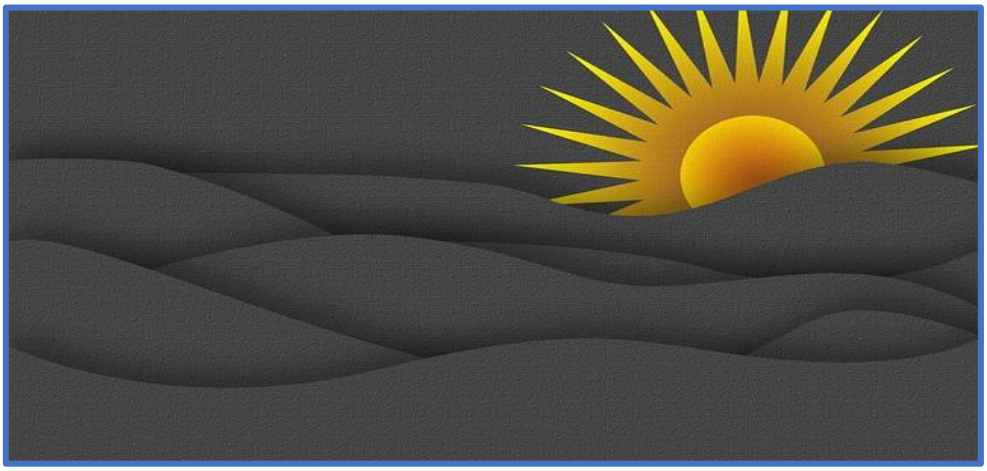
MAKING HOPE REAL

CASP STRATEGIC PLAN
2024 TO 2027



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Charity Number: CHY15069 **Company Number: 228716**

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Researched and written by Peter Dorman October 2023

Introduction

The Clondalkin Addiction Support Programme (CASP) was established in 1995 by community members and workers in local voluntary and youth organisations as a response to increasing numbers of young heroin users in the Clondalkin area.

CASP consists of two major projects. CASP Clondalkin is based in the Muriel Boothman Centre on the Fonthill Road. We also operate the CASP Community Substance Misuse Team (CSMT) which is based in Limerick City. CSMT serves young people and their families in Limerick city and county as well as in Clare and North Tipperary.

About CASP Clondalkin.

CASP has adopted a holistic approach in supporting our clients to achieve an addiction free life, and to support them in reaching their full potential. Our range of services includes key working, counselling, group work, recovery cafes, drop ins, needle exchange, family support, community prison links service, onsite methadone prescribing and dispensing clinic, nursing care and community development. We offer holistic therapies which include, auricular acupuncture, meditation, reflexology, natural facials and massage. CASP offers support and guidance to family members who are living with addiction in the home, and/or who may suspect a family member of having addiction issues. CASP also hosts a HSE opioid treatment and dispensing service at our centre.

We also work with people who are homeless or at risk of homelessness, offering them services such as hot meals, shower, and laundry facilities, weekly SDCC Homeless Outreach clinic key working and holistic services.

In essence, CASP provides a service that focuses on the physical psychological, social, and spiritual needs of our clients. We are a community development organisation, and we are committed to the improvement of responses to substance misuse and the promotion of recovery in our catchment area.

About CASP CSMT

In 2012, Mid-West Regional Drugs & Alcohol Forum, (MWRDAF) invited proposals from eligible organisations/service providers to establish, manage and operate a Community Substance Misuse Team, (CSMT) focusing on the needs of families, children, and young people in the mid-west region, covering the City & County of Limerick, Co Clare and North Tipperary. CASP was invited to take on the role and CSMT was established.

CSMT works with young people aged 13 to 24, for whom substance misuse has become or is likely to become a problem. We also work with their families.

CSMT offers therapeutic key working to help a young person understand and address their substance misuse and develop healthier ways of fulfilling their needs. We link the young person into pro-social and healthy activities which reinforce a healthier lifestyle. We also work with family members and concerned persons so they can manage more effectively their relationship with the young person.

CSMT partners with a range of organisations in the mid-west that are involved with young people. We take referrals from these organisations, and we also refer on young people to other services as needed.

As well as in Limerick City, we offer out CSMT service throughout Limerick County, Clare and North Tipperary, in towns and in rural communities.

Our Values
CASP as a whole is underpinned by a common set of values. These are as follows.

Person Centred
Our focus is on the person caught in problematic substance misuse and/or the family member who is concerned about another family member with such issues. We value the dignity of the people we work with and express that value through genuine compassion for their situation and our responsiveness to their needs.

Non-judgemental acceptance
We value the person as they are when they come to us and throughout their engagement with us. We understand that addiction is often driven by trauma and sustained by social considerations such as poverty and social exclusion. We accept them as they are and express that through our low-threshold services and our commitment to not giving up on them as they go through a change process.

Faith in Potential
We value the person as they are and also their potential for change. We value the real possibility for change. We express this value through our commitment to supporting them to move through a change process towards recovery and a more fulfilling life.

Community and community development
We value community and the power of community to support people caught in substance misuse. We recognise that people are not islands apart but are a part of a community. We express this value through our creation of peer supports and our collaboration with a range of community-based organisations. Furthermore, we value the participation of the community in helping shape our services.

Family
We value family relationships as a potential source of support for people in addiction. We recognise that families can also be dysfunctional and can enable addiction. But we recognise the potential for family dynamics to transform into healthier and positive enablers of recovery. We express this value through our family work.

Professionalism
We value professional interventions which keep appropriate boundaries and commitment to the mission of the organisation to work respectfully with service users while challenging them to take the opportunities for change. We express this value through ensuring staff are adequately trained and accredited and have the professional supports they need to fulfil their roles. We also commit to good governance in our organisation.

Team
We value teamwork in our organisation. We believe our staff and volunteers are most effective as part of a collective effort to support our service users. We express this through organising staff into teams and collective work across the organisation.

Collaboration

We value the work of partner organisations in our community and the opportunities to network and work together to serve our communities. We express this through effective referral processes and our participation in joint initiatives.

About this Strategy

This document will outline our strategy for 2024 to 2027 for CASP Clondalkin and CASP CSMT. These services are distinct. Their catchment areas are different, one being for a suburban area and the other being for a city and rural area. They also have a different profile of client, one being for young people aged 13 to 24 and the other being for adults only.

That said, there are common areas of work, such as family support, and both services are underpinned by a common set of values.

The strategy document is divided into two main sections –

1. CASP Clondalkin Strategy
2. CASP CSMT Strategy

Each section reviews the landscape in which the project is operating – the trends in drug misuse and related issues such as mental health, stigma and criminality.

A practice model for each project is also outlined, presenting its approach to addressing substance misuse in its client group and the values and principles underpinning that approach.

Finally, strategic signposts are named for each project describing its aspirations over the three-year period and how it might realise these.

The document ends with a summary bringing together both sections.

The strategy was developed over a three-month period by an independent consultant. It draws on relevant documentation such as service level agreements, programme reports and extensive consultations with staff, service users and partner organisations throughout Clondalkin and the Mid-West. (See appendix one)

Executive Summary

CASP has built up a huge body of experience at the coalface of tackling substance misuse. It has operated in Dublin since 1995 and in the Midwest since 2012. Taking the organisation as a whole, it works with substance misusers and those in recovery from age 13 to old age and their families and communities.

This strategy sets out two closely linked intervention models for CASP Dublin and CASP CSMT, based on a strong set of common values shared across the organisation. The models value taking service users as they are, while working to support them into recovery from substance misuse. The models are founded on a community development approach with strong collaborative links with local communities and agencies. CASP offers a comprehensive range of responses to a service user, based on building trusting relationships and intelligent assessment of needs.

This strategy is informed by input from staff and volunteers within CASP, service users and partner organisations. The strategy is set within the existing landscape of substance misuse and responses to it locally.

