



**alcohol  
forum**

*Informing Nationally,  
Delivering Locally*

# ANNUAL REPORT 2016

A SUMMARY OF THE ACTIVITIES  
AND PROGRESS OF THE ALCOHOL  
FORUM'S WORK IN TACKLING  
ALCOHOL HARM.

[ALCOHOLFORUM.ORG](http://ALCOHOLFORUM.ORG)

## Welcome To Our Annual Report 2016

To Explore Key Stories Of The Past Year  
And Find Out More About What's In Store,  
You Can Also Download Our Annual Report.

**At Online:** [www.alcoholforum.org](http://www.alcoholforum.org)

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# CHAIRMAN'S STATEMENT

**PAT HARVEY, CHAIRMAN**

**I am very pleased to present to you the Alcohol Forum Annual report for 2016. This report outlines the work of the Forum over the past 12 months it achieving its goal of reducing and preventing alcohol harm.**

In order to best achieve our mission it is important that we have a Board that has the expertise and commitment to reducing and preventing alcohol harms in Ireland. I want to thank all our directors and I am delighted to welcome to the board three such new member's Mr Billy Bennett, Registrar in Letterkenny Institute of Technology, Ms Lorraine Thompspon CEO of Donegal Youth Services and Ms Anne Burke, Head of Department of Law and Humanities at Lyit. I know that their individual expertise and areas of interest will further strengthen the work of the charity.

I want to thank and acknowledge the work of Dr David Gunne and Mr Sean Sherdian. two directors who have resigned in 2016 and who have given long and dedicated service to the work of the Forum. David has been a member of the Board for nine years and Sean played a key role as chairman of the Audit committee.

Key to the work of the Alcohol Forum to better meet the needs of individuals, families and communities is its partnership role in giving practical effect to help bring about behavioural change in relation to alcohol use. At the heart of this was the promotion of local action and communication across all Alcohol Forum programmes in 2016. Our Community Action on Alcohol Programme in partnership with the Department of Health, HSE and Regional and Local Drugs and Alcohol Taskforces, continues to develop and expand with the recruitment of five new taskforces nationally. Our Families Matter programmes continue to work with a range of volunteers to support families impacted by alcohol or other drug use through dedicated whole family programmes, and our Alcohol related Brain injury service is working with individual's and families , acute hospitals and community services to ensure that those impacted by this condition are provided with the necessary rehabilitative resources and supports to reach their full potential.

We continue to look for innovative and evidence based ways to engage with stakeholders and communities to access robust information, education and training in relation to alcohol harms.

All of our efforts would not be possible without the continued support of our funders volunteers, staff and management and I want to sincerely thank them for their contribution to meeting our goals.

We continue to await the passage of the Public Health Alcohol Bill in to law and with the ongoing consultation and engagement around the development of a new drugs and alcohol strategy for 2017 the opportunity is presented to create a unique climate to effect lasting change in Ireland.

2017 will mark the 10th anniversary of the incorporation of the charity and I look forward to the continued opportunity to inspire change, working for a safer and healthier Ireland.



**“ Key to the work of the Alcohol Forum to better meet the needs of individuals, families and communities is its partnership role in giving practical effect to help bring about behavioural change in relation to alcohol use. At the heart of this was the promotion of local action and communication across all Alcohol Forum programmes in 2016.**



# CEO'S MESSAGE

**KIERAN DOHERTY, CEO**

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2016 marked another challenging year for the Alcohol Forum and the supports we provide. Despite staff changes and funding challenges I'm glad to report that the Alcohol Forum increased its service provision and developed a number of new initiative's.

Our key service development was the continued expansion of the Community Action on Alcohol Programme and the 2016 launch of phase two. A national seminar held in partnership with the Drugs Policy Unit from the Department of Health, the Health and Wellbeing Division of the HSE and Regional and Local Drug and Alcohol Task Forces, and attended by over eighty people. Five new taskforces joined the programme for 2016, and we also provided local training in Cork, Kerry and the Midlands. I welcome Paula Leonard to the Forum as our National Lead for CAAP and I want to thank Anne Timoney Meehan for her commitment and dedication to the work of the Forum, in particular her contribution to the development of the National Community Action on Alcohol Programme and wish her well in her new role.

The effects of alcohol misuse are not only felt by the individual drinking but impact on the entire family and in 2016 the charity self funded a ten week, whole family programme, Moving Parents and Children Together (M-PACT). The programme aimed at families impacted by parental alcohol or other drug use is facilitated by a team of highly skilled, dedicated and trained volunteers and aims to bring families together and reduce the negative impacts of problematic parental drinking. The evaluation and feedback from families is very positive and we hope to develop further programs in 2017.

While many of us are aware that alcohol can cause damage to our liver and heart, few recognise the extent of the effects it can have on our brain. There is very little awareness around this issue and the Alcohol Forum is working to ensure that the public understands these risks and that health professionals are given the tools to properly prevent, recognise and care for a range of brain health conditions associated with alcohol misuse.

