

North Dublin Regional Drug & Alcohol Task Force

**2016 Annual Report to the Department of Health:
Drugs Programmes Unit**

May 2017



North Dublin Regional Drug & Alcohol Task Force

Summary

2016 began with renewed energy for the North Dublin Regional Drug & Alcohol Task Force with a series of changes to further enhance our Frontline Service provision. A reallocation of funding agreed in 2015 meant that the Task Force could recruit two new Case Workers for the North Dublin Community Care Service in 2016. These workers started in April 2016 effectively doubling the team from two full time Case workers to four. While in no way this could be interpreted as meeting the need, and indeed we still maintained waiting lists, it certainly meant that more people from the area could be seen more quickly, and there was more scope for groups and other interventions to be delivered.

Furthermore, the Task Force negotiated a transfer of undertaking with the approval of the DPU and the ETB (channel of funding) which saw the Development Worker transfer into the CUIS Drug & Alcohol Intervention Team in Balbriggan (project promoted by Foroige). Although a loss to the administration team of the Task Force it not only meant a career development opportunity for the worker, but increased our frontline youth drug and alcohol service provision in Nth Fingal by a third & bringing the RDATEF funded CUIS service team numbers up to three. This had a knock on effect of both increasing the quantum of service for young people at risk on site in Balbriggan, & enabling outreach to be provided in areas like Skerries, Rush and Lusk.

Added to this, the Task Force recruited a full-time Family Support Specialist at the end of 2016. This role has had a huge impact. Prior to establishing this post, the Case Workers were accepting referrals from Family Members, and, with 19% of all CCS referrals being family members, it was creating a blockage meaning longer waiting lists. Furthermore, most family members were referred to family counselling in the absence of a dedicated assessment, key-working and care-planning service. The new worker now provides a range of interventions including one to one assessment, key working, care planning, group work, 5 step groups and training in Drug Debt Intimidation, Young Persons Support Programme and 5 step. The Worker also oversees the Triple P implementation and teen counselling. With responsibility for overseeing the Family Support Strategy for the area this role is a critical aspect of the Task Force plan.

In a very welcome development the Task Force benefited from a Dormant Account funding grant under Measure 4 (specifically for substance use). Unlike previous rounds of funding, it was only open to DATFs. The Task Force submitted an application to undertake a range of initiatives under this funding stream including (1) strategic review; (2) development of bespoke alcohol screening and brief advice web-based application; (3) a series of community meetings & workshops; & (4) alcohol roadshow including promotional materials re. alcohol awareness. Furthermore this Task Force administrated the funding for a national alcohol conference, which was organised in conjunction with the other Regional DATFs and was very successfully evaluated.

In 2016 the Task Force focused on creating meaningful community networks across North Fingal, and a key community development was the strengthening and expansion of the SÁMH initiative by the Task Force. The establishment of a SÁMH in all of the main towns in the Task Force catchment area will be a priority for the next few years.

2016 also saw the Task Force take a huge step in addressing the very real concerns raised consistently by community stakeholders about alcohol harm in the community. The Task Force was approved by the National Steering Group to be an implementation site for the National Community Action on Alcohol Programme. In 2016 it established the North Dublin Regional Community Alcohol

Forum (CAF) to oversee this work. All Task Force members were invited to join, and those who self-nominated were joined by other relevant partners following its establishment. The Regional CAF is chaired by Task Force community representative Peter Conway who has worked tirelessly in his own time to bring the project to the advanced stage it is now. A draft Regional Plan has been developed which will be finalised following feedback from the three pilot site community roundtable discussions (Skerries, Balbriggan and Swords). A huge advancement for the area is the development of the 'Drinksometer' alcohol screening and brief advice app. This will mean the Task Force can provide online alcohol screening and brief advice for the whole population, which is crucial in an area with such a grave lack of services and resources. Research indicates that for some people just having the opportunity to reflect on their own drinking in this way may be sufficient to reduce their consumption to safer levels. This will be a big initiative for 2017 as we will have the facility to capture large sample sizes of data on drinking patterns and behaviours of people in the North County Dublin Region, and even break it down by town. The Task Force will be monitoring the data to examine if the establishment of the CAFs in Balbriggan, Swords and Skerries has a correlating increase in uptake of the Drinksometer app.

There were too many other developments in the year to capture here, but, on a general note, 2016 brought with it many new partnerships and collaborations. We worked closely with the HSE, DTICB, St Michael's House Intellectual Disability Team, Fingal Co Council, Crosscare, Probation, CUIS, BAP (SICAP Implementers), ETB, Tusla and so many other partners this year.

Most importantly, none of the positive changes that were achieved in 2016 could have been achieved without our own Community representatives' drive, enthusiasm and sheer hard work. They give up so much of their personal time to support the work. Each and every one of them has lead, contributed and supported so many developments from Triple P, CAF, SÁMH, the roadshow, workshops and so much more. It is important to also mention the €5,000 that our community partners helped us raise for the Homeless on our sleep out for charity in Skerries, an event that we plan to repeat every year.

The Staff in the Task Force once again worked over and beyond expectations. With such an incredibly small staff team, it is a testament to their work ethic, drive and commitment that so much was achieved in 2016.

The Governance and Finance Committee of the Task Force ran a tight ship in 2016, and our Directors, Brigid Manton, Ros Palmer and Darragh O'Brien along with Louise Edmonds in the Fingal Co Council and Donal Cassidy in the HSE, ensured that we maintained the highest standards of corporate governance, accountability and performance management.

Finally our Chairperson, Darragh O'Brien TD, has to be acknowledged for his level of commitment, leadership and passion for this work. The Chair's role is a voluntary position that requires a huge time commitment, which Darragh provided all year despite his other exceptionally demanding professional commitments. The Task Force and, more importantly, the area has benefited hugely from his efforts.

Brid Walsh

Regional DATF Coordinator, North Dublin.
May 2017

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SECTION 1: AN OVERVIEW OF THE DRUGS PROBLEM IN THE NORTH DUBLIN RDATAF AREA 2016

Introduction

The North Dublin Regional Drug & Alcohol Task Force (NDRDATAF) was established in 2003. Its remit is for the parts of North Dublin that were not already within the five Local DATAFs in the area. The North Dublin RDATAF area encompasses the whole of Fingal and small parts of the North Inner City; *excluding the official catchment area of the five Local DATAF areas – Ballymun, Finglas/Cabra, Blanchardstown, North East and North Inner City which were established in 1997*. Because of an increase in development since the late 1990s, there are a number of residential areas included in the official regional area that border with the Local DATAFs. This means that the catchment area is a large physical area, not all of which is proximate or contiguous. The area grew rapidly in the last 10 years due to the expansion of development into Fingal, concentrated into the designated growth towns of Swords and Balbriggan. The population towards the northern end of the area is significantly younger than the parts nearer Dublin City due to the recent expansion of those places. There is also a higher number of New Ethnic Communities than the national average. The North Dublin RDATAF treatment data indicates a significant and growing drug and alcohol problem, which is known to be under reported due to the historic lack of community-based services in the area.

INDICATIVE MAP OF CATCHMENT AREA OF NORTH DUBLIN REGIONAL DATAF AREA. Population circa 240,000 (census 2011). Note, areas in blue are within the LDATF remit.



One of the primary dilemmas that the North Dublin Regional Drug & Alcohol Task Force (NDRDATAF) faces is the fact that its catchment area, Fingal, is the second most affluent local authority area within

the Dublin Region¹, propagating a perception that problematic drug and alcohol use is not as big a problem as elsewhere in the State. However, the same datasets indicate that the Dublin Region as a whole is the most affluent region in Ireland, and yet it has the highest levels of disadvantage and the highest levels of problematic drug and alcohol use.

Most of the literature on the subject of causal factors of drug and alcohol use indicate the universality of its incidence, but there is a definite pattern of the highest prevalence rates being in areas where disadvantage is highest. It is also the case that socio-demographic data has the capacity to conceal disadvantage, and, unless the data is explored in greater detail, implementation programmes can be less efficient than they would otherwise be. The Small Area Population Statistics data² generated by Trutz Haase for Pobal provides relative deprivation indexation for all small areas in NDRDATF's catchment. The Pobal HP Deprivation Index is provided for each of the 18,488 small areas in the State which are subsets of the 3,409 electoral divisions (EDs). The RDATF catchment area comprises a population of about 235,000 in 830 small areas. The average population per small area is 282 persons, and is therefore a high capacity tool or mechanism for targeting programmes to address problematic drug and alcohol use.

Data Analysis NDRDATF

The data below has been constructed to demonstrate a population profile for the NDRDATF catchment area.

The first table is an examination of the socio-economic profile of the Fingal population compared to the State. The purpose of this comparison is to demonstrate that Fingal and the State comprise similar proportions of their populations in the various categories. Notably there are proportionately more employers and managers in Fingal (20%) than in the State, and fewer farmers and agricultural workers.

Significantly, the categories where deprivation may be more evident, e.g. non-manual, skilled, semi-skilled and unskilled - comprise 39% in the State and 38% in Fingal and are almost identical in composition. For the purposes of the strategic plan, these categories comprise a significant number of people in the catchment who may be target groups.

Socio-Economic Group Census 2011 Ireland	State		Fingal	
Employers & Managers	705,132	15%	54,886	20%
Higher Professional	295,586	6%	20,505	7%
Lower Professional	556,587	12%	36,027	13%
Non-Manual	931,068	20%	61,082	22%
Manual Skilled	386,742	8%	19,422	7%
Semi-Skilled	359,725	8%	18,061	7%
Unskilled	151,949	3%	6,752	2%
Own Account Workers	196,774	4%	11,461	4%
Farmers	166,231	4%	1,491	1%
Agricultural Workers	23,504	1%	798	0%
All Others Gainfully Employed & Unknown	814,954	18%	43,506	16%
Total 2011	4,588,252	100%	273,991	100%

¹ The 2011 Pobal HP Deprivation Index Area Profile for Fingal County Feline Engling Trutz Haase February 2013

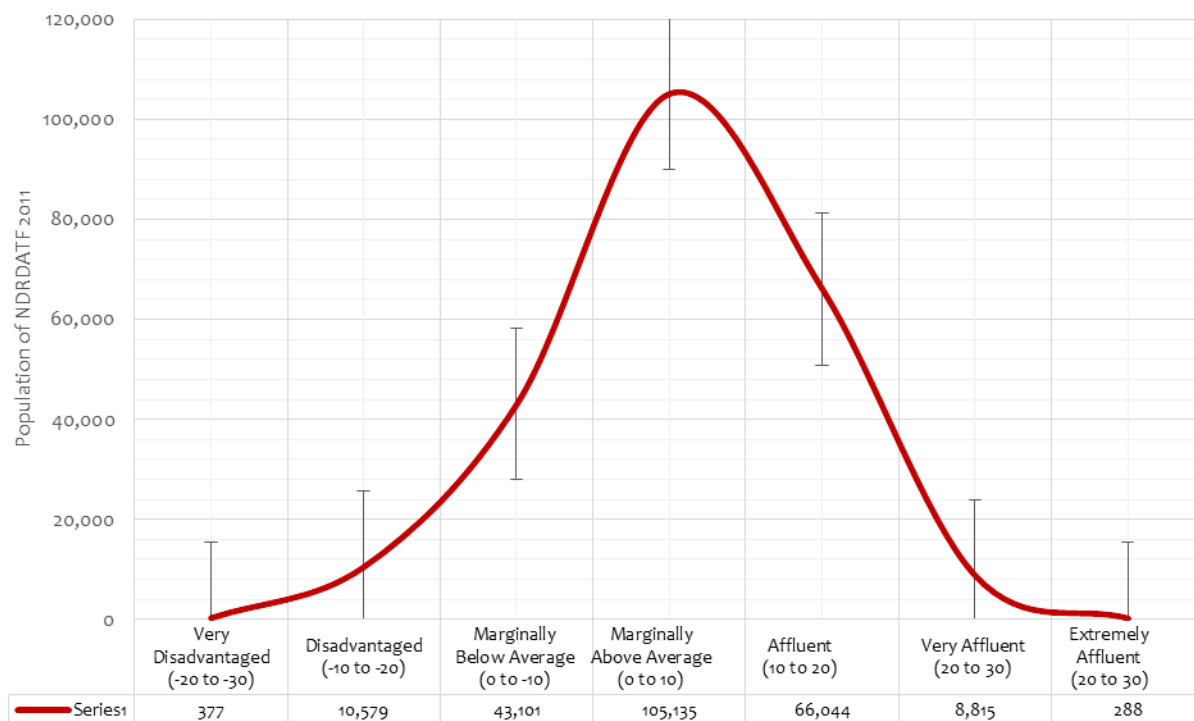
² The Pobal HP Deprivation Index (Haase and Pratschke, 2012)

The second indicator is provided by an analysis of the small areas in the NDRDATF catchment. The table below identifies 23% of the population in the NDRDATF catchment area in the top three categories of Very Disadvantaged, Disadvantaged or Marginally Below Average. A further 45% are Marginally Above Average and would fall into a targeted group also.

	Population	% Population
Very Disadvantaged (-20 to -30)	377	0.2%
Disadvantaged (-10 to -20)	10,579	4.5%
Marginally Below Average (0 to -10)	43,101	18.4%
Marginally Above Average (0 to 10)	105,135	44.9%
Affluent (10 to 20)	66,044	28.2%
Very Affluent (20 to 30)	8,815	3.8%
Extremely Affluent (20 to 30)	288	0.1%
Totals	234,339	100.0%

The chart below provides a summary of level of disadvantage in the NDRDATF catchment and clearly demonstrates the target population for the programmes in the NDRDATF Strategic Plan. For the purposes of this document the attached map is reflective of the HRB data. The HRB has assigned a significant amount of Howth to the North Dublin Regional DATF in its understanding of the operational

Problematic Drug & Alcohol Use and Relative Affluence/Deprivation NDRADTF 2011



area however it is sometimes understood to be part of the Dublin North East Local DATF. There were recommendations made in relation to DATFs boundaries in a recent national review, and furthermore a steering group had been established which is developing the new National Drug Strategy. At the time of printing this document the Department of Health, DPU had commissioned Social Consultant Trutz Haase to develop a performance monitoring framework and resource allocation model for the DATFs in Ireland. It is reasonable to expect that the boundaries of the DATFs will be reviewed as part of the resource allocation process. The RDATEF members agreed to make no representation or changes at this stage, and instead engage with the national discussions in relation to catchment areas of all DATFs, which will undoubtedly form part of the aforementioned processes. It is important to state however, that with such limited resources the North Dublin RDATEF has concentrated its efforts primarily in the North County area. The RDATEF acknowledges that these areas represent the highest priority because of the absence of services and the large and diverse populations. In reality, many service users living in areas that border Local DATFs are more likely to access one of the services that are closer geographically, and provided by the Local DATFs (for e.g. service users in Castleknock have a range of drug services provided by the Blanchardstown LDATF in close proximity, and so travelling to Swords to use an overstretched RDATEF services would not seem practical).

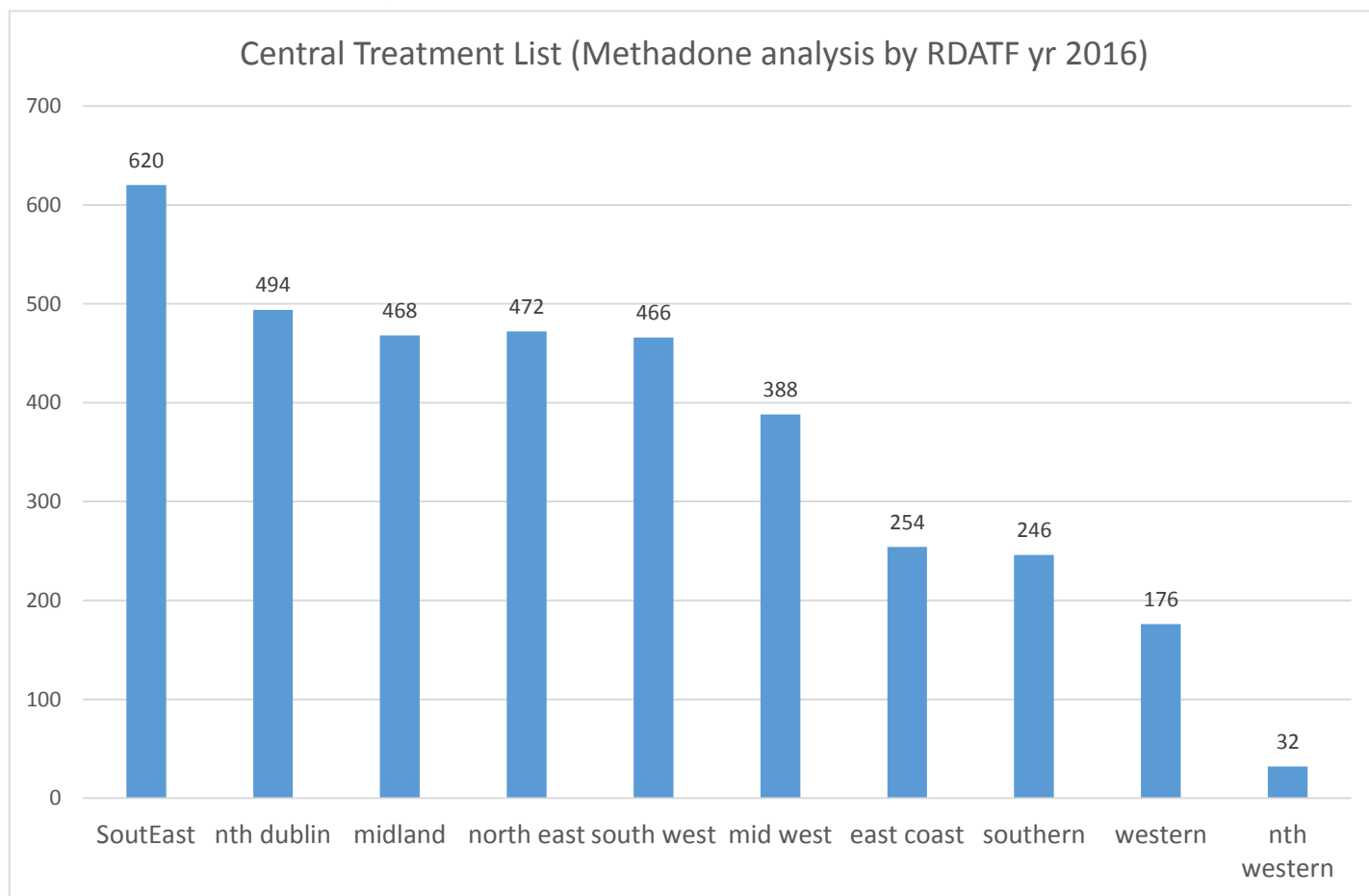
Data recording considerations

The data presented in this report is the most recent treatment episode data available at the time of writing & is from the nationally recognised data collection sources: (1) Central Treatment List accurate from December 2016 (5 months old), and (2) Health Research Board National treatment data, which is less current (2015 data). The data that is presented from the HRB in this report pertains to the official operational area of the North Dublin Regional DATF and does not include data for the neighbouring Local DATFs. It is important to note that the HRB information is only indicative of drug use and prevalence. As the HRB only captures new treatment episodes it is surprising that the numbers are high for North Dublin given its lack of treatment services. Further context has been added by providing data from the North Dublin Community Care Service (RDATEF frontline assessment, key working, care planning & case management service) in Swords. This does however mean that the data presented only related to treated cases, which means the prevalence is underreported.

1.1 PREVALENCE OF DRUG USE IN THE NORTH DUBLIN REGIONAL DRUG & ALCOHOL TASK FORCE AREA

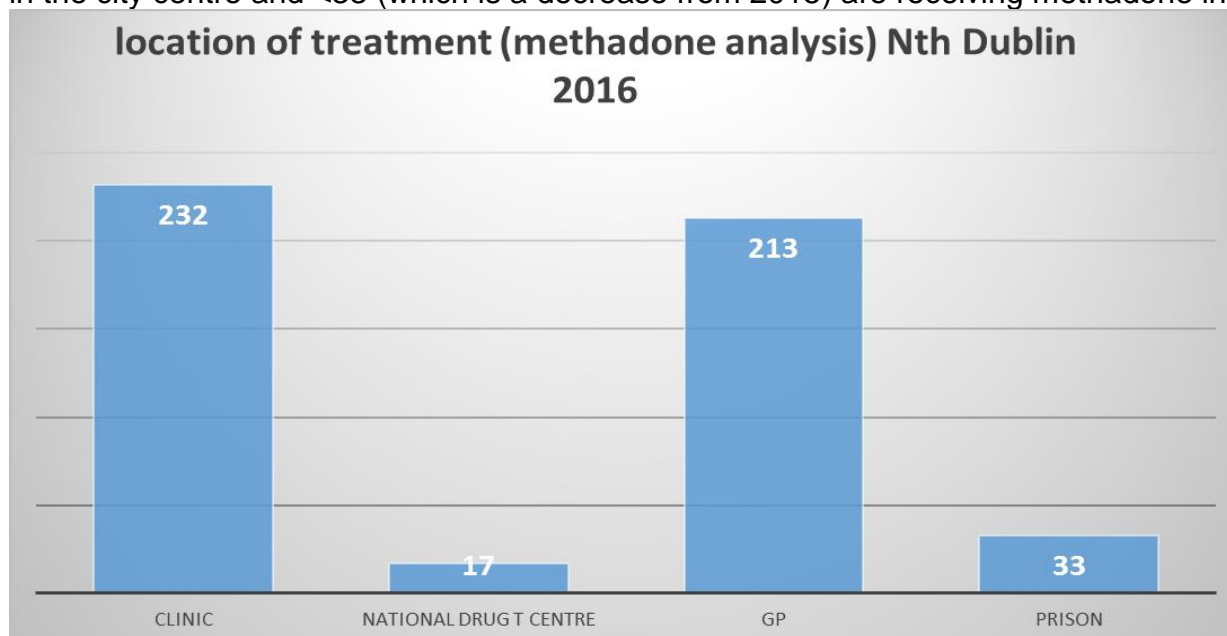
It is impossible to gauge the real prevalence of drug use in this area not least because of the lack of community-based frontline drug and alcohol services in the area. However, despite this, a significant number of residents from the catchment area have accessed treatment for various drugs including alcohol; as is evidenced by treatment episodes recorded by the National Drug Treatment Recording System in the Health Research Board. Furthermore, with a huge gap in terms of service infrastructure in the North Dublin Regional DATF area, it is surprising that there are so many patients accessing Opiate Substitution Treatment (OST, usually methadone) in the area. In fact, data distributed from the CTL in May 2017, which illustrates the number of people prescribed methadone from each of the RDATEF areas for the year 2016, places the North Dublin RDATEF OST patient numbers second only to the South East RDATEF (which encompasses all of Counties Kilkenny, Waterford, Carlow, Wexford & South Tipperary combined) in terms of methadone treatment. (See diagram below. Source of statistics: Central Treatment List, year 2016).

Methadone treatment by Regional DATF 2015 (source: HSE CTL, 2016).



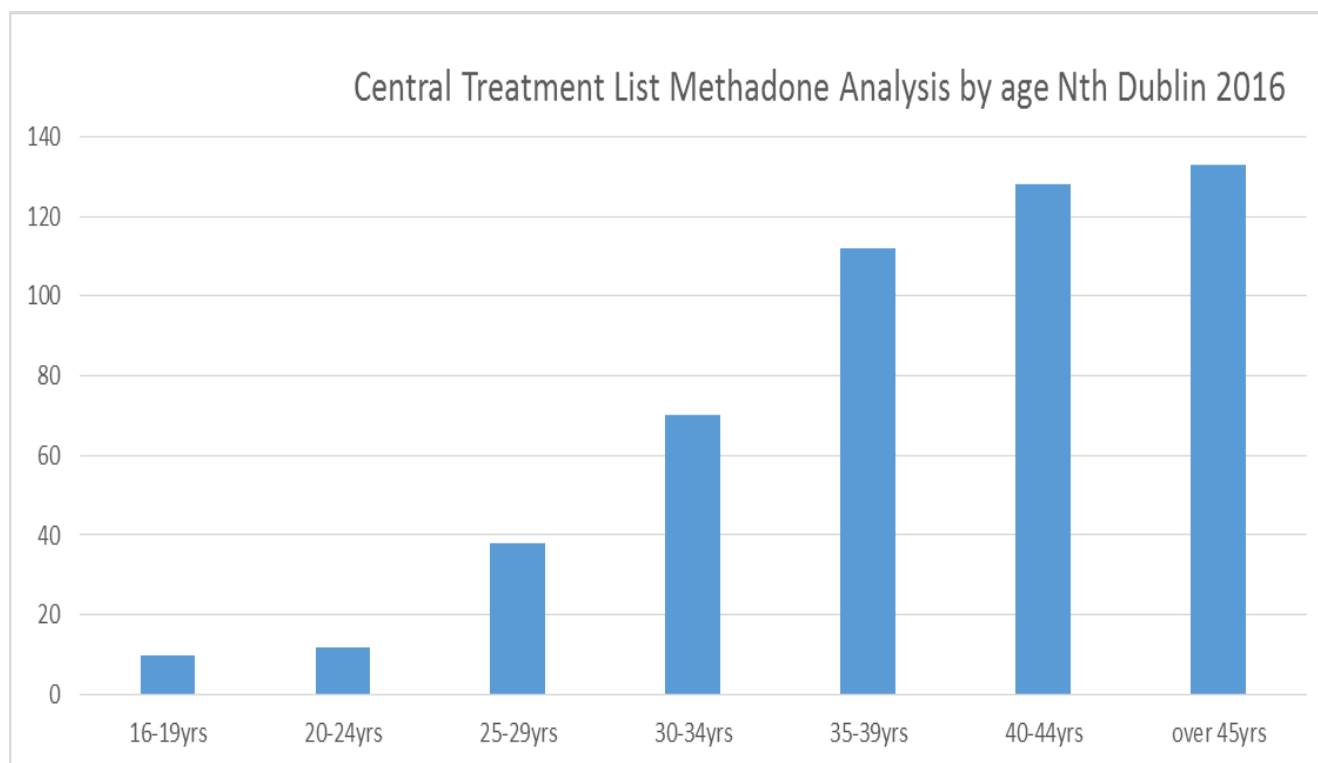
Opiate treatment location (source: Central Treatment list year 2016)

As can be seen from the diagram below, roughly half of the patients residing in the Nrt Dublin RDATEF catchment area are receiving opiate substitution via their GP with roughly half via HSE methadone clinics. A smaller number of <17 are patients of the National Drug Treatment Centre (formally DTCCB) in the city centre and <33 (which is a decrease from 2015) are receiving methadone in prison.



