



SOUTHERN REGIONAL DRUGS TASK FORCE

Annual Report 2010

Other people's opinions do
not have to become our
Realities....

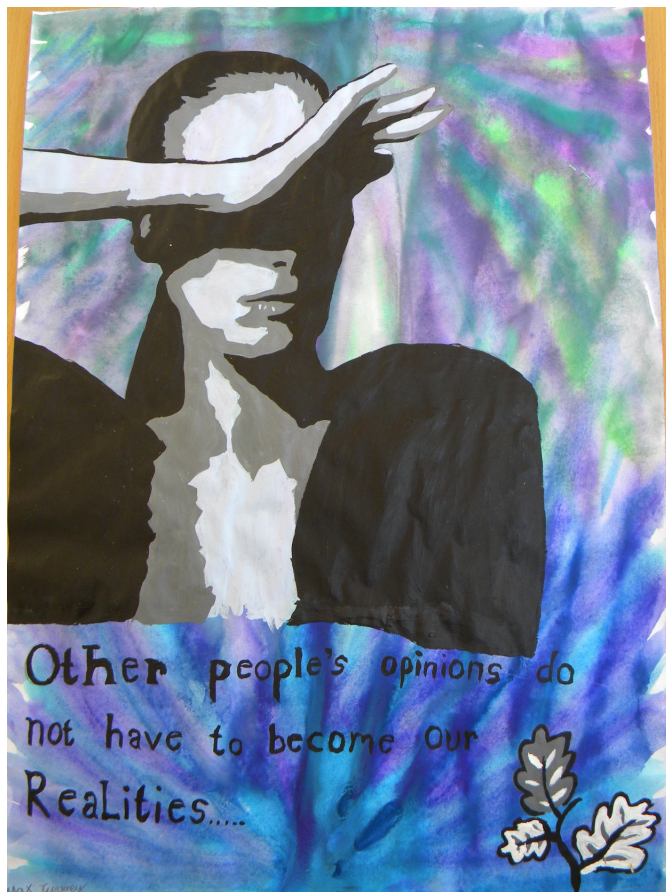


Cover Artwork

The artwork on the cover was produced by a young man, who had been supported by a Community Drugs Initiative, who then progressed to treatment within a regional treatment centre and who has now graduated from the treatment programme.

His interpretation of the text on his Artwork is as follows:

"What this means to me, is that no matter what other people think of you, you are who you are, and you shouldn't let anybody change that, because at the end of the day we are all unique in our own special way and we should be proud of that" M.T, 2010.



Report written and compiled by Chris Black, Coordinator, Southern Regional Drugs Task Force

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A View from the Chairperson – Peadar King

“Democracy”, Winston Churchill, in what is now a well-worn observation, once declared “is the worst form of government: that is until you think of all the alternatives”. And it is certainly true that there is a degree of disquiet about the way in which democracy has become more and more centralised in this country. Local government and governance structures have been severely curtailed in recent decades as a result of that centralisation. But it is not just local government that is being stifled in the current drift towards centralism. Even within the Houses of the Oireachtas, there was in the run up to the 2011 general election a much-reported degree of frustration and not just with opposition Deputies and Senators but with backbench members as well with the way in which power now resides with the few. The demand for political reform to offset the centripetal pull was a key feature in public discourse during the general election.

And as we have learned only too well in the last three years, that concentration of power rests not just with a small elected elite but with other unelected elites who are beyond public accountability, beyond the usual constraints that should operate in an open democracy. And democracy is now even further curtailed by the degree of influence that has been appropriated by external agencies like the International Monetary Fund, the European Central Bank and the more anonymous market forces and hedge fund operators.

This is not a unique feature of governance in Ireland. It has also become a troubling trend in other countries, both within and outside the European Union, and even within the European Union itself. In a disturbing epitaph to a long and distinguished career in British politics, octogenarian Tony Benn remarked that after fifty-two years in Westminster parliament that he was “resigning from parliament to devote more time to politics”. All power he claims is being sucked upwards and inwards leaving public representatives voiceless and powerless.

And while in that context, it would be easy to make exaggerated claims for the work of the Southern Regional Drugs Task Force and for the other twenty-three Task Forces that operate throughout the country, but each one does provide small but tangible evidence of the

counter-upward movement that undermined Tony Benn's confidence in the current model of representative democracy.

The Southern Regional Drugs Task Force has twenty-six members drawn from statutory, voluntary, community and local government representatives. We have responsibility for a budget of about one million euro and the decision on how that money is spent is the responsibility of the Task Force. In my now almost two-year experience of chairing that Task Force, the disbursement of that public money is undertaken with great care and consideration. And that is as it should be. Part of that public transparent disbursement is the publication of this annual report. While democratic participation is a right, it is also a responsibility and that responsibility demands transparency.

The work of the Southern Regional Drugs Task Force and the publication of this annual report represents local democracy and accountability at work. Reports from the bimonthly meetings of the Task Force are made available to the public through the network of voluntary, community, statutory organisations that make up the Task Force.

As a Task Force we are wholly committed to ensuring that there are never any conflicts of interests between the members of the Task Force and what we are mandated to do and towards that end we have undertaken preliminary work on conflict of interest declarations that will be agreed before the publication of the next annual report.

I would like to take this opportunity to thank my colleagues on the Task Force for their commitment and seriousness of purpose. On behalf of my colleagues on the Task Force, I wish to thank the host organisations, local management groups and the range of individuals and agencies that make real our work on a daily basis. I wish to thank all of the workers who bring to life all the work of the Task Force. I wish to acknowledge the individuals, families and communities who put their trust in us, who come to the services in the belief that their lives can be enhanced by our services. It is a tremendous trust of which we are hugely conscious.

And finally as a locally democratically formed body with responsibility for public money, I would like to re-commit ourselves to the principles of good governance, accountability and democracy.

Coordinator's Introduction

Having held the position of Coordinator of the Southern Regional Drugs Task Force since June 2006, I have seen the Task Force grow and develop from a collection of twenty-six people with a vision and a strategic plan, to what we have today, presented here in the annual report, a Task Force, with a budget of around €1. The Task Force directly funds and supports twenty-two initiatives, which offer support, guidance, advice, a lifeline to numerous people across both Cork and Kerry, whose lives are affected directly or indirectly by drugs and/or alcohol.

I come from a background in community development, a model which involves a bottom-up approach, consultation, partnership and collaboration. Using this model the Task Force ensure that the state funds we receive are used effectively to deliver services in the region which meet an identified need. Partnership and consultation are key element of the process and not only do we have the twenty-six Task Force members, but each community drugs initiative has a local advisory group, made up of residents and professionals, who know the issues faced in their own localities. Outside of this network, we also have various sub-committees, with their own specialist knowledge who can all work together for a common aim of improving the quality of life for those misusing drugs or alcohol, and their families.

My background is complemented by that of the SRDTF Development Worker, Gordon Kinsley, who has a background in addiction and face to face work with those whom it affects. I believe that alongside the Task Force members, the combination of our skills and our shared vision for the region keep us driving forward, at a time when services and funding are under threat.

