

Irish Association for the Study of Delinquency

Conference 2001

Drugs, Alcohol and Youth Crime

The fourth annual conference of IASD Ltd took place in the Killiney Court Hotel, Co. Dublin on 18 & 19 October 2001.

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What is the Irish Association for the Study of Delinquency?

The Irish Association for the Study of Delinquency Ltd (IASD Ltd) promotes reform, development and effective operation of the criminal justice system.

It does so by:

- providing a forum where experienced personnel can discuss problems and ways of working
- promoting study and research in the field of criminal justice
- promoting the highest standards of practice by professionals working in, and associated with, the criminal justice system
- representing the collective views of its members
- building links with similar professional organisations at home and abroad

IASD activities are designed to lead to increased mutual understanding and provide insights into the challenges posed by crime. By opening informal channels of communication, the Association improves co-ordination between the different parts of the criminal justice system. It is not a pressure group for change, nor is it aligned politically.

Activities include an annual conference, seminars on issues of current concern, dedicated working groups, and study tours. Publications include: *Preventing Offending - A Stake in Civic Society* (Proceedings of 1998 Conference); *Keeping Offenders in the Community - Electronic Tagging and Voice Tracking* (Proceedings of 1999 Conference); and *Perspectives on Juvenile Justice* (Proceedings of 2000 Conference).

Executive Summary

I. Keynote Addresses

James O’Sullivan (Judge of the District Court and Chairperson of the Adoption Board) reminded delegates of the early roots of court-ordered alcohol treatment in Ireland: the Kilmainham Court programme of the late 1970s. He described the establishment of an innovative new facility at Harristown House in County Roscommon, and welcomed the current attention being paid to the complex relationships between crime and addiction.

Eoin Ryan TD (Minister of State for Local Development with Special Responsibility for the National Drugs Strategy) described the evolution of the National Drug Strategy 2001-2008. He emphasised the need for co-ordinated action to address the four pillars of supply reduction, prevention, treatment and research. He reiterated the Government’s commitment to social inclusion and outlined the financial resources that have been set aside to achieve this end.

Gerard Haughton (Judge of the District Court) set out the legislative position as regards child care and juvenile justice. He identified a number of critical shortcomings in service delivery and expressed the view that if the provisions of the Children Act 2001 are to have any impact, strenuous efforts must be made to ensure that a sufficient number of social workers are employed to implement them. He highlighted the harmful nature of the close association between alcohol and sport.

Catherine Clancy (Chief Supt. Garda Síochána Community Relations) described the numerous initiatives undertaken by the Gardaí to prevent drug and alcohol misuse, as well as to respond effectively when it occurs. Approaches pioneered by the Force include the juvenile diversion programme, the special projects and the community police forum. The focus is on reducing the demand for intoxicants as well as curtailing their supply.

Dan Gunn (Vice Chairperson, Scottish Association for the Study of Delinquency)

set out the mission of the Scottish Prison Service and described how Polmont Young Offender Institution, of which he is governor, has attempted to achieve the twin goals of caring for prisoners with humanity and providing opportunities for them to exercise personal responsibility. He detailed a number of programmes that have been designed to meet the needs of young offenders during their prison sentences, and in particular as they are prepared for release.

II. **Main Themes from Workshop**

The information deficit.
The need for precision when defining terms.
The question of cause and effect.
The role of social learning.
The nature and depth of interventions.
The challenge of 'normalisation'.
The problem of community resistance.
Changes in youth culture.
The resilience of young people.

III. **Main Themes from Plenary Discussion**

Crime and drug use among girls.
The need to co-ordinate agencies.
Deciding who should take the lead in programme delivery.
How Health Boards can be helped to fulfill their statutory obligations.
Determining when interventions are not effective.
Encouraging communities not to reject their offenders.
Tackling the 'decline' in volunteering.
Identifying the successful ingredients of the National Drugs Strategy.
Achieving consistency in treatment.

Keynote Address

James O'Sullivan, Judge of the District Court and Chairperson of the Adoption Board

It is a great pleasure to have the opportunity to address your Association's annual gathering. For many years I have been concerned with the impact of alcohol and drug use on crime. Indeed, you might be interested to learn that as far back as 1978, together with Sister Marie Joseph (founder of the Stanhope Street Social Services Centre); Coleman Dunne (who had just returned from the United States where he had completed his final qualifications in the study of addictive substances); and Dr Stephenson (one of the foremost authorities on addiction at the time), I established a rehabilitation programme at Kilmainham Court in Dublin. I believe that this was the first programme of its kind in Europe. The programme we set up, assisted by the Probation and Welfare Service, began in the courtroom where the judge explained to the alcoholic that they had two alternatives. First, the person could be sentenced to prison, fined or given the Probation Act. Secondly, a course of treatment for their addiction could be embarked upon.

It was explained from the outset that the latter was an out-patient treatment programme; if any medical or psychiatric problems were experienced, there was a doctor on call. The judge made it very clear to any potential participants that if they accepted the programme, conducted by experts in the field, they would not receive a formal, traditional punishment. Moreover, they understood before leaving the court that if they drank that night, there would be no punishment; in other words, the sword of Damocles did not hang ominously over them waiting to strike at the first sign of a lapse back into alcoholism. The only reason why they might be jailed, fined or given probation was if they failed or refused to complete the programme, once started.

The first week of attendance at the programme was composed of introductory sessions. Husbands, wives, partners and concerned family members were encouraged to be present throughout. It was explained to the parties concerned what was expected of them

and what their responsibilities were. The next six weeks of the course were referred to as the 'A' programme. Each session commenced with a thirty minute group meeting. This was followed by the participants meeting together in AA style sessions assisted by their counsellors. This was followed by a further eight weeks on programme 'B'. This phase was more advanced and concentrated. In particular the counsellors taught and encouraged the participants to confront one another with their problems. For the duration of the programme, the Probation and Welfare Service kept the court informed of the progress of each participant. Following the completion of the programme, participants were monitored during a further 12 months of after-care. I am of the firm belief that a high proportion of those who had the benefit of this initiative successfully recovered from their alcoholism.

What was concerning, however, was the lack of support generated in Ireland for the use of such a programme. Indeed it was for the most part viewed as a 'soft option' - with Kilmainham court being seen as a 'medical dispensary' - and a wasteful use of scarce resources. Uninformed perceptions such as these, which help create a punitive culture that is only too readily nurtured and sustained in media and political arenas, make the operation and financing of such treatment programmes difficult.

The introduction of the Drug Court is to be warmly welcomed. Its success will depend on its ability to cultivate a multi-agency approach to drug abuse (including liaison with general practitioners, psychiatrists, psychologists, probation officers, counsellors and community workers, not to mention the families of drug abusers, their victims, and concerned community groups); to secure adequate funding and support services to assist the court in the disposal of cases; and to set realistic goals so as to prevent high drop-out rates and the fall into a more punishment orientated approach. In addition, research should be encouraged, perhaps employing Drug Court cases as one source of empirical data, on the lifestyles of drug abusers in Ireland, the patterns of abuse among socio-economic, gender and age groupings, and the links between drug abuse and further criminal activity.

There is another recent initiative which deserves mention. Located in Castlerea, Co. Roscommon, Harristown House is a self-sufficient residential drug free unit, especially designed for the treatment of alcohol related problems. As the Minister for Justice, Equality and Law Reform, John O'Donoghue TD, noted when he opened the unit on 25 November 1998:

“Alcohol abuse is a problem in the community and as we are well aware, it can be at the root of many instances of anti-social behaviour. Too often, ambivalence to the side effects of alcohol abuse is such that preventative and focused approaches to dealing with the problem are required. Clearly, the biggest challenge facing the agencies in dealing with persons who are in trouble with the law arising out of alcohol abuse is getting those persons to ‘own up’ to their problem. It is essential that the offender recognises that he has a problem and then to go on and seek help to do something about it. Developing facilities such as this in the community to assist the Probation and Welfare Service in delivering a better service to the courts and to ultimately providing a greater degree of public safety are an important contribution to the wider criminal justice system.”

Following a referral by a judge, a voluntary contract is entered into with the Probation and Welfare Service whereby the offender is first required to undertake a detoxification programme in hospital. When this has been completed the offender takes up residence in Harristown House. The objective of the facility is to educate participants on the effects of alcohol abuse; to help their families come to terms with the problems associated with alcohol addiction; and, to facilitate the participants in taking the necessary steps to regain control of their lives. The residential programme itself, which lasts six weeks, consists of daily group therapy meetings, lectures, workshops and counselling. The participation of family members in the programme is considered vital. Following six weeks of residential care, the participant returns to court. Where appropriate, successful participants will enter a two year probation bond which will include regular attendance at AA meetings. At the moment the programme is limited to participants who live within a 40 mile radius of Harristown House. It can only be hoped that such a treatment option will be extended nationwide in the coming years.

As the longest serving District Judge in Ireland (appointed in 1970) I can approach my retirement in the knowledge that the complex problems created by our young people's involvement in drugs, alcohol and crime - issues that have preoccupied me since my earliest days on the bench - are beginning to receive the attention they deserve. The deliberations of this conference mark another stage in the development of a coherent, and effective, response to these problems.

The National Perspective

Eoin Ryan TD - Minister for Local Development with Special Responsibility for the National Drugs Strategy

Mr Chairman, delegates, fellow guests, I am very pleased to have been invited here tonight to the Association's Conference. It gives me an opportunity to thank all of you involved with the Irish Association for the Study of Delinquency for the excellent contribution your organisation has made, since its inception in 1996, by promoting the more effective operation of the criminal justice system and the reform and further development of that system.

Your Association makes an important contribution to Government by identifying clearly the issues that need to be addressed in this complex and challenging area of public administration. This forum is invaluable to the development of policy, by bringing together experts to promote better ways of working, study and research in the field of criminal justice and by promotion of the highest standards of practice. I wish to record the Government's appreciation of your efforts in this regard.

I am particularly pleased to be here tonight given that the theme of your conference is 'Drugs, Alcohol and Youth Crime'. As many of you will be aware, I launched the new National Drug Strategy 2001-2008 in May. I believe that, through its concentration on the four pillars of supply reduction, prevention, treatment and research, the Government is setting out to tackle the drug problem and related crime in the most comprehensive way ever undertaken in Ireland. This Strategy provides a basis from which all those involved in addressing the drug problem can work for the next seven years. Furthermore, it builds on the hard work and the achievements of the most experienced people in the field in Ireland to date.

The objective of the strategy review which we held last year was to identify gaps and deficiencies and develop revised strategies and, if necessary, new ways to deliver them.

The review was managed and overseen by a Review Group, led by my Department and comprising senior officials from key Government Departments and the National Drugs Strategy Team. It involved extensive public consultation, which gave individuals and groups an opportunity to tell us their views on the previous strategy - and how it might be improved. The consultation involved:

- More than 190 written submissions.
- Eight regional consultative fora held throughout the country and attended by 600 people.
- Thirty-four different organisations and groups - representing Government Departments, State Agencies, and the Community and Voluntary sector - made presentations to the Review Group and myself.

I am indebted to all the people who contributed. Indebted for their time, commitment and perhaps most of all for the insights they offered; insights from a variety of different perspectives. I believe that when formulating policy, it is fundamentally important to listen and the new National Drugs Strategy is the product of a lot of committed listening.