We continue to provide a range of training programme's, produce resources and provide information, in 2016 our booklet. "Alcohol what's missing in your community" was a very popular pocket size information booklet, In June we published a report "Dual Diagnosis: Prevalence, Policy and Management" aimed at frontline practitioners in mental health and addiction services. Our workplace alcohol programme was piloted and very well received and our schools advisory group designed and got approval for a summer short course on alcohol for teachers.

I want to thank all those who support the work of the Alcohol Forum, our funders, volunteers, staff and our Board for their continued support and commitment to reducing alcohol harm. We are only able to do what we do with their support . Thank You.



“ Our key service development was the continued expansion of the Community Action on Alcohol Programme and the 2016 launch of phase two at a national seminar held in partnership with the Drugs policy Unit from the Department of Health, the Health and Well being division of the HSE and Regional and local drug and alcohol task forces, and attended by over eighty people.



# FAMILIES MATTER



# FAMILIES MATTER

The Challenges of bringing up children in the 21st century are very different to those experienced by our parents and grandparents. Families face many issues such as conflict, loss, family stress, mental health, safety concerns and alcohol and other drug misuse. Families Matter is dedicated to developing responsive multi agency work and approaches to working with families

Our **Strengthening Families Programme** (SFP) is an evidence-based family skills programme for the whole family. It is available for families with children aged 12-6 years old and teens aged 16-12 years old. Families attending the programme gain improved family relationships, enhanced parenting and communication skills.

**Moving Parents and Children Together** (M-PACT) is a programme to help children aged 17-8 whose parents have drug and/or alcohol problems. Children, young people and their parents work together in a friendly safe environment with a team of highly skilled professional facilitators who help them find ways to achieve improvements in family life to the benefit of the family as a whole.

There is a growing body of research which highlights the efficacy of family based prevention models in terms of addressing risk and protective factors at a family level. One such evidence based family prevention programme which responds to reducing risk associated with drug and alcohol use, is the Strengthening Families Programme (SFP). This programme has demonstrated both internationally and nationally effective changes at a child, parent and family level. SFP is designed to reduce multiple risk factors for later alcohol and drug use, mental health problems and criminal behaviour by increasing family strengths, teens/children's social competencies and improving positive parenting skills. It focuses on building family protective factors such as parent-child relationships, communication, cohesion, social and life skills, resisting peer influences, family organization and attachment; and reducing risk factors such as conflict, family drug and alcohol abuse.



# STRENGTHENING FAMILIES

## FAMILIES MATTER

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## Strengthening Families Programmes

of 14 Weeks were rolled out in Donegal in 2016.

SFP sites moved in response to geographic need and programmes were hosted in the following locations;

- Inishowen SFP - 12-16 years
- Donegal Town SFP - 12-16 years
- Letterkenny SFP - 6-12 years
- Letterkenny SFP - 12-16 years

# 44 Families

(47 teens / 26 children) were referred to SFP in 2016

Top Six Reasons for Young Person to be referred to SFP locally;

- Aggressive Violent Behaviour,
- Low Self Esteem/ Depressed,
- Suicidal Feelings/Self Harm,
- Low Academic Achievement /School Refusal,
- Poor Social Skills/Withdrawn,
- Alcohol and/or Substance Misuse.

## Referrals

Families Matter received referrals from multiple agencies including but not limited to:

- Child & Family Mental Health Services (CAMHS),
- Social Work (TUSLA),
- Adult Mental Health Services,
- Psychology,
- Autism Service,
- Parent/Family Support Agencies,
- Home School Completion Programme,
- Home School Liaison.

In 2016 the majority of referrals for SFP most frequently sat within support levels 3 & 2 on the Hardiker Model and a significantly smaller percentage within tier 4.

# STRENGTHENING FAMILIES

## FAMILIES MATTER

### Volunteer facilitators from...

- CAMHS,
- An Garda Siochana,
- Mental Health Services Donegal,
- Social Work,
- Tir Boghaine Teo,
- Deaf Hear,
- Youthreach,
- The Loft,
- HSE Physical & Sensory Disability,
- Educate Together,
- School Completion Programme,
- Education & Training Board (ETB),
- Foroige,
- Inishowen Development Partnership (IDP),
- Family Resource Centre Moville.

### SFP Group Leader Two Day Training

20th/21st February 2016

16

Attendees

100%

of evaluations rated training as being excellent in content, delivery and accomplishing required objectives.

### What our families had to say;



**It made problem solving in the family easier**



**“I loved how it gave the kids a chance to see things from our perspective and vice versa”**



**“I learned to talk about problems and how to work around them”**



# STRENGTHENING FAMILIES

## FAMILIES MATTER

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### THE NATIONAL SFP COUNCIL

In 2016 the SFP National Council met 6 times with the FM Manager chairing same and hosting an event with the programme developers on 1st July 2016 in Geraldstown House Ballymun.