The year 2010 was difficult, with funding levels being reduced for the second year in a row: a 15.9% reduction on the allocation we received in 2009. This meant yet another cutback to the budgets of all our projects, with the Community Based Drugs Initiatives budgets being significantly reduced, leaving little money to pay for additional activities, outside of the one-to-one, group and family work. Some projects have resorted to external fundraising, which has meant that some focus may have been lost, as time and energy has gone into attracting additional monies. However, despite the reduction, in most cases, we have continued to offer the same level of service, in terms of staffing hours on the ground. The budget reductions have also allowed us to ensure the projects are targeted and focussed. The intervention based approach we use appears to be extremely successful, in terms of reducing the harm caused to the individual and family through drug use. Whilst abstinence is the goal of the projects, we acknowledge this may not be the goal of the drug user and we therefore offer a harm reduction approach that works with the drug user where they are in terms of their drug use, should they not be ready to be referred into a treatment centre or abstinence based programme.

Our partners who employ the drugs workers, link workers, aftercare workers and club workers on our behalf, also share our vision of "reducing the harmful effects caused to society by drug or alcohol misuse" and have been extremely supportive in working with us to ensure that the projects are very focussed and make a real difference in the communities within which they work.

In 2010, we saw the rise and demise of headshops, which had become a source of concern both in the region and nationally. Towards the end of 2010, we became aware of an increase in the use of benzodiazepines by young people, which will be addressed in 2011. In terms of problematic drug use, amongst those presenting to the projects alcohol or cannabis continued to be the primary drug of choice.

One of the most important initiatives we have undertaken during the year has been the finalising of our Heroin Strategy, which offers us a template and work-plan to take us into the future. The actions in the strategy, whilst heroin focussed, also offer us a framework which can be used amongst the general drug-using population. This strategy builds on what we already have, and through the support of the HSE will introduce additional services that have been lacking in the region, for so long – detoxification beds, additional addiction counsellors, easier access to the methadone programme through increasing the number of Level 2 GP's¹, harm reduction programmes for those not yet ready for treatment, needle exchange (where there is a proven need) and the strengthening of our Community Based Drugs Initiatives.

I would like to acknowledge all of our funded project workers, without whose dedication in working in what can be an extremely stressful environment, the Task Force would not be able to operate. These project workers have delivered a high quality service, in an environment where there have been reduced budgets and pay cuts and/or pay freezes, which affect staff morale. It is a testament to their dedication that 304 people and 202 family members have received direct support through our Community Based Drugs Initiatives, in addition to working with numerous young people in the formal and non-formal sector. Further over 1,000 people have been supported through the Link Worker and Aftercare Programmes.

Finally, I would like to say to people living in Cork and Kerry, whose lives are affected by drug or alcohol misuse, there is hope out there, there are services offered by the Task Force and our partners, there are successes and set-backs, but our dedicated management and staff are there to support you and not give up.

Chris Black – Coordinator

¹ Level 2 GP's are the first point of contact in the methadone programme. The GP would stabilise people on Methadone, before referring to a Level 1 GP for ongoing support.

SRDTF Members 2010

SRDTF membership in 2010 consisted of the following representatives from the Statutory, Voluntary and Community Sectors, alongside Public Reps.

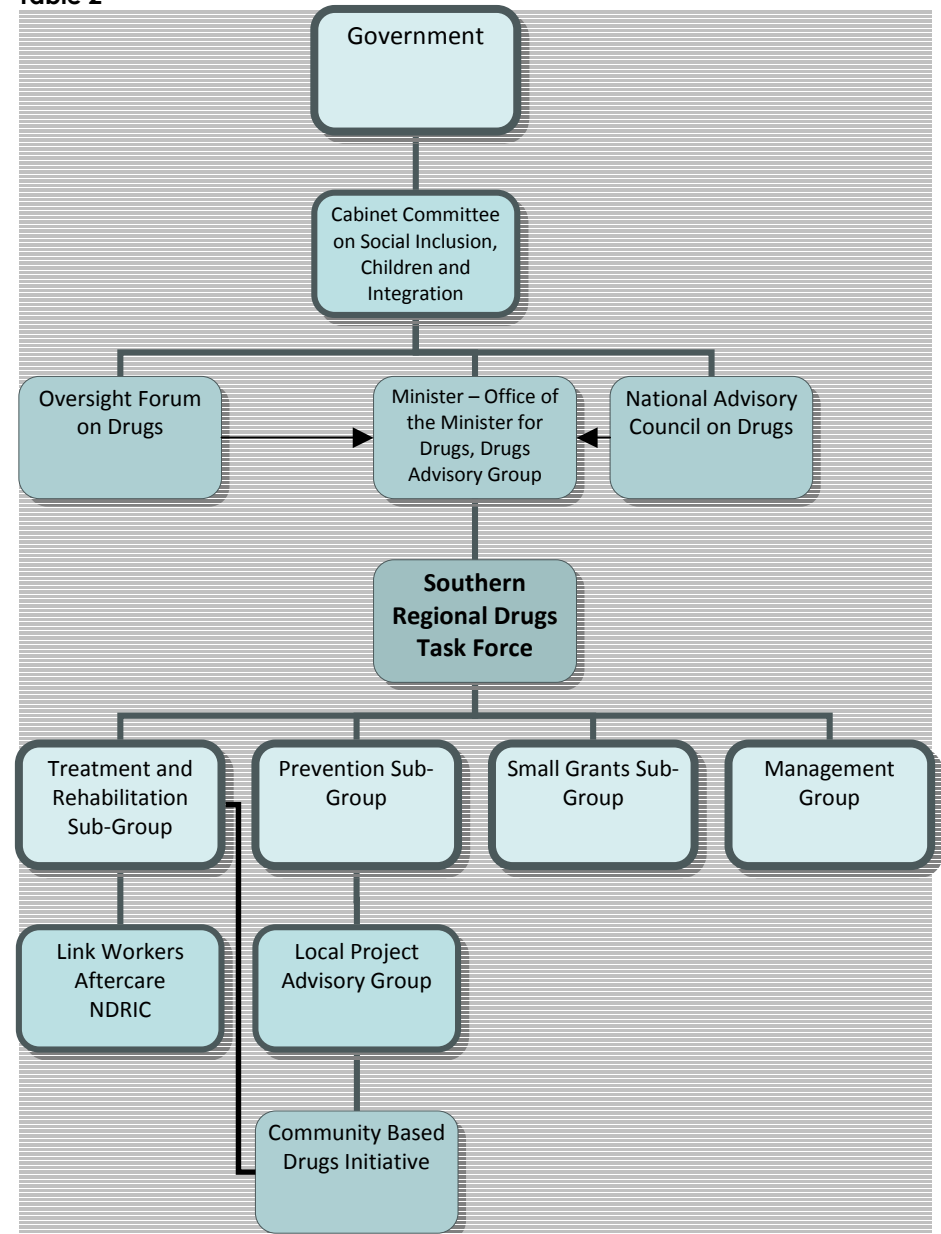
Dates of all meetings of the Task Force and its sub-groups can be found in Appendix 1.

