Finglas Addiction Support Team Ltd

Three Year Strength based Strategic Plan
(2010-2013)

WITH YOUR SUPPORT.....

Prepared on behalf of the Board of FAST by Cormac Russell,
Nurture Development, May 2010. www.nurturedevelopment.ie

Vision

Our vision is to work in partnership with participants; their families and community's to create a more inclusive Community in Finglas where our participants are treated as emerging active citizens, with strengths and contributions to make, to their own, and their community's wellbeing.

Mission

Our mission is to continue to provide the highest standard of Addiction Support to the people of Finglas.

Values

The value of caring is at the heart of this process, albeit with an emphasis on the need to purposefully shift our focus away from problems and deficits and towards solutions and strengths. It also points to the need to recognise that as well as professional support that the caring the participants often seek is at family, friendship and community level. This presents real challenges, given how many of our participants have problematic family relations.

The second value is fairness, a value that recognises that participants of FAST are often marginalised from their families and communities. All too often participants find themselves segregated and labelled, with few genuine opportunities to connect with others in a productive way; and into meaningful activities within their communities of place.

The third value is respect for participants' opinions and change making contributions in relation to our policy and practice, particularly but not exclusively regarding decisions/actions taken by us and other external agencies that impact on them and their recovery.

Traditionally we think of participants as needing us. We all too often see them solely as needy, and view ourselves in a protective role, providing the care they require. The fourth value, understanding, states that we should also see participants as potentially reliable, resilient active citizens and powerful problem solvers in their own right, with a proven track record in overcoming significant adversity; and potentially capable of producing their own and their community's wellbeing if given the right support.

Hence the four values when incorporated into our practice will see confident, well connected participants, with a strong sense of belonging and awareness of their own strengths; who in turn take their rightful place as productive members of their community, working to co-produce better places to live, learn and prosper.

Contents

Chairman's Foreword

The FAST Board, Executive and Staff supported by service participants and their families have through an intensive consultation and discussion process developed a robust Strategic Plan for 2010 – 2013.

Very appropriately, this Plan clearly articulates a focused Mission and Vision for FAST with 6 key Strategic Priorities. Each having necessary enabling and supporting operational plans with measurable outcomes. All designed to optimise existing participant centred services as well as local community support.

Importantly this plan is also cogniscent of the additional external challenges that will face FAST as a result of the current and future predicted significant economic uncertainty.

Overall this Plan provides a road map for FAST necessary for its future development as an important service for the local community of Finglas.

Ian Carter
Chairperson
May 2010

1.0 Introduction

The Finglas Addiction Support Team (FAST) was originally set up by a group of volunteers from the Finglas community who realised that there were limited services for drug users and family members in the area. After many years of trying to secure the service, Finglas Addiction Support Team finally opened its doors on the 5th of October 2004.

The service specifically targets drugs users at various stages of drug use and recovery –stabilised, drug free and their family members affected by drug and alcohol misuse.

In November of 2009 the Board of Management of FAST commissioned Nurture Development to facilitate them, their management team, staff, participants, families and relevant stakeholders, in developing a three year strategic plan with due regard to the prevailing economic downturn and its likely operational impacts. The document to follow details the rationale and road map for the service going forward. This first section presents an overview of the methodology employed in developing the strategy and also offers an overview of the outcomes of the review and forward planning sessions.

1.1 Methodology

Cormac Russell of Nurture Development conducted a number of review and forward planning workshops with the Board and staff between November 2009 and March 2010, and separately workshops with the staff, participants and family members were conducted in January and February 2010. The Coordinator of the Finglas/Cabra Local Drugs Task Force was also consulted.

Additionally desk research on evidenced based models of service delivery and emerging trends -from a wider range of jurisdictions- that perform well with limited and/or reducing financial resourcing, was undertaken.

1.2 Outcomes of strategic review and forward planning

Over an extended period; through a number of facilitated workshop sessions the board, staff and participants reviewed the aims, objectives and vision of FAST, and then proceeded to agree the priorities and approaches of the organisation over the next three years. The following conclusions were reached:

- A strength based approach should be adopted in developing this strategic plan;
- Six strategic priorities should be pursued:

i. Promote a community of acceptance in Finglas for substance users
ii. Promote genuine person centred progression routes
iii. Balance the service/programme elements of FAST with Community Development/Volunteerism
iv. Expand the premises to allow the work currently under way to be carried out more effectively
v. Emphasis Corporate Governance as a key plank
vi. Prove the business case for FAST (Measuring impact/outcomes)

1.3 Document structure

Section two is informed by a detailed literature review and the outcomes of the review and forward planning workshops. It details the rationale behind FAST's decision to move in a strength based direction. Section three presents the principles that the organisation intends to work to going forward and a baseline account of key objectives; building on the key strategic objectives (see 1.2 above), while section four deals with specific actions, and their resource implications, and target dates.