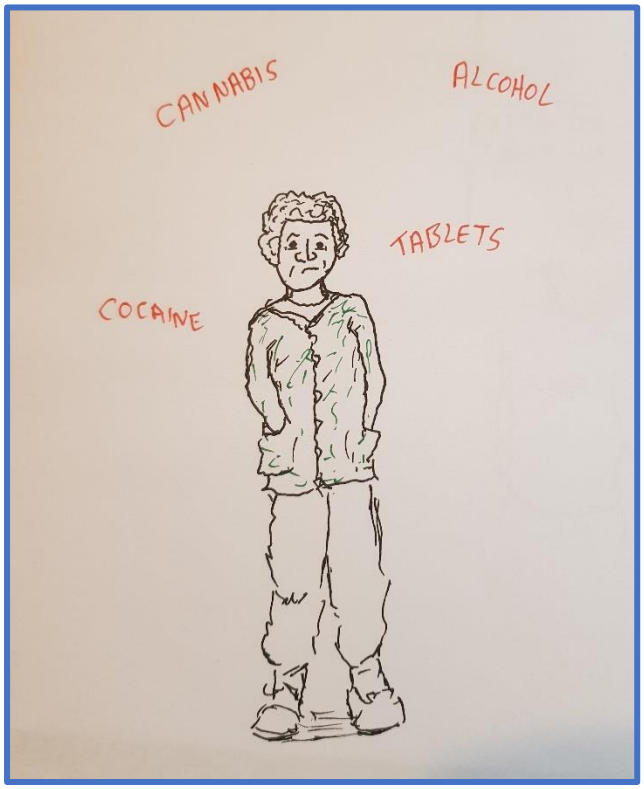
The main points are –
The strategic direction of CASP is to continue its work mostly in the way it currently operates, which is judged effective by contributors overall.
This can be enhanced in a number of ways –

1. To widen the resource base across the organisation, particularly to enhance programmes in pro-social activity, peer support work, supporting wellbeing and building recovery capital. Philanthropy and a wider range of State supports will be explored to assist with this.
2. To deepen collaborations with other local organisations particularly under the auspices of the Task Force structures.
3. To develop innovative responses to emerging needs such as the advent of crack cocaine use and the expansion of cocaine misuse in communities.
4. To strengthen feedback loops from service users and to reflect on practice more intentionally.
5. To enhance commitment to encouraging recovery while retaining a practice of low threshold accessibility.
6. To strengthen links between the Dublin based and Midwest based parts of CASP.
7. To attend to raising the profile of the work and the model on which the work is based.

CASP Clondalkin

The Landscape

The Substances landscape.



The substance treatment landscape for the Clondalkin Drug and Alcohol Task Force area in 2020 is represented in figure 1 below. It shows that, along with alcohol, cocaine, heroin and cannabis are the major drugs misused in the community.[1] While the NDTRS figures are accepted as underestimating the true picture, they do illustrate trends and proportions between different substances.

[1] Bisset, Trevor Clondalkin Drug and Alcohol Task Force 2020 Annual Report p 14

Alcohol
Contributors recognised that alcohol remains a foremost substance misused in the community. Some suggested that it is not as acceptable as it has been in the past and is being supplanted by cannabis and cocaine especially in young adult age groups. However, it remains a significant challenge.

CASP hosts Alcoholics Anonymous fellowship meetings at its centre. While fellowship meetings are not organised by CASP, the AA and CA (Cocaine Anonymous) meetings are preceded by a Recovery Cafe where those attending the fellowship can gather informally for food and holistics. These settings are used by CASP staff for engaging with clients.

Some contributors suggested that CASP has a good reputation for responding to alcohol misuse in its services.

Opiates
CASP was established as a response to the problem of opiate misuse in the Clondalkin area in the 1990s. A methadone clinic was established which today serves around 70 clients at the CASP Muriel Boothman Centre on the Fonthill road. The location of an indoor needle-exchange service is also important in serving the community, especially as a number of such in-house exchange services in the wider region have ceased since COVID. This methadone clinic is operated by the HSE in partnership with CASP staff who engage with service users as they visit the clinic.

Many contributors to this strategy noted that the situation regarding opiate misuse has changed dramatically since the 1990s with opiates receding significantly as a drug of choice in that time. This corresponds to NDTRS data which shows that even between 2015 and 2021, new cases of opioid misuse halved in the country (down from 25.9% to 12.6%)[2]

However, the HSE reported that no change in the service at Clondalkin is envisaged given the continuing footfall to the clinic. Again, this is supported by NDTRS data. Opioids still represent a third of cases presenting for treatment for all substances excluding alcohol in 2021[3] in the LDATF area.

[2] Drug_treatment_in_Ireland_2015_to_2021.pdf (hrb.ie) page 9
[3] Ibid

Cocaine/ Crack Cocaine
This was reported by contributors as the main drug of concern now. It is described as widespread and accepted at all sorts of social gatherings now. It is also accepted among middle aged people as a recreational drug. People mis-using cocaine are often in employment and well-paid. Higher incomes and employment can be barriers to accessing treatment given the time required to attend treatment and the lack of funding supports.

Cocaine Anonymous fellowships have been springing up in communities over the last number of years, including one hosted by CASP with over 40 attendees at some meetings. While fellowship meetings are not organised by CASP, the CA and female only AA meetings are preceded by Recovery Cafes where those attending the fellowship can gather informally for food and holistic therapies. These settings are used by CASP staff for engaging with clients.

Increased use of crack cocaine was highlighted by many contributors. The following characteristics of this problem were:

- It is mostly a problem for opiate-users and especially for females.
- Some young people involved in dealing are also using it as they have easy access.
- It has devastating consequences for users in terms of health, debt and the rupture of core relationships.
- It is very difficult to engage with those most affected as they are chaotic and prone to isolating.

At the time of writing, a pilot project is being undertaken by Tus Nua to engage with crack cocaine users involving weekly groupwork. A retail voucher payment is offered to participants as an inducement.

NDTRS figures show cocaine passing cannabis as the highest percentage of new cases presenting for treatment in 2021.

Cannabis
Cannabis is described as widely used by contributors, especially among younger people. There was concern at the potency of cannabis currently and how the content of “deals” is largely an unknown quantity for users.

Benzodiazepines and other tablets
Tablets were highlighted by many contributors, often in the context of polydrug use. The storing and selling of prescription tablets were also mentioned as problematic in the community.

Nitrous Oxide (NO)
Some contributors expressed concern about the NO cannisters littering public areas in the community after use. These were often seen as harmless but two cases of children being hospitalised were mentioned by contributors. They are a substance used mostly by teens.

Mental Health and trauma
Contributors reported that in most cases, CASP service users and those using other services in the Clondalkin community, are struggling with a range of mental health challenges intermeshed with their addiction or substance misuse. In addition, most are living with the aftermath of childhood and ongoing adult trauma. This was confirmed by interviews with service users for this strategy, most of whom mentioned a source of trauma or a mental health challenge.

These included suicide within the family, family break-up, imprisonment of self or a family member, school refusal by children, serious injury following accidents, failing in detox, homelessness, depression, bi-polar disorder, COVID isolation, feeling stigmatized within the family or community, and their children being drawn into drug-trade criminality.

Drug-trade criminality and drug related intimidation. (DRI)
Most contributors referenced the availability of illicit drugs and public drug dealing. This was an issue highlighted particularly by local people in recovery. They spoke of the struggle of passing people selling drugs and of knowing how to access them very easily in their neighbourhood.

Locations in the community where there is open routine drug dealing taking place were referred to by a number of contributors.

There were also accounts of drug debt intimidation including threats, attacks and destruction of property perpetrated on people owing money for drugs. One example referenced a street where residents are intimidated into allowing drugs to be stored in their garden and children being told to stay indoors while dealing is going on in the street.

Local services.
It was noted by contributors that some clients will go to a service outside their area to preserve their anonymity. Sometimes residents living near CASP will attend Tus Nua some distance from their home and vice versa for this reason. The catchment area for CASP has been expanded to include Lucan, Newcastle and Palmerstown in recent years.