Table 1

| | |
|--|--|
| Peadar King | Chairperson |
| Margaret Casey | Vice Chairperson - Community Sector – Kerry County & Voluntary Forum |
| Chris Black | Coordinator SRDTF (non-voting member) |
| Gordon Kinsley | Development Worker SRDTF (non-voting member) |
| John O'Connor | Drug Advisory Group Liaison |
| Bill Morrell (replacing Dan Kiely) | Community Sector – Kerry County & Voluntary Forum |
| Gavin Falk | Community Sector – Cork County & Voluntary Forum |
| John Fuller | Community Sector – Cork County & Voluntary Forum |
| Nora O'Donovan | Community Sector – Cork City Partnership |
| <i>Position Vacant</i> – (John Ashu , resigned) | Community Sector – Cork City Partnership |
| <i>Position Closed</i> – (Dominic Sullivan, resigned) Dept no longer represented | Department of Education and Skills |
| Helena O'Sullivan | FÁS |
| Paddy O'Sullivan | Customs |
| Neil Kelly | Department of Social Protection |
| Sinead O'Connell | Probation Service |
| Inspector Dan Keane (replacing Inspector Ger O'Mahony) | An Garda Síochána |
| Deirdre Kearin (replacing Seamus O'Hara) | Partnership Companies |
| David Lane | Health Service Executive & Cork LDTF |
| Cllr. Kevin O'Keeffe | Public Representative |
| Cllr. John Brasill (replacing Cllr Seamus Cosai Fitzgerald) | Public Representative |
| Cllr. Pat Leahy | Public Representative |
| Cllr. David Boyle | Public Representative |
| Ruth Griffin | V.E.C |
| Con Cremin | Voluntary Sector |
| Mick Devine | Voluntary Sector |
| Geraldine Ring | Voluntary Sector |
| Denis O'Brien | Voluntary Sector |
| Tim O'Donoghue | Voluntary Sector |
| Catherine Fitzgerald | Voluntary Sector |

Structure OF Task Force (reporting relationship)

Table 2



Budget 2010

The total budget approved for SRDTF in 2010, by the Office of the Minister for Drugs, was **€1,089,369** in comparison with **€1,296,770** in 2009, a reduction of €202,401, or 15.9%. Details of Expenditure approvals are in the following table:

Table 3

| Project Type | Project Name | Project Promoter | Project Description | Project Budget |
|----------------------------|-------------------------------------|--------------------------------|--|----------------|
| Task Force Budget | Operational Budget and Small Grants | HSE/ Cork City Partnership | Task Force Budget – including Development Worker Salary and Small Grants | 109049 |
| Prevention | Club Kerry | HSE | A programme for Clubs, Pubs and Off-Licences which trains staff in developing an appropriate response to alcohol and drug misuse | 37700 |
| Prevention | Club Cork | HSE | A programme for Clubs, Pubs and Off-Licences which trains staff in developing an appropriate response to alcohol and drug misuse | 37700 |
| Treatment & Rehabilitation | Link Worker Cork | HSE | To provide support and guidance to persons engaging with rehabilitation services | 53349 |
| Treatment & Rehabilitation | Link Worker Kerry | HSE | To provide support and guidance to persons engaging with rehabilitation services | 47771 |
| Prevention | Bandon | Foroige | To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families. | 59217 |
| Prevention | Tralea | North East Kerry Development | To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families. | 40659 * |
| Prevention | Killarney | Kerry Diocesan Youth Service | To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families. | 59250 |
| Prevention | Cobh | YMCA | To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families. | 39811* |
| Prevention | Mallow | Cloyne Diocesan Youth Service | To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families. | 60250 |
| Prevention | Listowel | Kerry Diocesan Youth Service | To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families. | 61750 |
| Treatment & Rehabilitation | Tabor Lodge Aftercare | Tabor Lodge | To provide aftercare supports to those who have completed a 28 day residential programme | 38000 |
| Treatment & Rehabilitation | Matt Talbot Aftercare | Matt Talbot Adolescent Service | Family Link Worker to provide preventative and support services to families as part of the aftercare programme | 38000 |
| Treatment & Rehabilitation | Anchor Aftercare | Anchor Treatment Centre | To provide for a part time addiction counsellor for relapse prevention | 38000 |
| Treatment & Rehabilitation | Fellowship House Aftercare | Fellowship House | Support worker helping men in recovery source accommodation and provide aftercare support to clients and their families | 40500 |
| Treatment & Rehabilitation | Strengthening Families Programme | HSE | Evidence based 14 week family skills programme | 8188 |
| Treatment & Rehabilitation | Cuan Mhuire Aftercare | Cuan Mhuire | To provide outreach support to clients from Cork & Kerry who have completed a residential treatment programme and who are at risk of | 38000 |

| | | | | |
|----------------------------|---------------------------|---------------------------------|--|------------------|
| | | | relapse | |
| Prevention | Fermoy | Cloyne Diocesan Youth Service | To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families. | 59850 |
| Prevention | Youghal | Foroige | To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families. | 40479 * |
| Treatment & Rehabilitation | Renewal Aftercare | Renewal Sheltered Accommodation | Supporting the provision of an out-patient facility, for those on residential waiting list, offering counselling and therapies | 40,500 |
| Prevention | Mitchelstown | Foroige | To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families. | 22846 |
| Treatment & Rehabilitation | Talbot Grove Aftercare | Talbot Grove | Aftercare support for relapse prevention | 38000 |
| Prevention | Macroom | Cloyne Diocesan Youth Service | To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families. | 58000 |
| Treatment & Rehabilitation | Anchor Cocaine Initiative | Anchor Treatment Centre | Alternative therapies for those primarily with a cocaine addiction | 22500 |
| | TOTAL | | | 1,089,369 |

*notes:

HSE South, as part of its commitment to SRDTF provided additional funding totalling €65,000, which was allocated to three Community Based Drugs Initiatives as follows – Cobh €21,500, Youghal, €22,000 and Tralee, €21,500. This is in addition to the funding in the table, which shows only monies from the Office of the Minister for Drugs.

- Within the Operational Budget a sum of € 15,514 was awarded in Small Grants – see Appendix 2

- In addition to the budget above, €25,000 was made available under the OMD Premises Initiative. Details of this expenditure can be found in Appendix 2

Project Staffing

Table 4

| Project Name | SRTDF funded staff |
|---|--|
| Operational Budget | Coordinator – Chris Black F.T. Development Worker – Gordon Kinsley F.T. |
| Club County Kerry | Michelle McSweeney F.T |
| Club County Cork | Aoife NiChonchuir F.T |
| Key Link Worker for Co Cork | Brendan O’Riordan F.T. retired Oct 2010, replaced by Dermot O’Regan F.T |
| Key Link Worker for Co Kerry | Dermot O’Regan F.T. moved to Cork Oct 2010 – position currently vacant |
| Bandon Community Based Drugs Initiative | Julie Cummins F.T. / Deirdre Ryan P.T. (maternity cover) |
| Tralee Community Based Drugs Initiative | Pat Hannafin F.T. replaced by Paul Morgan |
| Killarney Community Based Drugs Initiative | Des Bailey F.T. |
| Cobh Community Based Drugs Initiative | Gemma Turner F.T. |
| Mallow Community Based Drugs Initiative | Nicola Whelan F.T. |
| Listowel Community Based Drugs Initiative | Gerard Lowe F.T. |
| Tabor Lodge Aftercare Programme | Part fund – aftercare worker, women’s co-ordinator & relapse group coordinator |
| Matt Talbot Adolescent Services Aftercare Programme | Jason Cowell P.T. |
| Anchor Centre Aftercare Programme | 1* P.T. Aftercare Worker |
| Fellowship House for Men Aftercare Programme | Ciaran O’Driscoll F.T. |
| Cuan Mhuire Treatment & Rehabilitation Centre Bruree, Aftercare Programme | M Leahy P.T. |
| Fermoy Community Based Drugs Initiative | Martina Munnelly F.T. |
| Youghal Community Based Drugs Initiative | Eric Trihy F.T. |
| Renewal Women's Residence Aftercare Programme | 1* pt Aftercare Worker |
| Mitchelstown Community Based Drugs Initiative | Elaine Marrinan P.T. – replaced by Mairead Cleary P.T. |
| Talbot Grove Aftercare Programme | 1* PT Aftercare Counsellor |
| Macroom Community Based Drugs Initiative | Catherine Buckley F.T. |
| Anchor Treatment Centre Cocaine Initiative | 1* PT Holistic Therapist |

Note : F.T = Full time P.T=Part time

Notes on project staffing:

There were some gaps in service provision due to changes in staffing:

- The Link Worker in Cork retired in October 2010 and was replaced by the Link Worker from Kerry.
- The Kerry Link Worker position remained vacant from October – December 2010.
- The worker in Bandon took maternity leave and the project was not covered during May/June, following that a part-time worker took up post.
- The Worker from Mallow moved to Macroom in Jan 2010 and was replaced in Mallow in June.
- The Project Worker in Mitchelstown resigned in October 2009 and was replaced in April 2010.
- The Project Worker in Tralee resigned in September and was replaced in November.