In Ireland today, it is a fact that we have a serious problem with young people misusing drugs and alcohol. This problem is one of the main reasons that, under the new Strategy, there will be a clear focus on educational initiatives to make all young people but, most importantly, young people at risk, aware of the dangers of experimentation and drug misuse. These initiatives will be aimed at both the school and the non-school sectors with an initial concentration on those areas with the highest levels of drug misuse.

As you know, as with recovery, there are various stages on the road to drug misuse and addiction. Most young people start on this road through smoking cigarettes or drinking. Since this initial experimentation yields seemingly benign consequences, the young person may start misusing drugs with the illusion of control, thinking it's just for kicks or a buzz without realising the risks to which they are subjecting themselves.

In this context, the Alcohol Awareness Campaign recently launched by my colleague, Micheál Martin TD, Minister for Health and Children is, as you know, aimed particularly at young people. Furthermore, the new National Drugs Strategy 2001-2008 aims to ensure that there is increased co-ordination and co-operation between both the drugs and alcohol strategies.

The relationship between drug use and criminal activity has attracted much attention in both public debate and literature published over the last number of years. In the Irish context, it has been argued that there is a strong link between the growth in opiate use and an increase in crime. It has also long since been recognised that problematic drug use is concentrated in areas of social and economic disadvantage.

In a recent study carried out by the Drug Misuse Research Division of the Health Research Board - *Drug Use among Prisoners: An Exploratory Study* - the majority of drug users reported low educational achievement. Furthermore, their work histories were generally characterised by long periods of unemployment. It is no surprise that a third of the respondents reported that their criminal activity had begun as a direct consequence of their drug use; in order to finance their habits. Unfortunately, it is the victims of crime, and society in general that have paid and continue to pay a high price because of drug-related crime in our streets.

In order to tackle this I believe, as do my colleagues in Government, that we are charged with the responsibility for reaching out to communities where there are high concentrations of drug misuse, drug dealing and associated crime. We must, as never before, make available to these communities a range of prevention, treatment, rehabilitation, training and employment services.

To develop these facilities and services we have established the Local Drugs Task Forces (LDTF) and the Young People's Facilities and Services Fund (YPFSF).

The LDTF were developed to bring together the local, voluntary, community and statutory sectors involved in the fight against drug misuse. In this way, they can focus on providing solutions to tackle drug misuse through the development of a local action plan for which £15 million per annum has been provided under the National Development Plan to ensure their implementation.

In the context of the Strategy, Regional Drugs Task Forces will be established in each of the Health Board areas around the country and will operate in a similar manner as the LDTF at a regional level.

As regards the YPFSF, it was developed to assist in:

- the provision of youth facilities, including sport and recreational facilities.
- the development of educational services in disadvantaged areas where a significant drug problem exists or has the potential to develop.

The objective of this fund is to attract 'at risk' young people into these facilities and divert them away from substance misuse. It operates in the 14 Local Drugs Task Force areas, and in a number of urban areas e.g. Limerick, Galway, Carlow, Waterford and Bray. Local development groups were set up in each area and comprise representatives from the relevant LDTF, Local Authority and VEC. To date, approximately £46 million has been allocated to support over 340 facility and services projects under the fund. The projects offer developmental activities and educational programmes for young people who have traditionally found themselves outside the scope of mainstream youth work. The role of sport and recreation in drug prevention is crucial and there was quite widespread support for the YPFSF in the consultations we carried out as part of the Strategy review. In this context, I believe that there is a continued need for a wide range of recreational activities to be made available.

Another form of youth diversion is the Garda Special Projects. This is a scheme of youth-orientated, locally-based projects funded by the Department of Justice, Equality

and Law Reform, which are managed centrally by An Garda Síochána's Community Relations Section. In some instances, these projects are also in receipt of additional funding from the Local Drugs Task Force.

One of the main reasons that these projects are so successful is because they are collaborative. They are managed locally in conjunction with youth services and are advised by a multi-agency committee with membership also drawn from the local community. The projects cover a number of areas, including crime prevention, juvenile diversion, community/neighbourhood policing, youth justice, youth services and youth work.

The Garda Special Projects operate within a broad framework for youth crime prevention, in particular, the Garda Schools Programme and the 'Copping On' crime awareness initiative. These are programmes of primary prevention that are targeted at children and young people in general. The view was expressed, during the consultation process, that these projects create positive links between at-risk young people and the Gardaí, which over time may facilitate a reduction in supply, crime and misuse of drugs.

In a report published by the Department of Justice, Equality and Law Reform last year it was suggested that there were two major progressive trends in the area of youth justice and youth crime prevention/diversion. First, utilising family and community based restorative justice practices in which the offender has to face his or her victim. This trend has been influential in the shaping of youth justice legislation in Ireland in the form of the Children Act 2001. Secondly, the shift away from the use of adversarial or retributive measures utilising courts and the formal justice system, and towards developing alternative sanctions and preventative programmes within communities.

In that context, I am confident that the Drug Court pilot project launched earlier this year is a first step towards providing the necessary alternatives. The first pilot Drug Court was set up in the north inner city of Dublin in January this year. The establishment of this Drug Court is a new departure for the criminal justice system. The key focus is the link between drug misuse and criminal behaviour and the extent to which

the offender's social, educational, housing and other needs may contribute to such criminal behaviour. The Drug Court pilot project uses the justice system in an imaginative way to rehabilitate drug misusers charged with non-violent offences and to reduce the prison 'revolving door' syndrome for many young drug misusers.

The Drug Court has, as its primary aim, the reduction of crime through the rehabilitation of the offender, but does not exclude punishment should the circumstances so warrant. It aims to divert people away from the criminal justice system into alternative, more effective treatment and rehabilitation programmes. Many offenders come from severely disadvantaged backgrounds and it is intended that, under the supervision of the Drug Court, they can start to get out of the cycle of offending and drug misuse.

Although I accept that a Drug Court in isolation cannot eradicate or dramatically reduce drug misuse and its related crime, I believe it has the potential to significantly alter the behaviour of, and the crime associated with, the drug misusers who come before it and therefore reduce crime.

As I previously mentioned, the new National Drugs Strategy 2001-2008 sets out to tackle the drug problem in the most comprehensive way ever undertaken in Ireland.

The new Strategy is:

- the first time all elements of the drugs policy in Ireland have been brought together into a single framework with responsibilities clearly assigned.
- the first time we have had a policy framework through which everybody addressing this problem can work for the next seven years.
- the first Strategy to clearly assign responsibilities and set targets for the different Departments and Agencies delivering drugs policy across the four pillars of supply reduction, prevention, treatment and research.

We are also setting objectives and key performance indicators: specific targets that Departments and Agencies are going to have to meet.

Around the four pillars mentioned earlier we have, no fewer than 100 individual actions. Actions designed to build on what's been achieved up to now -- and to drive the new Strategy forward. In particular, we will be looking at the treatment of young drug misusers. In that context, a range of treatment and rehabilitation options will be developed in each Health Board area and, furthermore, a protocol will be developed for treating under 18 year olds presenting with serious drug problems.

All this is being done against the backdrop of substantial funding under the National Development Plan 2000-2006 for social inclusion measures. Over the lifetime of the Plan, approximately £1 billion will be made available for such measures.

I would like to conclude then by wishing the IASD every success in the future. I see from your programme for tomorrow that you have a very full agenda ahead of you. I hope you have a very productive day and look forward to considering the results of your deliberations in due course.

Drugs, Alcohol and Youth Crime: Is it Any Wonder?

Gerard Haughton

Judge of the District Court

Looking at the details of the various speakers at this conference, their backgrounds and experience I certainly feel that they have a wealth of knowledge in relation to the issues being discussed. On the other hand I do not regard myself as in any way an expert particularly on 'youth crime'. However having spent twenty years as a solicitor and ten years on the bench I have the advantage of having observed the scene for far too long as far as I am concerned.

I recall as a young solicitor dealing with a case of a mentally retarded individual who had been charged in relation to stabbing cattle. Both his mother and I tried in vain to find a secure place for him, both for the protection of the public and the individual himself. The saddest part of the story is that a place was not long afterwards compulsorily found for him but only after he had taken a human life. How far have we come in the last thirty odd years? How many fully staffed places do we have for disturbed and difficult juveniles? Ask Judge Peter Kelly!

One cannot deal with issues of crime and delinquency in isolation. Therefore before I deal with specific issues I would like to refer to some of the provisions of the Child Care Act 1991, section 3 of which reads as follows:

- (1) It shall be a function of every health board to promote the welfare of children in its area who are not receiving adequate care and protection.
- (2) In the performance of this function, a health board shall take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children in its area ...

(3) A health board shall, in addition to any other function assigned to it under this Act or any other enactment, provide child care and family support services, and may provide and maintain premises and make such other provision as it considers necessary or desirable for such purposes, subject to any general directions given by the minister under section 69.

Section 20 of the Child Care Act of 1991 (which took five years to bring into force) provides basically for the making of court orders directing health boards to carry out an investigation into a family's circumstances and report back to the court, with a view to making a care order or supervision order.

On occasions in the family law courts one encounters seriously disturbed families, including children, where orders under this section are made. The hope is that in investigating the family circumstances at the time when the turmoil of separation etc. is at its height and providing the necessary supports to ease the pain so to speak that the effect on children in particular will be minimised. It is at times such as this that delinquency is likely to show its head and it is always the case that prevention is better than cure. This provision was to an extent revolutionary, indeed visionary. In 1996 at the Burren Law school I spoke of many of the good provisions of the Child Care Act 1991. I warned however that such legislation was only as good as its implementation and that the ultimate test would be the extent to which the resources were provided for such.

Currently the position is that if a section 20 order is made in any of the Dublin Courts one is looking at a delay of nine months or more before the report will be available, whereas in some other areas the reports are available within a matter of weeks. This situation is to my mind unacceptable however the reasons have in the past few years become more complicated. I will return to this issue later.

As a result of pressure within the criminal justice system the Probation and Welfare Service was lost to the family law court. This loss has not and could not be met by the Health Board social workers for a number of reasons which I stress are not a reflection

on them personally. Had the Probation and Welfare Service been properly resourced over the last decade one could have turned to that service in the family law court rather than having to invoke the provisions of section 20.

Section 77 of the Children Act 2001 gives the Children Court exercising criminal jurisdiction power to make orders similar to section 20 orders. Just as the Child Care Act 1991 attempted to transform the position in relation to Child Care, we are now attempting to do the same in respect of Juvenile Criminal Justice under the Children Act 2001, which introduces the concepts of:

- Family conferences.
- Diversion programmes.
- References to health boards under section 20 of the Child Care Act 1991.
- Action plans.
- Community sanctions.
- Day centre orders.
- Care and supervision orders.
- Mentor family support order.
- Restriction on movement order.
- Probation (training or activities) orders.
- Probation (intensive supervision) orders.
- Probation (residential supervision) orders.

All of these require personnel to make them work. If the limited use of section 20 is not working satisfactorily now in the small number of family law cases where it is used and if the probation service is stretched beyond its limit coping with current demands, what possible chance is there that these new orders will be workable on the criminal side in the future? Unless there are sufficient numbers of Probation and Welfare Officers and Health Board social workers and other staff on the ground these concepts are like the proverbial lighthouse in the middle of the Bog of Allen: brilliant but useless.

