CONFERENCE REPORT

COCAINE RESPONSE: SHARING GOOD PRACTICE
Croke Park, 28th June 07, Hosted by SAOL and the NDST

1. Introduction

The conference aimed to enhance interagency work as well as to share good practice in relation to cocaine intervention and rehabilitation. The conference began with an input from the new Minister of State; Pat Carey who was also beginning his term the same week. The minister reflected the main points raised by Patricia O'Connor and Joan Byrne who both highlighted that cocaine presented a serious issue for communities and drug services across the country that needed continued planning and resourcing. A common theme was also that continued co-operation and partnership between community / voluntary services and statutory agencies was the way forward.

Two hundred and eighty delegates heard a number of presentations including; the launch of a number of new cocaine specific tools (available freely in the web), a harm reduction campaign targeted at injecting cocaine users, an overview of the NACD report, a presentation from the HSE on plans for addressing cocaine use and examples of effective responses in Tallaght with a client group not traditionally engaged un drug services and effective holistic treatments form the U.K.

This report provides brief summaries of the presentations as well as feedback and recommendations from the delegates. This well attended and informative conference was made possible with funding from The Department of Community, Rural and Gaeltacht, Pobal and the NICDTF. Many thanks to those who contributed to the day and to this report with their comments and feedback.

1.1 Contents of Report

2. Key Speaker Summaries

2.1 Patricia O'Connor: Director NDST
2.2 Pat Carey: Minister of State For Drugs And Community Affairs
2.3 Joan Byrne: Director SAOL Project
2.4 Mairead Lyons: Director National Advisory Committee for Drugs
2.5 Siobhan Cafferty - Cocaine Resource Pack
2.6 Tony Duffin - Harm Reduction Steering Group
2.7 Liam O'Brien – Cocaine Response in Tallaght
2.8 Nick Seagal - Electro Stimulation Therapy: Chrysalis, Manchester

3. Workshop Feedback

3.1 Holistic
3.2 Harm Reduction
3.3 Peer Approaches / Outreach / Accessing Recreational Users
3.4 CBT / Reduce the Use
3.5 Panel Discussion – Topics raised

4. Participant Feedback and Recommendations

Tables
4.1 Usefulness of Workshops
4.2 Likelihood of information being used in projects
4.3 Impact of workshops on practice
4.4 Which responses will be applied
4.5 Barriers preventing effective responses
4.6 Comments and suggestions

5. List of Delegates and Organisations

2. KEY SPEAKER SUMMARIES

2.1 PATRICIA O CONNOR, DIRECTOR NDST

2.11 Patricia began by welcoming the new Minister of State Mr Pat Carey TD, Ms Kathleen Stack, Assistant Secretary, Department of Community, Rural and Gaeltacht Affairs and the Drugs Strategy Unit, and the members of the National Drugs Strategy Team in attendance namely Niall Cullen DJELR, Marie Dempsey DSU-DCRGA, Joe Doyle HSE, Anna May Harkin DH&C in addition to Dr Joe Barry, Chair of the North Inner City LDTF a former member of the Team and finally Eddie Matthews who had represented the HSE on the Team for a period. She complimented Caroline Gardner, SAOL Progression Routes Project Coordinator and Aoife Davey, the Team's development worker, for providing a programme which represented a good mix of presentations and practical sessions. She thanked the DCRGA and North Inner City Task Force for supporting this seminar and welcomed the launch of the practical support materials. She noted that, in her time with the Team, this is the third such seminar promoted by the Task Force and their coordinator Mel MacGiobuin, aimed at highlighting and facilitating discussion on issues of public interest the others being arrest referral and community policing.

2.12 She concentrated on three substantive points in her input:
- Reinforcing the dangers of cocaine use
- The value of partnership working
- Outlined responses to date briefly

2.13 DANGERS;
Noting that Mairead Lyons would be covering the individual harms and harm to communities in her talk, she added the collective voice of concern of the National Drugs Strategy Team regarding the **risks associated with cocaine misuse** for example, the Minister of State in his earlier remarks, Dr Des Corrigan, Chairperson of the NACD and recently Dr Kieran Geraghty, Dublin City Coroner who had dealt with five cocaine related deaths in one sitting. She again stressed that, depending on a variety of factors including purity, route of administration, frequency and intensity of use, individual physical and mental health, use can, and does, result in significant health problems and death. In view of these risks, the **challenge** for us all collectively is how to get this message across to all age groups, right across the Irish work force and to those communities already most affected by heroin use. She appealed to the media to play a supportive role in getting this message across and to keep publicising the risks in a sustained way.

2.14 PARTNERSHIP
She welcomed the remarks of the Minister regarding the role of existing Task Force structures. She reminded the audience about the value of the collaborative structures to address drugs misuse in Ireland, which were somewhat akin to the social partnership structures, and stressed the value of this way of working. While not perfect, the Local and evolving Regional structures allowed communities, voluntary and statutory sector partners to come together in a forum to debate the issues, assess the needs and agree how best how those needs can be met through a mix of adapting/expanding mainstream services and community based supports provided under the DCRGA led Drugs Initiative. Task Forces gave communities a forum to bring their "lived experiences" to the table and from a policy planning perspective they facilitated a flow of information back to the National Drugs Strategy Team and upwards to the Inter Departmental Group on Drugs chaired by Minister of State Carey and the Cabinet Committee on Social Inclusion.

