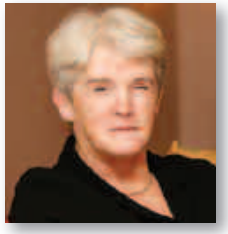
Tallaght Local Drugs Task Force

Strategic Plan, 2008 - 2013

Acronyms

BASP	Brookfield Addiction Support Programme
CARP	Community Addiction Response Programme
CTL	Central Treatment List
DANOS	Drug and Alcohol National Standards (UK)
DCRGA	Department Community, Rural and Gaeltacht Affairs
DEWF	Drug Education Workers Forum
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
FDRP	Fettercairn Drug Rehabilitation Programme
HSE	Health Service Executive
JADD	Jobstown Assisting Drug Dependency
LDTF	Local Drugs Task Force
MoC	Models of Care
NDS	National Drug Strategy
NDST	National Drug Strategy Team
NDTRS	National Drug Treatment Reporting System
QuADs	Quality in Alcohol and Drug Services
TDTF	Tallaght Drugs Task Force
TRP	Tallaght Rehabilitation Programme
TPP	Tallaght Probation Project
TYS	Tallaght Youth Service
SDCC	South Dublin County Council
SUF	Service Users Forum
SWAN (Fsg)	South West Action Network (Family Support Group)

Foreword



Tallaght Drugs Task Force (TDTF) is one of 13 Local Drugs Task Forces set up in 1997 to facilitate a more effective response to the drugs problem in the areas experiencing the highest levels of drug misuse. The establishment of the Local Drugs Task Forces was a key recommendation of the Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs. The Local Drugs Task Forces, through improved co-ordination in service provision and through utilising the knowledge and experience of local communities in designing and delivering those services, have been a fundamental part of the fight against drugs in their communities.

TDTF represents a partnership between the statutory, voluntary and community sectors. TDTF and its partner organisations have made a significant contribution to addressing the drug problem in Tallaght through the provision of locally based responses that complement existing or planned drug programmes and services. The contribution of individual Task Force members in representing their particular agencies or sectors has been pivotal to its success. I would like to sincerely thank all the members of the Task Force and the large number of organisations actively involved in the fight against drugs in Tallaght for their co-operation, contribution and commitment.

In line with other Local and Regional Drug Task Forces, TDTF was asked to undertake a strategic review and planning process to contribute to the National Drugs Strategy 2009 – 2016. The strategic review was a stocktaking exercise by TDTF which looked at achievements to date, gaps and challenges. An extensive consultation process was organised to determine future priorities in Tallaght in relation to drug issues.

The review and planning process was supported by Webster Lawlor & Associates and by Dr. Fran Giaquinto. TDTF is very appreciative of the work done by Webster Lawlor and Associates to reflect on the work of TDTF to date; to provide wider empirical and statistical evidence that both challenges and supports the TDTF in its future planning; to ensure that the experience, skills and knowledge of all key players was fully available to TDTF, and to implement a comprehensive consultation process. Dr. Fran Giaquinto worked with the members of TDTF and other key interests to effectively use the information, reflection and insights gathered in the first phase of the process to produce a final document that lays out our strategy for the period 2008–2013. TDTF has benefited from the enthusiasm, professionalism and creativity of Dr. Fran Giaquinto. She has assisted TDTF prepare and present a strategic plan that, I believe, is realistic, clear and challenging.

Grace Hill, the Acting Coordinator of TDTF, led and managed the review and planning process with energy, skill, patience and good humour.

The TDTF Strategic Plan 2008 – 2013 is the outcome of the work of many people and organisations committed to continuing and strengthening the fight against drugs in Tallaght. I am very grateful to everyone who contributed to the review and planning process and look forward to the next phase of the work of TDTF. It is building on a good base.

Anna Lee
Chairperson

November 2008

Executive Summary

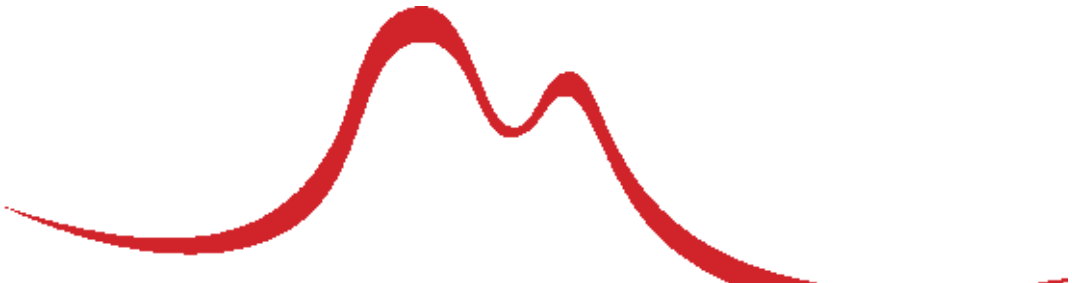
This strategic plan for 2008 - 2013 presents the findings from extensive consultation between Tallaght Drugs Task Force (TDTF), service providers, service users and the local community in Tallaght. Its aim is to describe a series of agreed, evidence-based strategic and operational actions that will be delivered over the next five years. These actions will enable TDTF to build on achievements to date; more effectively engage and rehabilitate drug misusers, and offer practical support to their families.

Chapter 1 gives a brief introduction and outlines the consultative process that was used to inform the strategy. Chapter 2 sets the context: it summarises the Report of the Working Group on Drugs Rehabilitation (NDS, 2007), the Expenditure Review of the Local Drugs Task Forces (Goodbody, 2006a), the organisational structure of TDTF, and the HSE Working Group report on residential services in Ireland (Corrigan & O'Gorman, 2008).

Chapter 3 presents a brief socio-demographic profile of Tallaght and local drug treatment data. The data show that in spite of extensive residential and commercial development in the area, several electoral divisions remain disadvantaged with high levels of unemployment, welfare dependency and low educational attainment. Local drug misuse reflects national trends. The data support anecdotal evidence that patterns of drug misuse are changing with a decrease in the number of unemployed and an increase in the number of employed drug users presenting for treatment. The findings also suggest that there may be barriers which hinder clients' progression through treatment and into rehabilitation and recovery.

Chapter 4 summarises the themes and concerns raised during consultation. Chapter 5 outlines the key actions that the Task Force have agreed to prioritise over the next five years.

TDTF should be commended for their systematic achievement of effective and well-considered actions that were set out in 2001. The themes of consolidation, co-operation and capacity building underpin their new schedule of work to 2013. The aim is to create inclusive, Tallaght-wide service provision with continued emphasis on education and prevention initiatives that target at risk children and young people. There is a strong drive towards quality assurance. TDTF recognise that capacity building and up skilling of staff are likely to be the most effective tools to help the Task Force effectively respond to changing drug misuse patterns. There will be a focus on stronger partnership-working and co-operation in order to provide seamless care for even the most socially marginalised of clients.



TDTF Information campaign launch, November 2007

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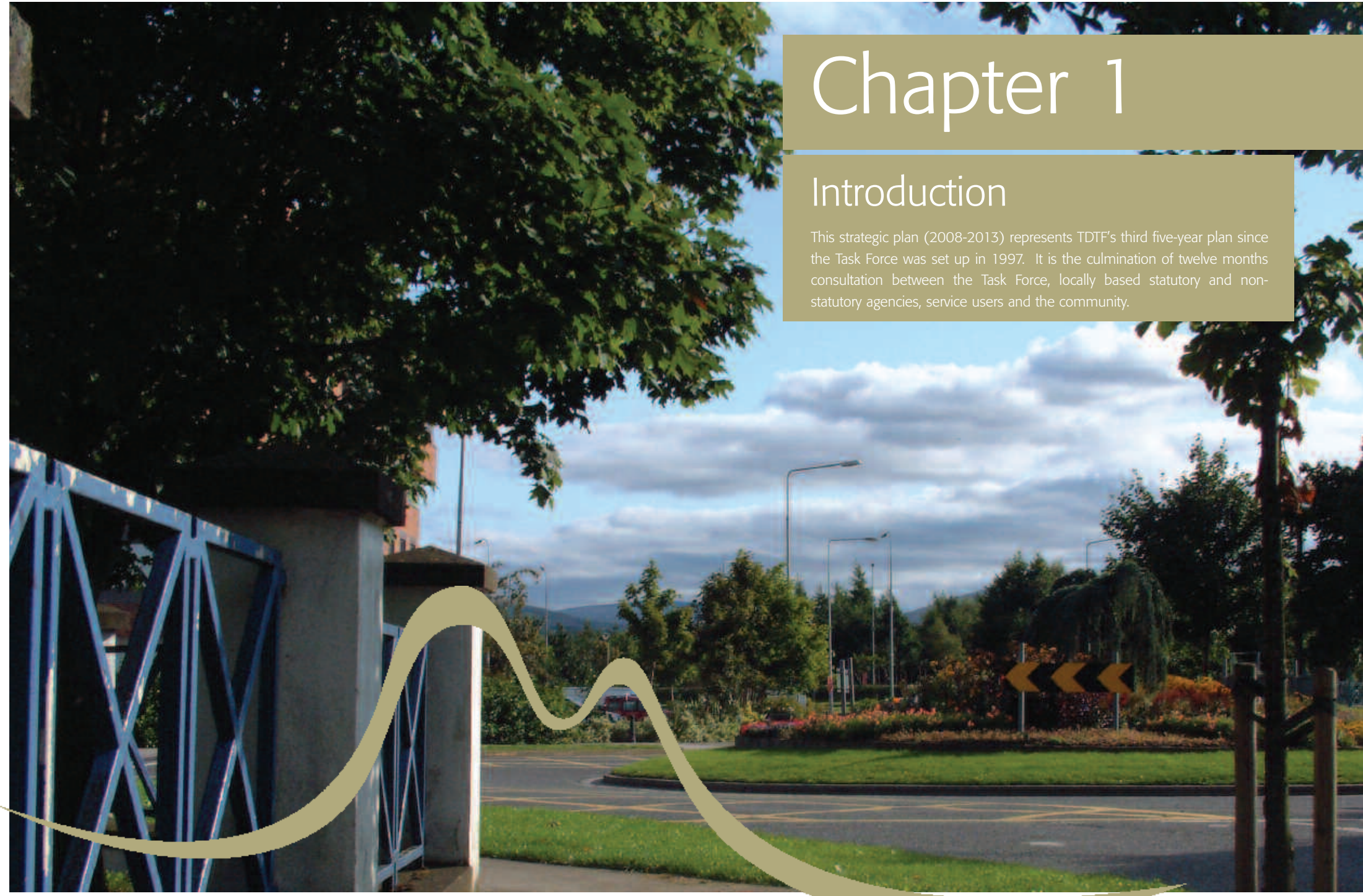

Chapter 1

Introduction

This strategic plan (2008-2013) represents TDTF's third five-year plan since the Task Force was set up in 1997. It is the culmination of twelve months consultation between the Task Force, locally based statutory and non-statutory agencies, service users and the community.

1.1 Aim

The aim of the strategic plan is to prepare a comprehensive but concise account of TDTF's achievements to date along with agreed recommendations and actions for the next five years. The National Drugs Strategy (NDS) has yet to publish its national plan for 2008 – 2016 so, in order to prioritise their short and long-term goals, TDTF have considered the Report of the Working Group on Drugs Rehabilitation (NDS, 2007), the Expenditure Review of the Local Drugs Task Forces (Goodbody, 2006a), the organisational structure of TDTF, and the HSE Working Group report on residential services in Ireland (Corrigan & O'Gorman, 2008).

1.2 Consultation process

The consultation process comprised the following:

- Focus groups were convened with TDTF sub committees (Table 1) and the Service Users Forum, facilitated by Webster, Lawlor & Associates. Emerging themes were agreed and referred to the TDTF Board.
- A written submission was submitted from the Tallaght Service Users Forum
- A community consultation survey was conducted which took the form of a questionnaire that was published in local and national newspapers.

Table 1: Groups consulted and method of consultation

Group Consulted	
TDTF Health Promotion Sub Committee	Focus Group
TDTF Supply & Justice Sub-committee	Focus Group
TDTF Education & Prevention Sub Committee	Focus Group
TDTF Family Support Sub Committee	Focus Group
TDTF Treatment & Rehabilitation Sub-committee	Focus Group
Service Users Forum	Focus Group and written submission
Representatives of statutory and voluntary agencies	Focus Group
Local communities	Focus Group and survey

Chapter 2

Context

This chapter briefly describes the context for the strategic plan including a brief outline of the role of the LDTFs; recommendations arising from the report on LDTFs (Goodbody, 2006a); a summary of TDTF's first and second strategic plans; achievements to date; an outline of the key recommendations arising from the Report of the Working Group on Drugs Rehabilitation (NDS, 2007), and the HSE Working Group report on residential services in Ireland (Corrigan & O'Gorman, 2008).

TRP Official Opening, December 2006

2.1 Local Drug Task Forces (LDTFs)

When the LDTFs were established in 1997, their overall remit was to facilitate a more integrated response to drugs in areas experiencing the highest levels of drug misuse. Their focus is two-fold: a) respond to local need through practical and relevant measures, and b) identify processes that enable stakeholders (statutory, community and voluntary) create an integrated, co-ordinated and partnership approach to local drug misuse problems. Their key objectives are to:

- Assess the nature and extent of the drug problem in their area
- Develop an appropriate range of responses to drug misuse based on current and accurate local information
- Develop, deliver and monitor the implementation of action plans including mechanisms for delivery of interventions
- Ensure the co-ordinated delivery of responses
- Carry out this work in partnership with local communities (National Drug Strategy Team, 2002)

Initial Government funding for the LDTFs in 1997 was designed to support the development of locally agreed interventions and projects. The aim was to independently evaluate each intervention after 12 months and then directly fund it, a process referred to as "mainstreaming". Management of the interventions were the responsibility of the LDTFs although funding was – and still is - distributed via Government departments or agencies. The rationale for this approach was to create a route to mainstream funding from early in the process (Goodbody, 2006). "Interim funding" was also made available to support projects to the point where they could be evaluated.

Project evaluation for mainstream funding began in 2000. The responsibility for monitoring and evaluation of mainstreamed projects was transferred from LDTFs to the relevant funding agencies.

