

# Roles and structures of local drugs task forces (ldtfs)



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Brief History of LDTF's:

A working party (task force) on Drug Abuse was established in Dublin in December, 1968. Following on from this, almost 10 years later, came the Misuse of Drugs Act 1977, which related to the misuse, sale and distribution of controlled drugs. During the 1980's, the Opiate Epidemic in Ireland led to a review of the Misuse of Drugs Act in 1984.

The AIDS Connection of 1986 to 1991 saw the establishment of a Government Strategy to Prevent Drug Misuse in 1991. Various acts have since been introduced to alleviate the drug situation in Ireland. Following the killing of newspaper reporter Veronica Guerin and a Detective Garda in Limerick, the Criminal Assets Bureau Act (C. A. B) was introduced in 1996. This resulted in a double edged sword situation, with a number of drug barons leaving the country and setting up bases abroad, giving them greater access to drugs across Europe and Asia.

Based on evidence available throughout that year, this task force decided that the most significant drug problems were located in 10 districts in Greater Dublin. In July 1996, a Ministerial Task Force on Measures to Reduce the Demand for Drugs was set up to identify the nature and extent of drug misuse. A report was produced by the then Minister for Commerce, Science and Technology, Pat Rabbitte , in 1996. This concluded that as most drug misuse was community related, the problem should be addressed locally. This report stated that ' In Ireland, as in other countries, government has developed a range of measures, increasingly comprehensive and co-

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ordinated, to tackle environmental and socio-economic factors; reduce the demand for drugs; and cope with the consequences of addiction' (Pat Rabbitte report, p. 7).

In response to this, 11 Local Drugs Task Forces (LDTF's) were established. These were given the key role of developing and coordinating plans at local level and funding was set aside to implement this. There are now 10 regional and 14 local drugs task forces covering the Republic of Ireland.

#### Role of Local Drugs Task Forces (LDTF's):

LDTF's play a key role in addressing drug and addiction related issues. The National Drugs Strategy (NDS) acknowledges this key role and works to ensure Drug Task Forces (DTF's) operate within guiding principles. The six principles associated with the effectiveness of this operation are propriety, responsiveness, transparency, accountability, partnership and efficiency/effectiveness.

- Propriety - All functions should have fairness and integrity, with no favouritism or self-interest.
- Responsiveness - An awareness of the views of the stakeholders - this should be responsive and consolatory.
- Transparency - Stakeholders should be informed of and agree to actions and policy changes.
- Accountability - Publication of expenditure of public funding.
- Partnership - Fairness and respect in dealing with statutory, voluntary and community sector.

- Efficiency/effectiveness - They should be competent, capable and functional always.

The purpose and structure of Drugs Task Forces requires them to assess the nature of the drug problem in their areas; determine the extent of the problem and develop action plans to deal with problems, once identified. Action plans should be implemented and monitored to ensure effectiveness. This evidence based approach needs to be innovative, in accordance with the NDS, the Drugs Advisory Group (DAG) and the Office of the Minister for Drugs (OMD). It should deliver a coordinated response to drug misuse in the identified area.

An up to date database of the extent and nature of the drug use/misuse is then created which should identify the services that are available in the area. This is achieved by consulting organisations and gathering relevant information available for the services they provide.

The DTF's can support and strengthen community based organisations focusing on drug, alcohol and polydrug use, by monitoring the effectiveness of any projects approved under action plans. Priorities should be identified; placing emphasis on current requirements and available funding.

DTF's should implement a local and regional strategy, in line with the NDS 2009 - 2016 by the following:

- Identifying current and upcoming issues, working on proposals for actions, having up to date action plans, based on available evidence with regard to the extent of the drug misuse in the area.

- Work to influence Statutory, Community and Voluntary service providers to improve on the services provided, and identify stumbling blocks to effective service delivery.
- Sharing information and experience with other DTF's, for the purpose of best practices, by evaluating and monitoring projects.
- Statutory, voluntary and community sectors should be fairly represented, with appropriate training provided.
- DTF's should have input into the formulation of national policies. Identifying opportunities work together on a cross task force basis, to tackle issues like drug dealing.
- Being accountable for other projects which tackle disadvantage and are aimed at improving social inclusion.
- Responsible for providing reports, proposals and information to the office of the minister.

