



**SOUTHERN REGIONAL DRUGS TASK FORCE
ANNUAL REPORT 2011**

Cover Artwork is a Sculpture made by a Young Person who was supported by the Mallow Community Drugs Initiative. The piece was produced whilst he was successfully completing treatment within Cara Lodge.

ANNUAL REPORT OF THE SOUTHERN REGIONAL DRUGS TASK FORCE FOR 2011

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

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A Personal Introduction from the Chairperson

This year (2011) marks the fiftieth anniversary of the 1961 UN Single Convention on Narcotic Drugs, the legislative bedrock of the current treaty regime that operates through the world. For drug users and their families these landmark legislative anniversaries mean little, except of course they are the very ones who are forced to live with their consequences. But for those of us tasked with responding to those people who are adversely affected by licit and illicit drug and other substance use, the fiftieth anniversary of the Convention marks an apposite opportunity to reflect on what it is we do and what is our understanding of what it is we do.

Notwithstanding the way in which the Convention was framed - concern for “the health and welfare of mankind,” it and subsequent amendments were underpinned by a strongly prohibitionist mindset that emphasised the evils of drug consumption “addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind” while eschewing the very evident age-old and deeply ingrained human need for substances that relieve our daily toil and provide an escape from human hardships.

The Convention and its concomitant treaties have adopted a harsh and unsympathetic response to drug producers and consumers: responses that sparked international conflicts particularly between the United States of America and Andean countries and communities and were also used as justifications for various military adventures in Asia that in turn have resulted in the wholesale death and destruction of very many people in these countries and communities. Drug interdiction policies, as pursued by dominant powers, were little more than Trojan horses for more nefarious political objectives. Drug policy, as with other areas of human health, is all too easily enmeshed in geo-political manoeuvrings.

However, these very policies were often resisted not just by the producers and consumers of illicit drugs but by activists and academics, civil society, health activists and concerned individuals as well as field workers who recognised not just the futility but the fatuousness of a simplistic “just say no to drugs” policy. These groups and individuals have been concerned to foreground citizens’ human rights and have sought to promote what has come to be known as harm reduction strategies – supervised injection facilities, syringe access, drug replacement and maintenance therapy – which have now been accepted in this country and elsewhere as necessary interventions that are of benefit not just to affected individuals but also to whole communities.

As with other Task Forces in the country, these types of interventions as well as prevention, education, treatment and aftercare are core to the work of the Southern Regional Task Force. But it is also the case that the emphasis on the bureaucratic management of these interventions has increased exponentially and this has become a

feature of the three years of my involvement with this Task Force. This new managerialism or what has become known as New Public Service Management is not just a feature of drugs policy but increasingly is affecting all areas of human interaction. This new managerialism has spawned a new lexicon, “organizational outputs, performance indicators, service users, clients”, terms that President Michael D. Higgins described at the start of 2012 as inappropriate as he urged people to use the “language of the heart”.

Like the Trojan horse of yesteryear that provided a thinly-disguised cover for old style colonialism, this new managerialism is not without its political baggage. It is very much in keeping with the neo-liberal agenda that promotes individualization and privatization and the withdrawal of the state from the provision of services and basic incomes for its citizens, incomes that are not just tied to wage labour. The current obsession with the relentless pursuit of these new managerial objectives, in my view, conflicts with and undermines the core work of the Task Force, which ought to be the care and nurturing of the individuals and communities who are adversely affected by drug misuse. People who are adversely affected by drug and other substance misuse are no different to those of us who are not adversely affected by drug and other substance use.

It’s not more surveillance, more professional-client interactions with their asymmetrical power relationships, more demands for accountability for how we spend our lives, more inquisitorial investigations – often undertaken by spurious measurements with a taken-for-granted evidence-based scientific veneer - we need. Rather it is real professional development, on-going education, a culture of learning and humility married with an openness to the frailties and foibles of the human condition and a willingness to recognize that each of us can find our own truth, if given half a chance. Above all, what we all need, irrespective of our lifestyle or consumption patterns, is love, respect and understanding and the right to the vindication of our rights.

I am not convinced that the current drift to the new form of managerialism can respond to the real needs of the human condition nor am I convinced that the resources they absorb are the best use of public money as I am not convinced that the 1961 Convention, with its punitive framework delivered for the user, the misuser, or the non-user. Fifty years on, this new form of managerialism, surveillance in all but name, of the poor, the disfavoured and the downright unlucky is in danger of going the same way.

In some respects, very little has changed.

Peadar King,

Chairperson SRDTF

Coordinators Introduction

In 2011, SRDTF funding was used to directly support and make a difference in the lives of over 1,500 individuals in the region who use/misuse drugs and/or alcohol. This will also have had a positive impact on these individuals' families and communities and I would like to extend our thanks and appreciation to all those who are involved in this work, the project workers, the line managers, the youth organisations, the local advisory groups, the treatment centres and HSE South, without whose support and commitment, this would not be achieved.

Funding for the year was reduced from 2010 levels, offering a challenge in sustaining existing levels of service. Service levels were achieved; however this was not without the support and commitment of the Organisations who receive SRDTF funding, and who found additional resources from elsewhere to keep projects afloat. There was also an impact on a number of the Community Based Drugs Initiatives, who had to change the way they provide services, as the travel budgets for project workers (which allow them to meet drug users out in the community), were considerably reduced. Taken in context, the entire SRDTF funding allocation, was just under €1m which funded twenty-four projects, servicing a geographical area of 4,712 square miles with a population of over half a million people.

Reductions in funding and the threat of further funding cuts into 2012 focussed SRDTF on the work it carries out, and intense debate was had at Task Force and sub-group level about the role, geographical coverage and function of all projects, a debate which will continue well into 2012 and beyond as further cuts are forecast under austerity measures.

There was also a change of reporting relationship in 2011 for the Task Force, under the new Government, responsibility shifting from the Office of the Minister for Drugs, within Dept Community Rural and Gaeltach Affairs, under Minister for Drugs, John Curran, to reporting to the Drugs Policy Unit, within the Primary Care Division of the Department of Health, under Minister of State with Responsibility for Primary Care, Roisin Shortall. This change then being followed by the commencement of a review of Task Forces by Minister Shortall, in November, and leaving a level of uncertainty for Task Force members as to their future role and function.

The role and function of the Task Force currently continues to be dual, firstly Task Forces implement, oversee, monitor (statistically and financially) and evaluate funded projects and secondly ensure the 62 Actions in the National Drugs Strategy are implemented by the named partners.

In response to the first of these functions, Regional Drugs Task Forces began to explore the Logic Model in 2011, with a view to its implementation in 2012/2013, giving a common approach across the country to monitoring and evaluating projects against outcomes (the impact on the individual) alongside the current recording of outputs (the statistics).

In addition to this, SRDTF has continued to pursue a Humanistic and Harm Reduction approach to the work and has been involved in some innovative development work alongside the focussing on its funded projects. This development work, details of which can be read further on in this report, is not always as visible as community based projects, but is setting the seeds for a more user friendly, person centred and health based approach to drugs policy and drugs support.

The Members of the Task Force have showed great commitment to the delivery of the National Drugs Strategy and have been very proactive in their support for the work undertaken by SRDTF, and I must offer them thanks for supporting me and our development worker in our respective roles.

I also wish to express my thanks and respect to the project workers who are funded by SRDTF, who deliver the services on the ground, in communities, supported by advisory groups from those communities, and who are the grass roots face of SRDTF. The evidence based supports they offer have been a lifeline to so many young people and families and have made a massive difference to the quality of life for those who seek their support.

Finally, as I said in last years annual report, I would like again to stress to families or individuals out there who requiring support with drug or alcohol misuse issues, that through SRDTF and our partners, there are services in the region which can support you, and our dedicated management and staff are there to work alongside you through both setback and success.

Chris Black - Coordinator SRDTF

SRDTF Members 2011

SRDTF membership in 2011 consisted of the following representatives from the Statutory, Voluntary and Community Sectors, alongside Public Reps.

