

Strengthening our Collective Responses



Dublin 12 Local Drugs Task Force

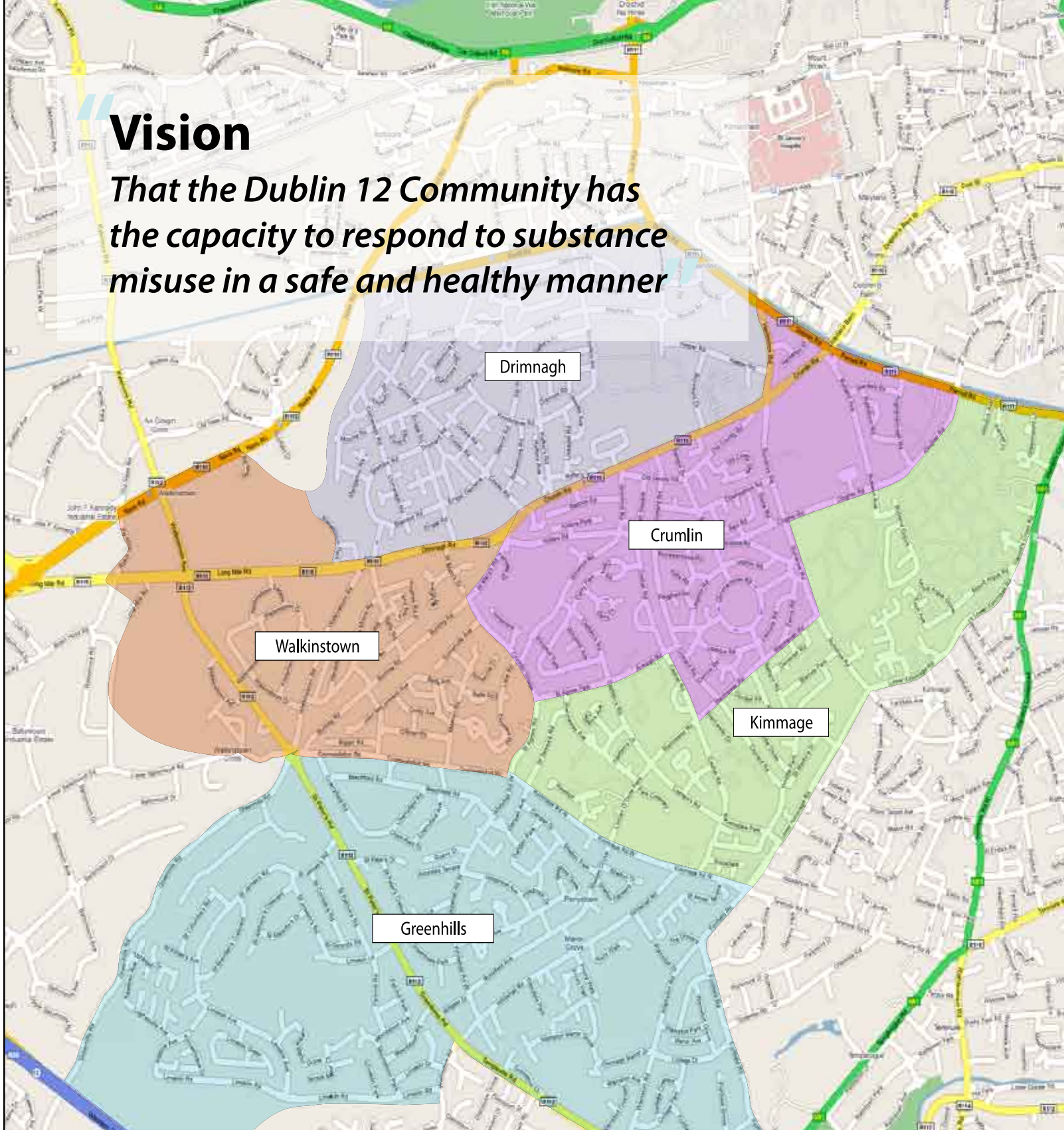
Dublin 12 Local Drugs Task Force

Strategic Plan 2009-2013



Vision

That the Dublin 12 Community has the capacity to respond to substance misuse in a safe and healthy manner



Acknowledgements

The Dublin 12 LDTF would like to thank all who were involved in the development of the strategic plan. In particular:

- › The Task Force Board
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Foreword

Dublin 12 Local Drugs Task Force (D12LDTF) is one of the 14 Local Drugs Task Forces which were established since 1997 to facilitate an integrated local response to drugs issues in areas that were most effected by drugs misuse.

In line with other Local and Regional Drugs Task Forces the D12 LDTF were requested to undertake a strategic review and planning process to contribute to the new National Drugs Strategy 2009 – 2016. The strategic review involved a stocktaking exercise by the D12 LDTF which included the achievements of the Task Force to date, the gaps in services and future challenges. The D12 LDTF decided at this time to also carry out a comprehensive research of the prevalence and nature of drug misuse in Dublin 12 as this knowledge had never been gathered before. The services of Unique Perspectives were engaged and an extensive consultation process was undertaken. The D12 LDTF would like to acknowledge the research gathered and report compiled by Niall Watters which contributed greatly to this document.

The D12 LDTF in collaboration with Susan Bookle of Burtonshaw, Kenny and Associates developed and honed this research into this final document. I would like to thank Susan for her personal commitment, professionalism and expertise in bringing this Strategic Plan to fruition.

The process of developing this plan took place over the course of two years and many organisations, groups and individuals gave of their time, expertise and support for which we are extremely grateful. I would like to take this opportunity to whole heartedly thank the members of the D12 LDTF and in particular the Co-ordinator Aoife Fitzgerald and the Task Force Staff Cormac O'Toole and Amy Carroll for all their work in developing this plan and in bringing this project to completion.

I would like to thank the Service Users whose insights, honesty and candid opinions helped us identify the many issues facing substance misusers in Dublin 12. Their contributions were the cornerstone on which the Dublin 12 LDTF Strategic Plan was developed.

Tremendous progress has been made in the last 12 years through the sheer commitment and hard work by the Community, statutory and voluntary agencies in the area. I would like to take this opportunity to thank all those people and organisations who have been involved with the Task during this time with out whom D12 would not have the range of services that it currently has today.

The D12 LDTF is fully committed to working with and supporting all the relevant stakeholders to ensure the successful implementation of this plan.

Together we can make this happen!

Caroline Kavanagh
Chairperson

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1. Introduction



Mural at the Luas stop in Drimnagh
completed by the young people of
St John Bosco Youth Centre



1.1 Background

This strategic plan is the third completed by the Dublin 12 Local Drugs Task Force (LDTF). It was requested by the National Drugs Strategy Team (NDST). In mid-2007 Dublin 12 LDTF commissioned research and external support to complete the review of their work and to complete their strategic plan.¹ This process was completed in December 2008 by Unique Perspectives and included consultation with a range of stakeholders including service users and their families. In early 2009, Dublin 12 LDTF contracted Burtenshaw-Kenny Associates to work with them to synthesise, adjust and write up this plan to reflect the current external environment. This document is a result of this work.

LDTFs play a central role in implementing the National Drugs Strategy (NDS) which is currently overseen by the NDST under the Department of Community Rural and Gaeltacht Affairs (DCRGA). Recent announcements propose that this structure will change with the establishment of an Office for the Minister of Drugs. The current NDS 2001-2008, is being updated with a new national substance misuse strategy due for completion this year. It is anticipated that this strategy will have a large emphasis on responding to changing patterns of drug use and implementing the rehabilitation strategy.² It is also now clear that the new strategy will cover all forms of substance misuse including alcohol.³

Dublin 12 LDTF was established in 1997, as one of eleven LDTFs set up to facilitate a more integrated local response to drugs issues.⁴ Dublin 12 has a history of drug use, and had some established drugs services, such as Addiction Response Crumlin (ARC), prior to the establishment of the LDTF. The Task Force catchment area includes the communities of Crumlin, Drimnagh, Kimmage and Walkinstown/Greenhills which has a population of 55,699⁵. Many parts of its catchment are within close proximity to Dublin City Centre and borders on other areas along the Grand Canal which have experienced extensive drugs issues in the past two/three decades.⁶ Dublin 12 LDTF operates from two locations, one provided by the Health Services Executive (HSE) in Bridge House, Cherry Orchard Hospital in Ballyfermot and one based in Crumlin village alongside the Local Employment Service (LES). The LDTF Co-ordinator is employed by the HSE, a Project Development Worker and part-time Administrator are employed by ARC on behalf of the Task Force.

1.2 Overview of Work to Date

The work completed by the Dublin 12 LDTF cannot be underestimated. Since its inception Dublin 12 LDTF has initiated over 20 community-based initiatives, the majority of which have been mainstreamed or recommended for mainstreaming. It has also played an active role in the role out of the Young Peoples Facilities and Services Fund in the area.⁷ It has also supported the development and expansion of existing services particularly ARC and St John Bosco's Youth Centre (for an overview of these services see section three).

