

**South East  
Regional Drug  
Task Force**

# South East Regional Drug Task Force

2011 Annual Report

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## **Section 1: An overview of the Drugs Problem in the South East**

### **1.1 Introduction**

The two main recent reports that indicate the profile of drug usage in the South East are the Draft NACD Prevalence Survey and the HSE's Data Co-ordination Overview of Drug Misuse 2009/2010. A summary of the HSE document follows this introduction, and the two reports are included in full as appendices. (Appendix 1 HSE data co-ordination overview of Drug Misuse 2009/2010 and Appendix 2 Drug Prevalence Survey SERDTF Results 2010/2011).

Whilst the HSE report details numbers of individuals that have presented for treatment, the NACD report provides details in relation to their Prevalence survey, and there are a number of differences and similarities between the two reports.

The NACD Drug Prevalence survey would indicate very slight decreases in overall prevalence of substance misuse in the South East (at Lifetime use, last year use and last month use) between the 2006/2007 data and the 2010/2011 data, the HSE figures indicate that there has been a 6% increase in the numbers presenting for treatment between 2009 and 2010.

The main difference between the two reports relates to the main substances prevalent compared to the main substance treated for. Both agree that alcohol is the most prevalent substance used and treated for, but differ significantly in relation to heroin. The NACD report identifies prevalence rates for both methadone and heroin as zero in lifetime, last year and last month categories in 2002/2003 and 2006/2007, but with an increase in prevalence for younger males in 2010/2011. This is in contrast to the HSE figures that indicate that heroin was the second most common substance treated for in the South East – at 12% of those treated in 2008 and in 2009, with an increase to 16% in 2010.

Headshop substances featured more prominently in 2010 than 2009 in the HSE report, it remains to be seen whether this trend will continue. Cannabis continues to be the third most common drug in treatment figures, with cocaine reducing as a percentage since 2008.

### **1.2 Profile of Substance Misuse Service Activity for 2010**

This section provides a brief overview of the 2010 Data Report which is collated from information gathered in the following databases:

- National Drug Treatment Reporting System (NDTRS)
- Hospital In-patient Enquiry System (HIPE Scheme)

- National Psychiatric In-patient Reporting System (NPIRS)
- Probation Service Data Sheets
- An Garda Síochána Data System

### 1.3 National Drug Treatment Reporting System (NDTRS)

In making comparisons between the 2009/10 data and previous reports it should be noted that CBDI, Outreach Workers and Frontline Projects data were collated under the NDTRS for the first time in 2009. In 2010, a number of additional services funded under CASA began reporting to the NDTRS, however, it is likely that this can be offset by retirements. In addition, new Drug Treatment Clinics were established in Kilkenny and Wexford in 2010. However, the numbers attending these services in 2010 was small.

The NDTRS is focused on the individuals that accessed and were treated for substance misuse.

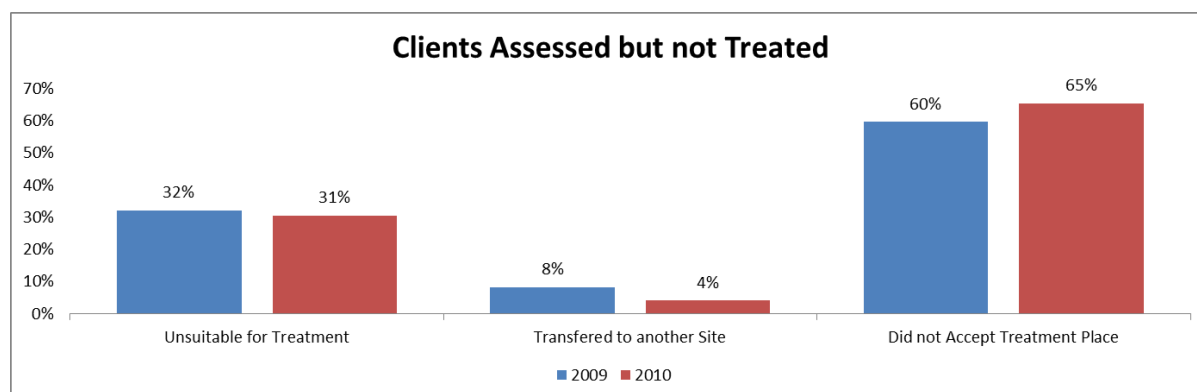
#### 1.3.1 Individuals that were accessed but did not access the service

The majority of assessed only clients for both years were those with an address outside of the South East but within other counties within Ireland.

In 2009, a total of 3,339 individuals accessed the services. Of these, 421 (13%) were assessed only and 2,918 (87%) were assessed and received a treatment intervention.

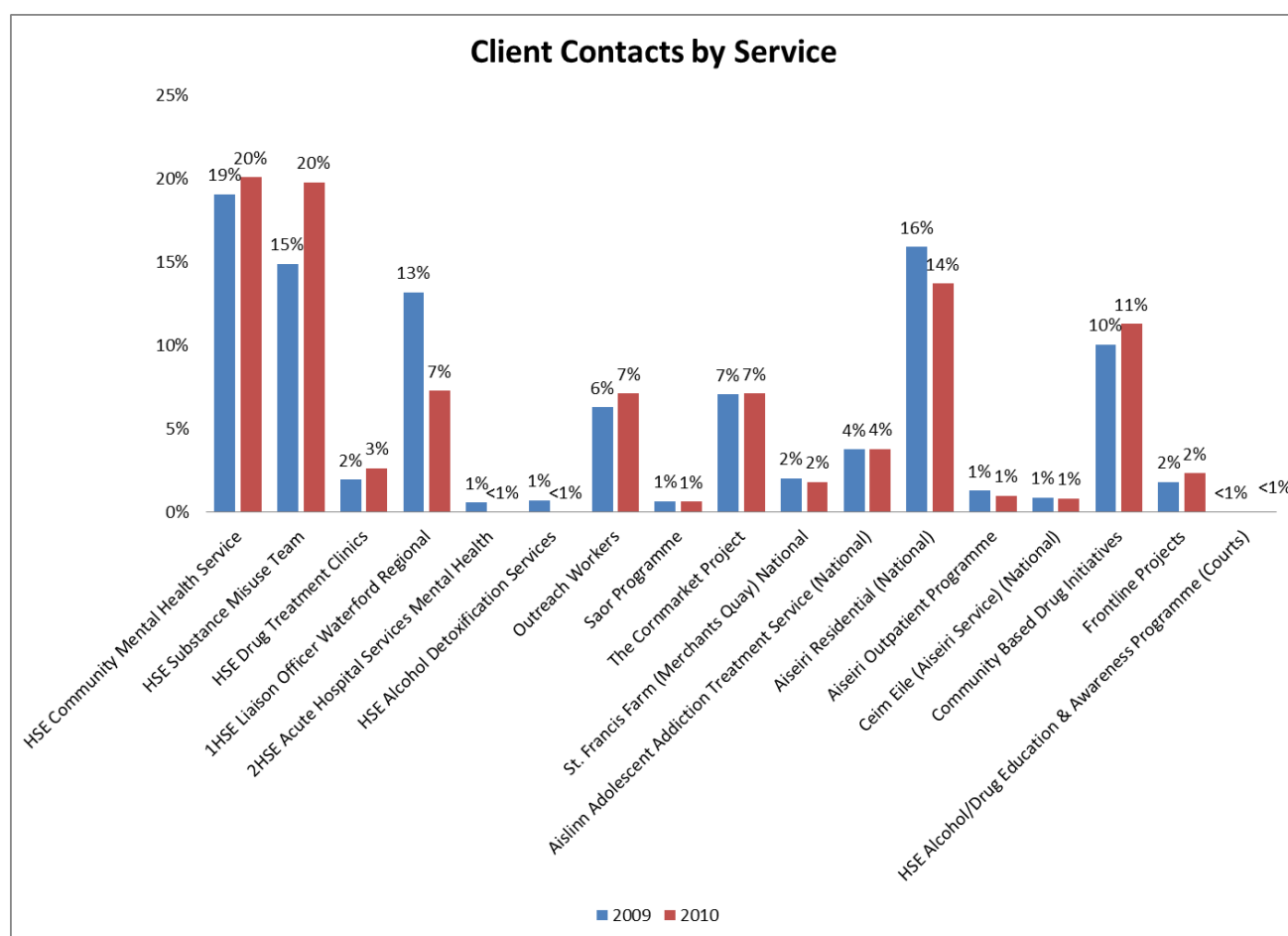
In 2010, a total of 3,518 individuals access the services. Of these, 361 individuals (10% of total contacts) accessed the service but did not engage in treatment for a variety of reasons.

The reasons why individuals accessed the service within the Southeast, were assessed but did not go on to engaged in treatment are set out in the graph below:



### 1.3.2 Clients by Service Type

The following table presents an overview of the percentage of individuals that accessed the service broken down by service.



Overall, there was an *increase of 6%* in the total number of individuals treated in the South East between 2009 and 2010.

The majority of services saw an increase in the number of individuals treated between 2009 and 2010.

These services include:

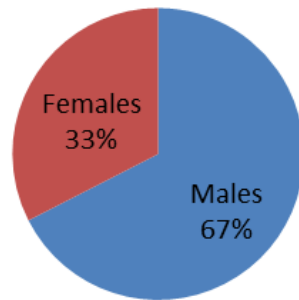
- HSE Community Mental Health Services, HSE Substance Misuse Team, HSE Drug Treatment Clinic, Outreach Workers, CBDI Workers, the Cornmarket Project, Aislinn Adolescent Residential service, Frontline Projects and the HSE Alcohol/Drugs Education and Awareness Programme (Courts).

Two services maintained the same level of service for 2009 through to 2010. These were services which had a fixed capacity, namely Céim Éile residential aftercare service and the Soar Rehabilitation Project.

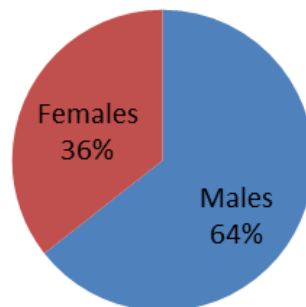
### 1.3.3 Gender

The gender ratio for 2009 and 2010 treated individuals is set out in the tables below:

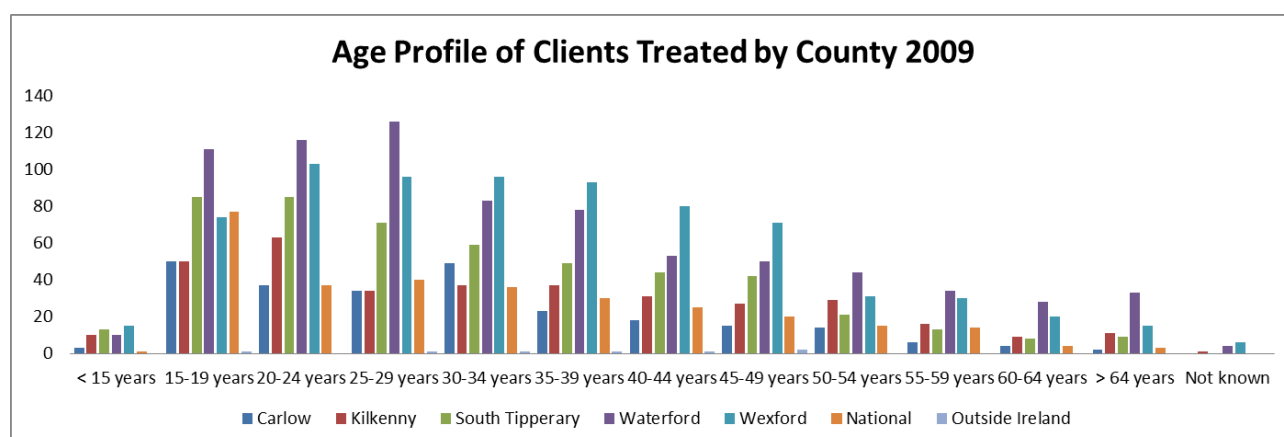
#### Gender of Clients Treated 2009



#### Gender of Clients Treated 2010



### 1.3.4 Age Profile



Looking at the three main age groups in the South East between 2009 and 2010 there was:

- A decrease in the number and percentage rate of 15-19 year olds attending treatment services, from 448 (15% of total) in 2009 to 428 (14% of total) in 2010.
- An increase in the numbers in the 20-24 age bracket, from 442 (15%) to 547 (19%).
- No change in the percentage rate of 25-29 year olds, at 14% in both 2009 and 2010, though the actual numbers for this age group increased, from 402 to 426.

### 1.3.5 Main Substance of Misuse

Alcohol continues to be the main substance of misuse treated in the South East in 2009 and 2010. However, as noted in previous editions, the rates for alcohol have decreased in the last decade, from 72% in 2000 to 50% in 2010.

Heroin has been the second highest treated drug in the South East since 2008, followed by cannabis. Heroin as a main substance of misuse treated in the South East has continued to increase - 12% in 2008 and in 2009 to 16% in 2010.

The figure for the treatment of cannabis as the main substance of misuse fell between 2007 and 2008 but increased from 11% in 2008 to 14% in 2009 and 2010. It was third highest treated drug in the South East in 2010.

Treated cocaine use has fallen in each of the years from 2008 to 2010, from 5% in 2008 to 4% in 2010.

## **1.4 Main Issues Addressed**

The SERDTF has attempted to address the issues arising from the pattern of drug use by;

1. Developing a system to strategically co-ordinate the implementation of National Drug Strategy actions.
2. Developing a system to ensure that SERDTF funded projects clearly address the objectives of the National Drug Strategy.
3. Supporting the implementation of the NDRIC framework in the Kilkenny pilot area, and across the South East.
4. Supporting the implementation of QuADS.
5. Supporting the development of Community based detoxification services.

### **1. Developing a system to strategically co-ordinate the implementation of National Drug Strategy actions**

The strategic element of this is the implementation of NDS action points by the agencies identified in the NDS as having responsibility for their implementation. Lead agency representatives (HSE, Garda Síochána, VEC, etc.) have agreed to update the SERDTF twice a year on the plans or progress in terms of their actions. These updates are attached as Appendix 3.

We're requesting lead agencies to call the identified partners together for the actions that they are prioritising to begin the process of action implementation. We'll assist in this process by providing a rationale for prioritisation. The current document to guide this is the Evaluation and Roadmap provided by Professor Comiskey, Trinity College (previously submitted). This process will also be informed by treatment and other data (as being provided by the HSE, NACD and HRB).

The SERDTF have agreed to assist in this process by forming the pillar based (treatment & rehab, prevention and supply control) sub groups, providing them with training in Logic Model approaches so that they can begin to provide firm, evaluable plans for the implementation of the actions.

The SERDTF have begun engagement with the Health Research Board to provide evidence of effectiveness of various approaches to inform the development of these Logic Models. This is the beginning of this aspect, and has already been refined in that the prioritisation focus has now shifted to cross pillar implementation, as per that attached document (Appendix 4), with the theme of under 18s likely to be prioritised.

These evidenced based, prioritised, cross pillar plans, in the form of evaluable Logic Models, will then be proposed to County Development Boards for implementation. We see CDBs as the existing inter agency implementation body, and the structure, with its Social Inclusion Measures subgroups, that is best placed to oversee the co-ordinated, cross pillar implementation of actions.



## **2. Developing a system to ensure that SERDTF funded projects clearly address the objectives of the National Drug Strategy**

In December 2011 the SERDTF provided Logic Model training to the projects that it funds. We are requiring DTF funded projects to complete two Logic Model templates as part of their application process for DTF funds. (Templates attached; Logic Model template and SERDTF template for outcome based evaluation, appendices 5 and 6).

This requires projects to clearly identify the National Drug Strategy Objective that they are working to contribute to, as opposed to the “action” that the RDTF 1 form stipulates. We would see lead agencies responsible for the NDS actions, with funded projects contributing to the NDS objectives.

The Logic Model also requires projects to be specific about the activities they undertake and how these relate to measurable outcomes. The second template asks projects to be specific about how they can provide evidence that these outcomes have been achieved.

In time, we would hope that the HRB may be able to assist with the evidence base for the approaches that the projects are adopting.

We see this process as providing evaluable, outcomes based evidence that the funding that the SERDTF provides to projects is significantly contributing to the achievement of the objectives of the National Drug Strategy.

The SERDTF have also completed a Logic Model for its own operation in relation to 1 and 2, above, and these are attached as appendix 7, 8 and 9.

## **3. Supporting the implementation of the NDRIC framework in the Kilkenny pilot area, and across the South East**

The SERDTF have worked in conjunction with the Regional Rehabilitation Co-ordinator to support the implementation of this framework in Kilkenny, as the agreed pilot site, and across the South East.

In discussing the implementation of the National Drug Strategy with the most senior County, Divisional and Regional representatives of the agencies responsible for Lead actions, it has become clear that this inter-agency case management process is the approach most likely to provide a response to their concerns. A majority of senior managers, whilst agreeing in principle to work to implement the NDS actions also wanted to know how the implementation of the National Drug Strategy would impact on the small number of problematic substance misusers that repeatedly came to their attention.

The operation of the NDRIC framework responded to their concerns, and buy in for this process has been relatively straightforward.

#### **4. Supporting the implementation of QuADS**

The SERDTF decided, early in 2011, to commit to working towards this quality standard. The SERDTF have engaged with Progression Routes Initiative, the HSE and the Regional Rehabilitation Co-ordinator to co-ordinate a number of seminars and training events for both SERDTF funded, and other services.

#### **5. Supporting the development of Community based detoxification services.**

A key service deficit identified by the SERDTF in 2010 was the need for both inpatient and community detoxification services. During 2011 the HSE made significant progress in both areas, with the purchase of residential detoxification episodes in a number of institutions and the employment of Liaison Nurses within the HSE Substance Misuse Services. The SERDTF applied to Progression Routes for their inclusion in training for the Community Detoxification Pilot, and continue to support this process through the Treatment and Rehabilitation Sub Group.

## **Section 2: Progress made in 2011 in implementing your local drugs strategy**

The SERDTF approach focuses on the regional and local implementation of the objectives and the regionally relevant Actions of the National Drugs Strategy. Whereas previously the SERDTF would have seen itself as implementing a local plan within the context of the national Drug Strategy, the SERDTF are now clear that it needs to implement the National Drug Strategy within the context of the needs of the South East.

The SERDTF do this in two main ways. Firstly, the objectives of the National Drug Strategy are achieved through the activities of the projects that the SERDTF funds (detailed in Section 3).

Secondly, the SERDTF have agreed that agencies that have Lead responsibility for (regionally relevant) Actions in the National Drug Strategy will provide the SERDTF with updates in relation to their plans or progress in implementing those actions.

The detailed responses from each of the relevant agencies within the South East, according to National Drug Strategy Pillar are attached as appendix 3.

### Section 3: Profile of DTF funded projects

In terms of the impact that the SERDTF funded projects have made in addressing the drugs problem in the South East, it is possible to identify significant outputs that the project individually, as service type groups and as a whole have achieved, and some of these are detailed below.

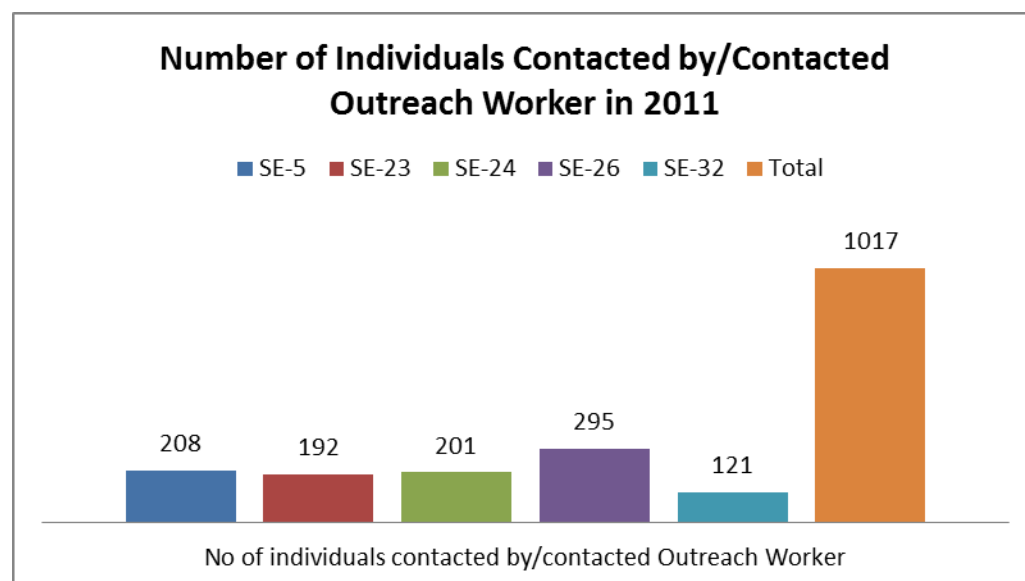
However, the SERDTF have come to realise that it is not possible to measure the impact of these projects through the measurement of inputs and outputs alone. For impact to be assessed, projects need to be able to demonstrate the achievement and measurement of their outcomes.