Over the past few years, as I mentioned above, the situation has become more complicated. The Celtic Tiger, which must get credit for our economic advance has also had negative effects. The price of housing in the greater Dublin area and its surrounding towns and counties has become prohibitive and where the opportunity presents itself many people are moving 'down the Country', so to speak, where the cost of living is lower. I was recently informed that there were 170 applications for a position in a Co. Wexford hospital while at the same time there were no replies whatever to an advertisement for a similar post in Dublin City.

I mentioned earlier the cases before Judge Peter Kelly and in fairness to the health boards in the greater Dublin area, massive funds have been invested in buildings. The main problem now is that of finding the necessary staff. The Probation and Welfare Service has I understand recently taken on approximately 50 new officers but this number does little more than bring the numbers back up to 'normal'. With the demands now to be placed on the service by the Children Act much more will need to be done.

If there is to be any real impact particularly in the greater Dublin area legislators have got to grasp the nettle and accept the proposition that to attract more people and to keep those presently working in the child care and criminal justice areas their remuneration must not just reflect their qualifications but must also have regard to the cost of living in the area where they are to work. We have witnessed the mass migration of nurses, teachers and others from Dublin for the same reasons, and there is only one way to redress the problem. To the Government therefore I say: do it now before the crisis develops. Investment in children and juveniles is wise and good and will be repaid tenfold.

Intoxicating Liquor

Presently there is an advertising campaign on radio relating to drink and juveniles. We are being urged not to assist juveniles in purchasing drink and being told that a high proportion of 15 and 16 year olds 'binge drink' on a regular basis. This is of course a serious situation giving rise to public order offences, lack of achievement in school, gateway to other drugs etc. We all tell them not to drink but what do we as a society show them? By what example do we lead?

The law has a role to play here. In this regard, it is instructive to look at the history of Special Exemption Orders, since they were introduced in section 5 of the Intoxicating Liquor Act 1927. The section provided for an order exempting the licence holder from the provisions of the Act relating to prohibited hours "on any special occasion". That was defined as:

- (a) A special event organised for members of an association / organisation / group.
- (b) A private function.
- (c) A dance in a ballroom at which a substantial meal is served.
- (d) A dance on a day of special festivity generally or locally.

In the context of 1927 one could imagine that the orders were really special and rarely granted. However, in the 1981 case of *Murray -v- O'Colmain* the Supreme Court decided that a dance *per se* could as a matter of law constitute a "special occasion". One consequence of this decision was a surge in the number of exemptions. For example, in 2000 a total of 74,736 Special Exemption Orders were granted. That equates to 205 per day; or if Sundays, Mondays, and Tuesdays are excluded, 350 per day. This has resulted in a significant benefit for the State in terms of additional Stamp duty (£1,793,664) and Excise duty (£6,726,240). That would pay all the judges of the District Court for two years - with enough left over for a pay rise!

But we still encourage our youth not to drink! Go and play healthy outdoor games we tell them. Games like Rugby and GAA. And when they do what do they find?

- The clubs are run for a great part on the revenue from the consumption of alcohol.
- Many of the youngsters who are introduced to sport by their local Rugby and GAA clubs are also introduced to drink in those same clubs.
- Licensing laws are flouted by these and most licensed clubs on a constant basis when they hold discos/birthday/engagement parties/stag and hen nights etc. where admission is not confined to members and their guests and the bar is open to all. In ten years on the bench I have never known of a prosecution for such offences.

On many occasions the Mayo Coroner Dr Mick Loftus, an ex-president of the GAA, has criticised the links between sport and alcohol. He has referred to alcohol as:

- More potent than all the illicit drugs except morphine and heroin.
- The real drug problem in Ireland.

I do want to acknowledge that much excellent and dedicated work is done by individuals and clubs for our youth but there is far too much exposure to alcohol arising directly from sporting activities and the principal offenders are the rugby and GAA clubs. Is it any wonder that we have a problem with youth and alcohol?

This association between sport and drink must be broken. The drinks industry does not sponsor sporting activities to improve our health: it does so to sell us more drink. We have come around to the idea that cigarettes and smoking are bad for our health so we provide for health warnings on packets and ban advertising. How many people do you know who were killed on our roads by excessive smokers? On the other hand I suspect that we all know of someone killed by drunken drivers. Similarly, I have never seen an information grounding an application for a Protection Order commence: "My husband is

addicted to cigarettes.” The vast majority commence with the words: “My husband is an alcoholic.”

The then Minister for health Brian Cowen TD told us in April 1998 that:

- Alcohol-related illness, accidents and absenteeism cost the exchequer more than £325 million annually.
- Alcohol, its use and abuse, played a huge role in Irish society.
- He was launching a campaign that sought to create an awareness of the potential harm which alcohol misuse causes.

If the campaign the minister launched were a ship it does not seem to have even outlived the Titanic. Two years later the Intoxicating Liquor Act 2000 provided for the easier granting of new licences and extended drinking times notwithstanding a European Union objective to reduce alcohol consumption in member states by twenty-five per cent that year.

- In 1997 we, the Irish, spent £2.5 billion on alcohol. We now spend £10 million per day or £3.65 billion per year.
- The Gardaí are arresting 1,000 drunk drivers a month. A very high proportion are more than twice the limit.

Is it any wonder that we have a problem with youth and alcohol?

If our youngsters avoid the demon drink in second level education they are doing well. The drunken exploits of celebrating Junior Certificate and Leaving Certificate students are well known. To avoid this in many places teachers and parents have combined to run alcohol free discos for their charges. What happens?

- In the Grand Hotel in Wicklow where my fifteen year old daughter attended an alcohol-free disco she was charged £2 for a coke or orange.

- It takes three bottles of coke to fill a pint glass making the drink £6 a pint! It is far cheaper to drink alcohol.

We read in this week's newspapers that Dr Mary Houlihan, Director of the Sexual Assault Treatment Unit of the Rotunda Hospital, told a conference in Letterkenny that teenage girls as young as 13 and 14 years are presenting having consumed so much alcohol that they can not remember the night before or whether they were raped or not. Last year there was not one case detected in the Rotunda of drug-assisted rape. The real date rape drug in Ireland is alcohol and it is mostly self-administered.

When with a bit of luck my daughter moves to third level education she will be encouraged by advertising to partake of the less expensive alcohol in the campus bar: subsidised by the drinks manufacturers, and even get advice on how to take Ecstasy from the Students' Union. Is it any wonder that we have a problem with youth and alcohol?

Drug Issues

Some of you may know that I have been involved since January 2001 in a pilot Drug Court in Dublin. While this court is catering for adults there is a clear link to issues relating to young offenders. The general profile of participants and indeed of the majority of drug addicts would suggest that the first drug of abuse was alcohol and that the early teens was the danger age. There is clear evidence that if young people can be protected from use of alcohol and cigarettes up to the age of 18 they are thereafter far less likely to abuse either alcohol or drugs. The multidisciplinary approach of the Drug Court has proved more effective than various agencies working in isolation. There are many Juvenile Drug Courts now up and running in the United States. While the drugs issue is serious we adults as a general population do not give our youth anything like the same degree of bad example as in the case of the abuse of alcohol.

I know that there are many other issues such as social deprivation, child abuse, unemployment etc., which play a major part in delinquency. I acknowledge the work

done by this Association, by governments and community and voluntary bodies and I will leave it to others to talk about these matters. I do believe strongly that until there is a cultural change in our attitude to alcohol we will continue to experience more offending among our youth for they all want to emulate 'the adults.' To sum up then I would say:

- The new Children Act 2001 heralds a massive change in juvenile justice.
- We now require many more coal face workers - Probation and Welfare officers and social workers - if the aims of that Act are to be transformed into reality.
- We must provide conditions to attract people into these professions.
- As a society we must change our own conduct and attitudes to alcohol in particular and lead our youth by example.
- We must break the link between sport and alcohol.
- Drug Courts work for drugs and the concept is as valid for the drug known as alcohol.

Perspective from An Garda Síochána

Chief Supt. Catherine Clancy

Community Relations Section

The scourge of drug and alcohol abuse and related crime remains one of the most fundamental problems in Irish society. The issues surrounding this problem are quite complex and there are numerous and varying perspectives from which to view it, including:

- Health.
- Education.
- Prevention and law enforcement.
- Parenting.
- Society.
- Peer pressure.

Whilst each specific area has its own individual characteristics, they are intrinsically linked with each other. The obvious result of this assessment is that no agency can hope to achieve a solution to this problem alone.

Ireland in Context

Amphetamines appeared in Ireland in the 1960s and their misuse grew steadily in the following five years. Drugs such as opiates, Barbiturates and tranquillisers became much sought after. In addition to this, Cannabis abuse came to the fore and it is currently the 'Drug of choice' for the vast majority of drug abusers; in 1998 accounting for 64% of total drug use according to the Monitoring Centre for Drugs and Drug Addiction.

Cannabis, LSD, Barbiturates were the most commonly used drugs in Ireland until the arrival of heroin in the late 1960s, when it was first introduced by criminal gangs in Dublin.

1991 saw the first seizure of ecstasy and over the next number of years this drug became established as a popular social and recreational drug among teenagers and young adults. All of us remember the problems associated with rave discos and parties during this period. Ecstasy use is contained, due in part, to measures taken by the Gardaí to control its supply at raves and other public events, but none the less it remains a problem.

The 1990s also saw an increase in the use of cocaine. Prior to this it was costly to obtain and was confined exclusively to the wealthy. However, towards the end of the decade it became less expensive and ultimately became a street drug.

Whilst the majority of drug abuse is spread around Dublin, the use of heroin, cannabis, amphetamines and ecstasy has spread to rural communities making it all the more imperative that everyone, including parents, teachers, community and health care workers familiarise themselves with the issues and facts surrounding drug abuse.

The 1999 ESPAD (European School Survey Project on Alcohol and Other Drugs) report is a major piece of European research in the area of drugs and alcohol. This report reinforces my opinion that the fight against drug and alcohol abuse is one which must be fought on variety of fronts, some of which I have already mentioned. The 1999 report compared its results with a previous ESPAD survey in 1995. ESPAD surveyed 15-16 year olds in 30 countries with regards to their attitude to and use of drugs, tobacco and alcohol. The following table shows the proportion of 15-16 year old students using drugs, alcohol and tobacco compared to ESPAD average. Ireland is above the EU average in the majority of categories.