Initially, the focus of the Dublin 12 LDTF was to reduce waiting lists for methadone treatment and to increase education/prevention initiatives in the area. This emphasis was reflected in the past work of the Task Force. There have been significant changes in recent years in the types and nature of drug use and the Task Force has proactively re-adjusted its strategy to become one of the first areas in the country to establish a service for cocaine users.

In line with the Government's drugs policy, the aim of Task Forces is to provide a locally based integrated response to the problems posed by drug misuse. The key objectives of the Dublin 12 LDTF are in line with government policy and include:

-) To reduce the number of people turning to drugs in the first instance through comprehensive education and prevention programmes;
-) To support measures aimed at reducing the effects of active drug use; To provide appropriate treatment, rehabilitation and aftercare for those who are dependent on drugs;
-) To have appropriate mechanisms in place aimed at reducing the supply of illicit drugs;
-) To ensure that an appropriate level of accurate and timely information is available to inform the response to the drug problem; and
-) To support families and communities affected by drug use.

Initially, the Dublin 12 LDTF focused its work on providing supports and services through the two local organisations named above, ARC and the St. John Bosco Youth Centre. This work was extended in 2004 to the establishment of the Walkinstown Greenhills Resource Centre (WGRC). A plan completed in 2001 and updated annually from 2005 specified the following actions for the Dublin 12 LDTF to meet their key objectives:

1. Promoting the proper provision of treatment and related services⁸

Development of comprehensive services that include treatment, counselling, support services and aftercare. The most recent action plan also noted the need to engage with service users and the local community in the development of these services.

2. Enhancing education and awareness strategies

Increasing the community awareness of drug problems. Interventions aimed to target children, young people and parents. The activities identified by the most recent action plan included the appointment of an Education Resource Worker

3. Enhancing child care and family support provision

The focus of the work was to focus on the childcare and family support needs of drug users and their families. Proposed actions included the development of a planned interagency response to childcare (however this was not approved by funders).

4. Strengthening the community sector's skills in responding to drug problems

This proposed work focused on developing the skills and expertise of individuals working in the community. The type of actions noted in the action plan included the establishment of education bursary scheme and establishing a Community Representatives Forum.

5. Expansion of outreach services

This proposed action stressed the importance of the development of outreach services for young drug users in Dublin 12. It emphasised the need for an 'on the street service' engaging with users. In particular, the need for the then South Western Health Board to allocate an additional outreach worker for the Dublin 12 area was identified. The need to establish harm reduction responses was also highlighted.

6. Local area proposals.

The 2005 action plan included area based proposals for interventions for delivery in each of its four catchment areas. All interim funded projects established were recommended in external reviews for mainstreaming yet this mainstreaming has not taken place (See Appendices A, B and C for a detailed description of the mainstream funded, YPFSS and interim funded projects that the LDTF have established). As already indicated, in recent times the LDTF has shifted the focus of its work to match changing trends. This focus has resulted in a significant amount of time being dedicated to establishing the following very successful programmes:



Early learners' enjoying his day, in St John Bosco Youth Centre



- › Harm reduction programme with the Canals Communities Task Force.
- › Project to respond to the needs of young drug users Under 18 – Ciall Project.
- › Project to respond to cocaine use- Croi Nua.
- › An aftercare project for drug users in recovery-Catalyst.

These four projects were established from emerging needs funding and were not included by the NDST in the evaluation for mainstreaming.

A detailed overview of drugs services facilitated by the LDTF is set out in Section three.

1.3 Structure

Dublin 12 LDTF is composed of statutory, elected, voluntary and community representatives who have the role of developing effective responses to drug use and related issues in Dublin 12. The structure of the LDTF consists of (see Appendix D for current Board membership):

- › An established board that meets on a monthly basis with a representative from the NDST is in attendance.
- › Four board sub-groups to deliver on board strategy in the catchment areas.
- › A community representative's forum that meets monthly.
- › A service user's forum.

- › Representation on a variety of local interagency processes.
- › A Co-ordinator and Development Worker who are both full-time and a part-time Administrator.

1.4 Methodology and Limitations

The following process was used to update the strategic plan:

- › Review of the strategic plan compiled 2008
- › Review of relevant documentation including Dublin 12 LDTF annual operational plans
- › Three meetings with Dublin 12 Task Force staff
- › A Board meeting to present progress to date

Task Force staff played a key role in providing up-to-date statistics which were utilised in this plan. Information taken from the plan carried out in 2008 was utilised as fully as possible. The consultants' brief was to use this plan as their source of primary data in regard to consultation and service usage.

1.5 Format of the plan

The plan is presented in four sections:

- › Environmental analysis
- › Overview of LDTF services
- › Nature and extend of drug use in Dublin 12
- › LDTF Strategic Aims and Objectives

1 The original strategic plan compiled and written by Unique Perspectives is available from Dublin 12 LDTF.

2 Report on the Working Group on Drugs Rehabilitation, 2007

3 Announced April 09

4 Since 2001 there are fourteen Local Drugs Task Forces

5 Census 2006

6 Dolphins Barn, St Michaels Estate

7 See Appendix B

8 The National Drugs Rehabilitation Strategy 2007 states that rehabilitation is best understood as providing a continuum of care to problem drug users enabling them to address their needs, as most appropriate for them.

2. Environmental Analysis



Newly refurbished Bru Youth
Centre Crumlin Village

2.1 Local Drugs Task Forces

The early 1980's saw an emerging heroin epidemic in Dublin's Inner City. This crisis led to a number of responses such as:

- › The establishment of the Health Research Board (HRB) database to research drugs and alcohol (1990).
- › Government strategies, which had a harm reduction /HIV impetus and AIDS funding became available (1991/1992).
- › The murder of Veronica Guerin in 1996 led to the creation of the Criminal Assets Bureau.
- › In 1997 the "Rabbitte Report" was published. Following this report the National Drug Strategy Team (NDST) was established. Eleven Local Drugs Task Forces (LDTFs) were also set up in the worst drug affected areas.

When the LDTFs were established in 1997 their remit focussed on facilitating a more integrated response to drugs in areas experiencing the highest levels of drug misuse. At this time these areas were predominantly in Dublin and heroin was the main drug used. Eleven LDTFs were initially established, which expanded to fourteen in 2001. In 2005 the architecture for implementation of the strategy was modified and ten Regional Drugs Task Forces (RDTF) were set up. The National Drugs Strategy currently operates from five pillars:

- › Education/Prevention
- › Treatment
- › Research
- › Supply Control
- › Rehabilitation¹

A number of reviews have charted the achievements and challenges of the LDTFs². It is generally accepted that, for the most part, LDTFs have delivered a wide range of successful interventions guided by the objectives of the NDS and international best practice. Their work has resulted in cost savings to the Government and an increase in numbers accessing treatment and drug related mortality.³ Between 2000 and 2007 the numbers of people attending methadone treatment has risen by 34% nationally. The LDTF have also been successful in creating the levels of trust needed between agencies to foster an interagency approach to drugs misuse in their local areas. This work has resulted in a general acceptance on the part of the service providers that a range of treatment and rehabilitation support services are required for drug users and their families within their own communities.



Former Minister for Drugs, Pat Carey addressing the D12 LDTF Family Fun Day in April 2008



Box 1. Challenges Facing LDTFs

Level	Challenges
Strategic	<ul style="list-style-type: none"> › Access to required levels of annual funding to meet core costs of mainstream funded projects and delayed mainstreaming of recommended projects › Attaining greater resources to improve supports to projects, to learn from projects and to research drug problems in the local areas › Providing supports to project management committees to ensure that they are supported to run in accordance with best practice › Establishing clearer reporting and monitoring between projects, funders and the Task Force using standard templates › Accessing resources to encourage greater cross Task Force and cross-project networking and learning › Develop stronger evaluation processes in relation to future mainstreaming decisions › Conducting and disseminating research and analysis to inform local work › Responding to poly drug use, cocaine misuse and simultaneous drug and alcohol abuse › Dissolution of NDST with new national group yet to be identified and established › Expanding the work to incorporate responses to alcohol misuse without additional resources
Project	<ul style="list-style-type: none"> › Carrying out more long term evidence-based research with clients › Emphasis on effective active case management of clients › Establishing protocols between agencies to promote greater inter-agency co-operation and integration › Providing appropriate treatment options › Ensuring clients are actively involved in decisions regarding their treatment › Ensuring detoxification options are available and supervised by medical personnel › Developing cross Task Force services where appropriate › Creating stronger links with employers to support recovering drug users to access employment › Identify appropriate housing for recovering drug users › Ensure that there is a continuum of care in place for drug users when they leave prison and encourage and support the involvement of families in drug user's recovery.
Client/ Community	<ul style="list-style-type: none"> › Increasing polydrug use › Alcohol misuse, and underage drinking › Open drug dealing associated with violence and intimidation › Drug related deaths › Sense of fear/safety in public places leading to restricted use of local amenities › Frustration over treatment waiting lists and poor access to treatment › Frustration over the inability to reduce methadone levels and detox safely › Frustration over the provision of policing services leading to deterioration in relations between local Gardai and the community.

