Blanchardstown Drugs Task Force
Inventory Report of Drug Education/Prevention Initiatives in the Blanchardstown Area

Schools  Community  Youth  Information  Prevention  Education  Policy  Interventions  Networking  Collaboration

Blakestown  Corduff  Hartstown  Huntstown  Mountview  Mulhuddart  Blanchardstown Village
Blanchardstown Drugs Task Force

Inventory Report of Drug Education/Prevention Initiatives in the Blanchardstown area

January 2004

Compiled by the Education/Prevention sub group on behalf of:
Blanchardstown Drugs Task Force,
22a Main Street, Blanchardstown,
Dublin 15.
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## Acknowledgments

The sub group would like to thank all those who participated in the survey. A special thanks goes to the working group of the Education /Prevention Sub Group, Niamh Dowdall, MoiraHyland Doyle, Steven Joyce, Rachel Murphy, Aisling Geoghegan, Collette Colgan for their time and commitment. This inventory would not have been possible without the administrative support of both Sandra Diagnam of the Drug Task Force and Mary Bracken of the Greater Blanchardstown Response to Drugs.
Foreword

Blanchardstown Local Drug Task Force Profile
Blanchardstown Local Drug Task Force (BLDTF) was established in 1997 to facilitate a more effective response to the drug problem in the Blanchardstown area. This was to be achieved through improved co-ordination in service provision and through utilising the knowledge and experience of local communities in designing and delivering those services. The BLDTF comprised a partnership between the statutory, voluntary and community sectors. It is mandated to prepare and oversee the implementation of its action plan, which co-ordinates all relevant drug programmes in its areas and addresses gaps in service provision. The over-riding aim is to provide a strategic, co-ordinated response to the drug problem in the Blanchardstown Task Force area, through the development of a single, integrated plan, which all organisations and agencies - statutory, voluntary and community - support and are committed to implementing.

During 2003 the BLDTF continued to work towards the achievement of its second work plan (2001 – 2005). The BLDTF has actively pursued various links, networks and strategies to ensure that the case for a co-ordinated local strategy is in line with the National Drug Strategy in its internal environment, its external environment and in the wider macro environment. Memberships of its subgroups (treatment and rehabilitation, education and prevention, justice, supply and planning and evaluation (research)) have expanded, with clear terms of reference and operational procedures, which have complimented and consolidated “The Local Response to the Drug Problem”.

Blanchardstown Education and Prevention Strategy
The core principle guiding this approach is defined as follows:
“Drug prevention and drug education is part of a sustained on-going approach in the development of individuals and communities. Prevention and education strategies should respect individual civil liberties, operate within existing legal frameworks and be available to the whole community whilst prioritising those most at risk.”

It works off the premise that drug prevention strategies should incorporate the following principles:
“Supporting, encouraging and facilitating the physical, psychological, spiritual and socio-economic development of communities. The reduction of harm to individual drug users, families and communities as a result of drug misuse”.

The work of the Education/Prevention Subcommittee in conducting research, updating a survey of drug education/prevention initiatives in Blanchardstown will, it is envisaged, form a platform for directing a coordinated response to drug education/prevention in Blanchardstown.
Background

The Blanchardstown Drugs Task Force established an Education/Prevention Sub Group in 1999. This subgroup is a partnership of voluntary, community and statutory agencies working together to assist in the coordination of the drug education/prevention strategy as set out in the task force plan. The ethos of the education/prevention work was set out in the following extract from the submission to the National Drug Strategy Committee (1997) by the Blanchardstown Drugs Task Force:

“The Task Force believes that education and prevention in the community, for both young people and adults, are key strategies in responding to the problem of drug misuse. Good quality formal and non-formal education programmes are, by their very nature, preventative in dealing with the drugs problem. They can be effective in reducing drug abuse through involving young people in constructive developmental activities that are drug free. Developing self esteem, learning decision-making skills, taking personal responsibility and involvement in meaningful and positive action in the community are all skills young people learn in good programmes, both in school and in other non-formal settings. These skills are vital for young people if they are to remain drug free. Adult education has a major part to play in tackling the drug problem and in generating broader holistic and healthier lifestyles. Education and prevention is about informing and empowering people to make informed decisions and choices in relation to all aspects of a person’s life”

Five years on and this is still the fundamental ethos of the Education/Prevention subgroup. While the subgroup membership has changed over this five year period the terms of reference and work remit of the subgroup remains the same, insofar as the co-ordination of drug education prevention in Blanchardstown is central to the sub-groups activity.