Proportion of Irish Students that			Countries	Countries
	%	%	Avg % 1995	Avg % 1999
Had any alcohol in last 12 months	86	89	80	83
Were drunk in last 12 months	66	69	48	52
Ever smoked	74	73	67	69
Smoked in last 30 days	41	37	32	37
Used cannabis	37	32	12	16
Used any drug but cannabis	16	9	4	6
Used Inhalants	N/a	22	N/a	9
Used tranquillisers/sedatives	8	5	7	7

Looking at the survey results in a little more detail:

- Ireland is second highest to the UK in respect of numbers of teenagers who have tried illicit drugs in their lifetime (32%). This figure is down on 1995 (37%).
- Ireland is second highest to the UK in teenagers who have tried illicit drugs other than cannabis (9%). Again the figure is down on 1995 (16%).
- A worrying result was in the area of the use of inhalants. Ireland tops the list with 22% of Irish teenagers surveyed having tried them. No comparison is available with 1995.
- With regards to reasons for using drugs, peer pressure is often cited. However, in this survey, curiosity was the most important reason for using the first illicit drug. The second most important reason was the desire to get high. A small number surveyed indicated that they took drugs because they did not wish to be excluded from 'the crowd' or to forget their problems.
- The perceived risk of illicit drug use among those surveyed varied depending on the level of use. 32% said that occasional use of cannabis was high risk, but this increased to 63% for regular use.
- Generally speaking illicit drugs were considered easy to obtain, especially cannabis.

- The disapproval rate in respect of the occasional use of cannabis among Irish teenagers was 57%, but for other substances this increased substantially (in the 80% bracket).
- In respect of alcohol the most concern is raised in the area of frequent drinking (using alcohol 20 times or more during previous 12 months) in terms of a comparison with 1995. Ireland is second highest to Denmark. The percentage increase is from 32% to 39% (relatively more among girls). It is also interesting to note that this change has occurred particularly with regard to spirit drinking.
- Irish teenagers were fourth (behind Denmark, UK and Finland) in percentage terms (25%) in relation to getting drunk 20 times or more in their lifetime. An increase from 19% in 1995.
- A disapproval rate of 44% prevailed in respect of getting drunk once a week. This is significantly low in comparison to other countries surveyed. (This is a very worrying trend as a low rate of disapproval will show a degree of acceptability).

In general terms ESPAD confirmed, what most people already knew, in that Irish teenagers are near the top of the European League in terms of their use of alcohol and certain illicit drugs. The attitudes of Irish teenagers are also interesting, showing that a majority of those surveyed believed that Cannabis was not a high-risk drug. Also shown in the survey is that the majority of those surveyed did not disapprove of getting drunk once a week. These attitudes show us that there is a greater need to set out the risk factors to young people both through parental influence and our educational system.

Another aspect worthy of mention about the survey was that there appeared to be little evidence of the use of heroin in Ireland. The disapproval rate shown in the survey for heroin use is 89 per cent among those interviewed.

As I have already said heroin use seems to be prevalent in Dublin and has extended to the rural community especially in disadvantaged areas. Unfortunately the ESPAD did not give us a breakdown of the geographic and socio-economic distribution of the schools involved in the study since these factors may have affected this particular finding. This may have resulted in certain 'at risk' persons not being surveyed. In addition, one other reason why heroin use appears lower in ESPAD than in most Irish treatment surveys is the fact that most chronic heroin users were early school leavers.

The findings, about Irish teenage students, in ESPAD are in varying degrees, especially in relation to alcohol, supported by recent related surveys. A particularly significant one was that of teacher attitudes about student drinking. Without going into detail, this survey showed that children were beginning to take alcohol earlier and there was significant evidence of binge drinking and drunkenness amongst teenagers in Ireland.

Youth Crime

The following series of tables provides a statistical overview of the involvement of An Garda Síochána with juvenile offenders.

<i>Total Juvenile Referrals</i>	1998	1999	2000
Referrals	15,005	14,948	14,488
Individual Offenders	7,989	7,844	8,409

Types of Offences Involving Juvenile Offenders

1998		1999		2000	
Larceny	22%	Larceny	21%	Larceny	21%
Criminal damage	14%	Criminal damage	14%	Criminal damage	13%
Drink Offences	9%	Drink Offences	10%	Drink Offences	12%
Vehicle Offences	9 %	Vehicle Offences	9%	Vehicle Offences	9%
Public Order	7%	Public Order	7%	Public Order	7%
Burglary	9%	Burglary	8%	Burglary	6%
Other	30%	Other	31%	Other	32%

Age and Gender of those Prosecuted for Drug Offences

	Under 17	17-21	Over 21	Total Persons
Dublin Region	127(m) 13(f)	680(m) 119(f)	1,207(m) 196(f)	2,014(m) 328(f)
Southern Region	26(m) 0(f)	526(m) 27(f)	796(m) 48(f)	
	1,348(m) 75(f)			
Western Region	13(m) 2(f)	170(m) 31(f)	471(m) 39(f)	654(m) 72(f)
Eastern Region	26(m) 2(f)	335(m) 18(f)	323(m) 16(f)	684(m) 36(f)
South Eastern Region	19(m) 0(f)	240(m) 12(f)	292(m) 8(f)	551(m) 20(f)
Northern Region	3(m) 1(f)	110(m) 3(f)	116(m) 7(f)	229(m) 11(f)
Total	214(m) 18(f)	2,061(m) 10(f)	3,205(m) 314(f)	5,480(m) 542(f)
Percentage	3.85%	37.71 %	58.44 %	

Specific Alcohol Offences for Juveniles

1998	1999	2000
Possession alcohol 693	Possession alcohol 662	Possession alcohol 783
Intoxication 630	Intoxication 760	Intoxication 976
Drunk/Disorderly 28	Drunk/Disorderly 13	Drunk/Disorderly 11
Simple drunkenness 4	Simple drunkenness 10	Simple drunkenness 17
Found on L/Premises 7	Found L/Premises 14	Found L/Premises 2
Miscellaneous 11	Miscellaneous 2	Miscellaneous 4
Total 1373	Total 1461	Total 1793

Drugs and Alcohol as a factor in Offending Behaviour

The extent to which drugs and alcohol are factors in crime has been the subject of constant debate. In order to gain some insight into this issue I refer to some research carried out in the last number of years. During the period 1995 to 1997 the Garda Research Unit carried out two surveys on this subject. The first one was in the Dublin Metropolitan Region and it examined illicit drug abuse and related criminal activities from 1/9/95 to 30/8/96.

The key findings are as follows:

- 7,757 individuals were responsible for 19,046 detected crimes.
- 3,365 (43 per cent) of those responsible for the crimes surveyed were drug users.
- These 3,365 committed 12,583 (66 per cent) of detected crimes.
- 21 per cent of drug users committed more than 3 crimes each.
- 82 per cent of detected burglaries and muggings were committed by drug users.
- Burglary and larceny from shops accounted for 46 per cent of all detected crime.

This analysis indicates that drug abusers account for 2.5 times more crime than non-drug users. Further evidence of a link was found in the second survey conducted nationwide in 1997 by the Garda Research Unit. The survey covered 27 Garda areas over a three month period and examined drugs and alcohol as a factor in all crime. The investigating Garda was asked for his or her opinion based on evidence. It was found that in:

- 46 per cent of all cases alcohol or drugs was a factor.
- 88 per cent of public order cases alcohol or drugs was a factor.
- 54 per cent of criminal damage cases alcohol was a factor.
- 48 per cent of offences against the person alcohol or drugs was a factor.

Garda Responses

The primary role of An Garda Síochána is supply reduction. Central to this policy is the rigorous enforcement of all drug legislation as a means of reducing the supply of illicit drugs. To the forefront of this policy are both national and local Garda Drug Units. In addition, the Force believes that a key area in achieving supply reduction is working in partnership with other agencies and local communities. One example of this is the Community Policing Forum which is being piloted and operates on a range of policing issues including drugs.

Demand reduction is also a critical area in our response to the drug problem. Within this sphere are found various Garda and inter-agency initiatives such as:

- Garda Juvenile Diversion Programme.
- Garda Schools Programme
- Garda Special Projects
- Community Police Forum
- National Drugs Strategy Team

Decriminalisation of Cannabis

This issue has been the subject of constant debate over the last number of years. The perception is that the use of cannabis has little or no ill effect on individuals. This is simply not the case. Studies in *The Lancet* medical journal reveal that cannabis can cause anxiety and panic; damage to attention, memory and co-ordination, increased risk of psychosis, greater risk of malignant disease and dependency caused by “an inability to abstain from or control cannabis use”.

Moreover the Garda Síochána believe that the decriminalisation of cannabis would increase the risk of greater drug abuse and associated problems in Irish society. This is reinforced by two significant findings during a survey in Dublin which I referred to earlier:

1. Cannabis is used as a stepping stone - a gateway drug - to heroin. Over 50 per cent of heroin users who were interviewed said cannabis was their initial drug of abuse.
2. There is a strong correlation between drug taking and crime.

Decriminalisation is a complex issue with varying perspectives including concerns in respect of medical issues, health issues and criminality and the subject should be examined in that all encompassing context.

The Future

From a European perspective a strategy, the implementation of which will be monitored by the European Monitoring Centre for Drugs and Drug Addiction and Europol, has been developed and An Garda Síochána will play its role in achieving the following targets over the next five years:

- reduce significantly the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.
- reduce substantially the incidence of drug-related health damage (HIV, hepatitis etc) and the number of drug-related deaths.
- increase substantially the number of successfully treated addicts.
- reduce substantially the availability of illicit drugs.
- reduce substantially the number of drug related crimes.
- reduce substantially over five years money-laundering and illicit trafficking of precursors.

Building on Experience: Government Strategy 2001-2008

The Government's strategy for tackling the drug problem between 2001-2008 is aptly titled 'Building on Experience' and we in An Garda Síochána are ready to play our role. The overall strategic objective is "to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention treatment and research". In particular the policy sets out agreed actions by the various relevant agencies in the pursuit of this objective. Some key actions by an Garda Síochána are to:

- Increase Garda resources in LDTF areas by the end of 2001, building on lessons emanating from the Community Policing Forum pilot.
- Establish a co-ordinated framework for drugs policy in each Garda District, and to liaise with the community on drug related matters. Each Garda District will be required to produce a policing plan to include multi-agency participation in targeting drug dealers.
- Continue to target local dealers and to target the assets of middle-ranking criminals involved in drug dealing.
- Extend the Community Policing Forum initiative to all LDTF areas, if the evaluation proves positive.
- Ensure that operations similar to Dóchas, Nightcap and Cleanstreet are implemented in urban centres throughout Ireland.
- Monitor the efficacy of the existing arrest referral schemes and to expand as appropriate.

In addition, the Gardaí will be involved in the establishment of new Regional Drugs Task Forces in each Regional Health Board area by the end of 2001. They will ensure the development of a co-ordinated and integrated response in tackling the drug problem within their region

Garda Response to Under age Drinking

In recent times alcohol consumption in Irish society is probably one of the most talked about subjects. Over the past number of years concerns have been expressed about the physical and mental health problems associated with its abuse especially among the young.

At the launch on 10 July of Phase Two of the National Alcohol Awareness campaign, which is part of the Government's overall national policy on alcohol, the Minister for Health and Children quoted the following facts:

- The drug that does most damage in Ireland is alcohol.

- The drug that destroys most lives in Ireland is alcohol.

It is hard to disagree with this assessment.

National Age Card Scheme

This scheme was brought into existence in April 1999 as part of a strategy to combat under age drinking. The age card provides proof of age for persons over 18 years who wish to consume alcohol. The Gardaí, along the drinks industry, parents, youth organisations and young people themselves have co-operated on various levels to encourage the use of these cards. An awareness campaign began in September 2000 and there has been a substantial increase in applications. At present over 40,000 cards have been issued. As part of this awareness campaign we initiated a media and poster campaign nationwide to encourage the use of age cards. The drinks industry have also produced and distributed posters throughout their establishments to create awareness amongst their workforce. This scheme offers a recognised age verification system which can go a long way in reducing the instances of under age drinking.

