



# Taking Stock and Moving Forward

Inchicore Community  
Drug Team

Strategic Planning Document

2010 –2012



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# Executive Summary

It is with some pride I can say that the Inchicore Community Drug Team (ICDT) is still providing a service to the community after ten years. This is due to the careful stewardship of the Board of Management and the Project Director. It is also due to the high calibre of our staff in the Project.

The ICDT was set up in 1999 to address the drugs problems in Inchicore, especially, the opiate problem. The Project was set up with the co-operation of the local community and the HSE and is now well established in Inchicore. However the strategies of yesterday needed to be re-visited. They have served their purpose well, but we need to prepare for the problems of the future.

With this in mind, the ICDT began a process of consultation using a researcher (Fiona O'Reilly) who had already done similar work for the Local Drugs Task Force. She consulted with our clients, their families, the community and our staff to find out what they perceived of the current services and gaps in service provision. Subsequent to this, the Board of Management and staff met to discuss the issues that arose at these consultations. This document evolved from this process.

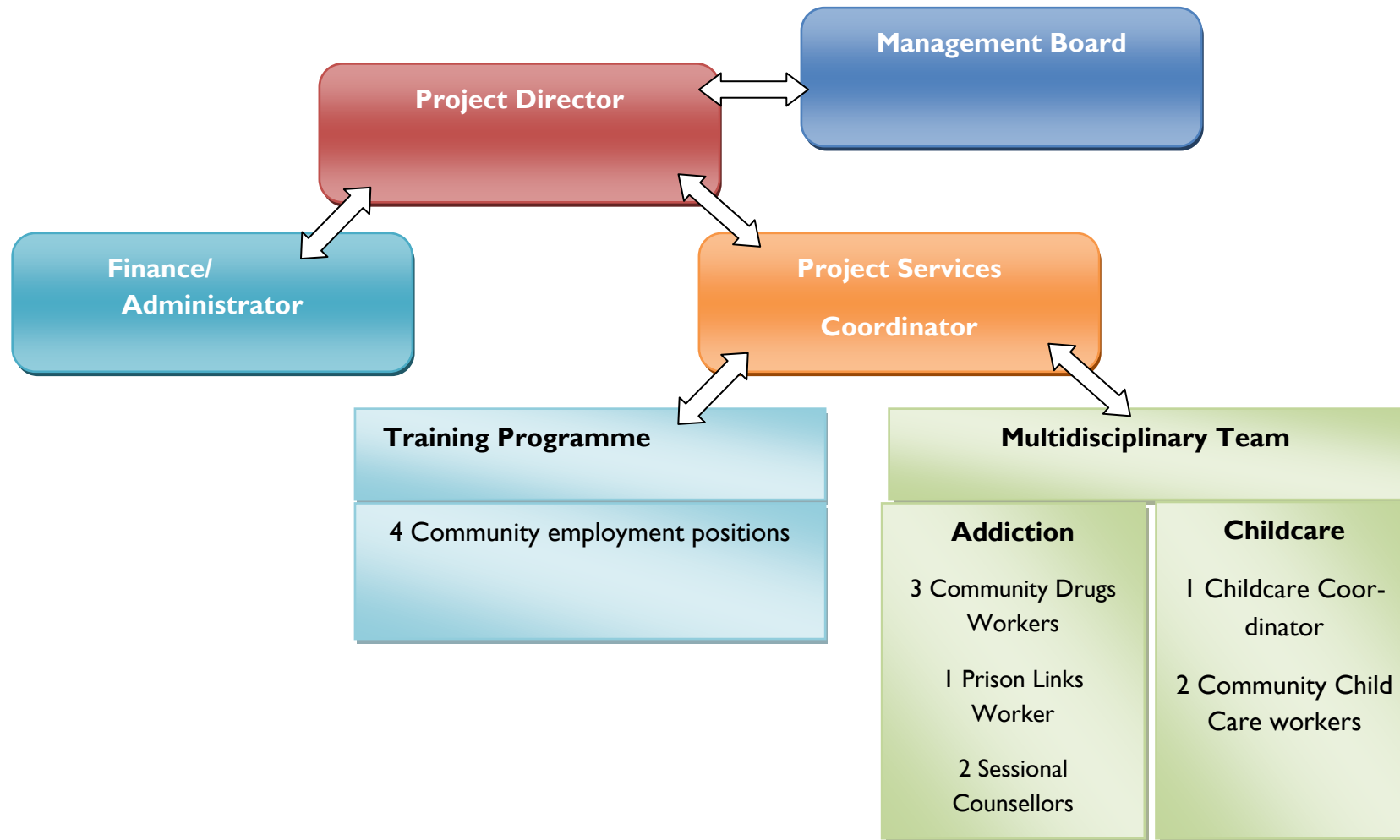
The document identifies some of the gaps in our service. These are identified through evidence based research and information from an interactive media project. We firmly believe this plan will be relevant, community based and will reflect the current needs of our service users. It is our vision for the years 2010 to 2012.