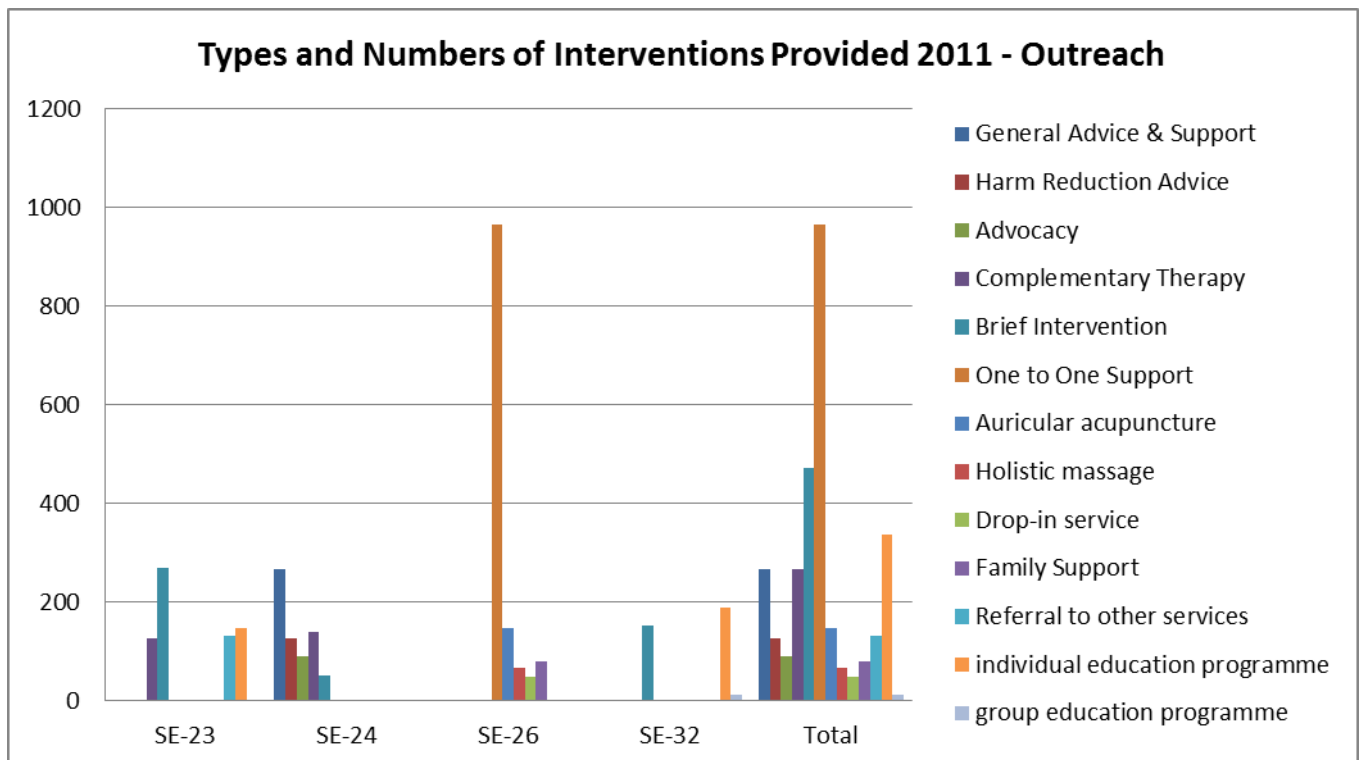
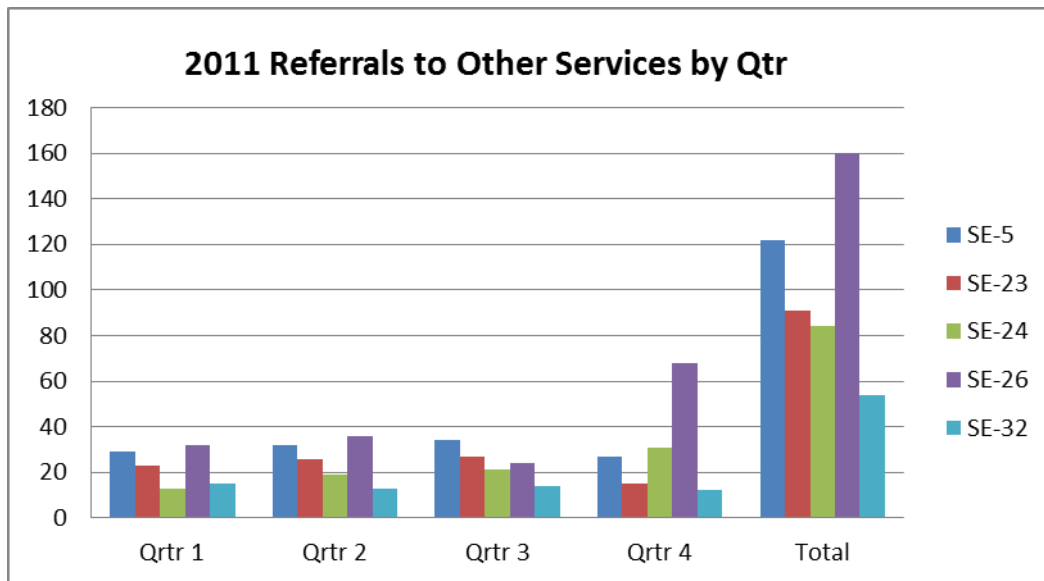
Training was provided to SERDTF funded projects (and some HSE funded projects) in December 2011, so that the development of Outcome based Logic Models would be part of the SERDTF funding application process for 2012.

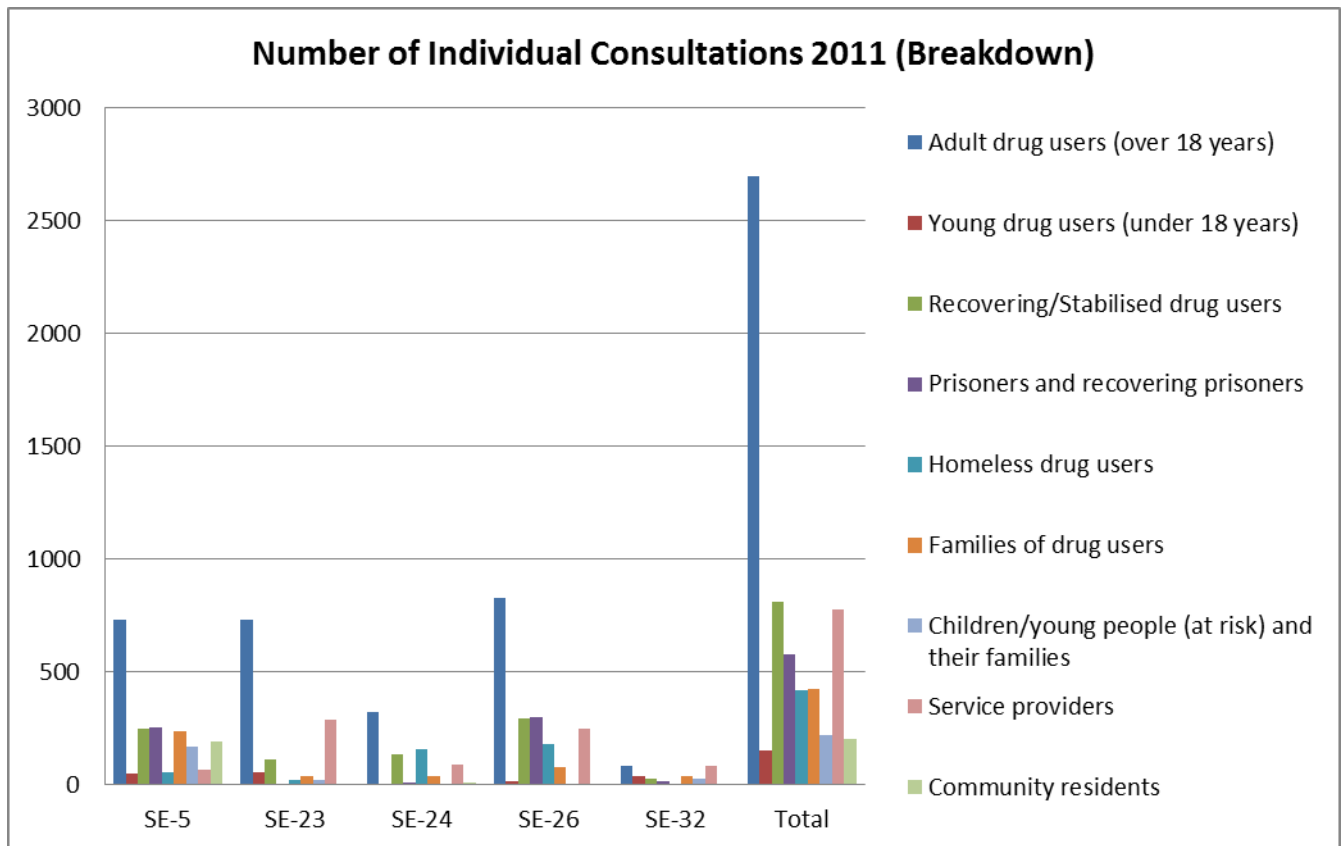
**Outreach** projects continue to make contact with drug users that have lost contact with services or that were not previously in contact with services, and continue to provide low threshold interventions as well as referral to further substance misuse services.

The following SERDTF funded projects provide outreach services in the South East;

- SE-5 Cornmarket Outreach Project, Wexford
- SE-23 Outreach Worker, South Tipperary
- SE-24 Outreach Worker, Carlow/Kilkenny
- SE-26 Outreach Worker, Waterford
- SE-32 Outreach Worker, Wexford





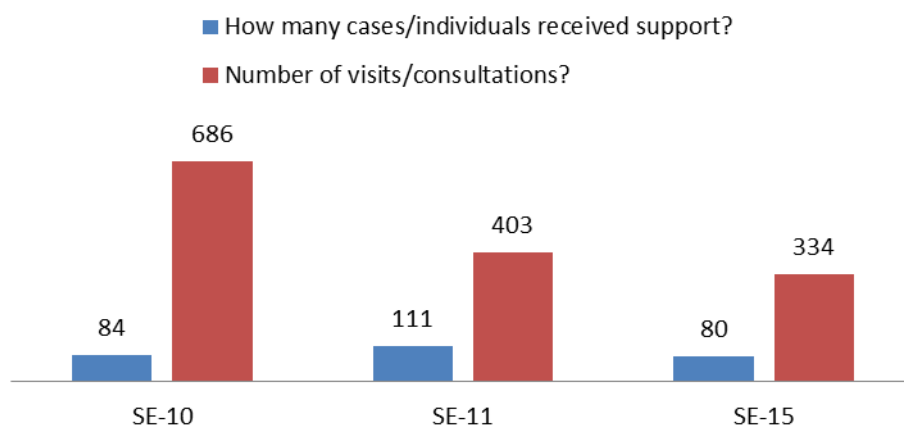


**Community Based Drugs Initiative (CBDI)** projects provide a valuable point of first contact and support for drug users, family members and communities. The emphasis that each CBDI places on different aspects of their work varies according to the needs of the areas they serve, but include family support, community development, complementary therapy clinics and individual support.

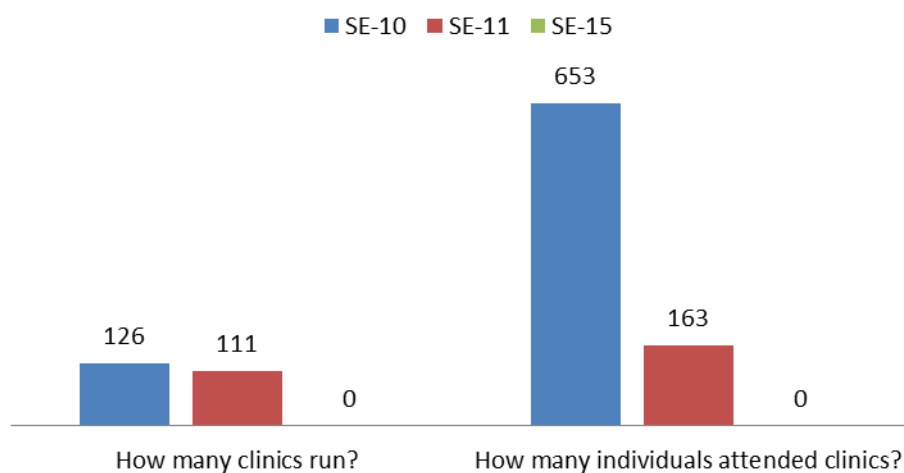
The following projects are community based drug initiatives being funded by the SERDTF in 2011;

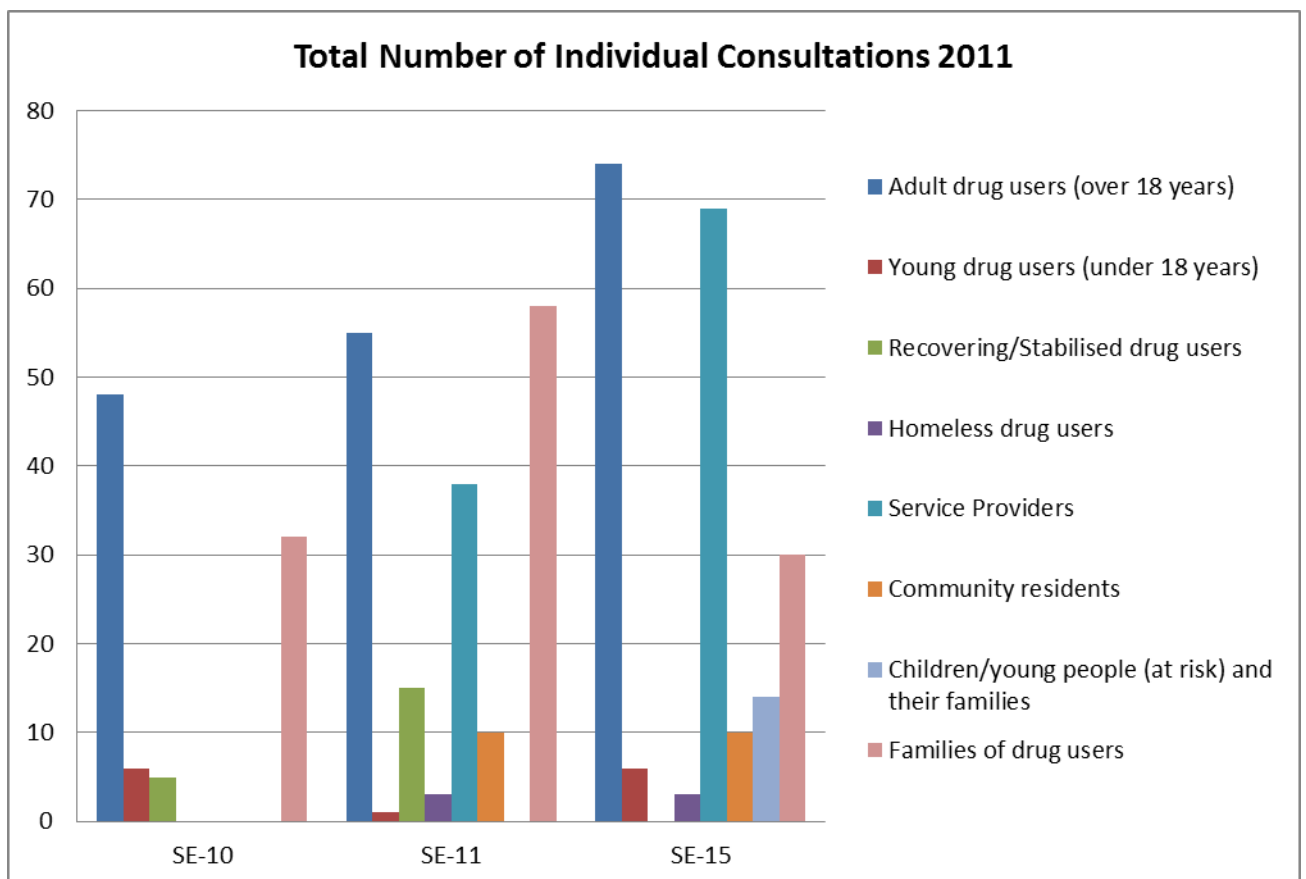
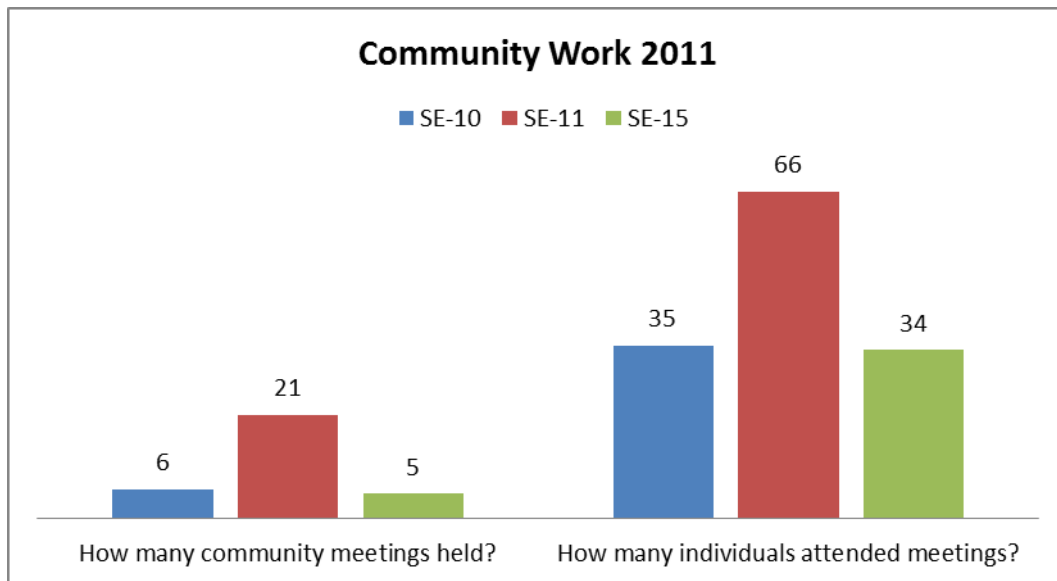
- SE-10 Co. Waterford CBDI
- SE-11 Inner City – Ferrybank CBDI
- SE-15 Carlow CBDI Worker