There are five current NDS "pillars" under which all interventions operate. These are: Education/Prevention, Supply/Reduction, Treatment, Rehabilitation, and Family Support. The role of the LDTFs in the overall organisation of the NDS is shown in the schematic (Diagram 1)

Diagram 1

LDTF in Content

National Policy	National Drugs Stategy 2001-2008	Roles
Ministerial Level	Cabinet Committee on Social Inclusion	Meets monthly to consider and drive policy relating to the National Drugs Strategy and review and decide upon recommendations from the IDG
Departmental Assistant Secretaries Chaired by the Minister of State for Drugs	Interdepartmental Group on Drugs (IDG)	Meets quarterly to - advise the Cabinet Committee on critical matters relating to drugs; - ensure difficulties arising in implementation of the NDS are dealt with - approves the plans of LDTF's and evaluates and monitor outcomes
National Level National Representatives of of Government Departments, State Agencies and the Community & Voluntary Sectors	National Drugs Strategy Team	- Ensures effective coordination between Government Departments; State Agencies and the Community and Voluntary Sectors - Reviews the need for the LDTF's - Identifies and considers policy issues arising from the LDTF Experience. - Review LDTF Action Plans, make recommendations re funding and ensure that money spent is properly accounted for
Local Level National Representatives of of Government Departments, State Agencies and the Community & Voluntary Sectors	Local & Regional Drug Task Forces	To significantly reduce the harm caused to individuals and society by drug misuse through a coordinated effort involving the statutory, community and voluntary sectors through 3 actions: - Develop an appropriate level of response to drugs in LDTF areas - Ensure a coordinated delivery of those responses - Carry out this work in partnership with the local community

2.1.2 Recommendations arising from the Goodbody (2006a)

In 2006, Goodbody's expenditure review of the fourteen LDTFs identified a number of achievements, summarised as follows:

- A wide range of successful interventions have been delivered by all LDTFs.
- The number of people presenting for treatment has increased in LDTF areas as a direct consequence of the interventions.
- 57% of Round 1 interventions (initiated in 1997) have been mainstreamed, 43% of which focus on young people and their families; 36% target drug misusers; 26% focus on the families of drug users, and 23% are designed to support the community as a whole.
- Round 2 funding (initiated in 2001) focused on the development of new interventions in existing projects rather than the development of new projects.
- The work of the LDTFs has led to higher levels of trust between local communities and statutory agencies.

Recommendations arising from the review included:

- More LDTF resources need to be directed towards research, particularly concerning the collection of data to create an accurate picture of drug misuse in their Task Force areas. Indeed, between 1997 and 2006, only 1.6% of total interim funding was dedicated to research themes.
- Jointly agreed, inter-agency reporting protocols are required to improve co-ordination of services. For instance, there is confusion as to whether LDTFs or their funding agencies are responsible for evaluation of mainstreamed projects and, as a consequence, mainstreamed projects have not been independently evaluated by either agency.
- Interventions, projects and services need to consolidate. Consolidation requires effective mechanisms for internal/external monitoring and review. Current weaknesses in service provision must be identified and addressed.
- Management committees require support for capacity building.
- Resources are required to encourage improved co-ordination between LDTFs.

2.2 National drug strategies and reports

The second national strategic plan to tackle drug misuse is currently in preparation. In its absence, TDTF consulted the Mid-term Review (NDS, 2005) and the Report of the Working Group on Drugs Rehabilitation (NDS, 2007) to inform strategic planning.

2.2.1 NDS Mid-term Review (2005)

The Mid-term Review recommended implementation of a number of new actions, amendments and replacement of others. The most significant was the creation of a new pillar dedicated to rehabilitation. Family Support became a new cross-pillar designed to deliver the recommendations of the NACD report on Family Support (2004).

2.2.2 Report of the Working Group on Drugs Rehabilitation (2007)

A Working Group, chaired by DCRGA, was set up in 2005 in order to develop a strategy for the new Rehabilitation pillar. A summary of the strategy, including a definition of rehabilitation; NDS plans for delivery; proposed structure for strategic co-ordination; identified good practice, and details of recommendations relevant to TDTF are presented in Appendix 1. A brief summary of the recommendations applicable to TDTF is presented in Table 2. TDTF's Treatment and Rehabilitation (T&R) subgroup have played - and continue to play – an essential role in the co-ordination and delivery of the strategic recommendations. They are also pro-active in the drive to encourage inter-agency, collaborative working relationships.

Table 2: NDS recommendations from the Report of the Working Group on Drugs Rehabilitation (2007)

Emphasis on effective case management with supporting protocols and Service Level Agreements (SLAs) to promote inter-agency co-operation and integration.
Make available appropriate treatment options and ensure clients are kept fully informed of treatment options including detoxification.
Re-orientate treatment services to ensure comprehensive provision is available for all presenting drug types.
Ensure detoxification options are supervised by medical personnel.
Consider the development of cross-Task Force services.
Support recovering drug users with issues around employment and create stronger links with potential employers.
Liaise with Local Authorities to identify appropriate housing for recovering drug users, being mindful that returning to their local community may not be the best option for some.
Request that Local Authorities identify a contact point to whom matters relating to tenancy issues can be directed.
Make arrangements to ensure continuum of care for all problem drug users when they leave prison. The arrangements should be robust enough to ensure adequate follow-up for those that are released early; with short notice, or those on temporary release.
Encourage the involvement of families in drug users' recovery.

2.2.3 HSE Working Group report on residential services in Ireland (Corrigan & O'Gorman, 2008).

The Working Group reviewed current residential facilities for drug and alcohol misusers including community-based and residential detoxification and aftercare/supported housing provision. They identified a total shortfall of 356.5 beds for detoxification, residential rehabilitation and aftercare (Table 3).

Recommendations arising from the report which are applicable to TDTF and other Task Forces are summarised in Table 4. As part of the strategic planning process, TDTF have taken these recommendations into consideration.

Table 3: Current and predicted beds requirement for detoxification, rehabilitation and aftercare

Bed types	Current provision	Total beds required	Shortfall
Medical detoxification & stabilisation	23	127 (50% for alcohol & 50% for drugs	104
Community based residential detoxification	15	Assessment not completed	N/A
Residential detoxification	634.5 (31% sreserved for alcohol only)	887 ***	252.5
Step down/half way house	155 of which 76% are for use by men only	296 (required by 30% of service users)	141

**** 887 of which 14-37 are needed for adolescent services; 205 for illicit drug users transferring from inpatient detoxification services; 382 for problem alcohol users taransferring from inpatient detoxification services, and 300 to address the needs of drug/alcohol users who have attended outpatient detoxification services.*

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Table 4: Recommendations arising from the HSE Working Group report on residential services in Ireland (Corrigan & O'Gorman, 2008) which are applicable to TDTF and other Task Forces

Adopt 4 tier model of service delivery (eg. UK Models of Care) and provide adequate resources for all tiers.
Introduce a standardised assessment protocol.
Provide inpatient detoxification in dedicated units which must be followed up by adequate rehabilitation and aftercare.
Provide resources to fill unused capacity immediately.
Co-morbid clients should be provided with adequate support and pathways into residential mental health services.
Review community-based detoxification, including the role of Level 2 GPs.
Detoxification and rehabilitation must be expanded in prisons.
Clients should be tracked through their rehabilitation journeys by means of a unique identifier.
Families of alcohol/drug users should be more involved in client care plans and innovative approaches adopted for the care of children of drug users while parents in treatment.
QUADS and DANOS quality standards should be implemented as recommended in NDS, 2007.
Detoxification procedures must reach the highest standards.

2.3 Profile of Tallaght Drug Task Force (TDTF)

TDTF is a Government funded partnership of community, statutory and voluntary interests charged with the responsibility of developing effective responses to drug misuse and related issues in Tallaght, Dublin 24. The Task Force is committed to developing a range of quality services across the NDS pillars.

As part of NDS requirements, TDTF has a Board (Table 5) and five active sub committees responsible for the planning and delivery of interventions. These are the sub committees of Education & Prevention, Treatment & Rehabilitation, Supply & Justice, Health Promotion, and Family Support. The Task Force regularly consults with the Service Users Forum (SUF) and the SUF offer regular feedback via the Treatment & Rehabilitation subgroup.

2.3.1 TDTF funding rounds (2008)

Detail of Round 2 interim (TDTF) and Round 1 mainstream (HSE) funded interventions are listed in Appendix 2 (Tables 24, 25). In total, 22 projects are currently in receipt of interim funding through TDTF and 14 projects from Round 1 have been mainstreamed.

Table 5: TDTF Board representation (as of May, 2008)

Name	Position
Anna Lee	Chairperson
Jerry Keohane	Garda
Liam Collins	Community
Sean Crowe	Political
Roisin Mclindon	VEC
Judith Edmonds	SDCC
Tommy Gilson	Community
Brian Hayes	Political
Ciara O'Connor	Probation & Welfare
Brid Casey	HSE SWA
Rachael Murphy	Tallaght Youth Service
Jackie Johnson	Community
Mick Duff	Community
Cecil Johnston	Community
Joe Neville	Political
Eamonn Maloney	Political
John G Moloney	Dept. Education & Science
Alice Murray	Community
Elaine McLoughlin	F.A.S.
Liam O'Brien	Community
Pat Rabbitte	Political
Sinead Copeland	NDST.

Allocated interim funding for TDTF amounts to €1,270,328. YPFSF funding has been awarded to a number of projects and services for young people and TDTF are using this to focus on the needs of children and young people who are most at risk of substance misuse. Emerging Needs funding is shown in Appendix 2 (Table 26).

2.4 Summary of previous strategic plans

In 1997, TDTF prepared a Service Development Plan (SDP) which was an NDST requirement. The objectives of the plan were to outline the nature and extent of the drugs problem in Tallaght; describe the existing drug-related service provision, and recommend funding for interventions and actions under the key themes of Treatment & Rehabilitation, Education & Prevention, and Supply & Reduction. Over 20 projects were funded as a result of the SDP which focused on treatment; development of local drug education/prevention initiatives, and curtailment of the local supply of drugs.

Progress was reviewed in 1999 and a new plan was prepared for 2001 - 2004 which reflected a) the changing patterns in local drug misuse, and b) the experiences of projects supported through the 1997 SDP.

It was also agreed that the 2001-2004 plan should be more strategic and less project focused than the 1997 plan. The aims were to:

- Prepare a document that clearly identified the interventions that should receive continued or new support.
- Support the development of coherent, co-ordinated and integrated strategies that effectively respond to the high levels of drug misuse in the Tallaght area.
- Consider the responsibilities and potential roles of key agencies and organisations involved in drug-related issues.

2.5 Achievements to date

A number of actions were identified during strategic planning for 2001-2004. These are listed in Tables 27 – 33 (Appendix 3) along with a summary of TDTF's progress and achievements to date.

TDTF and associated service providers should be commended for their significant achievement of actions that were set out in the 2nd Service Development Plan (SDP, 2001 – 2004). Seven actions were progressed for drug education and prevention initiatives; ten initiatives for treatment; seven for rehabilitation and integration; three for supply reduction; eleven for development and promotion of TDTF's work; two to enhance the knowledge and skills of drug workers in Tallaght, and two that responded to emerging needs. These actions are summarised in Appendix 3, Tables 27–33.

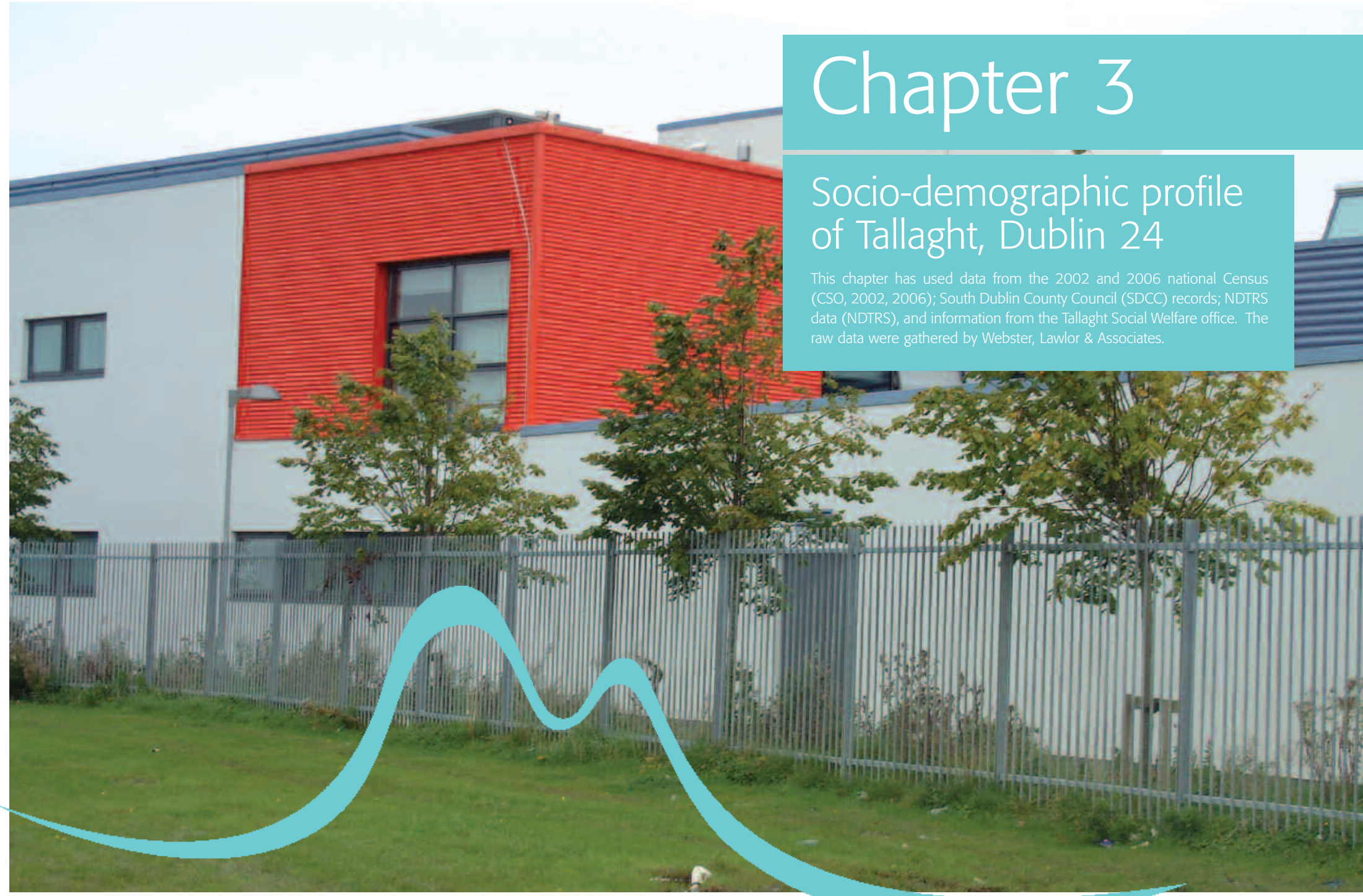
2.6 Priorities for 2008 - 2013

During the consultation and planning process for this third and current plan, TDTF have focused on steps that will lead to effective co-ordination and delivery of interventions; integration of services, and partnership between service providers. The Task Force emphasised the need to build on achievements to date; ensure services are Tallaght-wide and include new communities; build capacity within existing services; establish co-ordinated and flexible pathways between services, and ultimately provide a seamless continuum of care.