**... to support the development of SFP in Ireland under the principles of interagency cooperation & practice. The NSFPC is a not-for-profit initiative and will strive to support areas to develop and plan SFP in their local sites, based on learning and shared practice; and support the Irish development on a national level through research, training, and advocacy.**



Families Matter convened a workshop with the SFP Developers Karol Kumpfer and Henry Whiteside and SFP Funders on 4th July in the Alcohol Forum offices.



Families Matter/Alcohol Forum continued to actively participate in the following groups: Parent Hub, IFAN, RDTF Treatment & Rehabilitations, and Network for South Central.



FM Manager was selected by Tusla to be one of six representatives in the County to be trained and become a Parent Support Champion and she attended two training events in 2016



Families Matter supported the development of SFP in CHO1 areas of Cavan/ Monaghan. Two one day workshops were developed and support given to the planning requirements for the fidelity to the SFP Model.

# M-PACT

## FAMILIES MATTER

### M-PACT (MOVING PARENTS AND CHILDREN TOGETHER)

In 2015 the Alcohol Forum established a working relationship with Action on Addiction UK with the purpose of bringing their developed model M-PACT (Moving Parents and Children Together) to Ireland.

The M-PACT programme, piloted in the UK in 2007, is an evaluated intervention tailored to meet the multiple and complex needs of children and families affected by parental substance misuse.

Families Matter commenced the development and implementation of M-PACT in 2016 following the completion of M-PACT training with 13 professionals, in October 2015.

Referral agents for the Donegal programme included; HSE Addiction Services, Tusla Social Work Department and White Oaks Treatment Rehabilitation Centre. Families with children and young people aged 8 to 17 who are experiencing the effects of parental substance misuse within the family were referred on the programme and an assessment of suitability was carried out.

8

Families  
were referred

.....

5

Accepted  
a place

.....

4

Completed the  
programme

- One in eleven children live in homes where their parents or other adults have problems with alcohol and/or drugs. These children are seven times more likely to experience problems in later life with addiction or other mental health issues.
- Our M-PACT programme (Moving Parents and Children Together) enables children to talk about their feelings and experiences with their parents in a safe and protected environment.

**M-PACT consisted of an assessment, eight core sessions, a family review and a reunion three months after the programme. M-PACT Donegal ran from 18th May until 6th July 2016 and a reunion which was held in October.**



# COMMUNITY ACTION ON ALCOHOL PROGRAMME



# COMMUNITY ACTION ON ALCOHOL

**Community Action is a process for reaching out and creating partnerships in the community in order to empower local communities, organisations and groups to take action to enable positive change in reducing alcohol harm. In the context of alcohol, the goal is to engage a variety of interested community stakeholders to create and implement a shared vision through agreeing on and devising a community alcohol action plan that targets the community as a whole.**

Since 2015 with the initiation of the National Community Action on Alcohol Programme, the Alcohol Forum has been a facilitator to communities, organisations and groups interested in introducing this approach locally. The Community Action on Alcohol Project (CAAP®) has been designed, developed and delivered by the Alcohol Forum. It is funded by the Health and Wellbeing Division of the HSE and has a governance group in the Drugs Policy Unit of the Department of Health. It is an initiative that sets out to support communities to identify local alcohol related harm issues and priorities and then through the development of an integrated action plan to address these issues under each of the national priority headings: Supply, Prevention, Treatment and Rehabilitation, and Research from a local perspective.

To be successful, community action on alcohol must be grounded in communities and requires leadership at the local level. International research shows that at the community level, some groups may be ambivalent or opposed to strategies relating to alcohol harm. A process oriented approach which raises awareness, builds supportive alliances and fosters community leadership on the issue is required and in 2016 substantial groundwork focused on these areas was undertaken to build capacity and community activism. International evidence also suggests that to achieve real and sustainable change in communities it is vital that supports, plans and resources are required for a period of at least five years.

The work in 2016 aimed to continue to build awareness and understanding of the model and the approach, to consolidate the work in existing CAAP areas and to expand to a further five Local and Regional and Local Drug and Alcohol Task Force areas. Some of the key areas of work in 2016 are outlined in the following pages.

# CAAP

## COMMUNITY ACTION ON ALCOHOL

### CAAP CELEBRATION OF ACHIEVEMENT CONFERENCE

A CAAP celebration and completion event for all five Taskforces that participated in the Pilot Project was organised in partnership with Drugs policy unit and the Health and Well Being Division of the HSE.

Independent evaluation report of the Pilot Community Action on Alcohol Plan was launched at the event which was attended by 75 people. The Conference also launched the CAAP Evaluation Report which was compiled by Claire Galligan and can be accessed at:

<http://www.alcoholforum.org/caap-report/>



### AWARENESS WEEK ON ALCOHOL RELATED HARM

The CAAP project lead on the co-ordination of European Awareness Week on Alcohol Related Harm in Ireland from November 21st to 25th 2016.