### Cases & Individuals Who Received Support in 2011 and The Number of Consultations/Visits

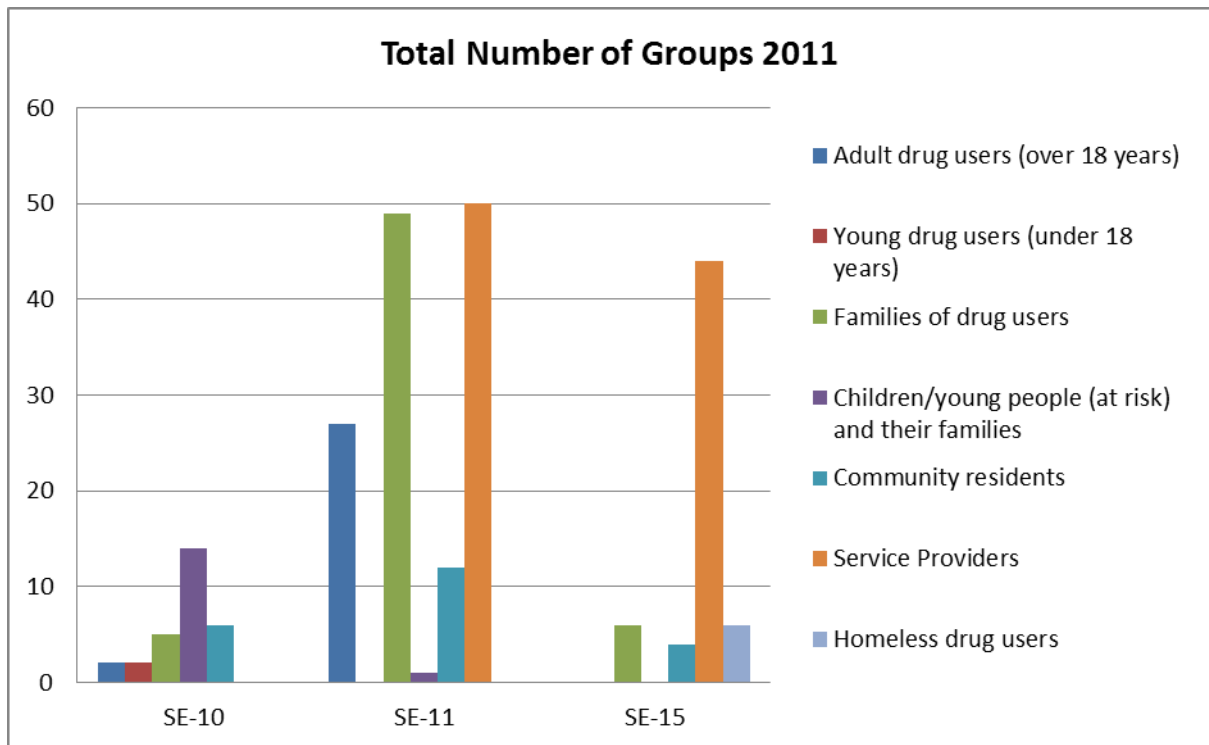


### Complementary Therapy 2011





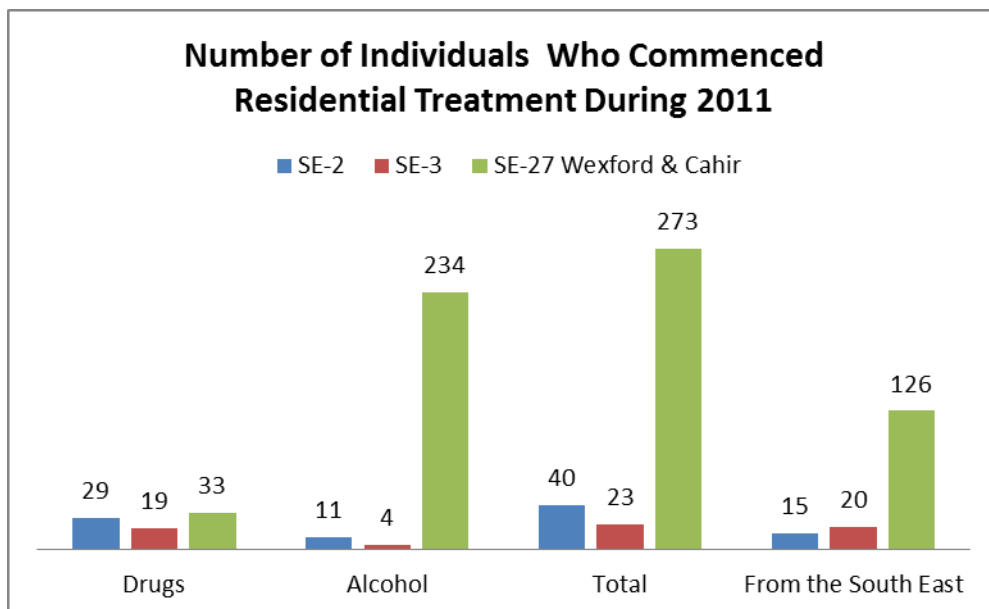
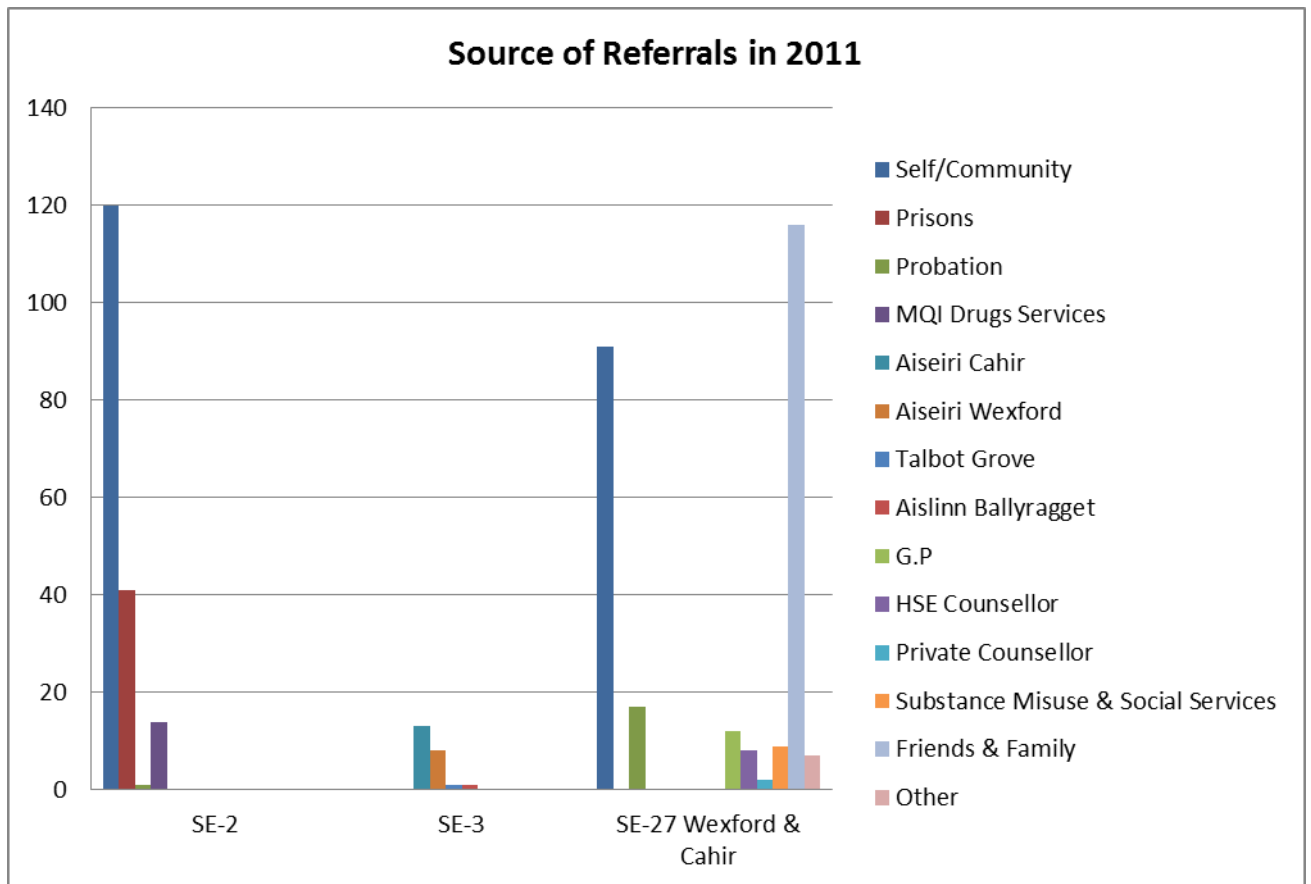


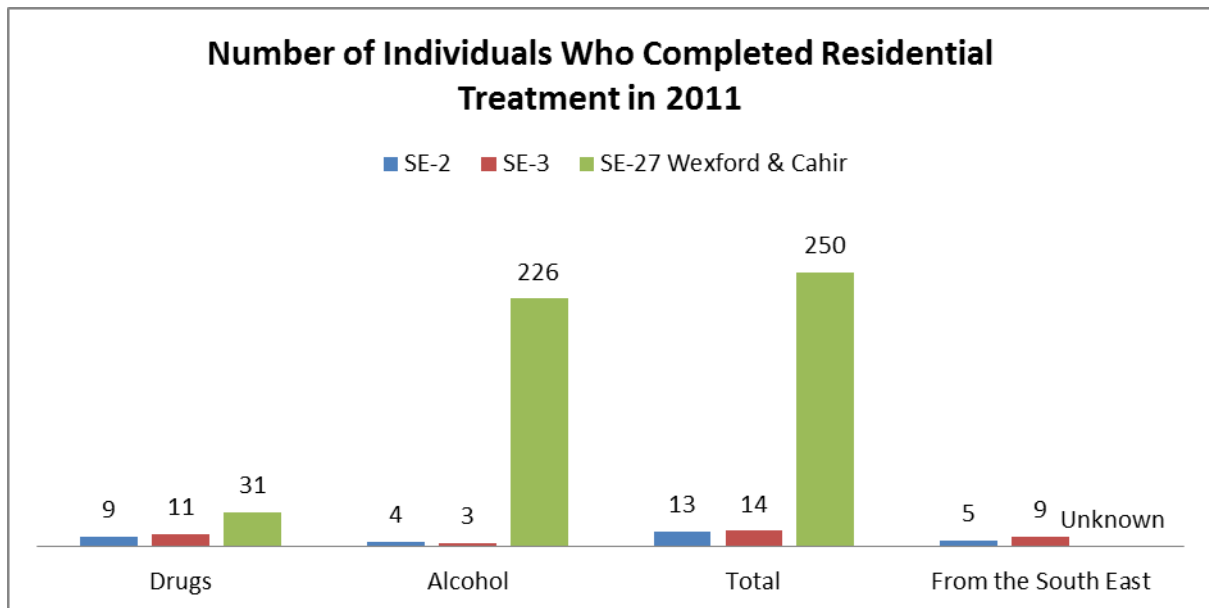


Three **Residential Services** located in the South East received support from the SERDTF in 2011 (St Francis Farm (Tullow), Céim Éile (Waterford) and Aiseiri (Cahir and Wexford). Aiseiri provides a four week residential treatment programme, and for some this can be followed by accommodation in Céim Éile Half Way House. St Francis Farm offer a four month residential rehabilitation programme. Unfortunately, due to budget restrictions, Aiséirí received limited support from the SERDTF in 2011, and in December 2011 the SERDTF decided to terminate funding for Aiseiri for 2012.

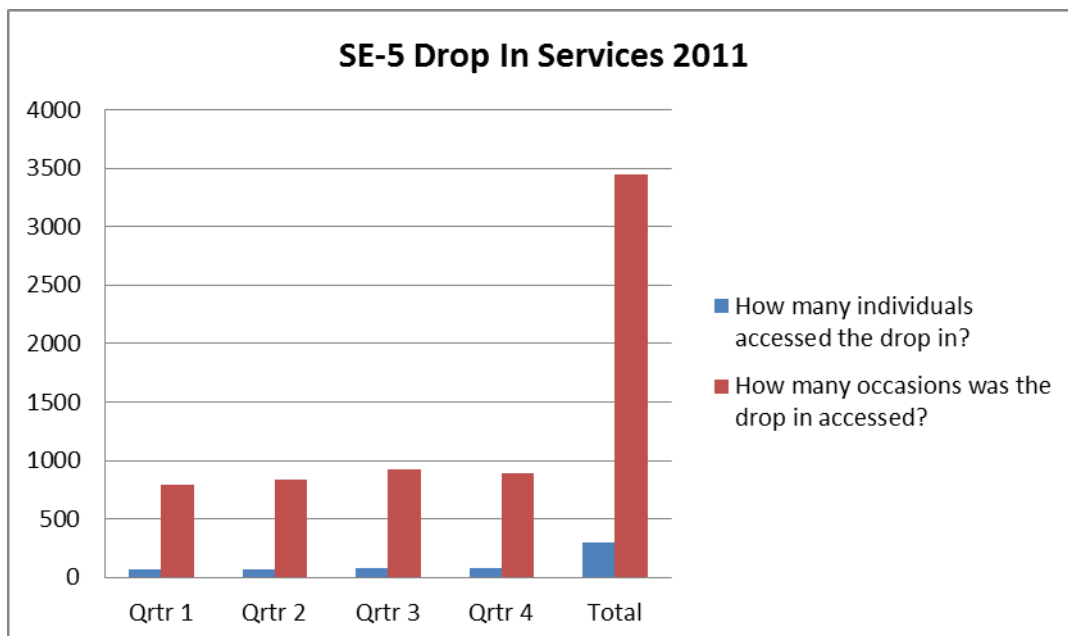
The following SERDTF funded projects provide residential services to the South East region;

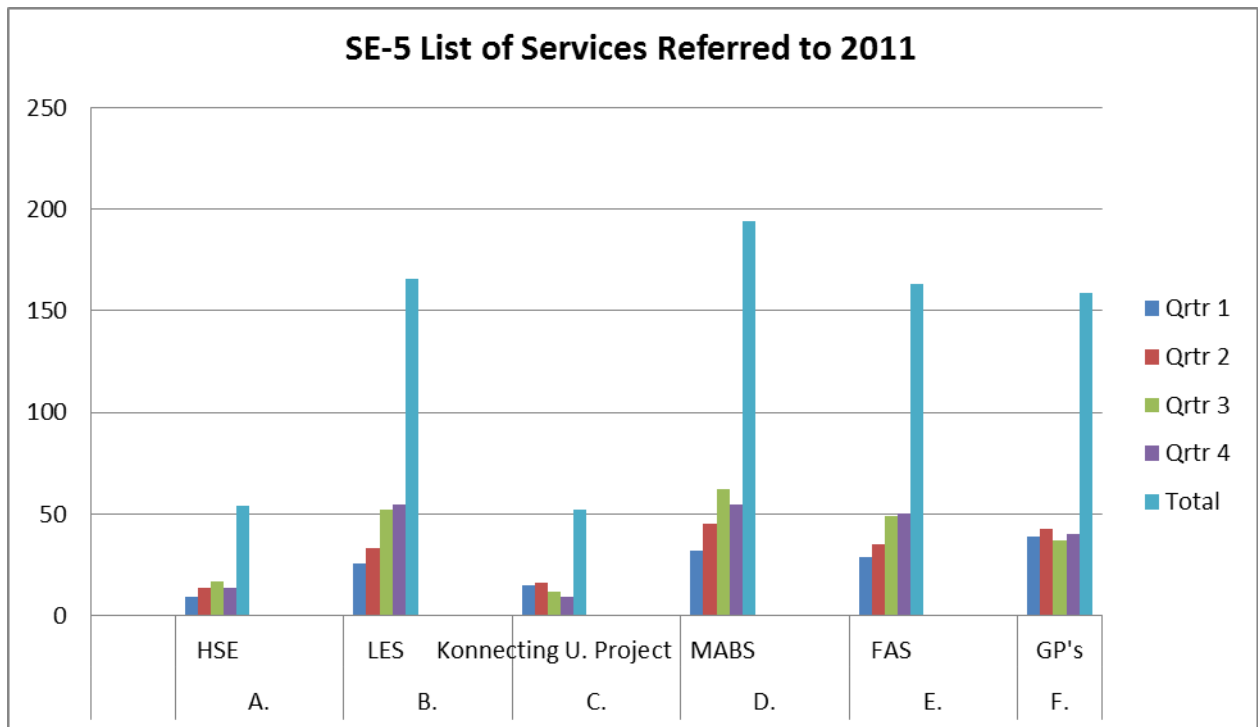
- SE-2 St. Francis Farm, Carlow
- SE-3 Céim Éile, Waterford
- SE-27 Aiséirí, Wexford and Cahir



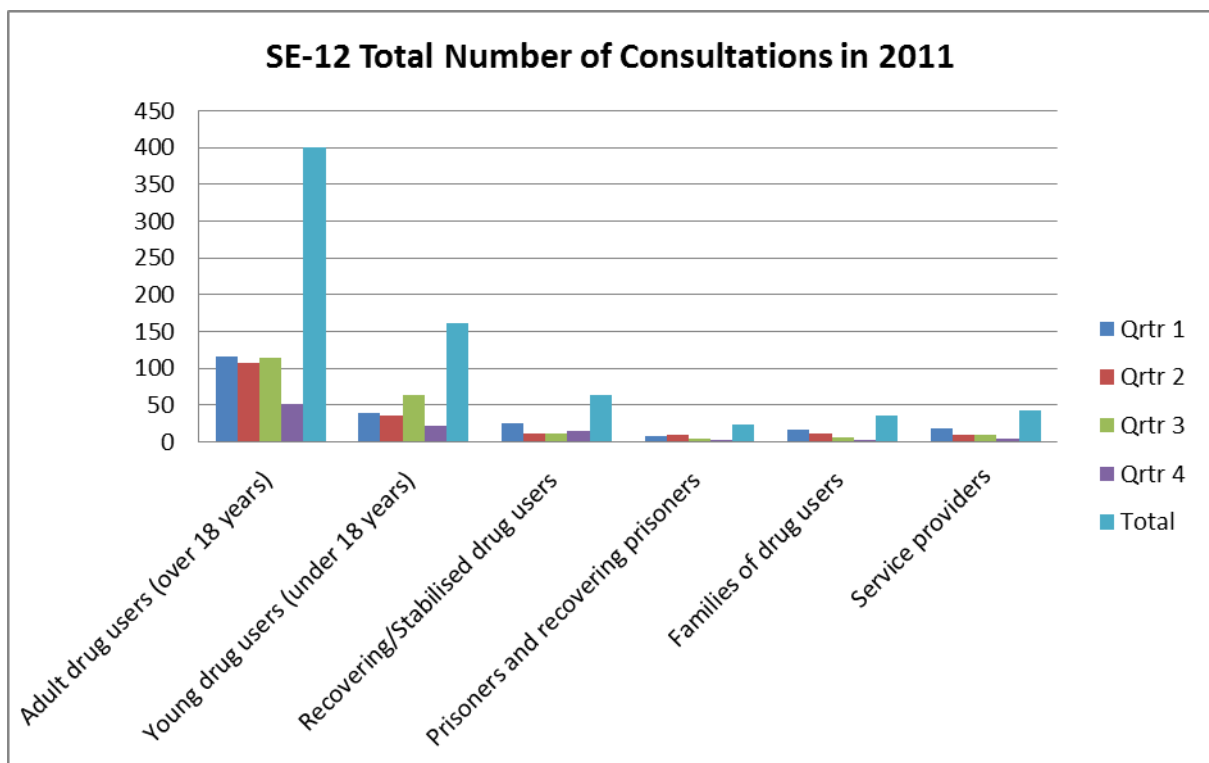


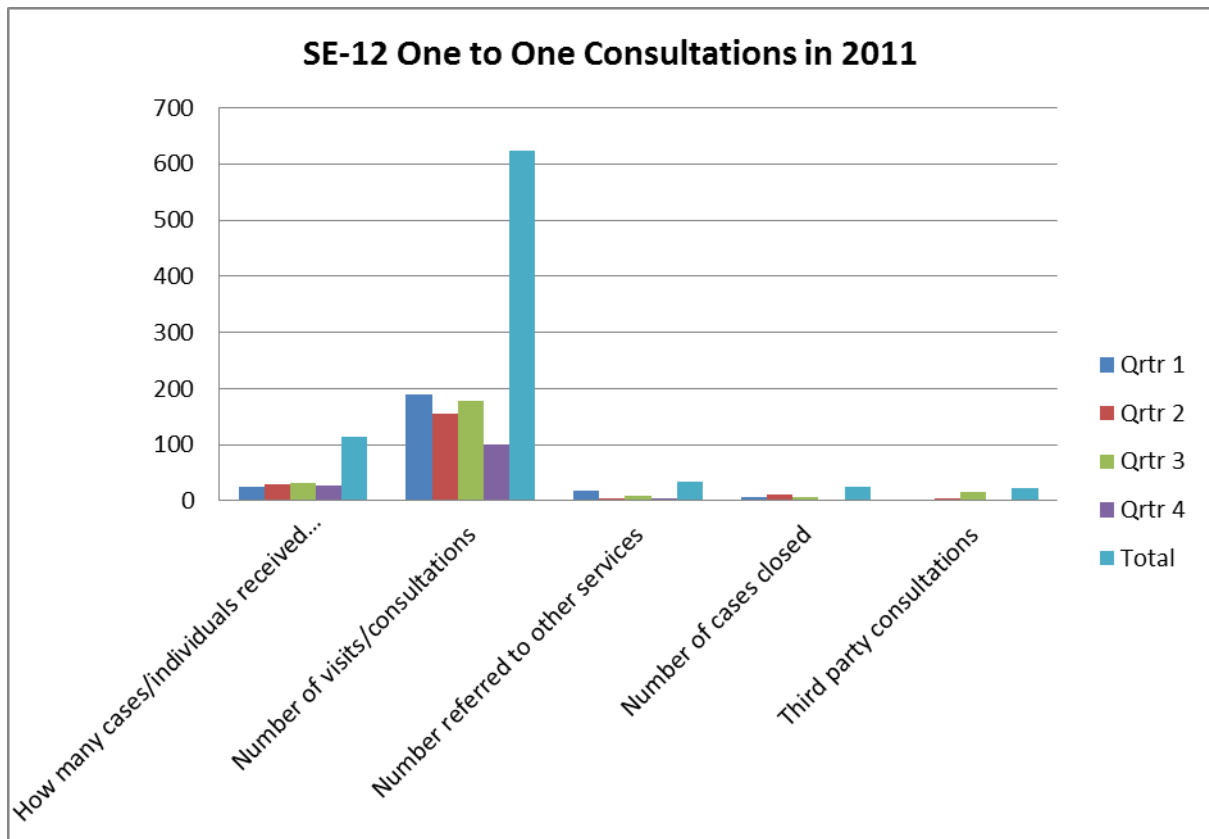
**The Cornmarket Project** is a non-residential substance misuse service, providing services to County Wexford residents. In addition to the outreach element (included in figures above) and the Drop in that the SERDTF fund, the project also provides counselling, family support, and a range of work and training opportunities that have positive, measurable outcomes for their clients.



