drugs Prevention. This issue is still under exploration.

#### *Key Performance Indicators*

The NACD are developing the Balanced Scorecard approach for pilot implementation in 2006. The Balanced Scorecard approach measures a set of key performance indicators that reflect a balanced view of the NACD's progress across all of its key functions. The Key Performance Indicators are:

- Client service
- Internal efficiency
- Financial management, and
- Integration.

## EXTERNAL REVIEW OF NACD (2004)

The Department of Community, Rural and Gaeltacht Affairs appointed Talbot Associates to review and make recommendations on the work of the NACD in February 2004. This project was completed in May 2004. The review examined the following:

- The structure of the NACD, and the validity of its terms of reference, work programme and goals
- The strategic and functional aspects of NACD operations, i.e. structure, staff, skills, systems, style, strategy and shared values
- The extent to which objectives were achieved and work programme implemented
- The effectiveness, efficiency and value for money components of the NACD
- The extent to which performance indicators can be developed and measured
- The internal and external environment within which the NACD operates
- Comparisons with similar organisations/activities nationally and internationally
- The position of the NACD in the Irish drug information and policy environment context
- Recommendations regarding the future of the NACD

The review concludes that the NACD should continue in its present form because it is effective, meets a real need and provides the Government with excellent value for money. This value could be further enhanced by strengthening the internal research capacity, by having a more focused programme of work and by establishing key performance indicators to support strategic development. The principal recommendation was to extend the NACD to coincide with the life of the National Drugs Strategy, which ends in 2008.

## Chapter Seven

# RESEARCH – FUNDING ALLOCATIONS

(for Research Projects Commissioned during the period 1st August 2003 to 31st December 2005)

(includes VAT where applicable)

### Consequences

*A Study into the Experiences of Families Seeking Support in Coping with Heroin Use*  
Dr Carmel Duggan, WRC Social & Economic Consultants Limited €133,680.00

*Exploratory study of HIV issues in two communities*  
Mr Declan Reddy €5,980.00

### Early Warning Emerging Trends

*Drug Trend Monitoring System (DTMS) Pilot Study*  
Internal €62,908.99

### Prevalence

*Capture/Re-capture 2 Source Study*  
Dr Alan Kelly, TCD €13,479.40

*Drug Use amongst the Traveller Community Study (Analysis of data and preparation of report)*  
Prof. Jane Fountain, Centre for Ethnicity and Health, University of Central Lancashire €37,481.87

### Prevention

*Evaluation of the National Drug Awareness Campaign*  
Dr Saoirse Ni Gabhainn and Dr Jane Sixsmith, The Centre for Health Promotion Studies, NUI, Galway €72,600.00

*Short Literature Review of Interagency work processes in Ireland*  
Ms Liz Riches €1,250.00

*Research Support – Development of Outline Thinking Document on Interagency working*  
Burtenshaw Kenny Associates €1,633.50

### Treatment

*Extension of Longitudinal Study*  
Dr Catherine Comiskey & Dr Gemma Cox, NUI, Maynooth €101,473.30

### Community and Voluntary Sector Research Grant Scheme

*Evaluation of Scheme*  
Ms Kate Ennals €18,710.00

### Supporting Actions/Activities

Public Relations  
Montague Communications  
August '03 – December '03 €21,400.92  
2004 €64,282.08  
2005 €12,817.11  
€98,500.11

**Total Allocated €547,697.17**

## NACD Expenditure

An annual budget of approximately €1.3 million is set aside by the Department of Community Rural and Gaeltacht Affairs towards the operation of the NACD. Seventy per cent of this budget is allocated to research funding and the remaining 30% to general administration.

The figures presented are a description of NACD expenditure on research and general administration during the period 1st August 2003 to 31st December 2005. NACD finance is integrated within the general accounts of the Department of Community Rural and Gaeltacht Affairs.