Looking ahead, it was the hope of the Team that this consultative process, which centrally involved the HSE with the Team and Task Forces, will assist in identifying how awareness can be raised regarding the obvious dangers of usage and how the needs of problematic cocaine users and their families can be met. In line with the actions in the joint NACD- NDST report, she stated that this will require dedicated service provision in those areas most affected or adapting current services from drug specific interventions to treatment tailored to the individual. She emphasised the need to be energetic and optimistic in our approach to this work.

2.15. RESPONSES;
(a) Services: There has been much publicity in recent days about the very welcome opening of the HSE funded "drop in" service in **Galway**. This will operate every Wednesday from 6pm to 9.30pm to try to engage people using cocaine and provide support for concerned relatives. HSE services were also planned in **Dublin** and **Cork** by year end.
She stated that Liam O Brien would be outlining the joint work of CARP and St Dominic's community based projects in **Tallaght** aimed at recreational users , mainly in employment, a project which continues to be supported by the HSE and DCRGA. In addition, three Local Drug Task Forces with funding from DCRGA have developed dedicated community based services and they were located in CROI NUA within the ARC service in **Crumlin**, a dedicated worker within the **Finglas** Addiction Support Team (FAST) and in the **Ballyfermot** STAR project. Representatives of these services would be sharing their experiences with other participants during the workshop sessions. She added that a service would begin shortly within the DROP project in **Dun Laoghaire** and that both **Cork** and **Dublin North East** Local Drug Task Forces would be receiving funding for additional counselling supports.

(b) Training: She welcomed the appointment by the HSE of a dedicated project manager, James O'Shea within their National Addiction Training Programme, which has a specific focus on responding to cocaine misusers. The Team was pleased to note that the upskilling of both HSE and C&V sector front line workers will be met through this programme which will promote consistency and common approaches within services.

(c) Awareness: The Team will be using our participation on the, soon to be established, HSE Technical advisory group to pursue how awareness can most effectively be promoted during the next National Drug Awareness Campaign

She concluded by saying that we needed to leave today with a common collective purpose and renewed energy to face the challenges ahead. She assured the audience that the Team and Task Forces working with the Minster of State and HSE will do our utmost to play our part in the coming years to address these challenges.

2.2. PAT CAREY: MINISTER OF STATE FOR DRUGS AND COMMUNITY AFFAIRS

- Gave a brief overview of what has been happening over the past five years within the National Drugs Strategy
- Said that cocaine caused significant risks to individuals and communities and the physical and mental health problems that should alarm us all.
- He said that cocaine is particularly dangerous when combined with alcohol and other substances.
- He said that communities bear the brunt of criminal activity associated with the supply of cocaine.
- He emphasized that treatment, particularly in the form of counseling, can and does work.
- He also said that the provision of come cocaine specific clinics is included in the new Programme for Government.
- He welcomes SAOL's initiative in developing a resource pack and organizing the conference and that it represented an example of the key contributions made by the C & V sectors to dealing with the issue of problem drug use in our society and he looked forward to working in tandem with both sectors
- He finally stated that the challenges posed by cocaine use were significant but that he was confident of meeting these challenges through a co-ordinated approach utilizing the structures of the National Drugs Strategy.

2.3 JOAN BYRNE: DIRECTOR, SAOL PROJECT

- Welcomed the appointment of Minister Part Carey and reaffirmed our commitment to working with him on the drugs issue.
- Gave brief background to SAOL and how it had evolved from a project working with heroin addicts to one working with poly drug users including cocaine users
- Spoke about the irony of developing these type of response tools while at the same time constantly struggling on a yearly basis for funding and have a current funding shortfall which they would be taking up directly with the Minister
- Gave some background to the disappointing response by Government in 2003 not to add any additional guidelines for the treatment of cocaine within its services and that this lack of foresight had allowed a dangerous vacuum to occur. Spoke about Citywide surveys in 2004 and 2006 showing 15% and 62% respectively of projects surveyed were dealing with problematic cocaine users.
- Spoke about the challenge facing the services to turn a predominantly opiate focused treatment system into one that meets the needs of cocaine and poly drug misusers.
- Also spoke of the need to find ways of capturing drug using trends quicker in the future and of the disconnect between the way in which information is collected and used to inform policy and how this relates to what is actually happening in local communities.
- Praised the overall work of the National Drug Strategy Team and its approach to working in partnership with the community.
- Welcomed the recently published NDST rehabilitation strategy which defines the need for developing a practical model of inter-agency working and states that such a co-ordinated way of working is a prerequisite for the delivery of care for problem drug users.
- Spoke briefly about the launch of the Cocaine Resource Pack and the Harm Reduction Campaign.
- Specifically thanked the Conference co-hosts – the National Drug Strategy Team – and the North Inner City Drugs Task Force for their ongoing support and funding assistance for the Conference