To achieve this, the Task Force Board agreed to adopt the following three underpinning themes to drive their actions forward:

Coordination
Consolidation
Capacity Building

These themes cut across all NDS pillars. The aim is to create cohesive and seamless care to ensure that service users receive the most appropriate services at the most appropriate time.



Chapter 3

Socio-demographic profile of Tallaght, Dublin 24

This chapter has used data from the 2002 and 2006 national Census (CSO, 2002, 2006); South Dublin County Council (SDCC) records; NDTRS data (NDTRS), and information from the Tallaght Social Welfare office. The raw data were gathered by Webster, Lawlor & Associates.

3.1 Population Profile (Table 6)

In 2006, Tallaght had a population of nearly 80,000 which represents a 4.5% increase since 2002. The increase is concentrated in three areas: Jobstown (+27.8%), Kiltipper (+20.5%) and Firhouse Village (+19.1%). Nine of the fifteen areas showed a population decrease, most notably Glenview (-17%) and Killinarden (-12%); the reasons are not known. The ratio of men and women is evenly spread.

In 2006 (CSO, 2006), 37% of the population in Tallaght were under the age of 24 and 63% were under the age of 44.

St. Aengus Art-work in progress

Table 6 Population change in the TDTF Area from 2002 to 2006

	Population 2002	Population 2006	% Change
Bohernabreena	3936	4294	+9.1
Firhouse Village	9024	10751	+19.1
Tallaght - Avonbeg	1645	1566	-4.8
Tallaght - Belgard	1970	1850	-6.1
Tallaght - Fettercairn	6488	6600	+1.7
Tallaght - Glenview	1496	1242	-17.0
Tallaght - Jobstown	9838	12577	+27.8
Tallaght - Killinarden	4700	4135	-12.0
Tallaght - Kilnamanagh	5323	4945	-7.1
Tallaght - Kiltipper	5333	6426	+20.5
Tallaght - Kingswood	4250	3959	-6.8
Tallaght - Millbrook	3917	3551	-9.3
Tallaght - Oldbawn	4580	4367	-4.7
Tallaght - Springfield	7787	7876	+1.1
Tallaght - Tymon	5604	5133	-8.4
TDTF area	75891	79586	+4.5

Source: CSO (2002; 2006)

3.2 Educational Attainment (Table 7)

The data in Table 7 shows the level of educational attainment across the Electoral Divisions in Tallaght. It also compares the total figures for Tallaght with those of South Dublin and Dublin city. In 2006 (CSO, 2006) Killinarden had the lowest educational attainment of all Electoral Divisions in Tallaght with 66% leaving school before the age of 15. Avonbeg (62%), Fettercairn (51%), Millbrook (49%) and Tymon (46%) also showed a high percentage compared to Tallaght as a whole (38%). Table 7 also shows that Tallaght had a higher percentage of young people leaving school before the age of 15 (38%) than South Dublin (23%) and Dublin city (27%).

In 2006, 26% of Tallaght's population studied at third level compared to South Dublin (42%) and Dublin city (50%). The four wards with the highest levels of educational attainment (ie progressing to third level) were Jobstown, Kiltipper, Kingswood and Springfield.

Table 7: Percentage cessation of education in Tallaght Electoral Divisions (EDs)

EDs*	Under 15	Senior Secondary	Third Level
Avonbeg	62	29	10
Belgard	30	41	29
Fettercairn	51	34	15
Glenview	40	38	22
Jobstown	26	39	35
Killinarden	66	26	9
Kilnamanagh	35	42	22
Kiltipper	26	38	36
Kingswood	26	39	32
Millbrook	49	31	20
Oldbawn	36	40	24
Springfield	36	33	32
Tymon	46	33	20
Tallaght Total	38	36	26
South Dublin Total	23	35	42
Dublin City Total	27	23	50

Source: CSO (2002)

3.3. Place of origin (Table 8, Figure 2)

Table 8 shows the number of non-nationals resident in Tallaght in 2006 (CSO, 2006). The percentage of White Irish and non-nationals are similar in Tallaght (85%) to South Dublin as a whole (85%) and the percentage of non-nationals are broadly similar to both South Dublin and Dublin city. In 2006, Tallaght had a slightly higher percentage of White Irish Travellers (1.2%) than either South Dublin or Dublin city, most of whom were recorded in Fettercairn and Springfield.

Table 8: Distribution by place of origin in the TDTF area

Electoral Divisions	White Irish	White Irish Traveller	Other White	Black or Black Irish	Asian or Asian Irish	Other	Not Stated	Total
Avonbeg	1473	0	28	12	14	8	29	1564
Belgard	1515	36	203	29	10	16	22	1831
Fettercairn	5558	175	194	220	142	78	209	6576
Glenview	1048	6	76	38	9	16	44	1237
Jobstown	9990	195	713	825	297	185	309	12514
Killinarden	3726	15	84	26	19	15	248	4133
Kilnamanagh	4630	0	165	12	29	16	70	4922
Kiltipper	5533	70	254	185	104	52	212	6410
Kingswood	3527	40	186	22	40	44	63	3922
Millbrook	3247	1	147	36	24	24	60	3539
Oldbawn	3866	12	249	56	57	48	64	4352
Springfield	5273	170	1023	348	404	238	309	7765
Tymon	4701	29	191	30	28	42	82	5103
Tallaght Total	54087	749	3513	1839	1177	782	1721	63868
South Dublin	208787	1761	14326	6395	5283	3241	4894	244687
Dublin City	399384	1812	45353	5526	16436	7212	15832	491555

Source: CSO (2002)

Figure 2: Percentage of foreign nationals resident in electoral divisions in Tallaght

3.4. Housing (Table 9)

Data for 2006 are not available so the following figures are based on the 2002 Census. One indicator of an area's relative deprivation is the level of housing supports provided, either in the form of social (subsidised) housing or as a social welfare payment to supplement the cost of renting in the private sector. Table 9 shows that 8.6% of Tallaght residents were in receipt of housing support in 2002.

Jobstown and Fettercairn had the highest number of residents in receipt of housing support followed by Kiltipper and Killinarden. The majority were living in South Dublin County Council (SDCC) supported housing (66.3%) or were in receipt of rent allowance (25.6%). In 2002, the highest number of SDCC supported housing units existed in Jobstown (1220), Fettercairn (1109) and Killinarden (681). Rent allowance provision was highest in Jobstown (443), Springfield (296) and Kiltipper (177).

TDTF Information campaign launch, November 2007

Table 9: Provision of housing supports in the TDTF area

	SDCC Social Housing Units	Rent Allowance Units	Combined Total
Bohernabreena	169	68	237
Firhouse - Village	8	197	205
Tallaght - Avonbeg	106	26	158
Tallaght - Belgard		41	41
Tallaght - Fettercairn	1109	57	1276
Tallaght - Glenview		27	27
Tallaght - Jobstown	1220	443	1838
Tallaght - Killinarden	681	32	779
Tallaght - Kilnamanagh		72	72
Tallaght - Kiltipper	559	177	885
Tallaght - Kingswood	51	62	113
Tallaght - Millbrook	19	49	68
Tallaght - Oldbawn	8	86	94
Tallaght - Springfield	67	296	363
Tallaght - Tymon	364	54	418
TDTF area	4361	1687	6574

Source: SDCC Social Inclusion Unit

3.5 Homelessness (Table 10)

In 2002, 160 people were recorded as homeless in the Tallaght area. The Largest numbers were recorded in Jobstown (48), sixteen of whom were children (Table 10). No data are available for 2006.

Table 10: Recorded homeless, 2002

	Adults	Children	Total
Bohernabreena	3	0	3
Firhouse - Village	3	2	5
Tallaght - Avonbeg	N/A	N/A	N/A
Tallaght - Belgard	1	1	2
Tallaght - Fettercairn	22	1	23
Tallaght - Glenview	2	0	2
Tallaght - Jobstown	32	16	48
Tallaght - Killinarden	10	1	11
Tallaght - Kilnamanagh	6	0	6
Tallaght - Kiltipper	10	4	14
Tallaght - Kingswood	12	1	13
Tallaght - Millbrook	2	2	4
Tallaght - Oldbawn	2	0	2
Tallaght - Springfield	10	4	14
Tallaght - Tymon	9	4	13
TDTF area	124	36	160

Source: SDCC Community Services Department N/A: data not available

3.6 Employment/ Unemployment (Table 11)

Table 11 shows the percentages of employed and unemployed adults across Tallaght's Electoral Divisions in 2006 (CSO, 2006). As a whole, Tallaght had a higher level of unemployment (11%) than either South Dublin (8%) or Dublin city (9%), with the highest unemployment levels seen in Killinarden (21%), Fettercairn (20%), Avonbeg (14%) and Jobstown (13%). The lowest levels of unemployment , in comparison, were seen in Oldbawn (6%); Kilnamanagh (6%) and Springfield (6%).

Table 11: Percentage Unemployment in Electoral Divisions in Tallaght

Electoral Divisions	Employed %	Unemployed %
Avonbeg	86	14
Belgard	92	8
Fettercairn	81	20
Glenview	93	7
Jobstown	87	13
Killinarden	79	21
Kilnamanagh	94	6
Kiltipper	90	10
Kingswood	94	6
Millbrook	87	13
Oldbawn	95	5
Springfield	94	6
Tymon	90	10
Tallaght Total	89	**11**
South Dublin	92	8
Dublin City	91	9

Source: CSO (2002)

Stained Glass
Created by clients from TRP

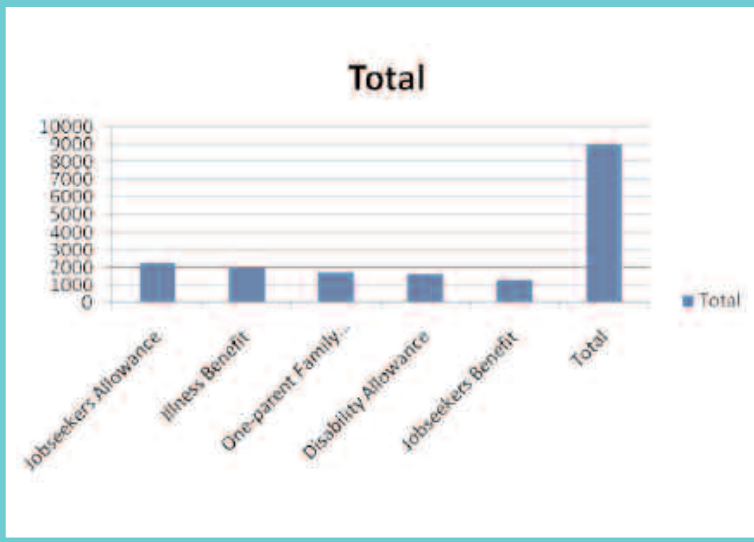
Table 12: Social Welfare Dependency in Tallaght (29 June 2007)

	Total	Male	Female
Jobseekers Allowance	2289	1695	594
Illness Benefit	1980	548	1434
One-parent Family Payments	1777	47	1730
Disability Allowance	1640	979	661
Jobseekers Benefit	1312	702	610
Total	8998	3971	5029

Source: Social Welfare Local Office, Tallaght Social Services Centre

Table 12 and Figure 3 show the number of people in receipt of social welfare benefits in Tallaght on June 29th 2007. The payments recorded are made through the local Social Welfare office in Tallaght; however it is estimated that an additional 2000 one-parent family payments are still made through the centralised system in Sligo and these do not appear in the figures in Table12.

Figure 3: Breakdown of social welfare dependency in Tallaght, 2007



In 2003, a Trutz Haase Index was used to measure the relative affluence or deprivation of each electoral division in South County Dublin using indicators such as population change, age profile, number of single parent households with children under the age of 15, educational attainment, unemployment rates and numbers of people in skilled/professional work:

The Index scores run from +30 (extremely affluent) to -30 (extremely disadvantaged). The results of the Trutz Haas analysis for the TDTF area are presented in Table 13.

Table 13: Relative Affluence & Deprivation in the TDTF Area (Trutz Haase Index)

	Trutz Haase Index Score	Classification
Bohernabreena	4.1	
Firhouse - Village	14.8	
Tallaght - Avonbeg	-21.7	Very disadvantaged
Tallaght - Belgard	6.1	
Tallaght - Fettercairn	-17.4	Disadvantaged
Tallaght - Glenview	-4.1	Slightly disadvantaged
Tallaght - Jobstown	-6.6	Slightly disadvantaged
Tallaght - Killinarden	-25.7	Very disadvantaged
Tallaght - Kilnamanagh	3.1	
Tallaght - Kiltipper	-7.0	Slightly disadvantaged
Tallaght - Kingswood	5.2	
Tallaght - Millbrook	-4.7	Slightly disadvantaged
Tallaght - Oldbawn	2.3	
Tallaght - Springfield	-5.4	Slightly disadvantaged
Tallaght - Tymon	-7.0	Slightly disadvantaged
TDTF area	-3.5	

Source: 2003 Trutz Haase Deprivation Index for South Dublin County 1991-2002

Based on this analysis, nine of the fifteen communities (60%) in the TDTF catchment area are considered to be disadvantaged across the range of the index. Killinardan and Avonbeg are classified as very disadvantaged, Fettercairn as disadvantaged and Glenview, Jobstown, Kiltipper, Millbrook, Springfield and Tymon as slightly disadvantaged. Only six areas have positive scores on the Index (Bohernabreena, Firhouse Village, Belgard, Kilnamanagh, Kingswood and Oldbawn).