Under the sub-groups terms of reference it was decided to compile an inventory of drug education/prevention work taking place in the Blanchardstown area and to keep this inventory updated. This report is based on a second survey conducted throughout Blanchardstown in 2003 in order to update and maintain the 1999 document:

*An Inventory of Drug education/Prevention Initiatives in the Blanchardstown Area.*
Rationale
The Drug Education and Prevention Sub group recognises that the drug education sector is an area of constant transformation with ongoing developments in teaching and learning approaches. These changes can be contributed to ongoing evidence based research into good practice in the drugs education sector. These changes, along with the growth of new projects and programmes targeting young people and families in Blanchardstown, indicate to the sub-group that effective dissemination of updated information, along with increased networking and collaborative work is needed.

The Education/Prevention Sub-group felt it a priority to conduct a survey in order to update its inventory of services involved in drug education/prevention in Blanchardstown.

It was envisaged that the survey would allow the sub-group to get an insight into the work being carried out in the area and to assess if groups are collaborating in this field. It was also seen as an opportunity to measure drug and alcohol policy development at a local level while giving respondents the opportunity to highlight any perceived gaps in service provision in relation to drug education/prevention work.

The survey was targeted at groups within the Blanchardstown area who work within specific settings and have identified target groups, including community programmes, youth programmes outside of school groups, school programmes, Department of Education special projects, family approaches, outreach work, harm reduction, low threshold services, and criminal justice programmes. All these groups have drug education/prevention as a component within their work remit.

Methodology
The group decided to replicate the methodology from an initial survey carried out in 1997 while modifying the format of the original survey instrument to include sections on drug policy and inter-agency collaboration.

Survey
The survey tool (see appendices) was structured in order to update the 1999 inventory while using this opportunity to gauge how many agencies:

• gauge how many agencies have substance use policies
• gauge how many agencies collaborate with other groups in relation to drug education prevention
• identify gaps in terms of drug education/prevention in the Blanchardstown area

Survey Target Groups
The groups selected for the survey were targeted in order to encompass a broad spectrum of risk and protective factors for young people in relation to:
1. specific drug education/prevention initiatives that are taking place in Blanchardstown
2. initiatives that while not specifically focusing on drug education/prevention, contribute significantly towards this aim
3. groups which encompass broader protective measures which assist in the development of a healthier community

Process
The steps involved in the process included:
• the working group referring to the 1999 survey list of 40 participants
• the working group then added an extra 23 participants to the survey
• two survey cover letters were designed; one for the previous respondents including their original details as outlined in the 1999 inventory. The second letter was aimed at new respondents
Participants were given 2 weeks in which to return their surveys. To help the survey process the following was done:

- follow up calls and faxes were made to participants who did not return the surveys within the time scale
- an additional 18 duplicates were sent out (due to forms getting lost in the post)
- 2 groups were deemed irrelevant due to their target geographic area
- the returned surveys were compiled and the information collated

This work was carried out during September 2003 and January 2004. For this report 66 survey forms were sent to interested groups (see appendices for list of participants). Out of this 66, a total of 43 were returned, leaving 23 unreturned.

The following section outlines the main areas of work with regard to drug prevention and education. In order to present the data collected, the target cohort of the 43 respondents, will be taken as a fundamental baseline indicator of the nature of the work done in terms of drug prevention and education. This will then be matched to the setting in which the intervention occurs.