Opiate substitution treatment in the North Dublin Regional Drug & Alcohol Task Force area by age (CTL 2016).

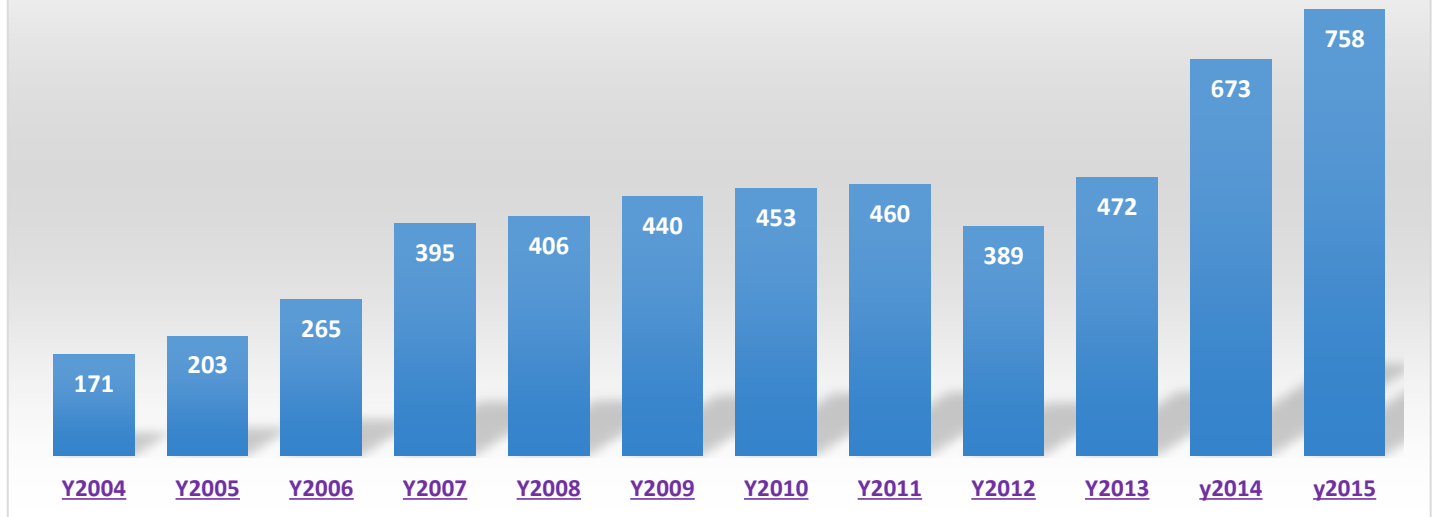
The age profile of patients on opiate substitution in the North Dublin Regional DATF area is in keeping with the national trend in that it appears that there is a cohort of adult opiate users who are remaining on methadone and growing older. In December 2016 however there were patients (between 2 and 10) reported aged 19 and under in the area on methadone. The exact figure is unknown for data protection reasons (*if the number is under 10 the system will not give the exact number*). Furthermore, there were 12 patients being prescribed methadone in the Nth Dublin RDATEF area in 2016 between the ages of 20 & 24. The majority of patients being prescribed methadone from this region are adults over 30. Notably, there are over 200 patients (261 patients) being prescribed methadone who are aged 40 and over, which has implications in terms of the other physical health needs of this population



Treatment episode history in North Dublin Regional DATF 2004 – 2015 (source HRB NDTRS).

As the previous chart illustrates, there has been a steady increase in new treatment episodes for drug and also alcohol use in the North Dublin Regional DATF area in the last decade. It is notable that there was a spike in new treatment episodes in 2014. This may be due to the establishment of the North Dublin Community Care Service in June 2014. It seems sensible to conclude that the significant increase from 673 new treatment episodes up to 758 in 2015 can be largely attributed to the availability of assessment, key-working and care-planning supports in the local community via the North Dublin Community Care Service, which had a full year of treatment for 2015. See chart below (HRB, NDTRS 2004-2015 Nth Dublin data).

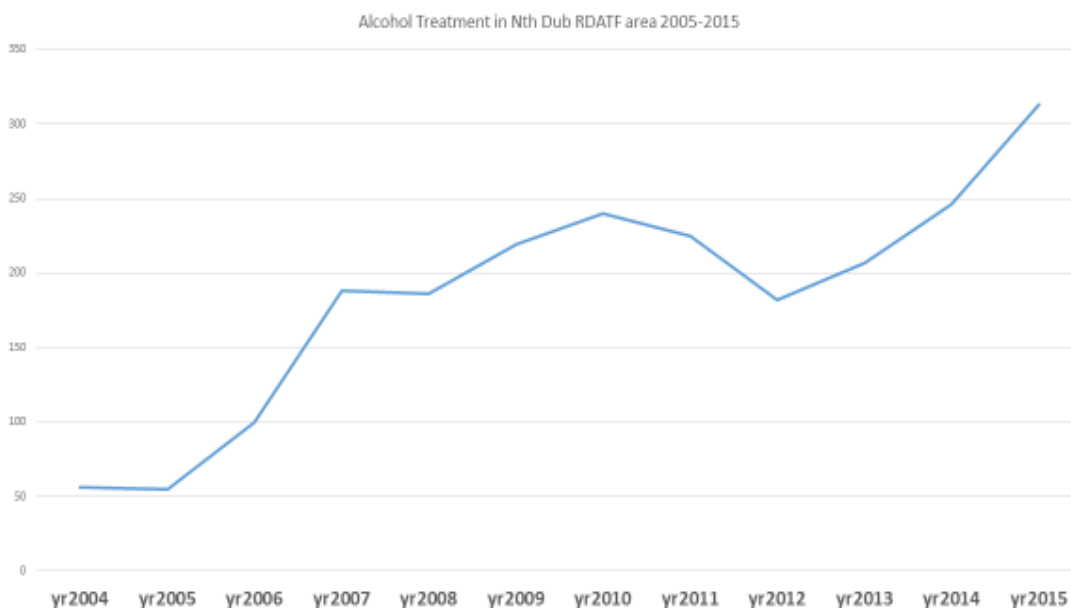
Nth Dublin RDATAF new treatment episodes 2004 – 2015, source HRB NDTRS 2015



North Dublin RDATAF; Treatment for Alcohol 2004-2015. Source: HRB NDTRS, (2015).

Although there was an increase in 2014 in alcohol treatment it is not significant enough to indicate a huge change in use, and is most likely the result of better compliance and the opening of the North Dublin Community Care Service. However alcohol treatment data for 2015 has seen a spike in new episodes, which is thought to be because of the CARE project and a full year of HRB data for the Community Care Service. Real-time local data collected on the internal case management system (eCAAS) shows clearly that alcohol continues to be the primary drug problem for most new referrals (*data presented later in report*).

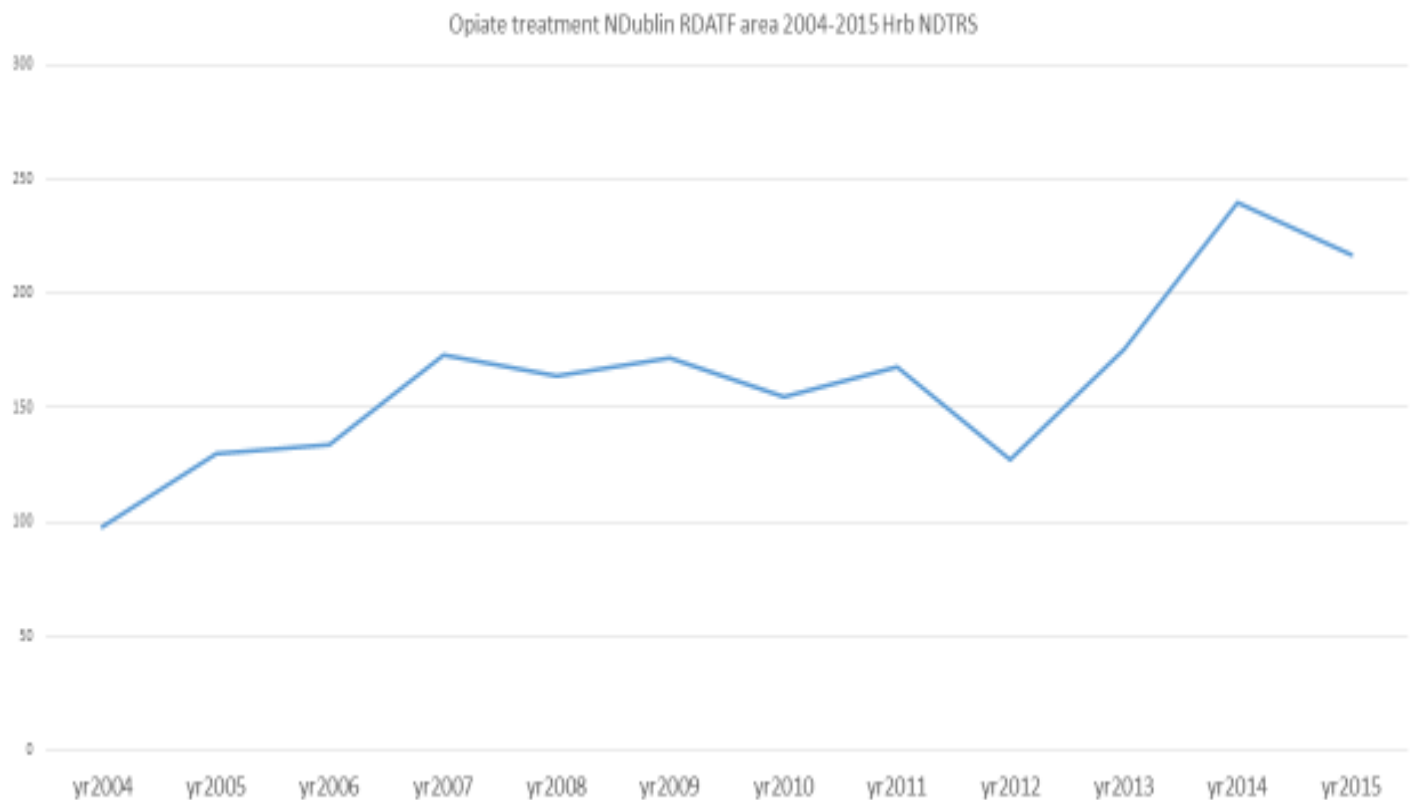
Alcohol Treatment Nth Dublin RDATAF area



North Dublin RDATF: Treatment for opiate use 2004 – 2015 (Source HRB NDTRS, 2015).

Data shows a marked increase from 2013 to 2014 in new treated cases for opiates, although it is thought this may be due to the opening of the Community Care Service and better compliance by existing organisations with HRB data. The Data for 2015 indicates that this has fallen off with a notable decrease. It will be interesting to examine the HRB 2016 data when it becomes available as the 2016 CTL data indicates a slight increase in the number of patients being prescribed methadone in 2016 (2016 HRB data not available at time of reporting).

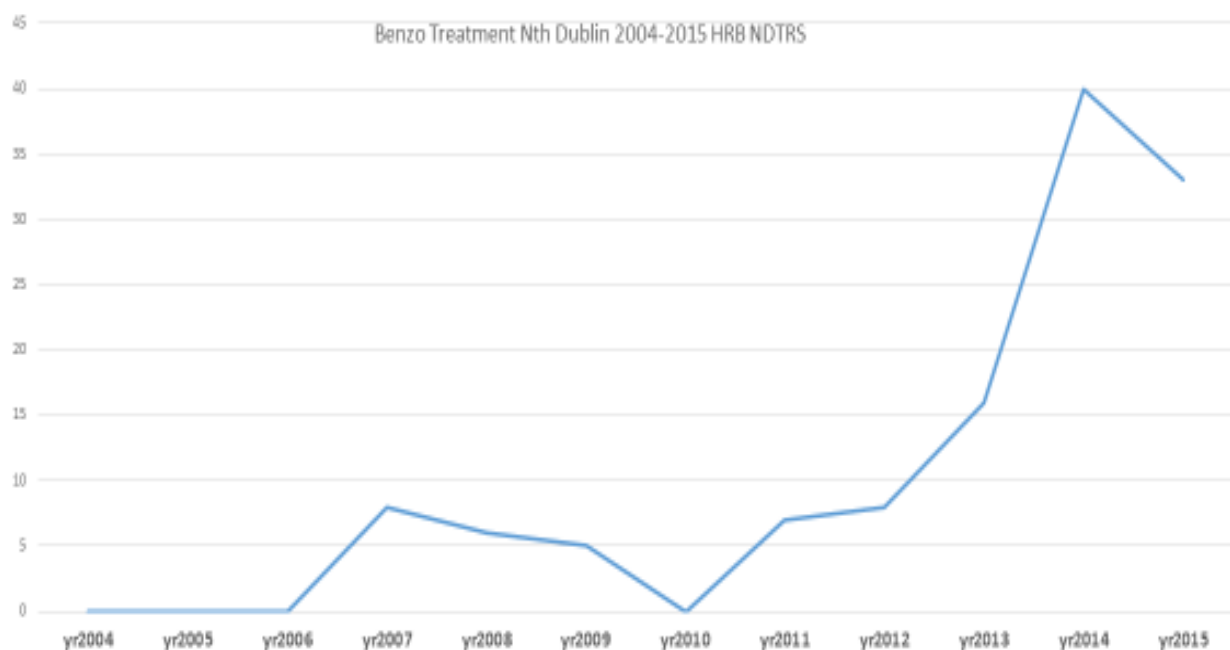
Opiate treatment trends in Nth Dublin RDATF



North Dublin RDATAF: Treatment for Benzodiazepines. (Source HRB NDTRS, 2015).

The diagram (see over) indicates new treatment episodes for residents of the North Dublin RDATAF for an eleven year period up to and including 2015 specifically for Benzodiazapine use. There was a stark increase in new treatment episodes in 2014. Although the North Dublin Community Care Service opened mid-2014 it is unclear what caused the spike as it is not reflected in the services internal client information system (eCAAS). The trend changed then in 2015 where there was a marked decrease. Again there is no known reason for this trend as the service was open for a full year. This may need further examination. The 2016 data was not available at time of producing this report.

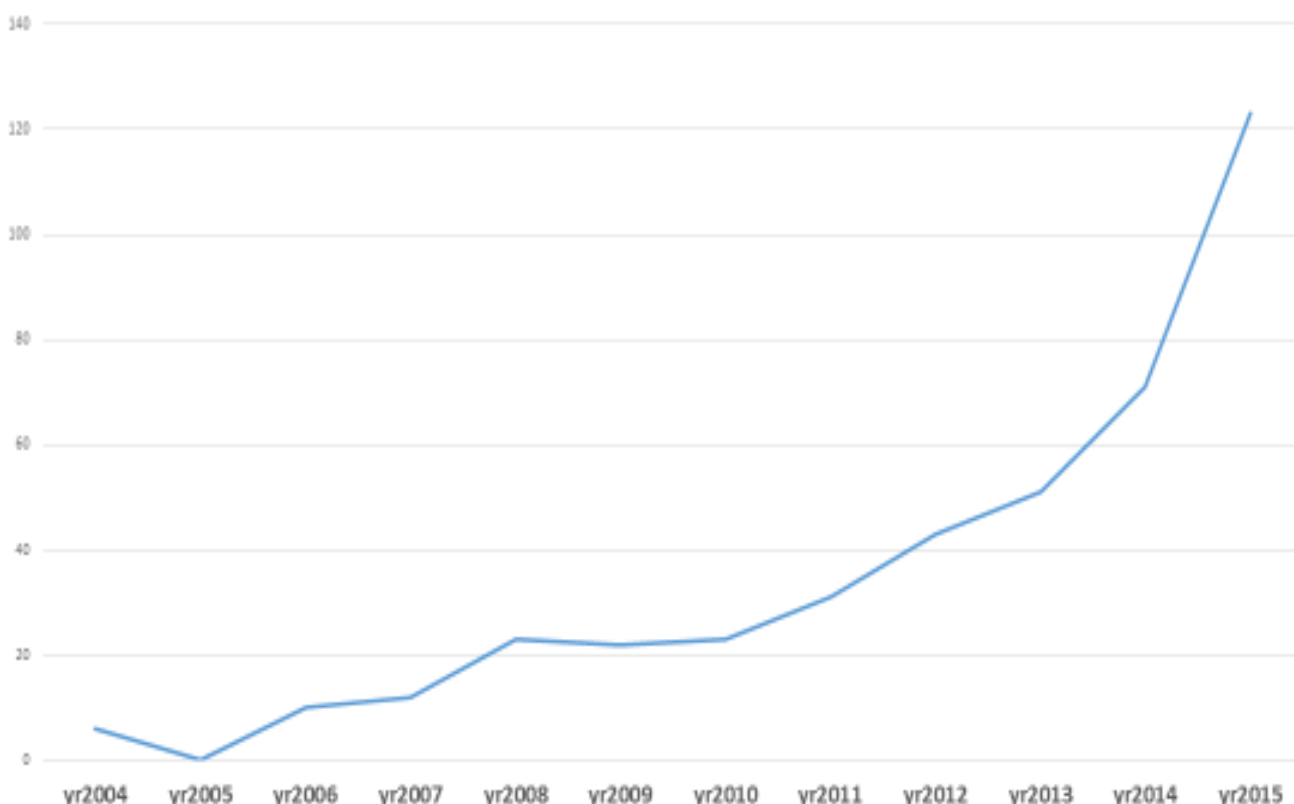
Benzo Treatment Nth Dublin 2005-2015



Perhaps the most significant trend in relation to drug use (or at least 'treatment' trends as the HRB only relates to treatment and cannot reasonably be a snapshot of prevalence) is the change in relation to new treatment episodes in 2015 for Cannabis use as the primary drug problem. By far the most significant change is the huge increase in new treatment episodes for Cannabis Treatment for the area for 2015. On further exploration and anecdotal feedback from local services, this is largely attributed to an influx of referrals of young people to local services who are experiencing significant problems with high THC Cannabis to the extent that they required specialist treatment. Whilst certainly the RDATEF is not suggesting a major 'cannabis epidemic' it is certainly true to say that the strains of cannabis being used in the Nth Dublin RDATEF area is causing significant problems for a significant number of young people who live in the area. A focused effort by the RDATEF on improving pathways between its Tier 1 services and specialist services (SASSY & Community Care Service) may be a contributory factor however it certainly is a trend which is worthy of further focus.

Cannabis Treatment Nth Dub RDATEF Area

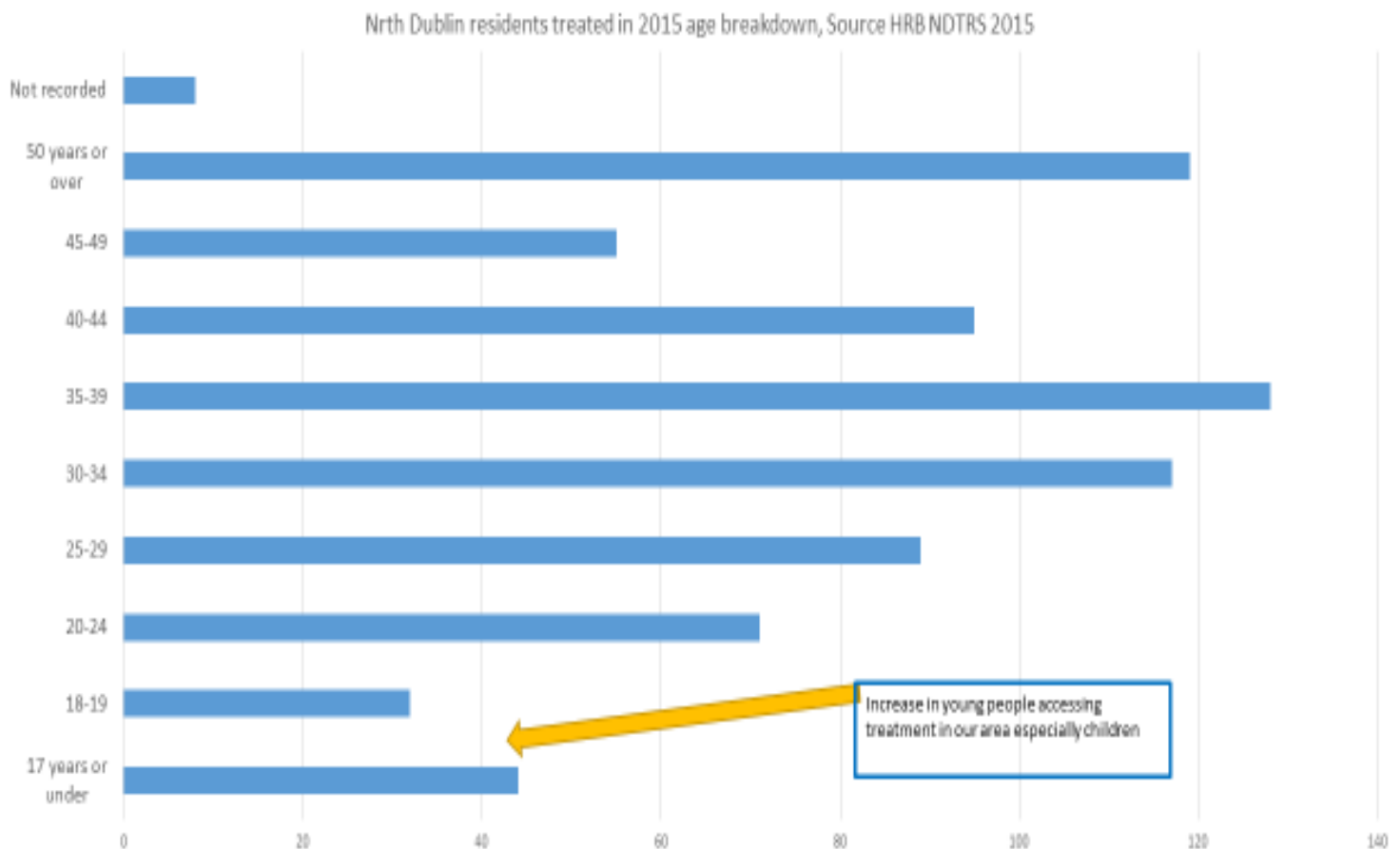
Cannabis treatment Nd Dublin RDATEF area 2004-2015 HRB NDTRS



NORTH Dublin new treatment referrals by age group (Source HRB NDTRS data 2015).

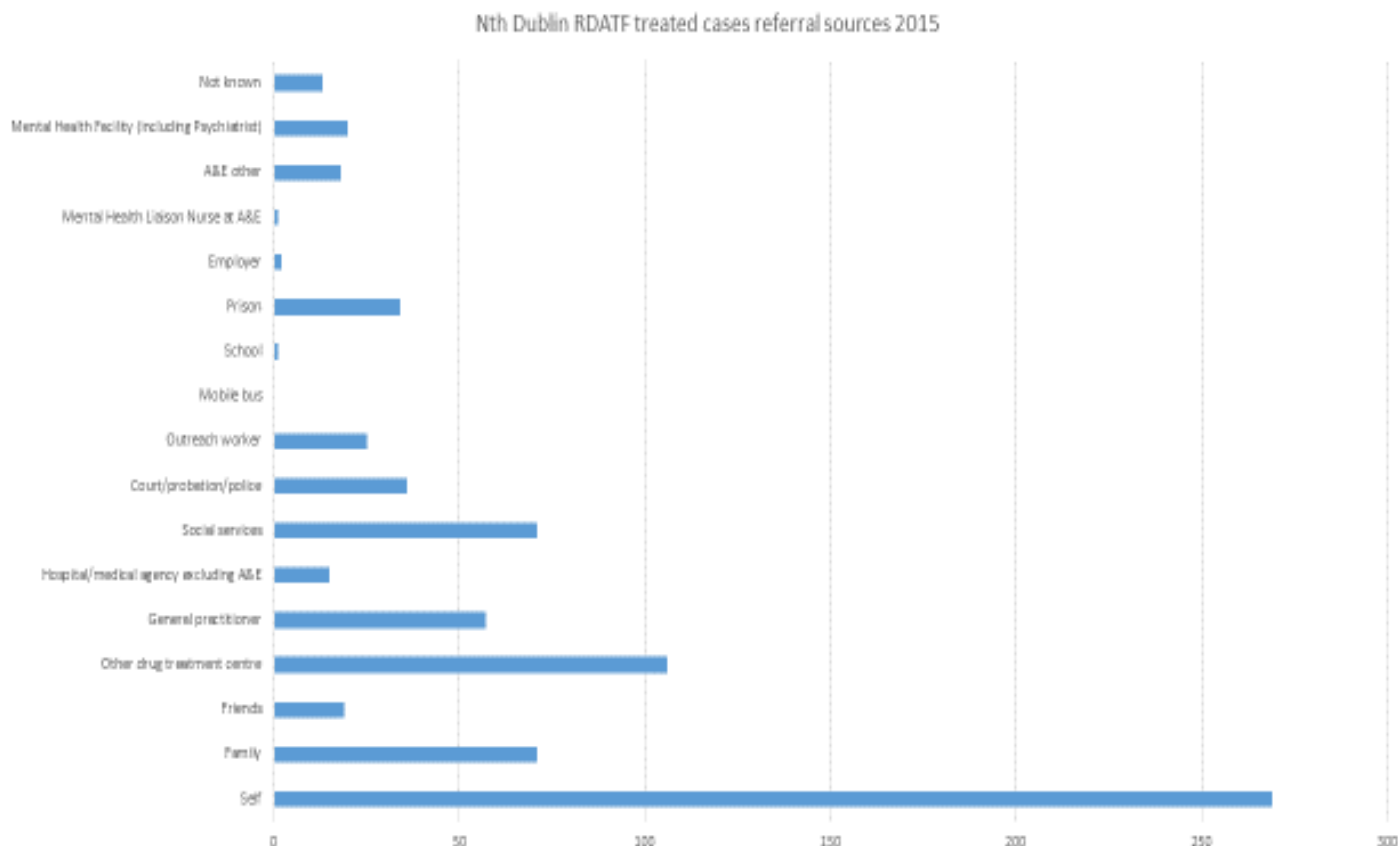
The age breakdown of service users accessing treatment for drug and alcohol problems in the North Dublin RDATAF area in 2015 indicates a significant number of very young people accessing specialist services. This is linked to the unprecedented spike in new treatment episodes for Cannabis use as indicated in the previous chart. With over 40 new treatment episodes in 2015 for children aged 17 and under specifically for cannabis, the RDATAF is mindful of the need to strengthen the SAMH presence in each area, and ensure the continued link between the RDATAF Youth Identification & Engagement teams in Balbriggan and Swords and the SASSY substance use service.