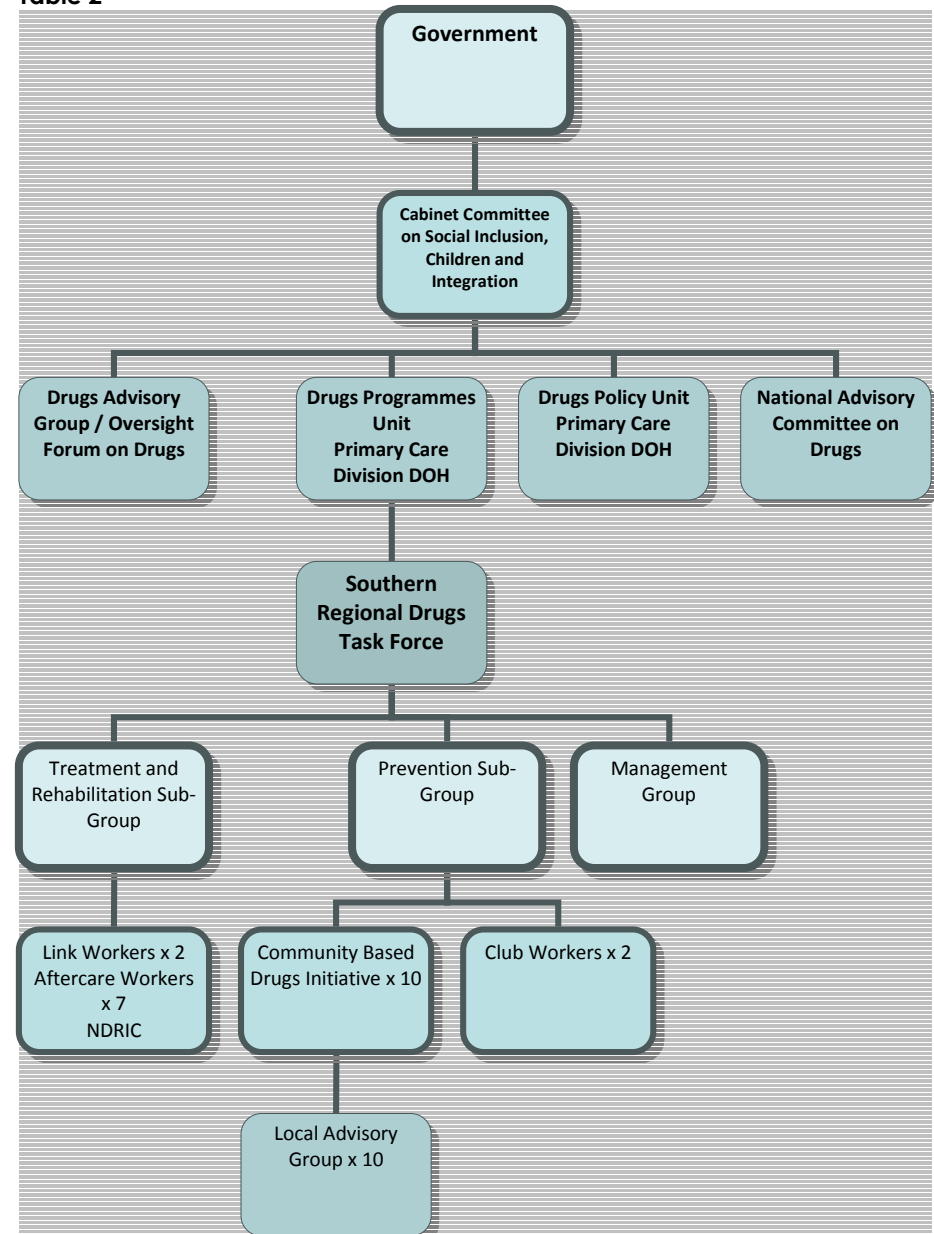
Dates of all meetings of the Task Force and its sub-groups can be found in Appendix 1.

Table 1

Peadar King	Chairperson
Ruth Griffin	V.E.C & Vice Chairperson
Chris Black	Coordinator SRDTF (non-voting member)
Gordon Kinsley	Development Worker SRDTF (non-voting member)
John O'Connor	Drugs Advisory Group Liaison
Margaret Casey	Community Sector – Kerry County & Voluntary Forum
Martin Greenwood (replacing Bill Morrell, Oct 2011)	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
VACANT	Community Sector – Cork City Partnership
VACANT	Dept Education & Science
Helena O'Sullivan	FÁS
Paddy O'Sullivan	Customs
Neil Kelly	Department of Social Protection
Catherine Gill (replacing Sinead O'Connell, March 2011)	Probation Service
Inspector Dan Keane	An Garda Síochána
Deirdre Kearin	Partnership Companies
David Lane	Health Service Executive
ClIr Kevin O'Keefe	Public Representative
ClIr Gillian Wharton-Slattery (replacing ClIr John Brasill, Aug 2011)	Public Representative
ClIr Pat Leahy	Public Representative
ClIr David Boyle	Public Representative
Con Cremin	Voluntary Sector – Talbot Grove
Mick Devine	Voluntary Sector – Tabor Lodge
Geraldine Ring	Voluntary Sector – Matt Talbot Adolescent Services
Denis O'Brien	Voluntary Sector - Foroige
VACANT (Tim O'Donoghue – Resigned, Nov 2011)	Voluntary Sector
Catherine Fitzgerald	Voluntary Sector – Cuan Mhuire (Farnanes)
VACANT (Colm O'Herlihy – Resigned, Sept 2011)	Cork Prison
Kate Gibney	CORK LDTF Co-ordinator

Structure Of Task Force (reporting relationship)

Table 2



Profile of SRDTF Region

SRDTF covers Counties Cork and Kerry, with the exclusion of Cork City, where there has been a Local Drugs Task Force in Operation since 1996.

The geographical size of the region is 4,727 square miles or 12,242 km², Cork City accounting for 15 square miles or 38.5 km².



The population, as per the 2011 Census initial results is:

Total	Population 2011 (Number)
Cork	519,032
<i>of which Cork City</i>	119,230
<i>Cork County</i>	399,802
Kerry	145,502
Total Cork & Kerry	664,534
Total SRDTF area	545,304

Table 2: Population HSE South by County 2006-2011

County (city included where relevant)	Total 2006	Total 2011	Males 2011	Females 2011	Actual change 2006-2011	Percentage change 2006-2011
Cork	481,295	519,032	257,470	261,562	37,737	7.8
<i>of which Cork City</i>	119,418	119,230	58,812	60,418	-188	-0.2
<i>Cork County</i>	361,877	399,802	198,658	201,144	37,925	10.5
Kerry	139,835	145,502	72,629	72,873	5,667	4.1
Total Cork & Kerry	621,130	664,534	330,099	334,435	43,404	7.0

Table 3: Population (Preliminary*) HSE South by Local Health Office 2006-2011

Local Health Office (LHO)	Total 2006	Total 2011	Males 2011	Females 2011	Actual change 2006-2011	Percentage change 2006-2011
West Cork*	53,565	56,405	28,385	28,020	2,840	5.3
North Cork*	80,769	89,438	44,778	44,660	8,669	10.7
South Lee*	179,260	190,885	93,321	97,564	11,625	6.5
North Lee*	167,701	181,400	90,486	90,914	13,699	8.2
Kerry†	139,835	145,502	72,629	72,873	5,667	4.1
Total Cork & Kerry†	621,130	664,534	330,099	334,435	43,404	7.0

At the start of 2011, the ten community based drugs initiatives were issued with reporting templates, that were to be returned to SRDTF on a bi-monthly basis (to coincide with full task force meetings), detailing the numbers of people supported, age range, presenting drugs, initiatives currently working on and issues for SRDTF to consider.

These reporting templates proved to be extremely useful in identifying trends in the region, as they allowed project workers to make SRDTF aware of any emerging drug issues. For example the appearance of oxycontin use in Killarney, an increase in the use of "powders" in Tralee, a rise in the numbers of young people presenting to project workers for benzodiazepine related supports. This in turn allowed SRDTF to ensure that CBDI workers were linked in to the most appropriate HSE services to respond to the issue. For example in response to an increase in benzodiazepine use in North Kerry, a presentation was given to SRDTF by HSE South Community Care Pharmacist, Louise Creed, who then made contact with the Advisory Group in Listowel and a local response was developed there, which introduced the drugs project worker to the local Primary Care Team, allowing him to raise awareness amongst PCT members about benzodiazepine use on the streets, and allowed the development of further referral pathways into the CBDI and HSE Addiction Services.