Each DTF should develop a three year strategy, reflecting local circumstances and the needs in the area. This should be used to support the implementation of the NDS. There is a requirement for each DTF to report to the office of the minister on a bi annual basis on the activities and effectiveness of the force.

DTF's are responsible for transparent accounting procedures, and all expenditure must be receipted, because they are supported by public funding.

Local Drugs Task Forces (LDTF's) contribute to policy making, planning and development of services. They are responsible for developing and implementing local drugs strategies in their own areas. The Regional Drugs

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Task Forces (RDTF's) develop drug programs and services in the non local drugs task force areas within the region. They work in conjunction with the LDTF's in the area of strategic planning and policy making at regional level. These include services for travellers, homeless people, persons who work in the sex industry, but who are involved in drug misuse. Where there are Regional and Local Drugs Task Forces co-existing, it is vital that there is close coordination is maintained.

The status and boundaries of any DTF cannot be altered without negotiations and consulting with the office of the minister.

Structures of DTF's:

The existence of well-developed community structures facilitates the effective performance LDTF's. However, community representatives sometimes act for areas where no structures exist.

There is also a need for a strong voluntary representative body, which can put forward fair and balanced reporting of the sometimes diverse views which may exist in their sector.

Elected representatives play a big role in supporting the communities they represent. They help overcome fears and misunderstandings that surround the provision of programs and services in their areas. For this reason, liaison between all parties is imperative.

DTF's are structured in the following manner:

Chairperson: This person must have relevant expertise in the area of drug use/misuse and have adequate time for such a commitment. This person is appointed by the DTF's and serves a term of three (maximum four) years.

Vice-Chairperson: This representative also serves the same term as the chairperson.

Statutory Sector: Each department/agency has one representative. New members are appointed as vacancies arise

Voluntary Sector: RDTF's- The National Voluntary Drug Sector (NVDS) has established Voluntary Cluster groups in all ten Regional Drug Task Force areas. These cluster groups are made up of representatives from all the voluntary sector agencies providing drug and/or alcohol services in the region or to the region. Each cluster will nominate six persons to the RDTF's.

Voluntary Sector: LDTF's- Voluntary agencies delivering substance misuse services are represented by a maximum of 2 representatives, who will serve for 2 years.

Community Sector: The community sector will nominate not more than 6 representatives to the DTF. These should ideally be nominated through community networks.

Communities of Interest: These play an important role in the work of the DTF's and they should be encouraged and facilitated. These communities may include travellers, lesbian gay bisexual transgender (LGBT) groups, homeless, prisoners and family support networks. Each DTF should agree locally or regionally on which groups participate in the DTF's.

Public Representatives: No more than 6 elected representatives should be appointed to the DTF, from relevant local authorities (County/City/Urban).

Members of Dáil or Seanad Éireann may be invited to become members.

These serve a term of 2 years.

Partnerships: Partnership managers in the region normally form a network, which would nominate one representative to the DTF. These may rotate at intervals, if agreed locally.

Policy Research Centre Study:

The Policy Research Centre (PRC) was commissioned by the Evaluation Sub Committee of the NDST to oversee an evaluation of the projects implemented by the LDTF's. The aim was to explore perceptions of the projects and to process identified issues.

Following an evaluation of LDTF's report issued by the research team, a number of key issues were identified. These findings reveal that the most urgent issues occurred in the planning and implementation stages, and were related to initial planning, staffing, funding, premises, networking, community involvement and preparation for the outcome evaluation.

- Planning - One of the three most frequent weaknesses is poor initial planning. .
- Staffing - This was closely followed by staffing. The National Drug Strategy agency should address this issue, as many agencies identify lack of committed staff as a flaw in their organisation.