Age of Nth Dublin RDATAF treated cases



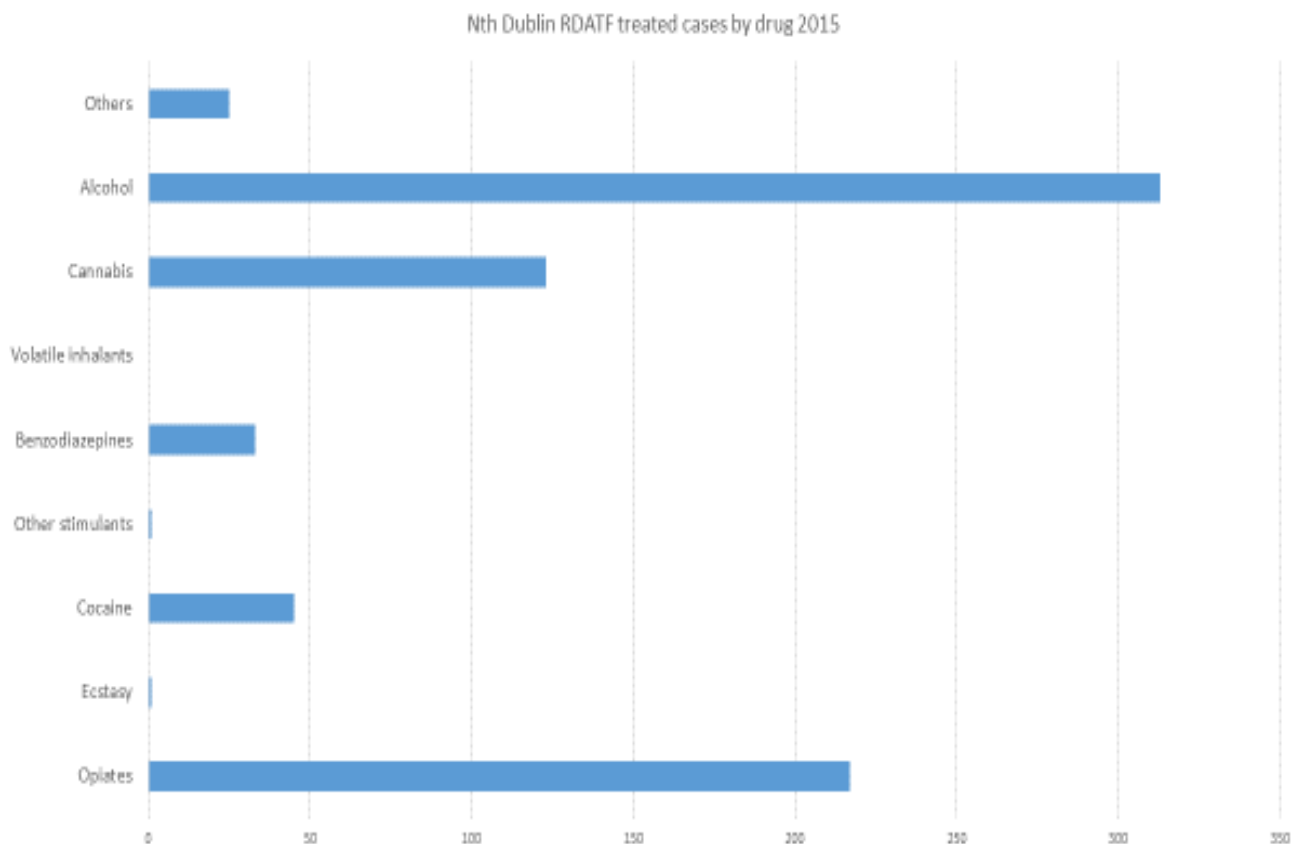
North Dublin RDAF referral sources for new treatment episodes 2015 (Source HRB NDTRS data 2015).

Most referrals were self-referrals although feedback from practitioners is that in reality most 'self-referrals' will actually have been on the advice of a GP or other practitioner, but will not have been recorded as an agency referral because the individual made contact with the service voluntarily. The high number of referrals by social services is noteworthy. There is a direct correlation between child welfare and parental wellbeing, and substance misuse can seriously compromise parental capacity for some users. This data has been submitted to the North Dublin TUSLA team for consideration in the new Fingal Children & Young Persons Services Committee Action Plan.



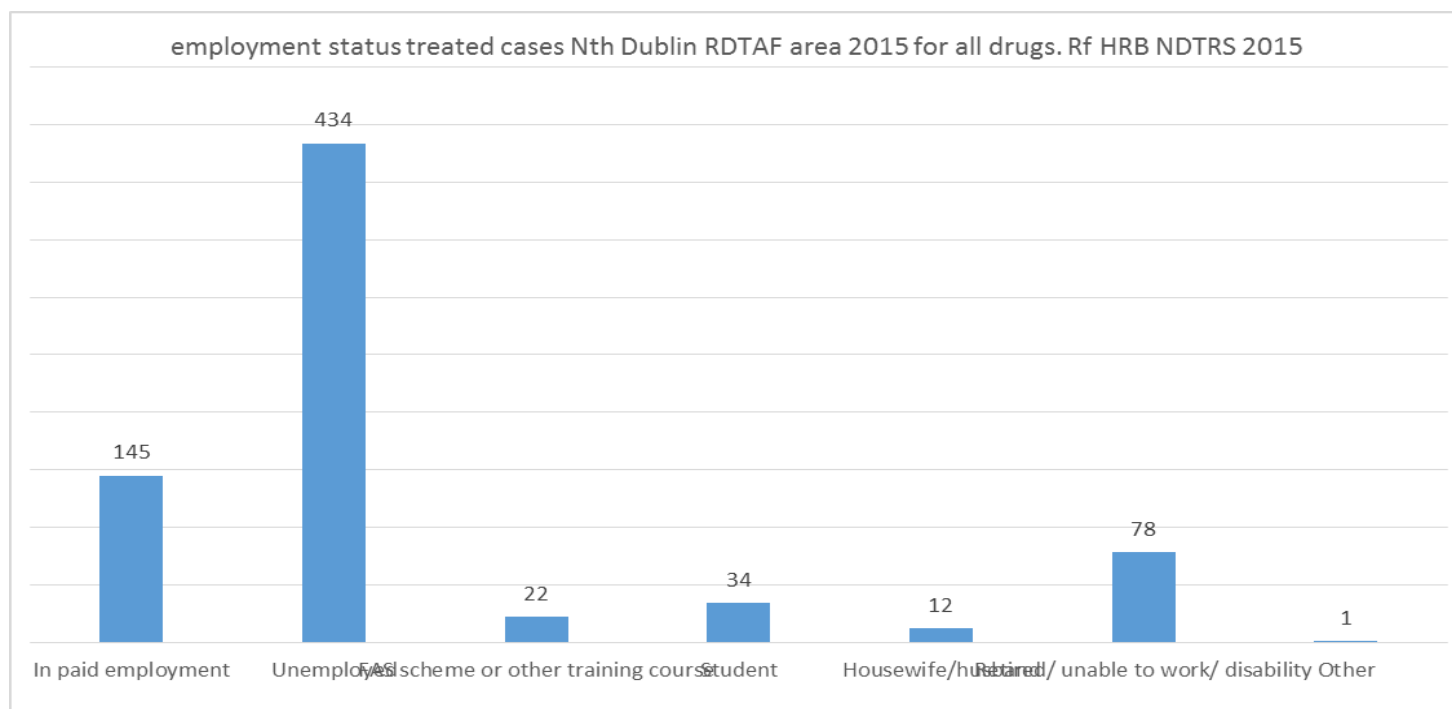
Primary drug problem in North Dublin RDATAF area (source HRB NDTRS 2015).

Review of data from the HRB illustrates that in 2015 alcohol was recorded as the primary drug problem for the most new treatment episodes with opiates a distant second. This is based on self-reporting of primary drug problem. Data sourced from the North Dublin Community Care Service internal case management system correlates in relation to alcohol as the primary drug problem for most new treatment episodes in the area however opiates do not feature as significantly in the *local* (Nrt Dublin CCS) data in terms of primary drug presentations. Poly drug use remains a key issue in most DATAF areas (local data presented separately in eCass data).



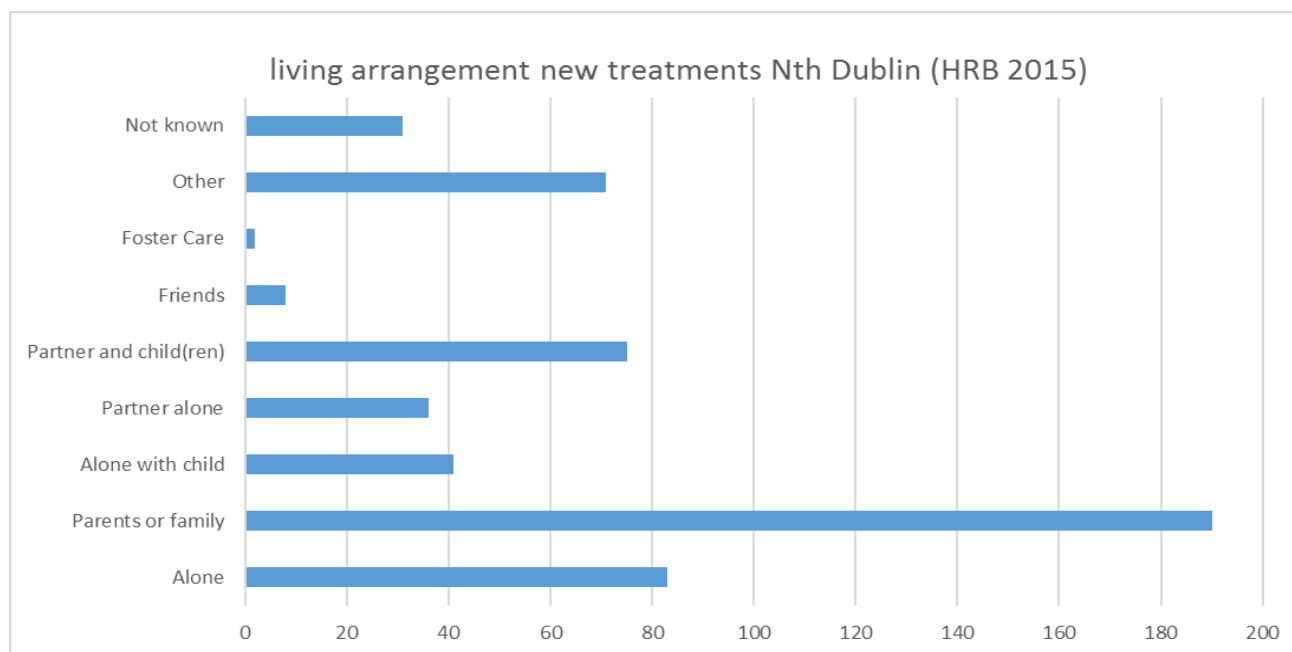
Employment status of new treated drug users in North Dublin RDTAF 2015 (source HRB,2015)

The HRB data illustrates clearly that by far the majority of service users who accessed treatment in 2015 were unemployed. This represents an opportunity for collaboration with the SICAP³ implementers in the area to look at progression options for service users to support with training/education and other labour market interventions.



North Dublin RDTAF; living status of newly treated cases in 2015 . Source: HRB, NDTRS 2015

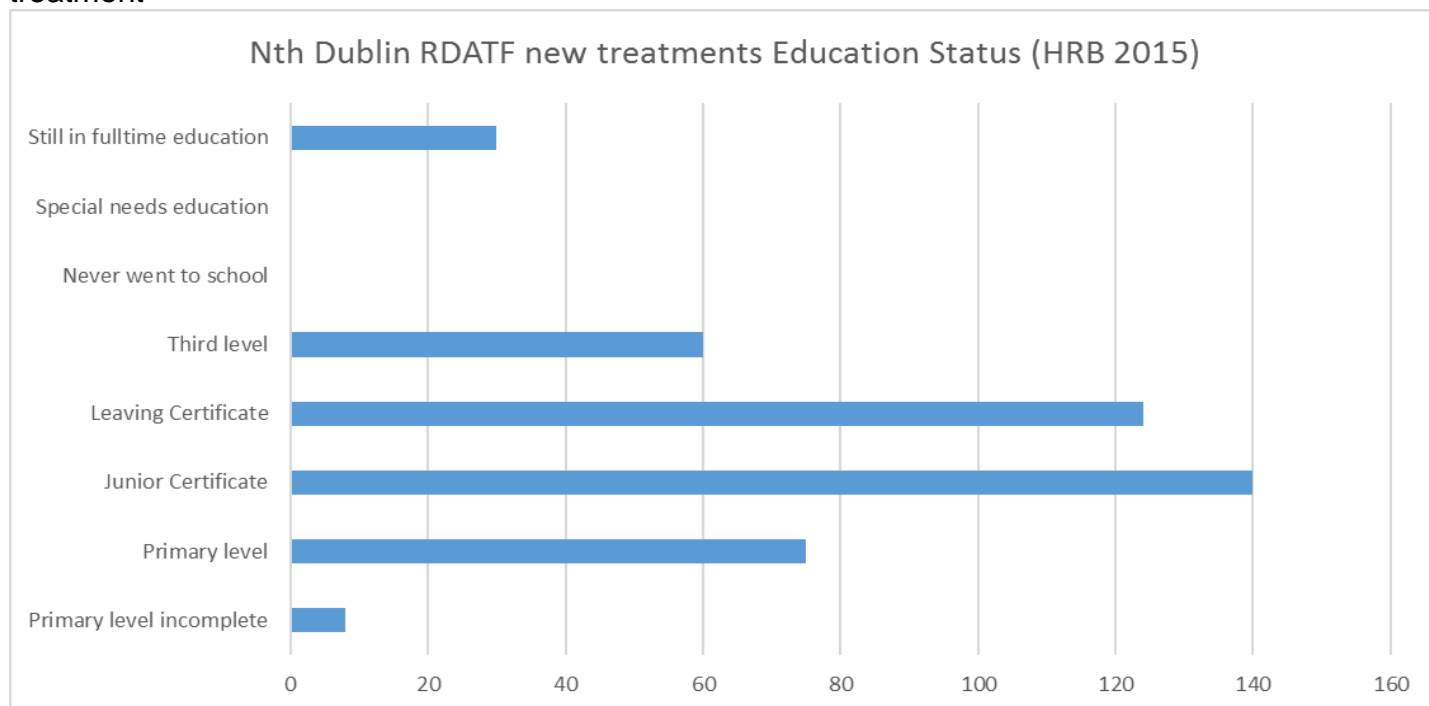
Given the high numbers of referrals from Social Services, and data below illustrating living arrangements of new treated cases, there is a case for more emphasis on family systems programmes in the region.



³ SICAP : Social Inclusion & Community Activation Plan. Blanchardstown Area Partnership are implementers for Fingal

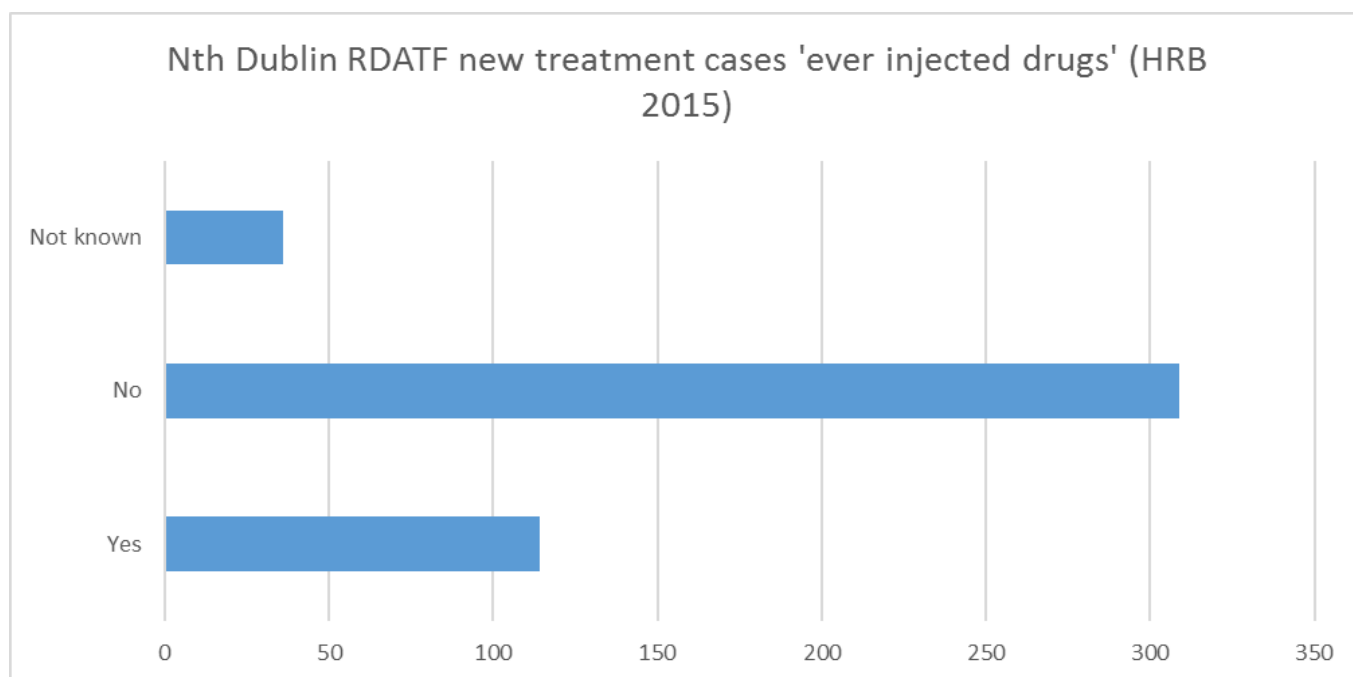
North Dublin RDATAF new treated cases Education Status (Source HRB, NDTRS 2015).

Data shows the highest levels of education achieved within the newly treated cohort with significantly high no leaving school post primary and post leaving. Of note is the 35 still in education who sought treatment



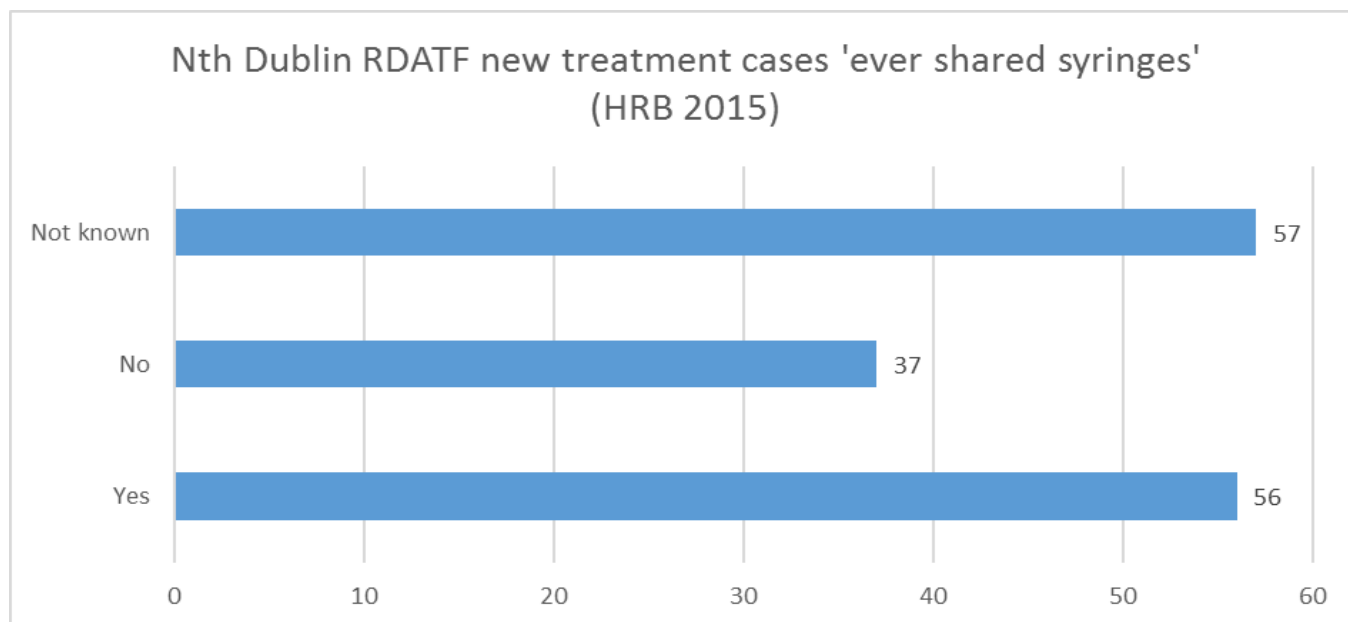
North Dublin RDATAF new treated cases IV drug users injecting status 2015 (Source: RB, NDTRS 2015)

Data for new treatment episodes indicated a huge increase in the numbers of self-reported IV drug users from 63 in the year 2013 up to 179 in 2014, and a significant decrease down again to 114 in 2015. The reason for this is unknown. There is no Needle Exchange in North Dublin RDATAF area and there have been alerts of an increase in new HIV transmissions among IV drug users in Dublin.



North Dublin RDATEF. Sharing of Syringes among IV Drug users 2014 (Source HRB, NDTRS, 2014)

Of further concern is the level of needle sharing reported. This poses a serious risk in relation to the spread of blood borne viruses. The number of new treated cases who reported sharing injecting equipment was less than 60 in 2013, 97 in 2014 and reduced again in 2015 with 56. Again, the reason for the decrease from 97 to 56 is unknown although we do know that less people reported intravenous use in general in the area in 2015 (previous chart).



TREATMENT DATA 2016: NORTH DUBLIN COMMUNITY CARE SERVICE.

The establishment of the new North Dublin Community Care Service (Nrt Dublin CCS) had a huge impact in the area. It created a central hub for referrals for residents of the community with drug & alcohol issues. A positive consequence of this activity was the creation of interagency linkages and relationships. The Service is based in Swords, but covers all of RDATEF catchment area, & is overseen directly by RDATEF (see Governance Structure). The Nrt Dublin CCS delivers assessment, key working, case management & structured care planning including shared care planning for individuals who wish to move from problematic drug/alcohol use. Activity report below is for 2016:

324 Total incoming referrals in 2016

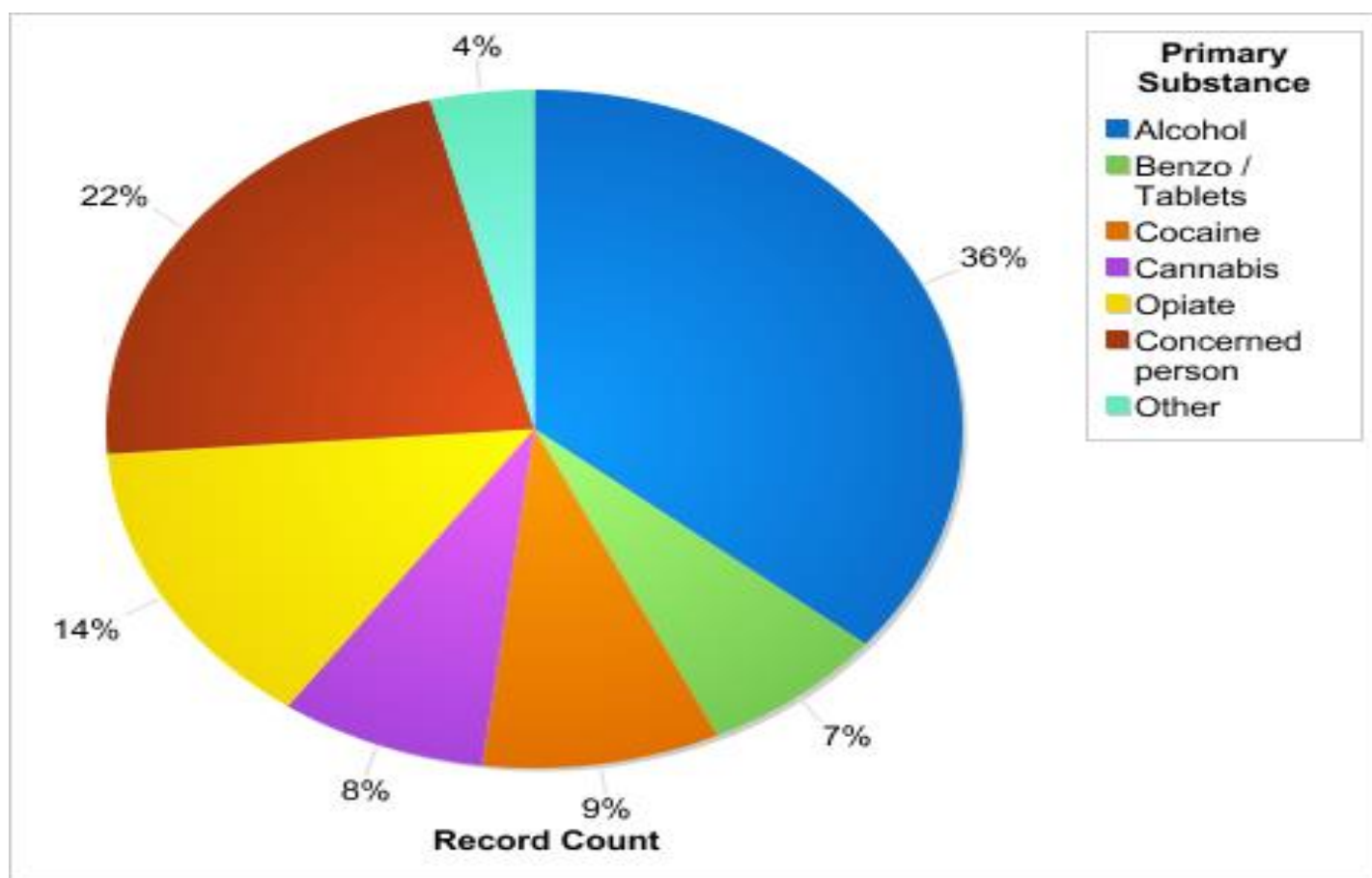
219 Completed an initial assessment

129 allocations to Case Worker (progression to comprehensive assessment)

57% male to 43% female

The primary substance that users have presented looking for support with continued to be alcohol in 2016 with it representing 36% of all presentations to service. 22% concerned person referrals related to family members who accessed support in their own right.

