



FINGLAS
ADDICTION
SUPPORT
TEAM

Services Report 2009

Finglas Addiction Support Team Ltd

(FAST) Services Report 2009

MISSION STATEMENT

To provide a range of confidential support services to individuals and families affected by drug and alcohol use in the Finglas Area.

Members of the FAST Management Board and Staff



Back Row (L-R): Ian Carter – Chairperson; Michelle Culligan – Community Rep/Secretary;
Andy Robertson – Counsellor; Barbara Condon – Manager, Maire Kearns – Family Support Project Worker,
Pauline O'Connor – Community Rep, Lucy O'Neill – Community Rep/Treasurer.

Front Row (L-R): Debbie Whelan – Sessional worker, Leanora Wilkinson – Administrator,
Grainne Delaney – Project Worker

CONTENTS

Section 1 Introduction to FAST

- 1.1 History of FAST
 - 1.2 Aims
 - 1.3 Principles of FAST
 - 1.4 Our Role and Services
 - 1.5 Structure of the Organisation
 - 1.6 Service user Activity
 - 1.7 Highlight 2009
-

Section 2 Key Services Report 2009

- 2.1 Counselling
 - 2.1.1 Addiction Counselling
 - 2.1.2 Counselling Service for drug/alcohol users
 - 2.1.3 Counselling Service for Family Members
 - 2.1.4 Outcomes 2009
 - 2.2 Cocaine Support
 - 2.2.1 Background
 - 2.2.2 Services 2009
 - 2.2.3 Outcomes 2009
 - 2.3 Aftercare
 - 2.3.1 Background
 - 2.3.2 Outcomes 2009
 - 2.3.3 Participants comments
 - 2.4 Family Support
 - 2.4.1 Background
 - 2.4.2 Family Support Groups
 - 2.4.3 Family Support Respite
-

2.5 Summary of Outcomes

Section 3 Benefits of Treatment/Research

- 3.1 Effectiveness of Drug Treatment
 - 3.1.1 What is Drug Addiction Treatment?
 - 3.1.2 How effective is Drug Addiction Treatment?
 - 3.1.3 Is Drug Addiction Treatment worth its cost?
-

Section 4 Community Development

- 4.1 Service user Stories
 - 4.2 Community Involvement
 - 4.2.1 Other Community Involvement
 - 4.2.2 Interagency Work
 - 4.2.3 Local/National Representation
 - 4.3 Community Perspective
-

Section 5 The Future

- 5.1 Future Strategy
-

Section 6 Acknowledgements

SECTION 1 INTRODUCTION TO FAST

1.1 History of FAST

The need for support services for drug users and their families was identified by a small number of local residents who witnessed first hand the impact of drug misuse in their community. They sought the support of the wider community, statutory and voluntary organisations to develop a community-based response to this problem. Towards this end they consulted with a wide range of stakeholders including local community and residents groups, service providers and politicians. A drop-in service for drug users and their families was established in Janelle Shopping Centre. The uptake by service users of this drop-in highlighted the need for a more developed service.

Finglas Addiction Support Team (FAST) was established and became a legal entity in 2004. The Finglas Cabra Local Drug Task Force (LDTF) agreed to fund FAST on an interim basis, working from a temporary premises in a portacabin adjacent to St. Helena's Resource Centre in Finglas South. The service remained and developed within this portacabin till November 2008 when the service relocated to larger premises at 2a Wellmount Road.

1.2 Aims

1. To provide community-based information, advice, support and referral to those in the greater Finglas area affected by drug and/or alcohol misuse.
2. To provide a community-led service in partnership with local statutory and voluntary agencies.
3. To provide an open, inclusive and person-centred service to those affected by drug and/or alcohol misuse.
4. To provide a confidential, professional service based on models of best practice standards.
5. To promote the use of a range of complimentary therapies to those affected by drug and/or alcohol misuse.

1.3 Principles of FAST

1. People struggling with Addiction issues have the right to accessible and appropriate services and supports.
2. People can be empowered to change their drug-taking behaviour and lifestyle.
3. FAST provides a flexible, non-judgemental, client-centred service.
4. Relationships with service users are characterised by confidentiality, respect, open communication and continuous feedback.
5. All services provided by FAST meet standards of best practice.
6. It is important that FAST remain a community-based service with strong community input.