Garda Rugby Schools Initiative

Following upon concerns having been expressed about the level of drinking and related anti-social behaviour by young people, especially during and after sporting occasions, An Garda Síochána sought to examine how the message in relation to the adoption of responsible behaviour by young people might be delivered. The discussion that ensued resulted in the piloting of an initiative around the Leinster Schools Cup competition.

Twenty-one schools were targeted by Gardaí who had experience in dealing with and talking to students of varying ages. They spoke to all class years, with special emphasis on the senior classes.

Topics covered included the issue of drinking (both under age and legal) and the consequences of same; the use of drugs; and the area of public order and violent behaviour with a view to understanding the impact of injury, court proceedings and potential convictions for those involved. The themes of respect and responsibility were debated, emphasising the importance of the individual's responsible behaviour at all times.

An evaluation of the school visits and their impact was conducted, with a view to extending the initiative to all schools with sporting influences. It was decided that such a talk to senior level students was most beneficial for both the pupils involved and the school itself.

Law Enforcement Strategy

Obviously no matter how comprehensive a preventative strategy is, there will always be people who will breach the law for whatever reason. In these instances it is our responsibility to deal with these breaches wherever they occur. The enactment of the Intoxicating Liquor Act 2000 made significant changes in legislation in respect of under age drinking. The advent of closure orders for Licensees convicted of selling alcohol to under age patrons has made it all the more necessary for them to be vigilant in respect of serving young people.

The abolition of the 'reasonable grounds' defence has also made it imperative that Licensees verify a person's age prior to serving alcohol. I accept that Licensees often unwittingly serve under age persons, but unfortunately the only real defence for the Licensee is that the person produced a valid age card.

Enforcement of legislation will remain a key area for the Gardaí in the fight against under age drinking

Garda Youth Policy Advisory Group

The Garda Commissioner established this group in December 2000 to advise him as to the causes of public disorder and street violence associated with alcohol misuse by young people in the age group 12-25 years and on practical steps to help address these issues and to suggest strategies to incorporate a partnership approach with both short and long term recommendations.

The Group was anxious to make a series of practical recommendations that it believed could have immediate impact and that tackled the underlying causes of the problem, rather than simply addressing short-term concerns. The report set out a number of targets which include,

- Garda schools programme.
- Focused sport-related initiatives.
- Parental involvement.
- Communication with young people.
- Education initiative with youth and sporting agencies.
- Proof of age scheme.
- Alternative entertainment venues for young people.
- Formulation of Licensed Vintners charter.
- Pub/club watch scheme.
- Adoption of bye-laws to prevent alcohol consumption in public and use of on the spot fines.
- Arrest/referral scheme.
- Targeting hot spots.
- Regulation of venues that attract large attendance's.
- Provision of late night transport.
- Use of closed circuit television.

The success of these recommendations will demand a significant effort by all the different agencies involved. While the problems associated with alcohol misuse by young people are for society as a whole to address, the Group members are confident that with a multi-agency, multi-faceted approach, the issue can be addressed in a worthwhile and meaningful fashion.

Conclusion

As we enter the new millennium the challenges that we, as a society, face are substantial, not least in the area of drug and alcohol abuse and the criminal activity which stems from it. However, I believe that these challenges can be met by both the Gardaí and public alike if we attack these problems at every level where they appear. In policing terms this means a co-ordinated professional strategy spearheaded by the Gardaí in partnership with local communities and all other agencies.

Exclusion to Inclusion: Young Offenders in Scotland

Mr Dan Gunn

Vice Chairperson of the Scottish Association for the Study of Delinquency

I am delighted to have the opportunity to address this conference and to consolidate the link that you have created with your sister organisation, the SASD. Our two small jurisdictions have much to offer each other in terms of ideas and work practices. My own expertise is in the prison service, where I have spent twenty-six years, the last five as governor of a Young Offender Institution.

The Administration of the Scottish Prison Service

The Scottish Prison Service (SPS) was established in April 1993 as an executive agency of the Scottish Office. Its chief executive (Tony Cameron) reports to Scottish Ministers, who in turn are responsible to the new parliament in Edinburgh.

SPS has over 4,800 staff and manages 15 establishments. There are 5,800 prisoner places available and an average daily population of around 6,000. The Service's budget for 1999-2000 was £204m, of which £22m was for capital projects. The average cost per prisoner place was just over £28,370 (€45,380). The average young offender population (aged 16 to 21) fluctuated around 800 throughout the 1990s but has dropped to around 600 over the past two years. Sentence lengths however have been increasing and there has been a rise in the number of 'vulnerable' young prisoners.

The Mission Statement of the SPS is made up of four elements, each of which has an associated goal.

1. To keep in custody those committed by the Courts

Goal: A security performance record which is recognised as being a benchmark for other prison services.

2. To maintain good order in each prison

Goal: A stable system creating a safe and co-operative environment within which constructive activity can be undertaken by prisoners.

3. To care for prisoners with humanity

Goal: A prisoner population whose physical and primary health care needs are met, consistent with community standards and their length of sentence.

4. To provide prisoners with a range of opportunities to exercise personal responsibility and to prepare for release.

Goal: Convicted prisoners have appropriate access to a range of programmes and other activities relevant to their risks and needs and tailored to preparing them for release and reducing reoffending. Remand prisoners are able to make constructive use of their time in custody.

To achieve such goals will require continuous improvement and change. In light of this, the SPS believes it to be essential that we create a Service in which we all: live our values; commit ourselves to our mission; work with each other and related organisations to

achieve our goals; feel competent and confident; know that our contributions are effective and valued; and use our resources wisely and well

About Polmont

My own institution, HMYOI Polmont is located in Falkirk in central Scotland. It is the country's largest young offender institution, accommodating over 400 young men serving sentences ranging from a few days to several years. On entering Polmont, young offenders are first processed by our reception. They are allocated a number, their personal details are taken and their property is recorded. They are issued with prison clothing and given a brief medical check-up.

If the young person has been sentenced to six years or over the likelihood is that he will be transferred to HMYOI Dumfries. If sentenced to between six and eighteen months and designated category 'C' (i.e. considered a low security risk), he may be transferred to HMYOI Glenochil.

If a young offender is serving a sentence for non-payment of fines, the fine can be paid at any prison. The cost of this fine can be calculated (deducting the number of days already served) between the hours of 8.30 am to 8.00 pm weekdays and 9.00 am to 4.00 pm weekends and bank holidays.

Our accepted capacity is 422 but we can, and frequently do, exceed this number. Overcrowding can result in 'doubling up', the utilisation of dormitories and other exceptional procedures. Every effort is made to minimise the effects of overcrowding in the service offered to the young offender and his family.

Polmont operates according to a clear set of values and a distinct vision. We aim to gain recognition both within the SPS and externally that we have a pivotal role to play in the positive development of young people. We acknowledge that there are differences in the attitudes and behaviour of young people and through shared participation aim to create a

culture that is fair and just. We reinforce our need to be treated as individuals in mutually supportive and trusting relationships which promote a feeling of value and worth. We are determined to pioneer the through care of young offenders, encouraging responsible attitudes and behaviour and facilitating effective preparation for release. All of this work takes place within an institution with a vibrant community spirit that is conducive to safety and well-being.

The Regime: Incentives and Privileges

A radically new type of regime was introduced to Polmont in September 1997, based on a model that operates in the English Prison Service. It is a system of graduated progression through a series of levels, each of which brings additional relaxations and rewards. Non-compliance means that earned privileges can be lost.

There are three levels of privileges that operate in every residential area in Polmont: basic, standard and enhanced. On admission, each young offender enters the system on the standard level. He is required to sign up to a compact, which details what is considered to be an acceptable standard of behaviour. If he maintains the required behaviour, attitude and effort he will be afforded the privileges that are allocated to that level.

Six weeks after admission he may apply for a review of his level. If he has shown himself to be of exemplary behaviour and has endeavoured to address his sentence plan, he may be upgraded to 'enhanced'. This allows him extra visits, greater access to private cash and personal possession of a wider range of personal items. If his application is unsuccessful he will be advised as to which areas he must address before making a further application for review.

If a young offender's behaviour is in breach of the standards required for the orderly running of the institution (for example he is abusive, lazy, threatening or in breach of prison discipline) he may have a strike notice issued against him. Three strike notices within a three month period will result in him being downgraded to the basic level. Serious breaches of discipline (possession of drugs or weapons, violent behaviour and bullying) will result in an instant downgrade. There are no second chances. This will be reviewed after a four-week period and if his conduct has improved sufficiently he will be upgraded to the standard level once more. The underlying principle of this scheme is to reward good conduct and effort and to discourage anti-social behaviour in all young offenders.

On the basic level the young person is entitled to two evenings recreation per week and one afternoon at the weekend. He gets two visits per month, each of an hour's duration. He is allowed £2.50 private cash to spend each week and may keep radio, cassette player and tapes for his personal use. At the standard level there is more recreation (four evenings and two afternoons); more visits (three per month); better access to private cash (£3.50 per week); and he is allowed have personal underwear and bedding as well as some jewellery. Those benefiting from the enhanced regime have an extra evening's recreation, a weekly visit, £5.00 to spend, and are permitted to wear their own clothing.

So within the context of this new regime structure, what specific programmes are available to the young people in the care of HMYOI Polmont? Recent years have seen a major expansion in the number and complexity of structured interventions, the most important of which are presented below. The importance of community links is recognised and in November 1999 a Youth and Community Worker was appointed for a two year term. This is a new partnership between SPS and Community Learning Scotland.

You might be interested to learn that our efforts have not gone unnoticed. Polmont achieved Investor in People status in June 1999 and the following month we received considerable media coverage in relation to a specialist programme on dyslexia broadcast

on Channel 4. Our pioneering parenting course has received exceptional coverage since February 2000.

The need for careful planning and multi-layered interventions became clear when we considered the results of a major survey of our young offender population in 1997-98 that revealed high levels of disadvantage. A less complete follow-up survey was conducted in 2001. Both were carried out during my time as Governor and the key results are summarised in the following table. They speak for themselves, and go some of the way towards explaining why recidivism levels are so high. A survey of prisoners released in 1997 showed that 56 per cent of young offenders were reconvicted, compared with 43 per cent of adult males and 35 per cent of adult females.

Survey of Young Offender Population

	1997-98	2001
	(%)	(%)
<u>Schooling</u>		
Special school	41	
Poor achievement	29	
Poor behaviour	63	
Truancy	82	
Suspended	83	
Expelled/excluded	55	
Poor peer relationships	8	
<u>Employment</u>		
Ever employed	80	
Employed at time of offence	29	
Ever dismissed	32	
Stable employment	54	
<u>Drug and alcohol use</u>		
Ever taken illicit drugs	93	
Mean age first used drugs	13 years	
Drug use a problem	34	55
Alcohol use a problem	28	45
Drinking contributed to offence	45	44
Committed a crime because drunk	63	55

Underlying all of our activities is an emphasis on safety. In my view this is of paramount importance and is the bedrock for successful programme delivery. Prisoners must feel safe before we can work effectively with them. Polmont defines its core business as: *“providing secure custody for male young offenders in a safe, supportive and learning environment designed to facilitate change.”*

The challenge is to create a culture that is open to change. This is difficult when staff are authoritarian, paternalistic, distant, formal and preoccupied with discipline. We inherited this set of staff attitudes and are striving to replace them with a focus on listening, responsiveness, involvement, informality and above all an emphasis on the quality of relationships. Staff are closely involved in all of our rehabilitative programmes. Their contribution is essential.