The survey asked respondents to identify any gaps in which they perceived in relation to drug education prevention service provision, these responses are highlighted throughout the document, and are not attributed to the specific setting in which they might appear herein.
Section 1 Schools

*Primary*

*Post Primary*
PRIMARY SCHOOLS
Eleven primary schools responded to this survey, and 1 support service for the primary school sector (Walk Tall). Out of that 12 a total of 10 indicated in the section marked ‘Target Group’ (question 7.3 on the survey) that children of school going age were deliberately targeted. The remaining primary school indicated that it specifically targeted the parents of pupils attending the school.
Out of the primary schools which indicated the children as their target group, 7 indicated that they targeted all of the children attending the school. This was the same reply from the support service.
Out of the remaining primary schools 2 indicated that they targeted students between the ages 8-13, and the remaining primary school targeted students between the ages 11-13.

The mainstay of the drug education/prevention work conducted within the primary schools was captured within the survey under the heading of Drug Education Prevention Work (questions 7&7.1). Ten of the 11 primary schools used the “Walk Tall” Programme within the Social Personal Health Education (SPHE) Curriculum. The final school outlined their drug education/prevention work as that with the parents of its pupils, in providing talks around drug awareness.

Walk Tall Programme
The Walk Tall Programme is a school based resource used in order to fulfill elements of the Social Personal& Health Education subject within the curriculum. Other resources used include; “Relationships & Sexuality Education Programme”, “Stay Safe” Programme, and health education programmes.

Primary School Approach
This approach is based on knowledge, attitudes and skills. It is used in order to help young people to make informed choices and to assist pupils in the development of life skills such as decision making, assertiveness, communication, raising self esteem, and creating healthy attitudes. This approach also helps young people increase personal and civil values. In tandem to this young people are provided with clear and accurate information in relation to drugs.

The aims of the Walk Tall Programme are:
• to give students the confidence, skills, and knowledge to make healthy choices
• to seek to avert or delay experimentation with substances
• to reduce the demand for legal and illegal drugs

Post Primary Schools
Three post primary schools responded to the survey, one support service (SPHE) which has Blanchardstown as one of its target areas, and 1 residential setting for adolescents with emotional difficulties. One school is located outside the Blanchardstown area (Cabra). This school was included in the survey given that a high percentage of its pupils are from the Blanchardstown area.
The responses under the “target group” section of the survey found that 1 school targeted 1st to 5th year students, 1 school outlined junior cycle (1st 2nd and 3rd) as its target group, and 1 school noted its target group as a whole school community approach (students, school staff, and parents). The SPHE support services noted the 3 post primary schools in Blanchardstown as their specific target group. The residential setting for adolescents with emotional difficulties indicated that their target group was children and adolescents with emotional difficulties.
The majority of the drug education/prevention work outlined by the post primary schools, and the residential center, again fell under the core subject of Social Personal Health Education with the main resource being “On Your Own Two Feet,” a programme based on the same principles as the Walk Tall Programme (see above).

Aims of SPHE:
The post primary Social Personal Health Education builds on the aims of primary school SPHE by:
• enabling the students to develop personal and social skills
• promoting self esteem and self confidence
• enabling the students to develop a framework for responsible decision making
• providing opportunities for reflection and discussion
• promoting physical, mental, and emotional health and well being
Section 2

Youth Programmes
Youth Programmes Outside School

Youth Programmes, which target young people outside of schools, use a variety of methods and approaches. The survey identified 14 projects which come under this heading.

Youth work means a planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young persons through their voluntary participation, and which is:
(a) complementary to their formal, academic or vocational education and training:
(b) provided primarily by voluntary youth work organisations
(Youth Work Act, 2001)

There are currently over 50 youth organisations operating in the Republic of Ireland. Each organisation has its own philosophy, programme, and structures, but all have the following characteristics:
• an active model of “learning by doing”
• involvement is on a voluntary basis
• beneficial and enjoyable experience for all involved
• a partnership approach between youth leaders and young people
• a community context
• recognises equalities in the lives of young people
• active participation of young people in decision-making, planning, organising and evaluation

As previously mentioned, in order to get a detailed view of the work done by the 14 youth sector respondents, the age groups targeted will be ordered beginning with the lower age target.