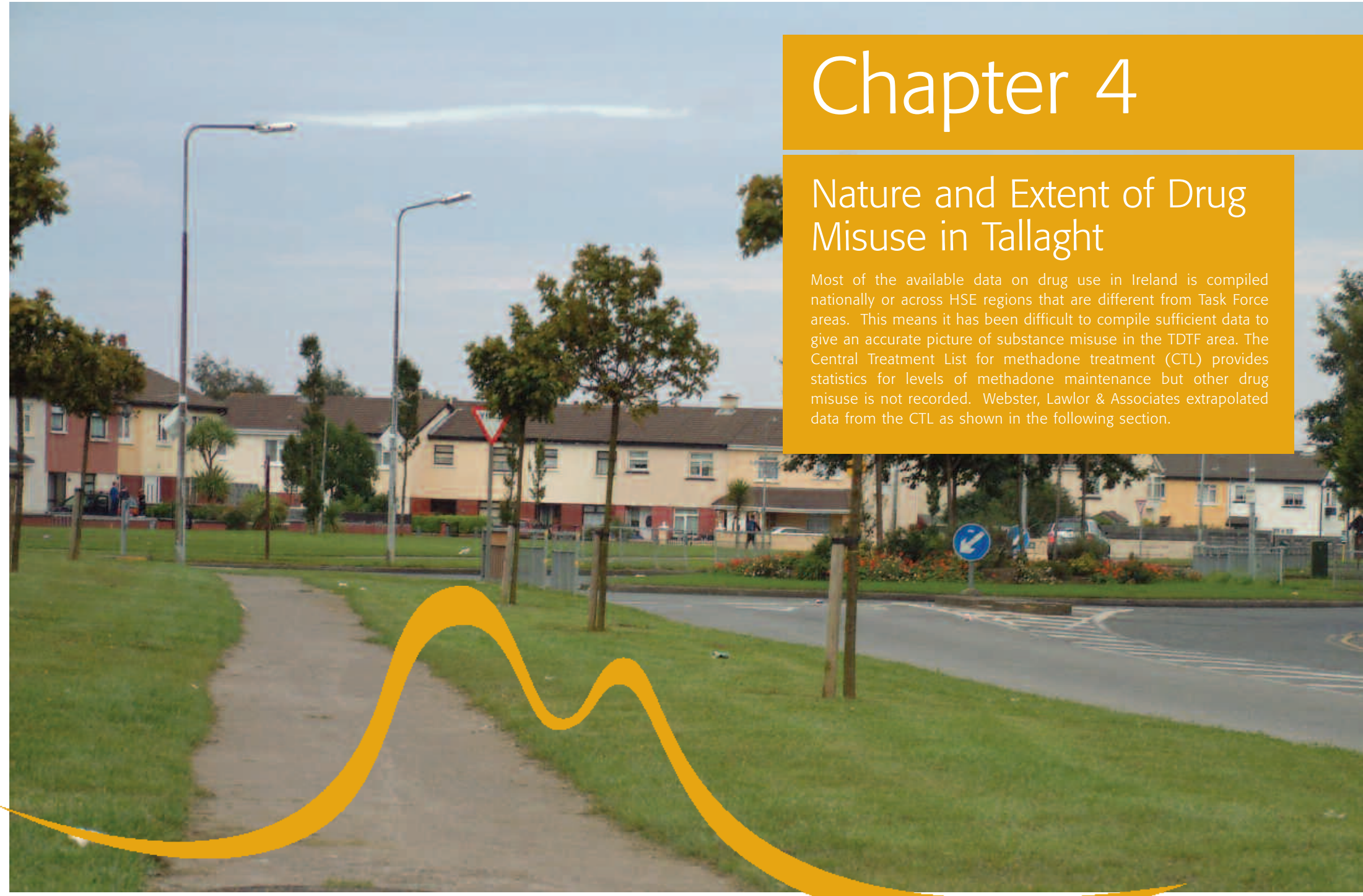
3.7 Summary

In summary, the population of the area serviced by the TDTF has increased substantially in the last number of years and expansion is predicted to continue.

Tallaght has a relatively young population with (63%) of its residents under the age of 44 years and 37% under 24 years of age. A profile of the area in 2002 shows low levels of educational attainment with 25% having left school before the age of 15.

Statistics show the unemployment level among people living in Tallaght to be higher than the national average with Fettercairn and Killinareen having very high unemployment levels. The Census data points to a prevalence of social disadvantage in Tallaght and this is borne out by the 2003 Trutz Haase Index findings which indicate that 60% of the TDTF area is disadvantaged to a greater or lesser extent.

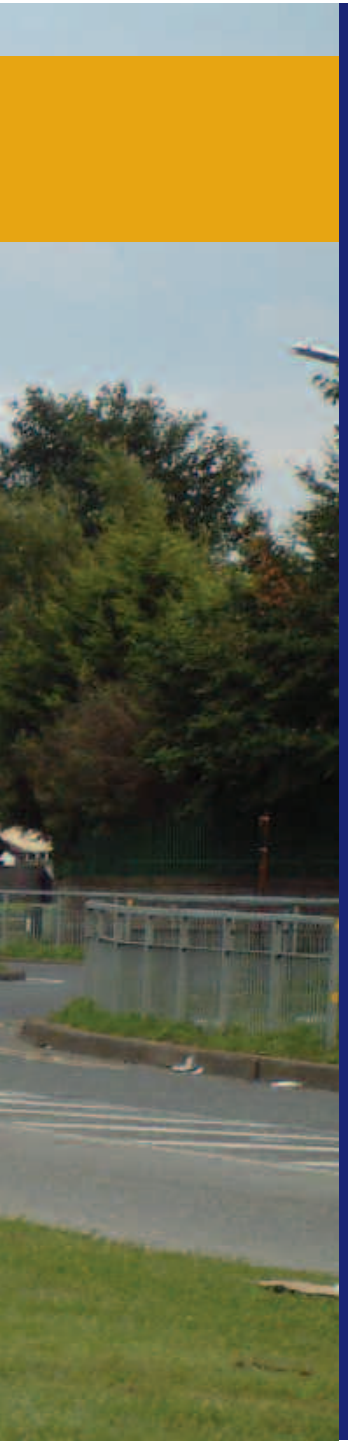
Minister Visits Tallaght Projects: Minister Pat Carey TD with responsibility for the National Drugs Strategy, June 2007



Chapter 4

Nature and Extent of Drug Misuse in Tallaght

Most of the available data on drug use in Ireland is compiled nationally or across HSE regions that are different from Task Force areas. This means it has been difficult to compile sufficient data to give an accurate picture of substance misuse in the TDTF area. The Central Treatment List for methadone treatment (CTL) provides statistics for levels of methadone maintenance but other drug misuse is not recorded. Webster, Lawlor & Associates extrapolated data from the CTL as shown in the following section.



4.1 Numbers presenting for treatment across electoral divisions in Tallaght (Table 14)

Fettercairn, Jobstown, Killinarden, Kiltipper, and Tymon had the highest numbers of people presenting for treatment in the years 2004 to 2006. Most electoral divisions showed a yearly increase in numbers with the exception of Fettercairn and Millbrook where numbers decreased.

Table 14: Area of residence of those presenting for treatment for drug use in the TDTF area, 2004 – 2006

Area	2004	2005	2006
Jobstown	92	102	98
Killinarden	41	49	47
Fettercairn	51	47	44
Tymon	27	38	44
Kiltipper	31	30	34
Millbrook	31	16	18
Springfield	22	23	17
Bohernabreena	6	11	16
Kingswood	13	10	15
Kilnamanagh	8	14	13
Firhouse Village	7	9	11
Avonbeg	9	9	11
Oldbawn	5	5	11
Glenview	9	3	8
Belgard	8	7	7
Unspecified	1	0	0
Totals	361	373	394

Source: NDTRS

4.2 Main problem drug (Table 15)

Between 2004 and 2006 most people reported opiates as their main problem drug followed by alcohol and cocaine.

Table 15: Main problem drug reported by cases presenting for treatment in the TDTF area, 2004 - 2006

	2004	2005	2006
Opiates	287	284	275
Alcohol	28	39	47
Cocaine	13	14	43
Cannabis	5	8	11
Benzodiazepines	7	2	4
Volatile inhalants	0	0	1
Ecstasy	1	1	0
Assessed only	28	39	47
Totals	361	373	394

Source: NDTRS

4.4 Cocaine and poly drug use

Sixty six percent (235) of the cases presenting for treatment in 2006 reported that they used more than one drug. EMCDDA data for Ireland (EMCDDA, 2007) and other countries in Europe indicate that polydrug use is now the norm (eg, cocaine mixed with alcohol; cocaine taken after heroin). Polydrug behaviour, particularly when it involves stimulants such as cocaine, requires a different service response from that developed for opiates.

In 2005, TDTF was selected by the NDS Cocaine Sub-group to run a community-based project for cocaine misusers. The project was evaluated in 2006 (Goodbody, 2006b).

Table 16: Number of people receiving methadone treatment in the TDTF area in 2004 and 2005

	2004	2005
Carried over in methadone treatment from the previous year	628	671
Entered treatment during the calendar year	298	312
Total	926	983

Source: CTL & NDTRS

4.5. Methadone (Tables 16 and 17, Figure 4)

In 2005, 983 people presenting to treatment in Tallaght were prescribed methadone (Tables 16, 17). The majority (68%) had also been prescribed methadone the previous year.

Goodbody's analysis of all LDTFs (Goodbody, 2006a) provides evidence that large numbers of drug misusers throughout Dublin are maintained on methadone for years not months; indeed, nine years is not uncommon. In response, TDTF's strategic planning process emphasises the need to develop clear progression routes for clients so that they can move through treatment into detoxification, rehabilitation and aftercare in a timely way.

Nearly 72% of people presenting to treatment in Tallaght in both 2004 and 2005 came from five communities within the TDTF area. The largest number were from

Figure 4: Number of people in receipt of ongoing methadone maintenance in 2004 and 2005

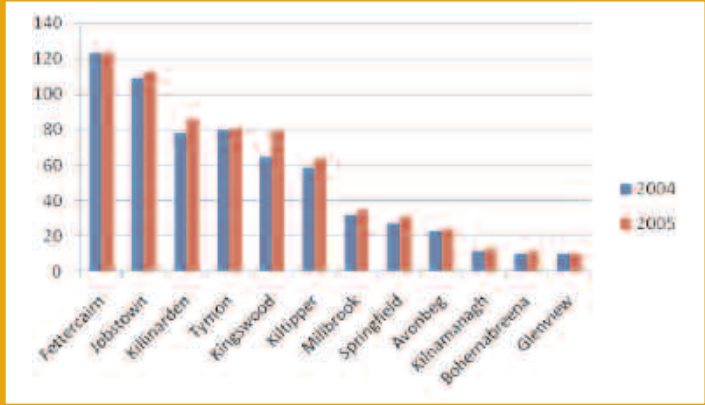


Table 17: Number of people in receipt of ongoing methadone maintenance, 2004 and 2005

.	2004	2005
Fettercairn	123	123
Jobstown	109	113
Killinarden	78	86
Tymon	80	81
Kingswood	65	79
Kiltipper	59	64
Millbrook	32	35
Springfield	27	31
Avonbeg	23	24
Kilnamanagh	12	13
Bohernabreena	10	12
Glenview	10	10
Oldbawn	-	-
Total	628	671

Source: CTL

Fettercairn (123) followed by Jobstown (113), Killinarden (86), Tymon (81) and Kingswood (79) (Figure 4). Kingswood showed the largest increase in numbers between 2004 and 2005.

4.6. Gender (Table 18)

In 2006, the majority of those presenting for treatment in the TDTF area were male (289). Between 2004 and 2006, the number of women presenting for treatment stayed the same and the number of men increased slightly (Table 18).

Table 18: Gender breakdown of cases presenting for treatment in the TDTF area, 2004 - 2006

	2004	2005	2005
Male	248	260	289
Female	112	112	102
Not recorded	1	1	3
Total	361	373	394

Source: NDTRS

4.7 Age (Table 19, Figure 5)

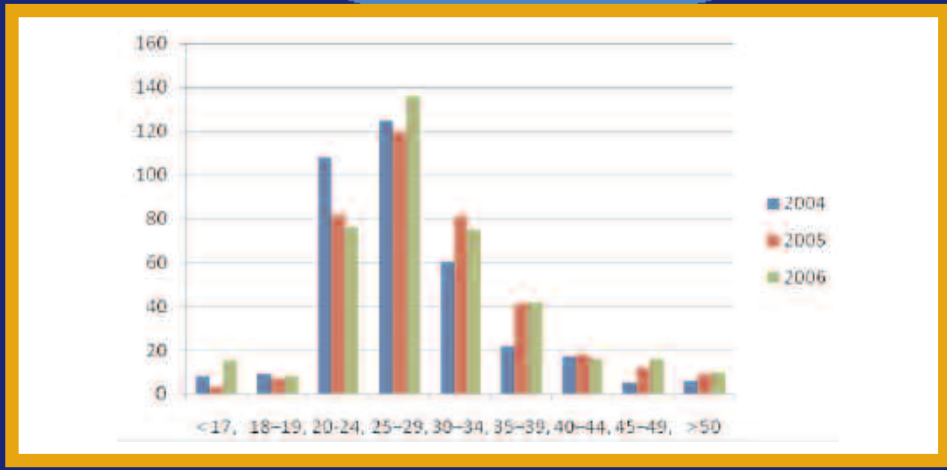
The numbers of people presenting for treatment aged 25 or over increased between 2004 and 2006, whereas the number of young people (aged 24 or under) decreased during this period (Table 19, Figure 5). The increase for under-17s may be related to the location of YODA[1] in Tallaght.

Table 19: Age group of cases presenting for treatment in TDTF area, 2004 - 2006

Area	2004	2005	2006	Change 2004/ 2006
17 yrs or under	8	3	15	+7
18 – 19	9	7	8	-1
20 – 24	108	82	76	-32
25 – 29	125	120	136	+11
30 – 34	60	81	75	+15
35 – 39	22	41	42	+20
40 – 44	17	18	16	-1
45 – 49	5	12	16	+11
50 yrs or over	6	9	10	+4
Not recorded	1	0	0	-1
Total	361	373	394	

Source: NDTRS

Figure 5: Age profile of people presenting for treatment in Tallaght, 2004 to 2006



[1] *YODA (Youth Drug & Alcohol Service) provides structured support for young people (aged 11-17) with addiction issues.*

SWAN Family Support group: working on their quilt of Hope and Remembrance

Table 20: Employment status of cases presenting for treatment in TDTF area 2004 - 2006

Employment Status	2004	2005	2006	Change 2004/2006
Unemployed	216	229	218	+2
In paid employment	76	75	102	+26
Retired/ unable to work/ disability	5	24	21	+16
Student	8	4	10	+2
FAS training scheme/other training course	10	7	7	-3
Housewife/ Husehusband	17	14	6	-11
Other	2	1	4	+2
Unknown	27	19	26	-1
Total	361	373	394	+33

Source: NDTRS

4.8 Nationality

The majority (95.9%) of those presenting for treatment between 2004 and 2006 were Irish nationals. The remainder came from Poland (2), Great Britain and Northern Ireland (1), Lithuania (1) and Nigeria (1).

4.9 Employment status (Table 6, Figure 20)

The number of unemployed people who presented for treatment decreased from 60% in 2004 to 55% in 2006 (Table 20, Figure 6). Conversely, the number of people in paid employment increased from 20% in 2004 and 2005 to 26% in 2006. The number of people registered as retired/unable to work/disabled increased from 1% in 2004 to 5% in 2006. These data warrant further investigation.

4.10 Educational status (Table 21)

Nearly 60% of those who presented for treatment in the TDTF area in 2006 had left school at or before Junior Certificate level and 31% had left school at primary level. Only 4 of the 394 people who presented for treatment in 2006 had achieved third level education.