## **John Houlihan**

Chairperson  
Inchicore Community Drug Team.



# Structure of the Organisation



# Current Service Provision

At the time of writing this report there were 68 service users, 13 family members and 25 children a total of 106 individuals who were currently accessing the services of the Inchicore Community Drug Team.

The project is an integral part of the Canal Communities Local Drugs Task Force and its work has developed in line with the National Drugs Strategy. The importance of a local strategic plan to meet the needs of the community of Inchicore is vital if we are to continue to be effective tackling the drug problem at local level and to be effective at meeting the changing needs. We need to re-assess the relevance of our programmes in a changing environment and in changing drug trends.



# Services Provided

The main services during the period January 2009 to December 2009 were as follows:

Service Provided	Number of Visits
Alternative Therapies	238
Brief One to One	784
Children's Morning Group	1067
Children's Afternoon Group	1083
Children's Project Drop In	471
Client Phone Call	2314
Court Attendances	17
Family Support Group	141
Afternoon Adult Drop In	1720
Family work with Child	14
Facilitated GP visits	159
Individual work with child	35
Individual work with parent	27

Service Provided	Number of Visits
Outreach / Home Visit	270
Parenting Programme	13
Planned One to One Crisis Intervention	824
Prison Visit	153
Professional Counselling Session	333
Professional Phone Calls	526
Phone calls on behalf of clients	441
Respite Break Preparation	6
Street Contacts	81
Women's Group	21
Hospital Visits	14
Letters sent	149
Men's group	96





# Background to this Strategic Plan

Over the last few years the organisation had continued to provide comprehensive services to the community. There was a growing sense that the drug trends were continually changing and with that the needs of service users and the community were also changing. The Inchicore Community Drug Team was established ten years ago and it was time to evaluate and reflect. The initial years were about securing funding and a premises; as well as developing our resources. This we had achieved and also expanded over the years. We then began to question how our service met the current needs. After much discussion with the Management and Staff, we undertook to ‘take stock’ of what was happening with service users and in the community.

In 2009 we spent some time reviewing the original vision and all of the achievements in the ten year period and towards the end of 2009 we wrote our strategy brief.



# Research

## Quantitative Research

Due to financial constraints we decided to use the knowledge and skills of an independent researcher, Fiona O'Reilly, who was already working with the Drugs Task Force to conduct a needs analysis and the research element. The remainder of the strategy brief was done by a small sub-group, which included the support of St. Michael's Regeneration Board as the facilitator of the process. Use of our Client Management System allowed for the generation of the most up to date statistics in terms of the demographics of our clients and their current drug use.

## Qualitative Research

This consisted of interviews with staff, community agencies and service users. This piece was key to us. We feel we have exhausted every opportunity to include the needs and ideas of service users in as many ways as possible, initially through the research, questionnaires and through the process of a creative media project which ran for most of 2009. (DVD attached)



## Overview of the results and Needs Analysis of Quantitative Research

This section outlines the key issues that have emerged from the needs analysis. The full report is available in the 'Taking Stock - Moving Forward' document. The following section highlights the current drug using trends with the statistical results taken from our Client Management System which was developed in 2008. This section is reflective of the current situation and gives a true, real-time account of what the emerging needs are.

### Client Management System

The client management system was developed by the project to maintain a current up to date record of the changing trends in drug use. It is also used as a tool to record our work more efficiently. The nature of Community Based Drugs work is so intense that often valuable interventions by Project Workers are not recorded. Our Client Management System can be used in highlighting our level of service provision. It must be highlighted that it is nearly impossible to quantify the meaning of the interventions to the service user. Therefore this section does not portray the effect of these interventions. However our Media Project in the words of clients have captured some sense of this work.

There are constant requests for statistics to evaluate what we do. While it is difficult to summarise our interventions in statistical format, we recognise this is vital, if we are to sustain the project into the future and if we are to monitor our levels of intervention and their effectiveness.