2.4 MHAIREAD LYONS: DIRECTOR, NATIONAL ADVISORY COMMITTEE FOR DRUGS (NACD)

- The NACD and NDST prepared a report to Government on Cocaine Use in Ireland at the request of the Minister with responsibility for the National Drugs Strategy.
- Data from a range of sources brought together to create a picture of cocaine use in Ireland. There are limitations to each of the data sources but collectively the present a consistent upward trend in cocaine use in Ireland.
- Exponential increases each year in seizures, cocaine related offences, those seeking treatment for cocaine as primary drug (86 in 1998 to 311 in 2003) and those seeking treatment for cocaine as secondary drug (454 in 1998 to 2,244 in 2003).
- Cocaine use is part of a poly drug using culture. Alcohol and cocaine most commonly combined. For those in drug treatment who test positive for cocaine, its use is one of several other substances in use including methadone, opiates, benzodiazepines, alcohol and cannabis in that order.
- Drivers being testing positive for cocaine increased from 9 cases in 2002 to 86 cases in 2005. Those admitted and discharged from hospital for cocaine problems rose from 52 cases in 1999 to 222 cases in 2004.

- Cocaine use crosses all social strata in Irish society and is evenly distributed across to socio-economic groups.
- In the ROSIE study of heroin drug treatment, 45% of those recruited reported cocaine use at treatment intake. This had more than halved at 1-year.
- Communities reporting increased visibility of cocaine users and its consequences in terms of crime, violence, intimidation and a general deterioration in the physical and mental health pf previously known drugs users.
- Recommendations made to Government focused on reorientation of opiate services to addiction services; the need for some specific interventions for psychostimulant users in acute areas; harm reduction services need to adapt; enhanced training and professional development for all staff working with drugs users; rolling out of local policing forums; disseminate information on cocaine and its harms; understand the diffusion of cocaine and other drugs; finally information should be gathered and presented for small areas so that local communities can act.
- Progress is being made on these recommendations as Patricia O'Connor and the Minister outlined.
- Treatment works. Psychosocial interventions are most effective with cocaine users. Alternative therapies can serve to recruit and retain clients in treatment although they are not proven to have impact on cocaine use. There is no drug of substitution.

2.5 SIOBHAN CAFFERTY - COCAINE RESOURCE PACK

- Background info- NICDTF led consultation process with many drugs projects/services across Dublin
- It was agreed that 'off the shelf' response tools to cocaine use were urgently needed to fill the gap in services
- Three resource tools were designed to meet cocaine users at all levels
  - CD – Low threshold, chaotic users who are unable to commit to attending a project on a regular basis.
  - Relapse Worksheets – those who can attend projects/services on a more regular basis and who have an established relationship with a keyworker
  - Reduce The Use – for those in the contemplation stage and who are linked in with a project/service on a more regular basis. Clients in this group generally have a higher level of motivation and are more ready to change
- **CD** – clients take it home with them to listen to at their own pace. It can help to increase motivation levels to move on to the other resources. Ideal for clients in prison as they do not need to be linked in with a key worker. Great resource for outreach workers as it can be given to cocaine users they meet on the street.
- All versions of the CD trialled in three projects with clients' feedback being of utmost importance to the wording of the final edit. Produced by Noel Duffy and recorded by Steve Wilson.
- **Relapse Worksheets** – draw together the skills already being used by workers but adapts them to an Irish context. Simple to use, grab off the shelf resource to be used with clients on a one to one basis.
- Brief intervention tool designed to be used over three-six sessions and it can be adapted by workers to meet their clients' needs.
- **Reduce the Use** – eight week CBT based tool designed to be used with groups that are engaging in a project/service on a regular basis and are in the contemplative stage of addiction
- Helps clients change their negative thought and belief patterns, set goals for change and devise an action plan around this. It also helps clients to identify refusal skills and practice them while also looking at cravings, social support systems and relapse warning signs.
- Trialled in four projects so far – outcomes – best used with motivated groups, best run over eight consecutive weeks and best delivered by two facilitators. All three resources can be downloaded from our website – **www.saolproject.ie**

2.6 TONY DUFFIN - HARM REDUCTION STEERING GROUP

The launch of a joint community/statutory Harm Reduction Campaign targeting injecting cocaine users.

Background

- Interagency consultation took place. A number of groups from the NICDTF area came together to consider the needs of cocaine users.
- A harm reduction component to the project was established from the outset.
- Funded by Pobal, NICDTF and HSE, A successful application for initial funding was made to Pobal, followed by successful application NICDTF Health Promotion fund and finally followed by further funding by the NA /HSE.
- The 'Cocaine - Harm Reduction Steering' group was established to progress the work. A steering group was established to progress the work:

  UISCE - Ruaidhri McAuliffe
  Progression Routes - Caroline Gardner
  Merchant Quay Ireland - Mary O'Shea / Niamh Randall
  HSE Outreach Team - Caitriona Brady
  Ana Liffey Drug Project - Tony Duffin

Process

- Consultation Groups were held with people who currently inject or have injected cocaine. These Consultation Groups were held in:
  1. Ana Liffey Drug Project
  2. UISCE

3. Merchant Quay Ireland

'Cocaine - Harm Reduction Steering' group considered the findings, reviewed the evidence and developed a response.