Figure 6: Employment status of people presenting for treatment in TDTF area, 2004 to 2006

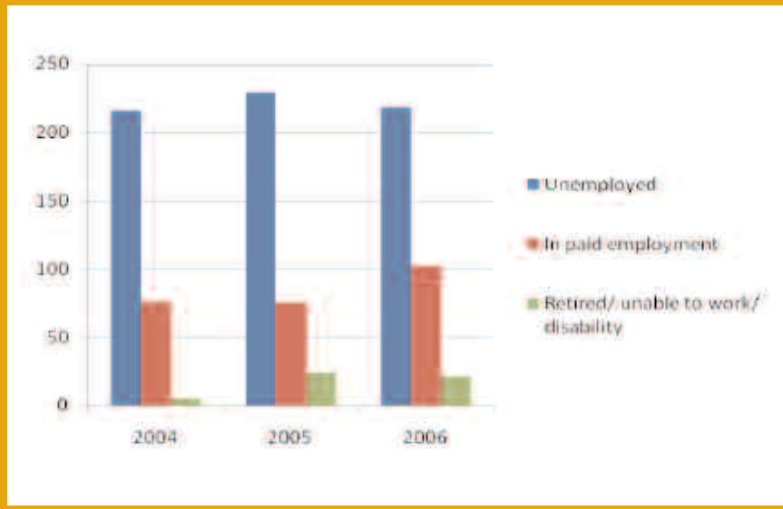


Table 21: Highest level of education completed by cases presenting for treatment in TDTF area, 2004 - 2006

Highest Level of Education Completed	2004	2005	2006	Change 2004/2006
Never went to school	0	3	3	+3
Primary level incomplete	9	12	15	+6
Primary level	81	91	107	+26
Junior Certificate	133	150	113	-20
Leaving Certificate	31	36	42	+11
Third level	2	4	4	+2
Still in full time education	8	4	10	+2
Unknown	97	73	100	+3
Total	361	373	394	+33

Source: NDTRS

4.11 Summary

The data presented in this chapter are significant in several ways. They suggest that the age profile of people presenting for treatment is going up with an associated decrease in the number of young people under the age of 24 presenting for treatment. This may indicate that barriers exist which prevent young people from accessing services. The Central Treatment List only records methadone-registered service users, so the data may also suggest that fewer young people are engaging in heroin misuse and/or registering for methadone treatment.

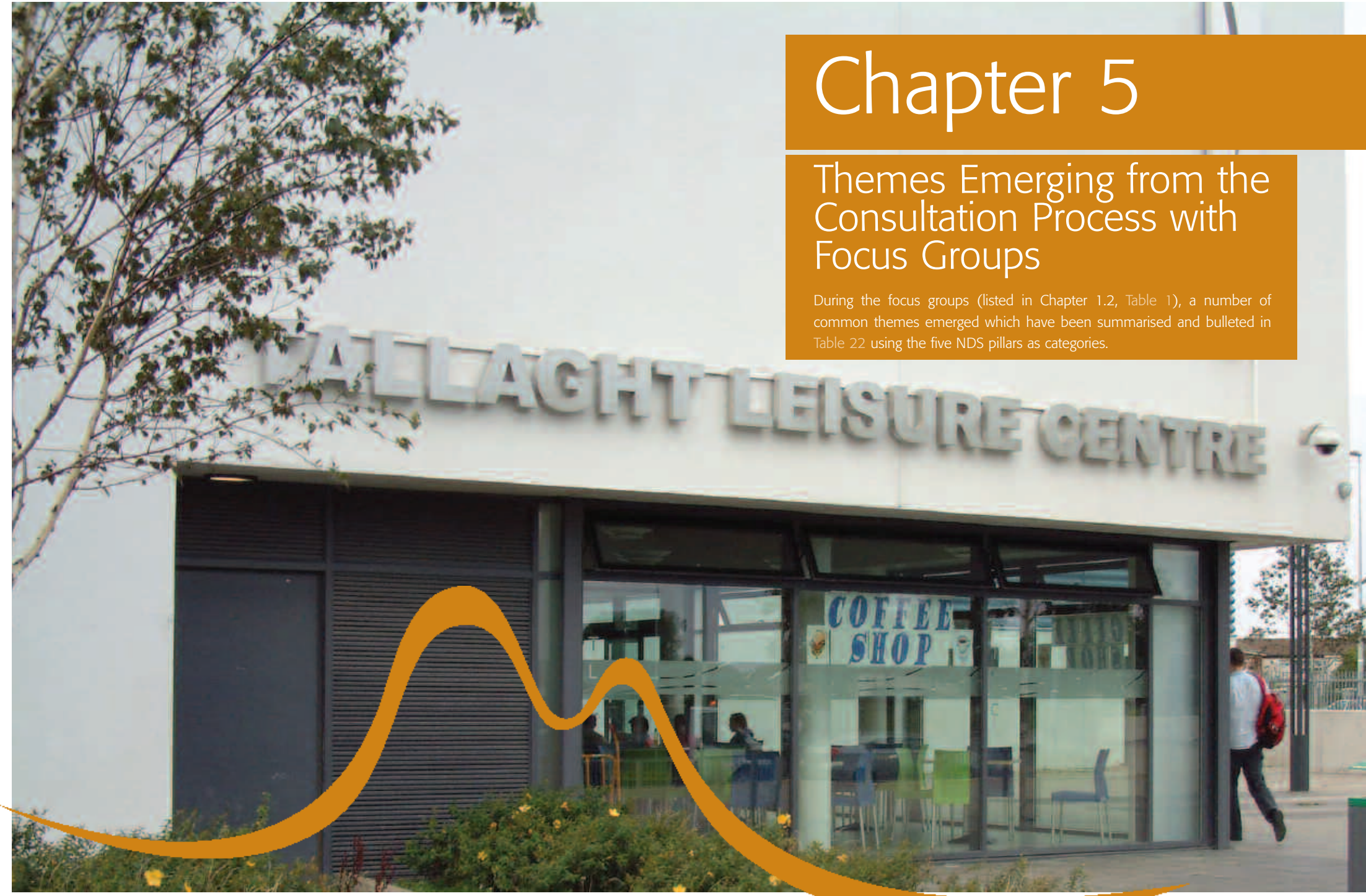
Increasing numbers of people presenting for treatment are in paid employment. Between 2004 and 2006, there was a 5% decrease in the number of unemployed people and a 6% increase in the number of employed people. There was also a 5 % increase in the number of people presenting who were registered as retired/unable to work/disabled but this may be a reflection of changes in benefit regulations. These data warrant further examination because they may indicate an increase in "recreational" drug misuse among professional people.

Methadone treatment data suggests that large numbers of people are on long term methadone maintenance and do not move through treatment into detoxification and recovery. This is a national issue and not confined to Tallaght. Nevertheless, as part of strategic planning, TDTF have considered potential barriers that may exist which prevent continuum of care.

Chapter 5

Themes Emerging from the Consultation Process with Focus Groups

During the focus groups (listed in Chapter 1.2, Table 1), a number of common themes emerged which have been summarised and bulleted in Table 22 using the five NDS pillars as categories.



5.1 Key areas of concern

Findings from the focus groups, community consultation survey and feedback from the Service Users Forum highlighted a number of concerns that were shared by service providers working across all pillars.

Cocaine; polydrug use; abuse of prescription drugs, and alcohol were highlighted as serious issues in Tallaght and elsewhere. There was a strong call for regulation of benzodiazepine prescribing and more provision for chaotic drug misusers (eg street outreach, Drop-in and "wet" day/night centres). Service users reported that there is a growing prevalence of cocaine use among children and they recommended mentoring systems for children at risk. Service users also saw the need for more harm reduction interventions and a wider range of diversionary activities for children and young people.

The focus groups reported that the profile of drug misusers appears to be changing, a phenomenon that appears to be replicated throughout Task Force areas. It was emphasised that service providers must offer greater flexibility in order to engage more "recreational" users who are in employment. The focus groups also recognised that service provision must become more flexible and more responsive to different patterns of drug misuse such as speed balling (cocaine taken before heroin) and cocaine mixed with alcohol. Associated with this was a call to "re-brand" the drugs message so that it reaches a wider audience.

There was a united call for stronger progression routes for clients to mark the end of long-term methadone maintenance.

Several areas of concern relating to health promotion were raised. Without a medical card, a drug misuser may find it difficult to get access to general medical services. In comparison, medical check-ups are readily available through all needle exchanges in the UK. It was stressed that research is needed to establish if a local emergency, out-of-hours needle exchange service is required. Numbers of HIV cases are increasing in Tallaght and elsewhere in Dublin, and effective responses to drug misusing sex workers are urgently needed.

There was much concern about appropriate service provision and prevention interventions for young people and it was emphasised that it should include more active support for parents and grandparents, and improved co-ordination of family support services. There appears to be a general lack of childcare provision in Tallaght.

Vulnerable groups were mentioned. There was a call to provide education and support to mothers who are prescribed methadone during pregnancy and post-birth, particularly with regards to information about alternatives to methadone maintenance.

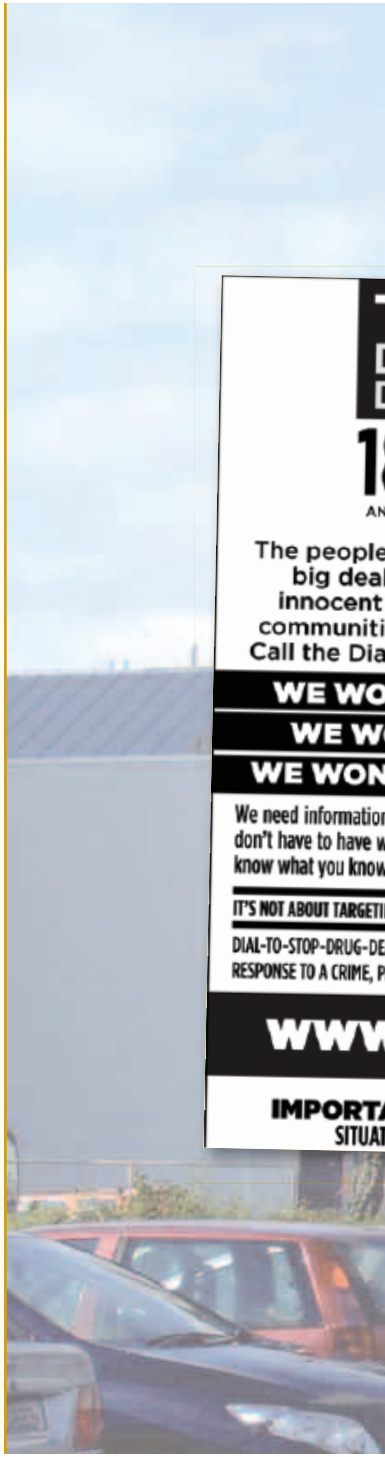
There were strong calls for closer partnership working between the Gardai, service providers and the community; the development of a strategy for cohesiveness, and adoption of standards of best practice.

Table 22: Common themes that emerged from Focus groups during the strategic planning process

Codes for groups consulted

E/P (Education /Prevention subcommittee); HP (Health Promotion subcommittee); FS (Family Support subcommittee); S/R (Supply/Reduction subcommittee); T/R (Treatment/Rehabilitation subcommittee); SUF (Service Users Forum); LC (local communities)

Focus area	Issues raised	Consultation
Education/Prevention	▪ Need to be able to respond effectively to increasing numbers of young people at risk of drug misuse. ▪ Schools need ongoing support to develop substance misuse policies. ▪ Need for an awareness campaign which highlights the risk of cocaine and polydrug misuse (particularly cocaine mixed with alcohol and heroin taken after cocaine). ▪ Need to address the "Granny issue"	S/R, T/R, HP, E/P, LC
Young people	▪ Need to monitor available statistics for the treatment of under-18s to identify the nature of drug misuse among young people. ▪ Develop mentoring system for at risk young people. ▪ Teach social/life skills in school. ▪ More active support required for parents. ▪ Provide greater range of diversionary activities for young people, including summer camps and after school groups ▪ Provide a Drop-in service for children.	SUF, E/P, LC
Health promotion	▪ Obtain data on levels of HIV and sex working in Tallaght & provide awareness training for drug workers. ▪ Establish, by research, if an emergency out-of-hours needle exchange service is needed, and establish community-run service as required.	E/P, HP, LC
Treatment Chaotic user	▪ Consider a "wet" day/night service, drop-in or street outreach for chaotic users ▪ Establish strategies for drug misusers presenting with different polydrug behaviours (speed balling, cocaine mixed with alcohol etc). ▪ Conduct training needs analysis to identify staff training requirements for effective responses to changing patterns of drug misuse. ▪ Engage recreational drug misusers through a harm reduction campaign. ▪ Re-brand drugs issues to make service provision relevant to a wider target group.	
Benzodiazepines	▪ Lobby for a national benzodiazepine prescribing protocol and associated regulation of pharmacies and GPs. ▪ Address long term methadone maintenance and identify the barriers which hinder service users progressing from treatment into recovery. ▪ Address mothers-on-methadone issue. ▪ Provide alternative protocols to methadone maintenance (e.g subutex, lofexidine).	
Rehabilitation	▪ Provide support for women who wish to detox at home. ▪ Provide detox facilities that support women with children. ▪ Develop a rehabilitation strategy to ensure continuum of care across services. ▪ Need to consider employability programmes that support recovering service users into work-related activities and employment. ▪ Provide sufficient child/family therapy and counselling services. ▪ Provide bereavement support for those affected by drug-related death or suicide. ▪ Set up a MABS service for drug misusers in debt. ▪ Set up a PO Box address to ensure that homeless people in Tallaght can gain access to services in their local area.	T/R, LC, SUF
Family support	▪ The issue of childcare was raised: a need for childcare facilities so that parents do not have to bring their children into methadone clinics and support for mothers in treatment/detoxification. ▪ Call to develop a network of parent training providers with the aim to train people in the community to deliver their own programmes. ▪ Family support services need co-ordination. ▪ Family Support Network required. ▪ Provide stronger links between family support workers and Gardai.	
Research	▪ There is a growing need to understand the nature and extent of drug misuse in Tallaght, particularly in emerging communities such as Russell Square, Russell Court, The Village, Fortunestown and The Square, and in communities where there is currently no service provision, e.g, Firhouse, Knocklyon and Old Bawn. ▪ Develop a harm reduction strategy for under 18s based on local data obtained through research.	
Delivery	▪ Consider appointment of a co-ordinator to deliver TDTF strategy and ensure best practice standards are adopted. ▪ Family support services require co-ordination. ▪ Family support network required. ▪ Stronger links required between family support workers and Gardai.	FS, T/R, E/P, SUF, LC, HP



PRESS RELEASE
9th October 2008

Tallaght Community urged to Dial to Stop Drug Dealing

TALLAGHT DIAL TO STOP DRUG DEALING 1800 220 220

People living in the Tallaght area that are impacted by the destructive effects of drug dealing were today urged to **DIAL TO STOP DRUG DEALING – 1800 220 220.**

The call came today at the launch of **TALLAGHT DIAL TO STOP DRUG DEALING** from the Lord Mayor of South Dublin, Cllr Marie Corr.

DIAL TO STOP DRUG DEALING is an initiative to tackle drug dealing in local communities around Ireland. It provides a safe, confidential and completely anonymous way for individuals to pass on information on drug dealing in their local community. The individual is never asked for their name, their address or any other information which might identify them. They can rest assured that the person answering their call will not know them and will not recognise their voice. The information gathered is passed on directly to An Garda Síochána.