The catchment area is served by the Clondalkin Drug and Alcohol Task Force which has a role in networking, coordinating and channelling funding to community-based services. It is the key mechanism through which both statutory and community-based services collaborate. The HSE work closely with the CLDATF in their decision-making regarding planning responses to the substance misuse in the local area and in allocating resources.

The CLDATF manages the Y-DAP service which offers supports for young people aged 12 to 21.

Neart Le Cheile, is a community-based organisation which provides two services. *Cumas* which works to support children and other family members who experience addiction within their families. *Cairdeas* works with people who use drugs or have a history of drug use on issues that impact their lives.

Other local organisations whose work involves addressing the drugs issue includes the Clondalkin Travellers Development Group which has recently engaged a staff member to focus on substances misuse among the Traveller population and the North Clondalkin Community Development Project which coordinates the Local Policing Forum. The Forum has a focus on drug-supply prevention.

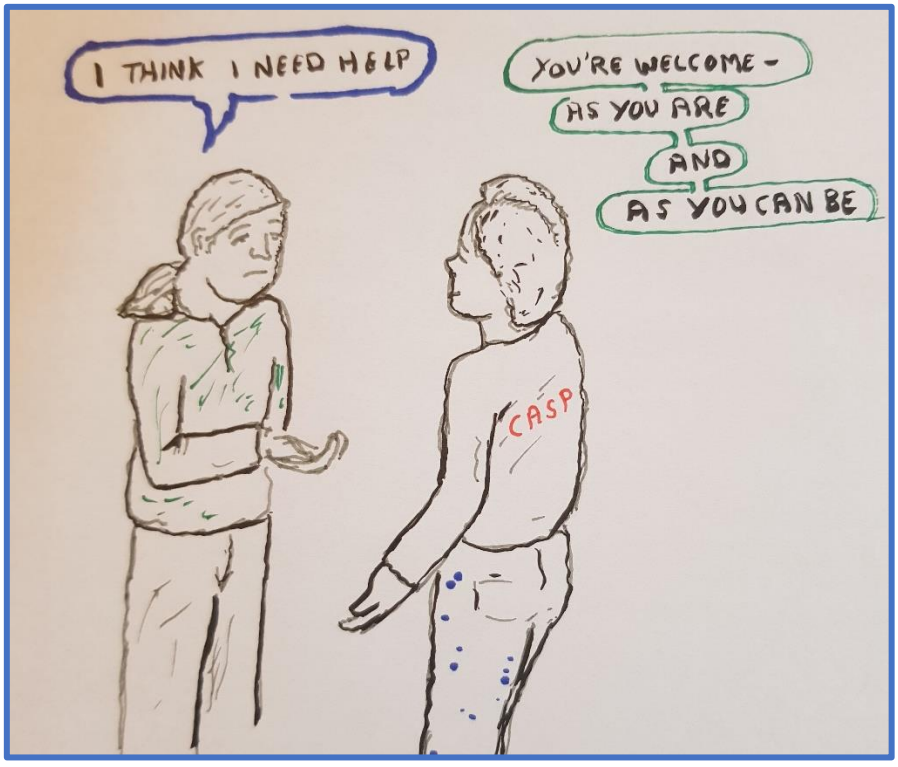
CASP Clondalkin Practice Model

"What's so great about CASP is the huge spectrum of supports. The open accessibility - from drop-in to recovery, the fellowships to having counselling and having people present who can help with housing…..And the family work. It's wonderful to have all that under the one roof."

There are a number of core practices underpinning our model at Clondalkin.

Our first and overarching practice is to take you as you are *and* as you could be.
There are two parts to this –
Taking you are you are…
This refers to our non-judgemental, open and welcoming disposition to those who come to us. We are low threshold, taking people in the chaos of active addiction as well as people maintaining a life in recovery. We meet people without judgement. We understand that underlying their substance misuse is often a need to suppress the pain of trauma while living in a community where problematic drug-use is all around them. Implicit in this is the foundational practice of building trust and relationship with every person.

And as you could be.
This refers to our commitment to offering every opportunity encouragement and support to those we meet to move from where they are at that point to a better, healthier, and more fulfilling life. This may involve reducing the harm their substance misuse is doing to them through a needle exchange or providing information on a substance. It may involve introducing them to counselling. It may involve introducing them to peer supports with others who are going through the same struggle. It may involve helping them address practical problems in their lives that make progress hard, such as homelessness, unemployment, access to nourishing food or showering facilities or illness. It may involve helping them learn self-care through a range of holistic therapies.



While we accept people as they are, we work hard to avoid people being stuck in a rut, unable to progress.

This thinking is reflected in ***Maslow's hierarchy of needs –*** set out in figure 2 below[4]. Maslow's theory is that any person has a hierarchy of needs. It is only when those needs at a lower level on the "ladder" are addressed sufficiently, that a person can begin to grapple with higher needs.

Maslow's hierarchy of needs

This chimes with our experience. When a service user comes to us homeless and hungry, we must set about meeting these needs before we can move on to helping them acknowledge and tackle their addiction. We cannot expect them to build a trusting relationship unless they feel safe enough with us to do so. And we cannot expect them to develop self-esteem and begin to flourish unless we invest time in building a trusting relationship and connection.

Our second practice is Triage.
Within CASP there are many doors that a client can walk through – a door into a drop-in, into a counselling programme, into an acupuncture programme, into a fellowship, a peer support group, a family support process or a shower and a hot meal. For this, CASP maintains a significant array of opportunities, many doors, that will suit the variety of needs presented.

[4] Maslow, Abraham *A Theory of Human Motivation*, Psychological Review 1943 American Psychological Assoc USA

A third practice is Key-Working
As we wish not to only accept people as they are, but to meet their needs and help them progress at their own pace, we practice key-working. This requires us to work with people to assess needs and help them find a way to meet them. This may mean inviting them through one of the doors we keep open or directing them to a service outside of CASP that can help. We maintain a case load with dedicated workers who develop plans for each person. We all take responsibility for thinking about what the needs and opportunities for each client we interact with.

A fourth practice is Teamwork
Most of the CASP staff work as part of a team.

- The Project Team with a lead on key working, engaging with clients at drop-ins, at the clinics and organising the recovery cafes and peer support groups.
- The Counselling Team which provides professional counselling services to clients and operates some therapeutic groups.
- The Family Support Team that works on a one-to-one basis, group work and one evening drop in with family members living with addiction in their household, operating peer supports for such people and organising family days throughout the year.

As well as these teams there are staff in individual roles such as the Prison Links Worker, who supports clients through incarceration and upon release, and the Finance and Administration team.

However, our practice sees the whole CASP staff as a team in terms of internal referring, co-working across teams and some whole organisation events such as our four annual community days (celebrating International Women's Day, Community Fun Day, Recovery Day and the Service of Commemoration Christmas event).

Our fifth practice is maintaining a community ethos.
CASP was founded by local community activists to serve a local community. We are committed to maintaining a community ethos in our work. Many of our staff are local people. Our practice of open access, informality, warmth of welcome, all reflect this ethos as does our close relationships with those community organisations based in the area.

Our sixth practice is taking a systemic approach - the systems being *family* and *community*.
We do not see our clients as separate entities from the families and communities of which they are part. Each person is part of a family network and a local community and there is an interplay between them, their substance misuse, and these systems. The family and community systems can serve to reinforce their addiction or support their recovery. Their addiction can also impact negatively on their family and community or and their recovery journey can help support those around them who need to address their own issues.

Our recognition of this is reflected in our commitment to family work. Here we support family members who live with someone in addiction, who may or may not be a client of CASP. It is also reflected in our commitment to building peer networks for recovery, through our many peer support groups and our hosting of fellowships within the centre.

We are also committed to working in partnership with a range of other organisations based in our community to jointly address substance misuse in the Clondalkin/Lucan/ Newcatle / Palmerstown area.