2.0 Moving towards Strength based Addiction Support Services

This section of the strategy which is informed by a literature review and the outcomes of the review process detailed in section one, aims to place the new strategic direction of FAST in context. Central to the new direction of the organisation is the endeavour where appropriate to move away from a deficiency focus -with regard to those we work with- towards a strengths-based and asset based approach, while also continuing the existing work of the organisation, given its proven positive impacts.

2.1 The Deficit Focus

There is an inevitable focus on deficits (McKnight, 1995) when working with substance misusers, this focus underpins policies, practices and the very language of our medical, education and justice systems and can often unintentionally problematise participants of various programmes (Carthy 1995).

Suffice to say Professionals in the main do not seek out problematic participants, rather such cases come to them; nor can it be universally assumed that they intentionally seek to problematise participants with addiction issues. Addiction by its nature is a complex phenomenon, often triggered by serious health, social, financial and legal problems which are further compounded by addiction, and in turn often exacerbate addictive behaviours. It is within the context of this complex cycle that those struggling with addiction seek out and / or receive professional support.

> "Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age are responsible."
>
> Marmot (2010 Executive Summary)

Denial on the part of many who struggle with the multifarious issues of addiction, further obscures the road towards recovery, and make them less likely to be the ones that seek out help in the first instance. Indeed for many in addiction it is their families who first connect them into various professional addiction support services, a referral that more often than not is triggered by a serious crisis.

This presents professionals with a series of challenges:

- how to engage with such vulnerable people-who are often resistant to support- in a way that recognises them as a co-producer of their recovery;
- how to avoid pathologising them while at the same time addressing their immediate needs;
- recognising that medical and other professional treatments are limited when used in isolation of other supports including community development (Marmot, 2010) -how to work outside professional silos to provide the holistic array of supports required.

Accepting that many people struggling with Addiction will present with acute needs that require highly skilled professional intervention, it is vital in the first instance that such supports are in place. It is the view of the FAST Board, staff and participants collectively that currently in Finglas there are serious deficits in terms of Addiction Support services, and while FAST provides vital supports, the current level of need far exceeds capacity of services.

Notwithstanding this deficit in service provision, when services are in place, the next immediate priority must be to ensure that such services conform with the highest standards of quality care, not alone in terms of service provision but also in ensuring long term health outcomes that reduce participant dependency -over time-on those very services (Ellerman, 2005).

The literature (Antonovsky, 1970) clearly shows that when a person is viewed only through a lens that shows them up as sick, needy and deficient, their dependency on external intervention increases. Additionally evidence abounds that clients of professionals who solely define them by their problems, internalise this diagnosis and apply it like a map to the territory of their entire lives, hence obscuring the capacities that they have-however limited-to bring to their recovery process (McKnight, 1995, Green, Moore & O'Brien, 2007).

Since the 1970s, Aaron Antonovsky and others have been developing the theory of salutogenesis which highlights the factors that create and support human health and well-being, rather than those that cause disease. This is a well established concept in public health and health promotion.

A salutogenic model of working focuses on the resources and capacities that people have which positively impact on their health and particularly their mental well-being. The model aims to explain why some people in situations of socio economic adversity do well (this phenomenon more recently has been termed 'resilience') while others go further into health crisis. Antonovsky argued that those presenting with resilience are both resourceful and purposeful, and that they employ both their capacity and vision to the challenges that life presents.

Building on this tradition recent work in the UK on health inequalities conducted by the National Institute for Health and Clinical Excellence (NICE) and the Improvement and Development Agency (IDeA) clearly evidences the potential for adopting a more balance focus on strengths as well as needs. It defends this position with extensive reference to international epidemiological studies that highlight that while access to medical care/professional treatment are important determinants of health, so too are personal behaviour, social networks and environment and economic status.

Lynne Freidli claims that mental health is significantly socially determined and the identification of social networks and practice that sustains community resilience should be an aim of both local government and health practitioners
(Lynne Freidli :WHO 2009).