This work involved:

- Ongoing liaison with EuroCare staff based in Brussels in relation to the theme, publicity and materials for AWARH.
- Design and dissemination of an Information and Event Registration Pack on AWARH for Task Forces and other relevant stakeholders.
- Development of a programme of events for the week, including education sessions, activities for young people, women and alcohol events, conferences, seminars and a launch by the Alcohol Forum of a report on Dual Diagnosis.
- Promotion of events through circulation of the programme and through social media.
- Daily updates on AF Facebook page on events and activities and use of new images from the AF 'What's Alcohol Replacing in Your Community Booklet' on a daily basis during the week.



# CAAP

## COMMUNITY ACTION ON ALCOHOL

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### EXPANSION OF THE COMMUNITY ACTION ON ALCOHOL PROGRAMME

The Community Action on Alcohol Project was successfully expanded in 2016 to include five new Task Force Areas. Training, facilitation and planning were delivered in all five areas throughout the year to support these organisations to develop a local community action plan on Alcohol.

Following an Expression of Interest Process, the 5 Taskforces selected for the Community Action on Alcohol Programme 2016 were:

- Dublin 12 LDATF
- Clondalkin LDATF
- North Dublin RDATF
- South Western RDATF
- North Eastern RDATF





# CAAP

## COMMUNITY ACTION ON ALCOHOL

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### CENTRAL TRAINING PROGRAMME

#### The Pilot Project in 2015 developed a three-day Central Training Programme as a key element in the overall package of supports delivered to participating Task Forces.

This programme was reviewed and updated in 2016 and further expanded to include new participants from areas which had participated in the programme as a pilot. The benefits of this approach were two-fold. It supported existing CAAP sites to further develop the skills of new members while it also allowed for the sharing of learning and experience between groups who were new to the Programme in 2016 and those who had participated in 2015 and had community action on alcohol plans in place.

2016, the full three-day training programme on Community Action on Alcohol was delivered in Dublin with thirty participants, representing the following eight task force areas; Dublin 12, North Dublin Regional, Clondalkin Local, North East Regional, Tallaght, Dun Laoghaire Rathdown, Ballymun and the South West Regional.

In addition, a bespoke three-day training programme was designed and delivered in each of the three pilot sites in the Southern Region; Youghal, Listowel and the north side of Cork City.

#### Developing County Alcohol Profiles

The CAAP project identified the need to develop profiles of alcohol harm at the County level and to this end developed a partnership with the HSE Public Health Department locally. A county alcohol profile steering group was formed inclusive of the Alcohol Forum, HSE Public Health Dept., Hospital Emergency Department, An Garda Síochána and Addiction Services.

This project and the development of profiles in 2017 will provide an important tool and set of data to support the further development of community action on Alcohol in Ireland.

## CAAP COMMUNITY ACTION ON ALCOHOL

### PARTNERSHIP WITH THE PUBLIC INTEREST LAW ALLIANCE

In 2016, a strategic approach to developing a partnership was successful with the Public Health Law Alliance through networking, preparation of briefing documents on legal issues relating to reducing alcohol harm in Ireland, and meetings with both PILA staff and a pro-bono law partner

Two distinct research projects were initiated. The first with Arthur Cox Solicitors involved a research project on the legal issues and enforcement challenges relating to the distance selling of alcohol. The second, which engaged Barrister Sarah Tracey through PILA's pro-bono referral service, focused on the developing a plain language guide to the licensing process in Ireland for CAAP groups.

### ALCOHOL JUSTICE PROJECT

In 2016, CAAP identified the need for the work to be underpinned by an understanding of the motives and approach of the Global Alcohol Industry and developed a small project with Inishowen Development Partnership's Changemakers Project to develop some training and resources focusing on the issue of alcohol justice.

The work in this area will lead to the development of a training module focusing on the environmental, human rights and social justice impacts of the global alcohol industry. A short information leaflet will also be produced in 2017 and a small grant has been secured for the publication costs.



# ALCOHOL RELATED BRAIN INJURY



# ALCOHOL RELATED BRAIN INJURY

## CENTRAL TRAINING PROGRAMME

We remain the only service provider for specialist case coordination for people with Alcohol Related Brain Injury in the Republic of Ireland. In 2016, we responded to 10 Alcohol-Related Brain Injury referrals from Letterkenny University Hospital as well as providing input and support to 22 ARBI clients in the community. All of these clients have had:

- A completed assessment of their needs
- Access to cognitive screening
- Report to their General Practitioner summarising their requirements
- Allocated a case coordinator where needed to ensure that they are offered an appropriate package of care and that services can be guided and facilitated to best meet their needs.
- If necessary, being offered a period of high support within a residential facility to allow respite and recovery.
- If necessary, have had access to physiotherapy and an occupational therapy assessment with the support of community services
- Regular reviews and meetings with key professionals to allow for further care planning
- Their needs discussed with a clinical neuropsychologist and, where necessary access to a neuropsychological assessment (with the support of the HSE community neurological rehabilitation team)
- Where needed, had access to residential treatment programmes for alcohol or counselling for addiction
- Received, where needed supports for claiming benefits such as disability allowances, medical cards etc.
- Have received home-based visits for up to 18 months post discharge from hospital to ensure ongoing support requirements are being met
- When needed, follow up support within 24 hours of being discharged home
- Access to home support services at key part so the day when needed
- Dietary advice and access to a dietician when required
- Access, where necessary to personal assistance hours
- Access, where necessary to day centres
- Regular contact with family members to ensure that they are supported and understand their needs
- Supported to move back to their own homes when appropriate.