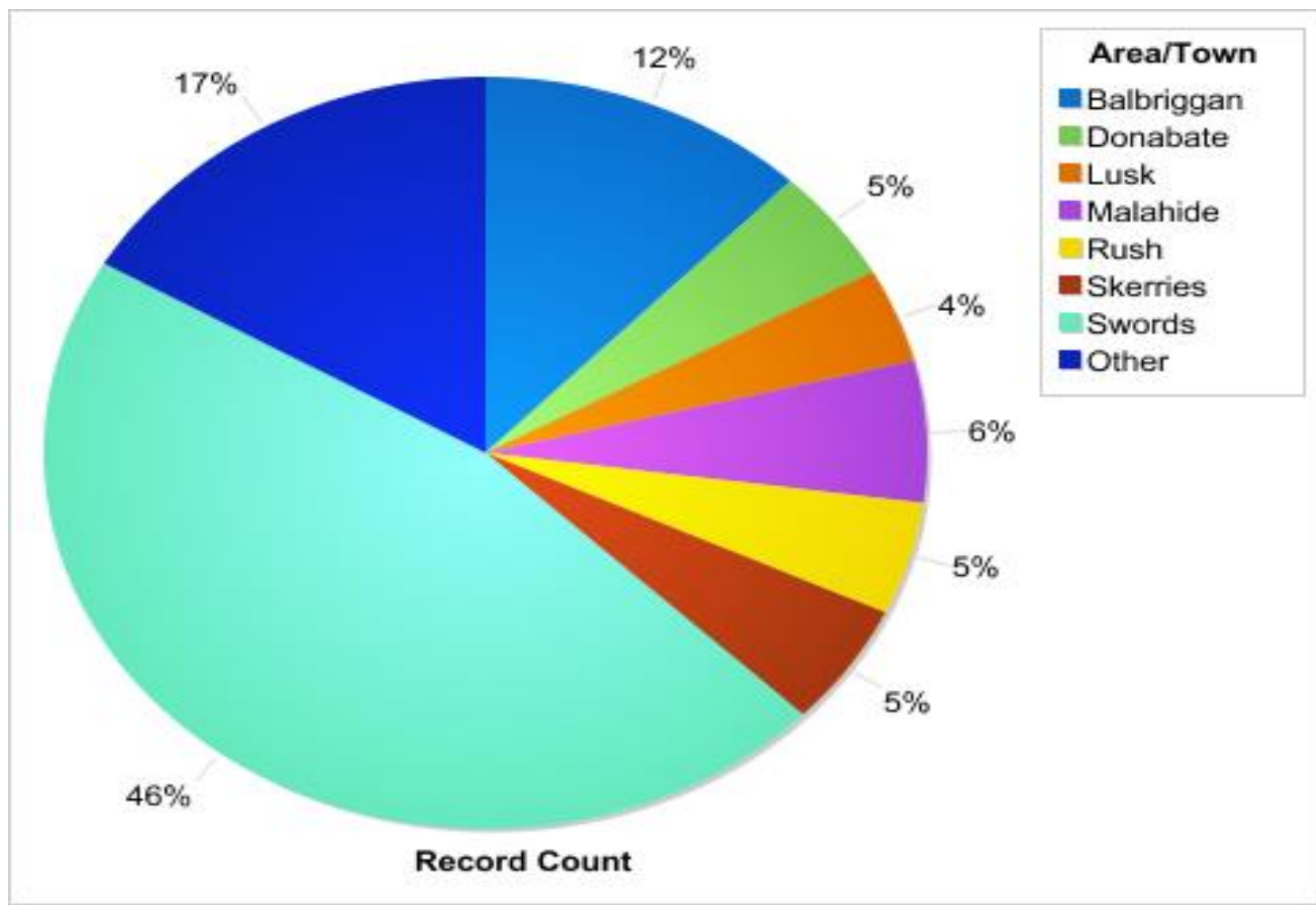
In December 2016 the RDATEF recruited a Family Support Specialist who has responsibility for this work along with coordinating all of the family support interventions delivered by the RDATEF (5 step, assessments, key working, care planning, Triple P, Teen & Parent mentoring service, family counselling) this will mean that statistics for family members after December 2016 will be presented separately under the RDATEF Family Support Service, and will not feature under the RDATEF Community Care Service activity reports. This was necessary to reduce waiting lists.



Area of residence of Service Users who accessed RDATE Community Care Service in 2016

Because the service is located in Swords, unsurprisingly the majority of referrals are from Swords, however the service has a limited presence in Balbriggan with the use of key-working rooms (provided by Crosscare) one day a week, which has increased the number of referrals from this area. It is hoped in 2017 to expand the service in Balbriggan given the level of disadvantage in the area, however resources will be a challenge in terms of rent and other overheads.

It was necessary to restrict the catchment area to only within the Nth County region of the RDATE catchment area because of waiting lists. There are only five workers covering a population of 240,000 circa. It was acknowledged that in reality service users in Castleknock, Tryrellstown, Whitehall and Clontarf had Local DATFs providing services in closer proximity than the RDATE. The 'other' entry in the chart below refers to Portmarnock, Portrane, Balheary, Balrothery, Naul, Garristown and other parts of Nth County Dublin.



2016 referral sources to North Dublin RDATFs Community Care Service.

The majority of referrals in 2016 were self-referrals, however it is known that many of the 'self' referrals were directed to the service by other service providers in terms of providing the contact details, which was then followed up by the service user themselves.

Referral source breakdown 2016:

Self: 141	Garda: 2
Family: 28	Prison: 1
Friends: 3	A& E: 6
Other drug treatment centre: 30	Youth Service: 3
General practitioner: 34	Mental Health including psychiatry: 8
Acute hospital service excluding A&E: 12	Mental Health Liaison A&E: 1
Social services/Community services: 25	Probation: 22

Incoming referral sources by agency: 54 Unique organisation referrals – as follows:

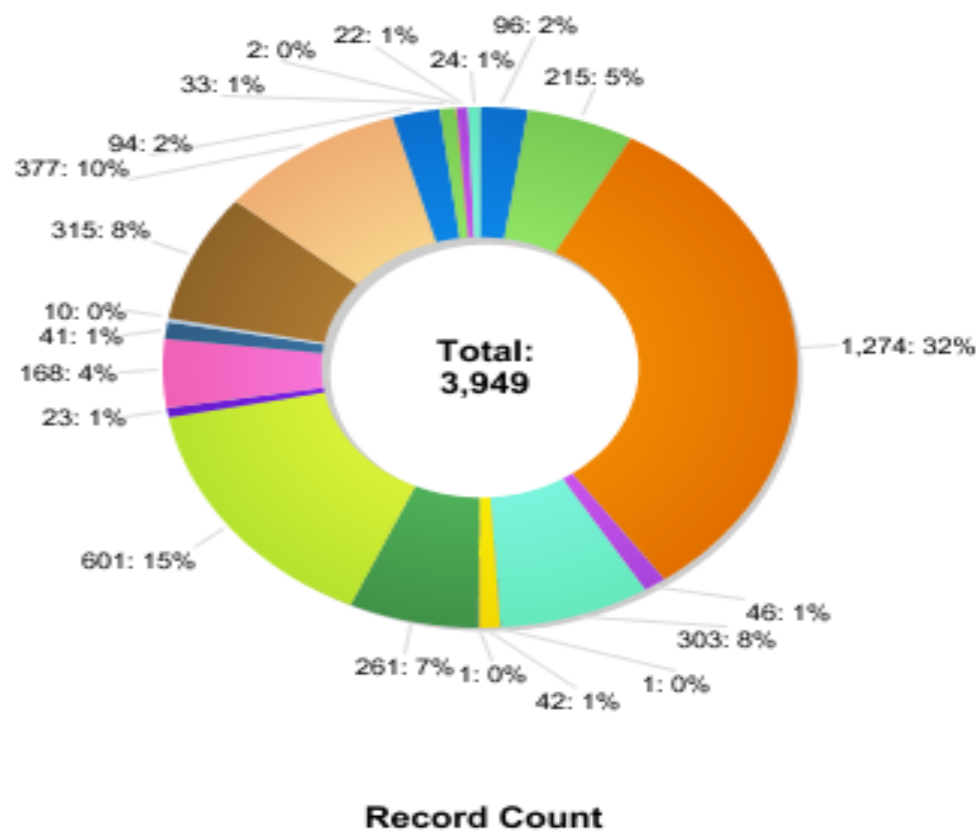
Ana Liffey Drug Project, Ballyowen Castle Medical Centre, Beaumont Hospital, Blanchardstown Area Partnership, Boromhe Medical Centre, Carnegie Counselling, Castle Surgery, Compass Programme, Coolmine Therapeutic Community, Crosscare DAP, Cuis Drug and Alcohol Project, Curam, Daughters Of Charity, Donabate Clinic, Donabate Medical Centre, Fingal Medical Centre, Hail Housing, Hampton Mental Health, HSE Addiction Service Domville House, HSE addiction service Swords, HSE Counselling, HSE Helpline, HSE Kilbarrack Health Centre, HSE Primary Care Social Work Swords, HSE Primary Care Team, Malahide Counselling, National Drug Treatment Centre Board, National Family Support Network, Peter McVerry Trust Lantern Detox, Pieta House, Primacare, Probation Service, Ridgewood medical centre, Rush Family Practice, SASSY, Seabury Medical Centre, Snug Counselling Service, St Francis' Farm (Merchant's Quay), St John of Gods, St Joseph's ID Service, St Michael's House, Swords Family Practice, Swords Manor Medical Centre, Swords Youth Service, The Plaza Clinic, Tusla Social Work Team in Swords, Windmill Medical Centre.

2016 Outgoing Referrals - 186 outgoing referrals, to 57 unique external organisations.

Aislinn Centre Kilkenny, Ana Liffey Drug Project Mid-West, Aster Family Support, AWARE Mental Health Support Group, Balbriggan Intreo Office, Ballymun YAP, Beaumont Dept of Psychiatry, Blanchardstown Area Partnership, Business in the Community, Carnegie Counselling, CASP Clondalkin Addiction Support Programme, City Clinic, Clondalkin Travellers' Development Group, Connolly, Finan Fleming Solicitors, Coolmine (Cannabis Programme, Community Alcohol Programme, Drug Free Day Programme), Crosscare DAP, Cuan Mhuire Athy, Cuis Drug and Alcohol Project, Daughters of Charity, Deora Counselling, Dochas Nua, Donnellycarney Youth Project. Dublin AIDS Alliance, EDIT, FAST, Fingal Adult Education (Swords), Fingal Counselling Service, Focus Ireland, HIV Ireland, HSE Addiction Services: Counselling, clinics in Donabate & Swords, Clondalkin Lucan Addiction service, HSE Kilbarrack Health Centre, National Drug Treatment Centre, Peter McVerry Trust Lantern Detox, PMVT Accommodation Finder Team, Ruhama, Saol Project, SICAP, Sonas Domestic Violence, Sophia Housing, Cork Street, St Francis' Farm (Merchant's Quay), St Pat's Dual Diagnosis, Stepping Stone, Stop Smoking Support, The Red Door Project, Threshold, Tiglin, Tolka River Project, Western Area Drug Service, Wisdom for Health.

Nth Dub RDATEF Community Care Service 2016 Activity breakdown:

Activity Type: Key Working & Case Management (1,274 records)
Activity Type: Brief intervention (215 records)
Activity Type: Case Management (46 records)
Activity Type: Clinical discussion (303 records)
Activity Type: Staff Training (1 record)
Activity Type: Family therapy (42 records)
Activity Type: Telephone contact (professional) (261 records)
Activity Type: Telephone contact (client) (601 records)
Activity Type: Telephone contact (family member) (23 records)
Activity Type: Client correspondence (168 records)
Activity Type: Interagency meeting (with client) (41 records)
Activity Type: Interagency meeting (without client) (10 records)
Activity Type: Initial Assessment (315 records)
Activity Type: Comprehensive Assessment (377 records)
Activity Type: Care Plan (94 records)
Activity Type: Care Plan review (33 records)
Activity Type: Blank (96 records)
Activity Type: Risk Assessment (2 records)
Activity Type: General Admin (22 records)
Activity Type: Family Meeting (24 records)
Total eCASS client activity entries 2016 (4,437 records)



Activity Type

-
- Brief intervention
- Key Working
- Case Management
- Clinical discussion
- Staff Training
- Family therapy
- Complimentary Therapy
- Telephone contact (professional)
- Telephone contact (client)
- Telephone contact (family member)
- Client correspondence
- Interagency meeting (with client)
- Interagency meeting (without client)
- Initial Assessment
- Comprehensive Assessment
- Care Plan
- Care Plan review
- Risk Assessment
- General Admin
- Family Meeting

Community Care Service groups & HSE Clinic support 2016

- Acupuncture group sessions
Open to all who have completed initial assessment.
Offered twice weekly (Wednesday 15:30 & Friday 11:00).
66 Group acupuncture sessions delivered.
403 Individual attendances.
- SMART Recovery group
Service users referred internal from key working to group.
Tuesday's 18:15 – 19:45 (90 min group model).
35 SMART recovery group sessions delivered.
175 individual attendances.
- Women's 8 week Seeking Safety Group (September – December)
Service users referred internal from Key working to group.
Thursday's 10:00 – 12:00 noon.
8 Group sessions delivered.
46 individual attendances.
- Women's Group (January – July)
Service users referred internal from Key working to group.
Thursday's 10:00 – 12:00 noon.
Group sessions delivered / 54 individual attendances.
- 5-Step Group (November – December)
Available to concerned person's affected by substance/alcohol use.
5 Sessions; Monday 18:30 – 20:30.
Cross Task Force service initiative: 1 Staff Community Care Service & 1 Staff CUIS Balbriggan.
25 individual attendances.
Balbriggan: One-to-one support: 2 Staff; Thursday's 13:00 – 17:00.
- HSE clinics: Donabate Clinic and Swords Clinic
Targeted Outreach / Initial assessments / Brief interventions.
Donabate: 1 staff; Wednesday 17:00 – 18:30.
Swords: 1 staff; Tuesday 17:00 – 18:00 / 1 staff; Thursday 17:00 – 18:30.

Drug Use among Children aged 17 & under in the North Dublin RDATAF area 2016

The RDATAF collaborated with the HSE to develop a partnership model to establish adolescent substance use counselling in the area. The post was initially part funded by the RDATAF & HSE, and clinical supervision provided via the Senior Counsellor in the HSE SASSY service and Clinical leadership by the HSE Addiction Service Child & Adolescent Psychiatrist. Starting as a part-time post, the RDATAF negotiated an increase to full-time post to meet the demand. This meant that from 2015 there was 1 x full time SASSY Counsellor providing supports to under 18s with drug issues in not only Swords, but to all of North Fingal.

SASSY, Substance Abuse Service Specific to Youth (under 18s).

SASSY North County Dublin Referrals:

Age range 12-18 years.

112 referrals to date.

43 referrals since January 2016.

87 male & 25 female.

32 open cases (AMB).

6 open SASSY cases + Crosscare cases (US).

SASSY Current Drug Trends:

(1) Cannabis, (2) Alcohol (3) Ecstasy (4) MDMA (5) Cocaine (6) Ketamine (7) Benzos.

SASSY Referral Sources:

- Parents
- Youth Services
- CAMHS
- Juvenile Justice – probation/family support
- Family Support Services
- Addiction Services
- A&E (Temple St)

SASSY Referral Locations

- Swords 12
- Balbriggan 3
- Skerries 2
- Lusk 4
- Malahide 4
- Ballyboughal 3
- Rush 1
- Donabate 1
- Portmarnock 5
- Other 3

SASSY Service Update:

SASSY part-time Family Therapist, provided family therapy regularly in Swords.

Dr Gerry Mc Carney provided regular psychiatric assessment and ongoing treatment in Swords. Collaboration with CAMHS on a number of cases of young people with complex mental health problems and substance use.

Case Review meetings are continuing with Community Care Service, Cuis (Balbriggan) and Swords/Baldoyle Youth Service

Attending regular meetings with Tusla due to a number of complex cases relating to child protection concerns

Family Counselling: this service links closely to the Community Care Service and referrals come directly via the Case Workers. In 2016 (Jan-Nov) 37 family members were provided with structured CBT sessions; usually 6 per family member however, if there is a particularly high level of support

required, up to 10 sessions can be provided. Between January and November 2016: 35 females, 2 males, and 0 couples attended the service with a total of 212 sessions.

The main substance use that was the concern was: 12 alcohol, 9 Cannabis, 11 Cocaine, 1 Opiates, and 4 Poly-drug use in 2016.

Referral pathways for young people in the Nth Dublin RDATEF area were streamlined (see diagram below).

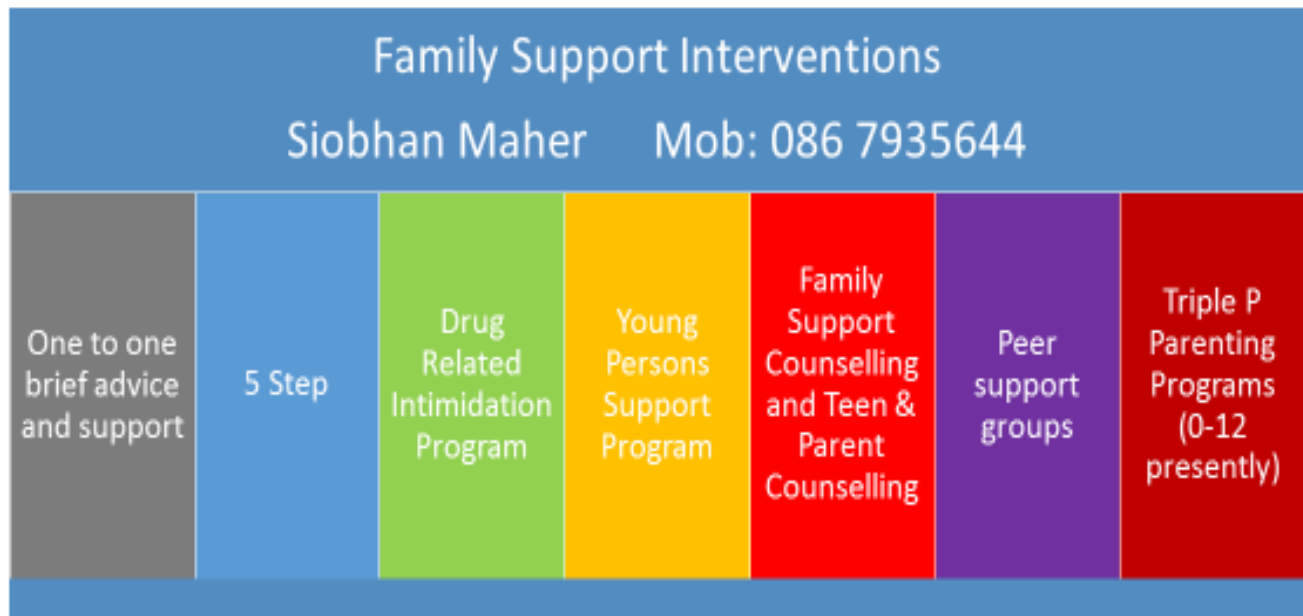
Support Available for the Young Person

Youth Identification and Engagement Workers	SASSY	Crosscare Drug and Alcohol Program Youth Counsellor
<ul style="list-style-type: none">• Jessica Morley (YSS, Crosscare)• Mobile: 086 7802399• Supports:<ul style="list-style-type: none">• One to one skills based support for at risk young people• Support teachers/schools• Link young people into more intensive support as required• Young Person Support Program for teens affected by substance use in family	<ul style="list-style-type: none">• Anne Marie Bourke/Una Scully (under Dr Gerry McCarney)• Mobile: 086 0252891/086 0142077• Supports:<ul style="list-style-type: none">• Addiction specific counselling for under 18's• Mental health assessment if required by Child and Adolescent Psychiatrist	<ul style="list-style-type: none">• Una Scully• Mobile:086 0142077• Supports:<ul style="list-style-type: none">• Addiction specific counselling for 18-25's

Family Support in the North Dublin RDATEF area 2016

In December 2016, the RDATEF recruited a Family Support Specialist. This role (see appendix for job description) had responsibility for the entire Family Support Strategy of the RDATEF, and meant that not only would the pressure be released from an overburdened frontline drug and alcohol service that was operating a waiting list (the North Dublin Community Care Service), but that we could offer family members a range of options 'from the cradle to the grave'. Traditionally, because of resource and staff constraints, family members who accessed our service had been offered family counselling as the primary intervention. While certainly useful, not all families require counselling, and indeed, as has been the experience since we were in a position to offer alternatives, most family members are choosing to engage in the more structured skills-based supports such as the 5 step (either one to one or in groups), Triple P parenting workshops and brief advice.

Support for the Family/Young Person



Key Emerging Issues for under 18s & Drug Use in North Dublin RDATAF Area 2016

As reported in the previous year's report, Cannabis continues to be the drug that is reported as causing the most problems for most young people in the North Dublin RDATAF area. However we could not have predicted the huge peak in treatment in 2015, which was the primary catalyst for our increase in frontline youth provision (via the transfer of undertaking).

As in previous years, the feedback from the community is that there is a lack of knowledge about drugs and alcohol in the community. Feedback is that parents & general community are not aware of high THC in new strains of Cannabis, and there is 'normalisation' of use and 'minimalisation' of the harms.

Although Cannabis is the drug most reported for under 18s, feedback is that other drugs such as Ketamine, MDMA, Cocaine, & Benzos have been cited as problematic along with regular alcohol use.

North Fingal in particular continues to be under-resourced in terms of the general youth facilities, which are available in other areas of comparable population size. The RDATAF is funding specialist services which will pick up high risk young people, but there is a need for more mainstream universal prevention services to be invested in. This is beyond the scope of the North Dublin RDATAF, but important to highlight.

Community representatives have raised concerns about drug related violence/intimidation among young people, and often linked the intimidation to organised criminals from other areas targeting young cannabis users to initiate into drug-related crime.

The need for a family systems approach is acknowledged and the recruitment of the Family Support Specialist in 2016 was seen as a significant step in responding to this, however there is a requirement for Family Support Workers to assist the specialist in the delivery of the programmes on the ground and in particular parents workshops.

1.2: EMERGING DRUG TRENDS IN THE NORTH DUBLIN REGIONAL DRUG & ALCOHOL TASK FORCE AREA 2016

- Alcohol is a serious issue across the region, and, even with the lack of resources in the area, it still constitutes the highest number of new treatment episodes for primary drug problems. The loss of the CARE programme in 2015 in North County Dublin was a huge gap, and the CARE Steering Group continued to meet in 2016 to try and get the programme reinstated.
- Opiates are still a significant issue in the area with a large number of patients accessing methadone maintenance, and requiring care-planning support. There is a need for additional Case Workers particularly to further develop partnerships with the HSE Addiction clinical team and OST patients.
- Harm reduction: Despite being highlighted in previous reports, in 2016 there was no needle exchange available in the area despite the high levels of known opiate use and the likely levels of unknown use. This poses a serious threat particularly in the context of an increase in HIV transmissions in Dublin among IV drug users.
- Huge increase in treatment for Cannabis: 2015 statistics from the area shows an unprecedented increase in the number of young people presenting with problem cannabis and poly drug use.
- The RDATAF does not have the resources to adequately meet the level of demand to provide community-based drug and alcohol services for north Fingal. This needs to be addressed.
- There is a need for region-wide prevention work with a particular focus on evidence-based family-systems programmes with different levels, which can have a wider population impact (for e.g.: Triple P).
- There is a need to create formal partnerships with existing service providers to develop labour market & training supports for drug & alcohol users who have been distanced from the employment market or are at risk of unemployment.

1.3: MAIN ISSUES & PRIORITIES IDENTIFIED AS A RESULT OF THIS PATTERN OF DRUG USE

The most pertinent and urgent presenting issue is and continues to be the serious lack of frontline services in the area for adults, children and families. The entire addiction response for North Dublin in 2016 with a population of nearly a quarter of a million people specifically for drug & alcohol users in the North Dublin Region consists of the following:

HSE ADDICTION SERVICES 2016:

1 part time Outreach Worker (also works outside the RDATAF area), 2 Satellite methadone Clinics (Donabate and Swords) & 1 Addiction Counsellor, along with a number of Level 1 and Level 2 GPs operating under the methadone protocol scheme.

RDATAF funded SUBSTANCE MISUSE SERVICES 2016:

North Dublin Community Care Service: 1 Service Manager & 4 Case Workers.

SASSY: 1 Adolescent Substance Misuse Counsellor (SASSY).