Outcomes: Community Based Drugs Initiatives

In January 2010, CBDI's began generating data for the Health Research Boards, National Drug Treatment Reporting System. The statistical information below was derived from that data.

Please note however, that information below does not reflect all the work carried out by CBDI's and all the young people a Community Based Drugs Worker would come into contact with. It is purely data on those young people deemed to be treated. It does not reflect other work carried out by the CBDI's, such as talks, supports to other organisations and generic work in youth settings.

Treatment is understood by the Health Research Board as:

- Any activity targeted at people who have problems with substance use, and which aims to improve the psychological, medical and social state of individuals who seek help for their problem drug or alcohol use;
- One or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training;
- Provided in both residential and non-residential settings.

Treatment provided by the Community Based Drugs Initiatives tends to be in the form of either a Brief Intervention or Motivational Interviewing and is based on using the *Cycle of Change* devised by Prochaska and DiClemente

Chart 1

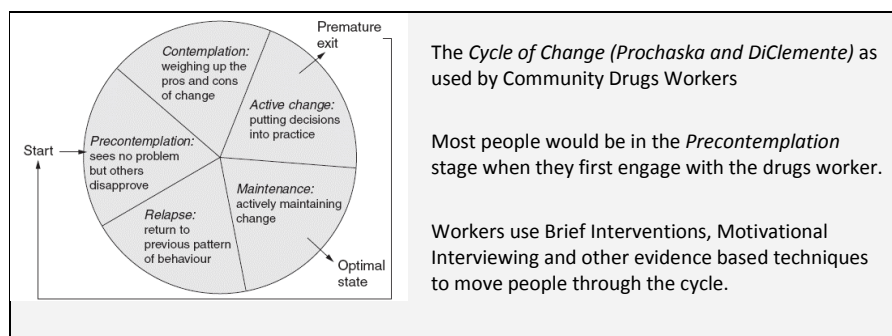
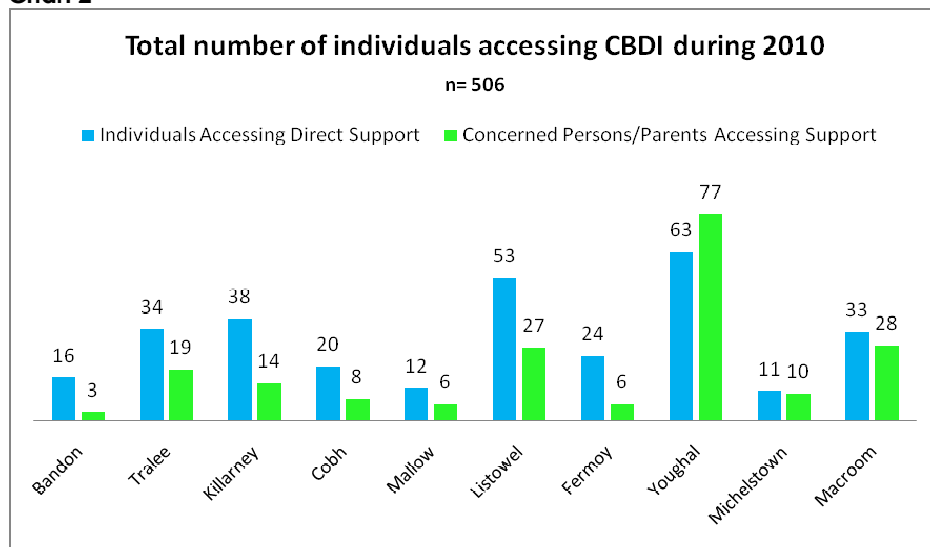


Table 5

| COMMUNITY BASED DRUGS INITIATIVES | | | | | | | |
|-----------------------------------|---|------------------|-----|--|---|--|----------|
| Project | No. of Individuals Accessing Direct Support | Gender breakdown | | Age range of individuals accessing support | No. of Concerned Persons/ Parents Accessing Support | Treatment status of Individuals accessing Direct Support | |
| | | M | F | | | TREATED | REFERRED |
| Bandon | 16 | 69% | 31% | 17 or under – 30 yrs | 3 | 94% | 0 |
| Tralee | 34 | 88% | 12% | 17 or under – 30+ yrs | 19 | 75% | 8% |
| Killarney | 38 | 76% | 24% | 17 or under – 30+ yrs | 14 | 100% | 0 |
| Cobh | 20 | 60% | 40% | 17 or under – 30+ yrs | 8 | 70% | 7% |
| Mallow | 12 | 83% | 17% | 17 or under- 20 yrs | 6 | 100% | 0 |
| Listowel | 53 | 74% | 26% | 17 or under-30+ yrs | 27 | 90% | 10% |
| Fermoy | 24 | 83% | 17% | 17 or under – 30+ yrs | 6 | 96% | 0 |
| Youghal | 63 | 71% | 29% | 17 or under – 30+ yrs | 77 | 94% | 0 |
| Mitchelstown | 11 | 82% | 18% | 17 or under – 25 yrs | 10 | 64% | 0 |
| Macroom | 33 | 91% | 9% | 17 or under – 30+ yrs | 28 | 100% | 0 |
| TOTALS | 304 | | | | 202 | | |

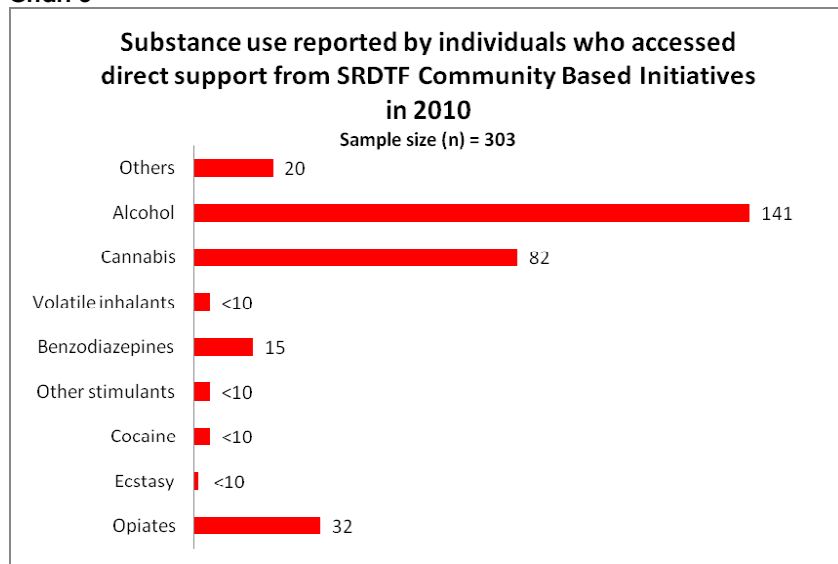
Contact details for all projects can be found in Appendix 5

Chart 2



Note: Whilst projects are based in the towns listed, referrals may come from a larger geographical area

Chart 3



Note: Other includes hallucinogens, non-benzodiazepine- sedatives, headshop substances, and other unspecified medications.