Target Group 4-18
Out of a total of 14 respondents in the youth sector 2 surveys were identified as working within an age cohort of 4-18 year olds, with a focus on school going pupils within this age cohort.
The primary focus of their work is to keep young people in school through a variety of activities such as mentoring, after school clubs, breakfast clubs, homework clubs, social and personal development, and counselling.

The aims of these groups are to:
• provide support to young people and their families in order to keep the young person in school until the Leaving Certificate.
• provide a positive experience of education
• improve school attendance
• encourage creativity & love of learning
Target Group 9-14
The survey identified 1 respondent within this age category. Their drug education prevention response was that their approach is based on life skills and operates in conjunction with their after school groups. These groups include aspects of the “Copping On” Programme (a community resource which tackles offending behaviour including drug use). Their response also noted that this work supports the Walk Tall Programme from the primary schools.
Approach:
Life Skills

Target Group 10-18
Two respondents within the youth sector are identified within the survey as targeting the 10-18 age group, and have noted that their work within the context of youth work is by its very nature is preventative through the provision of safe socializing. It encourages young people to gain self-confidence, build self esteem, and develop decision making skills.
Approach
Youth Work

Target Group 12 +
Five respondents directed their education prevention work at this target group with 1 group working with 12-15 year olds where the aim of the group is to assist identified young people to stay in school while educating them about drugs and drug use. The survey found 1 group targeting 12-16 year olds by offering a foundation education programme with early school leavers. 1 of the 4 groups targets 12-17 year olds aiming to divert referred young people from anti-social behavior through diversionary activities and focusing on personal development. The final 2 respondents in this target group target 12-18 year olds, working within a peer education model. The aims of the peer education approach is to enable young people to become drug educators, and to act as a credible source of information in relation to drugs for their peers.
Aims: School completion/ Youth development/Crime Diversion
Approach: Youthwork/ Peer education/Life skills
Target Group 14-18
One respondent targeted this age cohort and noted its activities in relation to drug education prevention as providing small group and one to one interventions within the organisation’s overall service provision.

Target Group 15-20
One respondent works with this age group who are out of formal education. Counselling was the reply in relation to drug education prevention work.

Target Group 16-25
Two surveys stated the 16-18 year olds as their targeted age group with 1 group using the peer education model and focusing on harm reduction, and relating their message through the medium of information leaflets about drug awareness for their peers. The second respondent in this target group focused on 16 to 25 year olds while specifically focusing on offending behavior. Drug awareness and prevention form part of their education prevention programme.
Section 3

*Wider Community Programmes*
Community Programmes
Community programmes are activity programmes based on the involvement of a number of individuals (for example, parents, and community leaders) and/or community actors and institutions. All the groups who responded to the survey work under the heading of “community”. However, for the purpose of this report the respondents are grouped in relation to their primary target group relative to drug prevention. The previous respondents identified their target group within specific age sectors, and the following 11 respondents identified specific groups or communities in the section (7.3 on the survey) outlining target group on the survey form. These groups are brought together under the heading of wider community target groups.

Wider Community Target Groups
Seven respondents worked with a focus on drug users, their families, and concerned community members. The mainstay of education prevention work lies in direct education prevention service delivery to schools, youth organisations, community adults, drug users, and their families as well as the workplace.

The methods applied are information evenings, drug awareness courses, addiction studies, advice, information and counseling. Four of the agencies work within a harm reduction strategy, 1 within an abstinence (drug free) approach, and 2 within a broader educational and information service provision.