The templates were also used to identify specific initiatives that were being planned or delivered in communities, to address the issues that are arising there. For example a major campaign in Cobh, alongside Health Promotion Dept, in response to problems arising in previous years from an increase in alcohol consumption at the Cobh Regatta and a community led initiative in Mallow, in response to underage drinking.

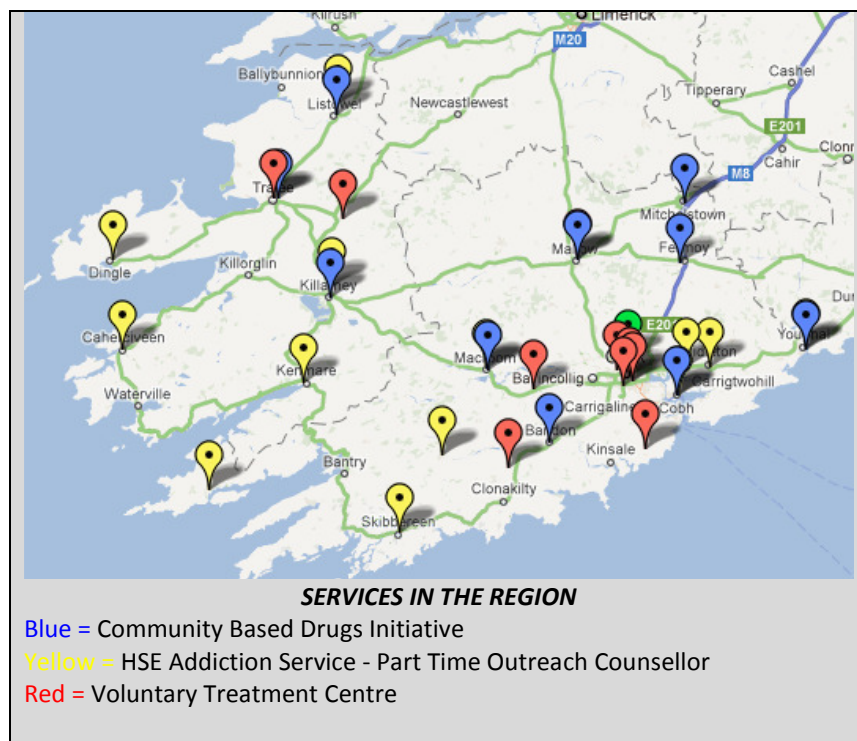
Across the board, the major presenting issue in 2011 continued to be alcohol, followed by cannabis and then benzodiazepines (which was on the increase compared to 2010). A statistical breakdown of this can be seen in the section below on outputs and outcomes.

From HRB treatment data the following shows the total numbers treated for drug and alcohol issues in 2010, across SRDTF projects, HSE services and Voluntary Treatment Centres:

LHO Area	Treated for Alcohol	Treated for All other Drugs	Totals
Cork North Lee	477	464	941
Cork – South Lee	368	363	731
Kerry	379	286	665
Cork North	203	85	288
West Cork	91	49	140
Totals	1518	1247	2765

Source – Health Research Board 2010

Location of Regional Services



Further statistical information has been provided by the NACD in the DRAFT "An extract from Drug use in Ireland and Northern Ireland 2010/11 Drug Prevalence Survey: Regional Drug Task Forces", which has been released to SRDTF, prior to being given final approval.

This Prevalence Survey suggests that in the last year (i.e. 2011):

Drug Type

Cannabis (6%) was the most frequently reported illegal drug, followed by new psychoactive substance (4%) and cocaine (1%). Less than one percent of respondents reported recent use of the other illegal drugs covered by the survey.

In this region 35% of respondents reported recent use of other opiates, 5% reported recent use of antidepressants and 5% also reported use of sedatives or tranquillisers in the last year. A total of 32% of those surveyed reported smoking tobacco and 85% said they had consumed alcohol in the year prior to the survey.

Gender

Use of any illegal drug in the 12 months prior to the survey was higher among men (9%) than women (3%). Men were more likely to report last year use of cannabis (8% vs 3%), new psychoactive substances (5% vs 2%), cocaine (including crack) (2% vs 0.4%), LSD (0.6% vs 0.0%) and magic mushrooms (0.9% vs 0.0%). Women were more likely than men to report recent use of other opiates (40% vs 30%), sedatives or tranquillisers (7% vs 3%) and antidepressants (6% vs 4%).

Age

Last year prevalence of any illegal drug use was higher among younger (11%) than older adults (2%). Among young adults (15-34 yrs) cannabis was the most commonly used illegal drug (10%) followed by new psychoactive substances (7%) and cocaine (including crack) (2%). Less than 1% of young adults reported recent use of amphetamines, LSD or magic mushrooms. Among older adults (35-64 years) the illegal drug most commonly used in the year prior to the survey was cannabis (2%). Less than 1% of young adults reported recent use of each of the remaining illegal drugs surveyed.

Last year use of other opiates was higher among younger (40%) than older adults (32%). Recent use of sedatives or tranquillisers was higher for older than younger adults (7% vs 3%) and the same pattern was found for recent use of antidepressants (also 7% vs 3%).

Recent tobacco use was higher among younger adults (41% vs 25%) and recent alcohol was also slightly higher among younger adults (85% vs 84%).

And that since the previous Prevalence Survey, undertaken in 2006:

Since the last survey there was an increase in use of cannabis in the Southern RDTF area. Since 2006/7 the share reporting lifetime use of cannabis increased from 15% to 23% (+8 percentage points). Lifetime cannabis used increased among men (+13.1 percentage points) and women (+3.8 percentage points). An increase in lifetime prevalence for cannabis was recorded for younger adults (+15 percentage points). Among older adults, there was an increase in lifetime prevalence for ecstasy (+2.2 percentage points), LSD (+2 percentage points) and cocaine (including crack) (+2.8 percentage points).

Since 2006/7 no statistically significant changes were found for recent or current measures of use of the illegal drugs surveyed.

Sedatives, Tranquillisers and Antidepressants

In this region lifetime prevalence for antidepressants increased among older adults (+8 percentage points) since the last survey while last month prevalence increased among women (+ 3 percentage points) in this survey. No statistically significant changes for lifetime, last year or last month use of sedatives or tranquillisers were recorded since the last survey.

Alcohol and Tobacco

Since the last survey there were some changes in alcohol and tobacco use in this region. While recent tobacco use increased among men (+10 percentage points), current use of tobacco had declined among women (-7 percentage points) since the last survey. Alcohol consumption increased among older adults (35-64 yrs) (4.6+ percentage points). There were no other statistically significant changes in tobacco or alcohol use since the last survey.

Other significant changes

No other statistically significant changes were found in drug prevalence since the last survey.

Table 17.2 Last year prevalence of drug use in SRDTF, 2002/03, 2006/07 and 2010/11

	All Adults			Males			Females			Young Adults			Older Adults		
Total sample (unweighted)	02/3	06/7	10/11	02/3	06/7	10/11	02/3	06/7	10/11	02/3	06/7	10/11	02/3	06/7	10/11
Any illegal drug*	4.7	4.9	6.1	5.5	7.4	8.9	4.0	2.4	3.2	8.7	9.5	10.8	1.4	1.3	2.4
Cannabis	4.4	4.6	5.6	4.8	6.9	7.9	4.0	2.2	3.2	7.9	8.7	10.0	1.4	1.3	2.1
Heroin	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.3	0.0	0.0	0.0	0.0
Methadone	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.3	0.0	0.0	0.0	0.0
Other opiates†	0.3	1.7	35.2*	0.6	1.1	29.3*	0.0	2.3	40.4*	0.0	0.0	39.8*	0.3	3.1	31.6*
Cocaine (including crack)	0.7	1.1	1.0	1.0	1.8	1.7	0.4	0.5	0.4	1.2	2.5	1.7	0.3	0.0	0.5
Crack	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cocaine powder	0.7	1.1	1.0	1.0	1.8	1.7	0.4	0.5	0.4	1.2	2.5	1.7	0.3	0.0	0.5
Amphetamines	0.4	0.2	0.3	0.8	0.0	0.1	0.0	0.0	0.5	0.9	0.5	0.7	0.0	0.0	0.0
Ecstasy	0.9	0.6	0.4	1.5	1.0	0.7	0.4	0.0	0.2	2.0	1.1	1.0	0.0	0.3	0.0
LSD	0.3	0.0	0.3	0.7	0.0	0.6	0.0	0.0	0.0	0.8	0.0	0.3	0.0	0.0	0.3
Magic mushrooms	0.3	0.7	0.4	0.3	1.4	0.9	0.4	0.0	0.0	0.7	1.5	0.3	0.0	0.0	0.5
Solvents	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0
Poppers	0.2	0.2	0.2	0.0	0.5	0.0	0.0	0.0	0.2	0.3	0.5	0.2	0.0	0.0	0.2
Sedatives or tranquillisers	**	4.2	4.9	**	4.0	6.0	**	4.4	6.9	**	1.8	2.8	**	6.2	6.5
Anti-depressants	**	3.7	5.3	**	4.1	4.3	**	3.2	6.3	**	2.4	3.1	**	4.7	7.1
New Psychoactive Substances	***	***	3.6	***	***	5.4	***	***	1.9	***	***	7.3	***	***	0.9
Tobacco	34.7	30.1	31.9	32.1	26.6	30.4*	37.5	33.7	27.3*	40.0	32.8	40.6	30.2	27.9	25.3
Alcohol	85.1	81.4	84.5	83.0	84.8	87.1	82.1	77.8	82.0	88.2	82.3	84.9	82.5	80.6	84.2