1.4 Role of FAST

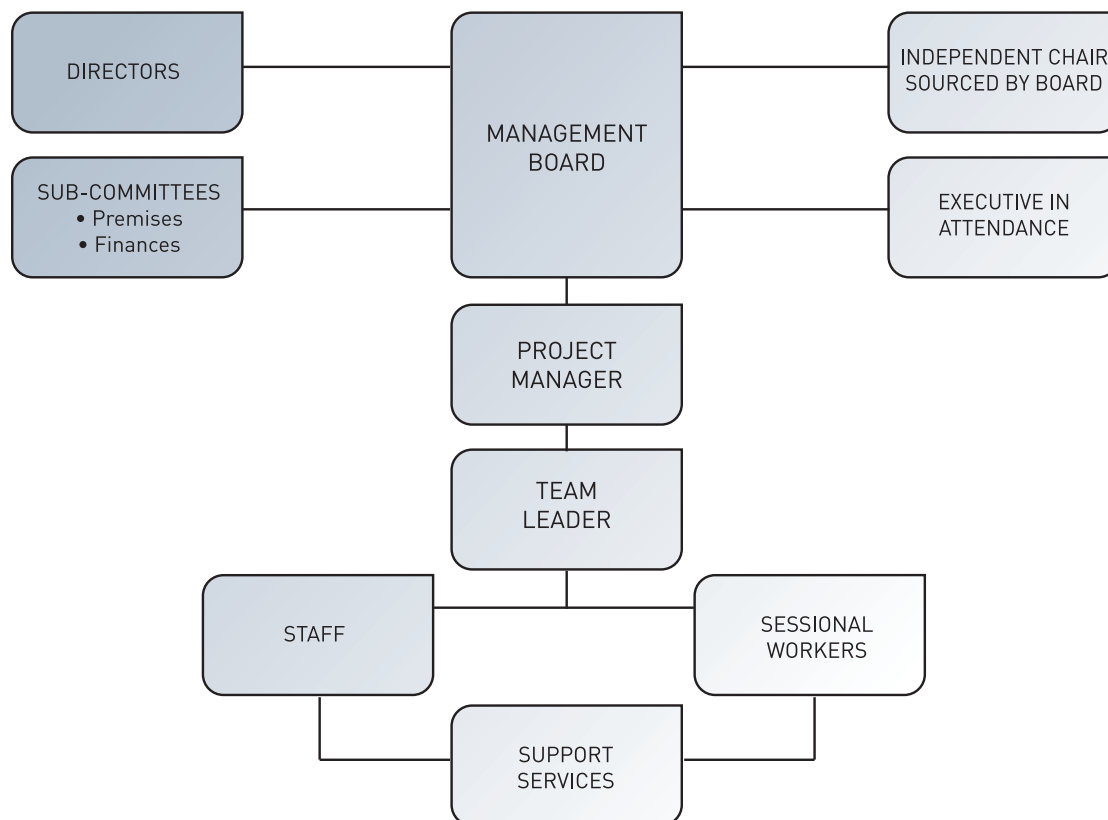
FAST is a user-friendly holistic service providing support to individuals/families that are affected by drugs and/or alcohol related problems in the greater Finglas area. We seek to broaden and strengthen existing services provided and advocate for the broadening and development of prevention, treatment and recovery services in the Finglas area.

To this end we provide the following services:

1. **Counselling**
2. **Cocaine Support**
3. **Aftercare Support**
4. **Family Support**
5. **Complementary Therapies**
6. **Drop-in**
7. **Community Involvement/Networking**



1.5 Structure of the Organisation



FAST Board of Management

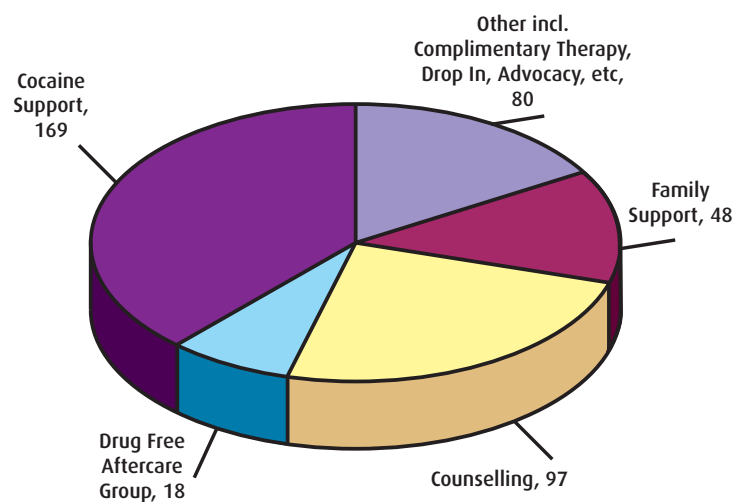
Chairperson: Ian Carter
 Treasurer: Lucy O' Neill (Director)
 Secretary: Michelle Culligan
 Pauline O' Connor (Director)
 Marion Smithers (Director)
 Dr Paul Quigley
 Paul Nolan (Director)
 John Kennedy (Director)
 Barbara Condon (Executive in Attendance)

FAST Staff

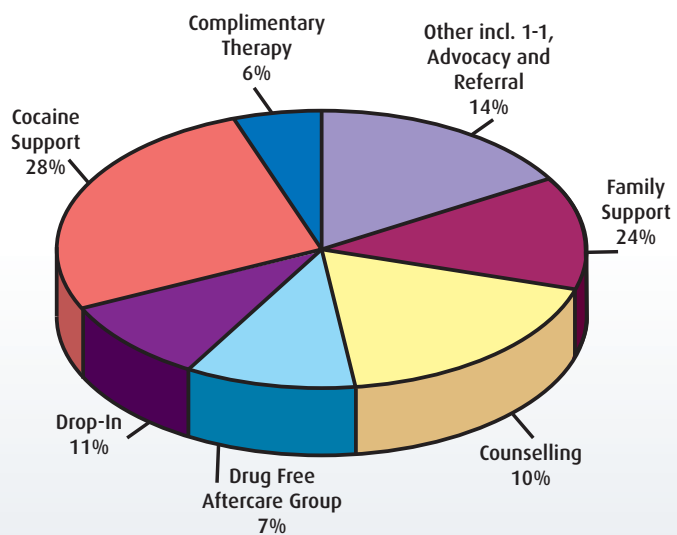
Manager: Barbara Condon
 Team Leader: Derek Morgan
 Administrator: Leanora Wilkinson
 Project Workers: Maire Kearns
 Grainne Delaney
 Tom Bissett
 Rita Furlong
 Counsellor/Psychotherapist: Andy Robertson
 Reception: Kathy Moylan/Martina Yalden

1.6 Service user Activity

FAST worked with 412 service users in 2009



FAST services were accessed 3587 times in 2009 The services were accessed as follows:



1.7 Highlight 2009

The highlight of late 2008/early 2009 was our move to Wellmount Road. Prior to that, our main office was a Portacabin in St Helena's Family Resource Centre. During our time operating from the portacabin space was always an issue, which meant we had to rent rooms in a number of buildings around Finglas to provide counselling and group sessions.

The move to Wellmount Road has made a big difference to staff and service users alike. The building is centrally located making it easier to access from all parts of Finglas. Staff members finally have office space and more than one service can operate simultaneously.