Three groups falling under the wider community target group use approaches which aim to encourage social inclusion and identified their work in relation to drug education prevention as providing support for individuals in recovery, identifying and addressing local needs, drug prevention programmes and training. One group had a specific target group of travellers in the Blanchardstown area and their work to date included drug awareness programmes, outreach, training and networking.
Section 4: 
Policy, Collaboration, Gaps
Substance Use Policies:
Drug policies are a pro-active development in assisting agencies to be best prepared for drug related issues such as staff training and awareness, education provision, and managing drug related incidents. Substance use polices vary considerable in scope and content but essentially they should assist the organisation in dealing with substance related issues in a considered and planned manner. The policy should benefit all stakeholders within the organisation.

Respondents were asked if their organization had a substance use policy or if they have any plans of developing one (see table 1). Five of the 43 respondents made no reply, 25 noted that they had a policy, 11 said that they are developing one and 2 noted that they would not be developing one.

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<th>Table 1 Substance Policy</th>
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Collaboration
Agencies were asked if they collaborated with other agencies in relation to their education prevention work. However, the survey was not structured in order to measure the extent or nature of these collaborations. The results found that 37 respondents replied yes, 3 replied no, and 3 respondents did not reply to this question.

Gaps in Service Provision
A total of 18 of the 43 respondents replied to the question of what they perceived as the gaps in drug education/prevention in the area. These responses can be seen throughout the document. The majority of gaps identified were in the areas of co-ordination, collaboration, and work with young people involved in drugs and involvement of parents. A more integrated approach which focuses on both legal and illegal substances.

Conclusion
The 43 respondents have shown that there is currently a strong social development model supporting drug education/prevention in the Blanchardstown area and that this local ownership is key to having a successful strategy and mobilising a community response to the drugs issue.

The survey has shown a strong message of community health promotion through the reported aims of the drug education/prevention work of the majority of respondents. This is achieved by providing young people and other vulnerable groups with opportunities for active involvement, and skills for successful participation. This work is also supporting the National Drug Strategy, which has a key objective under the prevention Pillar “to equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development”

(National Drugs Strategy 2001-2008)

The survey found that this is a key aspect of the mainstay of drug education prevention work carried out in Blanchardstown, with a strong emphasis on equipping young people and vulnerable groups with key life skills in order to enhance aspects of their social, personal, and health development.

The survey reported on a variety of target groups encompassing young people and other vulnerable groups. The majority of target groups focus on specific age cohorts. The structure of this survey did not provide an opportunity to explore the rationale for such targeting. Outside of these the other groups either represented mainstream cohorts such as schools.

The gaps identified in service provision throughout the responses are somewhat contradictory with the outcomes of the survey. The recurring gaps were identified as a lack of networking, collaboration, and targeting of those young people who are involved in drug use.

However, the responses in relation to inter-agency collaboration on the survey recorded high levels of collaboration. This outcome poses the question of what does collaboration mean to different agencies?
In order to further develop the potential of the community mobilisation of the drug education/prevention sector within Blanchardstown, it is envisaged that the following recommendations will assist this process and facilitate a sustainable cohesive, multi-agency approach.

These recommendations are based on the information submitted by the 43 participating agencies in the Blanchardstown focused survey on drug education/prevention.

Under the gaps in service provision section on the survey some key issues are evident and they form the basis of the following recommendations:
1. a review of substance use policies
2. an assessment of both the nature and effectiveness of agency collaborations and link this with the policy review
3. the development of protocols which support and enhance inter-agency collaborations in the drug education prevention sector
4. integration of drug education prevention training between all relevant stakeholders in order to complement, support, and understand approaches
5. the establishment of a forum for statutory, community and voluntary workers involved in life skill programmes targeting young people in the Blanchardstown area

This piece of work could assist in the strategic co-ordination of the Local Drug Task Force prevention strategy and would provide an evidence base to the benefits of collaborative working arrangements through policy.

Clear protocols would allow agencies to identify a standard approach to inter-agency collaboration. A commitment to networking would assist in identifying link agencies. Effective dissemination of information and shared training would allow for a more eclectic approach to drug education/prevention service provision.
Appendices

Appendix 1 Glossary of Terms
Appendix 2 Education Prevention sub-group membership list
Appendix 3 Cover Letters
Appendix 4: Survey instrument
Appendix 5: List of Survey participants
Appendix 6: Inventory
Glossary of Terms

School Programme
School Programme activities which target young people attending school. This kind of prevention often includes resources such as teaching materials and the programmes often target parents as well as pupils.