Sentence Management

Aims

The aims of sentence management are to reduce young offenders' risk of re-offending, to use their time in custody constructively and to prepare them for their eventual release. Sentence management comprises risk and needs assessment, sentence planning and preferred or accredited programmes.

Target Group

Male convicted young offenders who meet pre-set criteria and score appropriately on psychometric tests.

Selection

Every young offender is given the opportunity to attend the sentence management/induction programme in the initial stages of their time in custody.

Cognitive Skills

Aims and Objectives

The programme objective is getting offenders to look at the way they think; the processes they use, rather than the contents of their thoughts. Specific offending behaviour is not addressed. This is not group therapy. The programme is designed to allow offenders to make their own adjustments to their lifestyle. They are equipped with a number of new skills, or given the opportunity to develop existing skill sets. These skills are taught at a practical level, and involve thinking, social, communication, and problem solving. There is an emphasis on the past outcomes of situations, and possible ways of generating alternatives that may create fewer problems. There is a high level of participation from all members of the group, including the coach.

Selection

Participants self-refer or are referred through other departments within the institution. They may also be referred by their personal officer or as part of the sentence planning process. A semi-formal interview with the individual is conducted before acceptance into the programme.

Duration

The programme lasts approximately nine weeks. Each week is divided into a number of sessions. The sessions are normally conducted at a rate of four per week and take around two hours to complete.

Anger Management

Introduction

The programme consists of 12 two and a half hour sessions delivered over a period of 12 weeks. Sessions are conducted weekly to allow prisoners time to practice skills learnt and carry out written homework assignments. Pre and post measurement of course participants allows us to determine the impact of this type of intervention.

Target Group

Young Offenders selected for the programme should have genuine problems in dealing with or controlling their anger. They should recognise that they have a problem in this regard, express a willingness and motivation to discuss their problems with others and have a desire to improve their ability to handle their anger. Finally each individual should be able to interact within a group setting.

Selection

Referrals should be made by personal officers who are in regular contact with the prisoner and have had an opportunity to observe their behaviour in a number of settings. However, young offenders can self-refer using a standard form that is available in every unit.

Drug Awareness

Introduction

This is an information and education package which is the first step to acquiring any assistance in addressing drug related problems. Two sessions are used to assess the level of drug or alcohol use, allowing the coaches to prioritise individual needs and determine the nature of any further intervention.

Aim

The main aim of this programme is total abstinence. If prisoners have successfully given up drugs, the aim is to help them to maintain their abstinence.

Target Group

All young offenders are eligible for this intervention.

Drug Groupwork

Aim

To provide the opportunity for young offenders to address their addiction in surroundings where each individual can rely on the others and have confidence in staff and specialist support during the recovery process.

Target Group

Any young offender who presents himself as having a drug problem is eligible. Furthermore, he must demonstrate motivation and commitment to change his lifestyle and be able to interact within a small group environment.

Selection

All young offenders will be assessed and scored either high, medium or low risk. As course participation is restricted to eight young offenders, priority is given to those scoring a high mark.

Objectives

Given the theme of this conference it may be useful to spell out the objectives of the drug groupwork programme in a little more detail.

- To promote an improvement in the individual's quality of life and to enable him to develop a sense of personal responsibility, whilst working towards real and lasting change.
- To work towards total abstinence, while recognising that lapse and relapse are an integral part in any rehabilitative process.
- To provide the opportunity for young offenders to address their addiction in surroundings where they can rely on peer support and have confidence in staff and specialists during this initial stage in their recovery process.

- To advise individuals on the support available and encourage them to maintain their drug free lifestyle on return to their respective home areas.
- To build professional relationships between staff and young offenders.
- To enable prisoners to explore and gain insight into their drug use.
- To examine the relationship between drug use and offending behaviour.
- To become more aware of the impact their conduct has on others.
- To become more aware of the legal and health implications of drug use.
- To examine how to make and maintain changes in their drug use.
- To consider alternatives to using drugs.

This programme is backed up by mandatory drug testing.

Positive Parenting

This course is designed to enable fathers to look at different aspects of parenting. Its main focus is communication but it also deals with topics such as first aid, health and safety, the rights of the child, and most importantly the responsibility involved in being a dad.

Target Group

Any father currently serving a sentence in Polmont.

Criteria

Be a father and in regular contact with the partner.

Be able to attend every session.

Have regular visits with partner and child.

Not be on closed visits.

Have at least eight weeks left to serve.

Pre - Release

Aims and Objectives

This course provides a package of support which should equip the group participants for re-integration following release. It includes information on how to deal with conflict in a diverse range of situations. Information is provided on education and training opportunities on release, as well as on income support and other benefits and how to secure accommodation from local authorities and private landlords. Substance use and misuse is discussed and individuals are supported in their search for employment.

Criteria

Any young offender with eight weeks or less still to serve of their sentence. The course runs for ten sessions.

Problem Solving and Skills Training

Aims and Objectives

This course has been designed to make the participants aware of the thought processes which cause them to offend. To achieve this it has been designed in two parts. The first deals with understanding problem solving and applying it in general. This lasts for fifteen sessions. The second focuses on applying these skills to the individual's offending behaviour and offence patterns. This requires another fifteen sessions.

Criteria

To be eligible the young person must:

Have a spread of offences (not less than five).

Have at least sixteen weeks left to serve.

Have basic literacy skills.

Be able to attend all sessions.

The programmes I have outlined focus mainly on criminogenic needs. I have limited my comments to interventions that are of specific relevance to custodial environments. It is

just as important, of course, to work with more general adolescent needs and we have developed a range of responses to issues such as the maintenance of family links, relationship skills, anti-bullying and peer group work, mentoring, health concerns and dealing with educational deficits or learning difficulties.

Concluding Comment

The most sophisticated programmes are of little value without motivated staff to deliver them. Scottish prisons tend to be staffed by officers who live in the locality. This is far from ideal. We need staff who want to work with young people. It is very difficult to draw up a list of key competencies for this group. How can we identify the unique skills they require? How can we select staff who are most likely to add value to the lives of the young people in their care? We have done some work in this regard and come up with the following six essential attributes:

- Interpersonal awareness and sensitivity.
- Resilience.
- Confidence and credibility.
- High self-esteem.
- Ability to build and maintain relationships.
- High capability in face-to-face communications.

These skills are probably required by all staff, but in greater measure by those who work with young people.

I would like to finish by saying that these are exciting days in Scotland. Youth crime is high on everyone's agenda and innovative new partnerships are being formed. The organising principle is that of social inclusion and we try hard to integrate our work with the activities of outside agencies such as education authorities, social work departments, health boards, voluntary and youth organisations. Sometimes our key task is to prepare a

young offender not for release but for the difficult transition to the adult prison system when he reaches his twenty-first birthday. We are learning a lot from the Canadian system, upon which our Care and Rehabilitation Directorate is modelled. Our government has set a high standard, described by Henry McLeish when he was prisons Minister in the following terms:

Young people need to feel that society has a place for them and that they have a stake in society. This is a question of self-esteem, self-confidence, self-respect and a question of aspiration. Young people need to have a vision of what they can achieve.

We must not fail to deliver this vision to our young people.

Thematic Review of Workshop Discussions

Delegates were allocated to workshop groups that met for a single closed session. Their task was to clarify the nature of the relationship between drugs, alcohol and youth crime, bearing in mind the presentations they had just heard and drawing on their own experience in the field. Broadly speaking they were to define the parameters of the debate, but not to go so far as to offer solutions.

The workshop facilitators were:

Susan Fletcher Jones	(East Coast Area Health Board)
Derek Hanway	(Blanchardstown Area Partnership)
Nuala Haughey	(The Irish Times)
Michael O'Connor	(Oberstown Boys Centre)
Seán Redmond	(Barnardos)

The main themes that emerged during the workshops are outlined next.

Information deficit

Reaching reliable conclusions is difficult in the absence of a coherent body of knowledge. The major source of information on crime is the annual report of An Garda Síochána. This contains useful information on overall crime patterns, allows comparisons over time, and presents a detailed breakdown of juvenile offending. Like police statistics all over the world it is limited in its coverage to incidents that are reported to the police (or observed by them) and where a decision is made to record the incident as a crime. We can learn nothing about those young people whose alcohol and drug use does not result in a formal Garda response.

The most recent British Crime Survey found that the use of drugs did not vary significantly across income groups and that in general there were higher levels of drug use among young people living in affluent urban areas. The exception was for heroin use, which was most frequent among the poor. In Ireland it has become a truism to say that crime, drug use and poverty are inextricably linked. This might be to overstate the case in so far as it is true that private drug misuse funded with legitimate earnings is unlikely to come to Garda attention. It follows that little attention is given to the difficulties experienced by drug and alcohol users from relatively advantaged backgrounds. Is a focus on those who come to the attention of the criminal justice system really the best way to serve the interests of children?

Defining terms

It is crucial to define issues with more precision than is customary. Recorded crime has been falling for the past five years: between 1995 and 1999 the number of indictable offences dropped by over 20 per cent. At the same time we are told that drug use is rising. This would suggest that there is no straightforward relationship between these two variables.

Similarly it is more productive to think in terms of the type of substance abused. The causes and consequences of cannabis, cocaine, heroin and benzodiazepam abuse are quite different. Does it make any sense to think in such general terms as the 'drugs problem'? Is a different approach required for cannabis than for heroin? How meaningful is it to draw a distinction between 'soft' and 'hard' drugs?

It is tempting to think of alcohol more benignly, or at least to discuss it in more neutral terms, as it is something with which all adults are very familiar. However we must not lose sight of the fact that alcohol is responsible for many road deaths and much domestic violence and public disorder. It is also a factor in many of the most serious offences such as murder and rape: a study of homicide in Ireland showed that in one third of cases

both perpetrator and victim had been intoxicated. The use of Ecstasy, for example, does not have such a dramatic impact on rates of injury and death.

The question of cause and effect

Does drug use precede involvement in criminal activity or *vice versa*? If both factors are present to what extent is this coincidental? Is the tendency towards drugs and crime explained by another factor such as childhood abuse or a psychological orientation towards risk taking? These are difficult issues to resolve.

There is good evidence that much acquisitive crime is committed by opiate users who have no legitimate way to fund their addiction. In such cases the drug use leads to criminal activity. There is also evidence that involvement in a criminal lifestyle increases the chances that one will be exposed to harmful patterns of drug use. For example some young people are first exposed to heroin during a prison sentence. In these cases involvement in crime may have preceded drug use. For others both crime and drugs may be part of a 'risky' lifestyle or occur during a period of adolescent rebellion or experimentation. In these cases difficulties in psycho social adjustment, peer group pressure, or a sense of adventure may be the underlying factor.