Portakabin St Helena's



Wellmount Road Building



Counselling Room 1



Counselling Room 2



"I was a bit wary of the service moving, but the new space is much more inviting"
(Service User)

"It feels more confidential"
(Service User)

"I can access the service more often now because there is more space" (Service User)

SECTION 2 KEY SERVICES REPORT 2009

2.1 Counselling

2.1.1 Addiction Counselling

FAST employs an Addiction Counsellor/Psychotherapist on a 4 day week basis. This service began in 2005, initially for 1½ days a week. The service hours were increased due to client demand in 2007. Demand for counselling services remains consistently high in the area.

2.1.2 Counselling Service for drug/alcohol users

Much of this work, for those who attend is short-term and looks at specific issues such as

- Decision making around alcohol/drugs
- Work toward detox and rehabilitation
- Recovery strategies
- Relapse prevention

Feedback from service users

'It is a safe place'

**'It was so good to
have someone to talk
about things to'**

**'The sessions helped
me sort out my head
and put important
things first'**

'He listened to me'

2.1.3 Counselling Service for family members

Much of the work is about exploring ways of responding and coping with a partners/child's drug/alcohol use.

Feedback from service users

**'Helped me
escape the
madness'**

**'Helped me
clarify what I
needed'**

**'My son had me
so confused I
didn't know up
from
down...Andy
helped me think
for myself again'**

**'I don't feel as
hopeless as I did'**

**'I felt much more
positive'**

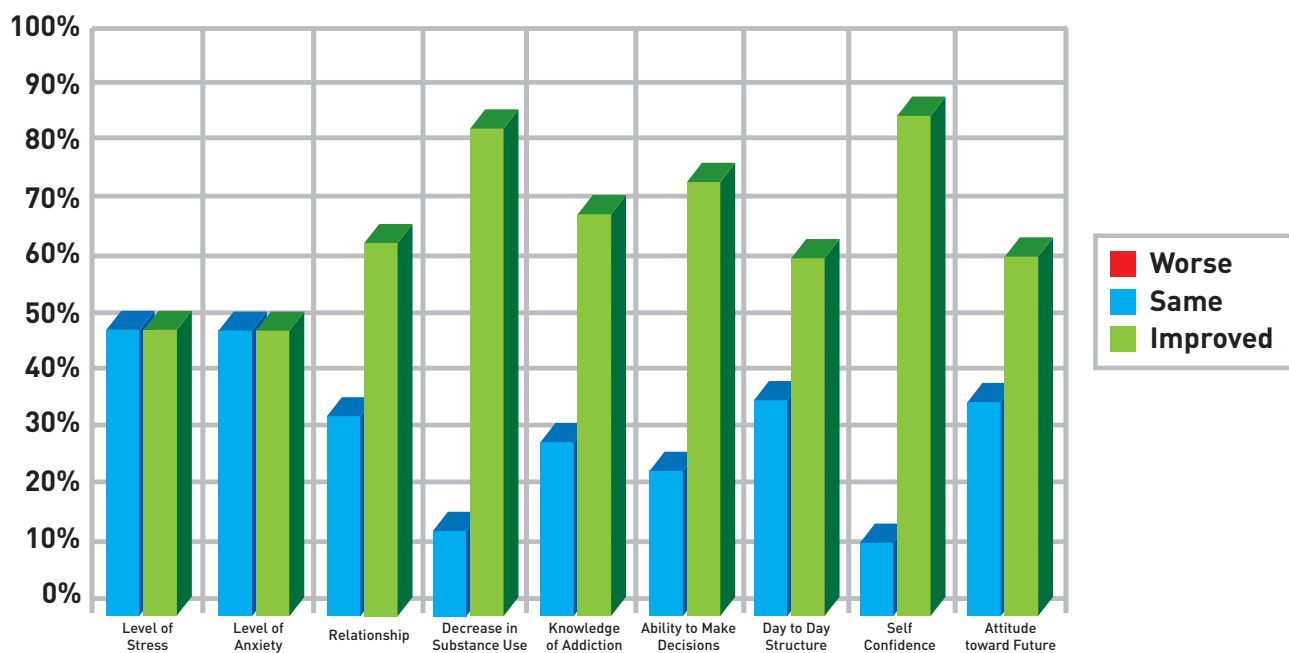
2.1.4 Counselling Outcomes 2009

**FAST ADDICTION COUNSELLING
97 SERVICE USERS**

69 MALES		28 FEMALES	
4+ Appointments completed	1 – 3 Appointments completed	4+ Appointments completed	1 – 3 Appointments completed
<p>10 continue to be drug free, all having at least 6 months in recovery and building solid foundations in training and education</p> <p>3 are alcohol free, returning to education or employment and improved family relations</p> <p>1 gained a period of sobriety whilst engaged in the Service, their first period of sobriety for 15 years</p> <p>4 greatly reduced their drug use</p> <p>1 completed inpatient detox and residential rehab and returned to join the FAST Aftercare group</p> <p>2 accessed the HSE methadone Clinic and stopped using street methadone</p> <p>3 Clients received information on their alcohol units and reduced their alcohol intake</p> <p>1 client reduced his alcohol and hash intake and continues in full employment</p>	<p>All received information on substance use and mental health and also on options available in treatment pathways for them to consider for the future</p> <p>3 clients were referred to the cocaine service in FAST</p> <p>2 clients stopped drinking before attending and received advice on maintaining their sobriety</p> <p>3 clients reduced their drinking significantly and received advice on units and less harmful drinking</p> <p>1 client gained FAS employment</p> <p>2 clients were referred to HSE methadone service</p>	<p>5 clients received education on the effects of their alcohol intake and reduced their drinking to less harmful levels</p> <p>1 client remains drug and alcohol free and is in full time education</p> <p>1 client was referred to the Stanhope Centre for group sessions</p> <p>1 client completed 18 months of therapy successfully working through suicidal episodes</p> <p>1 client is doing ongoing work on how she copes with her partners alcoholism</p>	<p>8 received support and advice around substance use and mental health</p> <p>1 client received information on recovery pathways for her son</p> <p>2 clients are in drug free recovery</p> <p>1 client has eight months sobriety behind her</p> <p>1 client was referred to private bereavement counsellor</p> <p>1 client received information on benzodiazepines</p> <p>2 clients received advice around psychotherapy</p> <p>2 clients were referred to FAST's cocaine service</p>

Our Addiction Counsellor believes that the more positive outcomes have come from those who engage in the counselling process for a minimum of four appointments.