Department of Education Special Projects
These programmes offer extra support to increase participation in mainstream education. In relation to drug prevention/education the programmes often include elements of advocacy, and focus on a holistic approach to the primary care needs of young people in conjunction with the school.

Training
The training approach mainly aims to increase knowledge, skills and experiences in relation to reducing demand for drugs and raising awareness.

Family Approaches
The family approach targets families, aiming to increase their knowledge, training and skills and often works within the remit of life skill programmes.

Outreach work
Outreach work is a method used by professionals, volunteers or peers to contact drug users or at risk groups. The main aim is to inform about risks associated with drug taking, to reduce these kinds of risks and to help improve living circumstances.

Harm Reduction
Programmes of this kind include any activity targeting the reduction of harm resulting from the use of drugs by providing information and strategies to promote safer use or to reduce it.

Media
Media activities have broad coverage; examples are cinema advertising, local press and radio, posters and leaflets.

Low Threshold Service
These Programmes were included and are often a secondary prevention activity, example contact or information centres which target young people.

Criminal Justice Programme
These approaches target young people involved, or at serious risk of becoming involved, in crime/anti-social behaviour. Information is also provided on the criminal justice system.

Peer Education
This approach puts an emphasis on giving young people the knowledge and skills which assist them in forming healthy attitudes to drugs and to pass this message on to their peers.
<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
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<tr>
<td>Joe Doyle</td>
<td>Blanchardstown Drug Task Force</td>
</tr>
<tr>
<td>Conor Coady</td>
<td>Educational Opportunities</td>
</tr>
<tr>
<td>Jackie Forde</td>
<td>TOFE</td>
</tr>
<tr>
<td>Anne O’Connell</td>
<td>St: Patricks National School</td>
</tr>
<tr>
<td>Aubrey Skelly</td>
<td>Youthreach</td>
</tr>
<tr>
<td>Anne Byrne</td>
<td>Corduff/Mulhuddart CDT</td>
</tr>
<tr>
<td>Steven Joyce</td>
<td>Blanchardstown Drug Education Centre</td>
</tr>
<tr>
<td>Niamh Dowdall</td>
<td>Hartstown/Huntstown CDT</td>
</tr>
<tr>
<td>Moira Hyland Doyle</td>
<td>GBRD</td>
</tr>
<tr>
<td>Collete Colgan</td>
<td>Riversdale Community College</td>
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<tr>
<td>David Creed</td>
<td>NYP</td>
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<tr>
<td>Susan Dixon</td>
<td>Walk Tall</td>
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<tr>
<td>Rachel Murphy</td>
<td>Blanchardstown Youth Service</td>
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<tr>
<td>Aisling Geoghegan</td>
<td>WEB Project</td>
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<tr>
<td>Aoife Gleeson</td>
<td>Blanchardstown Youth Service</td>
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<tr>
<td>Chair: Catherine Durkan</td>
<td>Dept: of Education Rep</td>
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Dear

The Blanchardstown Local Drugs Task Force, Education/Prevention sub group is currently updating its document, Blanchardstown An Inventory of Drug Education/Prevention (1999).

In order to do this we would be grateful if you could complete the enclosed questionnaire in relation to:
• Specific drug education/prevention initiatives that are taking place in Blanchardstown
• Initiatives that, while not specifically focused on drug education/prevention, contribute significantly towards this aim.
• Substance Use Policy

Please return the completed questionnaire Within Two Weeks to;

The Administrator
Blanchardstown Local Drug Task Force,
22A Main Street
Blanchardstown.

Or alternatively if you wish to receive the questionnaire via e-mail please contact Task Force Office @
(01) 8604845.

Thank you for your co-operation in advance.