- These resources can be accessed by contacting SAOL, Ana Liffey, the HSE Northern Area or UICSCE and will be available in all needle exchanges.

2.7 LIAM O'BRIEN – COCAINE RESPONSE IN TALLAGHT

- Cocaine became problematic in Tallaght in 2000.
- It took some time to convince people that something should be done about it. Eventually the NDST awarded a pilot project to CARP/St Dominics.
- The learning from working in partnership has been as valuable as the work around cocaine. However, there are problems in running a response when two organisations are involved.
- Running a project on unknown budgets is problematic.
- Cocaine users are different to the typical problem drug user most of us are used to.
- Cocaine users can be enticed into the services but changes need to be made both in the response by staff, the general ambiance of the service in the building and by treating all people who present with curtesy and respect.
- People accessing the service need a carrot to bring them in e.g. holistics, help with court appearances, etc
- People don't stay long attending the service.
- Counselling isn't something that people are into. However, there is a lot of one to one work done with people.
- Publicity, publicity, publicity, publicity, publicity.........................

2.8 NICK SEAGAL - ELECTRO STIMULATION THEARPY: CHYRSALIS MANCHESTER

- Acu-Point Electrical Stimulation has a positive effect on withdrawal symptoms for all chemical substances, especially Crack Cocaine.
- It is more than just a holistic/complimentary treatment. There is scientific and practice based evidence to back up the claims of those delivering and receiving the treatment.
- Acu-Stim works at a neuronal level and could be classified as Biochemical medicine. There is evidence from FMRI (Functional magnetic resonance imaging) brain scans, but more is needed. Also CSF, (Cerebral Spinal Fluid) taken from human subjects.
- The theory is: fast pulses help trigger the release of Serotonin and Dopamine needed to combat depression, Cocaine cravings and withdrawal. Slow pulses help trigger the release of Endorphins also needed with Crack use to help with Panic, paranoia, anxiety etc.....
- Research carried out by our selves following B.P.S. British Psychological Societies guidelines demonstrates statistically significant results in favour of this treatment intervention.
- Acu-Stim works well in conjunction with CBT (Cognitive Therapies in general) Motivational Interviewing, etc..
- Apart from being used to attract Crack Cocaine users into services, it actually works on a Biological and Psychological level.
- Acu-Stim requires no belief that it works and no will power. It is modelling a non chemical way to deal with addictions, thoughts and feelings.
- Stimulant nurses are to be trained in its use in the U.K. The next step is to offer it to Psychiatrists and Dr's, etc. This is a person centred treatment that follows the models of care as set by the U.K. Governments National Treatment Agency.
- The major barriers to mainstream use are stigmatisation of complimentary/holistic treatments, prejudice, misconceptions on how it can be implemented It is not a stand alone treatment, as it enhances any and all Psycho-Social interventions.

3. WORKSHOP FEEDBACK

3.1 HOLISTIC THERAPIES

Group 1

Q1: Barriers

Limited/No evidence-no proof, Sceptical, Funding, Space, Time, Groups/verses individuals, Fear by client, Fear physical touch, Insurance employees/volunteers, Non regulation of practitioners, Professional integrity of trainers, Standardisation of training, drug workers – part of accredited training

Q2: Solution

Standardisation, Create evidence – research – measure the effect, Resource – personnel, time, training, Creating the right environment – physical, Driven by person/client need/feedback
Have it regulated – have therapists accredited

Q3: Next Steps

Acceptance of complementary therapies and its positive role, Accredited training
Set up a cohort study/trial

Group 2
Q1: <u>Barriers</u>
Stigma, Prejudices, Ignorance – lack of info, Clients not wanting to be touched, Insurance, Emphasis on medical model, Revenue from holistics, Proven, Not scientific, Not instant, Does it work, bad practitioners, No controls/quality – standards

Q2: <u>Solution</u>
Research – recognised, scientific, quantitative, evidence, Education – awareness, Marketing of promotion, Reinforcing, Good practice – quality training equals, Positive ness, Standards, quality control

Q3: <u>Next Steps</u>
Resilience and persistence, Training, Quality, Governing bodies, Reputation and recognition, Support of medical bodies – HSE, Build medical, Continue research

3.2 HARM REDUCTION

<u>Question:</u> What role can organisations play in communicating these ideas to the target group?

Workshop 1

- Engaging families / Outreach
- Working with homeless services e.g. sharps bins in hostels
- Safer Injecting Facilities/Consumption rooms
- Use LDTF's and RDTF's to disseminate the information and messages.
- Working with local communities to dispel myths about drug use and drug users and encourage the establishment of localised services.
- Expansion of needle exchange and ancillary services.

Workshop 2

- Use drug users themselves to dissemination information, peer-to-peer
- Build such information into the curriculum of Social Care Workers.
- Talks in schools.
- Increase multi-agency working.
- Work on changing public opinion.
- Use counsellors to disseminate information and display information in places where counselling occurs.
- Increase out of hours services/ needle exchange opening hours /Increase back packing services.
- Integrate services.
- Use audio visual tools.
- Practical knowledge and information through risk observation.