Feedback is encouraged for all FAST services. The counselling service asked clients with 3 + appointments to complete an evaluation of specific changes achieved during their time attending the service. It is very encouraging that of those who responded, the majority cited a significant improvement in many aspects of their lives.



2.2 Cocaine Support

2.2.1 Background

Finglas Addiction Support Team (FAST) identified that cocaine use was causing increasing problems to individuals and the wider community in the Finglas area. In response FAST employed a Cocaine Project Worker to develop a local response to cocaine use and its affects. The uptake has increased every year with a massive 100% increase of individuals attending in 2009.

2.2.2 Services in 2009

- Drop-in service for cocaine user's and their family members where cocaine use can be addressed
- Assessment and appropriate intervention for cocaine use via the use of a mutually agreed and individually tailored care plan
- Ongoing 1:1 therapeutic support for cocaine users
- Holistic support for cocaine user's and their family member's e.g. auricular acupuncture, massage and relaxation techniques
- An evening service operating from 2pm-8pm offering access to full body acupuncture, 1 to 1 support which incorporates education, support, relapse prevention and lapse management techniques
- An evening Cocaine Support Group of 12 weeks duration based on the Brooklyn Programme for Drug Treatment - D.I.S.C.O.V.E.R.Y Program.



2.2.3 Cocaine Support Outcomes

Outcomes 2009

169 Services users accessed Cocaine Support

46 Female	123 Male
<p>Profile: Age Range 18-48 years</p> <ul style="list-style-type: none"> - 16 in full-time employment - 10 were in part time employment - 20 were unemployed - 56% in Employment <p>10 using a combination of cocaine, tablets and alcohol on a daily basis costing €100 upwards per drug using session.</p> <p>25 using cocaine powder and alcohol approx four times a week costing from €100 - €300 per drug using session.</p> <p>11 using crack cocaine, heroin, methadone tablets on an almost daily basis</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • 23 (50%) achieved drug free status since attending the service • 2 gained full custody of their children • 2 attended the Cocaine Support Group • 24 were referred to other agencies including MABS, Coolmines Residential program, Sonas Housing, One in Four and the Peter McVerry Stabilization day program • 6 reduced their drug use from 3-4 times a week to twice a month or less • 23 (50%) clients expressed a significant reduction in mental health problems such as depression, suicidal thoughts and the paranoia and anxiety associated with their cocaine use 	<p>Profile: Age Range 17-59 years</p> <ul style="list-style-type: none"> - 51 were working either full/ part time - 24 were in part time employment - 48 were unemployed - 61% in Employment <p>75 using cocaine and alcohol mainly at weekends costing from €100 - €400 per drug using session.</p> <p>15 using cocaine, alcohol, cannabis and tablets more than 4 times a week costing approx €200 per drug using session.</p> <p>21 using a combination of cocaine, alcohol, tablets and cannabis on a daily basis costing €200 on average per drug using session.</p> <p>12 using crack on a daily basis spending €100+ per day. Crack was being used with heroin, tablets, alcohol and cannabis.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • 52 have stopped using cocaine completely since attending the service • 3 clients have managed to control their ongoing severe panic attacks • 18 attended the Cocaine Support Group • 73 referrals were made to other agencies including Sankalpa, Conrath Housing, Coolmine Residential, Bereavement Counselling, One in Four, Rose Hill Career Guidance and Educational Support, Soilse Day Programme, Wellmount Clinic, Merchants Quay Residential Service and the Stanhope Centre • 26 reduced their drug use from 3-4 times a week to once a month or less • 61 (50%) clients expressed a significant reduction in mental health problems such as depression, suicidal thoughts and the paranoia and anxiety associated with their cocaine use • 21 clients have expressed an improvement in their relationships with partners/children

2.3 Aftercare Support

2.3.1 Background

This group was established in 2006 to support former drug users to remain drug free and to continue on their progression paths. The group focuses on discussion and activities which are based on the requirements of the group. The common issue for all is dealing with the cost of addictive behaviour and living their life without recourse to drink or drugs. Demand is consistently high for this group. This group also has an annual respite weekend to discuss and explore recovery issues in more depth. A review commissioned by the National Drugs Strategy Team highlighted this group as a model for rehabilitation nationally.

2.3.2 Outcomes for 2009

18 people participated in the Aftercare group. Thirteen people moved on from the group during 2009. The length of involvement with the group for members leaving ranged from 1 month to 36 months. Ten of the thirteen who left the group remain drug free.

2.3.3 Participant's Comments

'The Aftercare (group) helped me move on in life. At the start I had no confidence. The group has helped me in all my affairs today. I found the Aftercare group one of the best things I've got in recovery. The help and support I've gotten from the group and its facilitators was brilliant. Also all the issues were dealt with within the group and were kept in the group. I'm very grateful – aftercare has built my confidence and self respect. Brilliant, and thanks'.

'I found the Aftercare group very good in helping me in working through a lot of issues I have in recovery. It helped me to meet new people also in recovery and make new friends. I found it helpful and supportive'.

'The social aspect has done wonders for my confidence and self-esteem. And it has really helped me to keep my goals and achieve them. It has been a life line for me and my peers'.