Based on the information provided by NACD, this would also suggest that the information contained in Dr Tim Jackson's Report, 2006 "Smoking, Alcohol and Drug Use in Cork and Kerry", upon which the original SRDTF Strategic Plan was developed, is still relevant today, when taken alongside the information fed into the Task Force by the CBDI's.

Other Statistical Information

Methadone Treatment:

The following Table is taken from the HSE's *Methadone Treatment Data Analysis per L/RDTF Area (based on Clients last declared abode) for 2011, Data supplied by the Central Treatment List.*

Number of Clients in Methadone Treatment 2011:

Task Force Area	Number of Clients in Treatment (During Period)	Regional % of clients in Treatment	National % of clients in Treatment	Number of Clients in Treatment (At end of Period)	Regional % of clients in Treatment	National % of clients in Treatment
	Jan. to Dec. 11 (During Period)			Dec. 11 (At end of Period)		
Southern RDTF	114	19.0	1.1	84	17.9	0.9

Age of Clients in Methadone Treatment 2011:

Task Force Area	Age of Clients in Treatment (During Period Jan to Dec. '11)								
	0-15	16-19	20-24	25-29	30-34	35-39	40-44	45+	Total
Southern RDTF	0	<10	20	26	24	18	15	9	114

Task Force Area	Age of Clients in Treatment as of 31 st Dec 2011								
	0-15	16-19	20-24	25-29	30-34	35-39	40-44	45+	Total
Southern RDTF	0	<10	16	21	14	11	12	<10	84

Gender and Treatment location of Methadone Clients 2011:

Task Force Area	Gender & Treatment Location (During Period Jan to Dec '11)						Gender & Treatment Location (as of 31 st December '11)					
	Gender	Clinic	Trinity	GP	Prison	Total	Gender	Clinic	Trinity	GP	Prison	Total
	Male	62	0	<10	<10	76	Male	42	0	<10	<10	53
Southern RDTF	Female	33	0	<10	0	38	Female	27	0	<10	0	31

Garda Statistics for Drugs Offences Detected 2011:

	Section 3 (Personal Possession)	Section 15 (Sale & Supply)	Section 17 (Cultivation)
Cork North Division	410	60	15
Cork City Division	884	184	23
Cork West Division	264	62	39
Kerry	252	84	15
Total	1,810	390	92
Total- Excluding Cork City Division	926	206	69

Budget 2011

The total budget approved for SRDTF in 2011, by the then Office of the Minister for Drugs, was **€1,059,956** in comparison with **€1,089,369** in 2010, a reduction of €29,413. 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	HSE/ Cork City Partnership	Task Force Budget – including Development Worker Salary and T&S, T&S for members, room hire, I.T, telephones...	120,385
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	22,032
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	32,500
Treatment & Rehabilitation	Link Worker Cork	HSE	To provide support and guidance to persons engaging with rehabilitation services	35,388
Treatment & Rehabilitation	Link Worker Kerry	HSE	To provide support and guidance to persons engaging with rehabilitation services	34,401
Prevention	Bandon	Foroige	To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families.	62,000
Prevention	Tralee	North East Kerry Development	To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families.	36,000
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.	59,250
Prevention	Cobh	YMCA	To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families.	39,000
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.	56,000
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.	61,500
Treatment & Rehabilitation	Tabor Lodge Aftercare	Tabor Lodge	To provide aftercare supports to those who have completed a 28 day residential programme	37,500
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	37,500
Treatment & Rehabilitation	Anchor Aftercare	Anchor Treatment Centre	To provide for a part time addiction counsellor for relapse prevention	37,500
Treatment & Rehabilitation	Fellowship House Aftercare	Fellowship House	Support worker helping men in recovery source accommodation and provide aftercare support to clients and their families	40,000
Treatment & Rehabilitation	Strengthening Families Programme	HSE	Evidence based 14 week family skills programme	7,000
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 relapse	37,500
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.	58,000
Prevention	Youghal	Foroige	To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families.	40,000
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	40,000
Prevention	Mitchelstown	Foroige	To identify young people misusing drugs or at risk of misusing drugs and provide	42,000

			support to them and their families.	
Treatment & Rehabilitation	Talbot Grove Aftercare	Talbot Grove	Aftercare support for relapse prevention	37,500
Prevention	Macroon	Cloyne Diocesan Youth Service	To identify young people misusing drugs or at risk of misusing drugs and provide support to them and their families.	64,500
Treatment & Rehabilitation	Anchor Cocaine Initiative	Anchor Treatment Centre	Alternative therapies for those primarily with a cocaine addiction	22,500
	TOTAL			1,059,956

*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.

Project Staffing

Table 4

Project Name	SRDTF 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	Dermot O'Regan F.T
Key Link Worker for Co Kerry	Pat O'Connell F.T.
Bandon Community Based Drugs Initiative	Julie Cummins F.T.
Tralee Community Based Drugs Initiative	Paul Morgan, replaced by Gemma Hilario
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	Edward McBride, replacing Eric Trihy
Renewal Women's Residence Aftercare Programme	1* pt Aftercare Worker
Mitchelstown Community Based Drugs Initiative	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:

SRDTF are not an employer and all staff funded by SRDTF are "hosted" within other organisations. For example the Coordinator is an employee of HSE South and the Development Worker is an employee of Cork City Partnership. A list of all the employers of other projects can be seen in Table 3 (above).

This employment arrangement is seen to be one of the strengths of the Task Force, by having a variety of partners who all bring their particular specialism's, for example youth work or drug treatment. SRDTF therefore do not directly line-manage any of the project workers, but have strong links with them through the establishment of a "regional workers network" that meets on a quarterly basis and also through regular contact and liaison with their legal employers.

As project workers do move on, and in terms of the statistical information provided further on in this report, it should be noted that:

Youghal project was idle from 31st July to 26th September, due to a worker departing and a recruitment process taking place

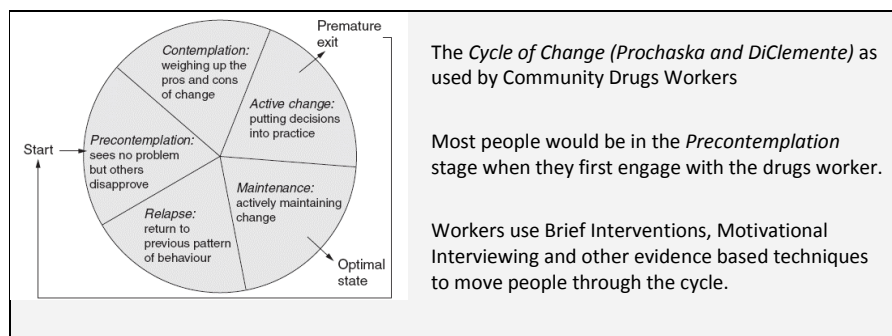
Tralee project was idle from 14th September to 14th October, due to a worker resigning.

Kerry Link Worker project was idle from Jan – July 2011, due to issues around recruitment of staff.

PREVENTION PILLAR - Outputs & Outcomes: Community Based Drugs Initiatives

A major part of the work of the Community Drugs Worker is to engage face-to-face with drug users and work with them where they are at, in the community, through a low-threshold intervention service. This could involve supporting people to reduce their use, stop their use or access treatment.