CUIS, Balbriggan: 2 Youth Drug Workers to identify & engage with young people who are impacted directly by their own use or that of a family member. (Provide Brief intervention, ACRA & onward referral).

Crosscare, Swords: 2 Youth Drug Workers to identify & engage with young people who are impacted directly by their own use or that of a family member. (Provide Brief intervention, ACRA & onward referral).

Opiate Detox: residential nurse supervised detox unit in the rural part of North County for adult service users who are on methadone and wish to detox. It is a national service and therefore not specifically for service users from north county Dublin. Cannabis Cessation programme: operated by McVerry trust in the same location is a 4 week residential programme for adults who wish to stop smoking Cannabis. Referrals are from all over Ireland.

Crosscare, Balbriggan: Counsellor x 1, Crosscare provide counselling for adult drug/alcohol users based in Balbriggan.

KEY PRIORITY The North Dublin Regional Drug & Alcohol Task Force remains under resourced in terms of treatment & rehabilitation service provision for drug & alcohol users and their families, and this will remain a priority.

SECTION 2: PROGRESS MADE IN 2016 TO IMPLEMENT THE RDATAF STRATEGY

2.1: UPDATE ON THE PROGRESS MADE IN 2016 IN IMPLEMENTING THE RDATAF'S DRUGS STRATEGY UNDER EACH OF THE FIVE PILLARS OF THE NATIONAL DRUGS STRATEGY:

SUPPLY REDUCTION

In 2016, following a recommendation from the subcommittee that was ratified at the RDATAF meeting, it was agreed to merge the Community Impact and Crime Committee (formally Supply Reduction) into the Prevention and Early Intervention Committee as an ongoing agenda item. This was partly to reflect that the membership of both committees was duplicated, and in recognition of the crossover in relation to the work. It was acknowledged that in an area as large as the catchment area, local policing fora is not feasible. The Coordinator continued to update the JPC through reports at the meetings, however the main emphasis was on establishing community networks across the region to provide a mechanism for the local community to engage in problem solving in a meaningful way on issues directly impacting on their own community. 2016 saw the RDATAF introduce SÁMHs in the area with plans to expand into each town over the coming years.

Liaison with Probation Service: One of the key actions of the RDATAF under this pillar is to reduce the level of drug related offences and recidivism for offenders whose crimes are linked to drug use. The Probation Service assesses referrals to their service where substance use was linked to the offending behaviour on site in the RDATAF's frontline service's (Community Care Service) key-working rooms. This system creates a seamless referral route into treatment services for this cohort of offenders in line with the National Working Group report on Drugs Rehabilitation (2007) and the National Drugs Rehabilitation Framework (2010). The Probation Services focuses on the offending behaviour and perceived risk to society, with the CCS focusing on the substance use & associated behaviours.

Drug-related Intimidation: Intimidation continues to be reported in the community particularly in relation to Cannabis debts and young people. Because of the reluctance of families and individuals to report to the Gardai the real level of intimidation is not on record. In December 2016 the RDATAF recruited a Family Support Specialist to oversee the family support strategy for the area, and which works with family members in their own right. This means there is now direct support to families impacted by drug-related intimidation in terms of managing the stress involved, and having a safe space to discuss the implications. It is unknown how many reports were made to the Drug Debt Intimidation Programme in 2016. However, a number of families made contact with the RDATAF in relation to issues of drug-debt intimidation looking for support; although they were unwilling to liaise directly with the gardai, the RDATAF Garda rep provided information, support and advice. There is still a fear among members of the community in relation to direct contact with the Gardai about intimidation. The new Family Support Specialist was involved in the development of the National Drug Debt Intimidation Programme at its inception, and the plan is to provide training in relation to the programme in 2017.

Fingal Joint Policing Committee: In 2016, the RDATAF Coordinator attended Fingal JPC meetings and submitted reports on behalf of the North Dublin RDATAF. The RDATAF reported to the JPC on drug trends & data in the area along with feedback in relation to emerging need or developments in the community.

PREVENTION: SUMMARY OF REVIEW OF WORKPLAN ACTIONS FOR 2016

The North Dublin RDATF established a 'Prevention & Early Intervention' committee to progress work which would historically have fallen within 'Education & Prevention'. The area has a high youth population with a lack of service infrastructure for prevention. Therefore it was recognised that a key priority needed to be maintained on early intervention to interrupt the trajectory of young people into negative drug-related behaviours, and provide timely evidence-based interventions. Prevention work with the wider community is also maintained. In 2016 the RDATF merged the Community Impact & Crime committee with this committee to avoid duplication.

Prevention & Early Intervention: to make recommendations to the RDATF on best-practice strategies to intervene at the earliest possible point to reduce drug-related risky behaviors among high-risk groups.

No	Action 2016	Strategy	status
P&E.1	Implement an early intervention model for young people at risk in the RDATF area (aged up to 25years) & develop formal referral pathways to cover entire Nth Fingal region.	RDATF reallocated core admin funding from its own admin budget to increase frontline provision in CUIS Balbriggan. Now has 3 Youth I & E workers in CUIS & 2 in Crosscare.	Achieved. Team in Balbriggan & Swords.
P&E.2	Implement standardised best-practice drug education supports in and out of school settings for adults, families & broader community.	Supported rollout of 'Don't Lose the Head' x 3 in 2016. Hosted 'drug information days' for parents & families x 4 in 2016. Rolled out alcohol roadshow.	Achieved (dormant accounts measure 4 in 2016).
P&E.3	Implement capacity-building training & information events on new and emerging drug/alcohol trends (signs, symptoms & responses).	Cohosted national alcohol conference for community stakeholders & service providers as part of Dormant a/cs. Multiple trainings for staff in 2016.	Achieved.
P&E.4	Implement an IT based information strategy for the RDATF community on key drug/alcohol related issues, and signposting to supports.	Improved website and twitter for RDATF and hosted online survey as part of evaluation of dormant a/cs conference on alcohol. SAND app developed & 'drinksmeter' designed.	Achieved.
P&E.5	Put in place evidence-based family support systems for entire region of RDATF to achieve population impacts in conjunction with targeted interventions.	Triple P funding app refused. Recruited dedicated Family Support Specialist for region to oversee family support strategy.	Partially achieved.

No	Action 2016	Strategy	Time frame
CIC1	Monitor drug markets in the RDATEF area & develop a register of early warning indicators.	In place and ongoing (1) Gardai (2) Customs (3) HSE.	Feedback ongoing.
CIC2	Respond to the issue of Drug related intimidation in the RDATEF area & develop register of issues.	Raise awareness of Drug Related Intimidation reporting programme in community. Recruitment of Family Support Specialist in 2016 who is also trainer in drug debt intimidation programme.	ongoing
CIC3	Implement referral pathways for offenders whose crimes are linked to drug/alcohol use	Enhance interagency partnerships with Probation Service including Young Persons Probation	ongoing
CIC4	Apply for CAAP Implementation site status (Community Action on Alcohol).	Submitted application. Establish Alcohol Strategy Group. Selected 3 Pilot Areas: Skerries, Balbriggan and Swords.	Achieved.

Early Intervention: In 2016, North Dublin RDATEF worked closely with the two Youth Services it funds (1) the CUIS Project in Balbriggan, run by Foroige, and (2) the YSS project in Swords, run by Crosscare, to strengthen their role in targeting young people at risk in the area. To ensure a more focused emphasis on high risk young people, and to improve supervision for the frontline team, the RDATEF liaised with the Crosscare Drug and Alcohol Programme in 2016, and the RDATEF funded youth team were moved to report directly to the Drug & Alcohol Programme Manager. This also had the dual purpose of delineating clearly between the generic youth workers and the youth drug team. Parallel to this, the CUIS project in Balbriggan clearly identified itself as the CUIS 'Drug & Alcohol Youth Intervention Team' again, ensuring that there is a clear delineation between the generic youth work and the more targeted drugs interventions the RDATEF requires. This in some way addressed a previous issue where the RDATEF was funding over €250k of an entire budget of just over €700k for generic youth services, and not specifically targeting those most at risk. All RDATEF funded youth workers were required, as part of the SLA, to train and achieve accreditation in ACRA, thus ensuring the interventions delivered were evidence informed.

The workers in each of the two Youth Services provide (1) identification; (2) Screening & Brief Intervention; (3) ACRA - both one to one and in groups; (4) onward referral, and (5) shared care planning, for example with SASSY. In recognition of the high risk factors associated with the parental/familial substance use the two Services were also expected to engage with, and roll out, the FSN pilot Sibling Support (Young Persons Support Programme). Training was provided for this model and again it was written into a condition of funding that all RDATEF funded youth workers must receive training in delivering this targeted programme. With the SASSY Under 18s Counsellor's hours increased to full time in 2015 it meant that in 2016 there was a high level of shared working between the youth-specific drug workers in CUIS/YSS and SASSY (wrap around care). This was seen to produce better outcomes for the service users.

Furthermore, the RDATAF came under increased pressure regarding the lack of frontline specialist services, and, with no budget to supplement the existing provision, it applied for a transfer of undertaking for the one of the admin team in the RDATAF office to go into the CUIS Drug & Alcohol Youth team in Balbriggan. Following an extensive period of due diligence, this was finally progressed at the end of 2016. This meant that by the end of 2016, the CUIS team had increased from two to three dedicated project workers. Apart from the immediate increase in the number of high risk children that could be seen, it also meant that in 2017 there will be an increased presence in the main youth building in Balbriggan so the team will be in a position to provide outreach to Skerries and surrounding areas. This created a huge vacuum in the administration of the RDATAF, however the RDATAF saw the frontline provision as a priority so accepted it as a necessary trade off.

Dormant Accounts 2016 - The Taskforce was approved for a number of initiatives under Measure 4 (Substance Use) dormant accounts funding, which included a range of initiatives in 2016. It also administered the budget and was part of the organising committee for a national RDATAF network conference on alcohol. 'alcohol in Ireland. Have we got the measure of it' which was held in Portlaoise. Conference programme in appendix along with feedback. 265+ guests from RDATAFs attended. Of these 106 gave qualitative feedback which was collated on Survey Monkey and is in appendix.

Prevention & Early Intervention: RDATAF Family Systems Approach – The Task Force ceased to run the Strengthening Families Programme in 2014 due to huge resources required to run it and the low numbers that can be supported. The Task Force made a considered decision to focus instead on trying to achieve population health outcomes, and applied this approach to its Prevention and Early Intervention Strategy. It examined alternative evidence-based family support programmes that yield better outcomes for a larger number of families, and were more sustainable in terms of resources (financial, time and human). Through this process the RDATAF identified the Triple P Positive Parenting Programme as the only evidence-based programme that offered both value for money and evidence of effectiveness that matched the needs of the area. Furthermore it was rated highest by the United Nations Office on Drugs & Crime in a meta-analysis of Family Support Programmes. (Second was 'Incredible Years, and 3rd was Strengthening Families). Clinical reviews link: http://www.unodc.org/docs/youthnet/Compilation/10-50018_Ebook.pdf

In fact when the RDATAF reviewed the Triple P programme against the Strengthening Families programme under a number of key functional specifications for family programmes it was clear that not only was it rated higher, but would generate better outcomes for a far higher number of families in the area.

In 2016, via its Early Intervention Fund, the Task Force funded the training and accreditation of four Triple P facilitators. This proved to an incredibly cost effective use of funding as the programme is self-financing, and does not generate any ongoing costs once trainers are trained up and accredited bar sourcing rooms to deliver the workshops in and the purchasing of manuals. The Task Force funded two community representatives of the Task Force who had an interest and/or background in family work and two agency staff from local services whose agencies were willing to release them to deliver the workshops as part of their existing role. By the end of 2016 the Task Force had four fully accredited Triple P facilitators who were in a position to rollout the four key workshops to parents. By Quarter 1 of 2017 the demand was so high for these early intervention workshops that the Task Force were turning parents away because it couldn't meet the demand.

Central to this was the fact that, for the second year running, the Task Force was not approved for its application under the lottery funding to train and accredit more Triple P facilitators in the area. This was a huge blow to the area and had a lasting negative impact.

Children & Young Persons' Services Committee - In 2016 the RDATA continued to be an active member of both the Fingal Children's & Young Persons' Services Committee (via the RDATA Coordinator), and the Children at Risk Subgroup in Fingal (Fingal 4 Children) (via the Care Coordinator). The RDATA recognises: (1) the huge contributory factor parental wellbeing has on child development, and the need for treatment for substance using parents and supports for their children; (2) the role of family systems supports for children living in families with addiction; (3) the need for early intervention to reduce risk factors for adolescent substance misuse; & (4) the need for early and seamless referral pathways for children who are engaged in risky substance misuse behaviours themselves. The RDATA will continue to support the referral process for high risk families who require multi-agency support, but are not assessed as requiring social worker intervention at initial assessment.

KEY EMERGING TRENDS PREVENTION & EARLY INTERVENTION 2016

Service Infrastructure: the North Dublin RDATA continues to be seriously compromised in terms of the lack of service infrastructure. There are very few youth-specific facilities in the area, and in particular in North Fingal. There is a need for mainstream universal prevention services. There is also a need for Family Resource Centres, Youth Outreach Workers and a range of other social inclusion measures that would typically be available in areas of a comparable size. Although beyond the scope, and indeed the resources, of the RDATA, it nonetheless needs to be highlighted.

YPFSF: There is a need for the reestablishment of the Young Persons Facilities & Services Fund, the local development group which was traditionally facilitated by DATFs to ensure targeted responses to emerging needs for young people.

Family Systems Supports: The RDATA once again applied to the National Lottery Fund to train and accredit new Triple P facilitators, and once again was refused by the then Minister for Health. This region-wide programme (i.e. Triple P) provides a region-wide response to reduce risk factors and increase protective factors for young people in families across the whole North County Dublin area, and has had a huge impact. The demand now far exceeds our capacity to deliver the workshops. It is unclear what the rationale is for the refusal, given how cost effective the initiative is and the clear benefits it provides (there is no sustainability costs).

Capacity Building: the RDATA capacity-building workshops, trainings, conferences have been hugely successful in terms of workforce development and the building of networks, and should be continued.

Community Engagement: the evolution of the SÁMH model; as this report relates specifically to 2016, the SÁMH in Skerries was well established, and the Donabate/Portrane SÁMH was in development with plans for Rusk/Lusk next and two more in 2017. The SÁMH groups were an initiative developed by the Task Force following contact from key community reps in Skerries, who initially had concerns about a lack of services and supports in their area for young people. This led to the Task Force establishing a SAMH in the Skerries area. (It is a play on words with sámh being the Irish word for 'peace' or 'tranquillity', and also standing for Substance Abuse and Mental Health). While each SAMH will have slightly different representation reflective of its own areas profile and needs, centrally it is a 'collection of the willing' made up of key community stakeholders with a personal and professional interest in improving outcomes for the local community in relation to substance use and mental

health. In other words it seeks to achieve a 'saol sámh' for its residents. All SÁMHs have the same basic purpose, as follows:

Core purpose of SAMH: Key aims of the Task Force SAMH structure

- (1) to provide universal whole population health promotion in relation to mental health and substance use in the community;
- (2) to provide targeted capacity building for the community in relation to both substance use and Mental health for specific groups;
- (3) to sign post the community to the supports available;
- (4) to provide a forum to problem solve gaps in relation to mental health and substance use supports;
- (5) identify opportunities for members to collaborate on areas of common concern in the community in relation to Mental health and substance use

TREATMENT & REHABILITATION: SUMMARY OF REVIEW OF WORKPLAN ACTIONS FOR 2016

Treatment & Rehabilitation: To make recommendations to the RDATAF to ensure that the Nth Dublin Community has seamless access to evidence-based drug & alcohol supports.

No	Action 2016	Strategy	status
TR1	Monitor treatment & rehabilitation data to inform planning in the Nth Dublin RDATAF Community.	The RDATAF reviewed internal data for Task Force funded projects via eCaas and all new treatment data via the CTL (opiate substitution) and HRB (all).	Achieved
TR2	Oversee the implementation of the National Rehabilitation Framework in the Nth Dublin RDATAF area.	New weekly case-activity reporting tool implemented in frontline drug & alcohol service. More formal shared care systems developed. SAID steering group.	In progress
TR3	Identify Gaps and Blocks to progression and access to services for drug & alcohol users in the Nth Dublin RDATAF area.	In line with National Rehab Framework (2010) gaps & blocks identified and progressed.	Ongoing
TR4	Implement needle exchange provision in the North Dublin RDATAF area.	Ongoing liaison with the HSE. Commitment to implement as part of wider health promotion service.	Outstanding
TR5	Establish range of supports for family members/carers impacted by another's drug and/or alcohol use as service users in their own right.	Task Force recruited a dedicated Family Support Specialist at the end of 2016. Accredited 5 step, Young person support prog, Naloxone & drug debt intimidation programme trainer.	Achieved
TR6	Implement a Service User Involvement Strategy for the area.	Internal Service user experience survey completed and will be published in 2017. More work required to achieve level 3 & 4 of Southern & South East framework.	In progress
TR7	Increase the capacity of treatment & rehabilitation service provision for the North Dublin RDATAF area to	Clinical Advisory Group in place. 1 x additional worker in CUIS. Family Support Specialist to take on all cases increasing	Achieved

	meet demand.	capacity of CCS. 2 x new Case Workers 2016.	
TR8	Implement workforce development for treatment providers in the RDATA area.	Range of training provided in 2016 (CRA, ACRA, MI, acupuncture, Seeking Safety, eCAAs). Alcohol Conference.	Achieved
TR9	Measure the effectiveness/outcomes of treatment/rehabilitation services in the area.	KPIs in place and TOPS utilized. CSO assessments for family members.	Ongoing
TR10	Implement Alcohol Treatment programme.	CARE community alcohol treatment programme not in place by end of 2016.	Outstanding

TREATMENT CHALLENGES for 2016 in North Dublin RDATA area:

Alcohol Treatment:

The CARE project pilot finished in June 2015, and has not yet been reinstated. This was a huge blow to the North Dublin area in particular as alcohol is primary drug of most referrals to its community-based frontline drug and alcohol service. Also with such a lack of basic services in the area this was seen as a huge support by GPs, Probation Service and others in the area. Furthermore because of the demand and the lack of staff, the Community Care Service (the RDATA frontline drug and alcohol service) continued to operate a waiting list for the assignment of a Case Worker. With CARE in place service users who required alcohol interventions could be seen without this delay. The service was a relatively low-cost intervention with measurable outcomes. The Task Force will continue to engage with the steering group (via the RDATA coordinator), which is liaising with the HSE with a view to reestablishing the project.

Continuum of Care Challenges:

Low threshold: The RDATA's Community Care Service was established with a very clear target group: over 18s who live in Nth county Dublin; are motivated to address their drug/alcohol use; and have the ability and willingness to engage in a structured goal-orientated service.

This however is not the only need in the area, and this service criteria and model was driven by the gap in the area. Whilst it is acknowledged that there is a HSE Outreach Worker (part time) to provide harm reduction and other low threshold supports to drug users who do not yet meet the criteria of the Community Care Service, there is a gap in terms of bridging the gap between the two. This was in some way fulfilled by the Peter McVerry Trust Stabilisation Worker/Service, which had been in place, and indeed funded by, the RDATA up until the end of 2015. Although the Task Force did not cut or reduce funding to this service, the PMVT made a decision to discontinue this service, which has created a gap in the area. The Task Force will continue to liaise with the HSE in relation to resolving this issue, but in the interim it remains an issue. With only four Case Workers in the CCS, it is not feasible for the RDATA's own service to provide this support.

Counselling: the CCS has a clear service model which centres on key working, case management and structured case planning. Counselling is not part of the model however it is recognised that it may be required as part of a structured care plan. In 2016 the Task Force benefitted from its good working relationship with the Crosscare Drug and Alcohol Programme who provided addiction counselling for many CCS service users, however there is not capacity to meet the real demand. The

HSE has a full-time Addiction Counsellor in the area however, due to demand, waiting lists were closed for much of the year. This remains a challenge, and if resources were available there is a case for the recruitment of a dedicated addiction counsellor for the area.

Aftercare: a key difficulty that was identified in 2016 is the lack of move on options for service users who have completed their key working with the Community Care Service, and so ideally would be expected to be discharged. There is a vulnerability for people who have recently become drug free to disengage with services, which in other DATF areas would be alleviated by a special status CE scheme or an aftercare programme. Because of a lack of focus on direct frontline drug service provision in the area up until 2013, neither of these services exist in the Nth Dublin RDATE area.

Special status CE: as previously mentioned, the RDATE does not have the benefit of special status or Rehab CE programmes. Nor has it the man power to manage same. Again, this is attributed to the lack of focus on direct frontline drug service provision in the area until recent years.

Group work: with the four Case Workers in the Community Care Service at capacity, and their core role to provide one to one assessment, key working, care planning and case management there is little scope to provide groups given the level of demand and ongoing waiting lists for this support. However it is recognized that group work can be an important aspect of recovery, and there is great benefit in specific groups for women for example. In 2016 the team provided a range of groups which were well attended and viewed very positively by those who engaged. A priority for 2017 will be to identify alternative service providers to deliver these groups to allow the CCS Case Workers to concentrate on their core role.

GOVERNANCE & FINANCE

Governance & Finance Committee: to oversee and advise the RDATE on the implementation of the Nth Dublin Regional Drug & Alcohol Strategy.

Progress Achieved on 2016 Action Plan

No	Action 2016	Strategy	status
GF1	Review progress of RDATE funded projects in the context of the Regional Drug & Alcohol Strategy.	Review: outcomes & KPIs. Request Annual Reports from all RDATE services & review. Develop closer partnership with HSE Addiction Services Clinical Team.	Quarterly & annually. All projects submitted in 2016
GF2	To develop a members' pack for RDATE members.	Develop folder with 1) Governance documents 2) annual report 3) workplan 4) operational guidelines	Partially achieved
GF3	Develop meaningful community engagement structures to support the RDATE's drug & alcohol strategy.	Conduct Community Survey in Region. Replicate similar structures to the SAMH in Skerries in other areas in North County Dublin.	SAMHs in 3 areas.

GF4	Ensure RDATA compliance with legislative corporate & financial governance requirements.	Accounts to be audited by independent auditor & presented to directors along with any risks identified. Complete registration process for Charitable status.	Accounts audited & lodged. Charitable status still outstanding.
GF5	Implement quality standards across all domains for the RDATA & associated services.	Complete QUADS compliance process. Establish robust Clinical Advisory Structure for RDATA Frontline services.	Clinical Advisory group established. QUADS in progress.
GF5	Implement outcome focused monitoring & evaluation systems for the RDATA and funded services.	Explore possibility of using eCAAS+ for RDATA. Develop KPIs in conjunction with projects.	Projects using eCaas. KPIs in place for projects.
GF6	Oversee the development of a new 3 year drug & alcohol Strategy for the area.	Commission independent consultant to develop review & strategy plan.	Complete and published.

2.2 REVIEW WORK COMPLETED BY THE TASK FORCE

Strategic Review: Under its Dormant Account application the Task Force was approved for funding to commission a strategic review and examination of key priorities for 2017. Following a tender process, and review and scoring of submitted proposals, the Task Force awarded the contract for this work to Murtagh & Partners Social Finance Group. The full review is attached separately. Appendix 5 contains a powerpoint summary of the findings. Below is an outline of the ongoing assessment and review which the Task Force continued in 2016.

The RDATA has put in place a continuous assessment process using the logic model and quarterly outcome measurement systems alongside verification checks, which means it no longer needs to rely on commissioning external evaluations. This system means that the RDATA is constantly monitoring outcomes and can be pro-active in responding to needs.

The RDATA examines key data to support its strategic planning in relation to service provision in the area, as follows:

- Analysis of Treatment Data from the Central Treatment List specific to this RDATA area.
- Analysis of Treatment Data from the Health Research Board specific to this RDATA area.
- Review of current service provision, particularly frontline service provision for drug and alcohol users.
- Review of RDATA work plans at subcommittee meetings at RDATA meetings.
- Review of RDATA1 forms, Income & expenditure sheets and project work plans.
- Feedback from key stakeholders & meetings with funded projects.
- Verification information submitted by projects.
- Analysis of quarterly outcome reports in line with nationally agreed framework.
- Liaison with the HSE & the ETB (channels of funding).

The RDATAF has implemented a rigorous process of oversight and support which includes an Agreement (in consultation) of annual KPIs, which the projects and the RDATAF sign up to. Each project has set Annual Outcomes, which are measured and recorded each quarter by the RDATAF in conjunction with the projects.

In the event that the project has not achieved target outcomes the RDATAF will liaise with them to establish if there was an external obstacle beyond the control of the project (such as staff illness or an unexpected development in the area for example), and will endeavor to work with the project to resolve any issues.

The quarterly outcomes (and any extenuating circumstances which hindered their achievement) are brought to the formal RDATAF meeting, and discussed by members who will agree a process for resolving any barriers or negotiating any changes that need to happen in service provision. This is done in conjunction with 'verification visits'. Prior to the meeting, the RDATAF will request the quarterly outcome report, any outstanding policy documents, a breakdown of expenditure, detail of programme activities and identification of any gaps/blocks expected. This will be reviewed and will form the basis of the discussion at the Task Force meeting.

The RDATAF reviews all of this work in the context of the needs identified in the community. A planning meeting will be held at the end of the year where the RDATAF members will then recommend:

- 1) a continuation of the services as they exist (on the basis that the expected outcomes have been achieved and the interventions are still needed and relevant); OR
- 2) That the KPIs are adjusted to reflect a changing need in the area or increased/reduced capacity to deliver on outcomes; OR
- 3) A change of allocation completely, which would only happen if a high priority need in the community had emerged which needed to be addressed as a matter of urgency, and the funding would better meet the needs of the community by a reallocation (the latter may happen also in the case of serious governance/performance issues that could not be resolved in a project).