2.4 Family Support

2.4.1 Background

The road of family members living with a loved one's Addiction is often a long and painful one. It can start with suspicions that are initially ignored or squashed. 'This can't be happening to me, I must be mistaken'. Soon enough the reality of the drug use cannot be avoided – whether it is that the drug user is obviously 'stoned', drug paraphernalia is discovered, or people start coming to the house looking for owed money.

Family members feel isolated and ashamed. In the initial stages the family tries to fix or sort the problem. 'Don't let the neighbours find out'. They pay off the debts and believe the drug user when they swear that 'it will never happen again'. When it does the sense of disappointment or betrayal is huge. Things may go missing from the house and the family's inter-relations spiral downwards. The whole families attention can become solely focused on the drug user in their midst.

Eventually a parent may realise it is very difficult to do it alone – they might seek help. They visit community information centres. Eventually they find their way to drug treatment centres or the local community drug team. They come in wanting the drug user 'cured'. Over time talking to family support workers or to other parents in similar situations they may come to realise the reality. You cannot 'love', 'coerce' or 'control' another person into recovery from drug addiction. They cannot be 'cured'. Both recovery and relapse are in the hands of the drug user. What a loved one can do is 'stop enabling' and get on with their lives.

Family members seeking support can access the following FAST services:

- **Information**
- **1:1 support**
- **Holistic therapies**
- **Counselling**
- **Respite opportunities**
- **Group support**

2.4.2 Family Support Groups

A Family Support Group is a safe confidential place for family members of drug/alcohol users to come together to seek support and discuss their common issues.

In 2009 we operated two family support groups – Monday evening and Thursday afternoon.

The participants of both Monday and Thursday groups worked on:

- Developing Their Coping Skills**

 - Participants discuss issues emerging from the reality of living with drug/alcohol use within the family. From the shared experiences of the group, members feel less isolated / ashamed and they may find solutions to their particular problem.
 - By learning relaxation skills and availing of respite opportunities.
- Increasing Their Knowledge Of Drugs/Addiction**

 - Several guest speakers visited both groups during the year and gave inputs on a wide range of issues such as supporting someone in recovery from Addiction, living with Hepatitis C in the family etc.
 - Both groups participated in drugs education training.

In 2009 the Monday evening group had 20 participants. The group range in age from 28-70 years old. The dynamic is predominately parents living with their child's drug/alcohol misuse while some are dealing with a partner's substance misuse. Four have since moved on from the group. The 16 remaining members have high weekly attendance rates.

A number of speakers attended the group including a representative of the Garda Ombudsman's Office, Co-ordinator of the Finglas/Cabra Local Drug Task Force, and a speaker in Drug Free Recovery.

Outcomes:

- **This group has a high participation of 'couples' who are living with Addiction in the wider family. Addiction can cause discord and disunity within the family. At their weekly group couples are encouraged to agree 'goals' in relation to their communications with the drug/alcohol user, thus rebuilding mutual support and unity**
- **Family members have a better understanding of drug use and how to cope with related issues**
- **Stabilised and closer family unit**

In 2009 the Thursday afternoon group had 11 members; all have high weekly attendance rates. Most members of the group come for support around a child's drug use, but are now increasingly concerned about the drug/alcohol use among their grandchildren. Cocaine and tablets are a particular concern among the younger members of their families as they can fuel episodes of drug debt, violence and crime within the family and wider community. The group's programme in 2009 included sessions on self esteem, relaxation methods and creative therapies.

Outcomes:

- Clients facilitated the group, encouraging the use of the groups vast knowledge and skills
- 2 clients participated in the DICE Course (Community Addiction Course)
- Increased confidence and self esteem
- Greater awareness of the impact of Addiction on themselves and their non drug taking family members
- Increased desire to point others in the right direction for help



2.4.3 FAST's Family Support Respite

Thirty family members availed of a residential/respite weekend in Dundalk, Co. Louth.

2.5 Summary of Outcomes

COUNSELLING

- 85% improvement in decreasing substance use
- 70% greater knowledge/awareness of Addiction
- 75% improvement in decision making i.e. positive choices
- 85% increase in self confidence
- 65% improvement in better relationships

COCAINE SUPPORT

- 45% of Service users stopped using drugs/became drug free
- 18% greatly reduced their drug use
- 50% reduction in mental health problems such as depression, suicidal thoughts, paranoia etc.

AFTERCARE

- 80% increase in self esteem
- 90% maintained drug free status
- 70% moved back into mainstream society

FAMILY SUPPORT

- 95% increased their knowledge of Addiction
- 90% increased their coping skills
- 80% improved the stability of their family unit
- 90% decrease in feelings of isolation and shame

FAST AND THE COMMUNITY

- Drug/Alcohol users & families have quick access to support in their own community
- Increased awareness of drug misuse and associated problems across the wider community
- Provision of valuable information on Addiction to a variety of community groups

Section 3 Benefits of Treatment/Research

3.1 Effectiveness of Drug Treatment Research (U.S. Dept of Health and Human Services 09)

It is important to raise the benefits of drug treatment and highlight research that cites components of comprehensive drug treatment.

Treatment varies depending on the type of drug and the characteristics of the client. The best programs provide a combination of therapies and other services.