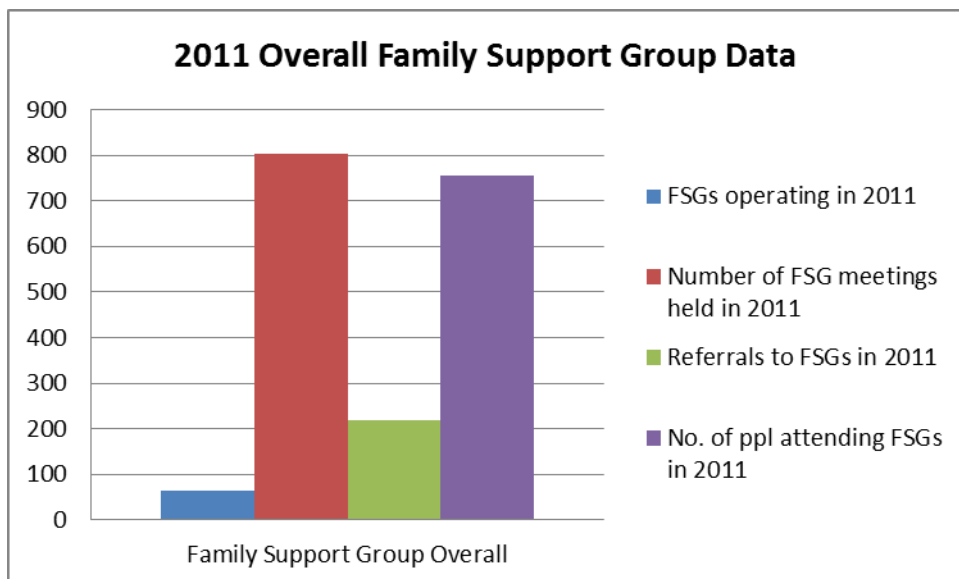


**Counselling**, on an outreach/satellite basis, is provided by two (1.5 WTEs) counsellors, allowing greater access to counselling services than would otherwise be the case. Unfortunately figures are not available for the full time counselling post.



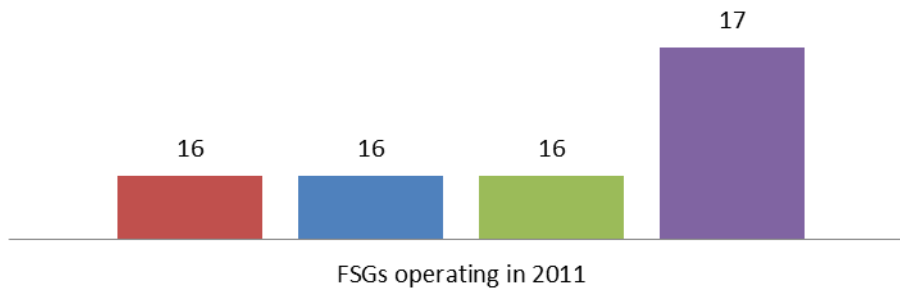


**Family Support Services** are developed and supported by SERDTF funding. New groups are established and are supported with training and other supports from the Family Support Group Development Worker.



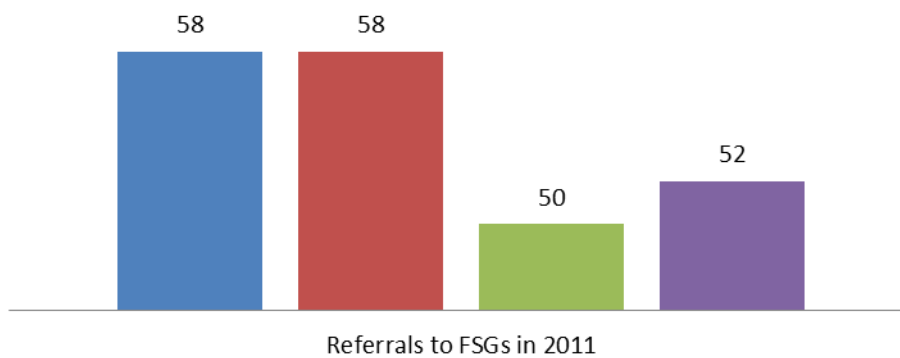
### Number of Family Support Groups Operating in 2011

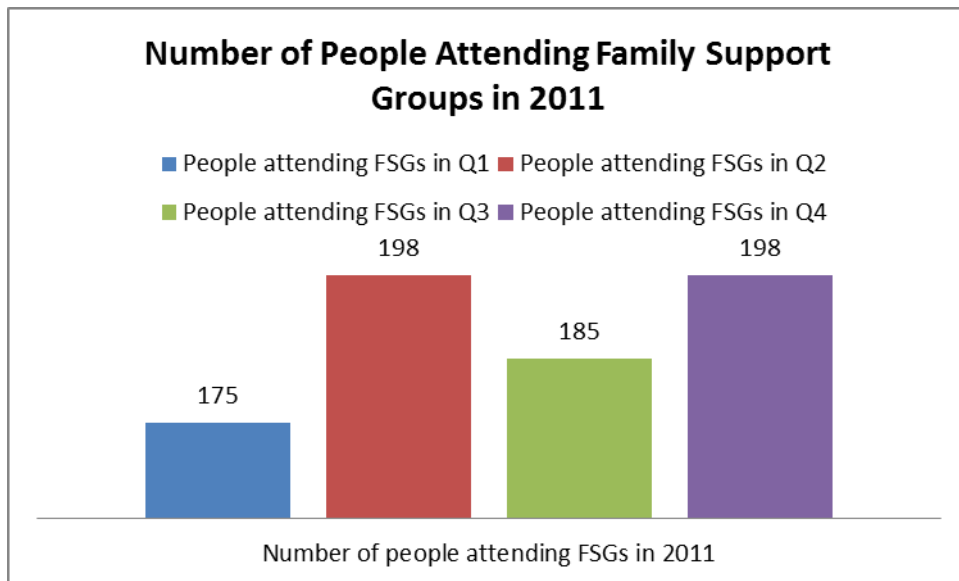
■ FSGs operating in Q1 ■ FSGs operating in Q2  
■ FSGs operating in Q3 ■ FSGs operating in Q4



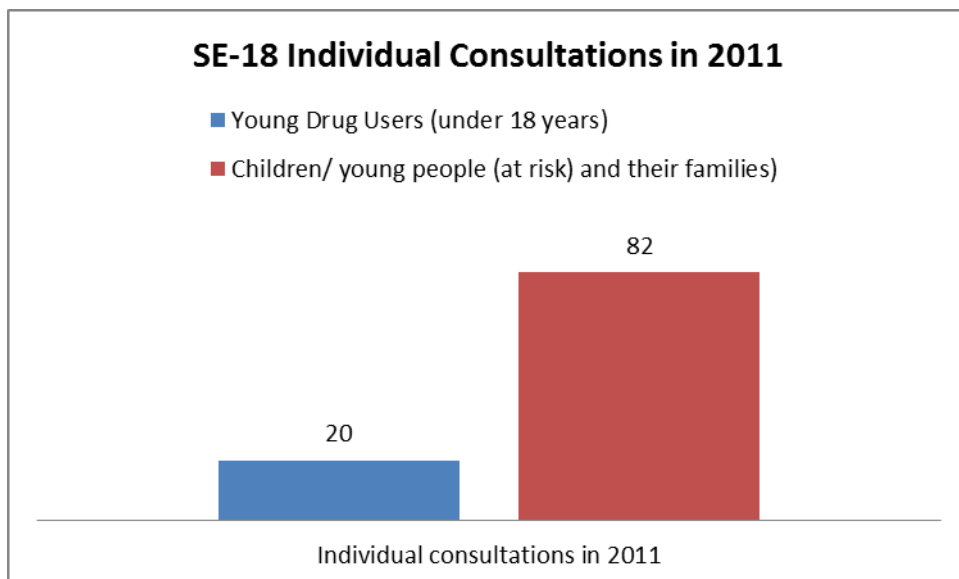
### Referrals to Family Support Groups in 2011

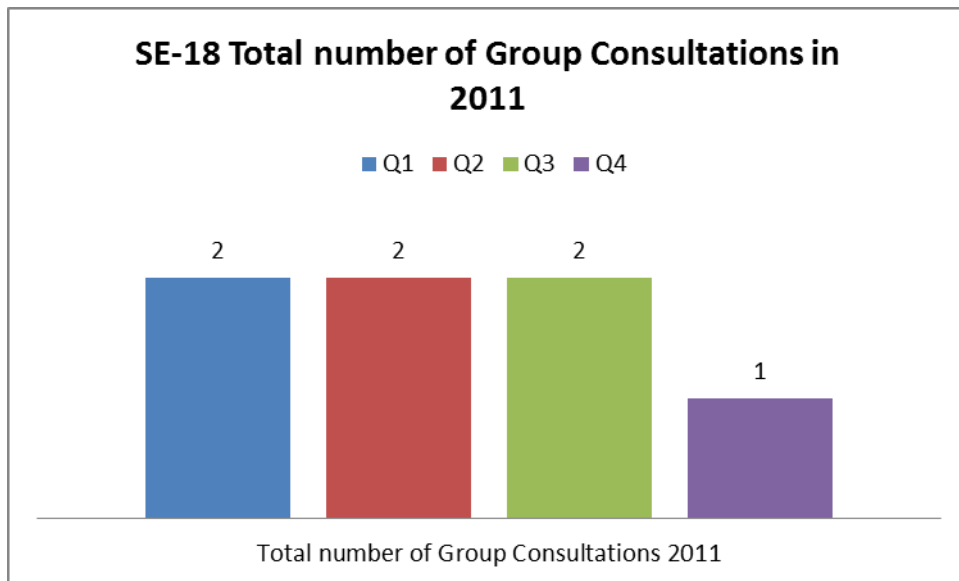
■ Referrals to FSGs in Q1 ■ Referrals to FSGs in Q2  
■ Referrals to FSGs in Q3 ■ Referrals to FSGs in Q4





**Youth interventions.** SERDTF supports Ossory Youth with a small budget to assist them with the provision of substance misuse specific youth work interventions.





Please also see Appendix 10 Form A.



## Section 4: Information in relation to governance of the DTF

### 4.1 SERDTF Membership (2011)

Name	Agency	Representing
Cahill, Breda	Aislinn Treatment Centre	Vol Sect T (Interim)
Cotter, Audra	Clonmel CBDI, Waterford and S Tipperary Community Youth Service	Community Rep Tipperary
D'Arcy, Jim	Waterford City Council	Public Rep
Delaney, Paul	Cornmarket Project	Wexford County Committee
Donohoe, Kieran	Ferns Diocesan Youth Service	Vol Sector E/P
Doyle, Joseph	HSE	DAG Liaison
Foley, Denis	Carlow County Council	Public Rep
Murphy, Susan	Administrator	SERDTF
Hearne, John OR Shrubbs, Kurt	Waterford City & County Community Drugs Network	Community Rep Waterford
Hearne, Sarah	CBDI Waterford	Waterford County Committee
Vacant	Tipperary Regional Youth Service	Tipperary County Committee
Howley, Derval	HSE	HSE
Vacancy	Cornmarket Project	Area Partnerships
Jones, Declan	Chairperson	SERDTF
Vacant	Forward Steps	Community Rep Carlow
Brennan, Joe	South Tipperary County Council	Public Rep
Conway, David	Community	Kilkenny County Committee
MacPartlin, Declan	Wexford County Council	Public Rep
Marnell, Richard	CBDI, Carlow Youth Services	Carlow County Committee
McGeever, Fionuala	VEC	VECs and the Department of Education & Science

Vacant	FAS	FAS
McGran, Joe	St Francis Farm	Vol Sect T
Mescal, Mary	Ossory Youth Service	Vol Sect E/P
O'Brien, Paul	Cornmarket Project	Vol Sect T
O'Callaghan, Paddy	Waterford County Council	Public Rep
Parker, Angela	Family Support	Family Support
Ireland, Billy	Kilkenny County Council	Public Rep
Purnell, Chris	Coordinator	SERDTF
Lacey, Ann	Wexford Development Board	Community Rep Wexford
Vacant	Pharmacist	Pharmacists
Vacant	Carlow Regional Youth Service	Vol Sect E/P
Walsh, Michael Insp.	Gardaí	Gardaí
Weir, Michèle	Probation Service	Probation
McDonald, Breda	Community	Community Rep Kilkenny

During 2011 there were four meetings of the full SERDTF. The meetings are held quarterly. There were also nine meetings of the SERDTF Executive Committee. Ten Executive Committee meetings were scheduled for 2011 however due to adverse weather conditions, January's Executive meeting was cancelled. Executive meetings generally occur monthly, apart from during the summer months of July and August.

During 2011, there were a number of changes in SERDTF membership;

Cllr. John Cummins was replaced by Cllr. Jim D'Arcy as the public representative for Waterford city. Cora Horgan, South Tipperary County Committee, had insufficient meeting attendance at regional meetings and was therefore asked to give up her seat on the committee. The position is currently vacant.

Tony Barden, HSE, retired and was replaced by Derval Howley.

Davy Hynes retired and has not yet been replaced.

Leanne Kidd, community representative Carlow, sadly passed away during the year. The position is currently vacant.

Cllr. Denis Landy, South Tipperary public representative was replaced by Cllr. Joe Brennan.

Margaret Leahy, Kilkenny county committee was replaced by David Conway.

Eamonn McGettigan, FÁS - The position is currently vacant due to the reorganisation of FÁS.

Ann Phelan TD, Kilkenny public representative, was replaced by Cllr. Billy Ireland.

Tommy Redmond (RIP), Community representative Wexford, was replaced by Ann Lacey. Cicely Roche, Pharmacists, had insufficient meeting attendance at regional meetings and was therefore asked to give up her seat on the committee. The position is currently vacant. Kathryn Wall, Voluntary sector E/P, had insufficient meeting attendance at regional meetings and was therefore asked to give up her seat on the committee. The position is currently vacant.

A Treatment & Rehabilitation sub group was set up during the year 2011.

#### **4.2 Audited Accounts**

The SERDTF does not produce audited accounts, as no funds are expended directly. All SERDTF funding, including the Operational Budget, is channelled through the HSE.

#### **4.3 List of SERDTF Staff**

<b>Job Title</b>	<b>Functions</b>	<b>Pay rates</b>	<b>Source of Funding</b>	<b>Employing Authority</b>
Co-ordinator	As per job description	Grade VII	HSE	HSE
Development Worker	As per job description	Project Worker, Pobal	DPU	Waterford Area Partnership
Administrator	As per job description	Clerical Grade, Pobal	DPU	Waterford Area Partnership

## **Section 5: Appendices**

### **Appendix 1 HSE data co-ordination overview of Drug Misuse 2009/2010**

Please see attached PDF to email named; Appendix 1 – Overview of Drug Misuse 2009 2010.pdf

### **Appendix 2 Drug Prevalence Survey SERDTF Results 2010/2011**

Please see attached PDF to email named; Appendix 2 South Eastern RDTF.pdf

## Appendix 3 National Drug Strategy Updates

### Supply Reduction

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
Action 2	<p><b><u>Supply Reduction</u></b></p> <p><b>Establish Local Policing Fora (LPFs) in all LDTF areas and other areas experiencing serious and concentrated problems of drug misuse.</b></p> <p>D/JELR, D/EHLG: An Garda Síochána (all three sharing lead)</p>	<p><b><i>Carlow County Council</i></b>  <b><i>March 2011 response</i></b>            No further update.</p> <p><b><i>June 2010 response</i></b>            Will not be established as Carlow has 3 Joint Policing Committees – one county-wide and the other two are in Bagenalstown and Carlow Town – seen as duplication as the same people will be on all those committees.</p> <p><b><i>Kilkenny County Council</i></b>  <b><i>March 2011 response</i></b>            Establishment of a forum in the City is now included in JPC 2011 Operational Plan ~ presentation made by RAPID Co-ordinator &amp; SERDTF Development Worker to December meeting of JPC. Community Organisations group in Kilkenny have formed sub-group to engage in this process.</p> <p><b><i>December 2010 response</i></b></p> <ul style="list-style-type: none"> <li>• Community networking trip taken place and existing local policing for a visited.</li> <li>• Neighbourhoods in Eastern Environs of city have expressed interest in developing for an in City. The forum if operating under JPC remit can be easily replicated county wide and can be time constrained if required.</li> <li>• Regional Development worker and RAPID Co-ordinator to present to JPC on 13<sup>th</sup></li> </ul>	

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		<p>December 2010 to ensure ownership of Fora to An Garda Síochána and Local Authority.</p> <ul style="list-style-type: none"> <li>These Fora will also constitute the Community Response teams of the interagency protocols model currently being piloted in Kilkenny.</li> </ul> <p><b>Waterford County Council</b>  <b>October 2011 response</b>  Drugs Task Force will be invited to make a presentation at next Joint Policing Committee and Social Inclusion Measures Working Group of the County Development Group. The Drugs Task Force will also be invited to the Strategic Policy Committee for Housing.</p> <p><b>March 2011 response</b>  The drugs issue is discussed regularly at JPC's and this action/report has been brought to their attention.</p> <p><b>September 2010 response</b>  Joint Policing Committees have been established in Waterford County Council, Lismore Town Council and Tramore Town Council.</p> <p><b>Tipperary County Council</b>  <b>March 2011 response</b>  No written response received.</p> <p><b>Wexford County Council</b>  <b>March 2011 response</b>  No written response received.</p> <p><b>September 2010 response</b>  The council is not aware that any part of its area has been designated under this programme and no guidance has been received from the DEHLG indicating that the</p>	

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		<p>establishment of LPFs should commence. The council considers that the establishment recently of five Joint Policing Committees in the county is adequate to meet any requirements identified at this time.</p> <p><b>An Garda Síochána</b>  <b>March 2011 response</b>  No further update.</p> <p><b>June 2010 response</b>  Guidelines for the operations of local policing Fora in the local drug task force areas signed off and issued to the relevant authorities, local drug task forces and An Garda Síochána. These guidelines have recently been issued to the relevant Joint Policy Committees (whose boundary areas include local drug task force areas) and to the Garda Commissioner and the local drug task forces themselves to proceed with the implementing phase.</p> <p>Nonetheless it is envisaged that using the guidelines as a starting point the JPC's will in conjunction with An Garda Síochána, Local Authorities and the local drug task forces now together engage in a process of developing local policing Fora in accordance with their available resources and local needs and circumstances. This process has already begun in a number of areas throughout the region.</p>	
<b>Action 3</b>	<p><b><u>Supply Reduction</u></b></p> <p><b>Include drugs issues in a central way in the work of Joint Policing Committees (JPCs) to ensure that there is a concerted effort against drugs in the areas involved. The issue of drug - related intimidation from the lower level to the most serious should be raised at both the JPCs and the LPFs with a view to devising appropriate and sustainable local responses to the issue.</b></p>	<p><b>Carlow County Council</b>  <b>March 2011 response</b>  The drugs issue was addressed at the last meeting held in February. The key issue that emerged was that accessible information for families was needed.</p> <p><b>December 2010 response</b>  JPCs are undergoing a process of being established and while drug issues have been raised in a general, strategic planning has not yet taken place. (Dec 2010)</p> <p><b>Kilkenny County Council</b></p>	

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	D/EHLG (lead); D/JELR; Local Authorities; An Garda Síochána	<p><b>March 2011 response</b> Awaiting establishment of Local Policing Forum in City. Now included in JPC 2011 operational plan.</p> <p><b>December 2010 response</b></p> <ul style="list-style-type: none"> <li>It is envisaged that the reporting mechanism that the LPF will operate through will be the JPC, therefore any drug related concerns developing in communities will be communicated to JPC on a quarterly (see action 2 for progress).</li> </ul> <p><b>Waterford County Council</b> <b>October 2011 response</b> Drugs issue has been included in all JPC's.</p> <p><b>March 2011 response</b> No written response received.</p> <p><b>September 2010 response</b> The drugs issue has been raised at all JPC's and is identified as a priority issue.</p> <p><b>Tipperary County Council</b> <b>March 2011 response</b> No written response received.</p> <p><b>Wexford County Council</b> <b>March 2011 response</b> No written response received.</p> <p><b>September 2010 response</b> Any member of the five JPCs can raise items of concern. The council consider that the lead role in responding to drug-related issues is appropriate to An Garda Síochána and the HSE. However the local authority will support and assist in whatever way is requested within our resource and capacity constraints.</p>	



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Action 5	<p><b><u>Supply Reduction</u></b></p> <p><b>Develop a framework to provide an appropriate response to the issue of drug - related intimidation in the community</b></p> <p>An Garda Síochána (Lead); Family Support Network; D/JELR</p>	<p><b><i>An Garda Síochána</i></b>  <b><i>March 2011 response</i></b>  The Assistant Commissioner has directed that the new processes involving both Actions 5 &amp; 7 of the National Drugs Strategy 2009-16 be the subject of a pilot programme within the Dublin Metropolitan Region and will commence on March 1st 2011. It is anticipated that the pilot project will be reviewed over a 6 month period before being implemented at National level.</p> <p><b><i>June 2010 response</i></b>  Efforts are underway with G.N.D.U. Community Relations and the Family Support Network to provide a framework to assist persons who may be subject to the threat of drug relating intimidation in the region.</p>	
Action 7	<p><b><u>Supply Reduction</u></b></p> <p><b>Develop an initiative to target adults involved in the drugs trade who are using young children (some under the legal age of culpability) to engage in illegal activities associated with the drug trade.</b></p> <p>An Garda Síochána</p>	<p><b><i>An Garda Síochána</i></b>  <b><i>March 2011 response</i></b>  The Assistant Commissioner has directed that the new processes involving both Actions 5 &amp; 7 of the National Drugs Strategy 2009-16 be the subject of a pilot programme within the Dublin Metropolitan Region and will commence on March 1st 2011. It is anticipated that the pilot project will be reviewed over a 6 month period before being implemented at National level.</p> <p><b><i>June 2010 response</i></b>  Efforts are underway to establish the extent of the problems and to develop and appropriate strategic response.</p> <p>Nationally a working group is being established to develop an effective implementation plan. The establishment of an implementation plan and the development of a structure to effectively respond to the following.</p>	