# CASE STUDY

## ALCOHOL RELATED BRAIN INJURY

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### CASE STUDY

Chris is a 46 years old gentleman originating from Germany. Chris travelled extensively all over the world as a specialist engineer for off-shore companies. From his early thirties, Chris became accustomed to the culture of this working lifestyle, spending many weeks at- a time off shore followed by a period of rest at home. Alcohol use was not authorised off shore and a culture existed where groups of off-shore workers joined together to go drinking when they arrived home. Having moved around so much during his life, Chris became distant from his family and relied on the company of his workmates during his 'down time' and his drinking sessions became increasingly extended when he returned from work.

By the time he was in his early forties, he had no alcohol-free time when he was away from work. He was finding it more and more difficult to return to work each time and would not have kept returning if a friend had not driven him to the airfield. In early January, his friend turned up to find Chris 'acting strange' 'talking gibberish' and unable to walk. An ambulance was called and Chris was admitted for an extended period of treatment for Wernicke's Encephalopathy. He was highly confused and this did not resolve during an extended period of medical care. While he medical needs had been met, Chris continued to have high dependency requirements and needed 24 hour support. A presumptive diagnosis of Alcohol-Related Brain Injury was agreed on the basis of multi-disciplinary and medical assessments as well as screening with the ARBI Case Coordinator.

A discharge planning meeting recommended that Chris continue to receive support, supervision and assessment as part of the ARBI-discharge pathway to a fully supported residential setting. During this period he availed of continual multidisciplinary assessment and input. Over the course of 3 months, Chris began to gradually recover, regaining his ability to walk and becoming oriented to his surroundings. Contact was established with his family in Germany and they began to talk frequently by phone. After 12 weeks of input, Chris was well enough to return living at home with the support of his friend. He plans to move back to Germany with the support of his family and remains abstinent 12 months following his admission.

# CASE STUDY

## ALCOHOL RELATED BRAIN INJURY

Areas of concern	At Assessment in LGH	At Discharge
<b>Alcohol Use</b>	Daily consumption of 1 bottle of spirits daily	Abstinent 12 months – commitment to maintaining life-long abstinence
<b>Mobility</b>	<ul style="list-style-type: none"> <li>• Requiring wheelchair, hand held assistance of two to complete transfers.</li> <li>• High Risk of Falls in all settings</li> </ul>	Mobilises and completes all transfers independently. No issues with gait. Risk of falls significantly reduced.
<b>Functional Abilities</b>	Needing direct hand-held assistance of 2 to attend to all ADL's and self-care tasks.	Attending to all aspects of self-care and IADL's independently with occasional prompting.
<b>Cognition</b>	<ul style="list-style-type: none"> <li>• Disorientated in time and place.</li> <li>• Spontaneous Confabulation</li> <li>• Poor insight into support requirements.</li> <li>• Cognitive status will pose safety concerns for the client and others around him</li> </ul>	No requirement for cognitive support for home based activities. Continues to rely on reminders for new appointments

# TRAINING

## ALCOHOL RELATED BRAIN INJURY

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### 2016 TRAINING

2016 as seen a continuing focus on education and training with multi-professional teams to enhance knowledge and skills in the area of Alcohol-Related Brain Injury.

4 training sessions were delivered to Leonard Cheshire Disability services across their supported independent living sites in Derry and Belfast. The training sessions were specifically developed to enhance the skills of their support staff to provide specialist onsite support to those affected by Alcohol-Related Brain injury and to challenge the stigma that surrounds the condition.



**The best training we have had delivered by an external provider.**

- Bryan Leonard, Supporting People Business Manager NI.

Training was also provided to the therapeutic and managerial staff and White Oaks Residential Treatment Centre for Alcohol. The training programme was specifically tailored to meet the requirements of counsellors to facilitate them to adapt their practices to meet the needs of those with ARBI. There was a particular emphasis on the adaption of group therapies, identifying ARBI and arranging the the physical environment to minimise the impact of cognitive impairment.

A specialist training seminar in Alcohol-Related Brain Injury was organised by Anthea Carry, Development Worker at the Tallaght Drug & Alcohol Task Force as part of their schedule of alcohol-harm workshops for local and community services. Attended by 28 multi-sectorial participants, the training focused on Alcohol-Related Brain Injury in the Irish context addressing relevant individual, service and policy needs for this condition.



**The best training on alcohol I have done in a long while – thank you.**

- Participant.