NACD expenditure on new and existing research projects, including external expert support, during the period 1st August 2003 to 31st December 2005

**€1,380,362.75**

NACD expenditure on general administration, including pay, public relations and legal services, during the period 1st August 2003 to 31st December 2005

**€944,123.28**

## Appendix 1

# MEMBERSHIP OF NACD COMMITTEE AT 31ST DECEMBER 2005

### Chairperson

Dr Des Corrigan, School of Pharmacy and  
Pharmaceutical Sciences, Trinity College

### Vice Chairperson

Dr Mary Ellen McCann, Academic Appointment

### Members

Dr Joe Barry, Academic Appointment

Ms Jackie Blanchfield, VDTN

Ms Catherine Byrne,  
Department of Justice, Equality & Law Reform

Mr Willie Collins, HSE, Southern Area

Mr Michael Conroy,  
Department of Community Rural & Gaeltacht Affairs

Ms Maria Corrigan, Clinical Psychologist

Mr Tony Geoghegan, (IAAAC)

Ms Mairead Kavanagh, VDTN

Dr Eamon Keenan, Consultant Psychiatrist,  
HSE, South Western Area

Mr Cathal Morgan, HSE, Eastern Region

Mr David Moloney,  
Department of Health & Children

Supt Barry O'Brien, Garda National Drugs Unit

Mr Liam O'Brien, Community Sector

Ms Patricia O'Connor, NDST

Dr Máirín O'Sullivan,  
Department of Education & Science

Ms Anna Quigley, Community Sector

Dr Hamish Sinclair, DMRD, Health Research Board

### Retired NACD Members

#### (August 2003 – December 2005)

Dr Derval Howley, NDST

Mr David Keenan, VDTN

Mr Brian Melaugh, VDTN

Mr Barry O'Connor,  
Department of Justice, Equality & Law Reform

Ms Kathleen Stack,  
Department of Community, Rural & Gaeltacht Affairs

### Members of Sub-committees (Not sitting on Main Committee)

#### (1) Consequences:

Mr Evan Breen

Department of Community, Rural & Gaeltacht Affairs

#### (2) Early Warning/Emerging Trends:

Mr Gerry Hayes

Department of Justice Equality & Law Reform

Ms Pauline Leavy

Medical Bureau of Road Safety

Det Garda Pat Davis

Garda National Drugs Unit

Ms Siobhan Stokes

State Laboratory

Dr Daniel O'Driscoll

Forensic Science Laboratory

Mr Tom McGuinn

Department of Health & Children

Ms Anya Pierce

Toxicology Department, Beaumont Hospital

Mr John Kelly

Department of Community, Rural & Gaeltacht Affairs

Dr Bobby Smith HSE, South Western Area

Dr Richie Maguire, Drug Treatment Centre Board

**(3) Prevalence:**

**(4) Prevention:**

Ms Elaine Butler  
Drug Education Workers Forum

Ms Cathy Lyons  
Department of Health & Children

Ms Sinead Copeland  
Department of Community, Rural & Gaeltacht Affairs

Ms Ruby Morrow  
Church of Ireland College of Education

**(5) Treatment:**

Dr Ide Delargy  
Irish College of General Practitioners

Mr John Kelly  
Department of Community, Rural & Gaeltacht Affairs

Ms Frances Nangle-Connor  
Irish Prison Service

## Appendix 2

# TABLE OF SUB-COMMITTEE MEMBERSHIP AT 31ST DECEMBER 2005

|                      |   | Consequences | EWET | Prevalence | Prevention | Treatment |
|----------------------|---|--------------|------|------------|------------|-----------|
| Dr Des Corrigan      | School of Pharmacy & Pharmaceutical Sciences, Trinity College | ✓            | ✓    | ✓          |            |           |
| Dr Mary Ellen McCann | Academic Appointment  | ✓            |      |            | ✓          |           |
| Dr Joe Barry         | Academic Appointment  |              |      | ✓          |            | ✓         |
| Ms Catherine Byrne   | Department of Justice, Equality & Law Reform                  | ✓            |      | ✓          |            |           |
| Mr Willie Collins    | HSE, Southern Area  |              | ✓    | ✓          |            | ✓         |
| Ms Maria Corrigan    | Clinical Psychologist   |              |      |            | ✓          | ✓         |
| Mr Tony Geoghegan    | IAAAC   | ✓            |      |            |            | ✓         |
| Ms Mairéad Kavanagh  | VDTN  | ✓            |      |            | ✓          |           |
| Dr Eamon Keenan      | HSE, South Western Area                                       | ✓            |      |            |            | ✓         |
| Mr David Moloney     | Department of Health & Children                               |              | ✓    | ✓          |            | ✓         |
| Mr Cathal Morgan     | HSE, Eastern Region   |              |      |            |            | ✓         |
| Supt Barry O'Brien   | Garda National Drug Unit                                      | ✓            |      | ✓          |            |           |
| Mr Liam O'Brien      | Community Sector  |              |      |            |            | ✓         |
| Ms Patricia O'Connor | NDST  |              | ✓    | ✓          | ✓          |           |
| Dr Máirín O'Sullivan | Department of Education & Science                             |              |      |            | ✓          |           |