2.1 Changing National Context

The Irish economy is now in a full scale national and global recession. The depth and impact of the recession is becoming more obvious, and experts agree that it will take many years for the Irish and international economies to recommence growth. This situation has serious implications for public finances, with reductions in government allocations across all sectors. LDTFs are experiencing the impact of these cuts. All indications predict that the recession will deepen and substantial budget cuts will occur. All projects in Dublin 12 are being affected. Mainstream funded projects that are funded by the HSE have experienced substantial cuts to date. Interim funded projects also anticipate significantly reduced budgets. Recent announcements have clarified that no further funding will be available through the Young Peoples Facilities and Services Fund (YPFSF) this year which played a major role in supporting capital, infrastructure and project development in the area. As resources become more and more scarce competition for funding increases.

The focus of Government at present is curbing the recession and impact of unemployment. With the breakdown in recent social partnership agreements it is not clear what long-term commitment the Government have to the LDTFs. There have been a number of changes at Ministerial level in recent times. Therefore, consistency in terms of relationships with key Ministers has been an issue. There has been a recent announcement indicating that the NDST will be disbanded in April and replaced by an Office for the Minister for Drugs. LDTFs nationally, including Dublin 12, are very concerned with this development. The new structure does not appear to have the same commitment to community participation. There are also fears that the expertise, relationships and understanding of the complexity of the work may take some time to develop in the new structure. The concern is that this situation may slow down responses to services on the ground who are coping with increasing substance misuse as a result of increasing unemployment and deprivation.

It is also now certain that the new strategy will be concerned with responding to alcohol and drugs misuse. While Dublin 12 LDTF support this integration, it will mean that their future work will

have to take this directive into account and they and the local services represented may struggle to find resources to do so in the current funding environment.

A key challenge within this context will be for the LDTF to cope with the changing national context and continue to support the role and remit of other agencies to deal with substance misuse. The LDTF seeks to support and influence the work of the following agencies as they strive to carry out the following national policy directives.

- › The Garda Síochána work to implement the *National Policing Plan 2009*, which is committed to targeting serious crime, in particular organised, gun and drug related crime. It also highlighted a Garda commitment to developing partnerships through consultation and working together to achieve a community needs based Garda service.
- › The Department of Education and Science is the lead for the Delivering Equality of Opportunity in Schools (DEIS) programme, an action plan for educational inclusion which focuses on addressing the educational needs of children and young people from disadvantaged communities. A target group of children within the programme is often young people and children at risk of substance misuse.
- › The Health Services Executive (HSE) Addiction Services has requested that all new primary care teams consult with, and involve local drugs services in the development of local primary care teams. There are plans to develop primary care teams in Dublin 12.

Area Based Partnerships play a key role in co-ordinating responses to social inclusion across counties and local areas in Ireland. However, the Area Based Partnership in Dublin 12 (KWCDT Partnership) is currently under threat of being closed down. This will have a serious impact on the work of the LDTF. Without local, co-ordinated social inclusion interventions, responses to deprivation in the area is likely to decrease as many services run by the KWCDT Partnership such as the Local Employment Service is also in jeopardy of closing.



Information day for young people in Bru Columba April 2009

2.2 Demographic Considerations

The links between social exclusion and drug misuse are widely accepted. The following trends about the Dublin 12 (D12) area were taken into account when devising this plan (see Appendix E for more detailed figures about the area). These are taken from the 2006 Census, but are the most up-to-date population figures available. It is important to note that age and unemployment figures have probably changed significantly in the past three years. The following trends are of note.

- › The population within the D12 LDTF declined by -2.6% from 2002-2006. The population at this time was 55,699.
- › This population decline is consistent across all four communities. However, there was growth in two Electoral Districts (EDs) in the area: Templeogue-Kimmage (Walkinstown/Greenhills), and Kimmage D (Kimmage). This growth was due to new housing developments in the area.
- › The area is becoming more deprived. None of the EDs recorded increased ranking with 12 experiencing worsening relative deprivation from 2002-2006. This situation is remarkable considering the Census captured the years when Ireland experienced unprecedented economic growth.
- › Of the 19 EDs in D12 four are classified as very disadvantaged. These are in Crumlin and Drimnagh. Seven are disadvantaged.
- › All EDs in Crumlin are either very disadvantaged or disadvantaged. Three of the four EDs in Drimnagh are very disadvantaged or disadvantaged (the other is marginally below average having previously been above average)
- › Parts of Crumlin and Drimnagh experienced between 10% and 15% unemployment in 2006. The national average in 2006 was 8%. Recent figures obtained from the Department of Social and Family Affairs (DSFA) highlight that 3,095 people are in receipt of Job Seekers Allowance and Job Seekers Benefit in the area.¹ Of these, 2,037 are claiming less than six months and 840 are under 25. All national indicators point to a continuing rapid increase in unemployment rates throughout 2009.





Clay Youth Centre

- › The levels of 0-14 year olds in the area are in line with Dublin City averages of 15%. However, parts of Drimnagh (Crumlin F and F) and Crumlin (Kimmage A) have rates over three percent above this average.
- › D12 has a low level of foreign nationals living there. Ninety-two percent of the population identified themselves as Irish which is higher than the national (88.8%) or Dublin City average (82.2%). However, parts of Drimnagh (Crumlin F) and Kimmage (Kimmage C) have lower rates of people who identified themselves as Irish (83.7% for the former and 83.3% for the latter). These are in line with Dublin City averages.
- › The level of home ownership is high in D12 and stands at 75%. Some parts of Dublin 12 such Drimnagh, Crumlin and Kimmage have much higher rates of rental from the local authority or are in the process of being purchased. Only one ED in Dublin 12, Kimmage (Kimmage C) has a high rate of private rented housing standing at 30%.
- › The Department of Social and Family Affairs (DSFA) reported that they are currently making 1,383 one parent family payments in the area. 614 are to parents with more than one child.
- › Education rates are very low in parts of Drimnagh (Crumlin A, B, E), Crumlin (Crumlin C, D, Kimmage A and B), Walkinstown/Greenhills (Walkinstown A B).
- › Only nine percent of people living in Kimmage A (Crumlin) have completed third level education compared to the national average of 30%.

To conclude, the data available points to an older community that, has not experienced dramatic immigration. The years of unprecedented economic growth did not impact on raising the relative deprivation in the area. In fact, the opposite occurred as all EDs in the area experienced increasing deprivation. There are major pockets of deprivation particularly in Crumlin and Drimnagh. Poor education levels and high unemployment are particular challenges that face these areas. Recent figures obtained from DSFA highlight the large numbers of people who are in receipt of benefits. The numbers claiming entitlements less than six months are of particular concern as this figure indicates that D12 is experiencing increasing new unemployment in the current recession.

1 This pillar was added in 2007 to reflect a need for an integrated rehabilitative service for clients in order to ensure prevention in return to drugs misuse and a requirement for family support for former users. See Report of the Working Group on Drugs Rehabilitation. (2007). *National Drugs Strategy 2001-2008 Rehabilitation*. Government Stationary Office: Dublin.

2 All of the reflection on the achievements and challenges facing the LDTFs are compiled from Goodbody's Consultants. (2006); Report of the Working Group on Drugs Rehabilitation. (2007). *National Drugs Strategy 2001-2008 Rehabilitation*.

Government Stationary Office: Dublin. National Advisory Committee on Drugs. (2006) *A Community Drugs Study Developing Community Indicators for problem drug use*. Government Stationary Office: Dublin, and NACD. (2007). *An Overview of Cocaine Use in Ireland*. Government Stationary Office: Dublin.

3 Goodbody's Consultants (2006)

4 Figures obtained February 2009

3. Review of Services



Hepatitis C - Workshop, April 2009

3.1 Overview of Services

The Dublin 12 LDTF works to integrate a variety of services in the area. The box below details the services provided to D12 under the five pillars of the NDS. The LDTF has been instrumental in facilitating the services provided by either providing funding, capacity-building or lobbying for service coverage.