The new campaign follows the successful pilot project run by the Blanchardstown Local Drugs Task Force in 2006 when Ireland's first ever non-Garda confidential phone line was used to collect information on drug dealing in the Dublin 15 area. Speaking at the launch, the Lord Mayor said: "I am calling on any person with information on drug dealing in their local area to call the Dial to Stop freephone number **1800 220 220** today. The number is free and can be called at any time day or night. **Dial to Stop Drug Dealing** is a completely safe and anonymous way for people to take a stand against drug dealing in their community. You won't be asked to identify yourself so you can pass on your vital information in the safest way possible.

TALLAGHT DIAL TO STOP DRUG DEALING spokesperson Mick Duff said: "We know from the success experienced in the Blanchardstown pilot project that Dial to Stop Drug Dealing can yield information of great significance to the Gardaí and we want to replicate that success for the Tallaght area. We are asking people to pick up the phone today and pass on whatever information they might have on drug dealing activity in their area. Dial to Stop Drug Dealing today."

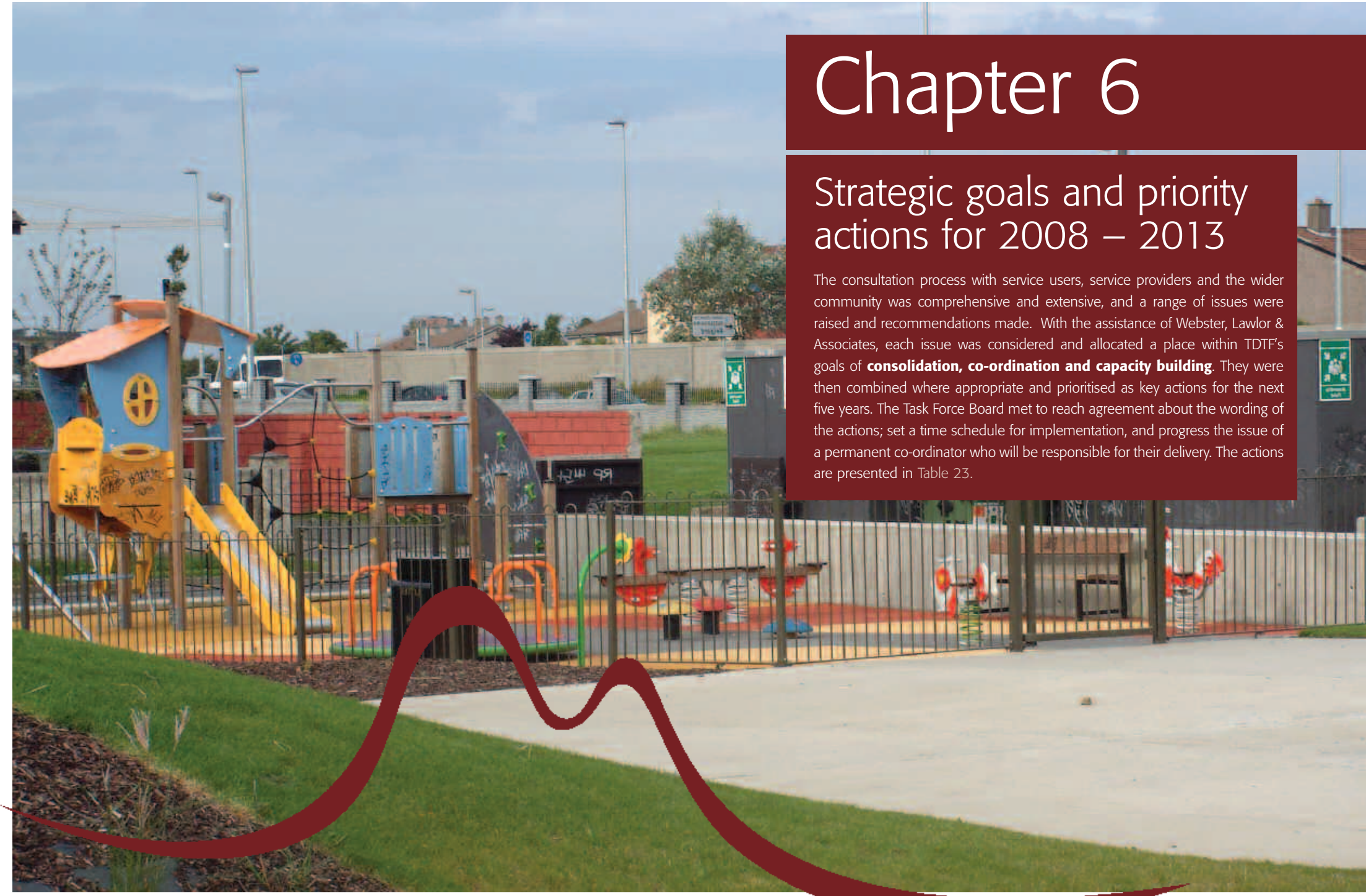
DIAL TO STOP DRUG DEALING is currently being rolled out in a series of local campaigns in a number of local or regional drugs task force areas around the country. The **TALLAGHT DIAL TO STOP DRUG DEALING** campaign is run by the Tallaght Local Drugs Task Force.

A pre-campaign poll in the participating areas has revealed significant public support for an anti-drug dealing initiative with the majority polled showing a civic conscience and a desire to play a part in reducing the presence of drugs in their own communities.

ome 64% of those polled identified drugs as a main social problem in their area. 56% of people reported that they ere "very likely" or "somewhat likely" to call a non-Garda confidential telephone number to give information on rug activity in their area.

r more information or interviews, please contact:
amh Allen, Public Communications Centre, 01 6794173, 087 9893749 or niamh@pcc.ie

Tallaght DIAL TO STOP DRUG DEALING Campaign



Chapter 6

Strategic goals and priority actions for 2008 – 2013

The consultation process with service users, service providers and the wider community was comprehensive and extensive, and a range of issues were raised and recommendations made. With the assistance of Webster, Lawlor & Associates, each issue was considered and allocated a place within TDTF's goals of **consolidation, co-ordination and capacity building**. They were then combined where appropriate and prioritised as key actions for the next five years. The Task Force Board met to reach agreement about the wording of the actions; set a time schedule for implementation, and progress the issue of a permanent co-ordinator who will be responsible for their delivery. The actions are presented in Table 23.

6.1 Strategic statement

Some common themes and aspirations were repeatedly heard during the consultative process and they have been included in the key actions. Based on the priorities agreed, the following five-year strategic statement has been drafted:

TDTF's vision for Tallaght is to grow as a cohesive, multi-national community that is supported by co-ordinated, multi-agency services that are non-discriminatory and with fewer catchment restrictions as far as is possible. Tallaght Drug Task Force will use its experience of community development to actively engage new communities. It will build capacity by training, mentoring and empowering community members to respond to local drug misuse issues in a sustainable and constructive way.

The overall five-year strategic aim is to provide evidence-based continuum of care so that each individual who engages can move through treatment into recovery and employment in a fully supported and timely way. The themes of **consolidation, co-ordination and capacity building** underpin TDTF's goals. Quality assurance standards and monitoring mechanisms will inform delivery of all interventions in receipt of funding through TDTF.

TDTF will explore ways to engage and support the families and children of drug misusers with the aim to break the inter-generational cycle of substance misuse and social isolation that blights Tallaght communities. They will build on their achievements in education and prevention through the consolidation of existing service provision; a Tallaght-wide needs analysis, and dissemination of accurate, relevant and specific drug-related information.

6.2 Strategic actions

The key strategic actions for the next five years were identified and agreed by TDTF in May, 2008. They are summarised in Table 23.

There continues to be a strong focus on education/prevention initiatives targeted at at risk children and young people. In May, 2008 the Young Persons Facilities and Services Fund (YPFSF) was transferred from the Department of Community and Gaeltacht Affairs to the Department of Youth and Children. In response to this change, TDTF have agreed to place an increasingly strong focus on addressing the needs of children and young people who are most at risk of substance misuse. The need to continue to provide drug policy and other practical support to schools has been recognised, as has the need to conduct research, review current youth diversionary programmes and continue to adopt evidence-based good practice.

Creation of stronger links between Gardai, service providers and the community has been emphasised, and development of the "Dial to Stop Drugs" campaign is recommended.

The proposed actions recognise that it is vital that appropriate interventions are delivered to respond to the changing pattern of drug misuse on the streets. For instance, the Task Force agreed that an ongoing programme of staff training is required in order to establish greater flexibility of treatment provision. Development of progression routes and case management protocols and procedures are actioned, along with a commitment to maintain quality assurance in all service provision.

The theme of progression routes is raised again by a rehabilitative action to identify barriers to detoxification, rehabilitation, aftercare and employment. Family support service provision is emphasised. Cross-pillar actions focus on consolidation, monitoring and review of service provision; renewed efforts to engage new communities, and an emphasis on services that are Tallaght-wide and inclusive of all people vulnerable to the impacts of substance misuse.

All TDTF interim projects were recommended for mainstreaming with certain conditions as a result of the Howarth and Matrix Self Assessment process (2007). The interim funded projects are currently responding to the recommendations by submitting action plans to the Task Force and by completing their own in-house or NDST quality assurance packages.

Table 23: Key Actions 2008 – 2013

Codes for groups consulted

E/P (Education /Prevention subcommittee); HP (Health Promotion subcommittee); FS (Family Support subcommittee); S/R (Supply/Reduction subcommittee); T/R (Treatment/Rehabilitation subcommittee); SUF (Service Users Forum); LC (local communities)

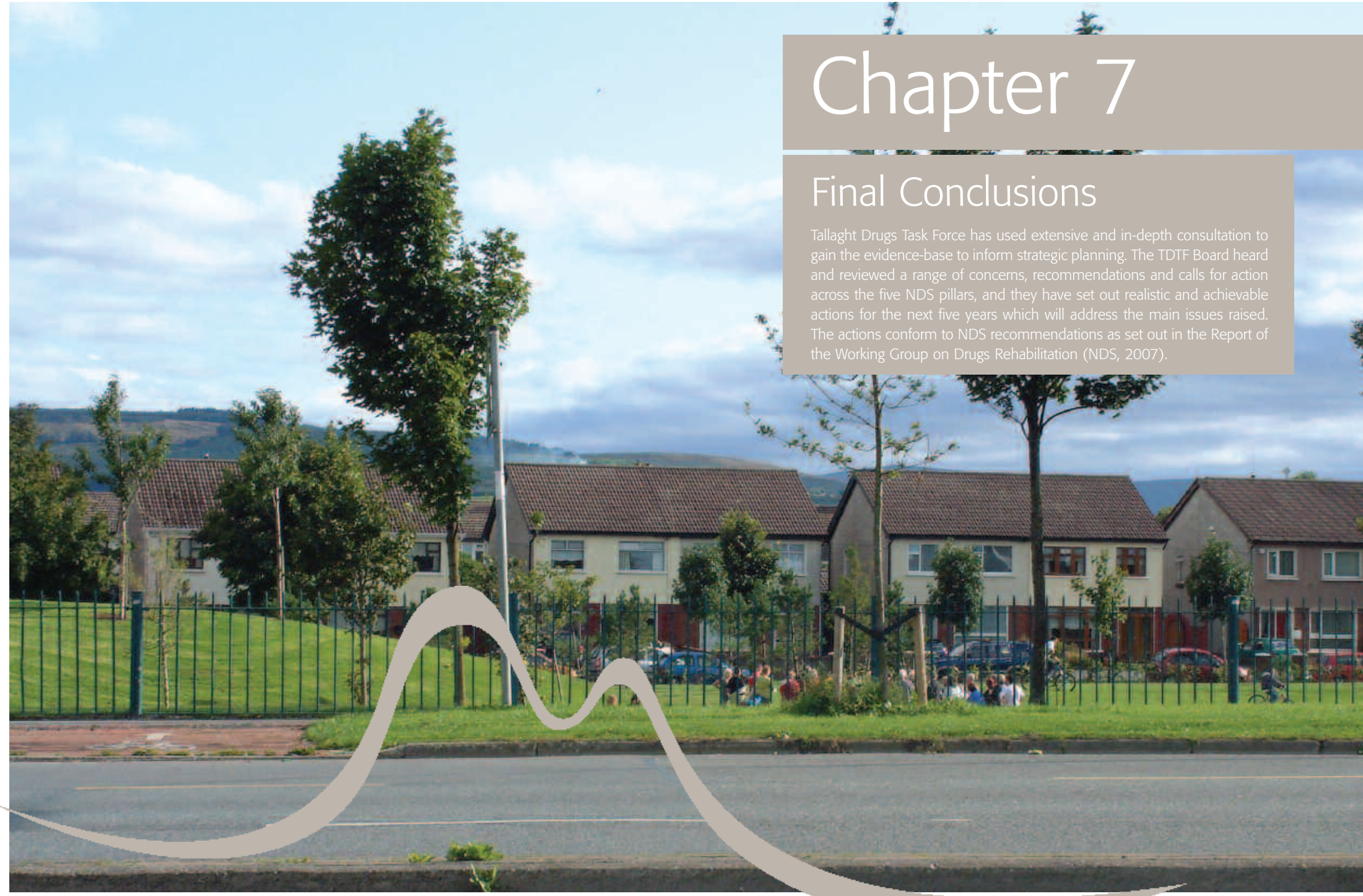
Pillar	Action	TDTF theme
Education/Prevention	Consolidate and extend interventions aimed at engaging at risk young people in diversionary activities (TYS, Gardai diversionary projects, TPP, Barnardos, YPFSF funded services) and support new interventions.	
	Continue to strengthen links with schools and the community through the School Completion Project.	Co-ordination
	Conduct cross-task force research into the factors that affect young people's susceptibility to substance misuse (drugs and alcohol) and how best to engage and retain young people in treatment.	Research
	DContinue to support quality assured policy development and procedures for working with young people. Continue to provide educational support (Education Bursary Fund, back-up support).	Capacity buildin
Supply/Reduction	Hold a community information event to exchange information; network, and build on partnership working between Gardai, the community and drug-related services.	Co-ordination
	Continue to strengthen relationships with Gardai representatives on the Task Force.	Consolidation
	Appoint designated Gardai for Task Force activities.	Consolidation
	Support, monitor and evaluate "Dial to Stop Drugs" campaign and raise awareness about the initiative.	Consolidation
Treatment	Continue to identify, monitor and develop appropriate responses to changing patterns of local drug misuse. Respond with increased flexibility of service provision that recognises that different types of drug misuse require different treatment responses.	Capacity building
	Develop case management including written and agreed information-sharing protocols.	Co-ordination
	Strengthen pathways to progression, including referral procedures, client tracking mechanisms, and retention over 90 days***.	Co-ordination
Rehabilitation	Explore Building on Progress best practice interventions adopted elsewhere (UK & Ireland) to provide employability support to recovering clients	Research & capacity building
Family support	Develop supportive outreach interventions to engage children and families of drug misusers.	
	Further explore strategies to respond to issues that impact on the lives of children and families of drug misusers including intimidation and intergenerational cycles of substance misuse.	
Cross-pillar	Develop strategic response to the needs of new communities, including needs analysis research, creation of networks, and capacity building. Draw on the experience of existing community development in Tallaght.	Research Capacity building Co-ordination
	Develop Tallaght-wide campaign to raise awareness to include dissemination of information; maintenance of web-based directory; creation of central information points, and streamlined referral pathways.	Co-ordination
	Assess all protocols and procedures, and update as required.	Consolidation
	Implement regular monitoring and review procedures for all activities and interventions in receipt of interim funding via TDTF. Agree performance indicators and accountability structures.	Co-ordination
	Further develop TDTF's commitment to openness and shared learning.	Capacity building
	Complete action plans that respond to recommendations arising from the Howarth and Matrix self assessment and implement quality assurance for all services in receipt of LDTF funding. Monitor progress.	Consolidation Capacity building

6.3 New developments

TDTF are aware that new issues will arise over the next five years, most of which will involve further developments of ongoing programmes. TDTF's aim is to focus on the best possible use of existing and new resources in order to address needs as they arise. Identified areas include the following:

- Continued development of quality assurance
- Support for the "Dial to Stop Drugs" campaign
- Ongoing commitment to the Service Users Forum and encouragement of service users to increasingly contribute to TDTF policy and decision making activities.
- Research, particularly to identify new diversionary interventions for at risk young people and identification of local patterns of drug misuse.