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Action 10	<p><b><u>Supply Reduction</u></b></p> <p>Engage in appropriate enforcement strategies to ensure compliance with the prohibition of the sale of alcohol to persons under 18 years of age. Further reforms to the licensing laws to combat the sale or supply of alcohol to persons under 18 years of age should be considered where they are justified by reference to an evidence - based approach</p> <p>An Garda Síochána, D/JELR</p>	<p><b><i>An Garda Síochána</i></b></p> <p><b><i>March 2011 response</i></b> No further update.</p> <p><b><i>December 2010 response</i></b> Guidelines for the In the first 11months of this year a total of 2200 licensed premises were inspected, this shows and increase of 5% in the same period for year 2009. A number of covert operations were carried out in respect night clubs and pubs targeting underage drinking which has resulted in 100% increase in detections which are now the subject of Court.</p> <p>Meetings are held quarterly with members of the licensing trade or their representatives advising them on issues that the Gardaí in region have identified as matters that requiring attention .( brining glasses and bottles onto the street)</p> <p>Covert operations are on-going with a view to targeting sale of controlled drugs at night clubs and Pubs throughout the region. Unlicensed trading has also been targeted which has resulted in a prosecution taken for supplying alcohol to juveniles. This was a result of covert initiative lasting some months.</p>	Action 10

## Prevention

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
Action 20	<p>Improve the delivery of SPHE in primary and post-primary schools through:</p> <p>the implementation of the recommendations of the SPHE evaluation</p>	<p><b><i>Department of Education &amp; Science</i></b></p> <p><b><i>March 2011 response</i></b> No written response received.</p> <p><b><i>January 2011 response</i></b></p>	2011 and beyond

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	<p>in post-primary schools;</p> <p>and</p> <p>the development of a whole school approach to substance use education in the context of SPHE</p> <p>D/E&amp;S (Lead Role) with support from D/H&amp;C; HSE</p>	<p>DES has reconfigured the delivery of support for teachers. Support across a range of educational areas, including SPHE (in the case of the primary sector), is now provided by multidisciplinary regional teams, in the newly formed Professional Development Service for Teachers (PDST), that provides support on a regional basis, working in cooperation with the network of Education Centres.</p> <p>At post-primary level a dedicated SPHE Support Service of 6, which is operated jointly with the Health Sector, provides training, advice and support to schools.</p> <p>514 teachers attended In –Service Courses in the school year 2009/10.</p> <p>Ongoing Action</p> <p>A <b>Lifeskills Survey</b> was undertaken by the Department of all schools in 2009, followed by a series of reminders. As part of the survey schools had to</p> <ol style="list-style-type: none"> <li>(1) state whether they had a substance abuse policy</li> <li>(2) Provide information on the substance abuse education programme provided under SPHE.</li> </ol> <p>At primary level there were 2225 responses (67.8%). 84% of schools had a substance abuse policy, and 88% used the <i>Walk Tall Programme</i>. 88-95% of schools indicated they included content on smoking, alcohol, drug abuse, making sound decisions and resisting peer pressure in their SPHE programmes. 51% used external agencies for substance abuse inputs.</p> <p>At post primary level, there were 385 responses (55.1%). Of these 96% had a substance abuse policy, 97% included content on smoking, alcohol, drug abuse, decision-making and resisting peer pressure in their programmes. 62% used external agencies for substance abuse inputs, and 60% used the <i>On My Own Two Feet</i> resource.</p> <p>DES circulars (0022/2010 primary and 0023/10 for post-primary) containing guidelines for visitors [e.g. outside facilitators who contribute to the SPHE programme] to both primary and post-primary schools issued in April 2010.</p>	

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		<p>The DES was represented on the NACD sub- committee which oversaw the development of the Haase/ Pratschke report on "Risk and Protection Factors for substance use among young people- A comparative study of Early School leavers and school attending students". This report emphasises the key role of SPHE in the prevention of substance misuse.</p> <p><b>December 2010 response</b></p> <p>No written response received</p>	
Action 21	<p>Ensure that substance use policies are in place in all schools and are implemented.</p> <p>Monitor the effectiveness of the implementation of substance use policies in schools through the whole-school evaluation process and the inspectorate system and ensure that best practice is disseminated to all schools.</p> <p>D/E&amp;S (Lead Role)</p>	<p><b>Department of Education &amp; Science</b></p> <p><b>March 2011 response</b></p> <p>No written response received.</p> <p><b>January 2011 response</b></p> <p><b>Ongoing action</b></p> <p>Implementation Plan in place through Inspectorate System</p> <ol style="list-style-type: none"> <li>1. Number of Whole School Evaluations ( WSE) which, inter alia would include SPHE, completed Jan 10 –Dec 10: <ul style="list-style-type: none"> <li>• WSE Primary: 231</li> <li>• WSE Post-primary: 39</li> </ul> </li> <li>2. 83 SPHE subject inspections were completed at post-primary between January 2007 and December 2010:</li> <li>3. The team of post-primary inspectors who conduct subject inspections in SPHE, as part of their remit, was expanded in June 2010. Initial training has taken place and the expanded team is fully operational.</li> <li>4. The subject inspections of SPHE carried out in post-primary schools during the academic year 2010/2011 will form the basis of a first composite report on this subject. (Composite report on SPHE in primary completed in 2009)</li> <li>5. The research methodology for the Inspectorate composite report has been agreed and is being implemented by the SPHE inspectorate team. For the current academic year two additional methods of gathering information are used as part of a subject inspection of SPHE. These are: <ol style="list-style-type: none"> <li>a. student questionnaire administered to a group of third-year students</li> <li>b. Focus-group interview with a group of senior cycle students.</li> </ol> </li> </ol> <p>These strategies aim to ascertain students' experiences of junior cycle SPHE and senior cycle Relationships and Sexuality Education (RSE)</p>	Ongoing

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		<p>6. In 2011, DES will continue programme of inspection activity within the confines of the resources available. Business planning for 2011 is currently underway.</p> <p><b>December 2010 response</b></p> <p>No written response received</p>	
<b>Action 23</b>	<p>Implement SPHE in Youth reach Centres of Education and in Youth Encounter Projects and ensure that substance misuse policies are in place in these recognised Centres for Education... Implement age appropriate substance prevention/ awareness programmes in training settings, including VTOS and Community Training facilities.</p> <p>Introduce monitoring and follow-up procedures in relation to substance prevention activity in the above settings.</p> <p>D/E&amp;S (lead) with support from FÁS</p>	<p><b>Department of Education &amp; Science</b></p> <p><b>March 2011 response</b></p> <p>No written response received.</p> <p><b>January 2011 response</b></p> <p>As part of the Quality Framework Initiative of the Youthreach and STTC programmes, the overall social, personal and health education needs of learners are assessed and a programme of learning in the area of SPHE is developed and delivered based on the needs of the learners. Health promotion is an integrated part of Centre policy and practice and learners have access to information and training on health-related issues. All Youthreach and Senior Traveller Training Centres have staff trained in the Substance Abuse Prevention Programme and implement it. Drug Education is included in VTOS and other adult education programmes as necessary. Community Training Centres are operated by FÁS and include a module on drugs and substance abuse, prevention, and awareness in their life and social skills programme. Community Training Workshops operating in Local Drugs Task Force areas have appointed a Drugs Education and Prevention Officer.</p> <p>Continued evaluation of Youthreach and STTCs by the DES Inspectorate. Youth Encounter Projects include SPHE in the range of subjects taught.</p> <p><b>December 2010 response</b></p> <p>No written response received</p>	<p>Implementation of the QFI across Youthreach and STTCs now in place.</p> <p>Operational Guidelines for Youthreach are currently being finalised. The Operational Guidelines will clarify and codify best practice in relation to the operation of centres under the various programmes</p>
<b>Action 28</b>	<p><u>Prevention</u></p> <p>Develop a sustained range of awareness campaigns that:</p> <p>Ensure that local and regional campaigns complement and add value to national</p>	<p><b>HSE</b></p> <p><b>September 2010 response</b></p> <p><b>Wexford 2009-2010 Traveller Educational Intervention</b></p>	

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	<p>campaigns; Optimise the use of ICT in drugs and alcohol awareness initiatives (e.g. through internet search engines and social network websites); Consider a coordinated approach by all key players to the development and implementation of a designated drug /alcohol awareness week/day with agreed themes and methodologies; Target: 3<sup>rd</sup> level educational institutions, workplaces and recreational venues; At risk groups (travellers, new communities, LGBTs, homeless people, prisoners and sex workers); and Education/awareness among drug users to minimise the levels of drug usage and to promote harm reduction measures</p>	<p>6 week drug awareness course for traveller women participating in the HSE Traveller Health Programme <b>Educational Institutions</b> Thematic lectures to 3<sup>rd</sup> year social care students in CIT, Wexford Campus on referral routes, services available and impact on families Promoting Drugs.ie, NACD website and drugsnet in Fetac Level 5 youth work course substance use issues modules for assignments and research <b>Awareness Campaigns</b> Designed, developed and disseminated CODI packs (leaflets, wallet card, posters and badges) to service users, young people, statutory, voluntary and community services in Wexford town to raise awareness of overdose risks among drug users and safer use practices and services available Drug awareness week March 2010 theme 'What to do if something goes wrong' highlighting harm reduction messages, CODI poster, wallet card and booklet and service available Legal high workshops provided to HSE staff, community and voluntary sector to maximise National Legal High Campaign message <b>LGBT Interventions</b> Member of Steering Committee of Wexford LGBT group to establish a Belong To youth project <b>Community Prevention Response Manual</b> Designing and developing a manual for community interventions to effectively respond to substance misuse issues. This manual will have two sections, one for professionals working in communities, the other for community leaders Providing Women and Community Substance misuse training targeting information at families with a substance misuse problem Supporting Strengthening families programme in Wexford, 14 week programme looks at family skills and responses to substance misuse problems <b>Drug Users Intervention</b> Providing drug education information and safe injecting practice materials to methadone clinic professionals and clients waiting areas Providing up to date information around the use of heroin and or needle exchange and outreach interventions</p> <p>Waterford</p>	

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		<p>The Waterford Substance Misuse Team is at the forefront of the dissemination of information concerning drug related issues in this area. This is done predominantly via email and through information and awareness training sessions with specific target groups.</p> <p>In recent times, all key workers in the area of substance misuse have been aware of national, regional and local campaigns and have relayed the messages/information from these campaigns to their clients. For the information/messages of the campaigns to be effective the Drug Education Officer (DEO) has provided training for either:-</p> <p>Workers whose clients would be targeted by the campaigns. The targeted groups themselves.</p> <p>The DEO liaises with workers who are assigned to particular client groups and assesses which of the above would be most effective.</p> <p>The training that the DEO provides utilises the limited ICT that is available to HSE staff. Obviously, HSE staff cannot access any social networking sites, and the Substance Misuse Team is often unable to access useful websites due to HSE firewalls.</p> <p>Waterford Substance Misuse Team takes part in holistic health/community initiatives that target either entire communities or identified groups within communities. We may focus this over one day, one week or a longer time frame, as appropriate.</p> <p>The DEO has been an active member of the Waterford City Safe committee that aims to provide a safe environment for people to enjoy the hospitality venues in Waterford. The venues display all relevant national and local campaign materials.</p> <p>The DEO facilitated the process of the development of a Substance Use policy at Waterford Institute of Technology. Since then he has acted as a consultant for information/awareness campaigns by the Student Union and WIT itself. This included a drug information website by students.</p> <p>In the process of facilitating the development of Substance Use policies for many agencies, clubs, schools and workplaces the DEO has been able to keep them updated on information campaigns and new developments.</p> <p>The DEO has done extensive work with people on probation, ex-prisoners and also Travellers and New Communities. The work incorporates information campaigns that target</p>	

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		<p>certain groups. All information is designed to be relevant and appropriate for the participants.</p> <p>The DEO has designed and delivered programmes that target substance users in order to minimise their substance misuse and to promote harm reduction. This has been done for several target groups:-</p> <p>Information and awareness programmes for clients on probation who have a history of substance misuse.</p> <p>Anger Management programmes for clients on Probation who misuse drugs. These programmes focus on how drugs affect anger and offending behaviour.</p> <p>Anger management programmes for clients who have identified substance misuse as a factor in their behaviour.</p> <p>Drug information and awareness programmes for clients who have been identified as being “at risk” of drug misuse.</p> <p>Information and awareness programmes for young people with a history of substance misuse related issues and substance related crime</p> <p>Anger management for young people who have been identified as having issues with both anger and drug misuse.</p> <p>The DEO, in conjunction with Community Based Drug Workers, is producing information leaflets on safer injection and harm reduction. These will draw heavily on recent national campaigns.</p> <p>Legal highs workshops were delivered to staff in the Emergency Department of WRH, Drug Workers, HSE Substance Misuse Team and Social Workers.</p> <p><b>Carlow / Kilkenny June Report 2010</b></p> <p>All awareness campaigns in this report complement the aims and objectives that are recommended through the National Drugs Strategy 2009-2016.</p> <p><b><u>Research</u></b></p>	



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		<p>All the programmes content was researched through national and international approved resources, they consisted of the following:</p> <p><input type="checkbox"/>The HSE Library.  HSE Health Promotion.  Drug Co-ordination Data Collection.  School of Social Work and Social Policy, University of Dublin, Trinity College, Dublin.  Health Research Board.  National Documentation Centre on Drug Use.  Putting the Pieces Together Manual – <i>A Drug and Alcohol Resource for Trainers</i>.  The Gaelic Athletic Association (GAA) ASAP Programme.  Drugnet.  <a href="http://www.drugs.ie">www.drugs.ie</a>  <a href="http://www.emcdda.europa.eu">www.emcdda.europa.eu</a>  <a href="http://www.nhs.uk">http://www.nhs.uk</a>  <a href="http://www.ancd.org.au/">http://www.ancd.org.au/</a>  <a href="http://www.who.int/en/">http://www.who.int/en/</a></p> <p>The Carlow / Kilkenny HSE Substance Misuse Team provided their knowledge and expertise on the current state of drug use patterns in Carlow/Kilkenny area for various campaigns.  Other services from Carlow/Kilkenny etc; Community Based Drugs Initiative Workers, Outreach Worker, DOP Liaison Officer, An Garda Síochána, GPs and Pharmacist provided information to the Drug Education Officer on current drug use trends in the community.</p> <p>All campaigns and programmes were formulated through the Drug Education Workers Forum (DEWF) <i>manual in quality standards in substance use education</i>.</p> <p><b><u>Target Group – Workplace</u></b></p> <p><b>Agency</b> – Department of Psychiatry (DOP) St. Luke's Hospital, Kilkenny.  <b>Attendance</b> – Consultants and Trainee Doctors.  <b>Programme Title</b> – Understanding Harm Reduction and Pathways to the Methadone Programme</p>	

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		<p><b>Agency</b> – Aislinn Adolescent Treatment Centre  <b>Attendance</b> – Addiction Counsellors  <b>Programme Title</b> – Understanding Abnormal Psychology and Substance Use</p> <p><b>Agency</b> – Aislinn Adolescent Treatment Centre  <b>Attendance</b> – Addiction Counsellors  <b>Programme Title</b> – Harm Reduction Model &amp; Pathways to the Methadone Programme</p> <p><b>Agency</b> – Aislinn Adolescent Treatment Centre  <b>Attendance</b> – Addiction Counsellors  <b>Programme Title</b> – Referral Procedures to HSE Addiction Services</p> <p><b>Agency</b> – Kilkenny Area Supported Employment Service (KASES)  <b>Attendance</b> – Management &amp; Project Support Workers  <b>Programme Title</b> – Understanding Substances and Signs &amp; Symptoms</p> <p><b>Agency</b> – Kilkenny Area Supported Employment Service (KASES)  <b>Attendance</b> – Management &amp; Project Support Workers  <b>Programme Title</b> – Understanding the Wheel of Change in Substance Use</p> <p><b>Agency</b> – Kilkenny Area Supported Employment Service (KASES)  <b>Attendance</b> – Management &amp; Project Support Workers  <b>Programme Title</b> – Harm Reduction Model &amp; Pathways to Addiction Services</p> <p><b>Agency</b> – Kilkenny Area Supported Employment Service (KASES)  <b>Attendance</b> – Management &amp; Project Support Workers  <b>Programme Title</b> – Understanding Substance Use Effects on the Family</p> <p><b>Agency</b> – Kilkenny Area Supported Employment Service (KASES)  <b>Attendance</b> – Management &amp; Project Support Workers  <b>Programme Title</b> – Policy Development in the Workplace</p> <p><b>Agency</b> – County Kilkenny Childcare Committee  <b>Attendance</b> – Development Officers, Advisory Officer &amp; Admin/Information Officer</p>	

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		<p><b>Programme Title</b> – Understanding Substances and Signs &amp; Symptoms</p> <p><b>Agency</b> – County Kilkenny Childcare Committee  <b>Attendance</b> – Development Officers, Advisory Officer &amp; Admin/Information Officer  <b>Programme Title</b> - Understanding the Wheel of Change in Substance Use</p> <p><b>Agency</b> – County Kilkenny Childcare Committee  <b>Attendance</b> – Development Officers, Advisory Officer &amp; Admin/Information Officer  <b>Programme Title</b> – Harm Reduction Model &amp; Pathways to Addiction Services</p> <p><b>Agency</b> – County Kilkenny Childcare Committee  <b>Attendance</b> – Development Officers, Advisory Officer &amp; Admin/Information Officer  <b>Programme Title</b> – Understanding Substance Use Effects on The Family</p> <p><b>Agency</b> – Carlow County Childcare Committee  <b>Attendance</b> – Committee Members  <b>Programme Title</b> – Understanding Substance Use in the Carlow Area &amp; Pathways to Substance Use Services</p> <p><b>Agency</b> – Primary Schools – Kilkenny City  <b>Attendance</b> – 6<sup>th</sup> Class Teachers  <b>Programme Title</b> - Understanding Substances and Signs &amp; Symptoms</p> <p><b>Agency</b> – Primary Schools – Kilkenny City  <b>Attendance</b> – 6<sup>th</sup> Class Teachers  <b>Programme Title</b> – Best Practice in Substance Use Education</p> <p><b>Agency</b> – Primary Schools – Kilkenny City  <b>Attendance</b> – 6<sup>th</sup> Class Teachers  <b>Programme Title</b> – Understanding Substance Use Policy Procedures</p> <p><b><u>Target Group - Drug Users</u></b></p>	

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		<p><b>Agency</b> - Aislinn Adolescent Treatment Centre  <b>Attendance</b> – Drug Users  <b>Programme Title</b> – Physical Effects of Substance Use and Harm Reduction Practice</p> <p><b>Agency</b> – Defence Forces  <b>Attendance</b> – Private Soldiers  <b>Programme Title</b> – Understanding Attitudes &amp; Substances Use</p> <p><b>Agency</b> – Defence Forces  <b>Attendance</b> – Private Soldiers  <b>Programme Title</b> – Poly Drug Use Effects &amp; Symptoms</p> <p><b>Agency</b> – Defence Forces  <b>Attendance</b> – Private Soldiers  <b>Programme Title</b> – Substance Use Screening Procedures</p> <p><b>Agency</b> – Defence Forces  <b>Attendance</b> – Private Soldiers  <b>Programme Title</b> – Pathways to Addiction Services</p> <p><b>Agency</b> – HSE Substance Misuse Treatment Service  <b>Attendance</b> – Drug Users  <b>Programme Title</b> – Understanding the Effects of Substance Use</p> <p><b>Agency</b> – HSE Substance Misuse Treatment Service  <b>Attendance</b> – Drug Users  <b>Programme Title</b> – Wheel of Change &amp; Relapse in Substance Use</p> <p><b>Agency</b> – HSE Substance Misuse Treatment Service  <b>Attendance</b> – Drug Users  <b>Programme Title</b> – Understanding One to One Counselling</p>	