Workshop 3

- Disseminate through schools and community groups.
- Access service users.
- What about recreational drug users: how do you improve their knowledge and understanding of risks?
  - Campaign in pubs ands clubs
  - Shock tactics aimed at health
  - Important to identify your target audience
- Increase backpacking services.
- All messages do not fit all need targeted messages that are appropriate.
- Look at alternatives.
- Questioned whether injecting causes more harm then smoking.
- Issue of safer injecting within homeless accommodation. Need to challenge workers culture. Need homeless accommodation that is suitable for all including homeless drug users. The safety of staff is also an important factor.

3.3 PEER APPPROACHES / OUTREACH / ACCESSING RECVREATIONAL USERS

- Reasons to turn to Cocaine for people – economic or psychological
  - Extra money
  - Confidence boosting
  - Stimulant – buzz party
  - Cross addition from heroin – perceptions attitudes by own groups
- Governmental perception – cocaine is cleaner drug. To access services urines focus on heroin and not cocaine.
- Using Peer approach works better – cope with young people – ie example of CARP outreach worker.
- Cocaine replacing Ecstasy culture of early 90's.
- Media perception is about 'chic' culture and next the IV image and its acceleration use.

- Targeted and focussed groups may prove more successful than the large scale media campaigns.
- Drug services will always have another drug of choice around the corner. Epidemic status is being ignored.
- Peer pressure for a positive sense. Providing a space for 'normalisation' through activities.
- City clinic – is a building which is on the main road where everyone can be seen going in. Essence of peer work should be a conjoined approach between addiction, counselling education, medicine.
- De-criminalised of cocaine? Is only relevant in context of heroin also. Very little class analysis of its use.
- Need to score – can be substituted by methadone but there's nothing for cocaine.
- Crack is increasing – possible changes in trends which has effects for health implications.

3.4 COGNITIVE BEHAVIOURAL THERAPY

Group 1

Reduce The Use circumvents problems – groups are difficult – attendance difficult. C.D gets around this. Needs to be marketed as a stand alone product so no confusion between this and 1-1 work.

Task Force to organise training to get uniform standard. Motivational interviewing can be a prelude to identifying clients who would benefit from this course and C.B.T.

External/internal triggers is important to state. Maybe target at over 21's.

Group 2

Waiting lists, Sharing resources

Use people for other agencies

People do not cross catchment areas

Translate to other languages, Cultural barriers

Group 3

Assess physiology of clients, What levels of training needed for C.B.T? Services need to open their doors, Stimulant clinics should run this for motivated clients, People may need to upskill,

Separate the heroin/cocaine treatment programmes, Maybe utilise the clinics we have at present in with all forms of resources, Advertise in toilets about alcohol/coke, Costings

Localised self help groups for coke, Better communication between services required, Spread message to kids upwards, Heroin creeping back in/don't take eye off ball, Ethnic minorities may be left behind, C.A.B. need to hive back resources

3.5 TOPICS DISCUSSED AT IN THE PANEL DISCUSSION

Panel: Patricia O'Connor, Director NDST; Joan Byrne, Director - SAOL Project; Tony Geoghan, Director – Merchants Quay Ireland; Mhairead Lyons, Director – NACD; Ruaidrhri McAuliffe, co-ordinator UISCE, Eddie Mattews – HSE, Northern Area

- Consumption rooms
- Prison Needle Exchange
- Recreational Cocaine Use: "Test on Arrest" used in Manchester ; Desk Sgts in police stations have packs
- Drugs Specific Services
- Services getting swamped if dealing with cocaine/alcohol
- Drug Awareness - Use of DVDs as one means
- Harm reduction messages (Mick Rafferty RADE): crack V cocaine, smoking v intravenous

4. PARTICIPANT FEEDBACK

4.1 How useful was your workshop?

(1 = *not useful at all* and 10 = *very useful*)

Workshop	Respondents	1: How useful?
1: Holistic Therapies	15	6.9
2: Harm Reduction	15	7.7
3: Peer Approaches/Outreach	14	6.4
4: CBT/Reduce The Use	40	7.6
Overall	**84**	**7.2**

4.2 How likely would you be to test out some of the responses you have heard of in your workshop today in your own service/project/community/agency etc?

(1 = *very unlikely* and 10 = *very likely*)

Workshop	Respondents	2: How likely?
1: Holistic Therapies	15	9.1
2: Harm Reduction	15	7
3: Peer Approaches/Outreach	14	7.2
4: CBT/Reduce The Use	40	7.7
Overall	**84**	**7.8**

4.3 How much of an impact do you think the information from this workshop will have on your practice? (1 = *no impact* and 10 = *great impact*)

Workshop	Respondents	3: Impact?
1: Holistic Therapies	15	6.7
2: Harm Reduction	15	6.9
3: Peer Approaches/Outreach	14	6.3
4: CBT/Reduce The Use	40	6.7
Overall	**84**	**6.7**