It was with these requirements in mind that we developed our Client Management System. It has allowed us generate the following drug using trends. This is invaluable in ensuring our responses are as a result of current trends and needs. Giving clients relevant and real-time care.

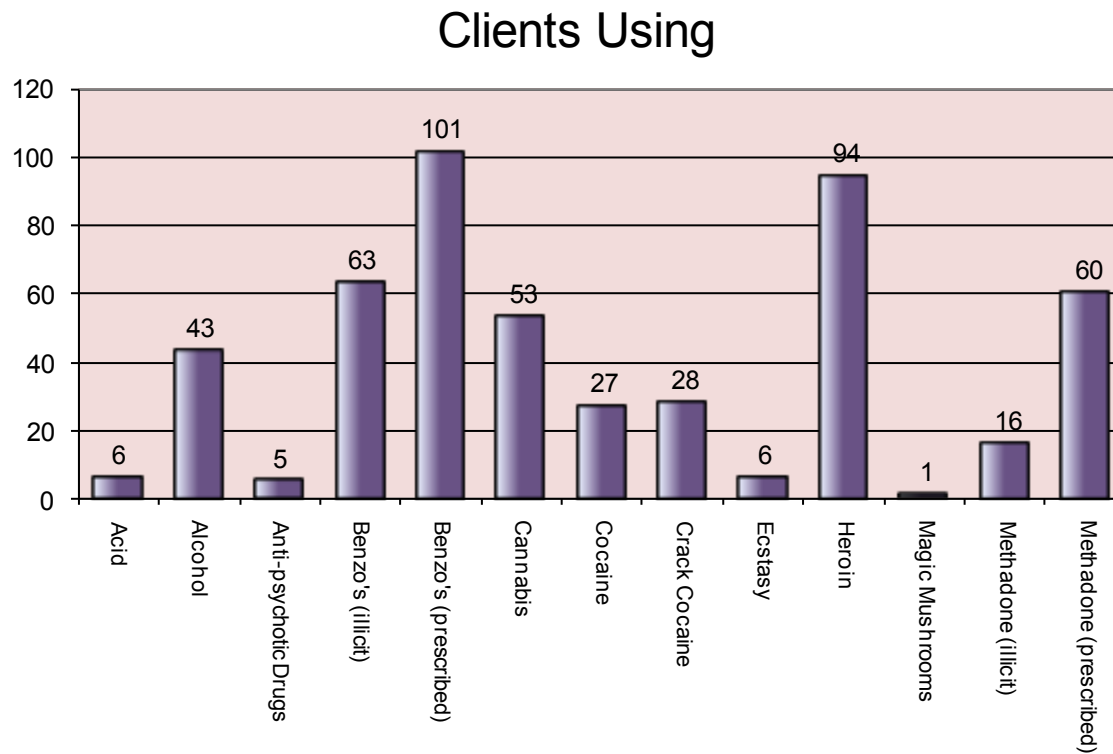


# Trend in Client Usage of Service over 2009

Name of Service	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Total
Alternative Therapy	33	18	11	21	27	22	23	22	25	13	16	231
Brief One to One	72	62	68	77	67	58	67	64	62	70	52	719
Children's Group (Afternoon)	56	97	118	61	107	73	40	77	115	105	100	949
Children's Group (Morning)	80	109	110	98	101	96	41	81	135	120	75	1046
Children's Project Drop In	61	54	66	43	37	36	15	35	30	39	41	457
Client Phone Call	197	212	182	183	171	173	195	194	211	234	218	2170
Court Attendance	2		2	2	3	1	3		1			14
Drop In	162	147	154	129	150	128	153	139	197	142	71	1572
Family Support Drop In	15	14	10	12	21	19	4	9	17	14	3	138
GP Visit Facilitated		9	14	7	17	8	13	7	8	23	28	134
Individual Work with Parent	3	3	2	3	4	2	8	1			1	27
Letter	8	8	16	17	10	19	10	12	11	11	7	129
Mens Group	6	13	6	9	7	7	7	8	6	9	4	82
Outreach / Home Visit	29	30	42	24	17	24	23	15	30	15	10	259
Parenting Programme			6	2				1		3		12
Planned One to One/Crisis Intervention	60	68	28	48	71	71	63	57	97	99	75	737
Prison Visit	8	10	8	10	14	11	12	5	7	10		95
Professional counselling session	24	35	19	29	33	25	31	29	32	30	28	315
Professional Phone Call	29	39	35	32	36	65	70	53	57	41	35	492
Professional Phone on behalf of Client	32	51	37	43	56	39	26	28	27	51	26	416
Street Contact	15	10	13	10	2	4	10	3	9	3	2	81