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		<p><b>Agency</b> – HSE Substance Misuse Treatment Service  <b>Attendance</b> – Drug Users  <b>Programme Title</b> – Benefits of Other Support Agencies</p> <p><b><u>Target Group – New Communities</u></b></p> <p><b>Agency</b> – Word Aid  <b>Attendance</b> – Non-Nationals  <b>Programme Title</b> – Substance Use Culture in Ireland</p> <p><b>Agency</b> – Word Aid  <b>Attendance</b> – Non-Nationals  <b>Programme Title</b> – Pathways to Addiction Services</p> <p>The Carlow / Kilkenny HSE Substance Misuse Team provided their knowledge and expertise on the current state of drug use patterns in Carlow/Kilkenny area for various campaigns.</p> <p>Other services from Carlow/Kilkenny etc; Community Based Drugs Initiative Workers, Outreach Worker, DOP Liaison Officer, An Garda Síochána, GPs and Pharmacist provided information to the Drug Education Officer on current drug use trends in the community.</p> <p>All campaigns and programmes were formulated through the Drug Education Workers Forum (DEWF) <i>manual in quality standards in substance use education</i>.</p> <p><b><u>Target Group – Workplace</u></b></p> <p><b>Agency</b> - Defence Forces  <b>Attendance</b> - Personal Support Service Officers (PPS) &amp; Medical Officers  <b>Programme Title</b> - Understand the different types of substances and their effects</p> <p><b>Agency</b> - Defence Forces  <b>Attendance</b> - Personal Support Service Officers (PPS) &amp; Medical Officers  <b>Programme Title</b> - Epidemiology Triangle and Reason for Substance Use</p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
		<p><b>Agency</b> - Defence Forces  <b>Attendance</b> - Personal Support Service Officers (PPS) &amp; Medical Officers  <b>Programme Title</b> - How long substances stay in the body and prevalence of drug use in the Irish Population</p> <p><b>Agency</b> - Defence Forces  <b>Attendance</b> - Personal Support Service Officers (PPS) &amp; Medical Officers  <b>Programme Title</b> - The stages of substance use</p> <p><b>Agency</b> - Defence Forces  <b>Attendance</b> - Personal Support Service Officers (PPS) &amp; Medical Officers  <b>Programme Title</b> - Screening procedures and Brief intervention</p> <p><b>Agency</b> - Defence Forces  <b>Attendance</b> - Personal Support Service Officers (PPS) &amp; Medical Officers  <b>Programme Title</b> - National Drug Strategy - Irish policy to substance use</p> <p><b>Agency</b> - Defence Forces  <b>Attendance</b> - Personal Support Service Officers (PPS) &amp; Medical Officers  <b>Programme Title</b> - Best practice in drug &amp; alcohol policy and overview of the Defence Force policy.</p> <p><b>Agency</b> - Defence Forces  <b>Attendance</b> - Personal Support Service Officers (PPS) &amp; Medical Officers  <b>Programme Title</b> - Pathways to Substance Use Services</p> <p><b><u>Target Group – Workplace</u></b></p> <p><b>Agency</b> – Primary Schools – Kilkenny City  <b>Attendance</b> – 6<sup>th</sup> Class Teachers  <b>Programme Title</b> - Understanding Substances and Signs &amp; Symptoms</p> <p><b>Agency</b> – Primary Schools – Kilkenny City  <b>Attendance</b> – 6<sup>th</sup> Class Teachers  <b>Programme Title</b> – Best Practice in Substance Use Education</p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
		<p><b>Agency</b> – Primary Schools – Kilkenny City  <b>Attendance</b> – 6<sup>th</sup> Class Teachers  <b>Programme Title</b> – Understanding Substance Use Policy Procedures</p> <p><b>Agency</b> - La NUA  <b>Attendance</b> - Staff  <b>Programme Title</b> - Understanding Policy Procedures &amp; Guidelines</p> <p><b>Agency</b> - La NUA  <b>Attendance</b> - Staff  <b>Programme Title</b> - Drug Testing and Procedures</p> <p><b>Agency</b> - HSE Drug Clinic (Methadone Programme)  <b>Attendance</b> - Co-ordinator, Addiction Counsellors, Nurse, GPs , Outreach Worker &amp; Security  <b>Programme Title</b> - Developing Policy &amp; Procedures</p> <p><b>Agency</b> - Open Access  <b>Attendance</b> - Co-ordinator, Addiction Counsellors, CBDI Workers, Outreach Worker &amp; Family Support  <b>Programme Title</b> - Developing Policy &amp; Procedures</p> <p><b><u>Target Group - Drug Users</u></b></p> <p><b>Agency</b> - Word Aid  <b>Attendance</b> - Service Users  <b>Programme Title</b> - Attitudes &amp; Substance Use</p> <p><b>Agency</b> - Word Aid  <b>Attendance</b> - Service Users  <b>Programme Title</b> - Research &amp; data - gathering</p> <p><b>Agency</b> - Word Aid  <b>Attendance</b> - Service Users  <b>Programme Title</b> - Presentation Skills</p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
		<p><b>Agency</b> - Aislinn Adolescent Treatment Centre  <b>Attendance</b> – Drug Users  <b>Programme Title</b> – Physical Effects of Substance Use and Harm Reduction Practice</p> <p><b>Agency</b> - HSE Substance Misuse Treatment Service  <b>Attendance</b> - Drug Users  <b>Programme Title</b> - Understanding alcohol &amp; its Effects</p> <p><b>Agency</b> - La NUA  <b>Attendance</b> - Staff  <b>Programme Title</b> - Substance Use Policy Development</p> <p><b>Agency</b> - HSE Drug Clinic  <b>Attendance</b> - Drug Users  <b>Programme Title</b> - Understanding Policy &amp; Methadone Programme</p> <p><b><u>Target Group – New Communities</u></b></p> <p><b>Agency</b> – Word Aid  <b>Attendance</b> – Non-Nationals  <b>Programme Title</b> – Effects of Substance Use</p> <p><b>Agency</b> – Word Aid  <b>Attendance</b> – Non-Nationals  <b>Programme Title</b> – Substance Use Culture in Ireland</p> <p><b>Agency</b> – Word Aid  <b>Attendance</b> – Non-Nationals  <b>Programme Title</b> – Pathways to Addiction Services</p> <p><b>Agency</b> - Word Aid  <b>Attendance</b> - Non-Nationals  <b>Programme Title</b> - Attitudes &amp; Substance Use</p>	



	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
		<p> <b>Agency</b> - Word Aid  <b>Attendance</b> - Non-Nationals  <b>Programme Title</b> - Research &amp; data - gathering  <b>Agency</b> - Word Aid  <b>Attendance</b> - Non-Nationals  <b>Programme Title</b> - Presentation Skills </p> <p><b><u>Target Group – Third Level Educational Institutions</u></b></p> <p> <b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Values and attitudes to substances and their use </p> <p> <b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Factual information about substances and their effects </p> <p> <b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - The contexts, which influence young people use and abuse of substances </p> <p><b><u>Target Group – Third Level Educational Institutions</u></b></p> <p> <b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Range of responses to substance use among young people </p> <p> <b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Work effectively as part of a team within good practice guidelines </p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
		<p><b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Development of policy and codes of practice in relation to substance use at project level</p> <p><b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Describe processes of addiction/dependency</p> <p><b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Explore the contexts which contribute to young people's use of substances e.g. peer influence, poverty etc.</p> <p><b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Outline the developmental needs of young people during adolescence</p> <p><b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Describe different types of prevention/interventions strategies</p> <p><b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Identify a range of organisations to whom young people may be referred</p> <p><b><u>Target Group – Third Level Educational Institutions</u></b></p> <p><b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Identify a range of initiatives and responses to young people's substance use i.e. community based, voluntary and statutory, youth service and national level</p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
		<p><b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Identify the qualities for effective work with young people in relation to substance abuse e.g. non-judgmental attitude, active listening, appropriate boundaries</p> <p><b>Agency</b> - Kilkenny VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Participate in the development of a project based policy and code of practice related to substance use among young people</p> <p><b>Agency</b> - NUI Maynooth  <b>Attendance</b> - Students  <b>Programme Title</b> - Understanding Substance Use Policy</p> <p><b>Agency</b> - NUI Maynooth  <b>Attendance</b> - Students  <b>Programme Title</b> - Best Practice in Substance Use Education</p> <p><b>Agency</b> - International Addiction Studies  <b>Attendance</b> - Trainee Addiction Counsellors  <b>Programme Title</b> - Understanding Abnormal Psychology and Substance Use</p> <p><b><u>Target Group – Third Level Educational Institutions</u></b></p> <p><b>Agency</b> - Carlow VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Understanding Substance Use Policy</p> <p><b>Agency</b> - Carlow VEC  <b>Attendance</b> - Students  <b>Programme Title</b> - Best Practice in Substance Use Education</p> <p><b><u>Target Group – Travellers</u></b></p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
		<p><b>Agency</b> - Kilkenny Partnership  <b>Attendance</b> - Women  <b>Programme Title</b> - Understanding Substance Use</p> <p><b>Agency</b> - Kilkenny Partnership  <b>Attendance</b> - Women  <b>Programme Title</b> - Presentation skills &amp; Research</p> <p><b>June 2010 response</b>  No written response received</p>	
Action 29	<p><b><u>Prevention</u></b></p> <p>Develop a series of prevention measures that focus on the family under the following programme headings:  supports for families experiencing difficulties due to drug/alcohol use;  parenting skills; and  targeted measures focusing on the children of problem drug and/or alcohol users aimed at breaking the cycle and safeguarding the next generation</p> <p>HSE and D/E&amp;S (joint leads); OMCYA; D/SFA; DTFs and Service Providers</p>	<p><b>HSE</b></p> <p><b>March 2011 response</b>  No written response received.</p> <p><b>September 2010 response</b>  DAG can request DTFs to develop and enhance parenting programmes in the context of agreed priorities and funding.</p> <p>Supporting families being addressed by Subgroup 2 of the DAG under Action 41.</p> <p>DAG can promote the HSE National Addiction Training Programme [NATP] which will address training needs for all involved in the provision of substance misuse services.</p> <p><b>Department of Education &amp; Science</b></p> <p><b>March 2011 response</b>  No written response received.</p> <p><b>January 2011 response</b>  <b>DES considers it more appropriate that it is one of the supporting parties for this action rather than a joint lead agency</b></p> <p><b>December 2010 response</b>  No written response received</p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
Action 30	<p><b><u>Prevention</u></b></p> <p><b>Develop selective prevention measures aimed at reducing underage and binge drinking.</b></p> <p>HSE (lead); D/H&amp;C; DTFs and Service Providers</p>	<p><b><i>HSE</i></b></p> <p><b><i>March 2011 response</i></b> No written response received.</p> <p><b><i>September 2010 response</i></b> See action 28.</p>	
Action 31	<p><b>Maintain the focus of existing programmes targeting ESL and the retention of students in schools.</b></p> <p><b>Improve the measurement of the outcomes of such programmes in order to target and expand them in areas of greatest need.</b></p> <p><b>D/E&amp;S (Lead)</b></p>	<p><b><i>Department of Education &amp; Science</i></b></p> <p><b><i>March 2011 response</i></b> No written response received.</p> <p><b><i>January 2011 response</i></b> DEIS (Delivering Equality of Opportunity in Schools), the action plan for educational inclusion continues to support some 151,000 children in 876 schools. 46,000 at risk children are directly targeted in schools through the Home School Community Liaison and School Completion programmes. The School Completion Programme targets those most at risk of early school leaving as well as those who are already outside of the formal system. Provision includes in-school, after-school and holiday-time supports.</p> <p>The organisational arrangements for the integration of the Home School Community Liaison service (HSCL), the School Completion Programme (SCP) and the National Educational Welfare Service (EWS) are now in place. Work is continuing on the development of a new model of integrated service which will ensure that a single, strategic approach to attendance, participation and retention in schools will meet the needs of children who are at risk of early school leaving or of developing attendance problems. The development of the Integrated Model is being advanced under the guidance of a Steering Group of the Board of the NEWB.</p> <p>The Educational Research Centre (ERC) has conducted an independent evaluation of DEIS, to assess its impact and to inform the direction of future policy. A report is expected to be submitted to DES early in 2011.</p> <p><b><i>December 2010 response</i></b> No written response received</p>	<p>Continuous monitoring of implementation of action and renewed target setting in relation to Early School Leaving.</p> <p>Early 2011</p>

## Treatment & Rehabilitation

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
Action 32	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Develop a comprehensive integrated national treatment and rehabilitation service for all substance users using a 4 - tier model approach. This will incorporate:</p> <ul style="list-style-type: none"> <li>the ongoing development of the spread and range of treatment services;</li> <li>the recommendations of the Report of the Working Group on Drugs Rehabilitation;</li> <li>the recommendations of the Report of the HSE Working Group on Residential Treatment &amp; Rehabilitation (Substance Abuse); and</li> <li>the provision of access to substance misuse treatment within one month of assessment.</li> </ul> <p>HSE (lead); Depts. and Agencies; C&amp;V sectors</p>	<p><b><i>HSE</i></b></p> <p><b><i>March 2011 response</i></b></p> <p>No written response received.</p> <p><b><i>September 2010 response</i></b></p> <p>The National Rehabilitation Framework is now completed and approved by the OFD. It is due to be piloted in each HSE area with pilots commencing at the end of 2010 and beginning of 2011. The Framework and Terms of Reference for the pilots are now circulated through the Task Forces and we are awaiting submissions. Over 20 pilots are being planned, including specific pilots in regard to communities of interest, prisoners and HSE internal referral pathways.</p>	
Action 33	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Maximise operational synergies between Drug Addiction Services, Alcohol Treatment &amp; Rehabilitation Services, General and Emergency Hospital</p>	<p><b><i>HSE</i></b></p> <p><b><i>March 2011 response</i></b></p> <p>No written response received.</p> <p><b><i>September 2010 response</i></b></p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
	<p><b>Services and Mental Health Services.</b> Within this context, there should be a focus on addressing the needs of dual diagnosis clients.</p> <p>HSE (lead); Voluntary sector</p>	<p>As part of the Integrated Services Directorate established by HSE in 2009, all HSE operational services are being integrated with a client progression focus. This is being achieved through the development of the Primary Care Teams and Networks around which all specialist services including Addiction Services will be integrated. Preliminary work has commenced on developing best integration models for Addiction Services with Primary Care Networks.</p> <p>The HSE/Residential Rehabilitation Group are working on better integration of Tier 4 services and as part of this, HSE is doing a research piece on the best integration of Tier 3 and Tier 4 Addiction Treatment services with the Primary Care Teams and Networks to address service gaps and to achieve most effective client progression.</p>	
Action 34	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Expand the availability of, and access to:</p> <ul style="list-style-type: none"> <li>• detox facilities;</li> <li>• methadone services;</li> <li>• under - 18 services; and</li> <li>• needle exchange services where required.</li> </ul> <p>HSE (lead); C&amp;V sectors.</p>	<p><b>HSE</b></p> <p><b>March 2011 response</b> No written response received.</p> <p><b>September 2010 response</b> HSE has addressed these service needs as follows;</p> <p><b>Detox beds</b></p> <ul style="list-style-type: none"> <li>- Additional Detox beds- Cuan Mhuire will provide 4 Adult Detox beds for the coming 3 years, at Bruree and Farnanes [female].</li> <li>- St Francis Farm [MQI] will provide 2 Adult detox beds for the South East region for the coming three years.</li> <li>- Aislinn will provide a designated Adolescent Detox facility [4 beds] for the coming 3 years.</li> </ul> <p><b>Additional Methadone Services in targeted areas.</b></p> <p>On 1/8/10 there were 9204 people on methadone of whom 5897 were in HSE Clinics and 3307 were receiving community based treatment. There were 464 on waiting lists or 4.8% of the total cohort. There were no under 18s on waiting lists.</p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action										
		<p>In general the waiting list for services in the Dublin area was around a month and there were 112 people waiting. This is generally in line with the recommended waiting time of one month.</p> <p>Due to the rapid increase in heroin consumption outside Dublin a number of pressure points have emerged where waiting lists and times have increased. HSE is addressing this as follows;</p> <table><tr><th>Location</th><th>progress</th></tr><tr><td>Kilkenny</td><td>Clinic facility being renovated and will open in the first week in October. When fully operational this will address the waiting list for Carlow.</td></tr><tr><td>Waterford</td><td>Clinic facility being renovated and will be opened before the end of the year. In conjunction with new Wexford clinics this will address waiting lists for the existing Waterford clinic</td></tr><tr><td>Wexford</td><td>New clinic opened which will be expanded</td></tr><tr><td>Gorey</td><td>Clinic facility completed but HSE was unable to access the facility due to Planning complaints.</td></tr></table> <p><b>Services to U 18s</b> HSE has allocated additional funding of €2.46m in 2010 to develop frontline Addiction services. This includes additional psychology services, counselling and outreach services</p>	Location	progress	Kilkenny	Clinic facility being renovated and will open in the first week in October. When fully operational this will address the waiting list for Carlow.	Waterford	Clinic facility being renovated and will be opened before the end of the year. In conjunction with new Wexford clinics this will address waiting lists for the existing Waterford clinic	Wexford	New clinic opened which will be expanded	Gorey	Clinic facility completed but HSE was unable to access the facility due to Planning complaints.	
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	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
		<p>and family therapy in each RDTF area for under 18s.</p> <p><b>Needle Exchange</b>  The programme to roll out of Needle exchange through Community Pharmacies is progressing slowly. HSE has made 2 proposals to IPU in 2010 in regard to the Fee Structure and is awaiting a response to the latter proposal. Alongside this HSE is progressing with plans around the locations for the roll out, THE National Liaison Pharmacist post, the Packs, safe collection and disposal, the training module for participating Pharmacists, the exchange protocol and other implementation issues</p>	
Action 35	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Review the Methadone Treatment Protocol to maximise the provision of treatment, to facilitate appropriate progression pathways (including exit from methadone treatment where appropriate) and to encourage engagement with services. The review will include engagement with the community and voluntary sectors. Examine and implement as appropriate, alternative substitute opiate treatment services.</p> <p>HSE (lead); D/H&amp;C D/H&amp;C</p>	<p><b>HSE</b>  <b>March 2011 response</b>  No written response received.</p> <p><b>September 2010 response</b>  The Review of the Methadone Treatment Protocol is at an advanced stage and will be completed at the end of October. There were 70 submissions and the team held consultations across the country. The Review will address a range of issues such as GP Contracts, audits, integration with the Rehabilitation Framework, Clinical governance and others.</p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
Action 36	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Continue to develop and implement across health services the screening/assessment of people presenting with early indicators of drug and alcohol issues, utilising a uniform brief intervention tool, and including referral where appropriate.</p> <p>HSE (Lead); C&amp;V sectors</p>	<p><b>HSE</b></p> <p><b>March 2011 response</b> No written response received.</p> <p><b>September 2010 response</b> HSE has piloted this initiative in 3 Hospitals and the pilots were successful. HSE will now develop this initiative under the National Addiction Training Programme [NATP]</p>	
Action 38	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Develop a drugs interventions programme, incorporating a treatment referral option, for people (primarily youth and young adults) who come to the attention of the Gardaí and the Probation Service, due to behaviour caused by substance misuse.</p> <p>An Garda Siochana (lead); D/JELR (IYJS); HSE; Probation service; OMYCA; C&amp;V Youth Services; OMD</p>	<p><b>An Garda Síochána</b></p> <p><b>March 2011 response</b> No further update.</p> <p><b>June 2010 response</b> Nationally a multi agency working group is to be established, to develop a structure to effectively respond to this matter. The development of a structure to effectively respond to the matter. The N.D.R.I.C. (National Drug Rehabilitation Implementation Committee) is an active working group in place and a member of the Garda National Drugs Unit is on this committee. A number of options are being explored for incorporating a treatment referral option, for people (primarily youth and young adults) who come to the attention of the Gardaí and the Probation Service, due to behaviour caused by substance misuse.</p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
Action 39	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Maintain and develop treatment services dealing with Blood Borne Viruses (BBVs), with particular emphasis on Hepatitis C treatment services.</p> <p>HSE</p>	<p><b>HSE</b></p> <p><b>March 2011 response</b> No written response received.</p> <p><b>September 2010 response</b> The Hepatitis C Report was completed in Q2 and has been referred now to HSE. The Report highlights the need for ; A National Register –this is being considered by HSE Public Health Dept ; Specific Training requirements and the development of screening tools , which will be considered by the HSE National Addiction Training Programme[ NATP] for 2011; Expanding Harm Reduction Services as an effective prevention tool, including the needle exchange and methadone services developments under action 34. A targeted Awareness Campaign – to be considered by HSE Targeted interventions with Homeless and new Communities.</p>	
Action 40	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Develop a response to drug - related deaths through:</p> <ul style="list-style-type: none"> <li>• A National Overdose Prevention Strategy;</li> <li>• A co - ordinated health response to the rise in deaths indirectly related to substance abuse; and</li> <li>• A review of the regulatory framework in relation to prescribed drugs.</li> </ul> <p>HSE (lead); D/H&amp;C D/H&amp;C (lead); Irish Medicines Board</p>	<p><b>HSE</b></p> <p><b>March 2011 response</b> No written response received.</p> <p><b>September 2010 response</b> The HSE Overdose Prevention Group has met 3 times in 2010 and is studying the recent data on overdose deaths. The group have studied firm evidence on the impact of opiate replacement [methadone] in reducing overdose deaths and innovative programmes involving naloxone by drug users. They are also looking at the significantly increased levels of overdose deaths post detoxification and are considering the recalibration of opioid detoxification, the necessity of enhanced supports during this period and the possibility of entry or re entry to Opioid Substitute Treatment. The group are developing the piece on overdose recognition , and early response[CPR etc] which will be targeted at frontline service such the Gardaí and emergency services The group are looking at training modules that exist internationally and the outcomes they have generally. Finally the group are looking at the potential of enhanced harm reduction interventions such as supervised injecting facilities and Opioid Substitution Treatment with heroin to have a positive impact on reducing overdose deaths.</p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
Action 41	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Support families trying to cope with substance - related problems, in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p> <p>HSE (lead); FSA; Depts. and Agencies; FSN; DTFs; C&amp;V sectors.</p>	<p><b>HSE</b></p> <p><b>March 2011 response</b> No written response received.</p> <p><b>September 2010 response</b> HSE has various supports in place for families with problems, such as parenting courses, family support workers, social work supports etc. Families with substance related problems benefit from these targeted supports. However the Family Support Network and Family Support services are not led by HSE and are placed within DCEAGA and family support within HSE is primarily a social work intervention</p>	
Action 42	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Continue to develop and expand:</p> <ul style="list-style-type: none"> <li>• Service User Fora; and</li> <li>• Drug User Fora</li> <li>• In line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</li> </ul> <p>➤ HSE (lead);</p> <p>➤ (ii)OMD; DTFs; C&amp;V sectors</p>	<p><b>HSE</b></p> <p><b>March 2011 response</b> No written response received.</p> <p><b>September 2010 response</b> This action is being developed by National Social Inclusion Office.</p>	
Action 44	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Address the treatment and rehabilitation needs of:</p> <ul style="list-style-type: none"> <li>• Travellers;</li> <li>• New Communities;</li> <li>• LGBTs;</li> <li>• Homeless; and</li> <li>• Sex Workers</li> </ul> <p>This should be facilitated by engagement with representatives of those communities and/or services working with those groups as appropriate.</p>	<p><b>HSE</b></p> <p><b>March 2011 response</b> No written response received.</p> <p><b>September 2010 response</b> A comprehensive piece of work has been completed by DAG Sub group 2 in regard to targeted actions for these groups. HSE has established through national level structures a working relationship with these vulnerable groups to agree and coordinate all health interventions with them. The recommendations of DAG Sub group 2, on their approval by DAG, will be discussed with the relevant groups so that we can progress them in partnership with the groups.</p>	