4.4 If you are likely to test out some of the responses, can you tell us which ones?

Responses	**Number of respondents**	**Percentage of respondents**
CBT/SAOL Cocaine Intervention Resources	17	20.2%
Peer approaches	6	7.1%
Targeted timing of responses (evenings or particular days)	6	7.1%
Black box therapy	5	6.0%
Banging up coke campaign	5	6.0%
General holistic treatments	4	4.8%
Syringe ID	2	2.4%
Media campaign re effects	1	1.2%
New ways of distributing information about available services	1	1.2%
Needle exchange	1	1.2%
Focus on project attitude and atmosphere	1	1.2%
Split services between heroin and cocaine	1	1.2%

4.5 Are there any specific barriers that will prevent you from providing a cocaine response to your client group?

Barriers:	Number of respondents	Percentage of respondents
Inadequate resources (funding/equipment/premises/staff numbers/time constraints)	23	27.4%
Lack of staff skills/training/experience	16	19.0%
Lack of appropriate clients (not admitting problem/low motivation/no long-term engagement)	11	13.1%
Mixing of clients (cocaine clients with opiate, active with drug free)	4	4.8%
Lack of collaboration/cohesion between agencies	4	4.8%
Risk of destabilising stable clients	2	2.4%
Working with u18s	2	2.4%
Length of time required to deliver	2	2.4%
Nothing new at conference	1	1.2%
Literacy issues	1	1.2%
Different levels of response needed	1	1.2%
Needing cocaine specific intervention	1	1.2%
DTF only providing services in "poverty" areas	1	1.2%
Scale of problem	1	1.2%
Services not picking up on cocaine use as problem	1	1.2%
External pressure	1	1.2%
Lack of cooperation from superiors	1	1.2%

4.6 Are there any other comments you would like to make which might be useful for the formulation of a conference report?

	Number of respondents	Percentage of respondents
(positive): conference very informative	6	7.1%
(positive): supplying a flexible and adaptable off-the-shelf support	2	2.4%
(positive): huge diversity in approaches in workshop	1	1.2%
(positive): ability to download cocaine resources	1	1.2%
	Number of respondents	**Percentage of respondents**
(negative): too much talk in the morning	2	2.4%
(negative): conference very basic	1	1.2%
	Number of respondents	**Percentage of respondents**
(recommendation): distribute clear simple short notes from conference	2	2.4%
(recommendation): arrange follow-up session/facility	2	2.4%
(recommendation): have a client voice in the conference report	1	1.2%
(recommendation): discourage IV use in particular	1	1.2%
(recommendation): have a best practice newsletter	1	1.2%
(recommendation): focus on a methadone protocol before working on cocaine	1	1.2%
(recommendation): have a group for recreational users	1	1.2%
(recommendation): cocaine resources could be applied to general addiction relapse/prevention	1	1.2%
(recommendation): have more discussion on polydrug use in connection with cocaine	1	1.2%

5. Conference Attendees

Organisation	Attendees
Abbey Project, Celbridge	Julie Mooney
Access Housing Unit	Louisa Santora
Addiction Response Crumlin	Rachael Cahill
	Philip Murray
ALJEFF Treatment	Teresa Keavney-Walsh
Ana Liffey	Tony Duffin
Arbour House Drug and Alcohol Misuse Service	David Baumann
	Phillipe Pujade
ARC St Davnets Hospital	Phillip Drohan
	Amanda O'Neill
Athlone Institute of Technology Health Promotion	Theresa Ryan
	Paula McClean
Ballybough Youth Project	John Hedges
Ballyfermot Advance	Dermot Gough
	Veronica Mahon
Ballyfermot LES	Jimmy Kelly
Ballyfermot STAR	Sunniva Finlay
	Declan Reddy
Ballyfermot Youth Service	Janice Mc Garry
	Erin Mc Graine.
Ballymun Job Centre	Jennifer Hughes
Blanchardstown 2001	Deirdre Rossiter
Blanchardstown Drug Education Resource Centre	Steven Joyce
Bluebell Addiction Advisory Group	Nicola Perry
Bluebell CDP	Niamh Lyons
BOND Day service	Karen Cassidy
BOND Residential Project	Joy Smith
Bray CAT	Mary OBrien
Bridge Project	Dermot Ronaldson
Bridge Project Probation	Brigetta Burke
	Daragh Bailey
C.A.S.P.	Simonne Sheridan
	Lilly Reid
Cabra Resource Centre	Cathryn O'Reilly
Canal Communities	Trever Keogh
	Trish O'Neill
Cara Lodge (Matt Talbot Adolescent Services)	Geraldine Burke
CARP, Tallaght	Liam O'Brien
CASPr	Ruth Breen Gomez
CDA Trust	Mary Winchester
Cherry Orchard Hospital	Geraldine Kidpalos
Chrysalis Community Drug Project	Tania Horgan
Chrysalis Manchester	Nick Seagal
	Julie Asumu
Citywide	Anna Quigley
Community Addiction Programme Oliver Bond	Vera Mcwilliams
Community Addiction Response Programme Killinarden (CARP)	Leena Madani
Community Awareness of Drugs	Bernie McDonnell
Coolmine	Paul Conlon
Cork Prison Psychology Service	Rachel Egan
	Brendan O Connell