Catherine Durkan
Education/Prevention Sub Group,
Blanchardstown Local Drugs Task Force
Blanchardstown Drugs Task Force

Survey of Drug Education/Prevention Initiatives in Blanchardstown

The following information is required in order to update the Blanchardstown Local Drug Task Force document

An Inventory of Drug Education/Prevention Initiatives in the Blanchardstown Area (1999). Please use additional sheets if required;

Contact Details

1. Age
2. Address: ...........................................................................................................................
3. Phone: .................................. 4. Fax: .................................. 5. E-mail: .......................... ............
6. Contact person (for drug education/prevention work): ........................................................................

Drug Education/Prevention Work

Please describe specific drug education/prevention initiatives that are taking place in your organisation/group/agency

7. Project Title: ..............
7.1 Aims/Objectives:..........................................................................................................................
7.2 Brief description of work to date: ...............................................................................................

7.3 Target group:..
7.4 Target Geographic Area Covered:

Collaboration

7. Do you liaise with other groups in relation to your drug education prevention work?

Yes 0 No 0

If yes please give an outline:

..........................................................
Substance Use Policy

Please tick as appropriate:

Does your organisation have a Substance Use Policy?
Yes 0 No 0

If No have you any plans in developing a Substance Use Policy?
Yes 0 No 0

Details:


Please describe any other initiatives that, while not specifically focused on drug education/prevention, contribute significantly towards this aim.

8. Project Title: .........
8.1 Aims/Objectives: ..................................................................................................................................................
8.2 Brief description of work to date:


8.3 Target group: .........

General

10. What do you see as the main gaps in terms of drug education/prevention work in the Blanchardstown area?

11. Any other comments?

Please return this completed questionnaire within two weeks to, The Administrator, Blanchardstown Local Drug Task Force, 22a Main Street, Blanchardstown, Dublin 15.

If you have any queries please phone Sandra on (01) 8604845.
List of Survey Respondents by Geographic Area

BLANCHARDSTOWN
SCHOOLS AND RELATED SERVICES
School Bhride Boys School
School Bhride Girls School
St: Dominic’s College (Cabra)
St: Mochtas National School
St: Francis Xaviers Senior School
Social Personal and Health Education (SPHE)
Walk Tall
Warrenstown Special School

YOUTH SECTOR
The WEB Project
Foroige Blanchardstown Youth Service (Intel Computer Clubhouse)
Blanchardstown Youth Service Early School Leavers
Blanchardstown Youth Service and Youth Information Centre
BOND Project
Youthreach

DRUG SERVICES
Blanchardstown Drug Education Resource Centre
Greater Blanchardstown Response to Drugs
Outreach Services NAHB
WIDER COMMUNITY
CE Support Agency
Coolmine Ltd
Garda Siochana
Blanchardstown Traveller Support Group

BLAKESTOWN/MOUNTVIEW AREA
SCHOOLS
St. Philips S.N.S
Scoil Mhuire Senior Primary
Scoil Mhuire Junior Primary

YOUTH SECTOR
Blanchardstown Youth Service Peer Drug Prevention and Education Programme
Word on the Street
Blakestown Mountview Educational Opportunities Programme
Blakestown Mountview Youth Initiative
Blakestown Mountview NYP
An Inventory of Drug education/Prevention Initiatives in the Blanchardstown Area.

COMMUNITY
Blakestown Community Development Project
Mountview/Blakestown CDT

CORDUFF/MULHUDDART
SCHOOLS
Ladyswell National School
St. Patrick’s Senior National School
Riversdale Community College

YOUTH
Blanchardstown Youth Service Peer Drug Prevention and Education Programme
TOFE Programme
BYS Oasis Programme Riversdale

COMMUNITY
Mulhuddart/Corduff CDT
Corduff Community Development Project

HARTSTOWN/HUNTSTOWN
SCHOOLS
Sacred Heart of Jesus National School
St. Ciaran’s National School
Hartstown Community School

YOUTH
Blanchardstown Youth Service Peer Drug Prevention and Education Programme

COMMUNITY
Hartstown Huntstown CDT