Box 2. Map of Drugs Services in D12

Pillar	ARC (Crumlin)	HSE	St. John Bosco Youth Centre	WGRC (Walkinstown)	LDTF/ Community
Education/ Prevention		<ul style="list-style-type: none"> › Education Officer 	<ul style="list-style-type: none"> › Afterschool Programme › Drug Education Resource Worker › Somewhere to go (DYCE Youth) 		<ul style="list-style-type: none"> › Crumlin Stay In School for 12-15 year olds › Crumlin Community Band for at risk teenagers › Club 98 for 12-18 year olds from Lower Crumlin › Accredited Addiction Studies › Loreto Centre (education and counselling) › Youthreach ESL Initiative › Education Bursary
Treatment	<ul style="list-style-type: none"> › Methadone dispensing (5 GPs) › Counselling service › Holistic therapies › Hepatitis C Nurse (pending) › Ciall Under 18s Project for young drug users 	<ul style="list-style-type: none"> › Methadone dispensing – Old County Road, Curlew Road › 9 GPs (3 in Walkinstown, 4 in Crumlin, 4 Crumlin, 2 Drimnagh) › 10 Pharmacies in methadone scheme › One HSE Outreach Worker (position currently vacant) › YODA under 18 service available to young people in D12 			<ul style="list-style-type: none"> › Needle exchange (pending) shared between Canals LDTF and D12 LDTF
	<ul style="list-style-type: none"> › Family Support Project Lower Crumlin › Croi Nua Cocaine Service › Athru progression programme › Phoenix Stabilisation (FAS) › Catalyst Aftercare › Education Bursary › Prison Support › Drop In 			<ul style="list-style-type: none"> › Counselling › Alternative therapies › Support, information and referral › Prison links 	
Research	<ul style="list-style-type: none"> › Participation in national community indicators study 				
Supply Control					<ul style="list-style-type: none"> › Community Safety Partnership

3.2 Usage of Services

The box below presents some trends of note in regard to the usage of services in D12, based primarily on 2008 statistics. They too, are presented in relation to the five pillars.

Box 3.2 Usage of Drugs Services in D12

Pillar	Trends
Education/ Prevention	<ul style="list-style-type: none">› 25 community leaders targeted annually through Addiction Studies programme› 106 people benefitted from the Education Bursary form 2006-2008. Twelve were service users› A number of Early School Leavers from Dublin 12 attend a range of programmes in the St John Bosco Youth Project and Youth Reach› WGRC referred eleven children under 13 to specialist agencies
Treatment	<ul style="list-style-type: none">› 361 individuals attending methadone treatment (based on statistics provided by services)› 79 in counselling in ARC in 2008› 48 young drug users accessed the Ciall Programme in ARC, 32 were new referrals› 26 people attended counselling in WGRC
Rehabilitation	<ul style="list-style-type: none">› In 2008› 55 people attended Croí Nua Cocaine Rehabilitation programme in ARC› 46 people attended Athru programmes in ARC› 15 people attended Phoenix Stabilisation in ARC› 78 people attended family support work in ARC (which is currently now discontinued due to lack of funding)› 64 people attended the Catalyst Aftercare programme (37 people in recovery and 27 family members)› WGRC also provided one to one counselling to 24 teenagers, 24 parents, 15 family members and 31 adults were supported through their work
Research	<ul style="list-style-type: none">› n/a
Supply Control	<ul style="list-style-type: none">› n/a





Crumlin Community Band

3.3 Analysis of Services

It is clear that the Dublin 12 LDTF have been working very well to achieve integrated adequate coverage of services. The organisation has also achieved a substantial amount since its inception. When the spread, quantity and quality of services to the area were reviewed for this plan the following achievements and challenges were identified that could be harnessed in the strategy.¹

Box 3.3 Achievements and Challenges to Date

Overall Achievements 2001 to date	Key Challenges 2001 to date
<ul style="list-style-type: none"> › Expanding the range and spread of services available in the area › Responding to new and emerging needs such as cocaine through supporting the development of Croi Nua. › Receipt of a grant of €20,000 for Cocaine Awareness which included training of frontline staff to respond to increasing cocaine use › Building on existing services-increasing the number of treatment, rehabilitation, family support, counselling and information services › WGRC and ARC are effective 'one stop-shops' offering range of services › Increasing awareness on the impact and effect of drugs. Yearly drug awareness weeks have been very successful in this regard › The St John Bosco provides a range of services to young people in the area › Strengthening service user involvement in the delivery of services through the Service User Forum › Adjusting and developing new strategic priorities for the Task Force through regular reviews and NDST submissions e.g. Croi Nua and Catalyst projects were piloted to respond to changed drug use locally. Both projects subsequently received emerging needs funding › Funding to provide services has increased and opportunities have been maximised › Increased the staff team from one to three › The Board and sub groups have worked well and met regularly to progress the work of the Task Force › Dublin 12 LDTF opened an office in the centre of D12 › €75,000 was secured in 2008 for a new cocaine programme to compliment Croi Nua › The Dublin 12 Community Safety Partnership was established › Local data collection processes improved › Participation of ARC in national study indicates how work in the area can have national impact. 	<ul style="list-style-type: none"> › Mainstream funded services have not received cost of living increases. They are therefore operating on 2000 budgets › Gaps in services still exist particularly for people living in Walkinstown/Greenhills and Kimmage, i.e. no local methadone services, no needle exchange in D12 › Possible closure of Area Based Partnership and of services run/managed and funded by them such as the LES › Incorporating responses to alcohol into the work of the Dublin 12 LDTF › No HSE Outreach Worker for the area › Responding to changing drug use patterns › Rehabilitation options limited – no drug-free Rehabilitation Service for D12 › Availability of drugs in the area and impact of gangland crime › Lack of affordable childcare › Lack of easily accessible data › Uncertainty regarding the future national structure and the financial commitment to drugs services is impacting on planning › Gaps in representation on Task Force structures from Kimmage, Probation and Welfare › No agreed case management system to work with clients › Pathways between services not clear › Drug users forum challenging to maintain › Resource limitations- this is a particularly big challenge at present › Education Resource Worker facing huge demand › Gaps in data collection from projects and services › Waiting mainstreaming of recommended projects.

¹ This incorporates the views expressed through the community consultation: Unique Perspectives, Strategic Plan 2008 Dublin 12 Local Drugs Task Force

4. Nature and Extent of Drug Misuse in Dublin 12



Inspector Declan Meade and Superintendent Bart Faulkner enjoying the Family Fun Day during Drug Awareness Week 2008

Assessing the statistics available is complex as there are two main reporting systems:

- › The Central Treatment List, compiled by the HSE, which provides statistics in relation to the number of people from Dublin 12 currently on methadone treatment and
- › The National Drugs Treatment Reporting System (NDTRS) provides a record of all people who present for their first treatment or clients returning to treatment in the calendar year.¹ Therefore, it does not include clients who are engaged in ongoing treatment.² It also does not include clients who are engaged in non medical treatment.

Both data sources present data in relation to Dublin 12 to act as a baseline for strategic consideration. The community research also supports these findings.³

4.1 Numbers Presenting for Treatment

The most recent figures available from the HSE Central Treatment List, (April-June 2008), highlighted that 419 people from Dublin 12 were accessing methadone treatment. This figure represents 4.8% of all clients nationally in treatment.

The following outlines where people from Dublin 12 were receiving methadone treatment⁴

Table 1. Usage Treatment Services D12

	Clinic	Trinity Court	GP	Prison
Male	167 (39.8% of total) ¹	16 (3.8%)	95 (22.6%)	23 (5.4%)
Female	65 (15.5%)	Less than 10 (0.8%)	46 (10.9%)	Less than 10 (0.8%)

These figures point to the vast majority of clients in Dublin 12 receiving methadone through clinics and their GPs.

The National Drugs Treatment Reporting System (NDTRS) data highlights that following years of declining client numbers, 2007 recorded a substantial increase of 66 new clients from 2006. The numbers of clients recorded by the NDTRS for 2007 was 247.

The vast majority of people recorded by the NDTRS had been treated previously as the table below indicates:

Table 2. Treatment Status Clients D12

	2006	2007
Assessed only	2 (1%)	9 (4%)
Never treated	43 (24%)	57 (23%)
Previously treated	130 (72%)	176 (71%)
Treatment status unknown	6 (3%)	5 (2%)
Total	181	247

4.1.1 Demographic Profile of Drug Users

The age profile of clients receiving methadone from Dublin 12 from Central Treatment List data is as follows:⁵

Table 3. Age Profile of Methadone Clients D12

0-15	16-19	20-24	25-29	30-34	35-39	40-44	45 plus
0	0	Less than 10 (2.1%) ²	77 (18%)	142 (33.8%)	98 (23.3%)	43 (10.2%)	50 (11.9%)

Nationally, the highest proportion of people in methadone treatment are over 30 years of age.⁶ These figures are mirrored in D12 (79%). However, local evidence suggests that young people are primarily presenting with cocaine and alcohol issues.

The majority of people in treatment in D12 are men and this situation is consistent with national trends. While the numbers of women presenting for treatment increased from 2006-2007, the proportion of men in treatment still remained substantially higher.

Table 4. Gender of Clients in Treatment in D12

	2006	2007
Male	123 (68%)	178 (72%)
Female	58 (32%)	68 (28%)
Not recorded	0	1 (0.4%)
Total	181	247

An analysis of the data available for the areas that clients are presenting from indicates the following (see Appendix E for detailed figures).