Chart 4

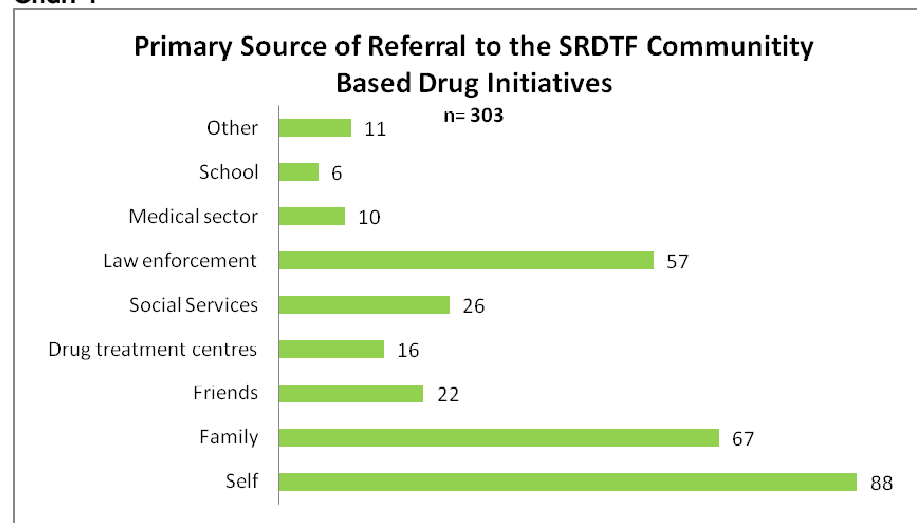


Chart 5

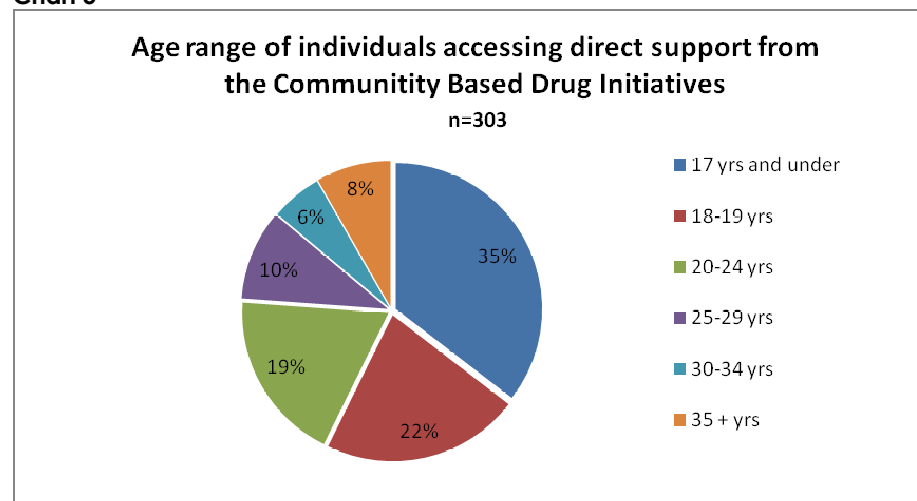
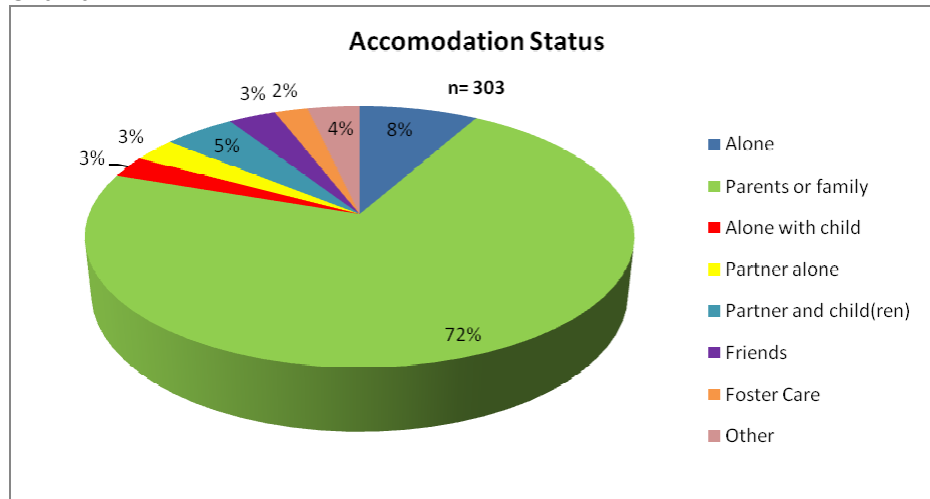
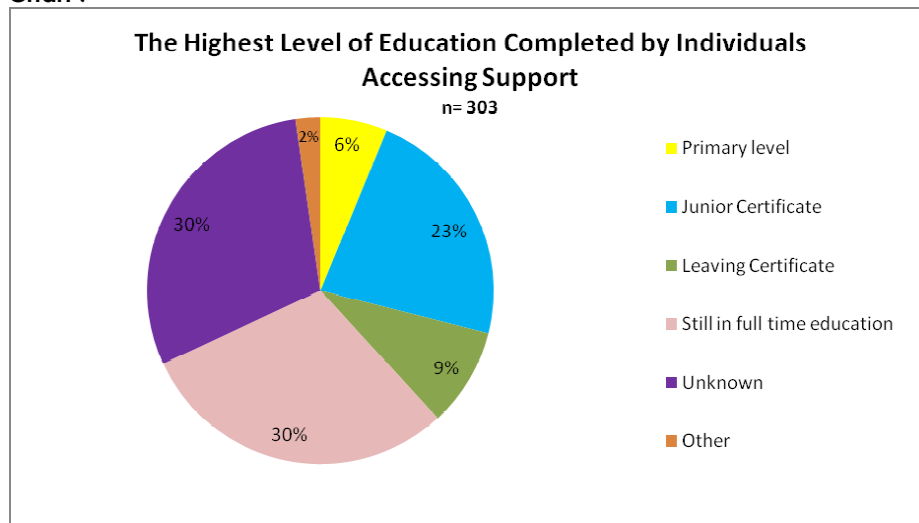


Chart 6



Note: SRDTF are aware that there would be a small percentage of people who would be homeless.

Chart 7



Additional Statistical Information:

- 9.6% of cases who were assessed did not commence treatment for the following reasons:
 - 4.0% were deemed unsuitable for drug or alcohol treatment by the service provider
 - 2.6% were referred/transferred to another site for treatment
 - 2.3% did not accept the place offered by the service provider
- 56.2% of the cases treated had never received treatment for their problem substance before.