Statistics generated by Client Management System ICDT

# Current Client Drug Usage December 2009



(Source Client Management System ICDT 2009)



# Client Statistics 2009

New Clients in Last Year	94
Active Clients (incl. Children and family support members)	106
Male Clients (active & inactive)	98
Female Clients (active & inactive)	97
Over 30	17
Under 30	92
HIV Positive	5
Hep C Positive	21

*(Source Client Management System ICDT 2009)*



## Snapshot of Current Client Drug Use with Administration Route (70 Clients) December 2009

Drug	Administration Route	Clients Using
Acid	Ingesting	6
Alcohol	Drinking	43
Anti-psychotic Drugs	Ingesting	5
Benzo's (illicit)	Ingesting	63
Benzo's (prescribed)	Ingesting	101
Cannabis	Smoking	53
Cocaine	Injecting	2
Cocaine	Snorting	25
Crack Cocaine	Smoking	28
Ecstasy	Ingesting	6
Heroin	Injecting	24*
Heroin	Smoking	70
Magic Mushrooms	Ingesting	1
Methadone (illicit)	Drinking	16
Methadone (prescribed)	Drinking	60



(Source Client Management System ICDT 2009)

\*1/3 of clients injecting



# Usage of Drop In Service During October

Week Number	Date	Day	No.s at Drop In
43	23/10/2009	Friday	11
43	22/10/2009	Thursday	11
43	21/10/2009	Wednesday	8
43	20/10/2009	Tuesday	11
43	19/10/2009	Monday	5
42	16/10/2009	Friday	16
42	15/10/2009	Thursday	5
42	14/10/2009	Wednesday	2
42	13/10/2009	Tuesday	3
42	12/10/2009	Monday	6
41	09/10/2009	Friday	7
41	08/10/2009	Thursday	4
41	07/10/2009	Wednesday	10
41	06/10/2009	Tuesday	10
41	05/10/2009	Monday	9
40	02/10/2009	Friday	6
40	02/10/2009	Thursday	13



(Source by Client Management System ICDT 2009)

## Qualitative Research - Results and Needs Analysis

During the course of the review, the researcher met with key agencies, service users and health professionals. Over 80 interviews were conducted. Many areas were identified as needing attention, however, some of these were not in the remit of the Inchicore Community Drug Team.

### **Problems identified by Services and People in the Community**

- ◆ Community insecurity due to drug dealing
- ◆ Boredom (experienced mostly by teenagers)
- ◆ Families dealing with multiple problems (including addiction)
- ◆ Benzodiazepine dependency
- ◆ Mental health problems
- ◆ Risk of blood borne diseases

### **Problems identified by Inchicore Community Drug Team Staff**

- ◆ High health needs among client group
- ◆ Vulnerable young family members slipping through the net
- ◆ Inadequate support and progression for 'recovered' clients
- ◆ One space fits all is not appropriate for everyone

- ◆ Inadequate support for families of clients
- ◆ Acceptability of certain types of drug use and poor understanding about drugs and addiction in the community and society.
- ◆ Stigma attached to certain styles and types of drug use.
- ◆ Issues identified by Research Consultant.
- ◆ Not seen as the place to go for non opiate drug problems
- ◆ Potential duplication and inefficient use of resources if service targets all addiction problems
- ◆ Lack of progression for clients on methadone for years. Lack of involvement in designing own treatment plans and determining goals with regard to methadone treatment.
- ◆ Opiate centric services ignoring non opiate drug problems.
- ◆ No link to young people at risk of or involved in problematic non opiate addiction.

### **Issues identified by Service Users**

The issues identified by the Service Users formed the backbone of our Qualitative Research. These are included on the Media Project DVD which is attached.

# Key Areas Highlighted from Research

There is a very high rate of current poly drug use (68%). A large number of clients (69%) reported to have used heroin in the previous 3 months as well as being prescribed methadone. Street Benzodiazepines were used by 54% of the clients with crack cocaine use at 37%.

This picture presents to us a polydrug user in treatment for opiate addiction with a wide variety of legal/illegal drug use. In particular benzodiazepine use is highly evident with an increasing number of clients continuing to use crack cocaine.