Staff members: JADD Project Ltd.



Chapter 7

Final Conclusions

Tallaght Drugs Task Force has used extensive and in-depth consultation to gain the evidence-base to inform strategic planning. The TDTF Board heard and reviewed a range of concerns, recommendations and calls for action across the five NDS pillars, and they have set out realistic and achievable actions for the next five years which will address the main issues raised. The actions conform to NDS recommendations as set out in the Report of the Working Group on Drugs Rehabilitation (NDS, 2007).

Data are presented which suggest that increasing numbers of drug misusers presenting for treatment consistently use more than one drug which often includes alcohol; they are more likely to be cocaine users, and they may require services to have extended hours because they are employed during the day. Anecdotal evidence suggests that this client group may spend many thousands of euros on drugs and alcohol each month.

At the other end of the spectrum, children are growing up in disadvantaged and disempowered homes in which drug use is normalised and inter-generational and they, in turn, become high-risk for drug misuse, early school leaving and premature death by suicide. TDTF have recognised that it is vital to break the cycle of substance misuse and they have responded with actions that are inclusive of all communities; Tallaght-wide, and focused on diverting young people away from drugs and towards meaningful lives.

In conclusion, the challenges facing TDTF and other Local Drug Task Forces are becoming increasingly polarised and complex. TDTF have responded with a reflective review of past achievements; systematic consideration of priorities, and a clear vision for seamless client progression within five years.

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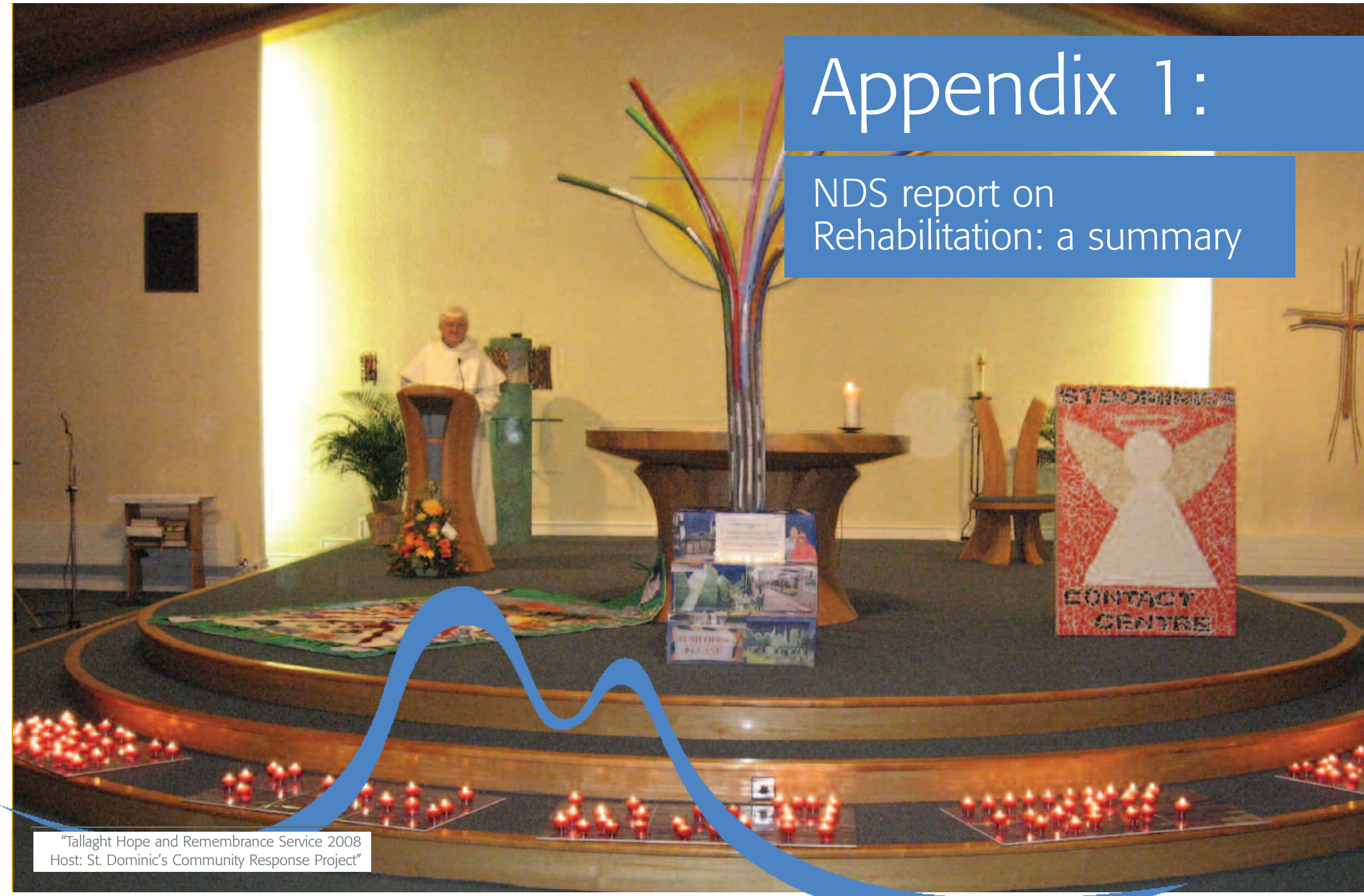
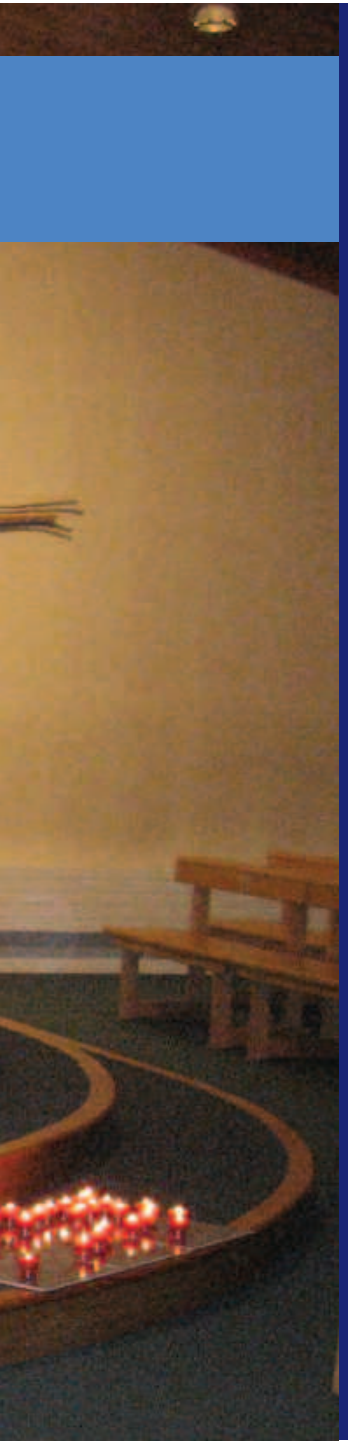
Appendix 1:

NDS report on Rehabilitation: a summary



"Tallaght Hope and Remembrance Service 2008
Host: St. Dominic's Community Response Project"



Introduction

The Working Group devised the following definition of rehabilitation (NDS, 2007):

- A structured developmental process whereby individuals are facilitated to become fully involved in the process of regaining their capacity for daily life from the impact of problem drug use,
- Providing a continuum of care to problem drug users enabling them to address their needs, as most appropriate for them (these needs may include health, social, housing, employment, education and/or vocational),
- Being aimed at maximising their quality of life, and that of their families and communities,
- Enabling their re-integration into their community.

"The aim of this holistic process is to empower people so that they can access the social, economic and cultural benefits of life in line with their needs and aspirations. Drug rehabilitation, therefore, encompasses interventions aimed at stopping, stabilising and/or reducing the harm associated with a person's drug use as well as addressing a person's broader health and social needs."

The Working Group emphasised that it was difficult to reach a definition of rehabilitation, particularly as to whether rehabilitation is a distinct phase separate from treatment or an integral part of the treatment process. They concluded that because problem drug use is a chronic, often recurring condition, rehabilitation is best understood as a process that supports and encourages drug users at each stage of treatment and recovery (chaotic drug use / stabilised / recovered / relapsed). It was agreed that rehabilitation should be available prior to, during, or after treatment and should be accessible to current, stabilised and recovering drug users. It was agreed that all services should be client centred and needs-led.

The Working Group also recognised that drug misuse is only one of a number of factors that may adversely affect an individual's life (such as ill-health, poverty, unemployment, educational disadvantage, housing problems, fractured family/community relationships, and criminal justice issues). In response, the Working Group concluded that treating drug misuse constitutes only part of the rehabilitative process.

The NDS have identified the following treatment/rehabilitation services that should be available on a residential and community basis:

- Specialist residential detoxification treatment
- Community based detoxification programmes with residential support
- Abstinence based residential rehabilitation programmes
- Community based treatment and rehabilitation service
- Community based rehabilitation in LDTF areas.

NDS structures for the delivery of rehabilitation services

The Working Group recognised that effective case management of clients requires the following:

- Increased co-ordination of services
- Development of a quality standards framework
- Staff training needs analysis and identification of core competencies.

The NACD identified key components for an integrated rehabilitation programme, namely:

- Drug specific interventions
- Health promotion
- Personal development
- Education
- Employment
- Support and advocacy
- Social and recreational activities.

Because of the multi-agency approach to drug treatment and rehabilitation, the NDS recognised that the following challenges have arisen:

- Lack of co-ordination for clients availing of more than one service
- Lack of information sharing between agencies
- Confusion over which agency should take the lead with a shared client
- Confusion over GP-facilitated reduced prescribing protocols for clients
- Client fears that rehabilitation options will lead to ineligibility for welfare

NDS steps towards good practice

The NDS have identified the following factors associated with good outcomes across rehabilitation services:

All clients should receive comprehensive assessment, be kept fully informed of treatment/rehabilitation options, and he/she should remain central to all decision making processes concerning his/her progress through treatment.

Social and environmental issues affecting individual clients must be considered at all stages of their treatment journey and each client should receive support to access appropriate ancillary services such as housing, welfare, education, training and employment (ETE) and family support.

Evidence strongly suggests a correlation exists between the length of time a client remains in residential rehabilitation and outcome success, therefore supports must be put in place to facilitate retention in rehabilitative settings.

Each client should receive a client-centred and jointly agreed care plan that recognises the importance of identifying the most appropriate sequence and timing of supports offered.

Successful outcomes are associated with personal empowerment of the client, therefore service providers should aim to fully engage clients and encourage them to take responsibility for their recovery.

Services should operate within a quality framework with clearly stated aims and objectives, performance indicators, regular review and updating of service plans.

In order to achieve 1) a quality framework; 2) service cohesion, and 3) effective case management, the following requirements were identified:

- Inter-agency protocols for information sharing in case planning
- Service level agreements (SLAs)
- Development and monitoring of standards
- Recruitment of rehabilitation co-ordinators
- Development of appropriate client assessments
- Development of individual care plans
- Further training for service providers

NDS proposed structure for the co-ordination of rehabilitation

The proposed NDS Rehabilitation Reporting Structure is as follows (NDS, 2007): Establish a National Drug Rehabilitation Implementation Committee (NDRIC) responsible for implementing the recommendations of the report, development of service level agreements (SLAs), development of a quality standards framework, overseeing case management and care planning processes, and identifying core competencies and training needs. Representation on the committee will include Rehabilitation Co-ordinators, representatives from services, HSE and NDST, service users and families of service users.

Appointment of a Senior Rehabilitation Co-ordinator (HSE) who will chair the NDRIC and report to the IDG on behalf of NDRIC.

LDTFs will ensure they have a Treatment and Rehabilitation subgroup in place. A Rehabilitation Co-ordinator will be appointed within each sub-group and h/she will be responsible for ensuring the recommendations from the report are implemented.

The sub-groups will be responsible for the delivery of SLAs between local agencies and adherence to local and agreed quality frameworks.

NDS Recommendations

The NDS report presents a number of recommendations for effective delivery of rehabilitation services in Ireland. Many of the recommendations are strategic and fall under the responsibility of the NDRIC, HSE, NACD, HRB, NDST and the Working Group on Rehabilitation. The recommendations applicable to BLDTF are as follows:

Delivery of an integrated rehabilitation service

- Prepare local SLAs and protocols to facilitate inter agency co-operation in line with the national framework (to be approved by NDRIC).
- Develop client assessment templates and templates for individual care plans (in line with national procedures).
- Nominate case managers to oversee individual client care plans
- Deliver drug training to personnel working in mainstream services that are not drug-specific.
- Ensure Treatment and Rehab sub group is actively operational.

Medical Support

- Make available appropriate treatment options and ensure clients are kept fully informed of treatment options including detoxification.
- Re-orientate treatment services to ensure comprehensive provision is available for all presenting drug types.
- Ensure detoxification options are supervised by medical personnel.
- Consider the development of cross-Task Force services.

Community employment

- Ensure health needs of CE participants are met during the period they participate on CE schemes.
- Ensure SLAs are in place in order to provide counselling, therapeutic support, mental health and general health support.
- Introduce SLAs to ensure the educational requirements of CE participants are met, particularly numeracy and literacy skills.
- Develop a pre-CE stabilisation initiative focusing on equipping potential CE participants with the skills required to benefit from the CE scheme.