Of cases treated for with problem substance misuse (alcohol or drug)

- 62.7% of treated cases reported problem use of more than one substance. Almost one-quarter (23.1%) reported problem use of four substances.
- A small number reported having injected (0.2%)

Of Cases exiting the service

- 64.9% of those who commenced with the service in 2010 also exited the service in 2010. The following applies only to those who exited treatment in 2010.
- 30.3% of cases completed treatment with the service or were transferred to another service for additional treatment for alcohol or drugs. 42.1% refused to have further sessions (or did not return for subsequent appointments). 20.0% of cases did not want to attend further sessions as they considered themselves to be stable.
- More than half (51.1%) of cases were classified as having engaged with the service, responded to treatment and made an effort to reduce their drug use / remain drug free.
- 43.8% of cases had a family member or significant other involved in their treatment.

Note – the Statistical information shown below in tables 6, 7 and 8, (below) is not taken from the National Drug Treatment Reporting System. The information is supplied by the projects on yearly returns to SRDTF and as such the projects methods of monitoring and recording information will vary.

Outcomes: Link Workers

Table 6

| LINK WORKERS | |
|---------------------|--------------------------------------|
| | No. of Individuals Accessing Service |
| Link Worker Cork | 95 |
| Link Worker Kerry | 52 |
| TOTAL | 147 |

Outcomes: Aftercare Projects

Table 7

| Aftercare Projects | | |
|---|--|---|
| Project | No. of Individuals Receiving Support * | No. of family members receiving support * |
| Tabor Lodge Aftercare Programme | 231 | Not Recorded |
| Matt Talbot Aftercare Programme | 33 | 54 |
| Anchor Aftercare Programme | 83 | Not Recorded |
| Fellowship House Aftercare Programme | 57 | Not Recorded |
| Cuan Mhuire, Bruree, Aftercare Programme | 822 | Not Recorded |
| Renewal Womens Residence, Aftercare Programme | 96 | Not Recorded |
| Talbot Grove Aftercare Programme | 198 | Not Recorded |
| TOTAL | 1,520 | 54 |

* Note – some of the projects listed above receive funding from other sources, so the statistics may not reflect an accurate picture of outcomes related purely to SRDTF funding. This is to be addressed in 2011.

Outcomes: Anchor Cocaine Initiative

Table 8

| Anchor Cocaine Initiative | | | |
|----------------------------------|--------------------------------|--|---------------------------|
| Project | Total Number Accessing Service | Number Accessing Complimentary Therapies | Number Accessing Acudetox |
| Anchor Cocaine Initiative | 73 | 40 | 33 |

Outcomes: Club Projects

During 2010 the Project Workers for Club County Cork and Club Kerry took Maternity leave, from mid-February, and as such no programmes were delivered during the year, however Pub-Watch schemes were launched during Feb 2010.

Three separate Pub Watch schemes, covering Middleton, Carrigtwohill and Cloyne and surrounding area were launched at the Middleton Park Hotel in February 2010, with the aim of curbing incidents of public order and crime, and to enable a quick response from both the community of vintners and Gardai when incidents occur in pubs.

The scheme works in a pyramid-fashion with each pub linked to two others. If an alert is raised at one pub, they will first notify the Gardai, and then notify their other two linked pubs. Each pub contacted is responsible for contacting a further two, thus creating a domino effect pub watch, with information being shared rapidly between vintners.

Operational Issues

Heroin Strategy (NDS Actions – see strategy, Appendix 3)

An interagency Heroin Strategy, drafted in 2009 was approved by SRDTF in 2010. The strategy, which is available upon request, offers a series of actions to be undertaken under the Pillars of the NDS. The strategy is based on the premise of 'working towards abstinence'.

Actions contained in the strategy include; an increase in the number of Level 2 GP's in the region, additional addiction counsellors, provision of detoxification beds, strengthening of community based drugs initiatives, data collection and training initiatives.

This strategy is being used as a template to advise and direct the Task Force into the future as the actions contained are also applicable to other drugs use.

Dial to Stop Drug Dealing, Booster Campaign

The Dial to Stop Campaign (1800 220 220) continued to be run in the region during 2010. In October 2010 SRDTF became involved in the "Booster Campaign" where the campaign was re-launched in two towns (Youghal and Tralee).

Figures for the campaign in Cork & Kerry are as follows:

County Kerry total reports in 2010 - 26

County Cork (incl. Cork City) total reports in 2010 - 83

Community Based Drugs Initiatives (NDS Action 19, 24, 29, 30, 32, 37)

The Health Research Boards, National Drug Treatment Reporting System was introduced to all CBDI's in 2010, allowing for a consistency and standardisation of reporting.

Local Advisory Group Network (NDS Action 4)

In late 2010, a series of meetings were planned, that brought together community representatives who sit on advisory groups of CBDI's with a view to establishing a support network, where training issues could be identified and as another route through which communities could bring up issues at the Task Force table. This will be further developed in 2011.

Quality Standards in Drugs Education (NDS Action 26)

Two training sessions were planned for 2010. Cork training took place in April, where thirteen people were trained. A further programme planned for Kerry to take place in Sept 2010 was cancelled due to poor take up.

Service User Participation Strategy (NDS Action 42)

Four planning meetings took place in 2010, along with meetings with key players in the area - HIQA, Mental Health Commission, HSE and Health Research Board, to discuss the development of the strategy and the process to move forward. It is hoped to begin piloting the strategy in 2011.

Rehabilitation Framework (NDS Action 32)

SRDTF Treatment & Rehabilitation Sub-group developed a pilot proposal under the Rehabilitation Framework during 2010, which will be implemented by the Rehabilitation Coordinator who took up post with HSE in October 2010.

Family Work (NDS Action 29, 41)

The Family Support Network in conjunction with SRDTF held an information session for families in the region on the 16th April 2010 in Mallow. Over twenty-five participants attended.

The Tabor Lodge Family Support Worker, funded under Dormant Accounts, worked with six CBDI's to deliver both a four week and a twelve week Family Programme.

SRDTF met with St Nicholas Trust in November 2010, to explore how their service, that offers supports to families of prisoners in Cork Prison, can be promoted in the region, specifically with the CBDI's.

Cross Task Force Initiatives

SRDTF and the Cork Local Drugs Task Force were involved in some Joint Working Initiatives – these included the Heroin Strategy, introduction of the National Drug Treatment Reporting System and the Service User Involvement Strategy.

SRDTF also worked in Partnership with the South East Regional Drugs Task Force on the Service User Involvement Strategy.

Strengthening Families Programme (NDS Action 29, 41)

Two SFP Programmes were run in the region in 2010, funded by SRDTF.

Table 9

| Date | Location | Families starting | Parents starting | Young Person Starting | Families Graduating | Parents Graduating | Young Person Graduating |
|--------------------|--------------|-------------------|------------------|-----------------------|---------------------|--------------------|-------------------------|
| Feb to May | Mitchelstown | 11 | 13 | 12 | 8 | 10 | 8 |
| Nov '10 to Feb '11 | Midleton | 8 | 12 | 12 | 7 | 11 | 11 |

Innovation and Development

Development of an arrest referral process (**NDS Action 38**) began in 2010 with meetings taking place with the SRDTF Garda rep and JLO to look at drafting an effective policy that took into account the rights of an individual. This is to be discussed further by the Prevention Sub-group.

SRDTF Coordinator and Development Worker made linkages with the Cork Joint Policing Forum (**NDS Action 3**) in late 2010 and will be making presentations to them in early 2011.