- Funding – Funding was identified as the LDTF's main 'need', with lack of funding being the main constraint in many of them reaching their objectives and project delivery. The system of funding was also criticised. Many felt that it should be a three year funding process, instead of yearly.
- Premises: The issue of lack of adequate is identified as the main reason for services being dropped. Project planning is constantly being impaired by this issue, as projects go on a back burner due to lack of suitable premises.
- Networking: The opportunity to network was identified as very important by the project managers in the LDTF's. Sharing of ideas, experience and expertise through projects, voluntary organisations and other agencies is essential. There was a recommendation that the NDST should carry out further research to explore the possibilities of establishing more links and identify what they can achieve. This would encourage best practices and sharing of ideas and resources.
- Community Involvement: Community support was identified as a key factor for the success of current services and future projects. The community should be involved in all projects from the planning stages. This would eliminate the confidence issues that occur when projects do not make what they are trying to achieve evident from the outset.

#### Recommendations:

- Projects need to produce more information on the nature and extent of the drug problem in the area they are attempting to deal with. They

should also indicate the possible number of people who are affected by the problem - addict, immediate family, community etc.

- LDTF's should work in closer collaboration with the NDST to provide training opportunities in the skills of collecting and analysing data, so that it is readily available for projects. This would create a central location for such data, which would be readily available for cross area referencing, saving time and money.
- Projects should be shared across areas, so that expertise is distributed.
- Needs in the community could be more easily assessed if projects were shared. Gaps could be identified and processes aligned. This is a big flaw at present among the various LDTF's. They are all striving to be the best, but will only become blue chip standard when all of their policies, procedures and processes are exactly the same.
- LDTF's should be realistic about what they have on offer and look at what is on offer in other local projects
- Projects need to make more accurate assessments of the sizes of groups for services being offered, and ensure that they are neither under or overly subscribed.
- Services should also be benchmarked, in order that the client knows which LDTF is offering the most innovative service for the particular need that he/she may have. This also means evaluating the outcomes of the services being offered to clients, in a confidential manner.
- The NDST should recognise the decline in the number of volunteers, and also their effectiveness in projects.
- Projects should consider providing opportunities to local community groups to sit on management committees, thus involving the

community at ground level and establishing a network supporting community involvement.

#### Inter-agency Collaboration:

Equity and partnership go hand in hand. In the area of addiction, the expectations of partnerships are sometimes unrealistic. Complex issues and different service providers sometimes have opposing targets. Working in partnerships should create an understanding and acceptance of shared and diverse goals. An example given in one article is of a Local Authority wanting to evict a family. The local community may also wish this to happen, because they are troublesome. However, the health board may be working with the family and wish them to remain housed in the area. The Gardaí may be involved, and also the probation and welfare service. ' While they all share the same client, their goals and objectives are entirely different. Hence, their best efforts to work in partnership are doomed to fail' (Ballyfermot Drug Task Force Strategic Plan, 2001-2002).

However, collaboration means mutual benefits, while not necessarily sharing the same objective. Agencies can collaborate on the issue, pursue their own goals, but they can share the information that will provide the best solution for the client, while at the same time honouring the objectives of the other agencies.

Issues that are cross-functional place more demands on the imagination. This approach portrays how the actions of one agency can impact in a positive or negative way on the outcomes for another. To achieve this, there is a requirement for power sharing to encourage participation in the planning

and decision making process. Unlike the previous hierarchal structure that was in place, team working can be effective if the organisation is highly participative. In this situation, a transfer of power to staff on the ground needs to take place for competent collaboration. This sort of effective collaboration will increase the efficiency of agencies, providing better value for money in the long run.

Ireland has made considerable strides over the last number of years in coping with the country's drug problem. However, as drug usage has increased at an alarming rate, so too has the impact it is having on individuals, families and local communities. Ireland, like any other country in the world, is also plagued with the influx of drugs. In County Dublin alone, there are 48 HSE addiction services treatment centres (Irish Independent 2014). The war on drugs is far from over; however, Ireland has firm strategies in place for the long battle ahead.

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