- › The highest number and percentage of clients presenting from treatment are from Crumlin (40% or N=99)
- › Drimnagh, Walkinstown/Greenhills and Kimmage have similar numbers of people presenting for treatment (around 20% or N= 50, in each).
- › Given that the population of Kimmage is 16%, the relative numbers of people from this area presenting for treatment is high

Available data shows that between 2006-2007 unemployment amongst people in treatment had increased by 5% with 64% of the total in treatment unemployed (see Appendix E for a detailed breakdown). A very low proportion of clients (14%) were in paid employment.

The education level of people in treatment is extremely low. Only five clients (2007) had completed third level education which represents two percent. The national average is 30%. Overwhelmingly, clients had left school before the age of 15 (78%).

4.1.2 Drugs Used

The table below presents NDTRS data for reason for referral in the Dublin 12 area.

Table 5. Substance Use of Clients D12

	2006	2007
Opiates	120 66%	163 66%
Ecstasy	0	1 .4%
Cocaine	14 8%	45 18%
Benzodiazepines	2 1%	0

Cannabis	3 2%	2 1%
Alcohol	42 23%	36 15%
Total	181	247

The following trends are of note in relation to the types of drugs used by clients from D12 when they were referred:

- › The numbers of people from Dublin 12 presenting for treatment increased by 66 between 2006-2007.
- › The numbers of people presenting for opiate treatment increased by 43 from 2006-2007. However the percentage of those presenting for opiate treatment remained consistent in this period at 66%. In 2004 the percentage of people presenting with opiate use was 82%. Therefore, the percentage of heroin users presenting for treatment is decreasing.
- › The numbers of people presenting for cocaine treatment increased by 31, this is an increase of 221% in one year. Five people (3% of all who presented) from Dublin 12 presented for cocaine treatment in 2004. There are also 55 clients participating in Croi Nua Cocaine project in Dublin 12. They are not included in the figures presented above.
- › Cocaine is now the second highest drug dependency presented for treatment. There is no agreed national treatment method to respond to cocaine use. However, Dublin 12 LDTF initiated a pilot project and presented its findings to the NDST and subsequently was selected by the NDS Cocaine sub group to run a community based project for cocaine misusers in ARC.
- › There is increasing local evidence that methamphetamine and crack cocaine could emerge as a drug used into the future as it has recently become much cheaper than cocaine. This feature would have an enormous impact on services, drug users and the community as its effects are rapid, treatment is limited and it is associated with extremely violent behaviour.
- › The numbers presenting for alcohol treatment from Dublin 12 decreased by 6 and in 2007 represented 15% of all clients. While this marks a slight decline, the numbers of people presenting with alcohol was 21 in 2004 (11% of all clients in this year).⁷
- › Ecstasy, benzodiazepines and cannabis do not feature strongly as the main reason for referral. Although projects locally report benzodiazepine use as a major problem for drug users.

NDTRS data also indicates that 160 clients from Dublin 12 in 2007 (65%) indicated that they use more than one drug with 56 (23%) using three drugs. EMCDDA data for Ireland (EMCDDA 2007) indicates that polydrug use is now the norm (e.g. cocaine taken after heroin, alcohol mixed with other drug use). Polydrug behaviour, particularly when it involves stimulants such as cocaine, requires different service responses to those solely for opiates. This presents great challenges for treatment services.

Available data also highlights that:

- › A large number of people from the area (N=139) have injected and that this number increased by 27% between 2006 and 2007.



Carving completed by the participants of Addiction Response Crumlin

- › A high proportion of drug misusers (66% in 2007) share equipment and this figure increased by 21% between 2006 and 2007. This is a great concern locally, as risk of infection is extremely high when equipment is shared

4.1.3 Availability

Local evidence suggests that drugs are easily available in Dublin 12. The price of drugs, particularly drugs such as cocaine has dropped considerably in recent years. Public places that are noted for drug dealing are in the main Crumlin Shopping Centre, in and around public houses, in areas adjacent to Crumlin hospital, beside the Grand Canal and Luas stops in Drimnagh, in the vicinity of drug treatment centres, school grounds and in some local authority housing estates in both Crumlin and Drimnagh. Schools were also identified as a place where drugs are dealt largely through friends. Dublin 12 has been well publicised as an area where ongoing gangland crime associated with drug dealing and feuds exists.

Information received from the Gardai highlights that:

- › In 2008 there were 378 arrests for possession of drugs and /or intent to supply in Dublin 12. In 2007 there were 273
- › 28 of those arrested were under the age of 17
- › 87 were aged between 17 and 21
- › 158 were over the age of 21

This information also points to significant rise in seizures of drugs in D12 in 2008 with an overall street value of €6,211,003 compared to €1, 077,743 in 2006.

4.1.4 Emerging Trends

Considering the available data in relation to the nature and extent of drug usage in D12 the following trends need to be considered for the strategic plan:

- › The numbers presenting for treatment is increasing again in Dublin 12. The majority are from Crumlin.
- › Kimmage is an area where drug use is emerging.
- › The vast majority of presenting drug users in Dublin 12 are unemployed and have very low levels of education.
- › There is now an older population of drug users, many of whom are on methadone maintenance.
- › Younger drug users are not as likely to present with heroin dependence.
- › There is an increasing demand for treatment to respond to drug issues other than heroin, particularly cocaine.
- › This situation is complex as there is no agreed way to treat cocaine addiction.
- › Methamphetamine and crack cocaine may emerge as problems in the area. They are becoming available at a low cost in Dublin. This feature would present major challenges to service providers and the broader community.
- › Increasing polydrug use and the emergence of alcohol combined with drugs is evident.
- › Alcohol treatment is not currently part of the remit of the LDTFs; however this will change in the future following the inclusion of alcohol in the upcoming National Substance Misuse Strategy
- › Large numbers of drug users in Dublin 12 have injected and shared equipment.
- › Despite increasing drugs seizures, drugs are widely available in Dublin12.

1 Compiled by the HRB

2 Drug treatment in this case is defined as medication (detoxification, methadone reduction, substitution programmes and psychiatric treatment), brief intervention, counselling, group therapy, family therapy, psychotherapy, complimentary therapy and or life skills training

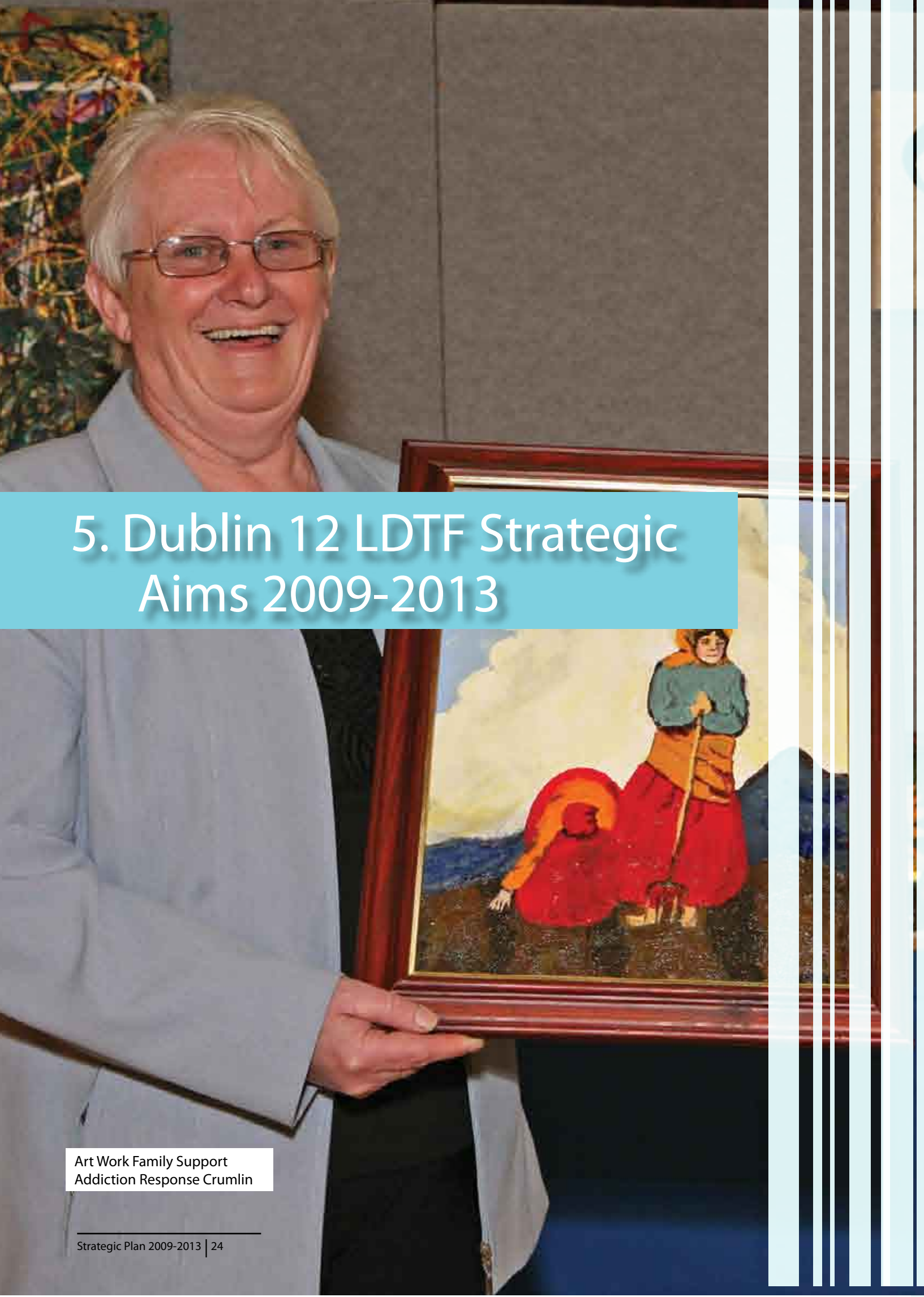
3 Unique Perspectives, Strategic Plan 2008 Dublin 12 Local Drugs Task Force