Standard professional interventions with vulnerable people remain unilaterally focused on the 'half empty part of the glass', where, professionals in all sectors (statutory, community & voluntary) unintentionally obscure from view 'the half full part of the glass' which contains the capacities of the individual, their family and wider community.

"We can't do well serving communities... if we believe that we, the givers, are the only ones that are half-full, and that everybody we're serving is half-empty... there are assets and gifts out there in communities, and our job as good servants and as good leaders... [is] having the ability to recognise those gifts in others, and help them put those gifts into action."

First Lady Michelle Obama www.abcdinstitute.org/faculty/obama

2.2 Strength based approach

A strengths based approach to drug treatment work by contrast to a deficit approach operates on the assumption that participants, their families and their communities have worthwhile resources for their own empowerment, and that an important role for drug treatment practitioners and other relevant professionals-as well as the provision of direct services-is to support participants to connect and mobilise those resources (McKnight and Kretzmann, 1993) as they journey towards whatever stage of recovery they can.

A strength-based practitioner is therefore invested from the outset in indentifying, connecting and mobilising the strengths of each participant and indeed the community around them. The relationship that is nurtured is not based on getting a participant to change, or to start operating to externally defined norms, but on what the participants cares about enough to act upon.

The primary occupation of this relationship building phase of Addiction Support is to discern what the participant is motivated towards in promoting their own wellbeing, and will therefore use their own capacity and resources to attain. As noted above, the early stages of intervention are often so discordant for both the participants and intervening professionals, that a strength based focus may manifest only in the resoluteness on the part of the professional to remain expectant and actively encouraging of the future emergence of such motivations and resources.

2.3 The Assets Based Approach

Closely aligned to the Strengths based approach is the Asset Based Community Development (ABCD) approach. It distinguishes itself from the strengths based approach in that as well as arguing for a shift from a deficit focus to a strengths based focus, it also considers how professionals and community leaders can mobilise communities to become more engaged in co-creating an appropriate environment for recovery.

It is important to emphasise that the asset/strength based approach does not replace investment in existing services, rather it complements it. The aim is to achieve a better balance between service delivery and community empowerment.

Additionally it is worth noting that ABCD does not, nor cannot ignore that needs exist, and that indeed especially in relation to substance users these needs are complex, multifaceted and urgent. Notwithstanding this ABCD distinguishes between the needs of substance users that can best be met by family and friends, those best met through co-operation between services and communities, and those that can only be delivered through services.

"Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on the risk of developing disease, that is, it is not so much that social networks stop you from getting ill, but that they help you to recover when you do get ill."

Marmot (2010) Fair Society Healthy Lives Final Report.

While the primary role of FAST is to provide a service to our participants, it is also wherever possible to support and where appropriate to catalyse communities to become strong, inclusive and hospitable places for our participants to live in. This view is strongly endorsed by the literature cited above which highlights emerging trends in addiction support, it also echoes the outcomes of consultation with our stakeholders. Our new three year strategy therefore aims to continue to sustain our existing services and deepen their quality, while also working closely and in a strength based way with our participants, their families and the wider community of Finglas to build a more inclusive community.

3.0 Principles of FAST's Strength Based Addiction Support Services

Building on the four values detailed above, the following are the guiding principles that all Board members, staff and volunteers of FAST will adhere to. These principles are aligned with each of the four values:

Caring

1. Every participant regardless of their labels or past history has more talents and skills than any one person can know. A key function of the supports that FAST provides is to identify, connect and mobilise these strengths.

2. FAST Board members, employees and volunteers will therefore always endeavour to start with the strengths of participants, their families and their communities.

3. As Addiction support workers we recognise that participants cannot be supported to take responsibility for their behaviour without their power and self efficacy first being built so that they can enhance their own life outcomes and those of their communities.

4. In promoting positive choices we recognise that choice making is a skill to be learned, and that often participants will make choices that we may not have made. Our role is not to make choices for participants, or make them chose what we believe to be right, but to support them to identify what they care about enough to act upon for the promotion of their own well being and build from their.

Fairness

5. FAST as well as connecting people with much needed services, is about building bridges between participants and their families (wherever possible) and communities. We believe addiction support work should be about actively connecting participants who are marginalised and negatively labelled as a result of their addiction back into the centre of community life, as active citizens and change makers of today.