Finally, our seventh practice is professionalism.
We maintain a professional approach to our work. This does not contradict a commitment to building non-judgemental trustful relationships with our clients. Rather it strengthens that approach. Our professionalism is reflected in the maintenance of appropriate boundaries with clients, the provision of supervision for staff, adherence to good governance and management practices and updating ourselves with appropriate professional training, particularly on developing trends in substance misuse and treatment. Our staff are appropriately experienced and accredited for their roles.

CASP Clondalkin Strategic Goals 2024 to 2027

Following the consultation and with a view to the CASP Clondalkin model outlined earlier, we are committed to the following goals for this period.

The consultation leading to this strategy has underlined the widespread support for the work of CASP in Clondalkin/Lucan. Some aspects of the work have been underlined by contributors to the strategy, including service users. This gives us a sense of mandate to recommit to these contributions to our community. It also helps us to identify some new areas where we can augment our strategy.

1. **We will maintain a person-centred non-judgemental approach**.
We will remain flexible in our response to a person and ever patient with their struggle to overcome addiction. To this end:

- We will never give up on a client.
- We commit to key-working - assessing the presenting needs and working with a person to intentionally address those needs. We will triage them as appropriate to the CASP service that fits their needs and/or refer them to other services.
- We commit to avoiding the danger of leaving a service user in a rut in their substance misuse, always looking to help them progress.

2. We will operate a community based open and welcoming service to those who are experiencing problematic drug misuse and their families in Clondalkin/Lucan.
This is reflected in the attitude of our staff, many of whom are long serving and local, which is described as warm, respectful, understanding, compassionate, supportive and dedicated. This front-of-house experience will be led by our Project Team

3. We will maintain the range of services we offer.
Services will continue to cover a spectrum of need from low-threshold access and harm reduction to support in maintaining recovery and sobriety. This range of services will stretch across:

- Meeting physiological and safety needs such as access to food, clothing a shower, and help with finding accommodation and support while in prison.
- Meeting the need for positive human connection through groupwork, open door drop-ins, family work
- Meeting the need for self-esteem through self-care through in holistic therapies, access to counselling and general affirmation.
- Meeting the need for self-actualisation through supports in a sober lifestyle from which a person can “give back” to those still caught in addiction.

3a. We will maintain a family support service. Our family support is aimed at those who live with a family member in addiction. Our goal is to help such people to talk about what this like for them, and then to move to how they can care for themselves in this situation. It is not to train them to “fix” their loved one, but often to learn to live with the reality while focusing on their own well-being.

We do this through one-to-one supports, referring them if appropriate to other supports, such as relevant fellowships or counselling within CASP. We also have peer support groups for people in the same situations. Some of these were temporarily curtailed due to funding restrictions but we have recently ~~wish to~~ revived them and built on them.

In addition, we will seek to develop social activities for our groups such as day trips. In recent years, there was the loss of a CASP bus for immediate transport and the respite house for residentials. There has also been a decline in day trips and social activities, and this has been missed by service

users. We will endeavour to restore this type of activity by accessing reliably available transport and seeking funding for trips and other social activities.

We will continue and expand our use of holistic therapies to support our service users.

We will explore the possibility of introducing access to whole-family therapy as appropriate to our service users. This will not be a challenge for CASP alone. Rather we will explore the need for enhancing family support in this direction with partners in the LDATF and other organisations.

3b. We will maintain a counselling service. Our counselling service enables service users who have a degree of stability in their addiction to discover themselves in a deeper way. We will continue to offer a highly professional service to such clients.

This service is often sought by service users who are too chaotic to benefit from it. We will tighten our referral system within CASP to reserve counselling for those who need it.

We will work to find additional suitable space for counselling within our building or elsewhere in the community.

3c. We will maintain a prison links service. When a person is sentenced to prison it represents a unique disruption in their lives. They are removed from their loved ones and their community. For many, this can put them at risk of further self-destruction. For others, it may be an opportunity for a fresh start. Through our prison links service, we use what is often very limited one-to-one time to offer them space to reflect on their situation and to maintain connection.

We commit to maintaining that connection to those in our community who live with problematic substance misuse and are imprisoned. We will also develop post-release supports for those we work with in prison after they return to the community.

3d We will maintain keyworking.[5] Our key working is at the heart of our work at CASP. Once contact is made by substance misuser requesting support, basic details are sought over the phone by our receptionist. Every service user is then offered a key worker. In some cases, the key working relationship is very active and, in some cases, less so. Key working takes place over 12 weeks with a mid and end review at 6 and 12 weeks. Further key working is possible if required. Salesforce data and HRB compliance will be monitored during this time.

Through key work, CASP is constantly assessing need and attempting interventions to support progress. We will continue to operate active key-work in an effort to continuously assess their needs and offer opportunities for progress.

3e We will maintain a mixture of drop-in, one to ones and peer support groups. This range of contacts enables us to interact with service users informally and on a low-threshold basis, and to engage them more developmentally through one-to-ones and groupwork.

3f We will maintain and expand a Holistic Therapies Programme. This programme including reiki, auricular acupuncture, mindfulness, and other therapies is popular and beneficial for our service

[5] See Appendix 3

users and the new ancillary building will be dedicated to holistic therapies, allowing us to develop this programme further.

3g We will maintain the needle exchange. Service users wishing to access clean needles and crack-pipes and foil for heroine smoking can do so in a safe indoor environment. We will continue this service and to educate those coming in regarding harm reduction and to refer them as necessary.

4 Our facility

The Muriel Boothman Facility is a situated just off the Fonthill Road. It shares a discrete access route with the Clondalkin Equestrian Centre some distance from residential areas. This offers some anonymity for clients coming to us. The centre has a garden and large reception area with a kitchen for drop-ins where food can be served. It has a number of meeting rooms for private consultations including the needle exchange room and a number of meeting rooms. Offices and some consultation rooms are on the first floor.

Our facility is used for a HSE managed opioid clinic and for fellowship meetings. CASP staff are on site while the facilities are used for these activities. This enables staff to interact with those attending to network and to provide additional supports.

One challenge is managing the allocation of spaces to ensure activities do not interfere with each other. For example, a counselling session requires a degree of quiet and it can be important to preserve to anonymity of clients accessing some services in a building used by others in their community.

It is also important to maintain the upkeep of the facility, including the grounds, as a warm homely environment.

4a We will expand our facility footprint by placing an ancillary building in the grounds. This will be dedicated to holistics, allowing for an expansion of this programme and freeing up space in the main building.

4b. We will seek additional spaces. We will investigate the possibility of using spaces elsewhere in the community for some of our activities**.**

4c We will maintain our facility. We will look for resources, including local volunteers, to freshen the décor and to maintain the main building and the garden.

5 Collaborations in the community

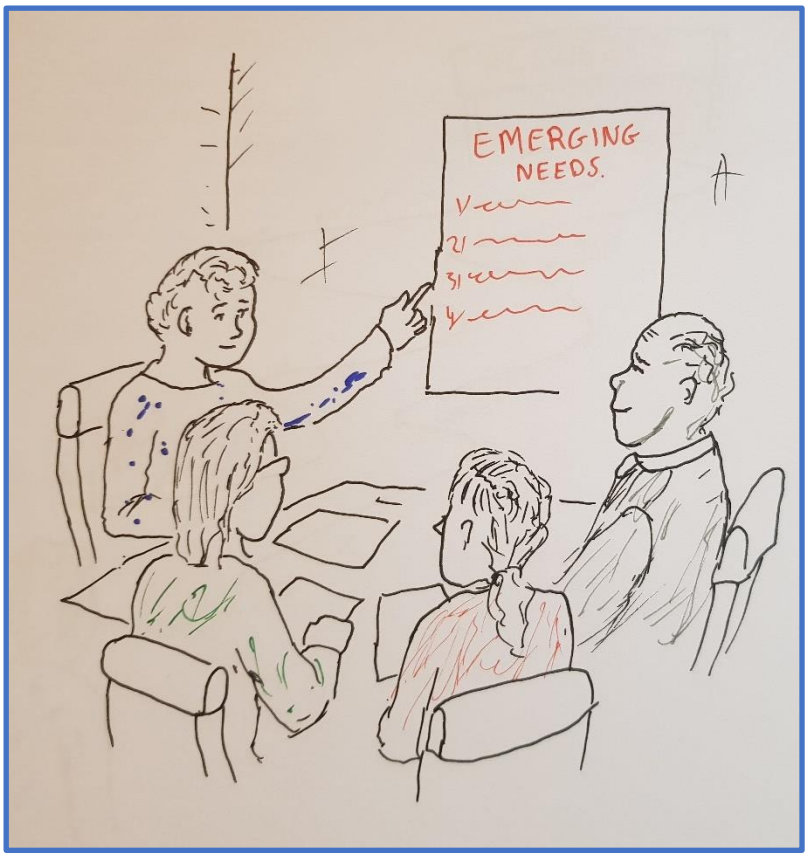
We work collaboratively with other organisations in our catchment area in a number of ways including:

- Taking and giving referrals
- Discussing clients in common in line with all GDPR and ethical guidelines
- Reflecting on local substance misuse-related challenges and collaborating to tackle them.

5a The Clondalkin Drug and Alcohol Task Force (CLDATF) is a key vehicle for local collaboration on the substance misuse issue. We will continue to work closely with CLDATF, participating in Task

Force meetings and appropriate sub-groups. We will work through the LDATF to partner with other organisations on strategic responses to upcoming issues and to seek funding as appropriate.

5b Services Mangers' Forum. We will continue to participate in the recently established Services Managers' Forum.



6 Resources
CASP Clondalkin is in receipt of section 39 funding from the HSE.
In recent years the Community Employment scheme was closed to CASP, leading to some roles being dispersed throughout the project team, such as reception and catering.
Funding to LDATFs has not increased in eleven years.

6a We will consolidate our staff team by having specific staff for important key roles such as reception and cleaning. We will also work to secure appropriate employment bases for staff who work professionally with clients.

6b We will access additional programme costs. We will seek additional resources through vigilance on philanthropic and state grant opportunities. We will maintain a routine check on grant opportunities. We will investigate opportunities for support from philanthropy in the wider Clondalkin/Lucan area. We will also seek voluntary support to assist with securing voluntary donations.

7. Connection with minorities

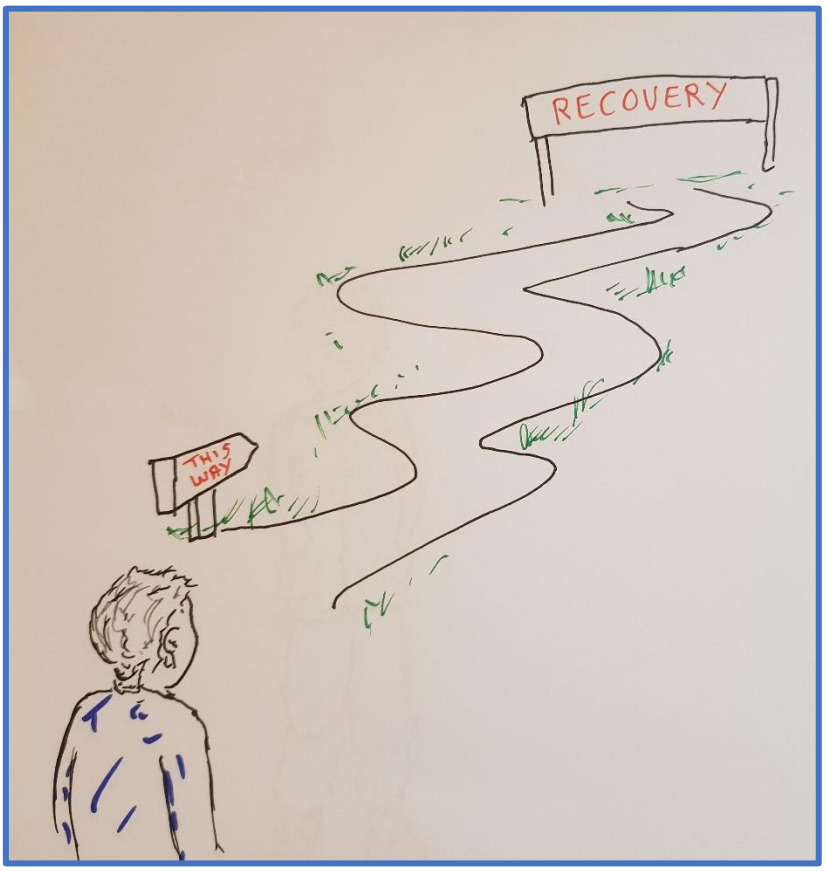
We are conscious that there are significant minority communities within our catchment area where substance misuse is or is likely to be a significant issue, in particular Travellers, migrants and refugees. There are significant challenges in linking such communities into our services. Contributors suggest that members of minorities will often already feel themselves as outsiders in the community and acknowledging vulnerability by crossing the threshold into a service like CASP will be doubly difficult.

We will seek opportunities to build connection with minority communities and profile our service with them. We will work with others to support community initiatives that already work with minorities to help them build substance misuse responses within their own communities.

8. Recovery
We reaffirm that while we accept those who come to us as they are, we are committed to offering them every support to move towards recovery. We wish to contribute to building a culture of recovery in our catchment area.

8a We will continue to promote recovery. We will promote recovery as a real option for our service users throughout our range of interactions with them, using visual aids, literature, key-working and peer supports.

8b We will participate in building recovery capital in our community. We will work with other organisations to help support a grassroots recovery movement within the area, especially through our participation in biweekly recovery cafes and in Recovery Month.



9. Enhanced community participation
CASP is a community service and as such we value the participation of local people and indeed service users in the operation of the service.

9a. We will endeavour to involve local people as volunteers in appropriate supports for CASP, such as facility and garden maintenance or helping in social activities.

9b Service user participation. We will endeavour to involve service users in appropriate aspects of the life of CASP such as facility and garden maintenance, organisation of social activities and giving feedback on the service as they experience it.

10. Profile
CASP includes a wide range of services within our community. However, there is a danger, according to contributors to this strategy, of CASP being over-identified with the HSE clinic.

10a We will profile the full programme of CASP. We will take any opportunities to give a full picture of what happens at CASP through online platforms, public events and through the auspices of the CLDATF. We will also ensure that the community is aware of the addiction issues that CASP responds to, including alcohol, cannabis and gambling.

11. We will be ready to respond to new and emerging needs in the substance misuse landscape
The substance misuse landscape is changing as evidenced by the input by contributors to this strategy. New cases of opiate misuse are falling nationally (except in Limerick). Needle exchange services are providing more crack pipes than actual needles. Drug related intimidation is including more violence. Alcohol is now behind cocaine in treatment figures. CASP is aware at a grassroots level of these dynamics and must be ready to respond.

At present, we are planning to provide an additional programme engaging problematic cocaine and crack users in a five-stage group work and recovery- based programme to address their cocaine use. This will involve group-based peer support, reduce the use work and mindfulness work. There will be a strong emphasis on recovery, with engagement in our recovery cafes as part of the strategy, and access to an aftercare programme.

CASP CSMT

Landscape

The Substances Landscape

The National Drug and Alcohol survey has data on the use of substances being used across age groups[6]. For the year 2019-2020, NDAS surveyed 467 people, 78 of whom were aged 15 to 34 years. The main substances used in this age group were as follows:

Used over the lifetime - Alcohol 75%, Opioid painkillers 43.9%, cannabis 18.9%, ecstasy 11% and cocaine (including crack) 6.9%
Used in the past month - Alcohol 58.7%, Opioid painkillers 14.5%, cannabis 4.2%, ecstasy 2.4% and cocaine (including crack) 1.7%

The age category does extend beyond the age-group targeted by CSMT, but the data does suggest the comparisons between prevalence of substances used. The data is not focused on people in treatment, so the use of these substances cannot be correlated with problematic misuse.