4 Figures based on statistics available 30th June 2008

5 Based on statistics available 30th June 2008

6 Based on Central Treatment list statistics – see Appendix D for a detailed breakdown

7 NDTRS data



5. Dublin 12 LDTF Strategic Aims 2009-2013

Art Work Family Support
Addiction Response Crumlin

Vision

That the Dublin 12 Community has the capacity to respond to substance misuse in a safe and healthy manner

Based on consideration of its external environment and internal analysis the D12 LDTF will use the following mission to guide its strategy for 2009-2013:

Dublin 12 LDTF is committed to sustaining high quality, responsive and appropriate services for all who are affected by drug misuse in our area.

5.1 Overview

The Dublin 12 LDTF planning process highlighted the need to build on the work to date to respond to drug issues in its area. The current services need support in order to: strengthen and develop further; establish collaborative and interagency pathways between services, and provide a range of options for drug users and their families in Dublin 12.

To achieve this the Dublin 12 LDTF Board are focussing on a) retaining existing service levels; b) supporting their development to meet the challenges they face; c) developing more co-ordinated collaborative responses to clients in Dublin 12; d) implementing national policy in Dublin 12, and e) using local expertise to inform national policy.

Key strategic challenges facing Dublin 12 LDTF in this plan are to:

- › Maintain the current level of services across all pillars.
- › Ensure that projects working with drug users have the resources required to carry out their work.
- › Respond to alcohol misuse in Dublin 12.
- › Reduce the supply of drugs in Dublin 12.
- › Reduce and respond to the impact of gangland crime.
- › Strengthen and develop education prevention initiatives.
- › Establish the harm reduction/needle exchange initiative.
- › Maintain methadone treatment programmes locally.
- › Enable methadone users from Kimmage and Walkinstown/Greenhills to access services in Dublin 12.
- › Increase the numbers of clients successfully detoxifying.
- › Respond to the increasing use of cocaine.
- › Respond to other emerging drugs issues such as methamphetamine.
- › Respond to polydrug use.
- › Adequately respond to clients who present with alcohol dependence.
- › Increase the numbers of rehabilitation opportunities available.
- › Improve client centred planning and collaborative case management.
- › Provide supports to families who experience drug misuse.
- › Have readily available local data on drug use and trends.

5.2 Strategic Aims and Objectives

These are presented under relevant headings.

5.2.1 Treatment

Overall Strategic Aim

To ensure that adequate, appropriate treatment is in place in Dublin 12 to respond to the diverse treatment requirements of clients.

Strategic Objectives

1. Work with stakeholders to ensure that all national objectives in relation to treatment are met in Dublin 12.
2. Continue to establish and develop the Cross Task Force Harm reduction/needle exchange service.
3. Provide methadone and associated rehabilitation services for people from Kimmage and Walkinstown/Greenhills in Dublin 12.



Butterfly Garden Addiction
Response Crumlin

4. Strengthen and develop relationships between GPs/ Pharmacies and community based services to respond more collaboratively to clients in treatment.
5. Support services to effectively respond to changing drug use (cocaine, poly drug use).
6. Develop stronger relationships with alcohol services, and support them to implement the new National Substance Misuse Strategy.
7. Increase the numbers of clients from Dublin 12 successfully detoxifying.

5.2.2 Rehabilitation

Overall Strategic Aim

To ensure adequate rehabilitation options are available for clients and that services work collaboratively with clients to support their progression.

Strategic Objectives

1. Support the implementation of the National Rehabilitation Strategy and lobby for the establishment of RIS service in Dublin 12.
2. Increase the rehabilitation options available to clients of services in Dublin 12.
3. Improve collaboration between services to agree case management methods and increase referrals between agencies.
4. Support the continued development of the D12 Service Users Forum, family support networks and other relevant forums.

5.2.3 Education /Prevention

Overall Strategic Aim

To continue to place a strong emphasis on education/prevention initiatives targeting at risk children and young people.

Strategic Objectives

1. Ensure that national policies in relation to education/prevention are considered in all education/prevention strategies in Dublin 12.
2. Consolidate and develop interventions aimed at engaging at risk children and young people.
3. Continue to develop and strengthen links with schools.
4. Encourage increased educational participation levels.
5. To develop the role and clarify priorities of the Drug Education Resource Worker.
6. To continue to provide accredited addiction studies courses locally.
7. Continue Health Promotion activities including Drug Awareness campaigns and other community awareness raising activities.¹

5.2.4 Supply Control

Overall Strategic Aim

To ensure that drug supply and the impact of drug dealing is reduced in Dublin 12.

Strategic Objectives

1. Work with others to ensure that national policy frameworks and initiatives to reduce drug dealing are implemented in Dublin 12 such as the Joint Policing Committees and the Dial to Stop Drug Dealing programme.

2. Continue to develop the Community Safety Partnership in co-operation with the Gardai, local statutory and voluntary agencies and the local community to respond effectively to local issues.
3. Develop structures to link the outcomes of the CSP to the Dublin South City and South Dublin Joint Policing Committees.
4. Continue to work with the Gardai to respond to drugs and associated crime in Dublin 12.
5. Encourage and promote sense of safety and well being in Dublin 12.

5.2.5 Research

Overall Strategic Aim

To increase the availability and dissemination of local data on the issues affecting drug users, the existing services and trends that affect drug use.

Strategic Objectives

1. Work closely with local projects to develop and strengthen data collection systems and to share analysis of this data.
2. Highlight data gaps regarding socio economic data to the City Development Board. Work with them to fill this gap on a regular basis.
3. Identify and commission research that will add value to local knowledge and help to inform service developments.
4. Participate in national research and influence the type of research that is conducted nationally.

5.2.6 Family Support

Overall Strategic Aim

To increase the level of supports available to families experiencing drugs issues.

Strategic Objectives

1. Re-establish family support groups in the area.
2. Support the development of childcare facilities that respond to the needs of drug using families.²
3. Implement national frameworks to support families of drug users.

5.2.7 Alcohol

Overall Strategic Aim

To expand the work of the Dublin 12 LDTF to respond to alcohol misuse

Strategic Objectives

1. Map services that respond to alcohol misuse in Dublin 12
2. Develop a plan and decide on structures to address alcohol misuse
3. Develop stronger relationships with alcohol services, and support them to implement the new National Substance Misuse Strategy.

5.2.8 Dublin 12 LDTF Structure

Overall Strategic Aim

To strengthen and develop the capacity of the Task Force to co-ordinate integrated responses to drug issues in Dublin 12.

Strategic Objectives

1. Consider the impact of the possible closure of the local Area Based Partnership on the work of the Task Force and develop strategies to address these gaps.
2. Work closely with the HSE to influence the establishment of primary care teams in Dublin 12 and develop their capacity to respond to the needs of drug users and their families.
3. Actively engage with representatives from Kimmage.
4. Work with the Board to expand and develop governance processes that will enhance their strategic capacity.
5. Strengthen and develop the role of the sub-groups to ensure their expertise and capacity to implement actions is fully utilised.
6. Strengthen and develop how the Board and sub-groups connect together.
7. Enhance collaborative working between stakeholders involved in the Task Force.
8. Increase the profile and work of Dublin 12 LDTF locally and nationally.
9. Review progress annually and carry out a mid-term review of this strategic plan in 2011.

5.2.9 Resources

Overall Strategic Aim

To ensure that services have adequate resources to remain operational.

Strategic Objectives

1. Clarify the current position of interim funded projects that have been approved for mainstreaming.
2. Support projects to adjust their budgets to fit with the current economic climate e.g. identify ways of reducing/sharing costs with other projects.
3. Ensure that projects continue to maximise resources and avoid duplication.
4. Highlight the budgetary requirements of local services and support projects that are mainstreamed to increase their budgetary allocation in line with increased service delivery costs.