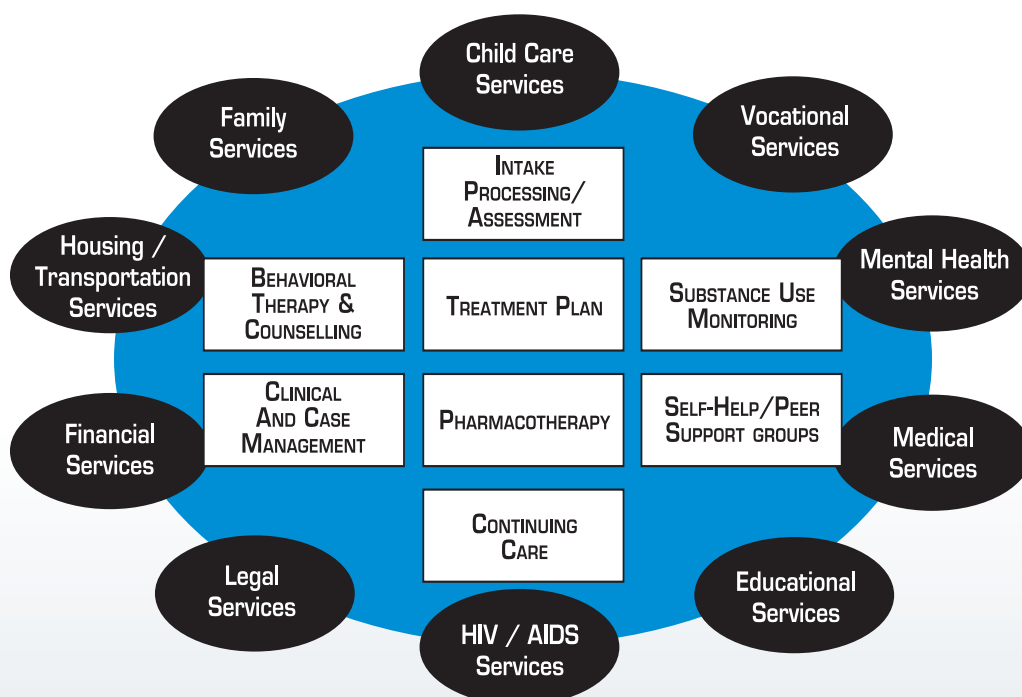
3.1.1 What is drug addiction treatment?

Drug treatment is intended to help addicted individuals stop compulsive drug seeking and use. Treatment can occur in a variety of settings, in many different forms, and for different lengths of time. Because drug addiction is typically a chronic disorder characterized by occasional relapses, a short-term, one-time treatment is usually not sufficient. For many, treatment is a long-term process that involves multiple interventions and regular monitoring.

Components of Comprehensive Drug Abuse Treatment

Figure 1

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual client.



There are a variety of evidence-based approaches to treating addiction. Drug treatment can include behavioural therapy (such as individual or group counselling, cognitive therapy, or contingency management), medications, or their combination. The specific type of treatment or combination of treatments will vary depending on the client's individual needs and, often, on the types of drugs they use. The severity of addiction and previous efforts to stop using drugs can also influence a treatment approach. Finally, people who are addicted to drugs often suffer from other health (including other mental health), occupational, legal, familial, and social problems that should be addressed concurrently.

The best programs provide a combination of therapies and other services to meet an individual client's needs. Specific needs may relate to age, race, culture, sexual orientation, gender, pregnancy, other drug use, co morbid conditions (e.g., depression, HIV), parenting, housing, and employment, as well as physical and sexual abuse history.

3.1.2 How effective is drug addiction treatment?

In addition to stopping drug abuse, the goal of treatment is to return people to productive functioning in the family, workplace, and community. **According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning.** For example, methadone treatment has been shown to increase participation in behavioural therapy and decrease both drug use and criminal behaviour. However, individual treatment outcomes depend on the extent and nature of the client's problems, the appropriateness of treatment and related services used to address those problems, and the quality of interaction between the client and his or her treatment providers.

Relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma.

Like other chronic diseases, addiction can be managed successfully. Treatment enables people to counteract addiction's powerful disruptive effects on the brain and behaviour and to regain control of their lives. The chronic nature of the disease means that relapsing to drug abuse is not only possible but also likely, with relapse rates similar to those for other well-characterized chronic medical illnesses—such as diabetes, hypertension, and asthma (see figure, **"Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses"**—that also have both physiological and behavioural components.

Unfortunately, when relapse occurs many deem treatment a failure. This is not the case: successful treatment for addiction typically requires continual evaluation and modification as appropriate, similar to the approach taken for other chronic diseases. For example, when a client is receiving active treatment for hypertension and symptoms decrease, treatment is deemed successful, even though symptoms may recur when treatment is discontinued. For the addicted client, lapses to drug abuse do not indicate failure—rather, they signify that treatment needs to be reinstated or adjusted, or that alternate treatment is needed (see figure 2, **"How Do We Evaluate if a Treatment is Effective?"**

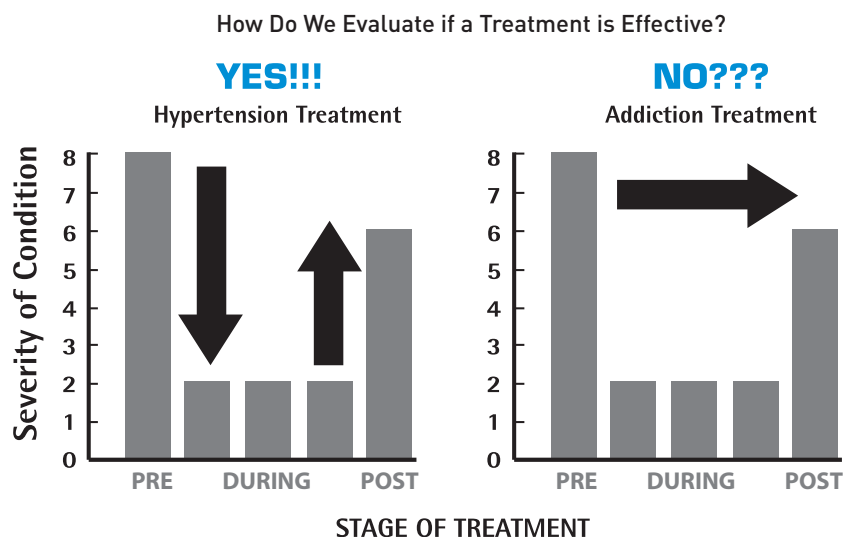


Figure 2

3.1.3 Is drug addiction treatment worth its cost?

Substance abuse costs our Nation over one half-trillion dollars annually, and treatment can help reduce these costs. Drug addiction treatment has been shown to reduce associated health and social costs by far more than the cost of the treatment itself. Treatment is also much less expensive than its alternatives, such as incarcerating addicted persons. For example, the average cost for 1 full year of methadone maintenance treatment is approximately \$4,700 per client, whereas 1 full year of imprisonment costs approximately \$24,000 per person.