| Ms Anna Quigley      | Community Sector  | ✓            |      | ✓          |            |           |
| Dr Hamish Sinclair   | DMRD, Health Research Board                                   | ✓            | ✓    | ✓          |            | ✓         |
| Mr Evan Breen        | Department of Community Rural & Gaeltacht Affairs             | ✓            |      |            |            |           |
| Mr Gerry Hayes       | Department of Justice, Equality & Law Reform                  |              | ✓    |            |            |           |
| Ms Pauline Leavy     | Medical Bureau of Road Safety                                 |              | ✓    |            |            |           |
| Det Garda Pat Davis  | Garda National Drug Unit                                      |              | ✓    |            |            |           |
| Ms Siobhan Stokes    | State Laboratory  |              | ✓    |            |            |           |
| Dr Daniel O'Driscoll | Forensic Science Laboratory                                   |              | ✓    |            |            |           |

|                          |   | Consequences | EWET | Prevalence | Prevention | Treatment |
|--------------------------|---|--------------|------|------------|------------|-----------|
| Mr Tom McGuinn           | Department of Health & Children                   |              | ✓    |            |            |           |
| Ms Anya Pierce           | Toxicology Department Beaumont Hospital           |              | ✓    |            |            |           |
| Mr John Kelly            | Department of Community Rural & Gaeltacht Affairs |              | ✓    |            |            | ✓         |
| Dr Bobby Smith           | HSE, South Western Area                           |              | ✓    |            |            |           |
| Dr Richie Maguire        | Drug Treatment Centre Board                       |              | ✓    |            |            |           |
| Ms Elaine Butler         | Drug Education Workers Forum                      |              |      |            | ✓          |           |
| Ms Cathy Lyons           | Department of Health & Children                   |              |      |            | ✓          |           |
| Ms Ruby Morrow           | Church of Ireland College of Education            |              |      |            | ✓          |           |
| Dr Ide Delargy           | Irish College of General Practitioners            |              |      |            |            | ✓         |
| Ms Frances Nangle-Connor | Irish Prison Services                             |              |      |            |            | ✓         |
| Ms Sinead Copeland       | Department of Community Rural & Gaeltacht Affairs |              |      |            | ✓          |           |

## Appendix 3

# ACTIONS REQUIRED OF THE NACD UNDER THE NATIONAL DRUGS STRATEGY

In the National Drugs Strategy 2001-2008, the NACD was requested to undertake the following actions.

- 98 To carry out studies on drug misuse amongst the at risk groups identified e.g. Travellers, prostitutes, the homeless, early school leavers etc. including de-segregation of data on these groups. It is essential that the individuals and groups most affected by drug misuse and those involved in working to reduce, treat and prevent drug misuse have immediate access to relevant statistical information.
- 99 To commission further outcome studies, within the Irish setting to establish the current impact of methadone treatment on both individual health and on offending behaviour. Such studies should be an important tool in determining the long term value of this treatment.
- 100 To conduct research into the effectiveness of new mechanisms to minimize the sharing of equipment e.g. non-reusable syringes, mobile syringe exchange facilities etc. to establish the potential application of new options within particular cohorts of the drug using population i.e. amongst younger drug misusers, within prisons etc.

- 108 To implement the recommendations in the 2004 NACD Report (Role of Family Support Services in Drug Prevention), namely:

- to increase the capacity of services to respond through an appropriate level of resources and training for staff in services;
- to strengthen interagency links and networks by building knowledge of local community issues and attitudes thus improving communications; and
- to develop relevant monitoring and evaluation tools to measure effectiveness of services.

The NDST should actively encourage the LDTFs and RDTFs to prioritise the provision of family services in their areas.

To support family support networks in their work in the area of information provision and assistance to local family support groups.