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
Action 45	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Develop a clinical and organisational governance framework for all treatment and rehabilitation services, in line with the Report of the Working Group Examining Quality &amp; Standards for Addiction Services and subject to a timeframe for compliance given the resource implications involved.</p> <p>HSE (lead); Voluntary sector</p>	<p><b>HSE</b></p> <p><b>March 2011 response</b> No written response received.</p> <p><b>September 2010 response</b> As part of the development of clinical leadership across the HSE, two additional Clinical Directors for Addiction Treatment Services are being recruited to cover HSE South and HSE West. This process has commenced. These will combine with the existing Clinical Directors to provide nationwide coverage in developing clinical performance and best integration.</p>	
Action 47	<p><b><u>Treatment &amp; Rehabilitation</u></b></p> <p>Develop national training standards for all involved in the provision of substance misuse services. Coordinate training provision within a single national substance misuse framework. This will include the continued development of responsive training and educational courses and modules for people working in treatment and rehabilitation services to meet current and emerging needs.</p> <p>HSE (lead); voluntary sector; key academic institutions.</p>	<p><b>HSE</b></p> <p><b>September 2010 response</b> HSE has put in place an ongoing budget base for the NATP. The NATP is being expanded in 2010 to facilitate the additional training requirements arising from the National Substance Misuse Strategy[ and Action 36], the Rehabilitation Framework roll out and the Hepatitis C Report</p>	

## Research

	Action	Progress to Date in Implementation of Action	Target date for full implementation of Action
Action 51	<p><b><u>Research/ Information</u></b></p> <p><b>Monitor problem substance (including alcohol) use among those presenting to hospital Emergency Departments.</b></p> <p>HSE</p>	<p><b><i>HSE</i></b></p> <p><b><i>March 2011 response</i></b> No written response received.</p> <p><b><i>September 2010 response</i></b> Funding available in 2010/2011 for screening</p> <p>The South East Regional Substance Misuse Team launched the Liaison Counsellor Initiative in 2003 which appointed a Hospital Liaison Counsellor at Waterford Regional Hospital. The Service, an innovation in the Region and complementary to the Regional Substance Misuse Service, is targeted at people admitted to hospital services following misuse of alcohol and/or drugs.</p> <p><b><i>Liaison Counsellor Functions</i></b> The main aims of the Liaison Counsellor:</p> <p>To provide clinical intervention which involves assessment, brief intervention and exploring treatment and intervention options, designing care pathways and making referrals for clients.</p> <p>To liaise with Nurses, NCHD's and other hospital staff as well as G.P.s, Public Health Nurses, Community Addiction Counsellors and other relevant professionals in relation to patient care.</p> <p>To work as part of the Waterford Substance Misuse Team and attend clinical meetings at the A.C.C.E.P.T. Service at Brook House.</p> <p>Provide a consultancy and advice service to Nurses, NCHD's and other professionals to assist them in dealing with alcohol and drug misusers in a general hospital setting.</p> <p>Establish a range of training initiatives for hospital staff aiming to enhance their skills in carrying out assessment and brief intervention with patients. This has included numerous ward based training programmes as well as central training at the Regional Education Centre.</p> <p>Play a key role in the development of hospital policies and procedures in dealing with</p>	

		<p>alcohol and drug misuse. Specific activities in this area include:</p> <ul style="list-style-type: none"> <li>• Development of patient referral and assessment systems;</li> <li>• Development of a care pathways framework;</li> <li>• Contribution to hospital drug policy development;</li> <li>• Participation in alcohol detoxification working group;</li> </ul> <p>Hospital drug policy to be taken to the management team by the General Manager and proposals from the alcohol detoxification working group taken to the Medical Board and Management Team.</p> <p>Actually carrying out face-to-face counselling sessions with identified patients in the hospital; Following up on patients who have been discharged from hospital; Delivering awareness lectures to a range of education and training programmes; Gathering data for Steering Group meetings.</p>	
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## Appendix 4 Cross Pillar Actions National Drug Strategy 2009/2016

Cross Pillar Actions National Drug Strategy 2009/2016			
Theme – Under-18			
Supply Control	Prevention	Treatment & Rehabilitation	Research
<p><b>Action 10</b></p> <p>Engage in appropriate enforcement strategies to ensure compliance with the prohibition of the sale of alcohol to persons under 18 years of age. Further reforms to the licensing laws to combat the sale or supply of alcohol to persons under 18 years of age should be considered where they are justified by reference to an evidence - based approach.</p>	<p><b>Action 30</b></p> <p>Develop selective prevention measures aimed at reducing underage and binge drinking.</p> <p><b>Action 24</b></p> <p>Co - ordinate the activities and funding of youth interventions in out – of school settings (including the non - formal youth sector) to optimise their impact through targeting risk factors, while developing protective factors for youth at risk.</p> <p><b>Action 25</b></p> <p>Continue to develop facilities for both the general youth population and those most at risk through: increased access to community, sports and school facilities in out of school hours; and the development of youth cafés.</p>	<p><b>Action 37</b></p> <p>Develop and implement a mechanism for early identification, and onward referral where appropriate, of substance misuse among under 18 service users in the wider statutory, community and voluntary sectors.</p> <p><b>Action 38</b></p> <p>Develop a drugs interventions programme, incorporating a treatment referral option, for people (primarily youth and young adults) who come to the attention of the Gardaí and the Probation Service, due to behaviour caused by substance misuse.</p>	<p><b>Action 55</b></p> <p>The Minister of State, the OMD and the NACD will develop and prioritise a research programme, revised on an annual basis. This would consider the following areas, among others, as possibilities for research:</p> <ul style="list-style-type: none"> <li>Examining the feasibility of developing an indicator to monitor changes in the prevalence of substance misuse among youth at risk.</li> </ul>
An Garda Síochána D/JELR	HSE (lead); D/H&C; DTFs and Service Providers  OMCYA , D/E&S	OMCYA (lead); D/JELR Services (An Garda Síochána; IPS; The Probation Service) D/E&S Services (D/E&S, Schools and 3rd Level Institutions) C&V sectors  An Garda Síochána (lead); D/JELR (IYJS); HSE; Probation Service; OMCYA; C&V Youth Services; OMD	





Cross Pillar Actions National Drug Strategy 2009/2016		
Theme – Families		
Supply Control	Prevention	Treatment & Rehabilitation
<p><b>Action 5</b></p> <p>Develop a framework to provide an appropriate response to the issue of drug - related intimidation in the community.</p>	<p><b>Action 29</b></p> <p>Develop a series of prevention measures that focus on the family under the following programme headings:</p> <ul style="list-style-type: none"> <li>• supports for families experiencing difficulties due to drug/alcohol use;</li> <li>• parenting skills; and n targeted measures focusing on the children of problem drug and/or alcohol users aimed at breaking the cycle and safeguarding the next generation</li> </ul>	<p><b>Action 41</b></p> <p>Support families trying to cope with substance - related problems, in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p>
An Garda Síochána (lead); Family Support Network; D/JELR	HSE and D/E&S (joint leads); OMCYA; D/SFA, DTFs and Service Providers	HSE (lead); FSA; Depts and Agencies; FSN; DTFs; C&V sectors
		



Cross Pillar Actions National Drug Strategy 2009/2016			
Theme –Interagency Collaboration (NDRIC)			
Supply Control	Prevention	Treatment & Rehabilitation	Research
<p><b>Action 6</b></p> <p>Put in place an integrated system to track the progression of offenders with drug - related offences through the criminal justice system</p>	<p><b>Action 22</b></p> <p>Promote the putting in place of substance misuse policies and the development of a brief interventions approach, where appropriate, in:</p> <ul style="list-style-type: none"> <li>informal education sector;</li> <li>training centres;</li> <li>3rd level institutions;</li> <li>workplaces; and</li> <li>youth, sport and community organisations.</li> </ul>	<p><b>Action 32</b></p> <p>Develop a comprehensive integrated national treatment and rehabilitation service for all substance users using a 4 - tier model approach. This will incorporate:</p> <ul style="list-style-type: none"> <li>the ongoing development of the spread and range of treatment services;</li> <li>the recommendations of the Report of the Working Group on Drugs Rehabilitation;</li> <li>the recommendations of the Report of the HSE Working Group on Residential Treatment &amp; Rehabilitation (Substance Abuse); and</li> </ul> <p>the provision of access to substance misuse treatment within one month of assessment</p> <p><b>Action 36</b></p> <p>Continue to develop and implement across health services the screening/ assessment of people presenting with early indicators of drug and alcohol issues, utilising a uniform brief intervention tool, and including referral where appropriate</p> <p><b>Action 43</b></p> <p>Continue the expansion of treatment, rehabilitation and other health and social services in prisons. Develop an agreed protocol for the seamless provision of treatment services as a person moves between prison (including prisoners on remand) and the community</p>	<p><b>Action 52</b></p> <p>Seek to put in place a unique identifier to facilitate the development of reporting systems in the health area while respecting the privacy rights of the individuals concerned</p> <p><b>Action 55</b></p> <p>The Minister of State, the OMD and the NACD will develop and prioritise a research programme, revised on an annual basis. This would consider the following areas, among others, as possibilities for research:</p> <ul style="list-style-type: none"> <li>Areas of research recommended in the Report of the Working Group on Drugs Rehabilitation;</li> <li>Examining the evidence of the effectiveness of the progression of clients from substitute maintenance treatments to abstinence;</li> </ul>
D/JELR (lead); An Garda Síochána; The Courts Service; Irish Prison Service	OMD and all other relevant Departments/ Agencies	<p>HSE 106 (lead); Depts. and Agencies; C&amp;V sectors</p> <p>HSE (Lead); C&amp;V sectors</p> <p>IPS (lead); The Probation Service; HSE; C&amp;V sectors</p>	<p>D/H&amp;C (lead); other relevant Depts. and Agencies</p> <p>NACD (lead); OMD OMCYA</p>

## Cross Pillar Actions National Drug Strategy 2009/2016

### Theme –Harm Reduction

Supply Control	Prevention	Treatment & Rehabilitation	Research
<p><b>Action 9</b></p> <p>In relation to drugs and driving:</p> <ul style="list-style-type: none"> <li>implement random road side drug testing as soon as this is technically and legally possible;</li> <li>review legislation on the issue of driving under the influence of drugs and consider appropriate enforcement options;</li> <li>expand the forensic analysis programme of the Medical Bureau of Road Safety to deal with drug driving;</li> <li>train Gardaí, doctors and nurses in all relevant issues around drugs/driving; and</li> </ul> <p>introduce detailed examination of full toxicology reports of all drivers involved in fatal road traffic accidents to ascertain the level of drug use involved</p>	<p><b>Action 28</b></p> <p>Develop a sustained range of awareness campaigns that:</p> <ul style="list-style-type: none"> <li>ensure that local and regional campaigns complement and add value to national campaigns;</li> <li>optimise the use of ICT in drugs and alcohol awareness initiatives (e.g. through internet search engines and social network websites);</li> <li>consider a co - ordinated approach by all key players to the development and implementation of a designated drug/alcohol awareness week/ day with agreed themes and methodologies; target: 3rd level educational institutions, workplaces and recreational venues; at risk groups (Travellers, new communities, LGBTs, homeless people, prisoners and, sex workers); and</li> </ul> <p>education/awareness among drug users to minimise the levels of usage and to promote harm reduction measures</p>	<p><b>Action 34</b></p> <p>Expand the availability of, and access to:</p> <ul style="list-style-type: none"> <li>detox facilities;</li> <li>methadone services;</li> <li>under - 18 services; and</li> <li>needle exchange services</li> </ul> <p>where required</p> <p><b>Action 35</b></p> <p>Review the Methadone Treatment Protocol to maximise the provision of treatment, to facilitate appropriate progression pathways (including exit from methadone treatment where appropriate) and to encourage engagement with services. The review will include engagement with the community and voluntary sectors. Examine and implement as appropriate, alternative substitute opiate treatment services.</p> <p><b>Action 39</b></p> <p>Maintain and develop treatment services dealing with Blood Borne Viruses (BBVs), with particular emphasis on Hepatitis C treatment services</p> <p><b>Action 40</b></p> <p>Develop a response to drug - related deaths through:</p> <ul style="list-style-type: none"> <li>A National Overdose Prevention Strategy;</li> <li>A co - ordinated health response to the rise in deaths indirectly related to substance abuse; and</li> <li>A review of the regulatory framework in relation to prescribed drugs</li> </ul>	<p><b>Action 50</b></p> <p>Develop, in association with the EMCDDA, and implement new indicators at national level for the following three areas:</p> <ul style="list-style-type: none"> <li>harm reduction;</li> <li>public expenditure; and</li> <li>drugs and crime.</li> </ul> <p><b>Action 55</b></p> <p>The Minister of State, the OMD and the NACD will develop and prioritise a research programme, revised on an annual basis. This would consider the following areas, among others, as possibilities for research:</p> <ul style="list-style-type: none"> <li>Harm reduction approaches, based on an evidence - based approach covering developments internationally;</li> <li>Examining the misuse and prolonged use of psychotropic drugs;</li> <li>Factors influencing deaths that are indirectly related to drugs;</li> </ul>
D/Transport (lead); Road Safety Authority; An Garda Síochána; HSE; Medical Bureau of Road Safety	HSE (lead); DTFs and other relevant agencies	HSE (lead); C&V sectors HSE (lead); D/H&C D/H&C  HSE (lead); D/H&C D/H&C(lead);Irish Medicines Board	HRB (lead) and other relevant Departments and agencies  NACD (lead); OMD OMCYA

Cross Pillar Actions National Drug Strategy 2009/2016			
Theme –Development/Integration of Substance Misuse			
Supply Control	Prevention	Treatment & Rehabilitation	Research
<p><b>Action 3</b></p> <p>Include drugs issues in a central way in the work of JPCs to ensure that there is a concerted effort against drugs in the areas involved. The issue of drug - related intimidation from the lower level to the most serious should be raised at both the JPCs and the LPFs with a view to devising appropriate and sustainable local responses to the issue</p>	<p><b>Action 23</b></p> <p>Implement SPHE in Youthreach Centres of Education and in Youth Encounter Projects and ensure that substance misuse policies are in place in these recognised Centres for Education. Implement age appropriate substance prevention/awareness programmes in training settings, including VTOS and Community Training facilities. Introduce monitoring and follow - up procedures in relation to substance prevention activity in the above settings.</p>	<p><b>Action 48</b></p> <p>Develop an appropriate educational model for: (i) paramedic (ambulance service) and (ii) nurse and midwife training to ensure that those qualifying are familiar with relevant drug treatment issues and alternative care pathways. Include comprehensive coverage of problem substance issues in undergraduate doctor training.</p> <p><b>Action 33</b></p> <p>Maximise operational synergies between Drug Addiction Services, Alcohol Treatment &amp; Rehabilitation Services, General and Emergency Hospital Services and Mental Health Services. Within this context, there should be a focus on addressing the needs of dual diagnosis clients</p>	<p><b>Action 51</b></p> <p>Monitor problem substance (including alcohol) use among those presenting to hospital Emergency Departments</p> <p><b>Action 53</b></p> <p>Implement the recommendations of the Review of the Coroner Service to reduce delays in reporting so that information is available on a timely basis for the NDRDI</p> <p><b>Action 55</b></p> <p>The Minister of State, the OMD and the NACD will develop and prioritise a research programme, revised on an annual basis. This would consider the following areas, among others, as possibilities for research:</p> <ul style="list-style-type: none"> <li>• The impact of alcohol and drugs on the Irish health and justice systems;</li> <li>• Further research on psychiatric co - morbidity among drug users</li> </ul>
D/EHLG (lead); D/JELR; Local Authorities; An Garda Síochána; DTFs	D/E&S (lead); FÁS	Lead Agencies: (i) Pre – Hospital Emergency Care Council (PHECC) (ii) An Bord Altranais The Medical Council HSE (lead); Voluntary sector	NACD (lead); OMD OMCYA / D/JELR HSE
			

Cross Pillar Actions National Drug Strategy 2009/2016			
Theme –Social Inclusion/Empowerment			
Supply Control	Prevention	Treatment & Rehabilitation	Research
<p><b>Action 4</b></p> <p>Foster community engagement in areas most affected by the drug problem through the establishment and support of appropriate drug networks</p> <p><b>Action 2</b></p> <p>Establish LPFs in all LDTF areas and other areas experiencing serious and concentrated problems of drug misuse</p>	<p><b>Action 25</b></p> <p>Continue to develop facilities for both the general youth population and those most at risk through: increased access to community, sports and school facilities in out of school hours; and the development of youth cafés.</p> <p><b>Action 24</b></p> <p>Co - ordinate the activities and funding of youth interventions in out – of school settings (including the non - formal youth sector) to optimise their impact through targeting risk factors, while developing protective factors for youth at risk</p>	<p><b>Action 42</b></p> <p>Continue to develop and expand: (i) Service User Fora; and (ii) Drug User Fora in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p> <p><b>Action 44</b></p> <p>Address the treatment and rehabilitation needs of:</p> <ul style="list-style-type: none"> <li>• Travellers;</li> <li>• New Communities;</li> <li>• LGBTs;</li> <li>• Homeless; and</li> <li>• Sex Workers</li> </ul> <p>This should be facilitated by engagement with representatives of those Communities and/or services working with those groups as appropriate.</p>	<p><b>Action 55</b></p> <p>The Minister of State, the OMD and the NACD will develop and prioritise a research programme, revised on an annual basis. This would consider the following areas, among others, as possibilities for research:</p> <ul style="list-style-type: none"> <li>• Prevalence patterns of problem substance use among prisoners and homeless people; and</li> </ul>
<p>D/JELR D/EHLG; An Garda Síochána (all 3 sharing lead)</p> <p>DTFs; OMD; C&amp;V sectors</p>	<p>OMCYA (lead); D/E&amp;S</p> <p>OMCYA</p>	<p>(i) HSE (lead); , (ii) OMD; DTFs; C&amp;V sectors</p> <p>HSE (lead); C&amp;V sectors</p>	<p>NACD (lead); OMD OMCYA</p>
			

## Appendix 5 Logic Model Template

<b>Title of Programme /Project or Intervention, and SE Code</b>	
<b>Overall Aim</b>	
<b>Objectives (as per RDTF 1 form)</b>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>NDS Pillar under which this Programme/Project or Intervention fits</b>	
<b>Specific NDS Objective(s) being met by this Programme/Project/intervention</b>	
<b>Needs of the target /client group?</b>	
<b>How were these needs identified? How were the target group /clients involved in identifying their needs?</b>	
<b>External influences and related programmes /interventions</b>	

LOGIC MODEL FOR \_\_\_\_\_

RESOURCES /INPUTS	OUTPUTS		OUTCOMES		
	ACTIVITIES	PARTICIPATION	SHORT-TERM	MEDIUM-TERM	LONG-TERM

LOGIC MODEL FOR \_\_\_\_\_

RESOURCES /INPUTS	OUTPUTS		OUTCOMES		
	ACTIVITIES	PARTICIPATION	SHORT-TERM	MEDIUM-TERM	LONG-TERM



## Appendix 6 Template for Outcome Based Evaluation

### Outcome-based Evaluation: A Template for planning your outcome-based evaluation

SE Code:.....

Objective:.....

.....

Outcome	Outcome indicator (s)	Source of data (Where, or from whom, will I get this information?)	Data collection methods (How will I collect this information?)	When will the data be collected?	How will you record your findings?	How and to whom will you report your findings?