Alcohol
Contributors to the consultation on this strategy generally suggested that alcohol has declined somewhat as a substance misused by young people in recent years, though some thought it was more hidden, with consumption at home becoming more common. Problematic alcohol misuse is usually combined with other substances.

Tablets
Contributors from both city and rural areas report an array of tablets used to suppress anxiety by young people.

"A lot of problems emerge from tablets for pain relief – anti-depressants – much of it prescribed medications. And it became much worse over Covid."

Cannabis
Universally described as both ubiquitous and socially accepted by contributors, they expressed concern about the impact of regular use of cannabis on young people whose brains are still forming. There was also concern about the increased potency of the drug in recent times and the blending of the herb with other substances unknown to the user.

"Hash is accepted among many young people but it's not a harmless drug! The frontal cortex of the brain of a fourteen-year-old can't handle the effects. It stunts emotional development".

Cocaine
Contributors point to the increased and widespread use of cocaine and its increased acceptability in the community as a source of concern.

"Cocaine has broken through all classes. There's an acceptance of it, but in rural areas a stigma if it becomes an addiction for someone."

[6] HRB Document Template (drugsandalcohol.ie)

It is mostly a drug misused in the young adult rather than child cohort of the CSMT target age-group, though some contributors have noticed it being used by younger children.

“It (Cocaine) is in use by a younger cohort too, as an ‘entry drug’.”

The drug has also become widespread in rural communities including among fit and healthy young adults involved, for example, in GAA sports.

Crack cocaine is a growing source of concern in Limerick city associated with opiate users. It was not cited as an issue as yet in rural communities.

Opiates
Heroine misuse is prevalent in Limerick city where is has increased slightly in recent years against the national trend. However, it is not a big issue for children and young adults. Contributors report some instances of heroine misuse in some regional centres such as Kilrush, with close drug-trade links to Limerick city and towns on the main train lines such as Thurles.

Contributors mentioned the variety of patterns of drug misuse depending on local areas. For example, regional towns on train lines to Dublin and Cork appear to have more entrenched drug misuse in their communities. Drug trade connections to Limerick city, particularly in Kilrush are also a factor. Drug cultures can vary between peer groups depending on social exclusion, participation in peer groups associated with sports, college life or family connections. Large social events such as festivals can also feature the illicit sale and taking of tablets.

Mental health and stigma
Most contributors linked drug misuse with mental health issues, particularly anxiety and Isolation arising from social anxiety in young people. Events such as family break-down, domestic abuse or bereavement can also trigger problematic misuse.

Heroine misuse has long been stigmatized by the community, but cocaine, cannabis or tablet misuse attract much less negative regard. In rural areas, it was suggested however that cocaine dependency is stigmatized and hidden, with families trying to tackle it internally. This makes reaching young adult sufferers difficult as it is harder to admit a problem.

Organisational landscape
Organisations with a remit for tackling drugs are, except for CSMT, dealing with over 18s only. This means that CSMT’s basis for networking with these organisations has its limits. However, there is an age overlap and a number of organisations spoke of referring young adults to CSMT. The Midwest Regional Drug and Alcohol Forum is a mechanism for networking such groups.

CSMT does have common interests with youth services, youth justice projects and schools. The family support dimension also creates links with organisations working with families such as Family Resource Centres (FRCs) and other family support groups.

Contributing organisations reported a positive relationship with CSMT. They were appreciative of the ease of the referral process and how CSMT are willing to work collaboratively with the referring organisation post referral.

CSMT are also involved in non-referral-based collaborations with organisations. For example, co-delivering programmes on drugs education in partnership with youth services, advising youth

organisations on their approach to working with young people on the drugs issue and working with others on the management and delivery of the Strengthening Families Programme.

CSMT Practice Model

The CSMT intervention or practice model was launched in July 2024. CSMT fits for the most part within Tier Two of the National Drugs Rehabilitation Framework where programmes…..

"…are delivered through outreach, primary care, pharmacies, and criminal justice settings as well as by specialist drug treatment services, which are community- or hospital-based. The interventions include information and advice, triage, referral to structured drug treatment, brief interventions and harm reduction e.g.needle exchange programmes."[7]

CSMT works to intervene when drug misuse is becoming problematic for a young person evidenced by disengagement from school, problems with family and other relationships, loss of interest in normal healthy activities, impaired memory, risk of contracting an infectious disease like HIV or hepatitis C, mental health problems or overdose and death.

The CSMT model is built on four pillars[8].

1. Community based partnership

CSMT links with organisations that interact with young people across the mid-west region, from where referrals can be made and joint interventions to help a young person can be developed.

2. A Youth work approach

CSMT takes a youthwork approach including the practice of voluntary engagement with young people. There is always a respectful, non-judgemental, informal yet professional approach. The Young person themselves are active participants in the process.

3. Therapeutic key-working

Central to the work is creating sustainable change in the life of the young person. This involves supportive key working and mentoring, establishing their baseline, helping them set goals and to move through a change process. We assign keyworkers to every young person and use tried and tested therapeutic tools to assist change in their lives such as the happiness scale, community reinforcement and motivational interviewing.

4. Family work

We recognize that the relationship between a young person and key adults in their lives, particularly their parental figures, is often key in addressing their substance misuse. Such a person may feel helpless in responding to the behaviour of the young person. They may also be enabling the problem. At the heart of our family work is the 5-Step Method, a simple, brief, semi-structured psychosocial intervention that helps family members affected by a loved one's substance misuse problem.

There are four stages in our intervention with young people.

1. A welcome

A referral is made by a concerned adult, or the young person may refer themselves. This is made possible in the main by our relationships with other services and organisations throughout the

[7] The National Drugs Rehabilitation Framework 2010 (Doyle and Ivanovic, 2010) p 12 distinguishes four tiers of response to substance misuse. Tier two is described as including" information and advice, triage, referral to structured substance treatment, brief interventions and harm reduction e.g. needle exchange programmes" Tier two interventions are deemed to prevent a person needing the more specialised interventions described in tiers three and four See Review of the National Addiction Training Programme: (drugs.ie)

[8] See https://www.drugsandalcohol.ie/39347/

communities in our catchment. People know us, they trust us, and they know how to reach out to us. We assess every referral as a team and decide whether there is a role for us or whether to signpost the young person to a more appropriate service.

2. Building an interventive relationship
We assign a keyworker to contact the young person on the first working day after the team decision. The keyworker builds a relationship with the young person so as to open the door to their willingness to engage. Weekly sessions are scheduled at a location that is not a barrier to the young person and the process of ongoing engagement begins.

3. Managing change
Goals become clearer and owned by the young person and strategies to move closer to them are bedded down in practice. The keyworker relationship is deepened, and prosocial activities become routine, with the help of other agencies as required. The possibility of a future without substances becomes realizable to the young person.

4. Exit and sustaining change
Sustained change becomes evident and harmful behaviour becomes rare or non-existent. Strategies to maintain these life changes are now part of the life of the young person. Routine supports can lessen, while the door to CSMT remains open.

CSMT Strategic Goals 2024-2027

Contributors to the strategy were very supportive of CSMT. They particularly valued –

- Having a service focused on addressing substance misuse among young people.
- Having a service that works in a serious way in rural as well as city communities in the mid-west region.
- The ease people experience in collaborating with CSMT. This refers to the well managed referral process which is described as easy to use and the ongoing partnership with CSMT following a referral.
- The inclusion of support for concerned people and families of young service users in the work of CSMT.
- The expertise and professionalism of the staff and the additionality they bring to the practice of professions that engage with young people such as youthwork, community work, Gardaí, social work and others.

There was caution however that CSMT avoid stretching itself too thinly. The advice is to prioritise the core work of exercising the intervention model with young people and their families in the catchment communities. Care should be taken in considering involvement in community-based programmes which support prevention in relation to drug misuse more widely through information and education. It is seen as important not to overlap with other roles such as HSE Education Officers. Notwithstanding this, a number of contributors hoped that CSMT could affirm its role in the Strengthening Families Programme.