5.2.9 Cross Task Force

Overall Strategic Aim

To continue to develop cross Task Force initiatives to respond to common concerns.

Strategic Objectives

1. Continue to work with other Task Forces, particularly those nearby (Canals, Ballyfermot, Tallaght) and collaborate on initiatives.
2. Share experiences, expertise, concerns and resources with other Task Forces.

¹ This is a key element of Public Health Policy

² Such as the proposed crèche in ARC

6. Appendix A

Mainstream Funded Projects in D12

1. A.R.C.
<i>a) Treatment</i>
Provides Holistic Drug Treatment Service to clients and their families living in the catchment area of Crumlin. Facilitates the provision of Medical Drug Treatment by HSE (methadone treatment) to those living in Crumlin.
<i>b) Athru Education and Training Afternoon programme</i>
This Education and Training Rehabilitation programme provides a three year FETAC accredited training course in addition to rehabilitation interventions including relapse prevention to 23 clients who are endeavouring to maintain drug free status.
2. Crumlin Stay In School Project
Provides support to young people 12- 15 years from Dublin 12 who are at risk of dropping out of school.
3. St John Bosco
<i>a) Centre Manager</i>
Oversees various youth programmes in the centre.
<i>b) After Schools Project</i>
Provides after school activities for children seven plus from the Drimnagh area.

7. Appendix B

Projects funded by Young Peoples Facilities and Services Fund

1) New Options, New Choices
Provides accredited education to young people, 15-18 years, who have left mainstream education.
2) St John Bosco Youth Work Programme
Arranges activities for "at risk" young people, 10-21 years, in Drimnagh.
3) Project leader St John Bosco
4) Brú Youth Centre Crumlin
Renovation/maintenance of the building
Employment of staff
Programme costs.
5) Crumlin Lower Advancing Youth Centre (CLAY)
Building of premises and employment of staff and programme costs.
6) Walkinstown Youth Centre

8. Appendix C

Interim Funded Projects

Name and Purpose	NDS Pillar
Crumlin Community Youth Band	Education/ Prevention
Provides practical, theoretical and musical tuition to young people under the age of 16 in Dublin 12.	
Club '98	Education/ Prevention
Provides diversionary activities for young people age 12 – 18 in Lower Crumlin area.	
Education Resource Worker for Dublin 12	Education/ Prevention
Education Resource Worker provides support/co-ordinates various educational activities and promotes greater awareness and understanding of drug misuse in D12.	
St John Bosco "Somewhere to Go"	Education/ Prevention
Provides diversionary/alternative activities to young people age 14 – 16 years from Drimnagh area. Operates the DYCE Youth Cafe	
Early School Leaving Initiative- Youthreach	Education/ Prevention
Provides additional literacy and numeracy hours to participants.	
Athru Education and Training (ARC)	Education/ Prevention and Rehabilitation
This Education Rehabilitation programme provides a three year FETAC accredited training course in addition to rehabilitation interventions including relapse prevention to 23 clients who are endeavouring to maintain drug free status.	
Education/Bursary Scheme	Education/ Prevention & Rehabilitation
This fund which is available annually to people working/living in Dublin 12 area who wish to pursue training/education in area of drugs and related issues.	
ARC Addiction Studies	Rehabilitation
Provides education to Local Community Workers/Leaders, those interested/involved in addiction in Dublin 12.	
Loreto Centre	Rehabilitation
Provides a range of Personal Development and Education Courses and some counselling to young women in Dublin 12.	
Family Support Project Lower Crumlin	Rehabilitation
Family Support Worker provides a service to families of drug users in Lower Crumlin Area.	
Walkinstown/Greenhills Resource Centre	Rehabilitation
Provides a range of services to people from Walkinstown/Greenhills such as- addiction and bereavement counselling, referral, and a range of alternative therapies.	
Croí Nua	Rehabilitation
Croí Nua is a Cocaine Rehabilitation Programme which operates a holistic programme that aims to motivate empower and assist drug misusers to stop their dependency on drugs.	
Catalyst Aftercare programme	Rehabilitation
This programme aims to provide assistance and support to those in recovery to develop necessary skills to aid their personal development to increase employment/education opportunities.	
Ciall Under 18 Project	Rehabilitation
The Ciall Youth Project support young people between the age of 10 – 18 years, who experience substance misuse issues	
Dublin 12 Community Safety Partnership	Supply Control
This project consists of all stakeholders with vested interest in Community Safety including drug dealing and antisocial behaviour DCC, SDCC, Guards, Community Reps, and Drugs Task Force.	
Cross Task Force Health Promotion Harm Reduction Project	Education/ prevention &Treatment
This is new service which aims to develop a range of Health Promotion initiatives and Harm Reduction measures for drug users in the D12 and Canal Communities.	

9. Appendix D

Governance LDTF

The following points describe these processes for the LDTF:

- › LDTF has an established Board that meet on a monthly basis with a representative from the NDST in attendance. The Board is responsible for setting the strategic direction of the Task Force and monitoring progress. Annual review and planning days allowed the Task Force to prioritise and adjust their plan annually.
- › There are three sub groups established who are responsible for delivering and monitoring responses to drugs issues within their catchment areas.¹ Sub groups, (who are chaired by members of the Task Force), meet monthly and are composed of representatives from the Task Force Board and other relevant representatives who bring specific expertise to the group. The finance and general purpose sub group is made up of Board members only. Sub groups provide monthly reports to the Task Force Board and receive updates from the Board at their monthly meetings.
- › Community representatives are nominated to the Task Force Board through local area networks. Participation has been consistent from all areas except for Kimmage, as there is no active network in this area. These community representatives meet together on a community representative's forum on a monthly basis prior to the Task Force meetings. The Forum is facilitated by the Task Force Development Worker.
- › A Service User Forum was established in 2005. It acts as a mechanism for drug users from across Dublin 12 to highlight their experiences of services and to act as a representative mechanism for people affected by drug use. It is currently supported by the D12 LDTF Development Worker and is funded by the Task Force.

9.1 Current Membership of LDTF Board

Name	Agency Represented
Caroline Kavanagh (Chairperson)	FÁS
James Fletcher (Vice-Chairperson)	HSE
Bernie McCabe	Dept Of Education & Science
Declan Meade	Garda Síochána
Judith Edmonds	South Dublin County Council
Mary McGuane	Dublin City Council
Eamon Walsh Cllr	Public Representative
Eric Byrne Cllr	Public Representative
Ray McHugh Cllr	Public Representative
Noel Mc Allorum	Drimnagh Community Representative
Michelle O'Brien	Crumlin Community Representative
Kristina McElroy	Drimnagh Community Representative
Paul Flanagan	Walkinstown/Greenhills Community Representative
Rose Lynch	Crumlin Community Representative
Damien Nolan	Crumlin Community Representative
Kay Bailey	Walkinstown/Greenhills Community Representative
John Moloney	NDST

10. Appendix E

Detailed figures for Population and Extent and Nature of Drug Use in D12

10.1 NDTRS Age Profile Drug Users

	17 or under	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50 or over	Not recorded
2006	4 2.2%	3 1.6%	15 8.2%	46 25.4%	42 23.2%	23 12.7%	23 12.7%	4 2.2%	21 11.6%	0
2007	8 3.2%	0	26 10.5%	76 30.7%	53 21.5%	35 14.1%	21 8.5%	8 3.2%	16 6.4%	4 1.6%

10.2 Geographical Locations Service Users in D12

Area	ED	2006	2007	% of 2007 total
Drimnagh	Crumlin A	10	13	51 clients from Drimnagh 21%
	Crumlin B	13	18	
	Crumlin E	9	15	
	Crumlin F	7	5	
Crumlin	Crumlin C	11	17	99 clients from Crumlin 40%
	Crumlin D	26	39	
	Kimmage A	21	17	
	Kimmage B	20	26	
Kimmage	Kimmage C	19	20	46 clients from Kimmage 19%
	Kimmage D	6	13	
	Kimmage E	15	13	
Walkinstown	Walkinstown A	5	7	51 clients from Walkinstown Greenhills 21%
	Walkinstown B	2	8	
	Walkinstown C	4	10	
Greenhills	Templeogue – Kimmage	1	8	
	Templeogue – Limekiln	6	4	
	Terenure – Cherryfield	3	7	
	Terenure- Greentree	3	0	
	Terenure – St. James	0	7	
Total		181	247	

10.3 Principle Economic Status Service Users D12

	2006	2007
In paid employment	33 (18%)	34 (14%)
Unemployed	107 (59%)	158 (64%)
FAS scheme	4 (2%)	8 (3%)
Student	3 (1.7%)	10 (4%)
Housewife/husband	1 (0.5%)	1(0.4%)
Retired/unable to work/disability	25 (14%)	31 (13%)
Other	0	1 (0.4%)
Not known	8 (4%)	4 (2%)
Total	181	247