## Appendix 7 SE-19 SERDTF Operational Budget Logic Model

<b>Title of Programme /Project or Intervention, and SE Code</b>	<b>SERDTF Operational Budget SE 19</b>
<b>Overall Aim</b>	<b>To have in place an efficient and effective framework for implementing the National Drugs Strategy</b>
<b>Objectives (as per RDTF 1 form)</b>	<ul style="list-style-type: none"> <li>• To implement the 29 locally relevant NDS actions</li> <li>• To achieve the objectives of the NDS</li> <li>• Develop and implement a DTF performance management system</li> </ul>
<b>NDS Pillar under which this Programme/Project or Intervention fits</b>	Co-ordination
<b>Specific NDS Objective(s) being met by this Programme/Project/intervention</b>	Co-ordination – generally Objectives specified by SERDTF funded projects
<b>Needs of the target /client group?</b>	Assistance in planning for the implementation of cross pillar NDS Actions through existing County based structures (Lead agencies). Structured funding application and monitoring process to focus on the NDS (SERDTF funded projects)
<b>How were these needs identified? How were the target group /clients involved in identifying their needs?</b>	One to one meetings with senior managers in agencies with lead responsibility for NDS actions within the region.
<b>External influences and related programmes /interventions</b>	Political landscape, existing implementation structures (CDB, SIM, JPC, RAPID, YPFSF), economic landscape, other social inclusion strategies, national co-ordination and re-organisation.

LOGIC MODEL FOR \_ To implement the 29 locally relevant NDS actions

RESOURCES /INPUTS	OUTPUTS		OUTCOMES		
	ACTIVITIES	PARTICIPATION	SHORT-TERM	MEDIUM-TERM	LONG-TERM
1. DTF office staff (3) 2. Operational budget (photocopier, computers, etc) 3. Lead agency reps 4. DTF members 5. HRB 6. Community	<b><u>NDS Action planning</u></b> 1. Devise template 2. DTF office distribute template to lead agencies 3. DTF office meet Lead agency reps 4. DTF office distribute to DTF members 5. DTF office distribute to OMD 6. DTF meetings 7. Development of 3 Pillar Sub Group meetings 8. Consultation with HRB 9. Stakeholder consultation and input 10. Community Drug Networks x 5 meet twice each year 11. Lead agencies	1. DTF members (31) 2. Lead agency reps (5) 3. DTF office staff (3) 4. DPU 5. CDBs (6)/SIMs (6) 6. JPCs (15) 7. Community Drug Networks (5) 8. HRB 9. Regional Sub Group members (27)	1. DTF agree template use 2. Lead agencies complete template 3. Lead agencies have increased awareness of NDS actions 4. DTF meetings include NDS as standard agenda item 5. Lead agencies include prioritised NDS actions in annual work plans 6. Lead agency reps attend sub groups 7. SERDTF members are informed of progress in relation to NDS Action implementation	1. JPC agree to implement logic modelled responses to self-identified problems 2. Lead agencies include remaining NDS actions in annual work plans 3. SERDTF reports gaps and blocks to DPU 4. Pillar sub groups develop evidence based Logic Models for NDS actions	1. NDS Actions are implemented with cross pillar co-ordination 2. Lead agencies develop logic models for non-prioritised NDS actions 3. There is increased co-ordination between “Lead” and “Partner” agencies. 4. Lead agency NDS action point plans are “SMART”

	<p>report on NDS actions at Community Drug Networks</p> <p>12. Lead agencies report on NDS actions at SERDTF meetings</p>		<p>8. Pillar Sub Groups receive training in logic Model development</p> <p>9. HRB identifies relevant research, the evidence base and theory of change for NDS implementation</p> <p>10. Stakeholders are informed, consulted and involved about NDS action implementation</p>		
<p>1. DTF office staff (3)</p> <p>2. Operational budget (photocopier, computers, etc)</p> <p>3. Lead agency reps</p> <p>4. DTF members</p> <p>5. HRB</p> <p>6. Community</p>	<p><b><u>Cross pillar planning</u></b></p> <p>1. SERDTF nominates sub group membership</p> <p>2. Pillar sub group meetings</p> <p>3. Logic model training</p>	<p>1. SERDTF members</p> <p>2. DTF Office staff</p> <p>3. HRB/NACD</p> <p>4. Pillar sub groups (3)</p>	<p>1. SERDTF members agree cross pillar themes</p>	<p>1. Pillar sub groups develop Logic Models for prioritised actions</p>	<p>1. SERDTF develop a co-ordinated, prioritised, implementation plan</p>
<p>1. DTF office staff (3)</p> <p>2. Operational budget</p> <p>3. Lead agency reps</p> <p>4. SERDTF members</p> <p>5. CDB/SIM</p> <p>6. Community</p>	<p><b><u>NDS Action Implementation</u></b></p> <p>1. Communicate with CDBs, SIMs, JPCs, Community Drug Networks</p>	<p>1. CDB(6)/SIM(6)</p> <p>2. Stat, vol and Comm sectors</p> <p>3. JPCs</p>	<p>CDBs have adopted NDS actions</p>	<p>1. CDBs include the implementation plan within their County Development Strategies</p>	<p>1. CDBs implement modelled actions</p> <p>2. JPCs recommend the implementation of modelled actions</p>

**LOGIC MODEL FOR \_Achievement of the objectives of the NDS**

RESOURCES /INPUTS	OUTPUTS		OUTCOMES		
	ACTIVITIES	PARTICIPATION	SHORT-TERM	MEDIUM-TERM	LONG-TERM
1. SERDTF Project Budget 2. 15 DTF funded projects 3. HSE funded substance misuse projects (11) 4. CASA funded staff (5) 5. FAS funded projects (5) 6. F and T sub group 7. QuADS	1. The activities of all projects 2. Training 3. Monitoring 4. Service agreements 5. Financial administration	1. F and T Sub Group (8) 2. SERDTF members 3. Projects (15) 4. Funding agencies 5. DPU 6. HRB	1. Projects are clear on NDS objectives 2. Projects are aware of research based effectiveness evidence 3. Project staff and management receive Logic Model training 4. Projects are logic modelled to include NDS objectives 5. Key aspects (quality, objective specificity, service user involvement) are monitored	1. All project activities are in line with NDS objectives 2. Projects outcomes are evidenced and recordable 3. Clients receive quality assured services 4. All project activities are evidence based	1. SERDTF Project Funding is focussed on the achievement of the objectives of the NDS

## Appendix 8 SE-19 NDS Action Point outcome-based evaluation

### Outcome-based Evaluation: A Template for planning your outcome-based evaluation

SE Code: SE 19.....

Objective: .To co-ordinate Lead Agencies to implement the 29 locally relevant actions of the national Drug Strategy.

Outcome	Outcome indicator (s)	Source of data (Where, or from whom, will I get this information?)	Data collection methods (How will I collect this information?)	When will the data be collected?	How will you record your findings?	How and to whom will you report your findings?
<b>NDS Action Planning - Short-term Outcomes</b>						
DTF agree template use	SERDTF agree template use by end of 2010.	SERDTF	DTF mins	Quarterly	Minutes	SERDTF
Lead agencies complete template	100% of lead agencies will complete the template by the end of 2012	Lead Agencies	Templates	March and September	Templates	SERDTF CDBs/SIMs Community Drugs Networks (CDNs)

						DPU
DTF meetings include NDS as standard agenda item	2 out of 4 SERDTF meetings agenda this issue by 2011.	SERDTF	agendas	March and September	Minutes/Templates	DPU
Lead agency reps attend sub groups	100% membership identified by end of 2012	Sub Groups	Minutes and correspondence	Bi monthly	Minutes	SERDTF Lead Agencies
SERDTF members are informed of progress in relation to NDS Action implementation	Two lead agencies report on their actions at March and September meetings	SERDTF	Minutes	March and September	Template	CDBs SIMs Community Drug Networks DPU
Pillar Sub Groups attend training in Logic models	80% of Pillar sub group membership can write a logic Model by end of 2012	Logic model trainer	Logic Models submitted to trainer	Following training	Trainer report	SERDTF DPU
HRB identify relevant research, the evidence base and theory of change for NDS implementation	100% of prioritised actions have an identified theory of change by Q4 2012.	HRB	Logic Model templates	As Logic Models are developed	In Logic Models	Lead Agencies SERDTF DPU
Stakeholders are	80% of Community Drug	County	Minutes, Operating	Twice each year	TF annual report	CDBs

informed, consulted and involved about NDS action implementation	networks established by end of 2012	Committees/CDNs	procedure, terms of reference			SIMs SERDTF
<b>NDS Action Planning - Medium-term Outcomes</b>						
JPC agreement to recommend logic modelled responses to self-identified problems	100% of JPCs formally adopt implementation of NDS by end of 2012.	JPCs	JPC minutes	Quarterly	TF NDS implementation report	SERDTF DPU CDB SIM
Lead agencies report on NDS actions at Community Drug Networks	All lead agencies present to Network twice each year	CDNs SERDTF Community Reps	CDN Minutes SERDTF Minutes	Bi Annually	TF NDS implementation report	SERDTF SIM CDB DPU
Lead agencies will include remaining NDS actions in annual work plans	100% of actions appear in lead Agency work plans by end of 2013	Lead agency work plans	Internet	Annually	TF NDS implementation report	SERDTF DPU CDB SIM
SERDTF report gaps and blocks to DPU	All gaps and blocks identified are	CDNs	Gaps and blocks form	Twice a year	TF Liaison Report	DPU CDBs



	communicated to the DPU by Q3 2012.					SIMs JPCs CDNs
Pillar Sub groups will develop logic models for prioritised NDS actions	<ul style="list-style-type: none"> <li>Sub groups will have received Logic Model training by Q2 2012</li> <li>Sub groups will prioritise actions</li> <li>3 Sub groups will have begun to write logic models by end of 2012</li> </ul>	<ul style="list-style-type: none"> <li>Trainer</li> <li>Sub Groups</li> <li>Sub Groups</li> </ul>	<ul style="list-style-type: none"> <li>Invoices, attendance list, training evaluation forms</li> <li>Sub group minutes</li> <li>Sub group minutes</li> </ul>	Bi monthly	TF NDS implementation report	SERDTF DPU CDB SIM
<b>NDS Action planning - Long-term Outcomes</b>						
Lead agencies develop logic models for non-prioritised NDS actions	100% of NDS actions are Logic modelled by end of 2014	Lead agencies	SERDTF Operating template returns	March and September each year	TF NDS implementation report	SERDTF DPU CDB SIM
Lead agency inclusion of prioritised NDS actions in annual	80% of Lead agencies have prioritised NDS actions in annual work plans	Lead agency work plans/divisional plans	Internet	Annually	TF annual report	DPU SERDTF CDBs Community Drug

work plans						Networks
Increased co-ordination between “Lead” and “Partner” agencies.	<ul style="list-style-type: none"> <li>Regional sub groups include representatives of lead and Partner agencies, relevant to the actions modelled by Q3 2012</li> <li>County implementation of NDS actions involves staff from lead and partner agencies, by Q4 2012.</li> </ul>	<ul style="list-style-type: none"> <li>Regional sub group minutes</li> <li>SIM Group minutes</li> </ul>	<ul style="list-style-type: none"> <li>Regional sub group minutes</li> <li>SIM Group minutes</li> </ul>	Quarterly	TF NDS implementation report	SERDTF DPU CDB SIM
Lead agency NDS action point plans are “SMART”	Logic models for action points are Specific, measureable, Achievable, Realistic, and Time orientate, by Q4 2012.	Regional Sub Group Logic Models	Sub Group minutes	Bi monthly	TF NDS implementation report	SERDTF DPU CDB SIM
<b>Cross Pillar Planning – Short term</b>						
SERDTF members agree cross pillar themes	30% of NDS actions are identified as cross pillar by Q2 2012.	TF minutes	TF minutes	Q2 2012	TF annual report	DPU CDB JPC

						CDN
<b>Cross Pillar Planning – Medium term</b>						
Pillar sub groups developed logic models for prioritised actions	100% of NDS actions relevant to two themes logic modelled by end of 2013	Pillar Sub Groups	Sub group minutes Logic models	Continuous	TF annual report	DPU CDB JPC CDN
<b>Cross Pillar Planning – Long term</b>						
SERDTF develop a co-ordinated, prioritised implementation plan	100% of NDS actions in agreed themes developed and submitted to CDBs by 2013.	SERDTF	Minutes	Quarterly	TF annual report	SERDTF SIM CDB DPU
<b>NDS Action Implementation – Short term</b>						
CDBs have adopted NDS actions	100% of CDBs have formally adopted the	CDB Minutes	CDB Minutes	Quarterly	TF NDS implementation	SERDTF SIM

	implementation of the NDS by 2013				report	CDB DPU
<b>NDS Action Implementation – Medium term</b>						
CDBs include implementation plan within County Development Strategies	100% of CDBs include prioritised NDS action points in County Development Strategies by end of 2013	CDBs	CDB quarterly reports	Quarterly	TF annual report	SERDTF DPU CDB SIM CDN
<b>NDS Action Implementation – Long term</b>						
CDBs implement Logic modelled actions	100% of CDBs include targets and timescales for prioritised NDS action points in County Development Strategies by q2 2014	CDBs	CDB quarterly reports	Quarterly	TF annual report	SERDTF DPU CDB SIM CDN
JPCs recommend the implementation of logic modelled	80% of JPCs adopt relevant NDS action point Logic Models by Q1 2013.	JPCs	JPC minutes	Quarterly	TF annual report Development Workers report	SERDTF DPU CDB

actions						SIM CDN
NDS Actions implemented with cross pillar co-ordination	Specific combinations of actions implemented in the same places at the same time by Q2 2013.	Lead agency SERDTF updates	SERDTF Operating template returns	March and September each year	TF NDS implementation report	SERDTF DPU CDB SIM
CDB/SIM agreement to implement modelled actions	100% of CDBs formally adopt implementation of NDS by Q4 2012.	CDB minutes	CDB mins	quarterly	TF NDS implementation report	SERDTF DPU CDB SIM

## Appendix 9 SE-19 NDS Objectives outcome-based evaluation

### Outcome-based Evaluation: A Template for planning your outcome-based evaluation

**SE Code:** SE 19

**Objective:** Achievement of the objectives of the National Drug Strategy .

Outcome	Outcome indicator (s)	Source of data (Where, or from whom, will I get this information?)	Data collection methods (How will I collect this information?)	When will the data be collected?	How will you record your findings?	How and to whom will you report your findings?
<b>Short-term Outcomes</b>						
Projects are clear on NDS objectives	All staff and management are able to identify NDS objectives by Q4 2011	Observation at Logic model training	Logic Model training evaluation sheets	February 2012	TF project implementation report	T and F Sub Group SERDTF DPU
Projects aware of research based effectiveness evidence	All projects have received training in this area by the end of 2012	SERDTF office	Training evaluation sheets	December 2012	TF project implementation report	T and F Sub Group SERDTF DPU
Project staff and	90% of projects have staff	SERDTF office	Attendance records	December 2011	TF project	T and F Sub Group

management receive Logic Model training	attend Logic model training by end of 2011				implementation report	SERDTF DPU
Projects are logic modelled to include NDS objectives	All projects' stated objectives match to NDS Objectives by end of 2012	SERDTF office  Funded projects	<ul style="list-style-type: none"> <li>Logic Model templates</li> <li>RDTF 1 forms</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Project monitoring reports</li> <li>TF annual report</li> </ul>	T and F Sub Group SERDTF DPU
Key aspects (quality, objective specificity, service user involvement) are monitored	All projects will actively work on key aspects, as per SLAs, by Q3 2012.	Projects  T and F Sub Group	Project Monitoring meetings	Bi annually	Project monitoring reports	T and F Sub Group SERDTF DPU
<b>Medium-term Outcomes</b>						
All project activities are in line with NDS objectives	All projects' recorded activities are in line with NDS objectives by end of 2013.	Projects  T and F Sub Group	Project monitoring meetings	Bi annually	Project monitoring reports	T and F Sub Group SERDTF DPU
Projects outcomes are evidenced and recordable	All projects' Logic models have been signed off by T and F sub group by end of	T and F sub group	T and F sub group minutes	Bi monthly	Project monitoring reports	T and F Sub Group SERDTF DPU

	2013					
Clients receive quality assured services	All projects are engaged with QuADS process by end of 2012	Progression Routes Initiative	Attendance records	Following QuADS training sessions	Project monitoring reports	T and F Sub Group SERDTF DPU
All project activities are evidence based	All projects' promoters will provide evidence (research based) that their approaches are effective by 2013	Projects  T and F Sub Group	SERDTF application forms (RDTF 1 forms and SERDTF Logic model forms)	annually	TF project implementation report	T and F Sub Group SERDTF DPU
<b>Long-term Outcomes</b>						
SERDTF Project Funding is focussed on the achievement of NDS objectives	All SERDTF project funding is allocated to projects that are achieving objectives of the NDS, by Q1 2013.	T and F Sub Group	Project monitoring visits	Bi annually	Project monitoring reports	T and F Sub Group SERDTF DPU



## Appendix 10 Form A

DRUGS TASK FORCE: South East Drugs Task Force		
<b>Pillar * :</b>	<b>Prevention</b>	
<b>DTF objective :</b>	<ul style="list-style-type: none"> <li>To promote the prevention of substance misuse through raising awareness in local communities.</li> <li>To support local communities in increasing their awareness of substance misuse related issues, to provide responses and facilitate the development of strategies to reduce the demand for drugs in local communities.</li> <li>Aims to facilitate, train and empower communities to develop their own resources thus enabling them to play a proactive role in the development of appropriate, preventative responses to substance misuse in their communities</li> <li>To support existing youth service staff to directly deliver programmes that are relevant to young people between 11 &amp; 18</li> </ul>	
<b>Outcomes :</b>	1,081 individuals received drug awareness training 58 drug awareness groups were run 135 community residents attended drugs meetings 3 new community groups were established 32 community meetings were held	
<b>Category **</b>	<b>Project Code</b>	<b>Project Name</b>
Education and Prevention	SE 10	Co Waterford CBDI
Education and Prevention	SE 11	Inner City - Ferrybank CBDI
Education and Prevention	SE 15	Carlow CBDI Worker
Education and Prevention	SE 18	Ossory Youth Programme
<b>Project changes/ terminations in 2011</b>		
<b>Category **</b>	<b>Project Code</b>	<b>Project Name &amp; Reason</b>

DRUGS TASK FORCE: South East Drugs Task Force		
<b>Pillar * :</b>	<b>Rehabilitation</b>	
<b>DTF objective :</b>	<ul style="list-style-type: none"> <li>To deliver a drug-free residential rehabilitation centre in the South Eastern Region.</li> <li>To provide extended care and accommodation to individuals with particular vulnerabilities following primary treatment for addiction to drugs alcohol and gambling.</li> </ul>	
<b>Outcomes :</b>	78 clients accessed residential treatment funded or partially funded by the SERDTF 20 clients accessed post treatment residential support (half way housing) 806 individuals availed of aftercare groups.	
<b>Category **</b>	<b>Project Code</b>	<b>Project Name</b>
Treatment and Access to Rehabilitation	SE 2	St Francis Farm
Rehabilitation	SE 3	Céim Éile (Aiséirí)
Rehabilitation	SE 27	Aiséirí
<b>Project changes/ terminations in 2011</b>		
<b>Category **</b>	<b>Project Code</b>	<b>Project Name &amp; Reason</b>
Rehabilitation	SE-27	Aiséirí. Funding discontinued in 2012 due to TF funding cuts.

DRUGS TASK FORCE: South East Drugs Task Force		
Pillar * :	Treatment	
DTF objective :	<ul style="list-style-type: none"> <li>Utilising the outreach and drop-in services funded by the department we enable drug users to move from substance misuse to stability through a range of effective interventions.</li> <li>To provide outreach services and responses to young people between the ages of 13 and 21 years old who are involved in high risk drug misuse and maybe experiencing exclusion because of their drug use and socio –economic background.</li> <li>To provide counselling to clients attending the substance misuse team.</li> <li>To engage persons from the age of 13 years and upwards who are involved in substance misuse in the catchment area.</li> <li>To provide and deliver an Outreach Drugs Service to people who are involved in high risk drug misuse.</li> <li>To be a contact point for drug users for referral to get help and support and information in times of crises.</li> <li>To help improve the situation of families living with drug use by developing, supporting and reinforcing the work of family support groups and help set up new groups.</li> </ul>	
Outcomes :	<p>632 people attended for treatment in 2010, attending 1,006 treatment sessions</p> <p>Drop in services were attended on 3,448 occasions</p> <p>Outreach services contacted 1,017 individuals, providing 4,546 consultations, and made 511 referrals to other services</p> <p>804 family support meetings were held in 2011, with 9,432 attendances, and no new family support group was established</p>	
Category **	Project Code	Project Name
Treatment	SE 5	Cornmarket project
Treatment	SE 12	Extension to Frontline Project
Treatment	SE 21	Substance Misuse Counsellor
Outreach	SE 23	South Tipperary Outreach Worker
Outreach	SE 24	Carlow/Kilkenny Outreach Worker
Outreach	SE 26	Waterford Outreach Worker
Outreach	SE 32	Wexford Outreach Worker
Family Support	SE 28	SE Regional Family Support Network
Project changes/ terminations in 2011		

<b>Category **</b>	<b>Project Code</b>	<b>Project Name &amp; Reason</b>