"Treatment" or the intervention provided by the Community Based Drugs Worker will be in the form of either a Brief Intervention or Motivational Interview and is based on using the *Cycle of Change* devised by Prochaska and DiClemente:



Statistics contained in this section are derived from the Health Research Boards, National Drug Treatment Reporting System, which CBDI's began reporting to in Jan 2010.

Using the definition provided by the Health Research Board, Treatment is:

- 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.

In addition to the face-to-face intervention based work, the Community Drugs Worker is involved in other activities, for which statistical information isn't reflected in the NDTRS, and thus in this section, for example – Family Support Groups, supporting the delivery of SPHE curriculum in schools, drugs awareness

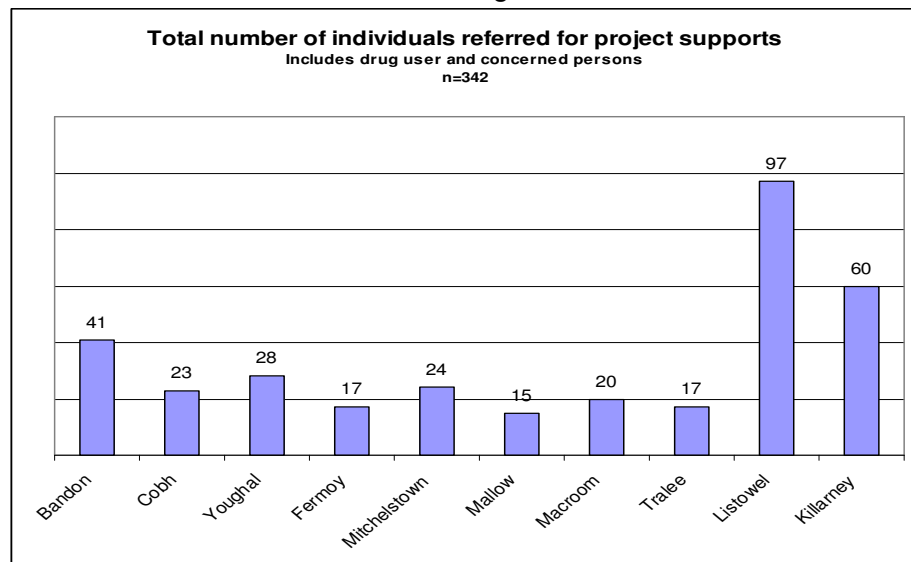
events, Strengthening Families Programmes, local youth or health based committees (PCT, Children's services committee, advisory groups).

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 WITHIN PROJECT	REFERRED ON, OR DECLINED
Bandon	25	18	7	U17 – 44 yrs	16	88%	12%
Tralee	17	11	6	U17 – 34 yrs	nil	88%	12%
Killarney	49	36	13	U17 – 39 yrs	11	96%	4%
Cobh	19	12	7	U17 - 44	4	78%	22%
Mallow	10	<10	<10	U17 – 19 yrs	5	100%	nil
Listowel	56	42	14	U17 – 50+ yrs	41	96%	4%
Fermoy	17	12	5	U17 – 39 yrs	nil	100%	nil
Youghal	18	13	5	U17 – 50+ yrs	10	88%	12%
Mitchelstown	24	19	5	U17 – 44 yrs	nil	50%	50%
Macroom	11	<10	<10	U17 – 34 yrs	9	63%	37%
TOTALS	246	72%	18%		96		

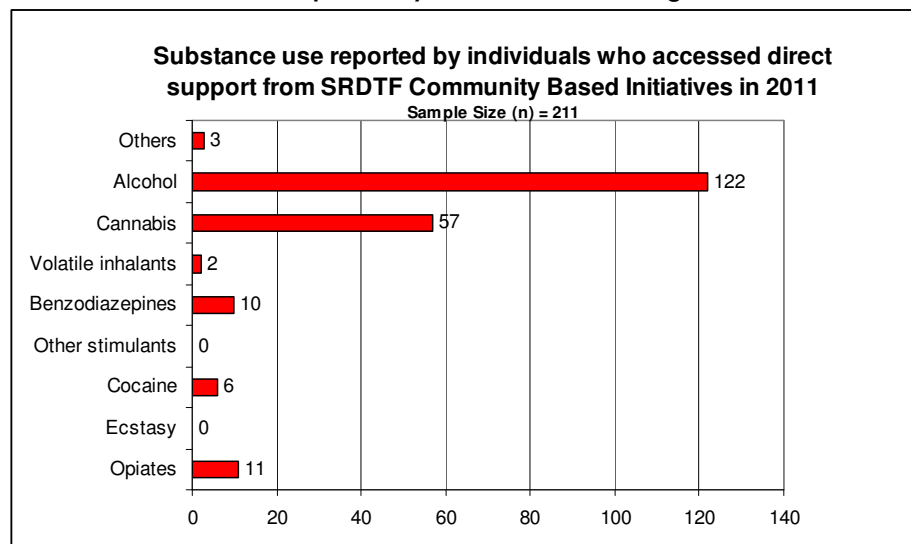
Contact details for all projects can be found in Appendix 5

Chart 1 – Individuals referred to CBDI during 2011



Note –Of the above 342 individuals:- 96 were Concerned Persons, 211 individuals were accepted for treatment, 21 did not accept treatment and the remainder were either deemed unsuitable for treatment, or referred to another agency.