Organisation	Attendees
County Wicklow Community Addiction Services	Andrea Lally
	Ross Vickers.
	Andrew Hoolan
Crinan	Liuwe Greidanus
	Pauline Kavanagh
Crosscare	Keith Vaughan
Crumlin CDP	Victoria Butler
Cumas	Margaret Dalton
DAISH project (traveller specific drug initiative)	Mick Mason
	Christopher Moorehouse
De Paul Trust	Samantha Priestly
Deora Project	Gerry Cunningham
Department of Defence	Mick Murran
Department of Health and Children	Anna May Harkin
Department of Justice	Helena Stapleton
	Conor Cleary
	Niall Cullen
Donneycarney Youth Project	Lorraine Stewart
	Elfrieda Carroll
Drug Treatment Centre Board (Trinity Court)	Danny Stritch
	Kevin Ducray
	Pauline Geoghegan
	Mairin Breathnach
Drugs Strategy Unit, Department of Community Rural and Gaeltacht Affairs	Kathleen Stack
	Michael Conroy
	Eddie Arthurs
	Marie Dempsey
Drugs Task Force: Ballymun Local Drugs Task Force	Clare Horan
	Marie Lawless
Drugs Task Force: Canal Communities Local Drugs Task Force	Michelle Lennon
Drugs Task Force: Clondalkin Drugs Task Force	Majella Finnegan
Drugs Task Force: D12 Local Drugs Task Force	Aoife Fitzgerald
	Cormac O'Toole
	Ruth Colgan
Drugs Task Force: Dublin North East Regional Drugs Task Force	Louise Nolan
	Damien O'Connell
	Vanessa Hoare
	Andrew Ogle
Drugs Task Force: Dun Laoghaire Rathdown Local Drugs Task Force	Gemma O'Leary
	Eamonn Gillen
Drugs Task Force: East Coast Regional Drugs Task Force	Eileen Cannon
	John O'Brien
	Iolanda McCauley
Drugs Task Force: Finglas Local Drugs Task Force	Emma Keenoy
Drugs Task Force: Midlands Regional Drugs Task Force	Parvez Butt
Drugs Task Force: North Dublin Regional Drugs Task Force	Eileen Burke

Organisation	Attendees
Drugs Task Force: North Inner City Drugs Task Force	Joe Barry
	Mel MacGiobuin
	Marcus Keane
	Noeleen Jennings
	Tony Dunleavy
	Cyprian Brady TD
	Paula Johnston
	Maria Gibbons
	Sadie Grace
Drugs Task Force: Regional Drugs Task Force Co-ordinator	Loman Conway
	Sean O'Connor
Drugs Task Force: Sth West Regional Drugs Task Force	Lisa Baggott
Drugs Task Force: Tallaght Drugs Task Force	Grace Hill
Drugs Task Force: Western Region Drugs Task Force	Celina Casey
	David Parslow
	Simon Comer
Dublin Aids Alliance	Mary O'Shea
	Lara Gallagher
Dublin City Council	Lorraine Costello
Dublin City Council Hostels	Eric Brennan
Dublin City Council Housing Welfare Section	Emer Kelly
Dublin City Council Social Inclusion/Family Support	Jude Mc Hugh
Dublin Simon	Tina McHugh
	Marialena McGreevy
	Gemma Collins
Dublin Simon Community Street Outreach Team	Christopher Gard
Dun Laoghaire CAT	Geraldine Hanlon
Dun Laoghaire Rathdown Outreach Project Ltd	Ruth McClaughry
Dun Laoghaire/Rathdown Co Council	Scott Davis
Dunard Community Project	Trisha Lynch
Emigrant Advice	Joe O'Brien
Fada Project	Jane Hogan
FDYS Youth Work Ireland	Tommy Redmond
	Kieran Donohue
Foroige, Blanchardstown Youth Service	Brian Fitzsimons
Fusion CPL	Kathy Watts
Grattan Proj Cork	Siobhan Murphy
Greater Blanchardstown Response to Drugs (GBRD)	Kelly Freeman
Haniel Project	Tom O' Connor
Haven House	Lena Gibbs
hega	Fran Giaquinto
Homelessness worker, Kildare	Ruth O'Reilly
HSE (Various Services)	Catriona Brady
	David Wyse
	Stevano Donati
	Trisha Conway
	Clare Lynch
	Bob Swords
	Nekane Bilbao
	Ann Maher
	Margaret Bowden
	Veronica Ryan
	Dr. Brion Sweeney
	Kay Conlan
	Dr Mike Scully
	Kathleen Daly
	Peter Homan
	Suzanne Bonass
HSE Addiction Services Dublin Mid Leinster	Olive Cullen
HSE Addiction Services Dublin NE	Cindy Conaty
	Ciaran Marley
HSE Addiction Services East Coast	Aoibhínn King
HSE Addiction Services Education	Dervalla Mannion
	Stephen Harding
	Bernie Maguire
HSE Area 7 Social Worker	Davina Brown
HSE Cherry Orchard	Kathleen Meagher
HSE Drug Misuse Research Division	Martin Keane
HSE Health promotion Kerry	Michelle McSweeney
HSE Homeless Link Multi D Team	Eamonn McAroe
HSE Mental Health Nurse	Jo Gore
HSE National Addiction Coordinator	Joseph Doyle
HSE National Planning Specialist Social Inclusion	Eddie Matthews
HSE Rehabilitation/ Integration	Micheal Durcan
	Rita Smith
	Brid Walsh
	Johanna Ivers
HSE Vergemount Hall Clonskeagh social worker	Claire Cullen
KCCP	Declan Byrne
	Marian Clarke
Kildare/West Wicklow CDT	Oscar Traynor
Killinarden Community Council Youth Project	Des Kavanagh
Liberties College, Addiction Studies Tutor	Davina Shea
Liberties Recycling	Marion Foster
SAOL Management Committee	Catriona Crowe
	Seanie Lambe
	Cathleen O'Neill
	Sarah McGuigan
	Len Stroughair
Merchants Quay	Niamh Randall
	Emer Patten
	Raul Menendez
	Miriam Kane
	Tony Geoghegan
	John Lundberg
	Wendy Crampton
	Peter Kelly
Millbrook Lawns Health Centre	Chris Lawrence
NACD	Mairead Lyons
	Gemma Cox
	Teresa Whitaker
	Justine Horgan
National Addiction Training Programme (NATP)	James OShea
National Drugs Strategy Team	Aoife Daly
	Patricia O'Connor
North West Inner City Training and Development Project	Bernie Cumberton
	Derek Magee
Novas Initiatives Women's Hostel	Pat Claffey
	Suzanne O'Connor
NUI Galway Student Services	Cindy Dring
NUI Maynooth Students	Gregory Stokes
	Christopher Fitzpatrick
Nurse Manager for DePaul Trust, Clancy night shelter	Fiona O'Connor Power
NYP	Paul Madden
PACE	Joanne Rolfe
	Tara Kennedy
Pathways	Brendan Moore
	Nicholas McEvoy