# TRAINING

## ALCOHOL RELATED BRAIN INJURY

ARBI Introductory Training for Professionals was delivered to 13 HSE addiction, mental health and disability staff at the Nursing Education and Training Centre, Rosses Point, Co Sligo on the 2nd of December. The purpose of training was to provide participants with an introduction and overview of Alcohol-Related Brain Injury and detail the fundamental practice changes which would allow clinical staff and services to begin adapting their practices to meet the needs of those with an ARBI. The training addressed the harm caused to the brain by alcohol, common presentations of ARBI and the barriers faced by those affected in accessing appropriate supports.



**Detailed and interesting content - so relevant to my clinical practice - very well presented - will be recommending to my colleagues.**

- Counsellor.

### TRAINING DEVELOPMENT

In light of the new and emerging evidence about the impact of alcohol on the adolescent brain development, a specialist module highlighting this issue was developed for teachers working with students in this vulnerable age group. The training highlights the impact of early-onset alcohol use on brain development and the behavioural markers associated with these.

# TRAINING

## ALCOHOL RELATED BRAIN INJURY

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### STUDENT PLACEMENT

The ARBI programme continues to offer a 12 week student placement for 3rd level students interested in developing competencies and experience in this unique area.

This year we hosted a placement for 3rd year social work student from Sligo IT. Siobhan spent 12 weeks developing skills in ARBI screening, client assessment, home reviews as well as contributing to the delivery of ARBI training for professionals



**I enjoyed my time at the Alcohol Forum. I feel that I have developed so many skills and had so many opportunities to learn about this condition. I always wanted to work in the field of addiction and this placement has given me a good introduction to this"**

- Siobhan.

*Siobhan continues her learning in this area and has made a decision to complete her 4th year dissertation on ARBI.*

# TRAINING

## ALCOHOL RELATED BRAIN INJURY

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### RESEARCH

Following the delivery of bespoke training to Leonard Cheshire, they commissioned a report which seeks to quantify the utility of advocacy for those with ARBI in Northern Ireland.

**A needs analysis was conducted among frontline professionals providing services or supports for people with ARB and sought the views of service users affected by this condition.**

Examining the issues of Advocacy and ARBI unilaterally uncovered salient issues associated with (1) the right to be protected from risks, versus, (2) the right to decide about the risks to be taken. These themes were potentially contradictory and will continue to be fraught with difficult decisions. It was concluded that when knowledge and expertise in the area of ARBI was fused with advocacy proficiency, assisted decision making, willingness to listen to the stories told by those with ARBI and a rights based approach, a powerful change could be achieved at a case, systemic, policy and public level.





# HIDDEN HARM

# HIDDEN HARM

## Progress of work by the Youth Drug and Alcohol Worker on a Hidden Harm Practice Guide on behalf of the HSE West Donegal Drug and Alcohol Service and the National Social Inclusion Office, HSE.

Following the writing of the Hidden Harm Strategic Statement “Seeing through Hidden Harm to Brighter Futures” (awaiting publication and launch in 2017 ) The National Hidden Harm Steering Group are in the process of developing a guide to assist practice within HSE Drug and Alcohol Services and Tulsa, Child and Family Agency. The Practice Guide will contain research and evidence base to guide practitioners as well as narrative to assist practice change.

The Practice Learning Sites have membership which reflects the partnership between the HSE and TuSLA. The three sites are ably facilitated by three TuSLA staff members.

The Practice Learning Sites have already discussed and agreed the structure of the Practice Guide: This work also includes referencing the voices of children, parent and practitioners drawn from a range of programmes and events including the National Hidden Harm Stakeholder Consultation in 2014 and the 2015 running of the AF M-Pact Programme.

## INTERACTION WITH PRACTICE LEARNING SITES

### Two national workshops were held with each of the three named national Hidden Harm sites i.e. The North West, Dublin and the Midlands.

## WORKSHOPS

The **first workshop** set the scene for the work and brought together all Practice Learning Sites for the first time. It established the ways of working i.e. meeting, discussion based upon narrative and questions sent from the consultant and filling in of the reporting template. The group was also reminded of the national priority of the work on Hidden Harm and the content of the Strategic Statement which determines the content of the Practice Guide.

# INTERACTION WITH PRACTICE LEARNING SITES

## HIDDEN HARM

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The **second workshop** was a working event, which considered ways in which current assessment frameworks could be made more Hidden Harm compliant. The use of a family scenario and evidence -based assessment frameworks based on the My World triangle proved an effective methodology.

A further three local workshops were held in the three sites. These workshops allowed for responses to a national template devised as a result of the national workshops for the development of a National Practice Guide on Hidden harm.

### **Meetings of the National Steering Group**

The meetings of the National Hidden Harm Steering Group have taken place on a monthly basis throughout 2016 and have been useful in determining the direction of work. The first draft of the Practice Guide is now in existence although further work by the National Steering Group will be required to ensure compliance with the Strategic Statement.