Chart 2 – Substance Use reported by individuals accessing CBDI



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

Chart 3 – Primary Source of Referral

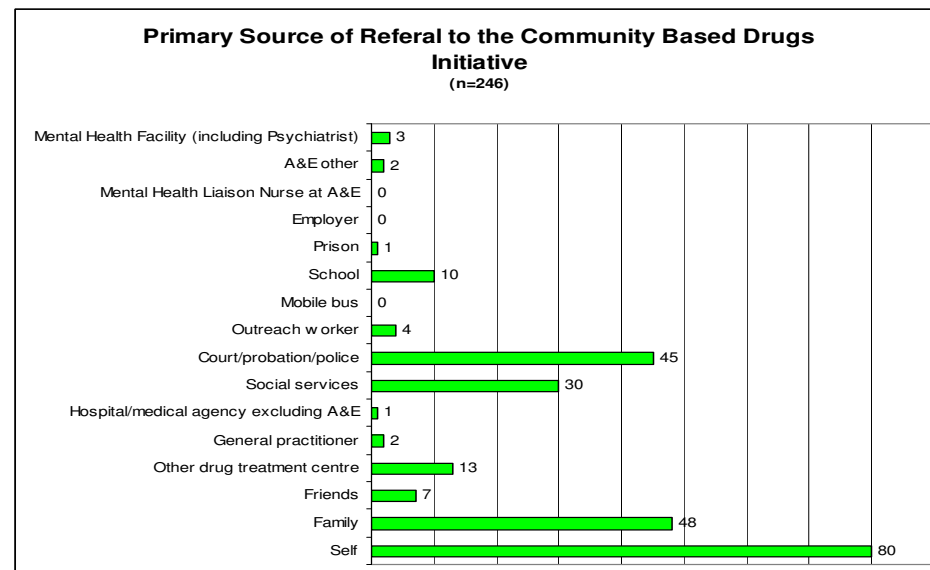


Chart 4 – Age range of individuals accessing support

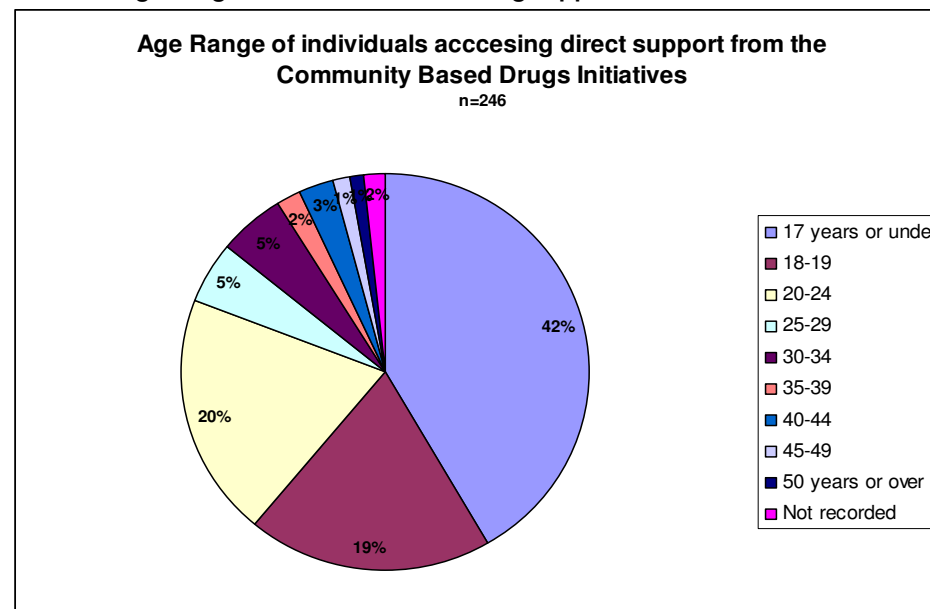
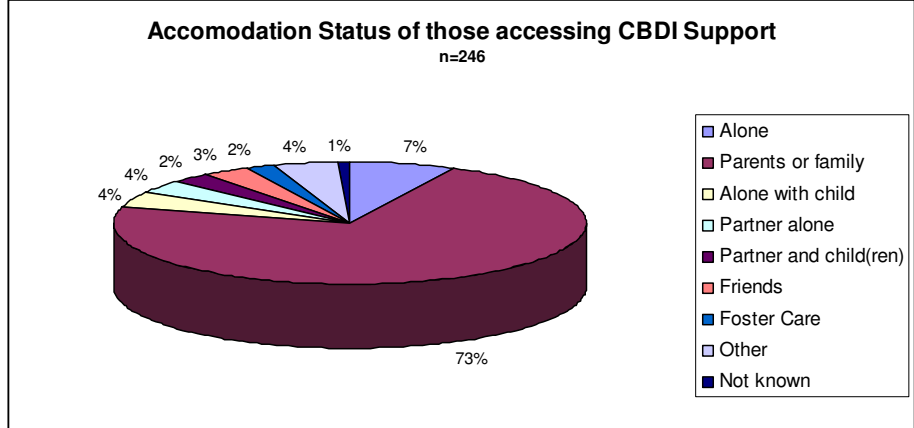


Chart 5 – Accommodation status of those accessing CBDI support

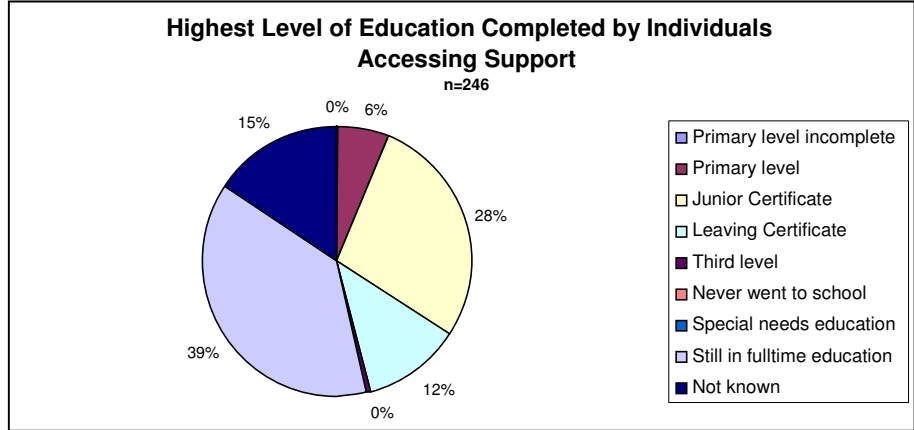


Note: Further statistical information indicates that of the above 6 individuals were classed as homeless.

Chart 7 Breakdown of area of residence by Local Health Area

Local Health Office (LHO)	Total
Cork - North Lee	48
Cork - South Lee	21
Kerry	119
Limerick	3
North Cork	50
West Cork	5
Total	246

Chart 6 – Highest level of Education



Note – the Statistical information shown in the tables 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.

Treatment and Rehabilitation Pillar - Link Workers: Description and Outputs

Link Workers provide additional support for those in treatment and those leaving treatment. Support could be around accommodation, education, training, welfare benefits, employment etc.

Table 6

LINK WORKERS	
	No. of Individuals Accessing Service in 2011
Link Worker Cork	184
Link Worker Kerry	84
TOTAL	268

Treatment and Rehabilitation Pillar - Aftercare Projects: Descriptions and Outputs

Tabor Lodge – Reduce relapse rate and support clients awaiting transition to halfway house. For women this support takes the form of a day care programme which is delivered one whole day each week for 12 weeks. For those who relapse and become active in their alcohol or drug use the relapse prevention programme is an evening time programme and is delivered for 2 hours each Monday evening for 12 weeks. The funding contributes to the salary costs of delivering these programmes

Matt Talbot Services – Funding goes to the employment of one Addiction Counsellor for Aftercare in Matt Talbot Services who works four full days a week. Aftercare is offered to clients for two years after residential treatment and to assist in the transition phase of clients from residential care in Cara Lodge to Halfway House or Outreach Worker.

Anchor Treatment Centre – Funding covers a half time post which offers group support and provides follow up contact by telephone with clients. This maintains clients in recovery, improves life quality and promotes independent living.

Talbot Grove – Funding covers part of the cost of employing a full time Aftercare Counsellor. Programme consists of Aftercare for clients for two years, weekly Men's Group, Women's Groups, Relapse Prevention Workshop, individual counselling as required, Progress review, Re-entry Group and Concerned Persons Programme. The Aftercare Counsellor is supported

by two part time sessional counsellors, twenty volunteers, Treatment Team Counsellor and Admin Support. Clients have contact with Aftercare Counsellor before leaving treatment.

Fellowship House – Centre for men only providing three months residential after care to clients following completion of primary treatment and a further three months in step down facility. Clients are reintegrated into work place / education. Monthly aftercare meetings are held for ex-residents, one to one counselling, group therapy with support twenty four hours a day, seven days a week. One full time person is employed.

Cuan Mhuire, Farnanes – Aftercare is important to prevent a person relapse and going through service again. Two year aftercare programme provided for women. Source accommodation, work and education for clients also at vulnerable times like Christmas contact is made with clients and they come back to the centre. Funding provides a part time Aftercare Co-ordinator.

Renewal (Women's) Residence – Responds to an obvious gap in the addiction service for women. Work with client and work on their problems, provides a safer and more secure life for their children, work with their families / children on integration into society and going back home. Liaise with primary treatment centres to ensure gentle transition from the centre. A dedicated Link Worker is available to assist clients with any difficulties they have. A transition house facility is available for a further three months.

Table 7

Aftercare Projects	
Project	No. of Individuals Receiving Support in 2011 *
Tabor Lodge Aftercare Programme	269
Matt Talbot Aftercare Programme	36
Anchor Aftercare Programme	64
Fellowship House Aftercare Programme	57
Cuan Mhuire, Bruree, Aftercare Programme	498
Renewal Women's Residence, Aftercare Programme	50
Talbot Grove Aftercare Programme	172
TOTAL	1,146

* Note – some of the projects listed above receive funding from other sources for Aftercare, so the statistics may not reflect an accurate picture of outcomes related purely to SRDTF funding.

Treatment and Rehabilitation Pillar - Anchor Complimentary Therapy

Project: Description and Outputs

This initiative aims to make accessing Treatment and Rehabilitation Services more attractive for Drug Users and Family Members by providing Auricular Acupuncture for Detox, Complimentary Therapies for Clients and in 2011 also introduced a group specifically for women.

Table 8

Anchor Complimentary Therapy				
Project	Total Number Accessing Service in 2011	Number Accessing Complimentary Therapies	Number Accessing Acudetox	Number attending Womens Group
Anchor Complimentary Therapy Project	53	31	22	15

Prevention Pillar - Club Projects: Description and Outputs

Club Projects are part of the Health Promotion Department of HSE South and are involved in providing training to retailers of alcohol on drug and alcohol awareness, legislation and customer service. In addition they are involved in working within communities to raise awareness about drugs and alcohol and run specific training courses tailored to the needs of the community. They have also supported other Task Force initiatives, for example by providing drugs and alcohol awareness training for Community Gardaí and the introduction of the e-PUB resource into 3rd level institutions.