Organisation	Attendees
Peamount Hosp	Rhoda Algarme
Peter McVerry Trust	Clare Williams
	Martina Duggan
	Nigel Mulligan
	Stuart Fraser
Pobal - Dormant Accounts	Emma Rorke
	Ciara Flanagan
Probation and Welfare Service	Emma Gunn
	Vaness McCarthy
	Irene Gilmore
	Elaine Kavanagh
	Ian Kearney
	Sinead Reilly
	Maria O'Brien
	Carmel Donnelly
Probation and Welfare Service, Clondalkin	Lena Canty
Probation and Welfare Service, Cork Office	Andrea Devine
Probation and Welfare Service, Dochas	Sarah Finnegan
Probation and Welfare Service, Dun Laoghaire	Sinead O'Connell
Probation and Welfare Service, Portlaoise	Ann Walshe
Probation and Welfare Service, Smithfield	Cathy Ryan
Probation and Welfare Service, Tallaght	Eileen Farrell
Project West CDP	Patricia Burke
Rade, Swords	Michael Egan
RASP Project	Pat Hanna
Regional Drug Co-ordinator HSE South	Tony Barden
Rialto CDT	Graham Ryall
Ringsend and District Response to Drugs	Thomas Crilly
Ruhama	Malika Aissaoui
SAOL	Joan Byrne
	Siobhan Cafferty
	Ann O'Connell
	Caroline Gardner
	Catherine Bates
	Joanne Byrne
	Siobhan McDonnell
	Yvonne Kelly
	Anne Marie Reid
	Sandra Dillon
	Marion Gavin
	Natalie Kavanagh
SAOL	Celine Purtill
	Mary Treacy
Sinn Fein MEP	Mary Lou McDonald
Sláinte Drug & Alcohol Service	Justin Sherin
	Louise Carey
Slainte, Limerick	Nina Smyth
Sligo Leader	Jonathan May
Soilse	Sonya Dillon
	Morgan Lucy
Sophia Housing Association	Ann Thomas
South Meath Response	Annette McGuinness
	Ann Burns
Southill Drugs Prevention Strategy	Caroline Keane
	John Williams
St James Hospital, A&E	Roisin Brecknell
St. Andrews Resource Centre	Orla Grimes
St. Vincent's Trust	Maeve O' Reilly
STAR Project Ballymun	Miriam Holland
	Katy MacAndrew
	Annette Head
Tallaght Probation Project	Will La Combre
Tallaght Rehabilitation Project	Patrick Daly
TCD Addiction Research	Eoghan Quigley
TCD Clinical Placement Co- Ord's mental health students	Breda Whitehead
TCD Student Addiction Studies	Pauline Smith
	Aoife O'Shaughnessy
Tenancy Sustainment	Kevin White
TSDI Pavee Point	Emma Kennedy
TURAS Counselling Services Ltd, Dundalk	Marian Sloan
	Nora Donaghy
UISCE	Ruaidhri McAuliffe
	Emily Reaper
	Christopher Flood
	Eugene Arkins
VDTN	Jane Kenny
Walkinstown Greenhills R C	Kay Bailey
Women's Health Project	Joanne Tallis
	Carmel Hennessy
YAP	Mairead Kavanagh
	Derek Morgan
Youre Equal	Larry O Neill
Youthreach Sherrard st	Bob O Neill
Individual	Billy Gallagher
	Brian Melaugh