This Polydrug user struggles to survive on a day to day basis. Our research highlights homelessness, mental health issues, suicide and poverty as major factors faced by service users daily. These factors completely alienate drug users from our community and the challenge is to re-build a sense of belonging and self worth.





# Our Future Purpose - New Defined Vision, Mission and Values

During the course of this evaluation the Management and staff together undertook to review our Vision, Mission Statement and our core values in light of the emerging trends and data presented to them from the consultation process.

## **Our Vision**

Our vision is that all those living with drug addiction in Inchicore will have access to a holistic addiction service locally.

## **Mission Statement**

Our mission is to provide a quality service to those living with drug addiction from the Inchicore area and to promote local responses to drug issues.

## **Our Values**

The Inchicore Community Drug Team work in a confidential and non-judgemental way with all those struggling with drug addiction. We operate our service based on mutual respect, dignity and equality. We respect and listen to the voice of those who avail of our service. Self care and self empowerment of all those who attend or work in our project are of paramount importance.

## **Our Target Group**

- ◆ Those who struggle with a wide variety of drug addiction (poly drug users)
- ◆ Parents coping with addiction and their children
- ◆ Family members
- ◆ Inter agency / Community work.

# Key Strategic Priorities for 2010 to 2012

## **‘Pulling it all together. Where do we go from here?’**

This section aims to put the key issues and common emerging trends into a proposed plan for the future direction of the organisation.

### **Financial Resources:**

This plan is reliant on our current financial resources being maintained at our current levels. We aim to implement this plan by making the necessary structural changes that will allow for a change in focus or direction of a particular aspect of our programmes

### **Our Strategic Goals**

1. To provide a safe environment where people affected by Drug Addiction can explore in a non-judgemental way the issues that are impacting on their lives.
2. To promote opportunities for individuals to move out of the cycle of Drug Addiction.
3. To develop opportunities for children and young people to reach their full potential.
4. To identify gaps in service provision and initiate local responses.
5. To promote a better understanding of how the drug problem impacts locally and increase the community awareness of drug issues.
6. To develop the structures, roles and responsibilities in accordance with the strategic plan.

# Key Strategic Priorities for 2010 to 2012

Quality assurance and development of low threshold / harm minimisation programme/ needle exchange/ safer crack use response physical health focus— 5 afternoons per week

Develop Progression ethos within project/ Focus on Benzodiazepine dependency/ crack cocaine and develop current response to current drug trends.

Development of Aftercare programme for former service users

The role of the Management Board in implementing the Strategic Plan

Finance - needs to be monitored and prioritised to ensure efficient use of resources

## *Reaching out to our Community*

Development of programmes to meet 10 to 14yr old Children who are linked in to Children's project

Development of Family Welfare forum  
To develop our family interventions working holistically from a multi-disciplinary approach model

The development and implementation of a Benzodiazepine strategy locally

The development and delivery of a mental health response locally

Physical resources need to be developed to deliver new programmes.

Community / Inter agency work is crucial to the development of the strategic plan

‘To provide a safe environment where people affected by substance misuse can explore in a non-judgemental way the issues that are impacting on their lives.’

Area	Action	When
<b>Low threshold / Harm Minimisation Service</b>	To continue to provide drop in services 5 afternoons per week.	Monday to Friday 2pm - 5pm
<b>Health Needs</b>	To develop a minimum service level for those on low threshold programmes i.e. Physical health needs prioritised.	June 2010
<b>Crisis Intervention</b>	Continue to provide crisis intervention support. Particularly to develop suicide interventions.	Daily 9.30am to 5.30pm
<b>Housing</b>	To streamline the links with homeless agencies for emergency accommodation	On going
<b>Children’s project</b>	To provide a drop in service	4 days a week 2pm to 5pm
<b>Needle Exchange/ Safer Crack Use</b>	To develop a needle exchange in Inchicore in partnership with the CCLDTF and the HSE. To explore the area of safer crack use and provide a response to this	2010
<b>Opiate Treatment Service</b>	To continue to support the methadone treatment service with the Inchicore Clinic and the local GP’s	On going



‘To promote opportunities for individuals to move out of the cycle of addiction.’