Club County Cork

1. Smart Serve training was delivered to fourteen retailers of alcohol including staff and management of off licenses from the town of Cobh on the 22nd July 2011. In advance of Smart Serve training taking place in the community of Cobh, strong partnerships were developed with the key stakeholders in the Cobh community i.e. drug and alcohol advisory group, SRDTF, guards, schools, festival organising committee, local media, all parties involved highlighted the importance of engaging in safe drinking practices during the weekend of the Regatta ensuring a very enjoyable and largely positive festival experience was had for the community of Cobh.
2. Smart Serve Training was delivered to twelve retailers of alcohol including staff and management of off licences from the Duhallow region on the 17th October

2011 in Newmarket. An off shoot of this training included IRD Duhallow, in partnership with SRDTF and local Gardaí running the “Dial to Stop Drug Dealing” campaign during the month of December 2011.

3. Drug and Alcohol Awareness Training was delivered to fourteen community guards from the Cork and Kerry region on the 15th November 2011, the majority of these guards play an active role in advising the work of the local community based drug project.
4. Drug and Alcohol Awareness Training was delivered to twenty three staff of youth reach from Bandon and Bantry on the 22nd February 2011 in youth reach, Bandon.
5. Drug and Alcohol Awareness Training was delivered to twenty community representatives from Cork City in the Lifetime Lab on the 23rd April 2011 and ten community representatives from Cork County in Fr Ryan Hall in Macroom on the 22nd November 2011.
6. Posters and manuals and other resources were disseminated at all trainings, feedback from such resources has been overwhelmingly positive.
7. The Club Co Cork steering group continued to meet during 2011; this group played a very active role in advising and identifying areas where training should take place in Cork County during 2011.
8. The Education and Prevention sub group of the SRDTF approached the Club Co Cork project to support them in targeting students of the third level sector in raising their awareness of the harms associated with high risk drinking. This has resulted in CIT taking on Electronic Personal Use Barometer (e-PUB) which is an evidence-based, personalized online alcohol intervention designed by university counselling center psychologists. CIT are currently customizing the resource and will launch the resource in March 2012 as part of CIT’s Safety Week.
9. Student services of UCC approached the drug and alcohol team to support them in designing, developing an input specific to alcohol for frontline staff in the university. The course was designed in partnership with student services is entitled “Raising the Issue of Alcohol with Confidence” with students. It is hoped that staff of the university who partake in this course will feel more confident and more skilled in raising the issue of alcohol with students who they have concerns about re. alcohol.

10. Supported the European project – Club Health as Health Promotion was the only Irish partner in this European project looking at promoting the health of young people in the nightlife setting / looking at issues such as standards for nightlife venues, training standards for staff and other issues.

Club Kerry

1. Steering group continues to be supported, in conjunction with linkage and consultation with all stakeholders in advance of and post training.
2. Information and resources disseminated to venues including training manual, posters and information resources.
3. Follow up support to set up a pub watch scheme was provided to build local links between the venues themselves in the Iveragh area which involved 33 pubs. The launch of this scheme took place in December.
4. Drugs & Alcohol awareness training for pubs, clubs and hotels took place in Castleisland on the 13th of Dec
5. Smart Serve training for off licenses and retail outlets that sell alcohol took place on 2nd of Dec in the Castleisland area
6. Drugs and alcohol awareness training has been delivered to community representatives and health professionals in Tralee in May in which 15 attended.
7. A lot of the work of the project this year was focused on supporting community mobilisation particularly in Castleisland and supporting the development of an action plan for 2011/2012 focusing on a) reducing harm of drugs and alcohol in the community and b) building capacity with a wide range of individuals, agencies and organisations that work in the Castleisland area. As part of this alcohol and drugs awareness training took place with all the 13 members of the youth forum committee and a drugs and alcohol awareness workshop was delivered to parents which involved 21 parents.
8. Drugs and alcohol awareness training was delivered to 11 asylum seekers peer health workers in Tralee.
9. The project was promoted through a variety of events including an information stand at the Getting a Grip conference supported by the SRDTF that was held in Killarney, and the Alcohol Action national conference in Nov.2011.

10. Supported the European project – Club Health as the Health Promotion Department of the HSE is the only Irish partner aimed at promoting the health of young people in nightlife settings / looking at issues such as standards for nightlife venues, training standards for nightclub staff and other related issues.

Development and Operational Issues

Heroin Strategy (NDS Actions – see strategy, Appendix 2)

The Heroin Strategy continued to be used as a template for the development of services and to direct the work of SRDTF.

Dial to Stop Drug Dealing,

The Dial to Stop Campaign continued to be run in the region during 2011. Special emphasis was given to the campaign in Cobh, as part of the Regatta week; in Tralee, as a drugs awareness event and in the Duhallow Region, at the request of IRD Duhallow.

It must be noted that as of Dec 31st 2011, the Dial to Stop telephone number ceased to operate, due to financial constraints and members of the public are now encouraged to use the Crimestoppers number.

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

County Kerry total reports in 2011 = 8

County Cork total reports in 2011 = 33

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

CBDI's continued to operate in the same towns throughout 2011, reporting their treatment data into the NDTRS. The HRB assisted by providing support and training to project workers in the use of the NDTRS system.

Discussions also began about expanding the geographical remit of the CBDI's, in order to reach out further into the region, this process will continue in 2012.

Local Advisory Group Network (NDS Action 4)

Two meetings were held in Cork in 2011, with four of the CBDI Advisory groups being represented. A structure of reporting was discussed, which would involve the Community Reps who sit on the SRDTF. A similar approach was envisaged in Kerry but due to poor attendance the meetings did not go ahead as planned.

Quality Standards in Drugs Education (NDS Action 26)

Quality Standards roll out did not have the take up we anticipated in 2011. The database has currently 25 people trained from different organisations across Cork and Kerry. A National evaluation is anticipated in the near future.

Putting the Pieces Together (NDS Action 19)

SRDTF identified the Putting the Pieces Together Programme (which runs parallel to the Quality Standards in Drugs Education) as an evidence based prevention programme, that can be delivered in areas where there is a drugs issue, but where coverage by drug specific services is patchy.

Workers from SRDTF and a number of Youth Services attended a training provided by the Western Regional Drugs Task Force in August 2011, and were trained as trainers in the programme, with a view to rolling out across the region.

Three areas were identified by SRDTF, where the programme can be rolled out – East Kerry, North Cork and West Cork. Local organisations, youth workers, Gardai, Probation Officers, Health Promotion Officers and others are to be invited to undertake training as facilitators of PTPT, with a view to the delivery of the programme in those areas during 2012.

Service User Involvement Strategy (NDS Action 42)

In 2011 the SUL strategy continued to be progressed.

A baseline study of service user involvement in the four areas of involvement, identified in the strategy, was undertaken by both SRDTF & SERDTF. Response to this baseline study was poor, however in order to progress, meetings were held with those organizations who responded. The meetings identified the need for further training for organizations in User Involvement and in order to upskill and deliver this, the development workers from SRDTF and SERDTF attended a training in Scotland, provided by "Involving Expertise", who are funded by the Scottish Government to *create a culture of innovation and continuous improvement in service user involvement across all organization in Scotland*.

Following this training the respective development workers continued to meet and to develop a training programme which will be delivered to Treatment Centres during 2012.

Contact was also made with Progression Routes, who are rolling out nationally the Quality in Drug and Alcohol Services (QuADS) with a view to the strategy being endorsed by them under their user involvement policies.

Also during 2011, the Regional Drugs Task Force Coordinators Network was given a presentation on the User Involvement Strategy and progress to date. This presentation was well received and a number of other RDTF's expressed interest in implementing the strategy in their regions, should the pilot programme be successful.

Rehabilitation Framework - NDRIC (NDS Action 32)

SRDTF and Cork LDTF formed a joint Treatment and Rehabilitation sub-group in April 2011, in order to progress the delivery of the National Drugs Rehabilitation Framework and to support the local Rehabilitation Coordinator. Nationally the work falls under the remit of the National Drugs Rehabilitation Implementation Committee (NDRIC).

Specific areas of work under this Framework which involves 44 organisations and projects within the SRDTF & CLDTF areas are:

- The introduction of QuADS (Quality in Drug and Alcohol Services – supported nationally by Progression Routes)
- The introduction of Key Working, Case Management and Care Planning systems
- The introduction of an Electronic Patient Management System
- The introduction of a Common Assessment Tool
- The possibility of a pilot Community Detox programme

Family Work (NDS Action 29, 41)

The family worker employed by Tabor Lodge, under a time limited Dormant Accounts funded initiative, produced a report on her experience of developing family programmes with CBDI project workers during 2010. This report is available upon request.