Young people are sophisticated in the choices they make regarding drug and alcohol use. Particular substances are chosen for their anticipated effects. The motivation to buy amphetamine on the street may be different from the motivation to steal a parent's prescribed medication. This means that any responses need to be equally sophisticated. To maximise the chances of success young people (especially those who are misusing, or have misused, alcohol or drugs) should be involved in the identification of solutions.

Social learning

Many young people begin drinking in the family home. Their attitudes to alcohol consumption are strongly influenced by parents as well as peers. This does not mean that children simply mimic their parents, although it is true that many young people who drink heavily are following a parental lead. In some cases an awareness of the harms caused by alcoholic parents might lead to abstinence or the substitution of drugs for drink.

The question of parental responsibility must not be shirked. Mothers and fathers may be unavailable (perhaps because absent - in prison or too busy with work), unwilling (disinterested or, at worst, supportive of children's habits), or unable (lack the skills to manage the trials of adolescence) to address substance abuse issues with their children. Often they are simply unaware that a problem exists.

There is also the question of the positive way that alcohol, and even intoxication, are portrayed in wider society. We speak of the 'harmless' drunk but never the 'harmless' heroin addict. Drink is an integral part of most social occasions and sporting events and is heavily promoted as an essential ingredient of a 'good night out' in universities and colleges around the country. These factors combine to create a strong demand for alcohol. In this context an emphasis on supply-side measures alone (such as limiting availability through age card schemes, enforcing the law on under age drinking in public houses) are unlikely to meet with much success.

Nature and depth of intervention

The international experience is that criminal justice policies in isolation are not the best way to address drug and alcohol problems. There is more scope to intervene through education, health care, housing and other social inclusion measures. For example attitudes towards drink driving have been changed through educational programmes rather than deterrent sentences. This change is particularly noticeable among young

people who are generally less ambivalent than their parents about the propriety of drinking and driving.

Criminal careers research shows that the peak age of offending is 17 or 18 years. If young people have not become involved in crime at this stage they are unlikely to do so. If no action is taken many will pass through this stage of experimentation unscathed. To take an extreme example, it was recently reported that the majority of the Conservative Party Shadow Cabinet in Britain had used cannabis when young. This did not affect their ability to go on to play prominent roles in public life. One wonders if the same could have been said had their drug taking resulted in an official response and an appearance before the courts. As a criminal record is for life in Ireland - uniquely among European countries there is no provision for convictions to become spent - a drugs conviction acquired as a teenager can be a permanent disadvantage.

This raises the question of the ethics of intervention: under what circumstances is it appropriate to do nothing? Who makes the decision to act? How can we make sure that the response is proportionate and equitable? How can we protect the young person from the system? We need to be clear about what kinds of intervention are successful and to target resources accordingly. If projects are not demonstrably effective, further funding should not be guaranteed.

'Normalisation'

When drug or alcohol use results in a response from the criminal justice system, the consequence is sometimes that further harm is caused. This is particularly true when a young person is punished with a period in custody. In this context they are stripped of responsibility and the institution caters for their daily needs. This is hardly the way to prepare them for the rigours of law-abiding life in the community.

Why not shift the focus so that individuals in detention are encouraged to prepare their meals, do their own laundry and so on? This might reduce the negative impact of

institutionalisation. Custodial institutions are a long way from being therapeutic centres and perhaps the most realistic objective would be to ensure that young people are no more disadvantaged at the end of a period of confinement than they were at the beginning. This requires imagination in the design and delivery of regimes.

Innovation sometimes withers if it is not recognised financially. There is a perennial problem ensuring that funding arrives where and when it is most needed. There is scope to use existing facilities in new ways. For example schools are closed for many months each year and it is when they are closed that many young people would benefit from some form of supervised activities. Why are these resources not made available to local groups?

Long waiting lists for drug treatment are typical and it was noted on several occasions that the pilot drug court must operate from existing resources. Surely such a limitation poses a major threat to its success?

Community resistance

There is sometimes opposition from communities if those who break the law are seen to benefit over those who do not. This may be the perception if special educational and activity programmes are made available to young persons involved in crime or drug misuse. In Victorian England there was a similar concern with regard to prison conditions which were seen as providing a respite from grinding poverty. To counter this perception and to ensure that crime would never pay, regimes were deliberately harsh, and always worse than the worst conditions endured by law-abiding persons in the community. This was known as the doctrine of 'less eligibility'. The argument against it is an economic one: investing heavily in prevention, early intervention, and rehabilitation leads to substantial savings in the long run, especially if the costs of custody can be avoided.

Perhaps it could also be said that difficult or troubled children are worth the additional expense. This should not be viewed as a reward for misbehaviour but rather as compensation for neglect. If they had received proper care from the outset they may never have come into conflict with the law.

Youth culture

Has there been a change in the way alcohol is consumed by young people? Is it a recent development that young people go out with the intention of getting drunk rather than seeing drink as just one element of an evening's entertainment? Is youth drinking today more 'obliterative' than recreational? Binge drinking appears to have become the norm with some young people. Does such a style of drinking pave the way for drug use? Is the price of drink and drugs a factor? Given the higher disposable income of today's young people, drugs and alcohol are simply commodities like any other: a deal of cannabis or a bottle of spirits costs less than a new CD. The rise of the 'rave' culture is another factor, with Ecstasy use considered acceptable, especially in urban areas.

Another aspect of changing youth culture is the reduced participation in organised sport. This fall off is particularly noticeable in the early teenage years. To some extent this is due to a decline in volunteering. It was suggested that adults may be unwilling to supervise children's activities for fear of suspicion about their motives or becoming the target of malicious and vindictive abuse allegations.

There appears to have been another change in youth culture. There is a perception that girls are becoming increasingly involved in criminal activity. This is reflected in media reports of girl gangs and public concern about out of control children. Overall however crime remains an overwhelmingly male activity. The Garda figures show that around seven times as many males as females appear before the courts. The difference is most marked for offences against the person where the ratio is 60:1 and least marked for larcenies where it is 4:1. Only about three per cent of all prisoners are female. These

small numbers mean that there are limited options available and that the needs of males tend to determine the nature of any response. This bias needs to be addressed.

Resilience

It is important to keep a sense of perspective and optimism. Most young people have consumed alcohol and many have taken drugs (usually solvents, cannabis, or Ecstasy). It is not inevitable that permanent damage will result. International evidence suggests that most of those who start using illicit drugs desist of their own volition, without treatment or coercion, within five years. For many the involvement short-lived or recreational. For a few it leads to addiction, imprisonment, disease and premature death.

Statistical Note

While it is not possible to quantify with any degree of precision the volume of illicit drugs consumed each year (in 1999 more than 2.5 tonnes of cannabis was seized along with 17 kg of heroin, and 229,000 Ecstasy tablets), there is some information available from World Drinks Trends surveys about levels of alcohol consumption. The overall picture in 1961 and 1994 is shown in the table below. While the trend across Europe was upwards, there were several countries (Italy, France and Portugal) which experienced significant drops, and seemed to be approaching the European norm.

Per Capita Alcohol Consumption (litres)

	1961	1994
Netherlands	2.8	7.9
Ireland	3.4	8.8
Denmark	4.5	9.9
United Kingdom	4.5	7.5
Greece	5.3	8.9
USA	6.1	6.6
Belgium	6.5	9.0
Spain	7.0	9.7
Germany	7.4	10.3
Luxembourg	8.6	12.5
Portugal	12.2	10.7
Italy	12.3	8.7
France	17.1	11.4

The level of alcohol use in Ireland has continued to grow and in 1996 total per capita consumption stood at 9.1 litres. This was slightly below the European average of 9.4 litres. Ireland's annual consumption of beer was the highest out of fifteen countries surveyed: 145 litres per year compared to the European average of 70.

Plenary Discussion

Judge Haughton, Chief Supt. Clancy and Mr Gunn were joined on the panel by Anna Rynn (Probation and Welfare Service), Fergus McCabe (North Inner City Drugs Task Force) and Marion ??? (Bridge Project?). The panel was chaired by Padraic White (Chairperson, National Crime Council).

The panel responded to an extensive array of issues raised by conference participants. The discussion was lengthy and, at times, vigorous. To give a flavour of its cut and thrust a question and answer format is maintained in the following account.

Question: Are crime and drug use on the rise among young women?

Panel response: The statistics from the Garda Juvenile Liaison Office would not bear this out. They demonstrate clearly that crime remains a male preserve. However the official figures do not always reflect the reality on the ground and if we are to have an accurate picture we need more data and better data collection methodologies. It may be that patterns of drinking among girls are changing, with greater consumption of spirits. This in turn may be a reflection of the changing role of women in society, in particular the reduction in sex role differences. For example, whereas in the past women's drinking was often private and shameful it now takes place in public. This suggests a change in public attitudes.

Question: The proliferation of agencies sometimes leads to confusion, rather than co-ordination, on the ground. What is missing is "a multi-agency approach with teeth". How can this be achieved?

Panel response: It is true that individuals can still be dealt with by numerous different agencies, and this does not necessarily result in a better end result for the individual at whom the service is directed. Different projects can have the same target groups and while unprecedented levels of funding are being made available there is no overall vision.

Sometimes projects are even in direct competition for clients. There is a need for greater integration and the Drugs Task Forces may provide a model as they have brought greater coherence at local level.

Similarly the pilot Drug Court is an example of how effective co-ordination can result in the whole being greater than the sum of its parts. Good inter-agency working is the 'Holy Grail' and it remains elusive. Structures can become cumbersome and there may be a need to think about "integrating the integration." There is a risk that the co-ordination of agencies may become an end in itself with the putative client losing out. There is huge goodwill in communities at the moment. This needs to be acknowledged and harnessed. If not an opportunity to have a real impact may be squandered.

Question: What happens when agencies shut their doors? Who handles out of hours issues? Who should take the lead in programme delivery?

Panel response: Health Boards should take the lead in general, following the Scottish example. Indeed the Child Care Act places the responsibility squarely on the Health Boards, and this is not limited to office hours - it is an around the clock commitment. Depending on the local context it may be appropriate for this to shift to another agency such as the Probation and Welfare Service or An Garda Síochána. If partnerships are to work the people on them must be given the time and space for creative thinking. It takes time to develop mutual confidence among partners and for effective methods of working to emerge. Leaders need to be consensus-builders as well as visionaries.

Question: The reality is that Health Boards cannot fulfil their statutory obligations. How can this challenge be met?

Panel response: There are huge problems recruiting social workers and young people will not be properly served until this issue is addressed. It may be necessary to offer financial incentives to those who are prepared to work in the Dublin region but who cannot afford to live there. Alternatively, this can be seen as an opportunity to provide

employment opportunities for local people. For too long in the past disadvantaged areas were like 'colonies' where non-locals came in to deliver services. When they returned home after a day's work, many of the community supports were removed. There is a need to recruit local gardaí, care workers, counsellors and psychologists.

More fundamentally, it is irresponsible to pass legislation without making available the resources necessary to implement it properly. The Children Act 2001 states that prison must be an option of last resort for those under 18. This should have been preceded by the putting in place of appropriate community facilities. We cannot legislate ourselves out of difficulty. As one panellist put it: "Laws without resources to implement them are worse than no laws at all because they bring the legal system into disrepute."