2.3 IDENTIFICATION OF MAIN SERVICE GAPS

The North Dublin RDATAF has significant service gaps. The issue is compounded by a number of factors. The Task Force is not a designated RAPID area, meaning it never benefited from the level of investment that other DATFs received in previous years. The population growth in the area, particularly in towns like Balbriggan, is unprecedented, but there has been no correlation in resources, particularly in social care, addiction or mainstream youth and family service infrastructure. Community engagement structures need further development, meaning that there is not the level of community activism pushing for the disparity in service and resource allocation to be addressed.

These factors have created the following service gaps:

- Treatment & Rehabilitation services are minimal in an area with a high level of need.
- There is no needle exchange, but high numbers of opiate users.
- There are many towns and rural areas within the geographic area that are not resourced at all in terms of services because of a lack of capacity.

- There is a need for more Case Workers, Outreach Workers and specialists.
- There is a need for more focused alcohol interventions. CARE provided a partnership model between psychosocial services (Community Care Service) and medical services (CARE clinical nurse specialists) who worked in an integrated way. The pilot is now finished. This is a huge loss to the area.
- There are no resources (human or financial) to run badly needed aftercare and recovery groups.
- There is no prison liaison link because of the lack of frontline staff.
- There are no Special Status CE schemes, and with no budget to provide the management required it will be difficult to put a programme in place.

CASE MANAGEMENT OVERSIGHT

The RDATAF recognised in the face of the service demands matched against a completely under staffed team, that it was essential to provide a high level of oversight to the day to day case management activity of the service. In Q3 2016 the RDATAF introduced weekly case management oversight reports for the CCS Case Workers. These reports highlighted in granular detail the day to day case activities by the team in terms of assessments, one to one key working sessions, interagency working, DNAs, waiting lists and other information. This information is essential to identify blocks and opportunities, but also so we can monitor and demonstrate alignment to the KPIs and compliance with the National Drug Rehabilitation Framework 2010, which is a condition of funding in the HSE Service Arrangements the CCS is subject to. (Individual report below) (cumulative report in appendix). In Q1 2017 this was converted into a database where cumulative case management data on the service on a weekly, monthly, quarterly and yearly basis is captured.

North Dublin Regional Drug & Alcohol Task Force. Frontline Service.
North Dublin Community Care Service / Individual Case Management weekly report sheet

Case Worker: _____ Week beginning Monday _____

(Report for the previous week Mon-Friday to be submitted to RDATA Coordinator & CCS Manager by Tuesday 12pm of each week).

Interventions/actions completed in week	No	Details / comments
Current Active caseload		
No of Discharges		
No of DNAs in week		
New clients assigned		
Initial Assessments completed		
Comprehensive Assmts completed		
Brief Interventions delivered		
3 way meetings in week		
Referral to Tier 4 Service in week		
Referral to counselling in week		
Referral to Mental Health supports		
Referral to opiate substitution		
Referral to Training, education/employment supports		
Referral to Housing supports		
Groups delivered		
HSE Clinics attended		
1 to 1 key working sessions		
other		

*please give details on back of page of other supports

Risk Register (Mandatory child protection reports, Risks to vulnerable or elder person (same obligations as child protection); threat to self or others; complex forensic or legal matter; and other 'difficulties seeing partners/ members of the same family? gaps & blocks etc)

Description	Action taken	Follow up

Notes/additional information in relation to previous week:

Please provide information on Groups facilitated: (name of group) including number attended. Day, duration etc. (both new (less than 1mth & existing 1mth+ clients)

Case Worker signature _____ Date: _____

CCS Manager Signature _____ Date: _____

RDATF Coordinator signature _____ Date: _____

STAFF SUPERVISION

In 2016 the RDATAF developed a frontline service supervision handbook for its RDATAF services (Community Care Service and also the Family Support Service). It outlined clearly the role of the workers and also the scope of supervision. This was given to the team and the supervisors, and new supervision contracts were negotiated, which were aligned to the handbook.

SNAPSHOT OF ACTION PLAN FOR 2017

Governance & Finance Committee: *to provide financial & governance oversight and strategic advice to the RDATAF on the implementation of the Nth Dublin Regional Drug & Alcohol Strategy.*

The G & F Committee is made up of the three Directors of the North Dublin Regional Drugs Task Force (RDTF) Ltd. and Channels of Funding of the RDATAF. It performs an 'executive committee' function for the RDATAF and all corporate functions associated with the RDTF Ltd including governance & oversight of the funding and activities of the RDATAF. These items are reviewed at the committee with a view to making recommendations to the RDATAF Management Committee. For transparency, funded organisations of the RDATAF are prohibited from membership of the G&F committee and the RDATAF Management Committee as are RDATAF Ltd. employees. (i.e. direct beneficiaries of the RDATAF). From time to time non-members may be invited to give inputs at the committee, but must leave before the routine agenda of the G&F committee continues.

No	Action 2017	Strategy	Timeframe
GF1	Review progress of RDATAF funded projects in the context of the Regional Drug & Alcohol Strategy.	Review: outcomes & KPIs. Request Annual Reports from all RDATAF services & review. Review Case Management reports & eCas.	Q1 – 4 2017
GF2	To develop a members pack for RDATAF members and new staff.	Develop folder with 1) Governance documents 2) annual report 3) workplan, & 4) operational guidelines	Q3 & Q4 2017
GF3	Expand community engagement structures to support the RDATAFs drug & alcohol strategy.	Establish SAMH groups in Balbriggan, Swords, Rusk/Lusk and Donabate/Portrane in 2017.	Q2-4 2017
GF4	Ensure RDATAF compliance with legislative corporate & financial governance requirements.	Accounts to be audited by independent auditor & presented to directors along with any risks identified. Complete registration process for Charitable status.	Q3 2017 Q2 2017
GF5	Implement quality standards across all domains for the RDATAF & associated services.	Complete QUADS compliance process. Establish robust Clinical Advisory Structure for RDATAF Frontline services.	Q4 2017

GF5	Implement outcome focused monitoring & evaluation systems for the RDATE and funded services.	Explore possibility of using eCAAS+ for RDATE. Develop KPIs in conjunction with projects.	Ongoing
GF6	Oversee the development of new drug & alcohol Strategy for the area.	Develop Regional Community Action on Alcohol Strategy. Review actions of overall RDATE plan annually.	Q3 2017 Q4 2017

Treatment & Rehabilitation Committee: Workplan Actions 2017 – *To make recommendations to the RDATE to ensure that the Nth Dublin Community has seamless access to evidence-based drug & alcohol supports.*

The Treatment & Rehab Committee is made up of experts and treatment/rehabilitation providers. The committee is a working group of the RDATE and therefore does not make decisions in its own right. The purpose is to bring together the key service providers to identify issues, gaps & blocks and opportunities for service development, & better interagency partnerships in line with the National Drug Rehabilitation Framework. Also to advise the RDATE on service gaps or challenges. The Treatment & Rehab committee reports into the RDATE via its chair at each of the RDATE Board of Management meetings. A number of practice interagency groups will usually be in place separate to the Treatment & Rehab committee to work on specific service delivery initiatives. The Treatment & Rehab is not a practice advisory group and is strategic in nature. For instance in supporting the implementation of national policies at local level (e.g. *National Drugs Rehabilitation Framework 2010, National Protocols & Common Assessment Guidelines 2011*).

No	Action 2017	Strategy	timeframe
TR1	Monitor treatment & rehabilitation data to inform planning in the Nth Dublin RDATE Community.	Review: area & service specific NDTRS. Central Treatment List (CTL), service user feedback, service provider feedback. Review Drinksmeter data. Review Case management reports.	Ongoing
TR2	Oversee the implementation of the National Rehabilitation Framework in the Nth Dublin RDATE area.	Rollout training across all partner services in area in screening/Brief Intervention, key working, care planning and case management.	Q1-Q4 2017
TR3	Identify Gaps and Blocks to progression and access to services for drug & alcohol users in the Nth Dublin RDATE area.	In line with National Rehab Framework (2010) use NDRIC recommended process. Develop log of Gaps & Blocks and advertise complaints procedure.	Q3 2017
TR4	Support the HSE with harm reduction service rollout including needle exchange in the North Dublin RDATE area.	Liaise with the HSE re the establishment of a mobile harm reduction/health promotion service in the RDATE area. Support communication plan.	Q3-4 2017

TR5	Establish range of supports for family members/carers impacted by another's drug and/or alcohol use as service users in their own right.	Establish peer family groups in each SAMH area. Deliver workshop on drug debt intimidation. Provide one to one support to target 40 family members. Rollout 2 x 4 Triple P workshops.	Q1-4 2017
TR6	Implement a Service User Involvement Strategy for the area.	Complete service user experience survey. Implement South & South East RDATEFs framework incrementally across frontline RDATEF services.	Q4 2017
TR7	Increase the capacity of treatment & rehabilitation service provision for the North Dublin RDATEF area to meet demand.	Liaise with the HSE and other partners to ensure a seamless continuum of care, and problem solve the lack of low threshold and aftercare services.	Q1-4 2017
TR8	Implement workforce development for treatment providers in the RDATEF area.	Deliver CPD training in FASD, SAOR. ID training for CCS team and Substance use training for ID team.	Ongoing
TR9	Measure the effectiveness/outcomes of treatment/rehabilitation services in the area.	Implement outcome measurement system and treatment KPIs in line with national guidance. Review waiting list. Identify evaluation mechanism for SAID.	Ongoing
TR10	Support the implementation of community-based Alcohol Treatment programme.	Support the reestablishment of CARE or similar integrated care model in RDATEF area.	Q3 2017
TR11	Rollout region-wide whole population alcohol screening & brief advice.	Disseminate drinksometer app in all three CAAP sites, and across each SAMH region along with other partners.	Q2 – 4 2017
TR12	Develop model for supporting service users with intellectual disability who wish to move from problematic alcohol/drug use.	Develop plan via the SAID steering group Implement SAOR training for ID teams Pilot case management model & evaluate.	Q1-4 2017
TR13	Develop frontline drug & alcohol support service for Travellers and new communities in Nth Dublin RDATEF area.	Agree a mechanism for the development of an evidence-based and measureable substance use service for Travellers & New Communities.	Q2 2017

Prevention & Early Intervention Committee: Work Plan Actions 2017 – *to make recommendations to the RDATAF on best practice strategies to intervene at the earliest possible point to reduce drug related risky behaviors among high risk groups.*

The P & EI committee is made up of experts and key service providers across the region involved in the delivery of evidence based drug prevention, youth specific and family systems programmes. The purpose is to bring together the key providers to identify issues, gaps & blocks and opportunities for service development. The committee is concerned with exploring strategic responses to the following:

- Provide the community with accurate & evidence based information on drugs & alcohol so they can make informed choices.
- Identify areas that are of particular concern.
- Develop early intervention initiatives.

It is not a practice advisory group and is strategic in nature. It cannot make decisions on behalf of the RDATAF in its own right however the chair of the P & EI reports into the RDATAF via a chairs report at each meeting. Community Impact and Crime is also an agenda item at these meetings

No	Action 2017	Strategy	timeframe
P&E.1	Improve outcomes for at risk young people aged 12-24years old in the nth Dublin RDATAF area who are using substances problematically or impacted by familial use.	Review KPIS of CUIS x 3 project workers and DAP x 2 workers. Run 1 x Young Persons Programme in each service Monitor referrals to/from SASSY.	Q1 -4 2017
P&E.2	Implement standardised best-practice drug education supports in and out of school settings for adults, families & broader community.	Develop standardized schools resource (parent workshop, teachers capacity building & substance use policy). Utilise SAMHs & other events for public capacity building in each area.	Q1-4 2017
P&E.3	Implement capacity building training & information events on new and emerging drug/alcohol trends (signs, symptoms & responses).	Hold 3 roundtable community consultations on alcohol. Host a conference on 'Alcohol & Communities' including FASD.	Q2-Q4 2017 Q3 2017
P&E.4	Implement an IT based information strategy for the RDAF community on key drug/alcohol related issues, and signposting to supports.	Work with partners to disseminate 'drinksometer' and set up www.samh.ie . Identify partner to improve RDATAF online profile.	aQ3 – 4 2017
P&E.5	Put in place evidence-based family support systems for entire region of RDATAF to achieve population impacts in conjunction with targeted interventions.	Identify funding stream for training and accrediting Triple P facilitators to meet demand	Q4 2017

P&E.6	Establish young person counselling service in the region to reduce risk factors for problem substance use.	Identify most cost effective mechanism to establish service for teens to reduce stress, anxiety, self-esteem & body issues, suicidal ideation as part of early intervention strategy.	Q3 2017
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Community Impact and Crime (Via the Prevention & Early Intervention Team)

No	Action 2017	Strategy	Time frame
CIC1	Monitor drug markets in the RDATEF area & develop a register of early warning indicators.	In place and ongoing (1) Gardai (2) Customs (3) HSE (4) youth drug teams.	Q1-4 2017
CIC2	Respond to the issue of Drug related intimidation in the RDATEF area & develop register of issues.	Deliver workshop and information leaflet on drug debt intimidation programme. Develop an anonymised register of drug debt intimidation issues.	Q4 2017 Q4 2017
CIC3	Implement referral pathways for offenders whose crimes are linked to drug/alcohol use.	Develop formal interagency partnerships with Probation Service including Young Persons Probation.	Q3 2017
CIC4	Implement the National Community Action on Alcohol Model across the region.	Host Roundtables in 3 Skerries, Balbriggan and Swords. Develop Nth Dublin Regional Alcohol Action plan & localised plans for the 3 areas.	Q2 2017 Q3 2017 Q4 2017

SECTION 3: PROFILE OF NORTH DUBLIN RDATE FUNDED PROJECTS & OUTCOMES 2015

3.1: ANALYSIS OF IMPACT OF FUNDED PROJECTS IMPACT ON TACKLING THE DRUG PROBLEM IN THE AREA 2016

Youth Identification and Engagement Teams – Cuis (Balbriggan Youth Service) & YSS (Swords Baldoyle Youth Service)		
Aims of service (2016)	Reported Outcomes for 2016	
	Cuis (Balbriggan Youth Service reported)	YSS (Swords Baldoyle Youth Service reported)
<p>ACRA</p> <ol style="list-style-type: none"> 1) To support young people to reduce their substance use or become substance free 2) To encourage the young persons engagement in positive social activities 3) To promote positive peer relationships for the young person 4) To improve familial relationships 5) To enable the primary caregiver to support the young people 	36 Young People engaged in ACRA (1-1 or Group)	22 young people engaged in ACRA (1-1 or group)
<p>Drug Education</p> <ol style="list-style-type: none"> 1) To provide drug education and communication workshops for parents such as 'Don't Lose the Head', and inform them of support services available. 	N/A	Approx. 80 parents participated in Don't Lose the Head workshop in St Joseph's School Rush
<p>Identification and Engagement</p> <ol style="list-style-type: none"> 1) To engage and identify the most vulnerable young people whom are not currently linked with services. 2) To facilitate signposting and onward referrals for young people who are at particular risk in the projects catchment area. 	63 young people at risk were given information about supports	31 young people at risk were given information about supports
<p>Young People's Support Program</p> <ol style="list-style-type: none"> 1) To identify young people in the area who as a result of substance use issues in the family home are most vulnerable to future substance use and/or are experience educational and behavioural issues. 2) To improve young people's coping skills, communication skills, ability to manage stressful situations and improving 	16 Young People experiencing substance use in the home completed the program	7 Young People experiencing substance use in the home completed the program

emotional intelligence through the structured programme.	N/A	
<p>Youth Substance Use Counselling (12-25 years)</p> <p>1) To provide age appropriate substance use counselling for young people aged 12-25 living in the catchment area.</p>		54 Young People engaged in Youth Substance Use Counselling

Community Care Service	
Aims of service (2016)	Reported Outcomes for 2016
1) To provide a community-based support service to adults who are having problems with drug/alcohol use.	219 service users completed an initial assessment.
2) To provide a community-based support service to under 18s who are having problems with drug/alcohol use.	129 service users progressed to comprehensive assessment and initiating of care planning process.
3) To provide a community-based support service for family members/concerned others who are impacted negatively by a loved one's drug/alcohol use.	27 family members engaged in family counselling.
4) To provide data and information to the North Dublin Regional Drug and Alcohol Task Force & Health Research Board (HRB) on the prevalence of drug/alcohol use/activity among residents in the community and early warning indicators for the area.	

Fingal Travellers Organisation	
Aims of service (2016)	Reported Outcomes for 2016
1) Identify travellers within the North Dublin RDATEF area that are engaged in problematic substance use.	Post vacant during 2016. Project made redundant without notifying RDATEF.
2) Link travellers from North Dublin RDATEF area who are engaged in problematic drug & alcohol use into appropriate services according to their individual needs.	External evaluation/needs analysis completed.
3) Improve coping skills within the family unit of Travellers in North Dublin RDATEF area where substance misuse is evident.	

3.2: SUMMARY OF EACH RDATEF PROJECT'S LINKS TO PILLAR & NDS ACTIONS

DRUGS TASK FORCE: North Dublin City & County RDTF		
Pillar * :	Supply Reduction	
Relevant NDS Actions:		
DTF objective :	To reduce the level of drug related crime in the region & work with community partners	
Outcomes :		
Category **	Project Code	Project Name
Supply reduction		
Project changes/ terminations in 2016		
Category **	Project Code	Project Name & Reason

DRUGS TASK FORCE: North Dublin Regional DATF		
Pillar * :	Prevention, Education	
Relevant NDS Actions:	Actions 19, 22, 23, 24, 25, 26, 28, 29, 30 & 31 Cross pillar Actions 37, 44,	
DTF objective :	Raise awareness of the dangers of drug use in an attempt to delay and/or prevent the onslaught of drug use. Engage in early intervention with high risk or particularly vulnerable groups	
Outcomes	<p>Training in ACRA (evidence based youth intervention model) was delivered & staff accredited</p> <p>Triple P Parenting Workshops delivered to parents of children aged 0-12 years</p> <p>SAND App launched for parents and young people</p> <p>Drug information workshops held for schools and parents across the area</p> <p>Youth Identification & engagement teams in place to target high risk young people for screening, brief interventions & onward referral to interrupt pathway into future dependency & drug related criminal behaviour</p> <p>Counselling provided to families at risk 6 x CBT sessions per family</p> <p>Teen & parent counselling as part of early intervention strategy</p>	
Category **	Project Code	Project Name
Education Prevention &	N2	YSS(Swords/Baldoyle Youth Service)
Education Prevention &	N3	Cuis (Balbriggan Youth Service)
Education Prevention &	N12	Fingal Travellers Organisation
Education Prevention &	N22	Child & Family Programme
Project changes/ terminations in 2016		
Category **	Project Code	Project Name & Reason
Education prevention &	N12	The RDATAF discontinued funding to the FTO as the funding provided was for a worker. The organisation made the worker redundant without prior discussion or approval from the RDATAF ceasing the SLA. The RDATAF has liaised with the HSE and has put out a tender for a substance use service for Travellers and new communities which has now been awarded

DRUGS TASK FORCE: North Dublin City & County RDTF		
Pillar * :	Treatment Rehabilitation	
Relevant NDS Actions:	Actions 32, 33, 34, 36, 37, 38, 41, & 42	
DTF objective :	To ensure that residents in the community of the North Dublin Regional Drug Task Force operational area who are experiencing problems with drug and alcohol use have access to evidence based treatment and rehabilitation services for support and progression	
Outcomes :	<p>Drug users were provided with keyworking, care planning and case management</p> <p>Poly drug users reported improvement in quality of life across a number of areas</p> <p>Families of drug users accessed supports to reduce the level of stress and chaos associated with familial drug & alcohol use</p> <p>Drug users with co occurring mental health problems had needs met in shared care approach between mental health & substance misuse specialists supports</p> <p>Residents of RDTF area in need of alcohol treatment were assessed, assigned case worker and engaging in care planning & treatment to reduce risk behaviours</p>	
Category **	Project Code	Project Name
Central community-based service for assessment, case management, care planning	N26	North Dublin Community Care Service
Project changes/ terminations in 2016		
Category **	Project Code	Project Name & Reason

DRUGS TASK FORCE: North Dublin		
Pillar * :	Coordination	
DATF objective :	Actions: 59, 62,	
Outcomes :	Overall performance management system in place (logic model) Drug Task Force membership reviewed and enhanced Task Force meetings organised attended and actions followed up on Website put in place & facebook page and twitter SAND app developed Family Support Specialist recruited	
Category **	Project Code	Project Name
	N6	Operational budget
Project changes/ terminations in 2016		
Category **	Project Code	Project Name & Reason

* A separate form should be completed for each Pillar

** Category should be as per Section 7 of the L/RDTF 1 form

DRUGS TASK FORCE: North Dublin		
Pillar * :	Research / information	
DATF objective :	Action 49,	
Outcomes :	Full coverage of NDTRS collection for RDATEF funded projects Quarterly outcome reports Training & accreditation processes put in place External Strategic review completed Community consultations and workshops completed	
Category **	Project Code	Project Name
	N6	Operational Budget
Project changes/ terminations in 2014		
Category **	Project Code	Project Name & Reason

SECTION 4: Action 42: Service Users Engagement Progress

4.1 DEVELOPMENT OF SERVICE USER FORA

The RDATAF continues with its efforts to progress the implementation of the Service User Framework that was developed by the South East and the South RDATAF Development Workers as a mechanism for ensuring active participation of service users in the development of services, and the drug & alcohol strategy for the area. Whilst the RDATAF has initiated a large scale 'service user involvement survey' which was conducted independently and the results of which are due to be published soon, this remains a challenge without a project worker to lead out on the work. The emphasis is to avoid tokenistic nominations of service users on to Task Force structures and committees without a clear support structure for the representatives to engage and feedback the views of service users in the area collectively in a meaningful way.

Whilst the Task Force is committed to implement the framework developed by the Southern and South East Regional Drug Task Force Development Workers, it will require additional human resources to progress beyond level 2 and 3 in 2017.

To date the RDATAF has put in place:

- Service User Induction Packs that give information to all Service Users who access the service, & includes information on services, service user charter of rights and responsibilities, drug diary, complaints policy.
- Service User charter in place. This was developed in consultation with Service User Recovery group and altered accordingly.
- Service information leaflet was developed in consultation with Service User Recovery Group and altered accordingly.
- Reception area changed based on feedback from Service Users.
- Comments box has been placed in reception to allow for confidential feedback on service and RDATAF which was well used again in 2016, and the outcomes of the feedback is displayed on a 'you said... we did...' board in reception.
- All Service Users receive a hard copy of care plan, and can access documentation on their case files.
- All Service Users have review of care plan to ensure that they are satisfied that it is meeting their needs.
- Complaints policy in place for Service Users. To date no complaints have been received.
- RDATAF funded projects Service Users engaged in Service User Experience Survey, the results of which will be available in Q2 2017.