ETE

- Support recovering drug users with issues around employment
- Provide awareness training to potential employers
- Create stronger links with potential employers
- Create peer-led network of recovered drug users who are in employment to provide mutual support and to motivate others into employment.

Housing

LDTFS should liaise with Local Authorities to identify appropriate housing for recovering drug users, being mindful that returning to their local community may not be the best option for some.

LDTFs should request that Local Authorities identify a contact point to whom matters relating to tenancy issues can be directed. (In Tallaght, tenancy issues are referred to Tenancy Sustainment Officers employed by SDCC).

Rehabilitation of offenders

Arrangements should be put in place to ensure continuum of care for all problem drug users when they leave prison. The arrangements should be robust enough to ensure adequate follow-up for those that are released early, with short notice, or those on temporary release.

Family and childcare

The involvement of families in a drug users' recovery should be encouraged.

A pilot short-stay respite programme for families of problem drug users should be developed and expanded if the pilot is successful.

Appendix 2:

Table 24: Round 2 interim funding for interventions in TDTF area

	Code	Intervention	Funding agency
Treatment responses in Springfield, Kilmanagh & Brookfield	T2		SWAHB
	T2-1a	Springfield	
	T2-1b	Kilmanagh	
	T2-1C	Brookfield (BASP)	
	T2-4a	SWAN	SWAHB
	T2 4b	Barnardos Child-family service	SWAHB
	T2-5	Lorien & Rivendell Project	SWAHB
	T2-6	Service Providers Liaison meetings	WAHB
	T2-7	Research on integration	SWAHB
Additional rehabilitation facilities	T2-8	St Aengus	FAS
	T2-8a	St Aengus stabilisation project	FAS
	T2-8b	St Dominic's stabilisation project	FAS
	T2-8d	Treatment & Rehabilitation Fund	HSE
	T2-8e	JADD Staff	HSE
	T2-9	Communications & publicity	SWAHB
	T2-10	TDEI	Dept Education & Science
	T2-11	Development of an advance drug workers course at An Cosan	SWAHB
	T2-13	Development Fund	SWAHB
	T2-14	Tallaght Drug Rehabilitation Services initiative	FAS
	T2-15	St Dominic's Project Worker	SWAHB
	T2-16	Extra supports for An Cosan	SWAHB
	T2-17	Estate Management	SDCC

Table 25: Round 1 interventions in receipt of mainstream funding (2003)

Code	Project	Staff employed	Start date	Type of contract
T1	CARP	N/A	Sept 97	N/A
T2	St Aengus	1 key worker, 1 PT drugs worker	Oct 99	Yearly
T3	JADD	N/A	Oct 97	Yearly
T4	FDRP	N/A	Oct 97	Yearly
T5	BASP	N/A	Oct 97	Yearly
T6	Lorien project (Barnardos)	2 PT project workers, 2 PT childcare workers, 1 PT family support worker, 1 PT crèche worker	Jan 98	Permanent
T9	St Dominics Response project	1 co-ordinator, 1 admin	Feb 98 April 99	Yearly
T10	Peer Education Programme	1 youth officer	May 01	Permanent
T11	KDPPG	1 manager, 1 admin	Sept 97 Oct 00	Permanent
T13	STAY	2 project workers	Nov 97, July 01	Permanent
T14	Jobstown Community College	3 sessional workers as required, 2 counsellors as required	Sept 97	Sessional
T19	TRP	3 FT, 1 PT & top-up salary: co-ordinator, team leader, project worker, house keeper, FAS supervisor	Various	One year fixed term
T20 (a)	Fettercairn Estate Management	1 resident's participation worker	Oct 99	Permanent
T20 (b)	Killinarden Estate Management	1 estate management worker	Oct 99	Yearly

N/A = not applicable
PT = part time

Table 26: Interim Funding (Emerging Needs Fund, 2006)

Code	Project	Funding received	Project commenced	Annual Allocation
T2-B1	SLANU	November 2006	September 2006	€41,611.00
T2-B2	Tallaght Rehabilitation Project (TRP)	January 2007	Has not yet	€100,000
T2-B3	Artsbase	December 2006	January 2007	€47,730.00
T2-B4	Foroige	March 2007	November 2007	€60,000.00

Appendix 3: TDTF Actions and Achievements to date

TDTF have made significant achievements since the founding of the Task Forces in 1997. Tables 27-33 present the actions agreed as part of the strategic planning process in 2001 (2nd strategic plan, 2001-2004) along with a brief description of achievements set against each action.

Table 27: Achievements: Drug education and prevention

Action	Progress
Mainstream education/prevention projects funded in 1997-2000 including TYS, Peer Education programme, KDPPG, Jobstown Community Project and the STAY project.	Achieved
Appoint a Drugs Education worker/co-ordinator responsible for the development of a Tallaght wide drugs education initiative. The goal is to reduce the number of early school leavers by the following: ▪ Create a network throughout the education system in Tallaght to ensure the seamless progression of all children through primary and secondary education. ▪ Ensure all schools implement Department of Education programmes. ▪ Develop programmes targeted at Travellers and non-nationals.	Three Drugs Education workers are now employed through Foroige (1 mainstreamed and 2 through interim funding). Although no specific Drug Education Co-ordinator post has been developed, the 3 workers involved in the TDEI (Tallaght Drug Education Initiative) have specific target groups attached to their roles, i.e. Travellers, parents and young people.
Encourage principals and Boards of Management of all schools to develop drugs/substance misuse policies for their schools with minimum standards of achievement set for each pupil. This will be the responsibility of the Education Co-ordinator.	TDTF is represented on each School Completion Programme (SCP) committee (one programme is designated to each area of Tallaght).

Contd...

Table 27: *Continued...*

Action	Progress
The development of a comprehensive /health education and substance misuse training package for youth groups in the Tallaght area ensuring that this forms an integral part of Youth Service Curriculum. This will include training for youth leaders and other adults who wish to develop an understanding of the drug issue.	This action has been achieved through a collaborative strategy involving, TDEI, the HSE and SPHE programmes.
Lobby (with other key players in Tallaght) for a planned development that offers diversionary activities for young people. Liaise with SDCC and YPFSF	TDTF are strengthening links with YPFSF development group.
Lobby for be representation from the Department of Education on the TDTF.	Achieved formal representation from the Department of Education & Science on TDTF.
Appoint a drugs education co-ordinator (possibly seconded from Dept Education/VEC) to focus on education in schools. Appoint youth education co-ordinator to focus on out of school education (via youth groups).	Three Drug Education Workers were recruited in place of a co-ordinator through Foroige.

Table 28: Achievements: Treatment

Action	Progress
Mainstream education/prevention projects funded in 1997-2000 including CARP, St. Aengus, JADD, FDRP, St Dominics Community Response project	Achieved
Conduct a review of treatment options for drug users in Tallaght including research into models of good practice elsewhere. Prepare for the provision of needle exchange (liaise with SWAHB).	Three community needle exchange services have been established in Tallaght.
Provide dedicated services for young people involved in opiate misuse. This will include specialist services and fast-track detox.	YODA – HSE under 18's treatment programme, established 2006.
Develop services for the families of drug users and particularly drug users with young children. Mainstream Lorien project and allocate resources to a Tallaght-wide service for drug using families with children. Barnardos was highlighted as the lead agency in this initiative in partnership with other key players and SWAHB.	Lorien & Rivendell projects anticipate mainstream funding in 2009. A Family support sub-committee of TDTF established in 2007. Hope & Remembrance Service becomes an annual event in Tallaght, 2005.

Table 28: *Continued...*

Action	Progress
Establish a "post release" service for drug users being released from residential care/institutions.	TRP are currently developing a 12-place aftercare programme.
Develop a regular forum to allow all treatment providers, GP's, community drug workers and pharmacists to meet and discuss issues in an informal and mutually supportive way. A similar forum is required to facilitate networking between community, voluntary and statutory agents (eg PRI detox model in North Inner City.)	The TDTF Integration Worker regularly facilitates sessions for service providers and the TDTF Development Worker regularly facilitates sessions for drug workers (i.e. Tallaght Forum for Drug Workers)
The TDTF will arrange for the development of appropriate treatment responses in Springfield, Kilnamanagh and Brookfield.	BASP receives interim funding for co-ordinator's post. Recommended for mainstream funding post-evaluation.
The TDTF in conjunction with the National Drugs Strategy Team will lobby for a Central Addiction Centre in Tallaght. There is an urgent need for this initiative and the Task Force needs to provide leadership in pressing for a solution to this huge gap in services.	Central HSE contact building established at Belgard Road
Put in place a comprehensive, Tallaght-wide child support service for the families of drug users, including support for parent support groups.	Lorien & Rivendell projects (Barnardos) established and research commissioned (2007) to study the impact of parental substance misuse on children.
Appoint "Institution Worker" to liaise with residents who have been in custody or residential treatment.	A Prison link worker for Tallaght is employed through TPP. TPP also runs Artsbase, a programme which engages previous drug user / offenders.
Establish intervention(s) for cocaine users	A cocaine project was established between 2 Tallaght treatment services in 2004, funded as part of the NDS pilot into cocaine treatment. Favourable outcomes have been reported and its funding continues, pending full evaluation.

Table 29: Achievements: drug rehabilitation and integration

Action	Progress
Mainstream TRP	Achieved
Support local treatment centres to provide reintegration care and explore their future role in complementing the work of dedicated rehabilitation projects.	Achieved
Explore the benefits of a Tallaght-specific rehabilitation service, separate but closely linked to SWAHB rehabilitation service to develop personal rehabilitation plans and advocate on behalf of clients.	The T&R sub committee have explored this action with the Integration Worker and advancements have been made through TRP (Tallaght Rehabilitation Project).
Increase the number of dedicated rehabilitation places from 15-20 to 48-60. This will entail two additional premises located in Tallaght (one for recovering drug users and one for active drug users). It is suggested that one of these be in West Tallaght and another in a central location.	JADD offers CSP training and CARP runs Slanu, a special CE scheme for stabilising drug misusers.
Educate public/private sector employers and education/training institutions about the rehabilitation needs and requirements of drug misusers in Tallaght.	Tallaght Partnership is developing programmes with potential employers for employment/work experience opportunities.
Address accommodation needs of drug misusers who require appropriate housing to participate on programmes. Ensure that all rehabilitation services are accessible to and cater for the specific needs of Travellers and non-nationals.	Stronger links have been achieved with the Sustainable Housing Unit of SDCC.
T&R subgroup to review gaps in treatment and progression opportunities.	Tallaght-wide aftercare facility in development by TRP.

Table 30: Achievements: reducing the supply of drugs

Action	Progress
Prioritise support that enhances Gardai community relations.	This area of support has seen much improvement in recent years through the links that have been made between through the TDTF Supply & Justice sub-committee. The community guards now play a more active role in the communities due to the strong relationships that have developed between the Guardai, Drugs Unit, Estate Managements and initiatives such as the key projects and the Juvenile Liaison officers
Establish a South Dublin locally targeted Criminal Assets Bureau.	This gap has yet to be filled.
Mainstream Estate Management initiatives.	Killinarden & Fettercairn estate management projects have been mainstreamed.

Table 31: Achievements: development and promotion of TDTF

Action	Progress
Influence policies, budgets and programmes of key statutory agencies.	Achieved by TDTF representation, TDTF Co-ordinator, Development Worker & Integration Worker.
Monitor the extent of progress of the TDTF and key agencies delivery of the 2001-2004 SDP.	Achieved with TDTF representatives.
Lobby and campaign on issues relevant to the TDTF.	Achieved through the work of the TDTF Co-ordinator/Co-ordinator's network, the TDTF Chairperson/Chairperson's network, the TDTF Development Worker/Development Worker's Network and NDST.
Provide more effective networking opportunities for local project workers involved in drugs work in Tallaght.	Tallaght Forum for Drug Workers set up, 2005
Carry out quantitative and qualitative research into the nature and extent of drug use/misuse in Tallaght.	Underway as part of the development of the TDTF strategic plan 2008-2013.
Provide technical assistance to drugs projects/initiatives locally and publicise the work of the TDTF.	The TDTF Co-ordinator supported projects/workers and initiatives until the employment of a Development worker in 2005.
Pro-actively seek appropriate premises in Tallaght from which to implement the strategies and actions.	Although the TDTF workers (Development Worker, Integration Worker and Drug Education Workers) are based in Tallaght through project promoters, The Task Force have not managed to meet this action.
Organise a communications campaign to inform Tallaght community of TDTF's work and the services it supports.	▪ HSE Brochure of drug treatment services, published 2000 ▪ Addiction Services pocket Directory, published in conjunction with the Tallaght Homeless Advice Unit, 2005. ▪ Development of TDTF website,2005/2005 ▪ Service mapping & database, 2007 ▪ Various awareness / information events organised by the TDTF Development Worker, 2005 / 2006 ▪ Development Strategic Plan, including community consultation, 2007 ▪ Development of a Drugs Awareness campaign, 2007
Employment of project development worker to work directly with projects and to provide technical assistance. This will enable the TDTF to allocate resources to concerted pro-active lobbying role on a range of issues.	Achieved April 2005

Table 31: *Continued...*

Commission research	Various research commissioned by Integration Worker. Researcher commissioned for development of Service Users Directory and Database (2007).
Allocate resources to a communications campaign	Information Campaign: through web-site, advertising and service-user directory, 2007 TDTF will contribute to the national awareness campaign, concentrating on cocaine usage, 2008.

Table 32: Achievements: Enhance the knowledge and skills of local drug workers

Action	Progress
Mainstream Community Addiction Studies course and develop a more advanced/specialised training course for local drugs workers.	The UCD Accredited Community Drug Workers Diploma course began in Tallaght in 2002 (interim funded). It will be recommended for mainstream funding post evaluation.
Develop strategies to ensure the involvement of young people in drug initiatives.	2005: Foroige Youth Health Café opened in Brookfield. 2006: HSE established the first under 18's treatment service in Tallaght. 2006: Youth Information Centre opened in Old Bawn, Tallaght. 2006: Foroige Youth Committee established to support the work in the cafes and under the Education /Prevention pillar. 2007: 2nd Foroige Youth Health Café opened in Old Bawn, Tallaght.

Table 33: Achievements: responses to emerging/new needs

Action	Progress
Allocate resources to respond to areas with greatest emerging needs.	A national Emerging Needs fund is being used to fund the education bursary fund for Tallaght. The fund (€42,000 pa) is a small grant scheme benefiting those living/working in the Tallaght area, with priority given to recovering addicts returning to education.
Develop a Service Users Forum	TDTF Integration worker has resourced and supported the development of a Service Users Forum which is a peer-led, representative and consultative voice for service users. It has 3 key objectives: develop a committee to act as lead agent for the Forum; engage with service users and service providers, and represent service users in decision making.

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Designed and Published by www.**designroom**.ie

Tallaght Local Drugs Task Force

Strategic Plan, 2008 - 2013