## FUTURE WORK

### **A Learning and Development programme should begin following the launch of the practice guide.**

**It is intended that the practice guide will:**

- Will support professional practice and provide guidance on the operational activity of the Hidden Harm Strategic Statement, and its structure is laid out by the National Steering Group.
- Primarily be a guide to earlier intervention with regard to the support and intervention for children and families affected by problem alcohol and other drug use.
- be provided, in the first instance, to HSE and Tusla staff, and all funded projects, by way of Service Level Agreements. It will be made operational by a comprehensive learning and development programme of training.
- be a children's services document.
- will relate where appropriate to Children First legislation and will always be superseded in practice by Children First procedures, in terms of child protection and risk of harm.
- will relate where appropriate to both Tusla and HSE policy frameworks and will not supersede existing assessment frameworks. It will enhance their compliance to Hidden Harm principles and practice.



# ALCOHOL & PREGNANCY

## HIDDEN HARM

**Following on from last year's work in supporting alcohol-free pregnancies, The Prescription for a Healthy Pregnancy Initiative a multi-disciplinary and multi-agency response was showcased at the National FASD Seminar 12th October 2016.**

The day was Chaired by Dr Peter Boylan, Consultant Obstetrician/Gynaecologist, NMH; Chair of the Institute of Obstetricians and Gynaecologists. Other speakers included Suzanne Costello, A/National Lead HSE Alcohol Programme, Health and Wellbeing Division, Health Service Executive Dr Mary O'Mahony, SPHM & A/DPH, HSE-S, Public health lead on FASD prevention; Prof Patricia Kearney, UCC and SCOPE research; Marion Rackard, Project Manager, HSE Alcohol Programme; Dr Joanne Fenton, Perinatal Psychiatrist, Coombe Women & Infants University Hospital, Dublin ; Dr Farhana Sharif, Dr Irwin Gill, Mullingar Hospital ; and Dr Hugh Gallagher, ICGP

2016 saw that this valuable work required a need for a project lead with regard to alcohol and pregnancy situated within the maternity setting to allow for continued and sustainable development.. It is hoped that a project lead will be identified via the LUH Maternity Service in the near future in order to progress phase two.

In order to progress regional work on addressing maternal alcohol consumptions a paper was prepared and links have been established with some local pharmacies.

In partnership with the National Health and Wellbeing Division in the HSE we adapted our "Alcohol & Pregnancy" leaflet for national distribution.

A paper was prepared to brief the Minister with Responsibility for Drugs, Catherine Byrne, TD on our work regionally on alcohol and pregnancy.

### **THE DEVELOPMENT OF MASTERS IN THERAPEUTIC INTERVENTIONS FOR ALCOHOL AND OTHER DRUGS IN CONJUNCTION WITH LYIT.**

The youth drug and alcohol worker also has been part of the design team for the development of Masters in Therapeutic Interventions for Alcohol and other Drugs in conjunction with LYIT Conscious of the developing Hidden Harm agenda and the need to support practitioners to respond effectively to the needs of children and families impacted by parental problem alcohol and other drug use, a module has been written for inclusion on the master's programme regarding the same. This module and master programme builds upon the recent work by the AF in beginning to address FASD and FAS and the wider hidden harm agenda. It will also focus on contemporising responses to drug and alcohol issues in the context of the best available evidence base.

# THE CHRISTMAS MESSAGE ON HIDDEN HARM

## HIDDEN HARM

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### THE CHRISTMAS MESSAGE ON HIDDEN HARM:

**Parental alcohol and other drug use can and does cause serious harm to children at every age from conception to adulthood.**

**Children of parents who are using alcohol and other drugs problematically are at elevated risk of;**

- Foetal Alcohol Spectrum Disorders,
- Neonatal abstinence syndrome,
- Emotional and physical neglect

**Leading to possible serious emotional and social problems later in life; including**

- the development of problem alcohol and other drug use themselves. They may also experience elevated levels of anxiety,
- low self-esteem, and
- fall prey to social isolation,
- leading potentially to all manner of vulnerabilities and loneliness.

**All of the foregoing factors may create potential inter-generational problems connected to alcohol and other drug use.**

Making the child visible, within the context of a family where alcohol and or other drug use is a problem, can be a challenge considering issues of secrecy, denial, legality and illegality that characterises much adult problematic alcohol or other drug use.

**This Christmas 2016 we in the Alcohol aimed to find a way to give a voice to the often “invisible” child who knows something is wrong, is trying to find a voice, tell a story or get help.**

T’was the night before Christmas was our first every regional campaign intended to give a voice to the child living in these times of over consumption of alcohol. Speaking on the Sean Doherty show Highland Radio, Ciara Wray discussed the importance at this traditional time of celebration with more frequent use of alcohol in the home and outside of the home, of asking parents to think before

# THE CHRISTMAS MESSAGE ON HIDDEN HARM

## HIDDEN HARM

they drink and to ensure that our drinking doesn't cause harm to others, especially children, who can be very vulnerable to harm that can be caused by the excesses of drink.

The poetic adaption of "t'was the night before Christmas" was read by a nine year old boy actor. The content of the poem represents that views of many children who have had similar experiences and some of whom are now supported by the AF M-PACT programme. The poem explored the effect of problem parental drinking on the child, through the eyes of a child who has witnessed the fallout of excessive drinking.