SECTION 5: OVERVIEW OF THE GOVERNANCE OF THE NORTH DUBLIN RDATAF

5.1: MEMBERSHIP OF THE NORTH DUBLIN RDATAF MANAGEMENT COMMITTEE

Name	Sector	Theme/Area	Details
Darragh O'Brien TD (Chair)	Independent	Oireachtas member	Chairperson
Brid Walsh	Coordinator	RDATAF	HSE employee
Ros Palmer	Community	Northside Community Law & Mediation Centre	Community & Education Manager
Dave Beattie	Community	Family Support	Special interest group
Louise Edmonds	Statutory	Fingal Co Council	Senior Community Officer
Joe Keane/Ann Mooney	Statutory	Customs & Excise (Justice)	Asst Principal & Principal
Donal Cassidy	Statutory	HSE Addiction Services	General Manager, Social Inclusion & Addiction CHO9
James Kelly	Statutory	Probation (Justice)	Senior Probation Officer
Insp Ollie Woods	Statutory	Gardaí (Justice)	Inspector Swords
Brigid Manton	Community	Swords	RDATAF youth Liaison rep
Peter Conway	Community	Chair Regional CAF & Rush Lusk SÁMH	Fingal Com & Vol forum
Seamus Noone	Statutory	National Drug Treatment Centre	Clinical Operations Manager
Gerry Ryan	NGO Voluntary	Rehabilitation	Manager TRP Nth Dublin
JP Browne	Community	Chair Skerries SÁMH & Skerries CAF	
Cllr JP Browne	Public Rep	Skerries	Fingal Co Council
Cllr Adrian Henchy	Public Rep	Chair Portrane Donabate SÁMH	Fingal Co Council
Cllr Malachy Quinn	Public Rep	Balbriggan	Fingal Co Council
Cllr Tom O'Leary	Public rep	Skerries/Balbriggan	Fingal Co Council
Cllr Grainne Maguire	Public rep	Balbriggan	Fingal Co Council
Una Caffrey	Statutory	Chair, Fingal CYPSC	TUSLA

The Task Force has three Subcommittees:

Prevention & Early Intervention

Name	Sector	Theme	Details
Brid Walsh	RDATF	HSE	Task Force Coordinator
John Kelly	Statutory	HSE	Outreach Worker
Cllr Malachy Quinn	Public Rep	Balbriggan	Fingal Co Council
Bernie McDonnell	CAD	Education	Coordinator CAD
Jessica Morley	Voluntary	Youth Project Worker	DAP (Crosscare)
Michelle Condra	Voluntary	School Completion Project	Coordinator Balbriggan
Elaine O'Donnell	Voluntary	Youth (Balbriggan)	Youth Identification & engagement team CUIS
Gerry Kelly	Voluntary	Crosscare	Manager, Drug & Alcohol programme
Jennifer Hayes	Voluntary	Jigsaw (Mental Health)	Regional Manager
Chris Murphy	Community	Drug Education	Ex-director Crosscare DAP
Brigid Manton (Chair)	Community	Youth Liaison rep	Ex school principal
Una Caffrey	Statutory	TUSLA: child & family agency	Senior Manager, Nth Dublin
Cllr Grainne Maguire	Public Rep	Balbriggan	Public rep for balbriggan area
Nick Murphy	Community	Travellers	Fingal Traveller org
Annemarie Bourke	statutory	SASSY	Adolescent substance misuse counsellor
Brendan Twyford	Statutory	JLO – swords	Juvenile Liaison Officer
Louise McCulloch	Voluntary	RDATF	Care Coordinator

Governance and Finance Sub Committee

Name	Sector	Theme	Details
Brid Walsh	RDATF	HSE	Task Force Coordinator
Donal Cassidy	Statutory	HSE Addiction Services	General Manager, Social Inclusion & Addiction CHO-9
Darragh O'Brien TD	Chair of Task Force		Task Force Chair
Louise Edmonds	Statutory	Fingal County Council	Senior Community Officer
Ros Palmer (Chair)	Community	Northside Community Law Centre	Community & Education Manager
Brigid Manton	Community	Youth liaison rep	Retired school principal

Treatment and Rehab Sub Committee

Name	Sector	Theme	Details
Brid Walsh	RDATF	HSE	Task Force Coordinator
Noelle	Voluntary	McVerry Trust	Manager
Derek Morgan	Community	Family support	Peer groups & 1to1
Dr. Hugh Gallagher	statutory	HSE addiction services	GP Coordinator
Áine Hall	Statutory	HSE Addiction Services	Asst Director of nursing
Seamus Noone (Chair)	Statutory	National Drug Treatment Centre	Clinical Operations Manager
Dr. Clodagh Brennan	Community GP	Ridgewood Medical Centre	Community GP Swords
Dr John Gilbert	Community GP	Seabury Medical Centre	Community GP
Miriam Kelly	Voluntary	Transitional Housing	Sophia Housing
Gerry Ryan	Voluntary	Tolka River Project	Manager Rehab project
Scarlett Taylor	Statutory	Probation Service	Probation Officer
Louise Mahoney	Voluntary	Red Door Drug Project	Manager
Siobhan Maher	Voluntary	Family Support	Family Support Specialist
Vince Rellis	Voluntary	Community Care Service	Service Manager
Louise McCulloch	RDTF	Task Force	Care Coordinator
vacant	Psychiatry	Curam mental Health Services	Psychiatrist
Gerry Kelly	Voluntary	Crosscare Drug & alcohol programme	Manager

Clinical Advisory Group (provides advice to RDATF in relation to frontline service delivery)

Name	Sector	Theme	Details
Brid Walsh	RDATF	HSE	Task Force Coordinator
Dr Hugh Gallagher	Statutory	HSE Addiction Services	GP Coordinator, CHO-9
Cllr Adrian Henchy	Public rep	Mental health	CNS Mater Mental Health team
Kevin Ducray	Statutory	HSE	Senior Clinical Psychologist
Seamas Noone	Statutory	HSE	Clinical Operations Manager

5.2 OUTCOMES FOR NORTH DUBLIN RDATEF: KPIs & OUTTURN 2016

Indicator	Target	actual
% of RDATEF meetings held (with quorum)	6 (100%)	8
% of RDATEF Committee meetings with agreed recommended actions	6(100%)	8
# of Community networking events held by the RDATEF	4	11
# of RDATEF Treatment & Rehab meetings held (with quorum)	4	3
# of RDATEF Prevention & Early Intervention meetings held (with quorum)	(quarterly)	3
%#of RDATEF Governance & Finance Meetings held (with quorum)	4	9
% of RDATEF new RDATEF members inducted	(quarterly)	100%
% of RDATEF events/trainings that were evaluated	6	100%
	100%	
	100%	
% of RDATEF staff trained in Child protection	100%	100%
% of RDATEF staff trained in manual handling	100%	100%
% of new staff who received full induction	100%	100%
% of new staff who received overview of staff handbook & Human Resource policies	100%	100%
% of RDATEF staff who received formal scheduled supervision	100%	50%
% of RDATEF staff who received annual performance review	100%	100%
% of RDATEF staff who received professional development/training	90%	100%
% of RDATEF staff who received professional development/training	100%	100%
% of RDATEF staff who have current and up to date Garda clearance		
Governance:		
% of RDATEF funded projects who received quarterly verification visit	100%	75%
% of RDATEF funded project who participated in financial review	100%	100%
% of RDATEF funded projects who engaged in logic model outcome process	100%	100%
% of RDATEF funded projects who submitted quarterly outcome report	100%	100%
% of RDATEF funded projects who signed funding declaration	100%	100%
% of RDATEF funded projects who signed funding declaration	90%	100%
% of RDATEF funded projects who engaged in workforce development coordinated by RDATEF		
% of RDATEF funded projects who engaged in RDATEF structures (committees & meetings)	100%	80%

5.3 AUDITED ACCOUNTS FOR THE NORTH DUBLIN RDATEF 2016

Audited accounts to follow for 2016 (still with auditor).

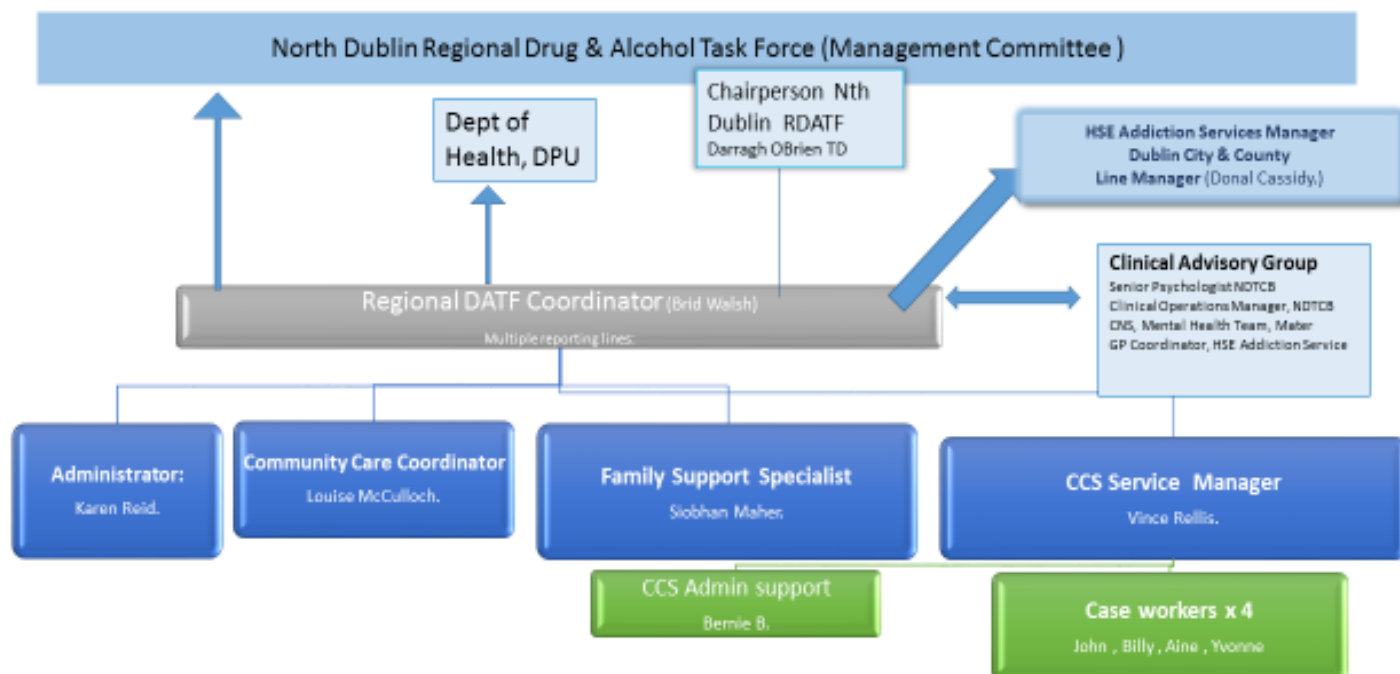
STATEMENT OF FUNDING FROM THE DPU – The diagram below outlines how the global budget of €777,264 (which was allocated by the DPU) was broken down by project for 2016.

Code	Project Name	COF	Allocation '16	comment
N-6	<u>RDATEF Operational Budget:</u> Part time administrator (17 hours p week). Community Care Coordinator. Family Support Specialist	HSE (RDATEF)	152,184	Core RDATEF Team & rent for premises, overheads, programme costs for RDATEF activities & programmes.
N-25	<u>RDATEF North Dublin Community Care Service</u> Service Manager Case Workers x 4	HSE (RDATEF)	315,301	Established in June 2014, frontline drug & alcohol service providing assessment, Key working, Care planning & case Management (integrated care). Includes rent, overheads & programme costs.
N-12	TRAVELLER ADDICTION SUPPORTS	HSE	45,533	To engage with Traveller families who are impacted by drug and/or alcohol use.
	DPU FUNDING CHANNELLED VIA HSE		HSE Total: 513,018	
N-2	Swords Youth Identification & Engagement team (<u>YSS</u>) 2 x Youth I & E workers	ETB	97,073	Team providing screening, brief intervention, ACRA, Young Persons Support Programme, for high risk young people across swords and surrounding towns. Also 5 step & others.
N-3	Balbriggan Youth Identification & Engagement team (<u>CUIS</u>) 3 x Youth I & E workers	ETB	108499	Team providing screening, brief intervention, ACRA for high risk young people across Balbriggan and surrounding towns. Also 5 step and other interventions.
N-22	Child & Family Programme <u>Early Intervention Fund</u>	ETB	6,000	Early intervention fund, costs that cannot otherwise be funded for at risk young people, children or families (including Teen & Parenting Counselling)
	DPU FUNDING CHANNELLED VIA ETB		ETB TOTAL: 266,245	Global annual RDATEF budget €777,263: (513,018 HSE + 266,245 ETB).

5.4: STAFF OVERVIEW NORTH DUBLIN RDATEF

All salaries are aligned to recognised public sector pay scales; the RDATEF has chosen HSE scales as most appropriate.

The RDATEF staff team is overseen by the RDATEF Coordinator who is a HSE employee Grade VII.

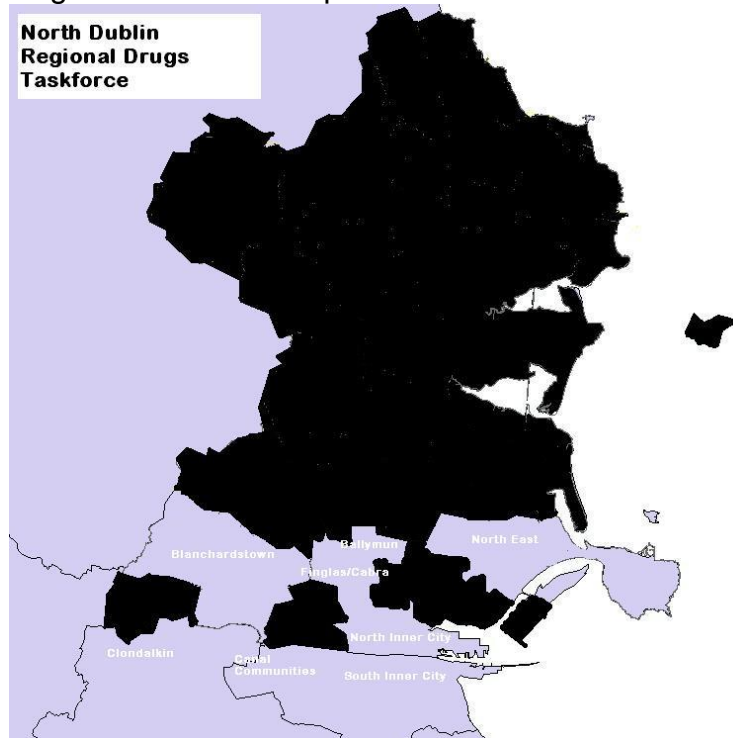


Staff employed by North Dublin RDTF Ltd. in 2016:

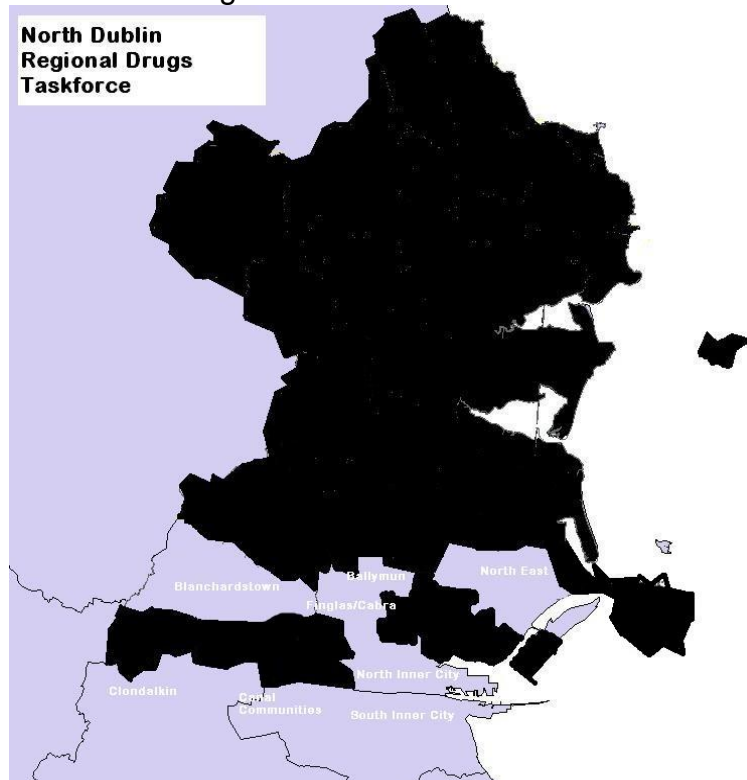
RDATEF support TEAM	Scale	Grade	comment
Care Coordinator	HSE	VI	RDATEF employee
Development Worker	HSE	V	RDATEF Employee
Family Support Specialist	HSE	VI	RDATEF employee
Part Time Administrator	HSE	IV	RDATEF Employee
COMMUNITY CARE SERVICE			
Service Manager	HSE	VI	RDATEF Employee
Case Worker x 4	HSE	V	RDATEF Employee
Part time Receptionist	HSE	Clerical Grade III	RDATEF Employee

Appendix 1 - Catchment Area of the North Dublin.

As referenced, there are currently different understandings of the operational area of North Dublin Regional DATF. Below is a map highlighting in black the catchment area used by the North Dublin Regional DATF in the past.

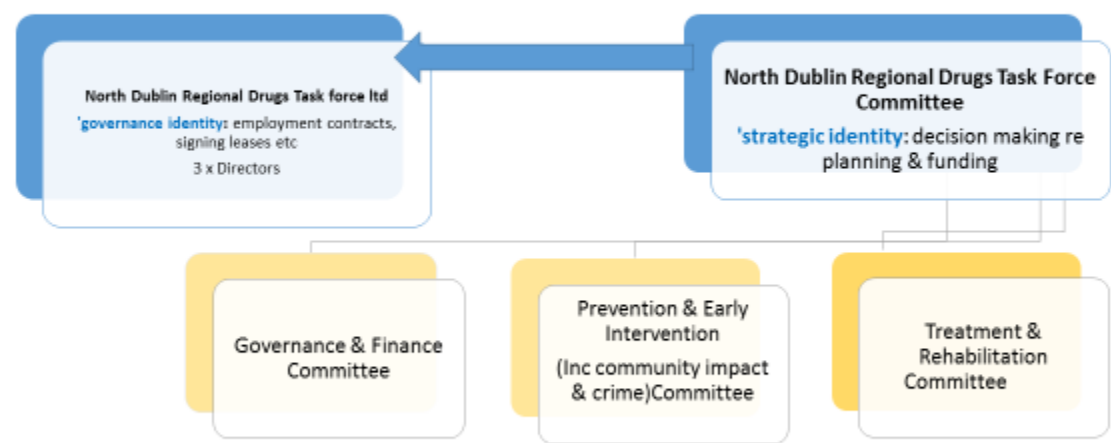


Below is a map with the areas highlighted in black that the HRB has assigned the RDATE, the main difference being the inclusion of Howth and Castleknock

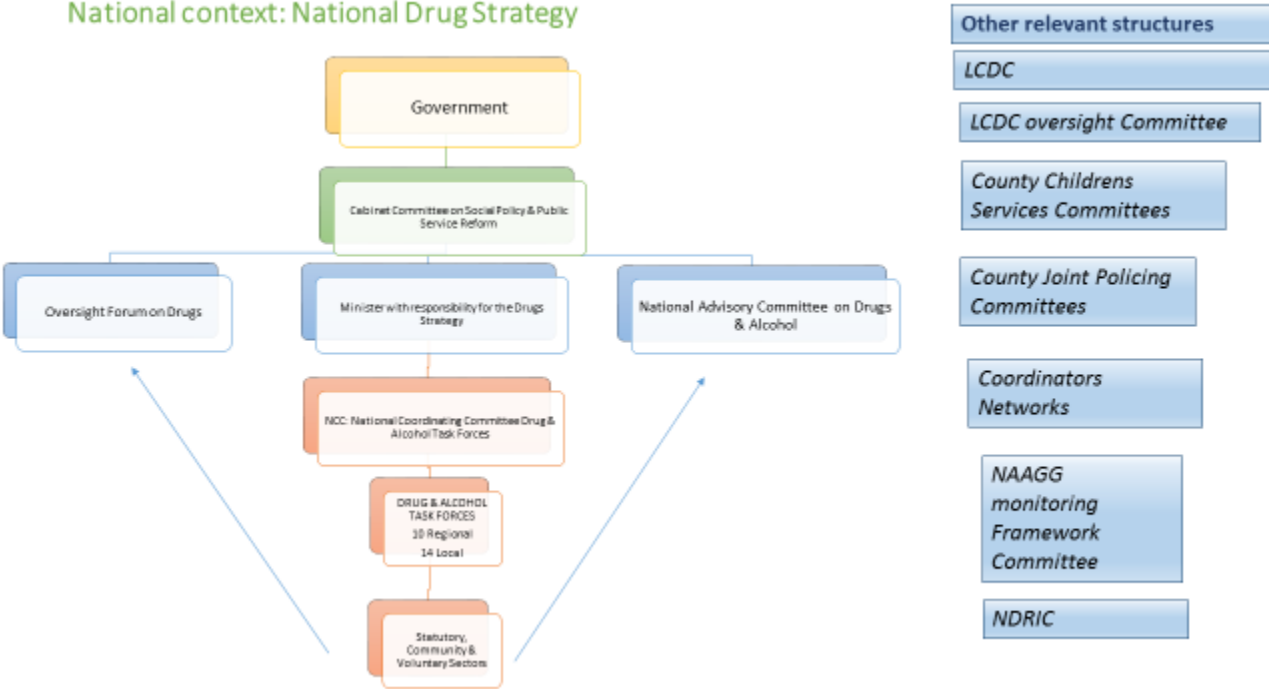


Appendix 2 - Governance Structure North Dublin Regional Drug & Alcohol Task Force.

North Dublin Regional Drug & Alcohol Task Force governance Structure



National context: National Drug Strategy



Appendix 3 - RDATA Conference Programme and Evaluation Feedback.

*The Heritage Killenard Hotel, Co Laois, Thursday 6th October 2016,
10am-4.30pm (registration from 9am)*

The Alcohol Conference has been organised by the Regional Drug & Alcohol Task Force Coordinators & Chairperson Network and is resourced through funding allocated under Dormant Accounts. The aim of the Alcohol Conference is to further strengthen the capacity of Drug & Alcohol Task Forces and their key partners to support the provision of evidence-based responses to alcohol problems in the communities they serve.

Conference Chairperson: Professor Joe Barry, Chair of Population Health Medicine, Trinity College Dublin

Conference Address: Ms Susan Scally, Principal, Drugs Policy Unit, Department of Health

Guest Speakers & detail of presentations will include:

Dr Shane Butler, Associate Professor at School of Social Work and Social Policy, Trinity College, Dublin - *Treatment & Rehabilitation Responses to Alcohol Problems: Putting together a coherent national response.*

Dr Suzi Lyons, Senior Researcher, NHIS, Health Research Board - *Problem Alcohol Use in the Irish Population.*

Dr Adam R Winstock, MD MRCP MRCPsych FACHAM, Founder Global Drug Survey, Consultant Psychiatrist & Addiction Medical Specialist.

Irish drinking patterns & behaviours (Global Drug Survey).

The health impact of alcohol use in a lifetime from pre-birth to old age and evidence supported interventions.

Ms Suzanne Costello, Acting HSE Alcohol Programme Lead- *HSE Alcohol Programme.*

Audience:

Drug & Alcohol Task Force members, Service Providers, Community Stakeholders, Substance Use Policy Makers & Funders.

Application Details:

Pre booking is essential to attend and places are limited. To register your attendance please complete the Conference Booking form and submit to **(EACH TASK FORCE CO-ORDINATOR TO COMPLETE)**. Closing date for receipt of applications is Friday 23rd September 2016. Attendance is free. For further information contact your local RDATA Co-ordinator.

RDATF Conference Evaluation. Survey Monkey. 2016.
'Alcohol in Ireland, have we got the measure of it?'

In one sentence, please describe your thoughts on this conference day with respect to its value for you.

Answered: 105

Responses Date

- 1 Listening to a series of presentations does not maximum benefit of having so many people together. I could have watched all of these inputs on the net.
- 2 Very interesting, particularly liked Dr Adam Winstock presentation and looking at young people and alcohol use
- 3 Interesting mix of speakers Enjoy Adams talk, found interested and relatable
- 4 Factual information in relation to alcohol & Ireland services available for treatment The SAOR model.
- 5 It was very valuable in terms of social work and considering trends, demographics and considerations for intervention.
- 6 Fantastic event, Shane, Suzi Lyons, Jim O'Shea & Adam were outstanding.
- 7 Highlighted the lack of willingness to engage with the issues presented with alcohol/drugs.
- 8 Excellent day, very well organised & informative.
- 9 Simply put it is exactly that 'the value' of information presented across life span of alcohol/drug use.
- 10 I am very pleased that I attended. I was particularly please to hear Dr Shane Butler & Dr Adam Winstock's presentation 'the terms of value' I got my insight into the history of how he has tackled alcohol in the past & learned a little as to how to promote 'APPS' that may encourage self-evaluation.
- 11 I think it has helped to bring clarity to where alcohol sits in the overall strategy. This clarity has been missing since alcohol was first included in Task Force remit.
- 12 Long overdue discussion on alcohol nationally.
- 13 Eye opener.
- 14 Very easy to follow.
- 15 Speakers were very informative, a lot of information in one day, but focus seemed to be on treatment.
- 16 Most interesting and enjoyable.
- 17 I have learned a lot of information - xxx is xxxxx & that I have the same problems in Carlow as many parts of the country.
- 18 Interesting & informative content.
- 19 Morning very rushed not enough time for question & answer time.
- 20 Good interesting and informative.
- 21 Up to date information - lots of food for thought. Afternoon speaker wasn't so relevant for me.
- 22 I think today was useful in terms of recent, up to date stats and also getting familiar with the drinks meter.
- 23 Informative & generalised but nothing new unfortunately. Beautiful hotel but difficult to get to. Same faces & same info with exception of SAOR & Adam Winstock.
- 24 Conference was of benefit to me as a refresher and update.
- 25 Informative & Educational.
- 26 Huge value, opportunity to contribute, to network, to get up to date information. Need these national conferences to ensure consistency in knowledge, learning, information.
- 27 I found the conference was very informational
- 28 As a worker in a drug prevention & education practitioner. Found the day was very relevant
- 29 I am very open to other ways for reducing alcohol abuse
- 30 Good refresher of information already aware of
- 31 This was a very varied and interesting conference

32 I found it very informative. I think the learning will support my practice with families I work with

33 Comprehensive. Very useful discussions overall peer learning too at breaks

34 I found it very informative and enlighten 10/24/2016 4:33 PM

35 Very interesting, gives us something to think about going forward as alcohol surely needs more attention.

36 We need medical input in relation to our service, so GP coordinators could play a role in doing a presentation.

37 I thought it was a great opportunity to get an update on national programme & real rounded picture of the evidence and need for a collective/supported response.

38 Very enjoyable, great variety and to network.

39 Very relevant to work area.

40 Gaining an insight into models in use in alcohol problems and the results of same. Listening to Dr S Lyons stats on alcohol use in Ireland was very interesting. Dr A Winstock presentations - Candle to the Grave - thought provoking what can we do as practitioners in the dream and what else needs to be done.

41 Very good information, good updates.

42 went well.

43 Some elements lacking but on the whole excellent.

44 Highlighted the great variety of services or lack of in different areas.

45 Very good day but highlighted yet again gaps & frustrations. It was a pity that the Minister did not stay

46 Hugely informative in terms of shaping my views/actions for Celbridge Community Alcohol Programme.

47 Very relevant to my area of work. Conference was very interesting and well put together

48 Very insightful Very informative Up to date statistics & trends

49 Very interesting in the evidence that notes we need to build on community services and that it is across the board approach - rather than just health providers.

50 Very well presented

51 Informative & well organised

52 Valuable experience: each presentation had its relevance. Wide range of subjects covered

53 Really thought provoking. Gained a lot of insight

54 the value of the day was the information re proposed strategy for the future and the xxxx of the new strategy.

55 Some really interesting information and statistics, however overly focused on treatment. Taking away some really good ideas. Excellent organisation on day.

56 Choices for treatment. The overwhelming evidence that mental health services are falling in their duty of care in complex/ co morbid cases/generally in area of alcohol

57 a very interesting day, slightly marred by the microphone failures.

58 Interesting, informative, networking opportunity, but lack of cohesive change at front line level of health care delivery is still not seen.

59 Very informative in relation to statistic's in Ireland around alcohol use.

60 Very well organised. Thank RDTF's. Well done for getting people together to discuss the main drug issue in our country today.

61 Provided an insight into National Strategic thinking & focus at present.

62 Very valuable I do no work within alcohol or drug misuse centre and I found each session very valuable in building my own knowledge.