Question: Is there too much territoriality and specialisation? Can youth work only be carried out by expensively educated social workers?

Panel response: All Probation and Welfare Officers are qualified social workers, but there are growing numbers of opportunities as project workers and so forth for those without these formal qualifications. The Northside Partnership benefited greatly from providing the long-term unemployed with a key individual reference point so that they were no longer shuttled between people and agencies with all the confusion and demotivation that this involves. Local people were very effective in this mentoring role.

Question: Are we putting money into ineffective interventions?

Panel response: There is a dearth of knowledge about what constitutes effective practice. This needs to be carefully researched and evaluated. There must be clarity about the criteria of success. It is relatively straightforward to measure recidivism - although even this is not done systematically - but much more difficult to track longitudinal changes in self-esteem, family dynamics and so on. These latter qualities are relevant outcome measures. It is important to base funding on evidence so that we can prove we are making a difference.

There is an understandable bias towards positive evaluations. The talk is of mainstreaming rather than closing down, of rolling out rather than rolling back. In the interests of the children however funding bodies must have the courage to withdraw support from areas where there is no evidence of effectiveness.

Question: There is a problem with communities rejecting their 'bad apples'. How can this be addressed?

Panel response: This problem is acute with adolescent sex offenders and drug dealers being labelled and stigmatised. It can go as far as scapegoating their families. It is difficult to balance the genuine concerns of parents with an overall goal of social inclusion. There is a need to localise much more, to think of communities in terms of blocks of flats or even terraces of houses. It is difficult to translate lofty national aspirations into local quality of life improvements.

Local communities may need support or access to training. This is an important element of drawing them in so that they are fully involved in any response. If communities are not involved in a meaningful way in decisions that pertain to them, then partnership is no more than a charade and we will never move beyond the rhetoric of inclusion.

Question: To what extent are current difficulties exacerbated by the decline in volunteering that has accompanied the rise in employment opportunities?

Panel response: The current economic boom has had a dramatic impact on the number of people out of work. Unemployment stands at four per cent today; a quarter of the rate twenty years ago. The extra commitments of work, while hugely beneficial to individuals and communities, put pressure on the number of people available and prepared to give up their reduced leisure time for voluntary activities. The problem is not as simple, however, as a decline in the numbers prepared to undertake unpaid work.

There is an untapped pool of volunteers registered with the Volunteer Resource Centre in Dublin. The difficulty is in getting organisations to state what their needs are and to a lesser extent being open to accepting people with appropriate skills from outside their community. Sometimes the groups most in need of volunteers are the least able (or prepared) to try hard to locate them. Difficulties obtaining insurance cover have become a major obstacle to involving volunteers in community work of any description. Would it be possible to make progress with this problem by involving financial institutions in local partnership arrangements?

Question: Why has the development of a national drugs strategy been so successful?

Panel response: First of all, there was wide consultation. This was a crucial factor. Second, a timetable for implementation was an integral part of the strategy and the structures created allow for continuing input and regular review. Third, there is genuine commitment from the Minister with responsibility for the strategy, Eoin Ryan TD, who addressed this conference last night. Finally, there is a clear overall aim - harm reduction - and an acceptance that it is unrealistic to attempt to eradicate the drug problem.

The issue of decriminalisation is not taken forward in the strategy document and the panel expressed diametrically opposing views. One member felt that cannabis was a gateway drug, and any move to change its legal status would be hugely counterproductive. Another felt that the possession of all drugs should be decriminalised. This debate was not entered into by the conference.

Question: What is the role of the education system in this debate? Would we be having the same discussion today if the system worked?

Panel response: We need to find mechanisms to keep children in school for as long as possible and certainly until they have reached the legal school leaving age. It is a cause of great concern that so many of those in our prisons have been failed by the educational system and even as adults lack basic literacy and numeracy. To some extent the answer

might lie in peer group supports, mentors and other initiatives of this kind. We do not need to search for a professionalised solution to every problem. If children's needs are not being met by schools they may be further isolated through expulsion.

Question: How can we achieve a more consistent policy across the criminal justice system, especially in the courts? It is important that justice is seen to be done.

Panel response: It is crucial that the public have confidence in the operation of the courts. They must feel that people are being treated equitably. Some felt that the solution lies in providing more judges, more courthouses and more court staff, on the basis that justice delayed is justice denied. Others believed that it would be dangerous to think in terms of aiming for uniformity in sentencing, that this would fatally compromise the independence of the judiciary and prevent judges from tailoring penalties to individual circumstances. For those holding this view there was a "wholehearted rejection of consistency".

Concluding Remarks

Martin Tansey, IASD Chairperson, brought proceedings to a conclusion by thanking delegates for contributing to what had he described as having been a “fruitful discussion”. The fact that members of the judiciary and senior personnel from the various criminal justice services could engage in such a frank and illuminating exchange of views was proof of the value of meetings such as this one. The “fledgling IASD” has matured greatly since its first annual conference in 1998.

The Association provides a forum for interested parties to exchange views, learn about emerging issues, and sound out colleagues in an environment that is conducive to “openness and honesty”. It is a place where one can drop one’s guard without fear of the consequences. The annual meeting has quickly become an indelible entry in many diaries.

Mr Tansey thanked the keynote speakers, panelists and participants more generally for their preparedness to set aside professional allegiances and departmental loyalties in the interest of advancing understanding. The convivial and supportive atmosphere of the conference made it possible to grasp issues that might otherwise be avoided for fear of the passions they generate. It is difficult to imagine a better measure of a meeting’s success.

Mr Tansey ended with a call to arms. Organisations such as the Irish Association for the Study of Delinquency depend for their continued success on the energy and vision of their members. Over the past year the Association has acquired new offices and been created as a company limited by guarantee. The infrastructure is now in place to allow for the articulation of an Irish perspective on the causes and consequences of juvenile crime. To enable it to move forward with confidence the IASD must consolidate its base and to this end applications are welcomed from new members.

Conference Participants

Ms. Marion	Bridge Project
Mr Seán Aylward	The Irish Prison Service
Mr Tony Barden	Drug Co-ordination Unit
Ms Deirdre Bigley	Copping On
Mr Terry Boyle	Probation and Welfare Service
Ms Margaret Burke	Probation and Welfare Service
Ms Mary Burke	National Crime Prevention Council
Ms Linda Carter	Finglas Child and Adolescent Centre
Chief Supt. Catherine Clancy	Garda Síochána
Dr. Emma Clare	Institute of Criminology, UCD
Supt. Noel J Clarke	Garda Síochána
Mr Paddy Cleary	The Irish Prison Service
Ms Catherine Comerford	The Irish Prison Service
Ms Geraldine Comerford	IASD Ltd
Ms Rosemary Conlon	Probation and Welfare Service
Mr John Connolly	The Irish Prison Service
Ms Clara Connolly	Centre for Criminal Justice
Mr David Cowman	The Irish Prison Service
Ms Anne Crowe	Victim/Offender Mediation Service
Mr Chris Davies	PBNI Youth Justice Unit
Ms Carmel Donnolly	Probation and Welfare Service
Governor Dowling	The Irish Prison Service
Mr Padraic Dunne	The Irish Prison Service

Ms Helen Egan	WEB Project
Chief Supt. Seán Feely	Garda Síochána
Ms Jean Fletcher Jones	CO-AIM
Ms Susan Fletcher Jones	East Coast Area Health Board
Ms Patricia Flynn	Oberstown Girls Centre
Mr Peter Geraghty	Shannon Bank Training Centre
Mr Dan Gunn	SASD
Mr Brian Hamilton	Department of Justice, Equality and Law Reform
Mr. Derek Hanway	Blanchardstown Area Partnership
Ms. Fiona Hanway	Blanchardstown Area Partnership
Mr Shane Hartnett	The Irish Prison Service
Judge Gerard Haughton	District Court
Mr Liam Hickey	St. Josephs School
Ms Nicola Hughes	National Crime Council
Mr Michael Jackson	Garda Síochána
Ms Marie Keely	Victim / Offender Mediation Service
Supt. Kelly	Garda Síochána
Mr Ciaran Kennedy	Probation and Welfare Service
Ms Valerie Keogh	Trinity House School
Supt. Jinty Kerr	Scottish Association for the Study of Delinquency
Mr Justice Dermot Kinlen	High Court
Mr Kevin Laide	The Irish Prison Service
Mr Pat Lane	Fingal County Council

Mr William Lloyd	Finglas Child and Adolescent Centre
Ms Louise Lowe	Finglas Child and Adolescent Centre
Mr. Fergus McCabe	National Drugs Strategy
Mr Dan McCarthy	The Irish Prison Service
Ms Edel McCarthy	Mount St. Vincent Childcare Centre
Mr Dermot McCarthy	Department of the Taoiseach
Ms Maria McCully	Slainte
Ms Mary McDermott	Foróige
Ms Lillian McGovern	National Crime Prevention Council
Supt. Jim McGuirk	Garda Síochána
Mr Justice Michael Moriarty	IASD Ltd Patron
Mr Dermot Murphy	The Irish Prison Service
Mr John Murphy	Probation and Welfare Service
Mr Justice Roderick Murphy	Courts
Mr Gerry Murphy	Garda Síochána
Mr John O'Brien	The Irish Prison Service
Mr Kevin O'Callaghan	Slainte
Mr Michael O'Connor	Oberstown Boys Centre
Dr. Ian O'Donnell	Institute of Criminology, UCD
Mr James O'Donoghue	The Irish Prison Service
Mr Tom O'Donoghue	Wexford Area Partnership
Mr David O'Donovan	Probation and Welfare Service
Mr Kieran O'Dwyer	Garda Research Unit

Mr John O'Dwyer	Department of Justice, Equality and Law Reform
Mr Kevin O'Farrell	Child Care Managers Dept., Mid-Western HB
Ms Caroline O'Meara	Mid-Western Health Board
Mr Pól Ó Murchú	Pól Ó Murchú Solicitors
Mr Michael O'Reilly	The Irish Prison Service
Judge James O'Sullivan	Chairperson of the Adoption Board
Mr Patrick Powell	The Irish Prison Service
Ms Margaret Prendergast	Probation and Welfare Service
Mr Keith Rafter	The Irish Prison Service
Mr Seán Redmond	Barnardos
Mr Billy Reid	Athy Alternative Project
Mr Eoin Ryan TD	Minister of State for Local Development and with special responsibility for the National Drugs Strategy
Ms Anna Rynn	Probation and Welfare Service
Ms Michelle Shannon	Department of Justice, Equality and Law Reform
Mr. Jarlath Spellman	Office of the Director of Public Prosecutions
Mr Dermot Stokes	Youthreach
Mr Martin Tansey	Probation and Welfare Service
Ms Rosemary Tierney	National Crime Prevention Council
Ms Suzanne Vella	Probation and Welfare Service
Ms Anne Walsh	Probation and Welfare Service
Mr Eddie Ward	Department of Education and Science

Ms Michelle Weir

Probation and Welfare Service

Mr. Padraic White

Chairperson National Crime Prevention Council

Dr. Peter Young

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