The CBDI projects continued to offer and support families in both individual and group settings, with Family/Concerned Persons Groups being supported in Cobh, Mitchelstown, Fermoy, Youghal, Killarney, Tralee and Listowel.

In November a meeting was held with HSE Addiction staff with a view to running a joint, time limited, family programme in community settings. It is hoped to progress this in 2012.

3rd Level Institutions e-Pub (Electronic Personal Use Barometer) (NDS Action 28)

In order to engage with 3rd level students and look at ways of raising awareness of perceived high levels of drinking amongst the student population, SRDTF identified an online, evidence based resource, called e-Pub, as a potential tool. E-Pub was developed in San Diego and allows an individual to assess their drinking habits, and incorporates a brief intervention.

In partnership with HSE Health Promotion and UCC (who have been using e-Pub for a number of years) a series of planning meetings were held and then

contact made with Cork Institute of Technology, with a view to it being introduced there. CIT were very receptive to the idea and ongoing work with them will lead to its introduction/launch at CIT in 2012.

Cross Task Force Initiatives

The Coordinator of Cork Local Drugs Task Force was selected to sit on the SRDTF and this position was reciprocated with the SRDTF Coordinator becoming a member of Cork Local Drugs Task Force in Nov 2011.

SRDTF also worked in Partnership with the South East Regional Drugs Task Force on the Service User Involvement Strategy and Cork Local Drugs Task Force also became involved.

SRDTF undertook to roll out the Putting the Pieces Together Programme, initiated by the Western Regional Drugs Task Force

Strengthening Families Programme (NDS Action 29, 41)

This Programme which was introduced to Ireland in 2006 by HSE South / SRDTF is an example of a multi-agency approach to supporting the entire family, and whilst focussing primarily on “family skills”, research has shown to be highly effective amongst families where substance abuse is an issue.

Five, fourteen week, SFP programmes were commenced or completed in the region in 2011, part-funded, or supported by SRDTF.

Table 9

Start Date	Location	Families starting	Parents starting	Young Person Starting	Families Graduating	Parents Graduating	Young Person Graduating
Nov '10	Midleton	8	12	12	7	11	11
Oct '11	Bantry	12	15	15	10	12	11
Sept '11	Tralee	12	13	20	9	10	11
Sept '11	Killarney	11	11	13	9	9	11
Jan'11	Listowel	12	15	14	11	11	13

Innovation and Development

Two presentations were made to the Cork Joint Policing Committee in 2011. **(NDS Action 3)** The initial presentation provided information on the Task Force and the projects and work supported. The second involved Tom Lloyd of the

International Drugs Policy Consortium (IDPC), who gave a presentation on 'a new style of policing that embraces human rights and harm reduction' Following the presentation by the IDPC, it was agreed that a proposal would be developed jointly by SRDTF & IDPC, for consideration at the JPC and which would address the issues raised. It is expected this proposal will be finalised during 2012. The proposal would encompass various pieces of work that SRDTF have been progressing, such as an arrest referral process (**NDS Action 38**) and a vision that drug users will be viewed as having a health issue and in need of support, rather than being seen as criminals within the criminal justice system.

Guidelines for CBDI workers on engaging with schools, upon receiving requests to give "drugs talks", were approved and circulated to all CBDI workers. These guidelines have been developed alongside Health Promotion and follow good practice and stress the importance of engaging with the SPHE Curriculum and following guidelines issued by the Department of Education. (**NDS Action 20**). These guidelines have also received some interest from the SRDTF Garda representative, in relation to Gardai being asked to give drugs talks in schools also.

Supports for CBDI Workers (Action 30, 34)

During 2011, CBDI project workers undertook training in:

1. Use of SASSI (Substance Abuse Subtle Screening Index)
2. Brief Intervention
3. Motivational Interviewing
4. Completion of NDTRS forms

In addition to training Self Care sessions were introduced on a quarterly basis, where project workers were given access to a form of off-line supervision provided by an accredited supervisor. These sessions look at professional practice and allow the workers to reflect on the work they do.

Kerry Children's Services Committee (NDS Action 19)

The Coordinator became involved with a sub-group of the Kerry Children's Services Committee, focussing on drug and alcohol use amongst young people.

Getting a Grip Conference 2011 (NDS Action 28)

SRDTF once again were represented on the organising committee of the Getting a Grip Conference, led by Kerry Life Education, that was held in Killarney on 6th & 7th October 2011.

This year's conference had the theme of "*Substance Misuse, a Medical or a Criminal Justice Issue*" and heard presentations from:

Dr Ursula Kilkelly – UCC
Jorgen Sviden - ECAD
Deirdre Boyd – CEO of Addiction Recovery Foundation
Cllr Mannix Flynn – Dublin City Councillor
Dr Paul O'Mahony - Criminologist
Dr Joe Barry – Professor of Population Health and Medicine
Fr Sean Cassin – Franciscan Friar

On the Thursday evening SRDTF held a workshop on the conference theme, outcomes of which will feed into ongoing work with the IDPC.

Governance Review (NDS Action 62)

A "Declaration of Interests" form was introduced by SRDTF in 2011. All members were asked to complete the form, which details any interests members may have in projects funded by SRDTF.

National Engagements

The SRDTF Coordinator attended four meetings of the Regional Drug Task Force Coordinators network in 2011.

The SRDTF Coordinator attended two National Meetings at the Office of the Minister for Drugs.

The SRDTF Development Worker attended one meeting of the RDTF Development Workers Network in 2011 to present on the Service User Framework.

John O'Connor continued to represent the Drug Advisory Group on SRDTF. John's role is to report to SRDTF on issues arising at the DAG and report back to DAG on issues arising for SRDTF.

Consultations

During 2011, SRDTF sent responses and comments in relation to:

- "Your Health is Your Wealth" (attended consultation event)
- SRDTF meeting with Roisin Shortall, Minister for State with responsibility for Primary Care (November 2011)
- Submission on a review of structures under the National Drugs Strategy to Minister Roisin Shortall (December 2011)
- Submission to the Department of Health, as part of a public consultation regarding their Statement of Strategy (July 2011)

Appendix 1

SRDTF Meeting dates and Attendances

Date of Meeting	Total number of Members of Task Force (excluding vacancies) ¹	Total number in attendance at meeting	% of Attendance
11/01/11	27	14	52
09/03/11	27	13	48
12/05/11	27	18	67
08/07/11	27	14	52
19/09/11	26	19	73
08/11/11	26	19	73
16/12/11	25	15	60
Average Attendance 2011			60%

SRDTF Management Group Meetings

Date of Meeting	Total number of Members	Total number in attendance at meeting
14/02/2011	7	4
13/06/2011	7	5
05/09/2011	7	6
03/10/2011	7	5
01/11/2011	7	6

Treatment and Rehabilitation Sub-Group Meetings

Date of Meeting	Total number of Members	Total number in attendance at meeting
26/01/2011	11	5
15/04/2011	14	11
01/06/2011	14	9
13/07/2011	14	11
19/08/2011	14	10
14/10/2011	14	9
11/11/2011	14	8

Prevention Sub-group Meetings

Date of Meeting	Total number of Members	Total number in attendance at meeting
18/04/2011	11	6
18/07/2011	11	10
06/10/2011	11	6

¹ Vacancies arose as members of SRDTF resigned and new members were not elected by the nominating body. Details of these vacancies can be seen in the membership Table on Pg. 4

Appendix 2

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 3

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 :	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	Tralea
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 2011		
Category	Code	Reason

Pillar :	Treatment and Rehabilitation	
Relevant NDS Actions :	32, 33, 34, 36, 37, 41, 44	
SRDTF objectives :	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 2011		
Category	Code	Reason

Appendix 4

SRDTF Project Contact Details 2011

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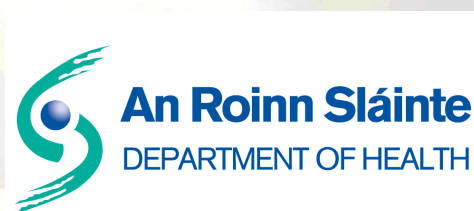
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