In setting out future strategic goals it is important to reaffirm commitment to the current practice as well as adjustments or additions for the next three years.

1. Intervention in the early stages of problematic substance misuse for young people
We commit to continuing to make preventative interventions with young people between the ages of 13 and early twenties.

1a We will continue to take referrals from concerned people including family members and other organisations as well as self-referral and working with them in line with our intervention model. A commitment to timely responses to young people who come to us with a quick assessment of referrals and action based on that assessment.

1b We commit to appropriate support for community programmes that engage young people and families in relation to substance misuse, while maintaining our priority core work. In particular, we will, resources permitting, support the Strengthening Families programme.

2. Community Base
We commit to maintaining and building partnerships with community and statutory agencies which interact with young people.

CSMT AT THE HEART OF THE COMMUNITY

2a. We will continue to network with other organisations through our referrals processes and our participation in joint working through the Mid-West Regional Drug and Alcohol Forum and Meitheal and other forums.

2b We will pay attention to communities where weaker infrastructure may be leading to a lack of referrals of young people and families who may need our services.

3. Family Work

We commit to maintaining our family work, supporting family members and other concerned people to build healthier and more constructive engagements with their at-risk young person and to attend to their own development and self-care. We will use the five-step method as a tool for this.

3a We will take every opportunity to engage with the family of young people we work with

3b We will refer family members to services better equipped to support them as appropriate.

3c We will work in partnership with others and through the Mid-West Regional Drug and Alcohol Forum to secure a greater range of family supports in relation to addiction in the region, including therapeutic family interventions.

4. Profile

We commit to raising our profile in the community so that those who need us will be able to find us.

4A We will use social media and our website to profile our service.

4b We will ensure that all relevant services have access to our Intervention-model booklet.

4c We will work with Mid-West Regional Drug and Alcohol Forum to help with our profiling.

5.Resources

We will work to secure resources that allow us to further meet the demand for our services. CSMT is funded through the Mid-West Regional Drug and Alcohol Forum. MWRDAF's largest annual grant is to CSMT. Notwithstanding that, contributors noted how the resource is relatively modest given the

spread of the work and the need, with a small staff compliment for three counties and a city. A significant challenge is the travel budget as the area covered by the service is so large. There is at this point a need to build a funding base for programme costs and pro-social activities.

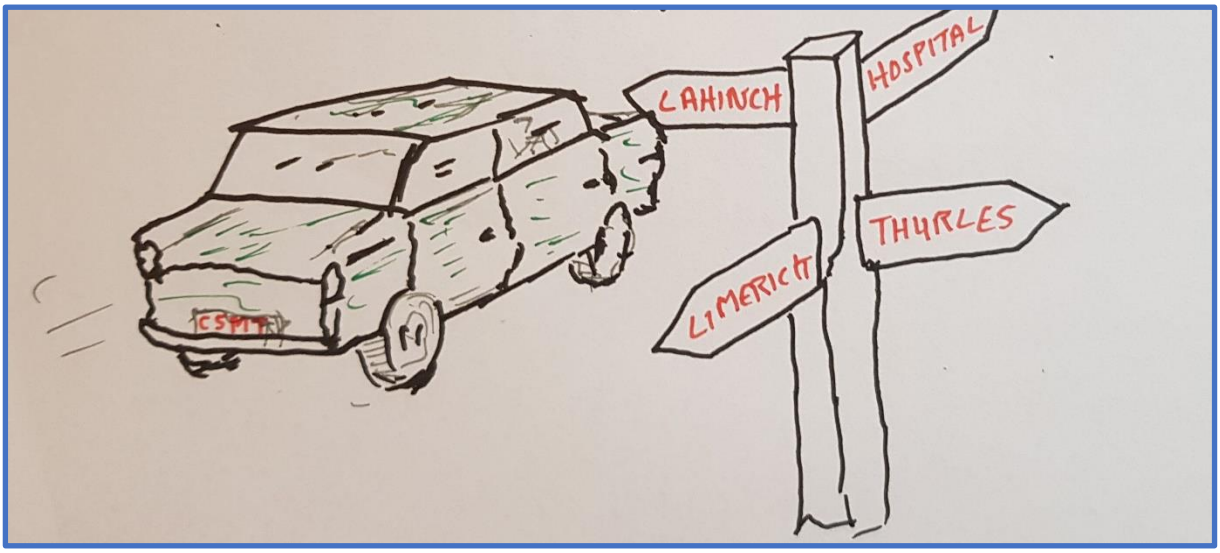
5a We will continue to manage our resources to give the best value for money.

5b We will work to expand our funding base. In particular we will look to youth justice related funding given our support with youth justice community projects, probation and the courts.

5c We will look for opportunities for local philanthropy to support our programme costs.

5d We will work with CASP Clondalkin to identify relevant funding opportunities through vigilance for grant opportunities.

6. Rural and Urban
We will continue to provide our service to rural as well as Limerick-city based communities.



CSMT COVERS A VERY LARGE GEAOGRAPHICAL AREA

6a While basing permanent CSMT services in regional communities may not be practical given the fluctuation in needs in such areas, we will continue to base ourselves to an appropriate level in regional centres where substance misuse by young people is significant.

6b We will liaise with other outreaching services with a view to building as close as practicable hubs of support in such regional centres.

Common to CASP Clondalkin and CASP CMST

1. Staff development
CASP Clondalkin staff meet with people who are often vulnerable and traumatised. This work can be demanding. Staff need support in this challenging work and oversight to ensure professional boundaries and approaches are maintained.

The drug landscape is developing and changing constantly. New drug trends, such as crack cocaine emerge periodically and responding to these new challenges requires us to upskill ourselves to better understand these trends and how to tackle them. There are also recent developments in supporting family members, such as the Parents Under Pressure programme.

1a Staff supervision and support will be available to all staff engaging with clients.

1b We will ensure that staff will have the appropriate level of accreditation and training for the roles they fulfil.

7c. Upskilling opportunities will be sought to strengthen the effectiveness of our work as appropriate.

2. Governance
CASP is governed by a voluntary Board of Directors overseeing an organisation manager who in turn oversees the team leaders. The Board ensure that the governance of the organisation is of a high standard and in line with the Governance Code and in compliance with the requirements of the Charities Regulator. CASP maintains rigorous financial accounting and is subject to annual audits.

2a We will continue to ensure accountability for our funding through open engagement with the HSE, Mid-Western Drug and Alcohol Forum and any other funders under our Service Level Agreements.

2b We will continue to be good employers through supportive oversight of our staff.

2c We will continue to update policy documents as necessary to ensure good governance

3. Building connection between CASP Clondalkin and CASP CSMT
While there are distinctions between CASP Clondalkin and CASP CSMT in terms of service user age-group and geography, we are part of the one organisation.

3a We will endeavour to build supportive and learning connections between our Dublin and mid-west region operations, especially in relation to family support work, staff development and funding opportunities.