6. In this regard we believe that addiction support work should not do for a participant what they, their peers, their family and/or community can do for themselves. Where families and communities are not primary investors in our participants lives, it is part of the function of addiction support work to invite and support them into rebuilding reciprocal relationships, or to explore the building of alternative supports.

7. Every Addiction support work intervention should have a built in exit strategy, and should leave as its legacy a participant who has broadened his/her circle of participation in community life, and is therefore a more valued contributor in making his/her neighbourhood a better place, and is in turn less reliant on professional support.

Respect

8. As Addiction support workers, we recognise that power relinquishes nothing without demand and that established power structures often impose barriers to participation in decisions and actions that impact the lives of our participants. Therefore a vital component of our work practice is to empower participants and families to organise to build a more powerful collective voice and to contribute to influencing change in how services are delivered, and participants and families are treated in Finglas.

9. As Addiction support workers we will lead by stepping back, thereby relinquishing the need for compliance and control, and instead enabling participants to step up and take responsibility for their behaviour. Instilling a greater sense of responsibility must -over an appropriate time period- focus on empowering participants with the 'ability to respond' to the challenges and opportunities around them.

Understanding

10. As Addiction support workers we will enable participants to define themselves in terms of the unique contributions that they can bring to many of the social and economic challenges in their communities, city and country rather than in terms of what they receive or 'consume'.

11. As Addiction support workers, we see participants as social innovators with boundless energy, creativity, time and passion which can be channelled into social enterprise and community development initiatives.

4.0 Key Objectives, Outcomes and Actions

1. Consolidate existing services and structures
2. Promote a community of acceptance in Finglas for substance users, through effective networking and ally building, vis a vis more openness and a greater level of outreach
3. Promote genuine person centred progression routes with (rather than for) participants
4. Balance the service/programme elements of FAST with the Community Development/Volunteerism side of the organisation
5. Expand current premises to allow work currently under way to be carried out more effectively
6. Prove the business case for FAST (Measuring impact/outcome) and secure additional funding to mitigate budgetary cuts on existing service

4.1 Key Outcomes

OBJECTIVES	OUTCOMES
1. Consolidate existing services and structures	• **Quality Audits (incl. of all policies and procedures in HR, Financial Control and Corporate Governance) in line with QUADS complete** • **Designed, developed and implemented a number of localised research projects that evidence the work and impact of FAST** • **Volunteer Programme established which compliments and enhances services provided** • **Ongoing successful fundraising strategy**
2. Promote a community of acceptance in Finglas	• **Measurable decrease in the level of labelling/stigmatisation of those affected by addiction** • **Greater number of volunteers engaged as allies in Addiction Support** • **Increase in numbers accessing mainstream supports**
3. Promote genuine person centred progression routes	• **Training/Education & Employment/Enterprise progressions routes are actively and appropriately pursued as part of the recovery process**

OBJECTIVES	OUTCOMES
4. Balance the service/programme elements of FAST with the Community Development / Volunteerism	• **Establishment of new Volunteer Programme** • **FAST Recovery Mentor Model developed with ongoing capacity building for 'mentor programme ready' past participants and family members to provide outreach, act as ambassadors, and provide other volunteer supports as appropriate** • **Partnership with relevant agencies including Fingal Volunteer Centre**
5. Expand current premises	• **Fully resourced to provide and develop existing programmes currently on offer** • **Safe working environment for staff and recovery environment for participants**
6. Prove the business case for FAST (Measuring impact/outcomes) and secure additional funding to mitigate budgetary cuts on existing services	• **Progression is measured against nationally accepted standards** • **% of progression includes participants successfully exiting service; becoming recovery mentors, and defining themselves as active change agents** • **All FAST services in line with Quality Standards (QUADS)** • **Successful fundraising strategy in place and operating effectively** • **Funders/investors recognise FAST as transparent and accountable, employing rigorous measurement procedures to ensure maximum social as well as individual impact, and overall value for money**

4.2 Key Actions

This section of the strategy presents details on the 49 key actions, their resource implications and timelines necessary to achieve the objectives and associated outcomes described above (4.1). The actions are presented in a colour coded format under seven action heading in line with legend 1.1.