Drug addiction treatment reduces drug use and its associated health and social costs.

According to several conservative estimates, every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also stem from fewer interpersonal conflicts; greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths.

Source:
Principles of Drug Addiction Treatment
A Research – Based Guide
National Institute on Drug Abuse
National Institute of Health
U.S. Department of Health and Human
Services (2009)

SECTION 4 COMMUNITY DEVELOPMENT

4.1 Service user Stories

FAST's impact on the community starts with the service users who access our service daily. The following two stories illustrate the benefits that support in the community has had on them.

Raymond's story

I am 32. I am the youngest child in a family of 5 siblings. I started drinking at 16 and was a problem drinker by age 19/20.

I am attending FAST in relation to my alcohol misuse. It's funny how life pans out. In the past I have attended 3 other treatment centres – but quickly went back abusing alcohol. There were nothing wrong with these centres – I just wasn't ready to stop drinking, my heart wasn't in it. This time though things seem to be different. I heard about FAST by word of mouth. I was in painting my cousins house and he suggested that I accompany him. He was a service user of FAST and felt he had gotten good help there. I went along with him and have been attending there regularly for the past 5 months. After that initial visit I began to access 1:1 support (with Tom) on a regular basis. From my first time in FAST I felt great hope. I felt what I never felt before – that I could do it – I could give up alcohol. In many ways my attendance at FAST has sparked change in my life - it has been like the 'domino' effect. I attended 1:1 support in FAST, and I began to take back control over my life. As I took back control over my life, my confidence and ability to inter-relate to others improved. I feel I have grown up a lot in the last few months.

I started a full time 3rd level course in the Liberties College in October 2009 which I am really enjoying. My life has been turned around mostly from my own determination and efforts but also with the help I received in FAST. I came into FAST at a time in my life when I wanted to change badly enough. I am proud of what I have accomplished and happy that I was able to access relevant services in Finglas. I hope in time that I can 'give back' to others who might be similarly struggling with an Addiction.

Eleanor's story

I first came into FAST looking for information about a year ago. Two of my children were on drugs. My sons told me about a 'cure' for their heroin addiction – a residential detox unit in Spain. What I didn't understand then is that heroin addiction cannot be 'cured'. Giving up anything is relatively easy; 'staying off' something can be much more difficult. My sons went for their Spanish detoxes but both eventually relapsed on their return to Ireland.

In the meanwhile I started coming into FAST occasionally but now more frequently. You have to understand I was deeply ashamed about my sons' addictions. It felt like it was something that should be dealt with within the family. I felt I must have done something wrong. I felt so alone.

Initially I came into FAST to talk to Marie (family support worker) and to avail of their holistic therapies. I found these a great support but I still felt very isolated. Then Marie invited me on a respite weekend with other FAST family support participants. On this weekend I met members of the family support groups. We laughed and cried and laughed again over the weekend. Here were women going through the same nightmare as myself.

Not long after the weekend I joined one of the family support groups. In this group we share and support each other. We learn about drugs and Addiction. I think the most important thing we learn (and have to keep reminding ourselves) is that recovery from Addiction is in the hands of the drug/alcohol user. We have to learn to step back and get on with our own lives. I am learning to step back. The group helps to keep me sane. The group is somewhere we can talk through our problems with others who understand and don't judge us. I no longer feel so alone. Something the group guarantees is that as well as tears we will also share laughter. I don't know where I'd be without the group and the support I find there. Please God someday my sons will be in recovery and I'll be able to give back to other mothers facing the pain of living with their children's descent into Addiction. Thank you for listening to my story.

4.2 Community Involvement

The Community is pivotal to FAST in its ongoing response to drug/alcohol misuse.

- FAST is a community initiative. The need for a support service for local drug/alcohol users and their family members was identified by local people who campaigned for years to get FAST established within Finglas.
- The community is central to FAST's Board of Management. Four of the eight members of FAST's Management Board are local community representatives who are all very active within the Finglas community.
- The community has benefited by having access to FAST services. FAST is the only service of its type in Finglas, a community with a long history of drug misuse. FAST has supported numerous service users in Finglas with a knock on positive impact to the wider community.

4.2.1 Other Community Involvement

- A local committee (FACT) and FAST have, for the previous seven years, organised an annual Service of Commemoration and Hope in St. Canice's Church in Finglas Village. This Service is aimed at remembering and commemorating those that have lost their lives through drug related causes in the Finglas area. Its brief is also to raise awareness of Addiction in the Finglas area.
- FAST links with Finglas Against Drugs for their yearly community drug awareness week.
- FAST family support members have participated in cross border initiatives in Belfast with CORE (Community Outreach Reconciliation and Engagement).
- FAST has delivered drug information sessions in
 - Schools
 - Youth Clubs
 - Community Training Workshops
 - Local Community Agencies

4.2.2 Interagency Work

FAST promotes the concept of working in partnership with other agencies. Research and current climate strongly favour an interagency approach. In 2009 FAST worked in partnership with two other projects; Phoenix Aftercare and the Ana Liffey Drug Project.

- **FAST/Phoenix Aftercare**
FAST and the Phoenix Aftercare Project came together and jointly provided the Aftercare drug free support group for those in recovery (see 2.3 Aftercare). This partnership has proved very successful, utilising expertise, knowledge and sharing of resources.
- **In Reach Programme – FAST/Ana Liffey Drug Project**
FAST and the Ana Liffey Drug Project (ALDP) joined together for In Reach. A FAST staff member joined the team in the ALDP and spent a half day a week working in their drop-in. The ALDP is based in the city centre and would attract service users from all over Dublin (including Finglas). The purpose of In Reach was to inform people from Finglas of the services that were available in their local area and to make referrals if appropriate. This joint initiative proved beneficial to service users of both services but unfortunately ceased at the end of 2009 due to funding cutbacks.