List of Strategic Goals 2024 - 2027

Strategic Goal	Actions CASP	Actions CSMT
1. A person-centred response to substance misuse and addiction	Keyworking for service users where appropriate Triage to appropriate services in house or referrals to other services	Assessment for every referral. Therapeutic keyworking for every service user and, where possible, family members Referring on where appropriate or triage to programmes in-house
2. Maintain and enhance CASP as a community-based service	A non- clinical community ethos Partnership working with local organisations	Close partnership with local organisations working with young people and young adults. A youth-work approach in our work
3. Maintain the current range of services	Continue to access resources for the range of wraparound in-house services from low threshold to recovery	Continue to access resources to maintain a programme of intervention to mitigate risk to referred young people from substance misuse and to support family members. Continue to provide our service throughout the mid-west region
3a *Maintain and enhance family support*	Maintain our family supports including peer support groups, education programmes, one-to-ones referrals and open community days Extend our range of social activities Work with others to develop a wider range of family supports in our community including family therapy.	Continue to work with family members and concerned persons as part of our intervention with young people, centering on the five-step method as well as Community Reinforcement and Adolescent Community Reinforcement approaches (CRA and ACRA). Work with others to develop a wider range of family supports in our community including family therapy.
3b Maintain and enhance professional counselling service	Continue to offer counselling and therapy in one-to-one and group settings Use informed triage to ensure those most suited to counselling support are prioritised	
3c. Maintain Prison-links Service	Continue to work with substance misusers resident in our catchment area in prison	
3d Maintain Key working	Immediate assessment of all those making contact with us (within 24 hours) Offer a keywork as appropriate involving a twelve-week process of assessment, support and referral (See appendix 3)	Assign a keyworker to every service user to assess needs, support them through a therapeutic process and engage them in pro-social and community reinforcement activities

***3e* Maintain a mixture of drop-in, one to ones and peer support groups.**	Have our door open for people to self-refer, to attend open drop-ins, to have one-to-one support sessions with our staff and participate in peer group support and learning programmes	Have our door open for people to self-refer, to have one-to-one support sessions with our staff and participate in peer group support and learning programmes
3f We will maintain and expand a holistics programme	We will expand our holistics programme into our new add-on building on the Muriel Boothman site	We will expand our holistics programme through auricular therapy into our support for clients who would benefit from it (or words to that effect - we have staff trained and delivering individual and group sessions.
3g Maintain our needle exchange	Service users will continue to have access clean needles and crack-pipes and foil for heroine smoking can do so in a safe indoor environment	
4. Maintain and upgrade Facility/ use other facilities to ensure accessibility for service users	Ensure our Muriel Boothman facility is maintained to a high standard including the garden and is a warm and welcoming venue. Add a new ancillary building in the grounds for use in holistic therapies. Use other community facilities in the area as venues for our work as appropriate	Ensure our Limerick city centre facility is maintained to a high standard and is a warm and welcoming venue. Continue to maintain relationships with regional facilities to provide easy access to service users across the mid-west. Use other community facilities in the mid-west as venues for our work as appropriate
5. Maintain Collaboration	Work closely with community organisations to facilitate referrals into CASP and from CASP to other services. Work in partnership with other services on supporting service users as appropriate. Work in partnership with other organisations to develop responses to emerging needs, particularly CLDATF Work with other organisations on community initiatives such as Recovery Month Continue to host fellowship meetings at the Muriel Boothman Centre Continue to host the HSE clinic at the Muriel Boothman Centre	Work closely with community organisations to facilitate referrals into CSMT and from CSMT to other services. Work in partnership with other services on supporting service users as appropriate, Work with other organisations to deliver Strengthening Families and other appropriate community programmes Work in partnership with other organisations to develop responses to emerging needs, particularly MWRDAF For example the possibility of offering specialised aftercare provision for those adolescents who exit Residential Treatment as there can be a tendency for them to withdraw from the aftercare provided due to their age and because they don't mix well with adults.
6. Maintain and enhance Resources	Maintain close relationship with CLDATF and the HSE in delivery of SLAs for our services Identify funding grant opportunities for programme costs particularly related to social events, holistics,	Maintain close relationship with MWRDAF and the HSE in delivery of SLAs for our services Identify funding grant opportunities for programme costs particularly related to pro-social activities, travel costs and

	educational programmes and staff training Seek voluntary assistance in accessing local philanthropic support Work to consolidate staff roles, particularly at reception and building maintenance. Work to provide an appropriate funding basis for professional interaction with service users	flexible funds to provide occasional supports for clients Widen our funding base to other state supports, particularly in connection with youth justice work Work with CASP Clondalkin identifying funding grant opportunities for programme costs
7. Enhance connection with Minorities	Ensure linkages are maintained with minority communities to ensure our services are accessible to them Support those working in minority communities to develop their own responses to substance misuse	Ensure linkages are maintained with minority communities to ensure our services are accessible to them
8. Sharpen focus on Recovery	Create opportunities for peer support in recovery Work with others to support the strengthening of recovery capital in our communities, particularly through Recovery Month Continue to respectfully encourage service users to work towards recovery Continue to hold biweekly recovery cafes	Continue to emphasise alternatives to substance misuse through pro-social and healthier lifestyles and our therapeutic programmes. Continue peer support in recovery and grow that dimension of our service. Continue to respectfully encourage service users to work towards recovery
9. Enable deeper community participation	Work to identify voluntary roles for local people, including service users, in the operation of CASP Strengthen consultation and feedback loops with the community to inform our work	Where possible and appropriate, engage volunteers in the work of CSMT, particularly supporting pro-social activities. Strengthen consultation and feedback loops with the community to inform our work
10. Enhance project profile	Use social media and other platforms to profile CASP, particularly its community ethos, its distinctiveness from the HSE clinic and the range of addictions it addresses with service users.	Use social media and other platforms to profile CSMT, particularly its intervention model. Pay particular attention to regional communities, especially those with weaker community infrastructure to inform them of CSMT services.
11. Be ready to respond to new and emerging needs in the substance misuse landscape	Enhance our existing addiction specific services to provide an additional programme engaging problematic cocaine and crack users in a five-stage group work and recovery- based programme to address their cocaine use.	We will review our referrals at intervals to identify new trends in drug misuse among subsets of our client group such as age, gender or location
12. Maintain and enhance		Work to develop CSMT presence in regional centres appropriate to need in

regional services		collaboration with locally based and other outreach services.
13. Staff support and development	Continue to support staff through team building, supervision and training Consolidate staff contingent through clearer definition of roles and providing an employment appropriate basis for professional work	Continue to support staff through team building, supervision and training
14. Governance	Continue to ensure good governance for CASP through oversight by a board of directors, good staff management and HR and ongoing development of appropriate policies	Continue to ensure good governance for CASP through oversight by a board of directors, good staff management and HR and ongoing development of appropriate policies
15. Building connection between east and west	Build connection between family support experience with CSMT Work together on accessing additional programme funding Share learning on responding to the evolving substance misuse landscape	Build connection between family support experience with CASP Clondalkin Work together on accessing additional programme funding Share learning on responding to the evolving substance misuse landscape

Appendix One
Profile of contributors to this strategy

CASP Clondalkin
Manager
Project Worker Team
Counselling Team
Family Support Team
Prison Links Worker
Nurse

Board of Management

External Organisations
Tus Nua
Neart Le Cheile
Clondalkin Drug and Alcohol Task Force
Travellers Development Group
North Clondalkin CDP
HSE

Service Users attending the Recovery Café, Tuesday night drop-in, Tuesday drop-in, HSE Clinic, Tuesday women's group.

CASP CSMT
Manager
Staff Team

External Organisations
North star
Clarecare
Limerick Youth Service
Clare Youth Service
Probation
Midwest Regional Drug and Alcohol Forum
Tipperary Education and Training Board
Southhill Outreach
Coolmine
ISPCC
Hospital FRC

Appendix Three
Key Working Organigram (CASP Clondalkin)

Contact is made by substance misuser requesting support – counselling / /key working. Basic details are sought over the phone by receptionist

Assigned Project Worker conducts all initial assessments for both counselling and key working. Ideally this will take place on the day the service user makes contact or the following working day.

Project Worker is assigned based on the 3 project workers designated to key working

Key working takes place over 12 weeks with a mid and end review at 6 and 12 weeks. Further key working is possible if required. Salesforce data and HRB compliance are monitored during this time

Referral is made to counselling, if appropria

Additional CASP services can be accessed to address ongoing needs, if appropriate

Enhanced group work programme: RTU, Mindfulness, Pathways to Recovery and Aftercare can be offered, in addition to Recovery Cafes, if appropriate

Ongoing counselling / family support (if required)

Relapses are supported with low threshold supports, eg harm reduction service for crack pipes, drop in for food, showers, laundry services, key working