Tom Lloyd of the International Drugs Policy Consortium gave a presentation at the "Getting a Grip Conference" in October that espoused 'a new style of policing that embraces human rights and harm reduction'. SRDTF have begun discussions as to how to advance the issues that were raised in that presentation.

Following a presentation by HSE South, Health Promotion Staff at a meeting of SRDTF in May 2010, a process began to develop guidelines on best practice for Community Based Drugs Initiatives to work in schools, with particular reference to the SPHE Programme. These guidelines will be completed in 2011. (**NDS Action 20**)

Following a presentation at an SRDTF meeting in March 2010 discussions have continued throughout the year about how best to support Prisoners, post-release, and the drugs programme in Cork Jail. (**NDS Action 43**)

Governance Review

During 2010, as a part of a review of Governance Structures, all sectors were asked to confirm their nominated members and SRDTF developed and adopted a policy in relation to tenure of membership. Also a process began to develop a Conflict of Interest policy.

National Engagements

The SRDTF Coordinator continued to represent the Regional Drugs Task Force Coordinators on the National Drug Rehabilitation Implementation Committee until March 2010.

The SRDTF Coordinator attended four meetings of the Regional Drug Task Force Coordinators network in 2010.

The SRDTF Development Worker attended one meeting of the RDTF Development Workers Network in 2010.

John O'Connor continued to represent the Office of the Minister for Drugs (OMD)/Drug Advisory Group on SRDTF. John's role is to report to SRDTF on issues arising at the OMD and report back to OMD on issues arising for SRDTF.

Consultations

During 2010, SRDTF sent responses and comments in relation to:

- Inclusion of Alcohol in the National Substance Misuse Strategy
- The Methadone Protocol Review

The Coordinator also attended a National Consultation event on the National Substance Misuse Strategy in Kilkenny in April 2010.

Appendix 1

SRDTF Meeting dates and Attendances

| Date of Meeting | Total number of Members | Total number in attendance at meeting | % of Attendance |
|--------------------------------------|-------------------------|---------------------------------------|-----------------|
| 18/01/10 | 26 | 21 | 80.7 |
| 09/03/10 | 26 | 19 | 73.0 |
| 12/05/10 | 26 | 16 | 61.5 |
| 26/06/10 | 26 | 11 | 42.3 |
| 10/09/10 | 26 | 16 | 61.5 |
| 08/11/10 | 26 | 21 | 80.7 |
| | | | |
| Average Attendance for the year 2010 | | | 66.66% |

Prevention Sub-group Meeting dates and Attendances

| Date of Meeting | Total number of Members | Total number in attendance at meeting |
|-----------------|-------------------------|---------------------------------------|
| 20/01/10 | 9 | 7 |
| 23/11/10 | 9 | 6 |

SRDTF Management Group Meeting dates and Attendances

| Date of Meeting | Total number of Members | Total number in attendance at meeting |
|-----------------|-------------------------|---------------------------------------|
| 08/02/10 | 8 | 7 |
| 12/04/10 | 8 | 6 |
| 14/06/10 | 8 | 7 |
| 03/09/10 | 8 | 8 |
| 07/10/10 | 8 | 7 |
| 13/12/10 | 8 | 7 |

Treatment and Rehabilitation Sub-Group Meeting Dates and Attendances

| Date of Meeting | Total number of Members | Total number in attendance at meeting |
|-----------------|-------------------------|---------------------------------------|
| 01/04/10 | 7 | 6 |
| 12/05/10 | 7 | 7 |
| 07/10/10 | 7 | 7 |
| 08/11/10 | 7 | 6 |
| 13/12/10 | 7 | 7 |

Appendix 2

Small Grants 2010 – Allocated by Small Grants Committee

| Date | Recipient | Amount | Activity |
|----------|--|-------------------|---|
| 21.06.10 | Listowel & North Kerry Community Drugs Initiative | €1,500.00 | Activity Budget for CBDI Fishing, Garden, Paintball, Go-Karting |
| 21.06.10 | Matt Talbot Adolescent Services | €690.00 | Evening Lecture |
| 21.06.10 | Fermoy Community Drugs Initiative | €1,500.00 | Activity for CBDI seven week currach building course |
| 29.06.10 | St. Ita's Hurling Club | €1,274.13 | GAA Kit with "alcohol awareness" logo / sponsorship |
| 06.07.10 | Ye Old Methodist Church Local Youth Club, Ballydehob | €1,750.00 | Equipment for new Youth Centre Facility - TV, Stereo System, Laptop |
| 13.09.10 | Kerry Life Education - Getting a Grip Conference | €5,000.00 | Getting a Grip Conference |
| 06.10.10 | Listowel Community Drugs Initiative | €700.00 | Drug Awareness Week Events |
| 06.10.10 | Macroom Community Drugs Initiative | €950.00 | Drug Awareness Week Events |
| 06.10.10 | Killarney Community Drugs Initiative | €1,000.00 | Drug Awareness Week Events |
| 06.10.10 | Cobh Community Drugs Initiative | €700.00 | Drug Awareness Week Events |
| 06.10.10 | Mallow Community Drugs Initiative | €450.00 | Drug Awareness Week Events |
| | TOTAL | €15,514.13 | |

Regional Premises Initiative 2010 – Allocated by Small Grants Committee

| Organisation | Grant | Purpose |
|--------------------------------------|----------------|--|
| Matt Talbot Adolescent Service | €3,500 | Refurbishment of room & purchase of musical equipment |
| Listowel Community Drugs Initiative | €2,259 | Installation of door buzzer entry system |
| Killarney Community Drugs Initiative | €4,537 | DVD recording system / CCTV |
| Macroom Community Drugs Initiative | €5,488 | Office Equipment |
| Tabor Lodge | €9,216 | Replacement Windows, Carpets and associated Decoration |
| TOTAL | €25,000 | |