**The message focused on how, with a little forward planning over the Christmas season, our children can be better protected from the negative consequences of alcohol excess.**

It explored how;

- drinking too much and too often can place a strain on family life and relationships –
- it can lead to arguments
- interrupt family routines including meal times and bed times
- lead to hangovers that can impact on our ability to care for and play with our children
- also if drinking in front of our children they may become scared or frightened by the change in our behaviour
- or they may witness arguments or behaviour they just don't understand
- this can lead children to feel stressed, fearful or insecure as described through the poem

**The AF produced a festive guide to encourage a bit of forward planning and thinking supporting families and children to have a safe and merry Christmas.**

### CLIENT WORK:

**The Youth Drug and Alcohol Worker continues to review clients in the HSE Drug and Alcohol Service 25-18 year olds with an element of the work focusing on psychoeducation on the impact of parental problem alcohol and other drug use and the impact on the transgenerational nature of dependence.**





# WORKPLACE HEALTH AND WELLBEING

# WORKPLACE HEALTH AND WELLBEING

## RESPONDING TO ALCOHOL AND OTHER DRUGS IN THE WORKPLACE TRAINING

The Alcohol Forum launched its Alcohol and other Drugs Workplace Programme in the HSE in April 2016. Supported by the HSE's Diversity, Equality and Inclusion Division 59 senior Managers, Employee Relations, and Human Resource Staff were trained to recognise that employers have a real opportunity to influence change, and to proactively deal with any presenting substance related issues in a supportive and constructive way.

**50% +** of Irish Drinkers admit consuming alcohol in a harmful manner.

As our workplaces are a reflection of wider society, we know many employees will experience problems because of their or someone else's alcohol and other drug misuse. With over 2 million people employed in Ireland, the impact on health, safety, and welfare can be significant.

**13% + 10%** **Related to alcohol.**  
Work Absenteeism Workplace Accidents  
We see the impact in staff productivity, health and safety performance, staff morale and organisational reputation.

In Ireland **Alcohol related absenteeism** alone costs..... **€41mil**

Alcohol and other drug issues in the workplace can be costly, unsettling and in some instances complex to deal with.

# FINANCIAL SUMMARY REPORT 2016

## NORTH WEST ALCOHOL FORUM

Activities for Funding:	Alcohol Forum	Jigsaw	Total
	€498,497.00	€295,043.00	€793,540.00

Project & Operating Costs:	Alcohol Forum	Jigsaw	Total
Charitable Activities	€507,263.00	€246,007.00	€753,270.00
Fundraising Costs	€28,487.00	€0.00	€28,487.00
Governance Costs	€13,634.82	€554.00	€14,188.82
Other Operating Overheads	€39,777.18	€49,835.00	€89,612.18
	€589,162.00	€296,396.00	€885,558.00
	-€90,665.00	-€1,353.00	-€1,353.00

Analysis of Funding:	Alcohol Forum	Jigsaw	Total
Grants	€469,731.00	€260,083.00	€729,814.00
Corporate Sponsorship	€0.00	€0.00	€0.00
Donations	€151.00	€31,136.00	€31,287.00
Other Income	€28,615.00	€3,824.00	€32,439.00
	€498,497.00	€295,043.00	€793,540.00

Overall Funds Available:	Alcohol Forum	Jigsaw	Total
Unrestricted Funds:	€83,582.87	€69,572.38	€153,155.25
Restricted Funds:	€76,645.44	€42,703.20	€119,348.64
	€160,228.31	€112,275.58	€272,503.89

Our full audited accounts for 2016 are available on [www.alcoholforum.org](http://www.alcoholforum.org)

# ORGANISATIONAL STRUCTURE

## ALCOHOL FORUM

### Board of Directors

Pat Harvey, Chairman  
 Shauna McClenaghan, Secretary  
 Paul Stewart, Treasurer  
 Janet Gaynor  
 Mary Hough  
 Lorraine Thompson  
 Billy Bennett  
 Anne Burke

### CEO

Kieran Doherty

### Office

Unit B9, Enterprise Fund Business Centre,  
 Ballyraine, Letterkenny, Co.Donegal.

### Committees

Audit and Risk Committee  
 Ethics Committee

### Auditors

John Burke & Company  
 Curraghmore,  
 Ballybofey,  
 Co. Donegal.

### Solicitors

Mc Mullin and Son.  
 Donegal St.  
 Ballybofey,  
 Co. Donegal.

### OUR MISSION

To prevent and reduce harm caused by alcohol.

### OUR VISION

A safe and informed society in which everyone acts to protect all generations from alcohol harm.

### OUR APPROACH

We are independent and evidence informed, working with individuals, families and communities.

### OUR OBJECTIVES

- Reduce alcohol consumption levels and harms through evidence informed work, research & practice.
- Promote the value of Community Action on Alcohol as a means of better outcomes for the safety and well-being of our children, families and society.

*The Alcohol Forum acts as fiscal agent for Jigsaw Donegal and employs 5 staff who work in Jigsaw on behalf of the HSE and Headstrong.*









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