10.4 Educational Profile Service Users D12

	2006	2007
Left school aged 14 or younger	45 (25%)	71 (29%)
Left school aged 15 or younger	90 (50%)	121 (49%)
Never went to school	0	0
Still at school	2 (1%)	6 (2%)
Age left school not known	44 (24%)	49 (20%)
Total	181	247

10.5 Injecting Behaviour D12

Ever Injected:

	2006	2007
Yes	102	139
No	70	91
Not known	7	8

Ever shared injecting equipment:

	2006	2007
Yes	73	92
No	18	34
Not applicable (never injected)	70	91
Not known	18	21

10.6 Population Figure D12 Census 2006

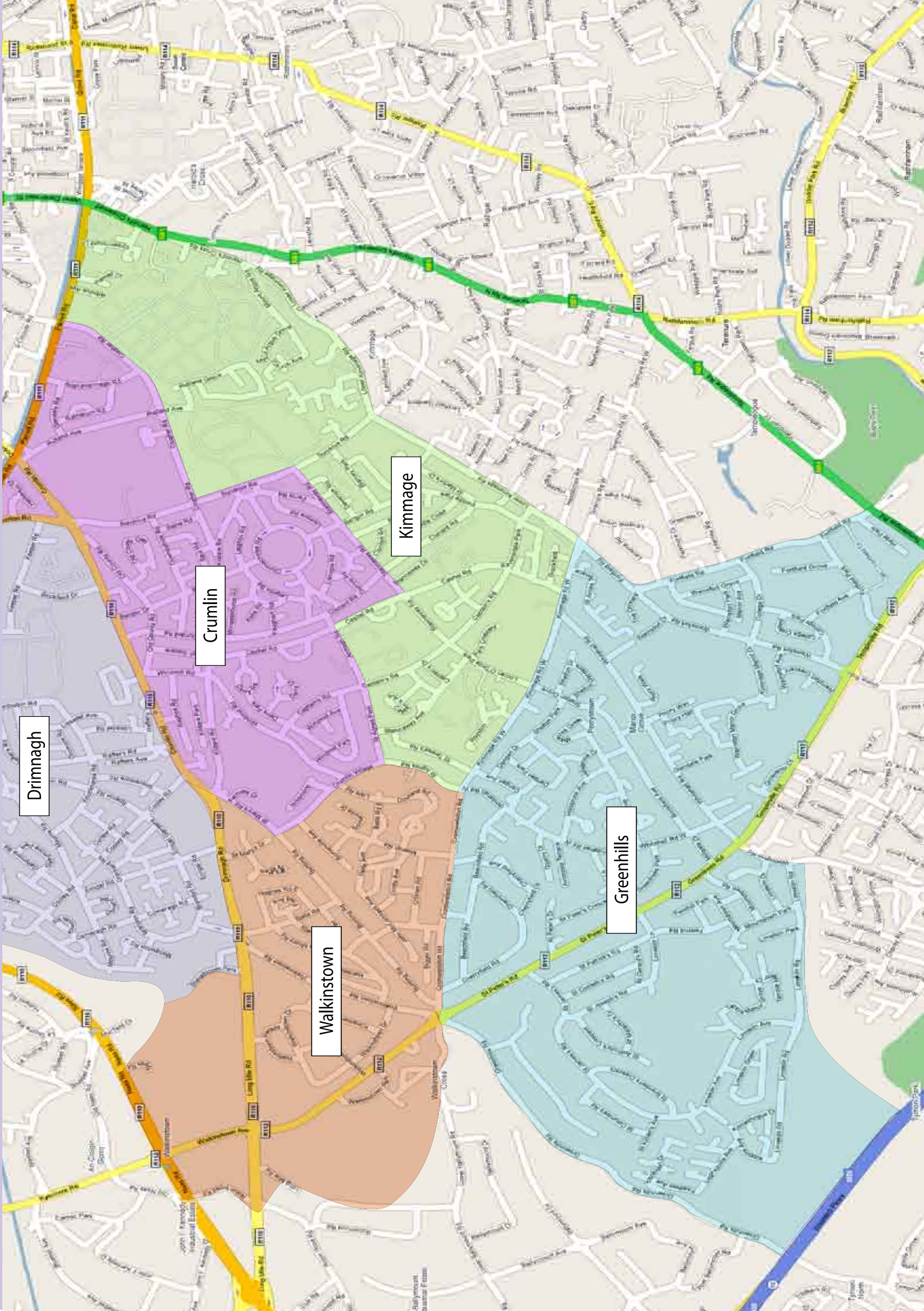
Area	ED	Population 2006	Increase/Decrease since 2002
Drimnagh	Crumlin A,	3,784	12,822 23% of population Overall population decline
	Crumlin B,	3,130	
	Crumlin E	2,806	
	Crumlin F	3,102	
Crumlin	Crumlin C	2,403	12,101 21% of population Overall population decline
	Crumlin D	3,994	
	Kimmage A	2,024	
	Kimmage B	3,680	
Kimmage	Kimmage C	2,898	8,896 16% of population Overall population decline
	Kimmage D	2,599	
	Kimmage E	3,399	
Walkinstown	Walkinstown A	1968	21,850 39% of population Overall population decline
Greenhills	Walkinstown B	1804	
	Walkinstown C	2138	
	Templeogue/Kimmage	4,267	
	Templeogue/ Limekiln	3,658	
	Terenure/Cherryfield	2,247	
	Terenure/ Greentree	2886	
	Terenure/St. James	2882	
Total		55,669	



10.7 Relative Deprivation at ED level, Census 2002 -2006.

Area	EDs	Relative Deprivation 2002	Relative Deprivation 2006	Area Partnership Catchment/ County
Drimnagh	<i>Crumlin A</i>	Disadvantaged	Disadvantaged	KWCD/Dublin City
Drimnagh	<i>Crumlin B</i>	Disadvantaged	Very Disadvantaged	KWCD/Dublin City
Drimnagh	<i>Crumlin E</i>	Very Disadvantaged	Very Disadvantaged	KWCD/Dublin City
Drimnagh	<i>Crumlin F</i>	Marginally Above Average	Marginally Below Average	KWCD/Dublin City
Crumlin	<i>Crumlin C</i>	Disadvantaged	Disadvantaged	KWCD/Dublin City
Crumlin	<i>Crumlin D</i>	Disadvantaged	Disadvantaged	KWCD/Dublin City
Crumlin	<i>Kimmage A</i>	Disadvantaged	Very Disadvantaged	KWCD/Dublin City
Crumlin	<i>Kimmage B</i>	Disadvantaged	Very Disadvantaged	KWCD/Dublin City
Kimmage	<i>Kimmage C</i>	Affluent	Marginally Above Average	KWCD/Dublin City
Kimmage	<i>Kimmage D</i>	Marginally Below Average	Disadvantaged	KWCD/Dublin City
Kimmage	<i>Kimmage E</i>	Marginally Above Average	Marginally Below Average	KWCD/Dublin City
Walkinstown Greenhills	<i>Walkinstown A</i>	Disadvantaged	Disadvantaged	KWCD/Dublin City
Walkinstown Greenhills	<i>Walkinstown B</i>	Marginally Below Average	Marginally Below Average	KWCD/Dublin City
Walkinstown Greenhills	<i>Walkinstown C</i>	Marginally Above Average	Disadvantaged	KWCD/Dublin City
Walkinstown Greenhills	<i>Templeogue - Kimmage</i>	Very Affluent	Affluent	Tallaght/South Dublin Co. Co.
Walkinstown Greenhills	<i>Templeogue - Limekiln</i>	Affluent	Marginally Below Average	Tallaght/South Dublin Co. Co.
Walkinstown Greenhills	<i>Terenure - Cherryfield</i>	Affluent	Marginally Below Average	Tallaght/South Dublin Co. Co.
Walkinstown Greenhills	<i>Terenure Greentree</i>	Affluent	Marginally Above Average	Tallaght/South Dublin Co. Co.
Walkinstown Greenhills	<i>Terenure – St. James</i>	Marginally Above Average	Disadvantaged	Tallaght/South Dublin Co. Co.

Source: Haase and Pratschke 2005: 36 & <http://www.pobal.ie/live/dep/1002.html>



Drimmagh

Crumlin

Kimmage

Walkinstown

Greenhills

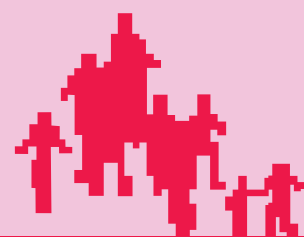
Strengthening our Collective Responses



Dublin 12 Local Drugs Task Force

Dublin 12 Local Drugs Task Force

Strategic Plan 2009-2013



Dublin 12 Local Drugs Task Force

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