Area	Action	When
<b>Options for service users to stabilise</b>	<b>To establish a system where service user progress from low threshold, to stable, to progression.</b>	<b>March 2010</b>
<b>Prisons Links Work</b>	To continue to develop our prison links service and to review the role in line with developments in the Irish Prison Service.	On going
<b>Current Drug Using Trends</b>	To develop holistic responses for service users in the areas of Benzodiazepines, Crack Cocaine use and others as the needs arise	To begin by March 2010
<b>Case Management / Progression Routes</b>	Continue to develop our Client Management System and promote progression routes, develop a progression ethos.	On going
<b>Children's Project</b>	To develop a holistic case management response for service users with children.	On going
<b>Children's Project Childcare support</b>	To provide quality childcare to those children whose parents attend group work.	Ongoing

‘To develop opportunities for children and young people to reach their full potential.’

Area	Action	When
<b>Young people 10-14 years</b>	To develop a programme to meet the needs of children who have out-grown the Children’s Project whose parents are current or past service users.	2010
<b>Young people at risk of drug use</b>	To develop an inter agency youth programme targeted at those involved in drug dealing to influence the current trend of criminal activity.	By 2011
<b>Family Work</b>	To develop innovative interventions which improve parenting and life skills.	On going

‘To identify gaps in service provision and initiate local responses’

Area	Action	When
<b>Responding to Current Drug Trends</b>	The establishment of a working group to respond to Benzodiazepine dependency in Inchicore and the development of a local strategy	2011
<b>Mental Health</b>	The establishment of an inter-agency response to mental health needs for our service users.	2012
<b>Case Management</b>	To continue to develop our Case Management System by engaging with local health practitioners to provide and implement holistic needs based on treatment plans.	On going
<b>Families</b>	To develop a family welfare forum in conjunction with local agencies which supports interventions to improve the quality of life of children living in vulnerable families.  To continue to provide a family support service for those living with addiction and promote a family support network.	2011
<b>After care</b>	To establish a separate space for those who need aftercare	2011
<b>Holistic Services</b>	To develop our holistic programme based on service users needs	On-going

To promote a better understanding of how the drug problem impacts locally and increase the community awareness of drug issues.

Area	Action	When
<b>Communication</b>	To develop our website with easy accessible drug information and links.  To develop a communications / education strategy for the local community.	2011
<b>Local Drugs Issues</b>	To establish a regular newsletter informing the community of current drugs issues.	2011
<b>Information</b>	The development of the Inchicore Community Drug Team as the place to receive information on or referral for drug related issues.	2011
<b>Policy</b>	To develop our responses at policy level and promote the service as a best practice model.	On going

To develop the structures, roles and responsibilities in accordance with the strategic plan.

Area	Action	When
Management	To review the Management Board’s roles and responsibilities  To develop a recruitment strategy  To enhance the role of the Board by clearly identifying strategy priorities for each board member.  To develop reporting procedures and to review the structure of the Inchicore Community Drug Team.	January 2010  January 2010  March 2010  March 2010
Interagency Work	To identify Key agencies who will work with the CDT in order to implement relevant aspects of the plan.	On-going
Staff	To review the job descriptions based on our strategy plan.	June 2010  December 2010
Finance	To improve the financial management practices and engage outside expertise to ensure value for money	June 2010
Fundraising	To explore opportunities to fundraise and develop a proposal.	December 2010

# Conclusion

Our journey of evaluation and planning has been a useful tool in re-focusing the project. Our research highlighted various gaps in our service provision which we have addressed in our plans for the years 2010 to 2012.

Key areas identified were the emerging and alarming dependence on benzodiazepines and the use of crack cocaine. Our clients struggle with multiple drug addiction while auxiliary issues such as homelessness, poverty and violence are regular problems in their daily lives. Our strategic plan includes several initiatives to address these key areas.

Our investment into our Client Management System allows us at anytime to view a snapshot of current drug use among our clients. We can adapt our service provision to meet the real time needs of our clients. In the current economic climate such efficiencies are of the utmost benefit in providing timely and accurate statistics for funding applications.



Finally we acknowledge a large part of our work is not quantifiable. The daily achievements of our clients and their families in their struggle with addiction cannot be statistically recorded. We hope our media project, our clients stories in their own words, has conveyed to you the meaning of our work in Inchicore.

We have a duty on behalf of our service users to develop our services to the highest standard because all those who will avail of our services into the future deserve nothing but the “Best”

We look forward with commitment and vision to implementing our Strategic Plan and leave you with this thought.

“ Without this service I simply wouldn’t be here today”  
(Service user 2009)

*CELINE MARTIN*

*PROJECT DIRECTOR*

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