4.2.3 Local/National Representation

FAST is represented on the following local and national groups

- Finglas/Cabra Local Drug Task Force (F/C LDTF)
- Treatment/Rehabilitation & Family Support subcommittee of the F/C LDTF
- Education/Prevention subcommittee of the F/C LDTF
- Finglas Suicide Network
- Tolka Area Taskforce on Unemployment
- Voluntary Drug Treatment Network

4.3 Community Perspective

My name is Anna Doran. I am 53 years old and I have lived in Finglas all my life. I am writing a piece about living in Finglas (an area with high incidence of drug misuse) from a local's perspective.

Finglas is a marvellous place to live. It has a great community spirit, a great heart. Neighbours still look out for each other. Community groups abound, looking after the various needs of our children, adults and our senior citizens. Finglas is 'home' and for the most part 'a happy home' for those who live here. We have our problems, where hasn't? The plusses for most of us though outweigh the negatives.

I am writing to you as an ordinary citizen of Finglas. I come from a family, which like many other families has been very active in both community and voluntary work here. Over the years I and my extended family have been involved in many local issues and community groups. It is essential for local people to become involved in local issues and take ownership of our community.

Close to me and my family's heart is the issue of drugs in our community. We all know that there is a serious drugs problem within Finglas. I have always believed that there is no use burying your head in the sand where this problem is concerned, that it has to be responded to. Addiction affects not only the drug or alcohol user but also his/her family and the wider community. All of these elements (individual, family and community) need to be actively involved in helping to put together solutions relevant to their own communities.

With others I was, for many years, involved with the Finglas Against Drugs Committee and its yearly Festival. Prior to mid '90's services for drug users in Finglas would have been almost non-existent. I would also have been one of the people who campaigned locally for the setting up of the H.S.E. Barry Satellite Clinic (opened in 1998) which provided methadone scripts to drug users from the immediate locality. This was a controversial issue with many initial objections from others living locally. We argued though that children who had become addicted in Finglas needed to be able to access treatment in Finglas. To ensure local concerns would also be respected we negotiated that local community representatives (including myself) would be on the Barry Satellite Clinic's monitoring committee.

I believe that there needs to be a strong local voice on committee's who are making decisions in relation to the development of local responses to problem drug use. I was one of the community representatives on the Finglas /Cabra Local Drug Task Force from 2007 – 2009. I have raised important issues and informed members of the 'Task Force' what was happening at grass roots level. Due to family commitments I have had to resign recently from this position.

I still remain involved with the drug issue. I have been involved with Finglas Action Community Team (FACT) a local group which has supported FAST in its efforts to get planning permission to build new base premises. Fast offers counselling, support, holistic therapies etc. to local drug /alcohol users and their family members. This is a vital service and one that has to be available in our community for our community. It is another step towards developing a comprehensive response to problem drug use here.

We are all only passing through 'Life' (and Finglas). Our legacy has to be 'giving' as well as receiving. I aspire to a life 'well lived' and hope that our children will inherit a better place because of my efforts and those of other community activists. I encourage every one, young and old to take greater interest in the community of Finglas and become involved in solutions rather than just moan about the problems.



SECTION 5 THE FUTURE

5.1 Future Strategy

In an ever changing and uncertain climate the challenges facing all Sectors, Community, Voluntary and Statutory, are significant. As recession hits social issues hit harder especially in areas like Finglas which historically has experienced severe economic and social deprivation. This is characterised by high rates of:

- a) early school leavers
- b) welfare dependence
- c) crime increasingly associated with drugs
- d) drug use

It is also evidenced by Finglas' inclusion in the RAPID initiative which targets the most disadvantaged areas in the country; the Tolka Area Partnership, which develops interagency initiatives to respond to long term unemployment and the Finglas/Cabra Local Drug Task Force, whose remit is to coordinate a local interagency drug strategy.

FAST play a minor role in attending to the complexities of the issues facing Finglas. However FAST plays a significant role in attempting to address the issue of drugs/alcohol misuse for individuals, families and the wider community.

Priority Areas of Actions

The following areas have been prioritised by FAST to ensure a comprehensive strategy and high service levels to the service users of FAST and the wider community of Finglas.

- Premises – Secure adequate long term base facility
- Financial and Asset Management – Analyse service costs and ensure value for money and cost effectiveness
- Management and Governance – Continue to implement best practice in management, accountability and governance
- Services – Consolidate existing programmes and further develop services based on needs assessment
- Research – Conduct research to ensure accurate, relevant and up to date trends and patterns are analysed and responded to
- Community – Place emphasis on community/social analysis re challenge of moving from the “personal to the political”
- Develop and Implement 3 year strategic plan

SECTION 6 ACKNOWLEDGEMENTS

The Board of FAST wish to thank and acknowledge the following for their continued help and support:

- Finglas / Cabra Local Drug Task Force
- Dublin City Council
- Tolka Area Partnership
- St Helena's Family Resource Centre
- The Fingal Centre
- Public Representatives
- Community, Voluntary and Statutory agencies both locally and nationally, too numerous to mention individually
- The Community of Finglas
- FAST Service Users
- FAST Staff



FINGLAS
ADDICTION
SUPPORT
TEAM

Services Report 2009

Finglas Addiction Support Team Ltd
2a Wellmount Road
Finglas
Dublin 11

Tel: (01) 8110595 Fax: (01) 8342843
Web: www.fastltd.ie
CHY 17626

**FAST is funded by the Finglas Cabra Local Drug Task Force
as part of the National Drugs Strategy**