Appendix 3

| SRDTF/CLDTF HEROIN STRATEGY ACTIONS | | | |
|---|--|---|----------------|
| Service / Theme / Activity | Lead Agency / others | Actions | NDS Action |
| 1. Treatment & Rehabilitation | | | |
| <ul style="list-style-type: none"> To meet to discuss issues and develop appropriate responses within Agencies | SRDTF/CLDTF coordinator and all agencies | To ensure involvement of: GP's involved in Methadone Programme GP's involved in Home Detox Gardai Service Users Narcotics Anonymous Liberty Street INEF (Irish Needle Exchange Forum) Health Promotion Dept | 4, 42 |
| <ul style="list-style-type: none"> Ensure that there are a variety of treatment options available to Heroin Users presenting to services | SRDTF/CLDTF and all agencies | That both harm reduction and abstinence based programmes are offered as treatment options | 32, 34, 35, 36 |
| <ul style="list-style-type: none"> To establish Level 2 GP Service within Kerry | HSE / Talbot Grove | Identify & train appropriate GP's | 34, 35 |
| <ul style="list-style-type: none"> To recruit further L1 & L2 GP's | HSE / ICGP | HSE to identify potential GP's | 34, 35 |
| <ul style="list-style-type: none"> To increase number of counsellors available in region | HSE / Voluntary sector | HSE to recruit 10 Additional Counsellors to link with and offer support to CBDI's | 34 |
| <ul style="list-style-type: none"> Additional "in-treatment" support | HSE | To recruit 1 Additional "link worker" | |
| <ul style="list-style-type: none"> Development of Common Assessment Tool (SASSI) within Tier 3 & Tier 4 services | HSE Treatment Centres | Training for Drugs Workers on assessment techniques | 36, 37, |
| <ul style="list-style-type: none"> Increase Residential Detox Beds | HSE Treatment Centres | HSE to provide 8 additional beds in Cork | 32 |
| <ul style="list-style-type: none"> Home Detox | HSE / GP's | To research through Tiers 1,2,3 the amount of home detox taking place | 32 |
| <ul style="list-style-type: none"> Arrest Referral | SRDTF/CLDTF Probation Gardai | SRDTF/CLDTF to work with agencies to develop a mechanism for referral upon arrest | 36, 38 |
| <ul style="list-style-type: none"> Further Community Based Brief Intervention Programmes | HSE SRDTF/CLDTF CBDI's | HSE to extend Pilot Programme into region | 19, 32, 36 |
| <ul style="list-style-type: none"> Introduction of Needle Exchange – including the provision of foil | HSE / Elton John Foundation / community pharmacies / IPU | HSE to recruit and train Community Pharmacists | 34 |
| <ul style="list-style-type: none"> Promotion of availability of Services | SRDTF/CLDTF HSE Health Promotion | Ensure CCP booklet has all regional services included Contribute all services to new "drugs.ie" website | 28 |
| <ul style="list-style-type: none"> Naloxone available to ambulance personnel | SRDTF/CLDTF | Establish working group to discuss with Emergency Services the provision of Naloxone | 40 |
| <ul style="list-style-type: none"> Family Support Measures | Tabor Lodge | Family Counsellor available to support local projects | 29, 41 |

| | | | |
|--|--|---|--------|
| ○ Promotion of Support Groups | All Agencies | Promotion of Narcotics Anonymous | |
| ○ Use of Complimentary Therapies | Vol Sector HSE | CBDI's to continue offering Acudetox to Opiate Clients Anchor Treatment Centre to continue with programme of Alternative Therapies | |
| 2. Prevention | | | |
| ○ Sub-group to meet to discuss Harm Reduction Strategy | TF Prevention Sub-groups | To discuss overdose, needle exchange, safer injecting | 19 |
| ○ Review Local Management Groups and strengthen knowledge base | SRDTF/CLDTF | To be Piloted in 3 areas – 1 Cork City, 1 Cork County, 1 Kerry | 25 |
| ○ Awareness Raising & Education in Community | SRDTF/CLDTF Health Promotion | Drugs Awareness Week (SRDTF) – Oct 2010 CLDTF Drugs Awareness Week | 28 |
| ○ Overdose Awareness Campaign | SRDTF/CLDTF Health Promotion | Establish Working Group | 28, 40 |
| 3. Supply Control | | | |
| ○ Promotion of Dial to Stop Drug Dealing number 1800 220 220 | SRDTF/CLDTF Gardai | Promote the number in community via press, local radio and other means | 4 |
| ○ Seizures of substances | Gardai Revenue | | 17 |
| 4. Research | | | |
| ○ Community Drugs Initiatives to feed into HRB NDTRS | SRDTF/CLDTF / HRB | Contact HRB and agree in principle | 49 |
| ○ Keep up to date records of heroin users presenting | All Agencies | Develop database | 49 |
| 5. Training & Education | | | |
| ○ Joint Training day on Heroin | HSE | Training for CBDI's & agencies by HSE | |
| ○ Training day on Pharmacology | MTAS | MTAS to organise for relevant drugs workers | |
| ○ Awareness raising of 4 tier model amongst all services | SRDTF/CLDTF | Training days for all agencies | 32 |
| ○ Arbour House Addiction Studies Course | HSE | Promote to all CBDI's | 47 |
| ○ Provide information to GP's on strategy/ local drug services | SRDTF/CLDTF | To meet with local GP Networks | 47, 48 |
| ○ Input into the design of relevant training courses | SRDTF/CLDTF / HSE / Vol Treatment Centres | To influence AIT, CIT, UCC etc on design of addiction courses | 47 |

Appendix 4

Project data summary as per Pillar of National Drugs Strategy 2009 - 2016

| Pillar : | Prevention | |
|---|---|--|
| Relevant NDS Actions : *note actions under the Prevention pillar also overlap with Treatment and Rehabilitation, due to the design of the CBDI's | 19, 21, 22, 24, 25, 26, 28, 29, 30, 36, 37, 38, 41, 44 | |
| SRDTF objectives : | <ol style="list-style-type: none"> 1. Implementation of the Heroin Strategy 2. To support the provision of 'Intervention Based' Community Drugs Initiatives, working one to one and in groups with drug users, those at serious risk of drug use and their families. 3. To offer drug and alcohol awareness training to licensed premises and retailers of alcohol | |
| Outcomes : | See Table 5 (main body of report) and Appendix 4 | |
| Category | Project Code | Project Name |
| Prevention | S7 | Bandon |
| Prevention | S8 | Tralee |
| Prevention | S9 | Killarney |
| Prevention | S14 | Cobh |
| Prevention | S15 | Mallow |
| Prevention | S16 | Listowel |
| Prevention | S23 | Fermoy |
| Prevention | S24 | Youghal |
| Prevention | S29 | Mitchelstown |
| Prevention | S31 | Macroom |
| Prevention | S3 | Club Kerry |
| Prevention | S4 | Club County Cork |
| Project changes 2010 | | |
| Category | Code | Reason |
| Education and Prevention | S29 | Reduced to Part-time as of October 2009, due to poor uptake of service. This to be reviewed in 2010. |

| Pillar : | Treatment and Rehabilitation | |
|------------------------------|---|----------------------------------|
| Relevant NDS Actions : | 32, 33, 34, 36, 37, 41, 44 | |
| SRDTF objectives : | <ol style="list-style-type: none"> 1. Implementation of the Heroin Strategy 2. To continue to support the provision of Aftercare support to those leaving treatment and at risk of relapse 3. To further develop the role of the Link Worker | |
| Outcomes : | See Tables 6, 7, 8 (main body of report) | |
| Category | Project Code | Project Name |
| Treatment and Rehabilitation | S5 | Link Worker Cork |
| Treatment and Rehabilitation | S6 | Link Worker Kerry |
| Treatment and Rehabilitation | S17 | Tabor Lodge Aftercare |
| Treatment and Rehabilitation | S18 | Matt Talbot Aftercare |
| Treatment and Rehabilitation | S19 | Anchor Aftercare |
| Treatment and Rehabilitation | S20 | Fellowship House Aftercare |
| Treatment and Rehabilitation | S21 | Strengthening Families Programme |
| Treatment and Rehabilitation | S22 | Cuan Mhuire Aftercare |
| Treatment and Rehabilitation | S27 | Renewal Aftercare |
| Treatment and Rehabilitation | S30 | Talbot Grove Aftercare |
| Treatment and Rehabilitation | S32 C/I | Anchor Cocaine Initiative |
| Project changes 2010 | | |
| Category | Code | Reason |
| | | |

Appendix 5 – Contact Details for Projects

Southern Regional Drugs Task Force

Coordinator – **Chris Black**

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Killarney Community Drugs Initiative

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Bandon Community Drugs Initiative

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Link Worker Kerry

Position Vacant as of October 2010.



An Roinn Gnóthaí Pobail,
Comhionannais agus Gaeltachta
Department of Community, Equality
and Gaeltacht Affairs



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