Consolidating services

Corporate Governance

Community Networking

Progression routes

Community Development/Volunteerism

Planning permission and funding for extension of premises

Prove Business case & fundraising

Legend 1.1

Objective 1: Consolidate existing services and structures

KEY ACTIONS: CONSOLIDATE SERVICES	RESOURCES (Secured = S; Unsecured = U)	TIMELINE
COUNSELLING SERVICES		
1) Providing quick access to service	Staff (S)	On-going
2) Ensure ongoing availability of counsellor(s)	Funding(S)	On-going
3) Develop Alcohol Programme	Funding (U)	September '11
COCAINE SUPPORT		
4) Ensure quick access to quality service	Staff and Volunteers	On-going
5) Cocaine Team to pilot recovery/street mentors model	Staff (S), Participants (Volunteers) (S in principle), Training (U), Time(S), Funding (U).Training and development budget required (U)	June '11
6) Train volunteers for outreach pilot. Develop policies/protocols for new outreach initiative.	Training and development budget (U)	April '11
7) Rigorously evaluate pilot.	Funding (U)	December '11
8) Extend opening hours.	Pilot & Evaluate recovery/street mentors model (as above)	June '12
9) Develop a community education programme on cocaine use, legal highs and other related issues built around evidence based research and best practice.	Staff research and development time (S)	September '11
FAMILY SUPPORT		
10) Develop third Family Support Group	Staff (S)	September '10
11) Further develop Family Support activity based drop-in	Funding (S)	On-going
12) Train Family Support members to become active change agents in their community	Training (U)	June '11
AFTERCARE		
13) Sustain drug free aftercare group and work in partnership with Phoenix aftercare project	Funding (U)	Ongoing
14) Measure impacts (qualitative & quantitative)	Staff training, followed by staff time (U)	December '10
15) Develop testimonials of participants progression through recovery	Staff (S)	Commence October '10. After which on-going
DROP-IN		
16) Staff to maintain warm hospitable, informal drop-in within the context of existing services	Staff (S)	On-going
17) Develop formal drop in with the aid of volunteers	Training (U) (seek to leverage match training support from Fingal Volunteer Centre (U), volunteer engagement (U)	April '12
18) Develop appropriate policies and protocols for voluntary drop-in and train volunteers re drop-in work		April '12
HOLISTIC THERAPIES		
19) Develop wider holistic complimentary therapy programme to include ear acupuncture, body acupuncture, yoga, relaxation and mediation as part of Participants continuum of care.	Funding (U)	March '12

Objective 1: Consolidate existing services and structures

KEY ACTIONS: CONSOLIDATE STRUCTURES	RESOURCES (Secured = S; Unsecured = U)	TIMELINE
Corporate Governance		
20) Implement and Monitor Strategic Plan.	Board and Manager (S)	On-going
21) Ensure FAST's practices are in line with best practice quality standards.	Board and Manager (S)	On-going
22) Enhance and expand Board capacity in areas of Finance, Fundraising, Community and Corporate Governance generally.	Training/Capacity Building (U)	June '11
23) Devise Fund raising strategy	See Actions 41-50 (below) (U).	June '10

Objective 2: Promote a community of acceptance in Finglas for substance users, through effective networking and ally building, vis a vis more openness and a greater level of outreach.

KEY ACTIONS: COMMUNITY NETWORKING	RESOURCES (Secured = S; Unsecured = U)	TIMELINE
Community Networking		
24) Attend and actively participate in local and national Community/Voluntary Sector forums-committees. Review education/training programmes currently on offer in Finglas. Explore gaps/opportunities to provide training in partnership with other agencies.	Staff time (S but limited)	On-going
25) Provide education / training to community groups, through this process and other more informal engagements build relationships with local community clubs and groups (informal voluntary associations	Staff and expertise (resource overlap with action 24 above)	September '12
26) Explore the feasibility of establishing a Timebank to facilitate the exchange of skills and create a safe framework for residents of Finglas to interface with the service on specific areas in time limited ways.	Funding/in-kind support to conduct feasibility study. Seek partnership with relevant agency, e.g. Tolka Area Partnership, or Business through Business in the Community Ireland.	September '11

Objective 3: Promote genuine person centred progression routes

KEY ACTIONS: PROGRESSION ROUTES	RESOURCES (Secured = S; Unsecured = U)	TIMELINE
Skills/Strength inventory of participants		
1) Establish a formal set of protocols for conducting a skills inventory of all current and new participants.	Staff (S)	Commence Sept '10
2) Develop through motivational interviewing/Care plans individual progression plan for each participant.	Staff (S)	Commence Sept '10
Skills/Strength inventory of Family Support participants		
3) Establish a formal set of protocols for conducting a skills inventory of all current and new Family Support participants.	Staff (S)	Commence Sept '10
4) Develop through motivational interviewing/Care plans individual progression plan for each participant.	Staff (S)	Commence Sept '10
Recovery Mentor programme (see below for details)		
5) Mentor will be trained in motivational interviewing and other strength based approaches.	Funding (U)	March '11