63 Very informative and very interesting to explore alcohol attitude in Ireland

64 HSE Alcohol programmes Very factual but how relevant to target group Alcohol in Ireland –

65 Hopefully feedback will be given about lack of services & therefore ability to respond.

66 Perhaps more emphasis on prison setting.

67 It has re-highlighted the need for us to examine our relationship with alcohol in Ireland
 68 Adam presentation was the best, informative, enjoying and thought providing
 69 conference was very well organised with relevant speakers, knowledge and information
 70 Very informative & easy to understand
 71 Thought provoking, sharing of initiatives in other areas i.e. Community Detox
 72 Thought provoking, sharing of initiatives in other areas i.e. Community Detox
 73 More to do with harm reduction than treatment, yes reduction part of treatment but not 'the answer'
 74 I felt this conference was very informative and helpful
 75 Valuable but questions having so much time given to data in Ireland that is not representations
 76 Drawn out, but informative.
 77 informative in relation to policy changes.
 78 Very insightful & informative conference. the stats on alcohol are eye opening on every level
 79 Very informative & beneficial.
 80 Great venue central, well organised, good neutering experience. Suzie Lyons session very interesting & informative.
 81 Overall very informative.
 82 Very informative and engaging.
 83 Mainly dealing with 'where we are' in relation to alcohol rather than how to 'improve/help' our future, (although of course history does point to what way the future must change!!).
 84 Very informative, it will help me in my work.
 85 Good balance on stats, practice, open- forum.
 86 The presentation were excellent - just enough information and research backed also
 87 Interesting so far. Shane Butler amazing and real!! Adam Winstock - amazing - ear to the ground - real issues discussed -fore front of what its really about.
 88 Commitment by many people (staff & services) to delivers services and level of frustrations concern lack of supports and resources.
 89 Very informative and enjoyed Dr Butler's presentation in particular - gave cause for thinking outside the box. Inspiring.
 90 ??? Dr Shane Butler presentation is lead by HSE. People who can make a difference.
 91 It was very interesting although a bit repetitive.
 92 Highlighted the disagginatad nature of alcohol problems and the need for all sectors of society to play a role in addressing.
 93 Very research focused from a policy aspect.
 94 thought provoking in terms of considering how to share knowledge. I work with service users in a manner that will bring about positive change and reduce the harm caused by alcohol.
 95 I found my awareness of the harmful effects of alcohol has in all areas of society and the future implication of the alcohol strategy with offer in 2017.
 96 very informative day. Adam Winstock very good well organised - good work.
 97 Well worth while 98 excellent speakers & all presentations very valuable for working with treatment & rehabilitation sector.
 99 I'm very new to the alcohol community sector so today was a great learning tool for me.
 100 very interesting.
 101 well presented & excellent venue very informative.
 102 Excellent, very informed, well put together congrats well done.
 103 this was excellent, speakers very interesting and enjoying, have learnt lots, made contacts and gained new reference points.
 104 Good insight into services available in different counties.
 105 Enjoyed the conference very informative & will take away vast amount of practical information that I will incorporate into my work.

Appendix 4 - Information on the SAND app (RDATF drug & alcohol information 'app')





Search for "Sand Drugs" on the Appstore or Google Play

APPENDIX 5 - Summary of Strategic Review Powerpoint



ROLE OF NDRDATF PLAN

- Address the Needs of Population
- Focus Continued Development of Service User Needs in:
 - Treatment and Rehabilitation Services;
 - Family Support Interventions;
 - Targeted Education and Prevention.
- Develop & Utilise Inter-Agency Partnership Arrangements in Statutory and Voluntary Sectors to Optimise & Enhance the Work of NDRDATF

 Strategic Plan 2017-2019 

NDRDATF CATCHMENT

Relative Index Score	Label	Number of SAs in 2011	Percentage of SAs in 2011	Number of SAs in 2011	Percentage of SAs in 2011
		State		NDRDATF Catchment	
over 30	extremely affluent	30	0.2	2	0.2
20 to 30	very affluent	472	2.6	38	4.6
10 to 20	affluent	2,411	13	240	29
0 to 10	marginally above average	6,234	33.7	356	43
0 to -10	marginally below average	6,483	35.1	156	18.8
-10 to -20	disadvantaged	2,408	13	37	4.5
-20 to -30	very disadvantaged	448	2.4	2	0.2
below -30	extremely disadvantaged	2	0	0	0
Total		18,488	100	831	100

 Strategic Plan 2017-2019 

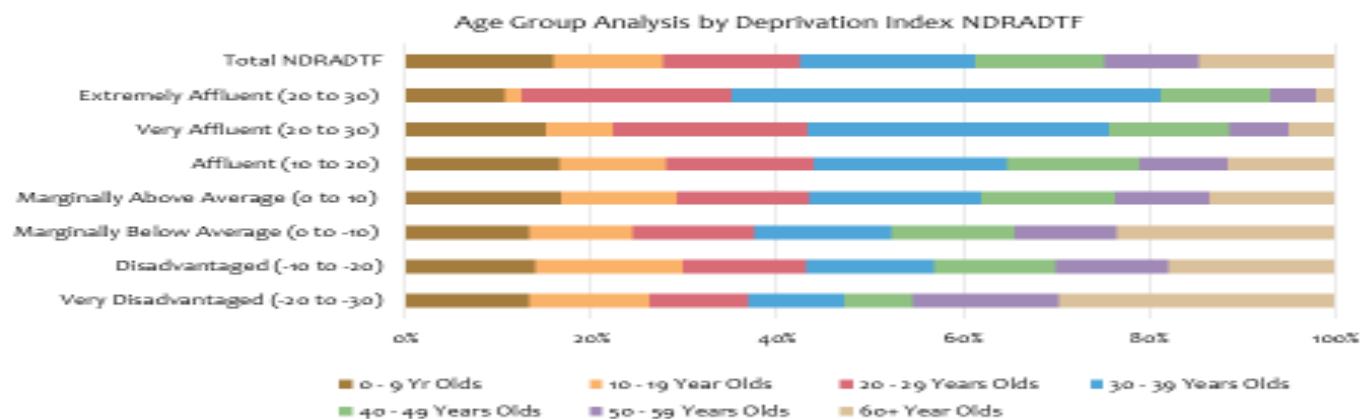
Locality	Population by Town Area	Km	Travel by Car (mins)	Total SAs With -ve Deprivation Scores	% Total SAs with -ve Deprivation Scores	Vulnerability Population with Deprivation Scores Between 0 and -30	Vulnerability Population with Deprivation Scores Between 0 and 10
Swords Total	40,429	0	0	35	12.8%	7,050	17,202
Balbriggan Total	22,695	19	19	30	15.4%	8,460	3,948
Beaumont	17,895	12	15	41	21.0%	11,682	5,410
Clontarf	17,621	15	20	6	3.1%	5,692	564
Malahide Total	13,152	5	12	3	1.5%	846	3,102
Ashtown (Phoenix Park)	12,087	20	20	14	7.2%	3,948	3,384
Whitehall	12,617	10	11	24	12.3%	6,768	1,128
Rush Total	9,156	15	20	10	5.1%	2,820	4,330
Lusk	8,814	10	13	4	2.1%	5,128	5,640
Donabate	8,733	7.8	10	5	2.6%	1,410	5,076
Kinsale Total	8,475	8	12	3	1.5%	846	5,076
Skerries Total	8,333	18	23	5	2.6%	1,410	846
Howth	8,256	15	30	4	2.1%	5,128	5,922
The Ward	8,241	10	15	1	0.5%	282	3,948
Portmarnock Total	7,683	9	15	2	1.0%	564	564
Dubber	6,359	13	16	1	0.5%	282	4,794
Airport	4,032	4	8	1	0.5%	282	5,076
Holmpatrick	3,224	18	23	1	0.5%	282	2,538
Kilsallaghan	2,205	8	14	2	1.0%	564	1,128
Tynrelstown	2,112	17	22	6	3.1%	5,692	-
Balgriffin	1,966	7	11	1	0.5%	282	3,948
Turnapin	1,683	6	11	0	0.0%	-	1,974
Phoenix Park	1,638	20	20	2	1.0%	564	12,408
Garristown	1,438	19	26	2	1.0%	564	564
Lucan North	1,358	25	24	0	0.0%	-	5,358
Hollywood	1,259	16	18	0	0.0%	-	-
Ballyboghil	1,011	10	15	0	0.0%	-	282
Clonmethan	790	14	20	1	0.5%	282	282
Balscadden	667	22	19	1	0.5%	282	282
Total NDRDATF Catchment	234,559			195	100.0%	54,950	100,874



Strategic Plan 2017-2019



Age Group Analysis NDRDATF

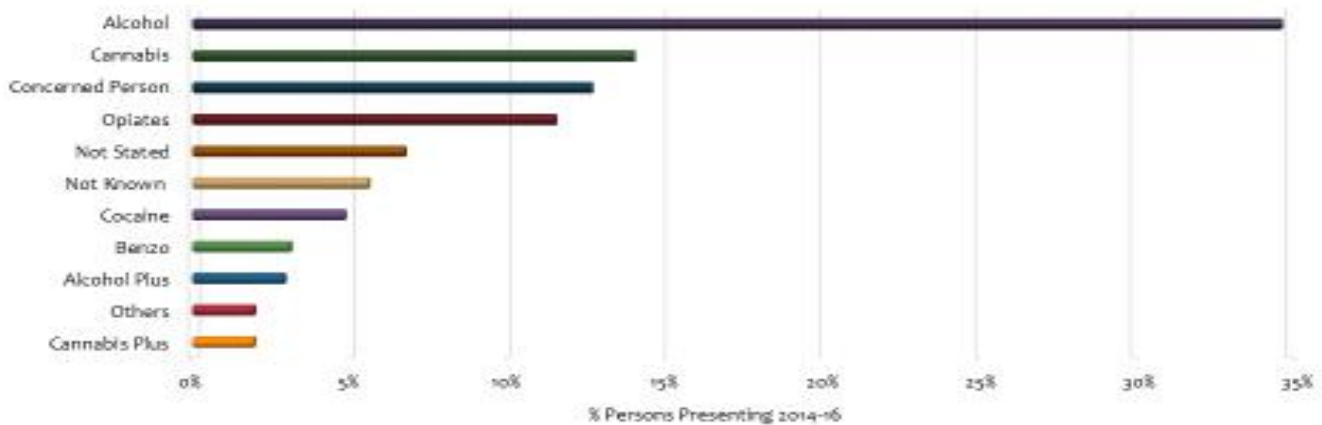


Strategic Plan 2017-2019



NDCCS Primary Substance 2014-16

Primary Substance Reported NDRADTF 2014-16 (n = 519)

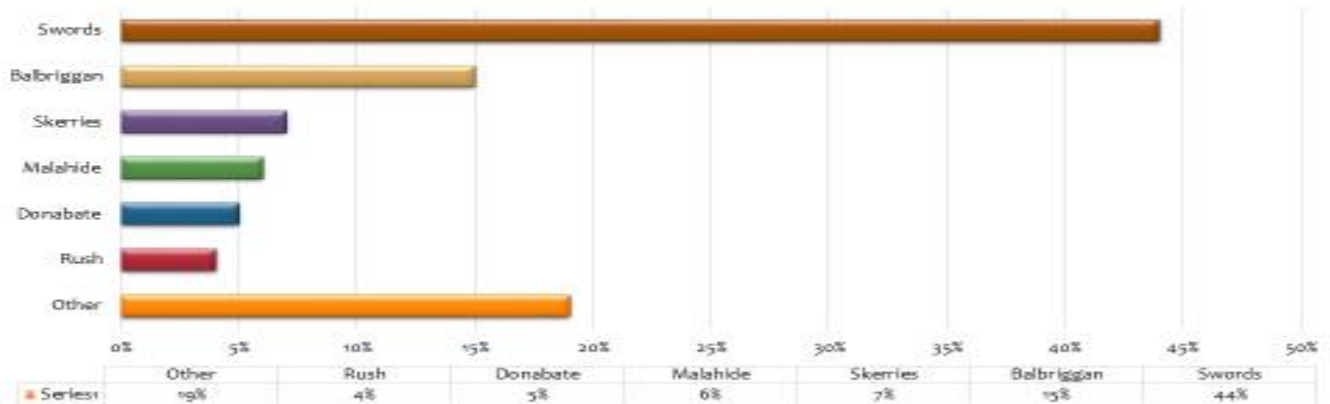


Strategic Plan 2017-2019



Area of Residence NDRDATF 2015

Geographical Area of Residence Adult Referrals NDCCS 2015

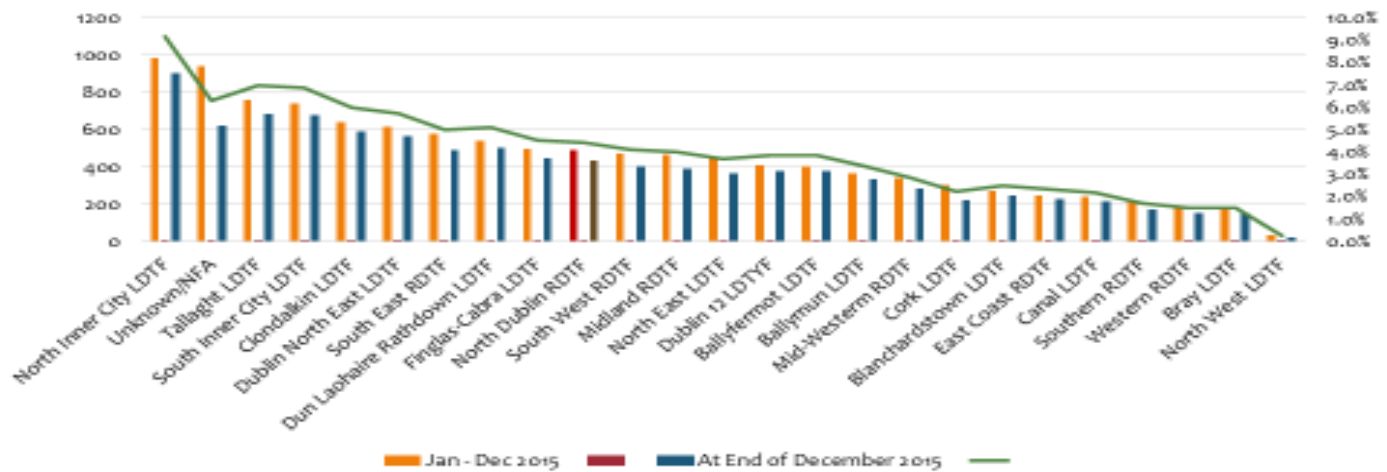


Strategic Plan 2017-2019



Methadone Treatment by Task Force Area 2015

Methadone Service Users in Treatment by Task Force Area 2015

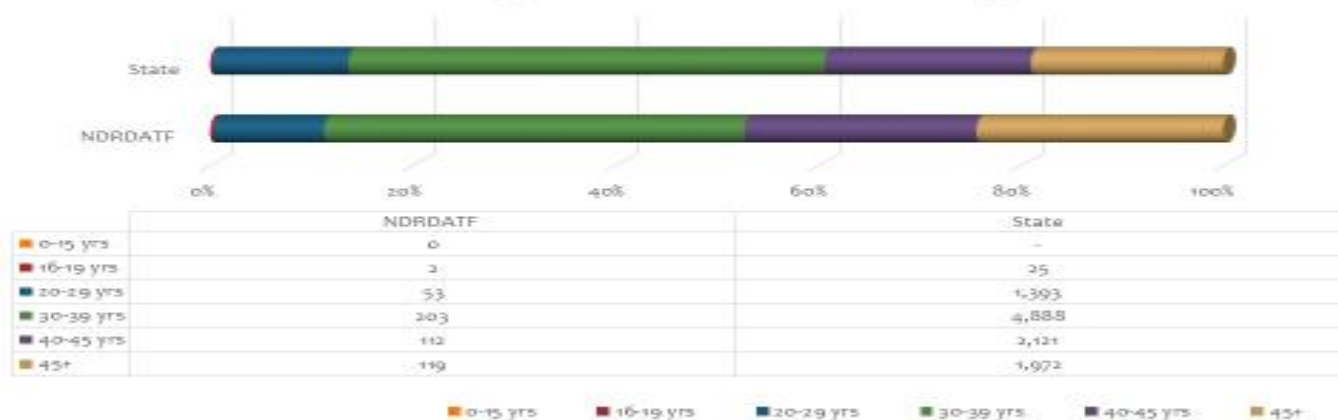


Strategic Plan 2017-2019



Methadone Age Mix Treatment NDRADTF and State 2015

Methadone Age Mix Treatment NDRADTF and State 2015



Strategic Plan 2017-2019



SITUATION ANALYSIS - 2014-16

- Developed service user-focused, intensive working relationships with key statutory agencies including:
 - Probation Service
 - HSE Mental Health Services
 - HSE Dublin City & County Child & Adolescent Psychiatry
 - HSE Substance Abuse Service Specific to Youth
 - Local Gardaí & Customs
 - Tusla Child and Family Services
 - GPs, local HSE Clinical Nursing Services & Pharmacies
 - Schools and ETB Training Centres
 - Schools Completion Service
 - CURAM
 - Foróige & Crosscare
 - JIGSAW



Strategic Plan 2017-2019



PRIORITY AREAS 2017-19

- Extend coverage of the NDRDATF Community Care Service and other Task Force initiatives to all parts of the catchment area on a targeted basis
- Identify complementary 'daycare' and 'aftercare' opportunities for service users
- Address the needs of service users in the community who are registered on the Methadone Maintenance Treatment Programme
- Ground the family support function with key stakeholders through the introduction of 'Triple P' approach
- Secure needle exchange facilities
- Implement new alcohol policy in line with national guidelines and local new, area-based alcohol strategies



Strategic Plan 2017-2019



Appendix 6 – Family Support Specialist Job Description

Description	FAMILY SUPPORT SPECIALIST
TITLE	FAMILY SUPPORT SPECIALIST (Full time)
LOCATION	Administrative base: Swords. Operational area: North County Dublin
Grade	Aligned to HSE grade VI Salary scale (€44,849.00 - €55,032.00)
Primary objective	To develop and provide evidence based supports to reduce the stress & health related problems experienced by families & children in North County Dublin associated with familial drug & alcohol use
Reporting relationship	The post holder will be employed by the North Dublin Regional Drug & Alcohol Task Force and report to the North Dublin Regional DATF Coordinator
Principal duties	<div> <p>To support the delivery of the North Dublin RDATF Family Support Strategy</p> </div> <p>To provide formal assessment, key working, case management and care plan development supports to family members who are impacted by familial/significant others problem drug & alcohol use</p> <p>To build relationships & work formally with service providers and local community stakeholders to support families & children impacted by drug or alcohol use</p> <p>Identify potential gaps to support vulnerable families in North County Dublin and problem solve in conjunction with other services</p> <p>To deliver evidence based interventions directly to families</p> <p>To support the development of family support groups</p> <p>To record client information using paper & electronic systems</p> <p>To build a rapport with family members and advocate where appropriate</p> <p>To identify models of best practice in relation to family support</p> <p>To support the North Dublin Regional Drug & Alcohol task force to respond to strategic priorities for the area</p>
Essential requirements	<p>3rd level qualification in a related field</p> <p>3 years+ frontline paid experience in family support setting</p> <p>Open and innovative approach to work</p> <p>Experience of interagency working in a similar setting</p> <p>Excellent knowledge of broad range of evidence based interventions</p> <p>Experience in care plan development and formal assessment</p> <p>Drivers license & access to car</p> <p>Excellent communication skills & team work</p> <p>Proven record of working to a client centred non-judgmental ethos</p>
desirable	<p>Training/accreditation in 5 Step, CRAFT and/or similar interventions</p> <p>Knowledge of family programmes such as Triple P, SFP, parenting plus etc</p> <p>Experience of group facilitation</p>
	Experience of training delivery & workshop planning
Other	<p>Garda Vetting will apply</p> <p>Under 18s work may be required</p> <p>Flexibility will be required in working hours (needs based)</p>

Appendix 7 – Information regarding Triple P Positive Parenting Programme.

Triple P Poster



Take the **guesswork** out of **parenting!**
Try the free **Triple P – Positive Parenting Program!**

The Triple P – Positive Parenting Program takes the guesswork out of parenting. It is one of the few parenting programs in the world with evidence to show it works for most families.

Two hours is all you need for a Triple P Discussion Group

Overview of Workshops...	Where?	When?
Workshop 1: <i>Developing Good Bedtime Routines</i>		Date Passed
Workshop 2: <i>Managing Fighting & Aggression</i>	Foroige Youth Service, St Georges Sq, Balbriggan	May 11 th (Wed) 9.30 – 11.30am
Workshop 3: <i>Dealing with Disobedience</i>	Foroige Youth Service, St Georges Sq, Balbriggan	May 18 th (Wed) 9.30 – 11.30am
Workshop 4: <i>Hassle Free Shopping with Children</i>	Foroige Youth Service, St Georges Sq, Balbriggan	May 25 th (Wed) 9.30 – 11.30am

WHO??

Parents/carers of children aged between 2 years & 12 years, & living in North Co Dublin.

You can sign up for 1, 2, 3 or all of the workshops!
Free of charge.

HOW TO REGISTER...

Spaces are limited so please register early by Calling Karen on 01 813 1786 or emailing karen@ndublinrdtf.ie.

Organised by: North Dublin Regional Drug & Alcohol Task Force





Take the **guesswork** out of parenting!

Try the **free Triple P – Positive Parenting Program**

The Triple P – Positive Parenting Program takes the guesswork out of parenting. It is one of the few parenting programs in the world with evidence to show it works for most families.

Two hours is all you need for a Triple P Discussion Group

Overview of Workshops...	Where?	When?
Workshop 1: <i>Managing Fighting & Aggression</i>	Unit 25, Town Centre Mall, Swords	May 10 th (Tues) 9.30 – 11.30am
Workshop 2: <i>Developing Good Bedtime Routines</i>	Unit 25, Town Centre Mall, Swords	June 7 th (Tues) 9.30 – 11.30am
Workshop 3: <i>Dealing with Disobedience</i>	Unit 25, Town Centre Mall, Swords	June 14 th (Tues) 9.30 – 11.30am
Workshop 4: <i>Hassle Free Shopping with Children</i>	Unit 25, Town Centre Mall, Swords	June 21 st (Tues) 9.30 – 11.30am

WHO??

Parents/carers of children aged between 2 **years** & 12 **years**, & living in **North Co Dublin**.

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Free of charge.

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www.ndublinrdtf.ie

Organised by: North Dublin Regional Drug & Alcohol Task Force

NORTH DUBLIN
Regional Drug & Alcohol Task Force



Triple P Discussion Group

What are Triple P Discussion Groups?

The Triple P Discussion Group Series includes parent discussion groups on commonly encountered problems such as disobedience, fighting and aggression, and managing situations such as shopping with children and bedtime. The discussion groups are designed to provide an overview of the positive parenting principles for any interested parent. Parents are actively involved throughout the 2-hour small group format discussions.

Who is it for?

Parents or caregivers with a specific concern about their child's behaviour. They are most likely to benefit when their concerns are around a relatively discreet, mild to moderate behavioural issue and when parents can independently implement parenting plans that are generated during each 2-hour group discussion.

What is covered in sessions with parents?

Topic 1: Dealing with disobedience. This discussion topic provides examples of common forms of disobedience and some reasons why children have difficulty learning to follow instructions. A number of positive parenting strategies are then introduced to help parents develop a personal plan to prevent disobedience, teach their child limits, and also to manage disobedience when necessary.

Topic 2: Managing fighting and aggression. In this session, parents are encouraged to share their experiences of aggressive and destructive behaviour from their children and discuss some of the reasons children fight. This group covers the skills that children need to be able to cooperate and get along with others. Parents learn how to teach skills such as sharing, communicating, and being gentle. They also prepare plans to manage times when fighting and aggression do occur.

Topic 3: Developing good bedtime routines. This discussion topic explores different problems parents commonly face at bedtime and some of the reasons why they happen. The skills children need to get into a good bedtime routine are discussed and parents are introduced to positive parenting strategies to help prevent problems. The approaches to encouraging children to stay in their own bed throughout the night are discussed: the gentle, the gradual, and the direct approach. All approaches are evidence-based and parents choose which approach suits them best.

Topic 4: Hassle-free shopping with children. This discussion topic uses shopping trips as an example of one of the most common times parents have to deal with difficult behaviour in public. Positive parenting strategies are discussed as step-by-step suggestions for preventing problems and teaching children how to behave on shopping trips. Parents develop individualised plans to manage problem behaviour during their own shopping trips and are encouraged to transfer new parenting strategies to other potentially difficult community situations.

What resources do parents receive?

Each family receives a Triple P Discussion Group Workbook on the corresponding topic they are attending.

Triple P – Positive Parenting Program®



How much time is needed to deliver the intervention?

In addition to each discussion group, the practitioner should allow time for reviewing satisfaction questionnaires and preparing for the group and/or supervision. Please see the table below for an approximate delivery guideline time for each discussion group.

Course	Face to Face Consultation or Group Session Time	Questionnaire Scoring and Feedback - Pre and Post Assessment*	Telephone Support or Home Visit	Session Preparation and Post-Session Debrief/Supervision	Case notes and Report Writing**	Total Time
Triple P Discussion Group	2 hours	n/a	optional	1 hour	1 hour (10 families, 6 minutes each)	4-5 hours per group

*An additional 2-3 minutes per family should be allowed for reviewing the Client Satisfaction Questionnaire (CSQ).

**Not including comprehensive reports for government agencies.

What is involved in provider training?

To provide Triple P Discussion Groups to families, practitioners must have completed an active skills training programme and demonstrated their knowledge and competence in programme delivery through a skills-based accreditation process. The table below provides an estimate of the time commitment for practitioners to attend training and support days, as well as time needed for preparation and peer support.

Course	Number of Training Days (9.00am - 4.30pm)	Pre-Accreditation Day (9.00am - 4.30pm)	Preparation Time for Accreditation Day	Accreditation Day	Peer Support	Total Time
Triple P Discussion Groups	2 days	1 day	4-6 hours (quiz and competency preparation)	Half day	2-3 hours (hourly meetings per month)	4½ days

What resources do practitioners receive?

Each practitioner will receive a copy of the following Triple P practitioner resources at training:

- Facilitator's Kit for Triple P Discussion Group (includes Presentation Guide, four Workbooks, and DVD/Power-Point).
- Facilitator's Manual for Triple P Discussion Groups.