Objective 4: Balance the service/programme elements of FAST with the Community Development/Volunteerism

KEY ACTIONS: COMMUNITY DEVELOPMENT/VOLUNTEERISM	RESOURCES (Secured = S; Unsecured = U)	TIMELINE
Community Development/Volunteerism		
See actions 5), 6), 9), 12), 17), 18) 24), 27) above.	As above	As above

Objective 5: Expand current premises.

KEY ACTIONS: PLANNING PERMISSION & FUNDING	RESOURCES (Secured = S; Unsecured = U)	TIMELINE
PLANNING PERMISSION & FUNDING		
32) Secure Planning permission	Planning permission secured	Complete
33) Invitation to tender	Manager & PSDP (S)	June '10
34) Builder to commence on site	Funding (S)	September '10

Objective 6: Prove the business case for FAST (Measuring impact/outcomes) and secure additional funding to mitigate budgetary cuts on existing services.

KEY ACTIONS: PROGRESSION ROUTES	RESOURCES (Secured = S; Unsecured = U)	TIMELINE
QUADS		
35) Ensure all service components are aligned with quality standards (QUADS).	Staff and Management (S)	June 11
Ongoing Evaluation		
36) Conduct ongoing internal evaluations in line with evidence based frameworks	Staff and Management (S)	Ongoing
Track progression/success indicators:		
37) Record % of Participant exit/progression to recovery rate	Staff (S)	December '10
38) Record % of Participants becoming recovery mentors.	Staff (S)	December '11
39) % of Participants becoming change Agents	Staff (S)	December '10
Implement Fundraising Strategy		
40) Establish Friends of FAST and devise a plan of action.	Board and Sub committee (S)	Commence May '10 & ongoing
41) Build active voluntary fundraising Group.	Board and Sub committee (S)	C'nce May '10 & ongoing
42) Secure Corporate financial and in-kind investment.	Board and Sub committee (S)	C'nce June '10 & ongoing

Objective 6: Prove the business case for FAST (Measuring impact/outcomes) and secure additional funding to mitigate budgetary cuts on existing services.

KEY ACTIONS: PROGRESSION ROUTES	RESOURCES (Secured = S; Unsecured = U)	TIMELINE
Media & Communication		
43) Develop annual Communications strategy.	Board and Manager (S)	Commence June '10
44) Develop innovative, interactive website, with reports etc online.	Board and Manager (S)	Commence May '10
45) Conduct relevant seminars of interest in DCU.	Board and Manager (S)	September '11
46) Build profile through launch of strategic plan/services report etc.	Board and Manager (S)	May '10
47) Communicate stories of recovery	Board and Manager (S)	Commence May '10
Corporate support		
48) Work with Business in the Community to develop a coherent and attractive proposal towards partnership with key Corporates.	Technical support from Business in the Community (S). Board and Manager (S)	May '10
49) Explore Philanthropic Funding	Board and Manager (U)	June '11

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Thanks also to Mr John Bennett, Coordinator of the Finglas/Cabra LDTF for his participation in the consultation process.

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Appendix I: Community Profile & Context of Finglas Addiction Support Service Community Profile (Census (2006) & FAST Annual Report 2008)

- Finglas has long been an area of low employment with high levels of crime, social marginalisation and substance misuse
- Population approx 30,000
- A significant population of Irish travellers (871) reside in the Finglas area
- Violence, crime and guns prevalent in the area
- Incidents of suicide are high
- Area is under-resourced regarding services

Profile of Drug Use & Current Services in Finglas

While there have been improvements in the availability and range of services and support for drug users in Finglas the following can be concluded from the limited information available:

The continuing levels of poverty and social exclusion in Finglas are linked to sustained drug problems in the area. This trend is now inter-generational.

Services have increased particularly to stabilise drug users through methadone programmes whereby the numbers of people accessing treatment has risen by 56% in five years. There is no obvious demand for more methadone treatment places in Finglas.

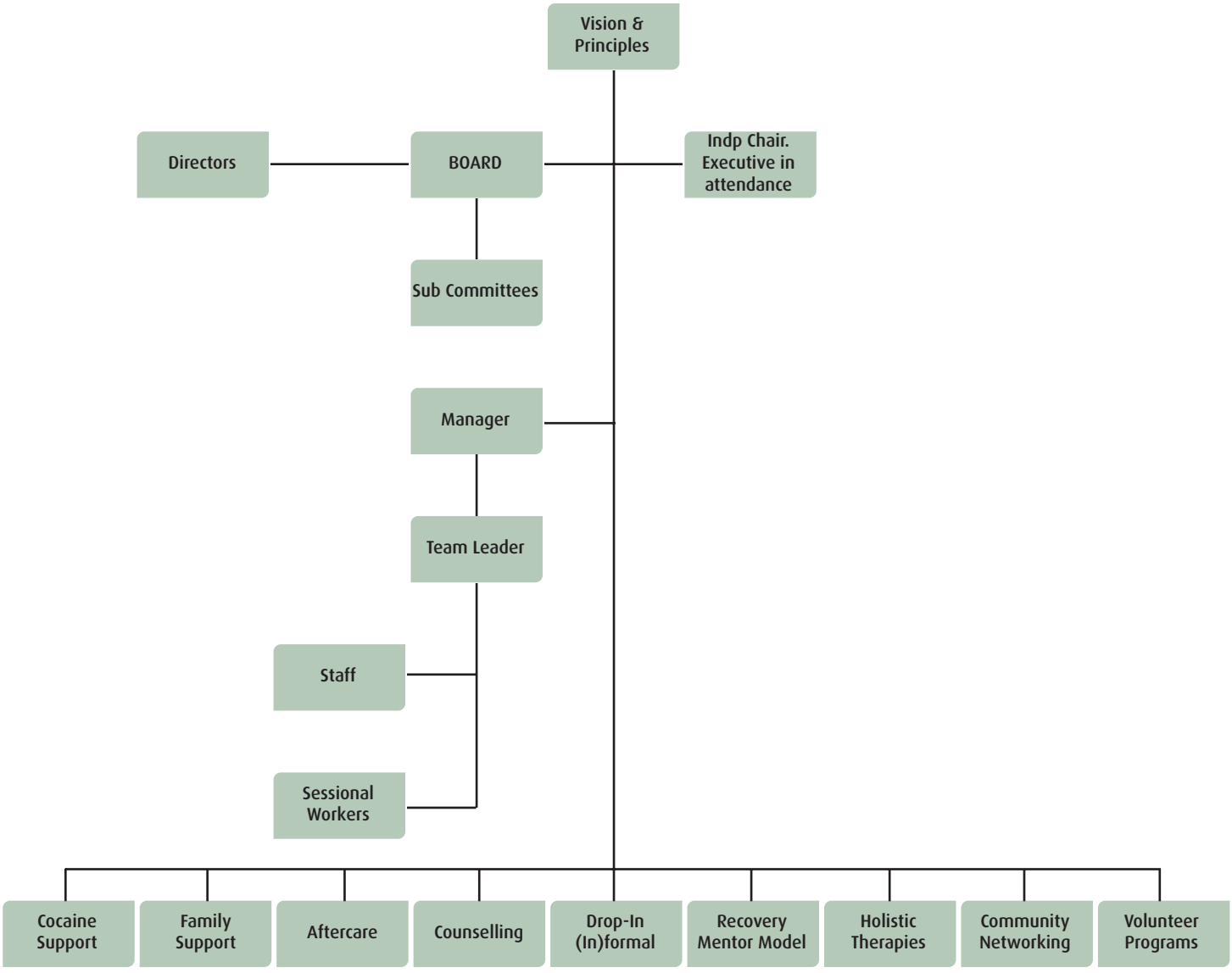
Tackling drugs has become more complex. A more diverse range of drugs are now widely available and are relatively cheaper to buy e.g. Head shop products. People are combining different types of drugs which make treatment more complex.

Drugs are widely available in Finglas and new technology is used to purchase and supply drugs.

There is a gap in services for drugs users and their families in Finglas. While methadone treatment services are in place gaps exist in relation to progression for participants and treatment for other drugs such as cocaine. This gap is acknowledged in the LDTF plan 2008-2013.

Appendix II: FAST Organisational structure & Service Delivery Framework

Structure of Organisation and service delivery framework 2010-2013



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