

STRATEGIC PLAN
2018 - 2021

BUILDING COMMUNITY RESILIENCE



FINGLAS CABRA
LOCAL DRUG & ALCOHOL TASK FORCE

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TASK FORCE CHAIRPERSON

Foreward



Local Drug Task Forces were established in 1997 as part of the recommendations of the First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (Oct 1996). The report recommended the creation of eleven Local Drugs Task Forces to integrate policy and practice in those areas identified as having a high prevalence of problem drug use.

Since 1997 Task Forces have sought to address “the need for improved coordination in service provision and to utilise the knowledge and experience of local communities in designing and delivering those services”. (RHRSR, 2017-2025)

Task Forces have also “supported the development and expansion of integrated and accessible community-based services. This has resulted in greater access at local level to harm reduction initiatives, such as methadone and needle exchange and other wrap around service and supports, such as advice and information, family support, childcare and complimentary therapies” (RHRSR, 2017 -2025).

Some of the important community based services that have been supported and developed by Finglas Cabra LDATEF include:

- Sankalpa (formerly Millennium Carving) – Drug Rehabilitation Programme (mainstreamed)
- Local Outreach Family Therapies (formerly Cabra Resource Centre) (mainstreamed)
- Finglas Addiction Support Team.
- The Voyages Programme (Finglas Centre).
- Drug free Aftercare Support in Finglas and Cabra
- Cabra Community Policing Forum
- Finglas Community Safety Forum
- Finglas Cabra Health Promotion
- Drugs Prevention Initiatives Fund (School prevention interventions)
- Community Response small grant scheme
- Colaiste Eoin Equine Project
- Therapy Project
- Rehabilitation Progression Fund
- Better Finglas



The role of our Task Force

Our Task Force is a local inter-agency organisation working with all stakeholders and allies to build resilience to the effects of problem drug use at individual, family and community level. This was recently recognised by Government in the National Drug Strategy - “DATFs have played a key role in harnessing the efforts of community groups, families and local residents and have built partnerships with statutory services and local representatives” (Reducing Harm Supporting Recovery 2017 - 2025, Page 63).

Community resilience has been described as ‘the capacity of communities to respond positively to crises to adapt to pressures and transform’ (Glasgow Centre for Population Health, 2014b, p.27). In resilient communities, people feel supported, empowered and enabled to work together to take more control of their own lives and provide their own solutions to the issues they face (Public Health England, 2016).

Building community resilience involves the development of the social capital of communities (Wilding, 2011). The social capital generated by Task Forces creates “links to people or groups further up or lower down the social ladder, e.g. to those in authority” (Aldrich & Kyota, 2017; OECD, 2007). This allows a two-way flow of information between the ‘grassroots’ or ‘periphery’ to the ‘top’ or ‘centre’ where decision-making, resource allocation and strategic planning is located. The plan is the product of extensive consultation with a wide range of stakeholders involving many hours of discussion and thinking over the course of 2017. The plan contains a set of SMART objectives i.e. Specific, Measurable, Actionable, Relevant and Timebound. They’ve emerged from our analysis of the consultation process and of the drug problem in our area. I and all Task Force members consider this plan to be realistic and achievable in the current economic context and within the 2018 – 2021 timescale.

On behalf of all Task Force members I recommend this plan to the community, and all of our stakeholders and look forward to working together with you on its implementation over the next four years.

Martin Hoey, Chairman

Strategic plan consultation

Consultation process

An extensive and inclusive consultation process was undertaken to facilitate input into this strategic plan. The methods used in the consultation process were informed by qualitative research methods. Guided by this, it was decided to use focus groups as an efficient way of engaging large numbers of individuals in a discursive exploration of local drug related issues that they felt needed to be addressed.

A semi-structured questionnaire was designed for use in the focus groups to encourage reflection on the nature and extent of local drug-related problems over the last 5-years, consider additional action we could take to address these and make suggestions on how the Task Force could tackle them over the next 4-years.

16 focus groups were organised involving residents, local drug users, clients of treatment services, and professionals working for voluntary and statutory services who had direct and indirect contact with individuals affected by drugs. Over 200 individuals participated in these focus groups. Each focus group was digitally recorded so that the focus group discussions could be accurately analysed.

Throughout the process the drug situation in Finglas and Cabra was perceived as “not just one problem with one solution.” It continues to be a complex multi-dimensional problem requiring all sectors and agencies to work together.

There was a very supportive reaction to the focus group process from all stakeholders who participated in it. Service users, in particular, saw it as a useful way to voice their concerns about the drug situation in their community and to engage with the Task Force in relation to this.



Changes in drug-related crime

There was a consensus across all focus groups on the qualitative change that had taken place in the local drug situation over the previous five years. The term used most often to describe this was “brazen.” Or a sense of lawlessness because “they know nothing will happen” (“they” being what the Garda refer to as “lieutenants or enforcers” whose role is to maintain the authority, by force if necessary, of the main drug dealers or “Kingspins”).

Professionals involved in providing drug treatment described this qualitative change as a “loss of empathy caused by shootings.” Either the loss of life mattered less now, or the person shot deserved it because he was “involved” in some way.

The focus group involving participants of local drug treatment services felt very strongly that drug lieutenants were now generally quicker than in the past to use physical violence to maintain their authority. They also argued that it was common for “lieutenants” to intimidate individuals to hold and store drugs for them.

According to Gardaí the increased tendency to use violence was linked to the increasing number of these “lieutenants”. These individuals are seldom in direct contact with quantities of illegal drugs, making it difficult for the Garda to apprehend them.

There was also an overall sense in the focus groups that the crime and violence generated by the local drug trade were sources of fear across the community in Finglas and Cabra and that fear had increased in recent years as it is “now cheap to take a life.”

Despite the tireless work and success of the Garda over the last five years there has been no significant change in the availability of illegal drugs in Finglas and Cabra. This situation has not been helped by the growth in social media. Social media is increasingly being used to point customers to where they can buy drugs. It’s also making it easier to organise “home deliveries” via phone numbers advertised via Facebook, Snapchat, etc.

The Garda saw the current trend in online purchasing of prescription drugs as the biggest change in the drug scene in recent years. With online shopping for “tablets” increasing in popularity as opposed to the use of substances such as heroin.

Changes in drugs and drug use

The majority of drug service users firmly believed that most people using drugs are not in contact with treatment and support services. The reason given for this was that “they don’t see a way out.”

Compound drugs, referred to locally as “tablets” or “prescription drugs,” were considered by many of those interviewed to pose a more significant addiction problem than heroin had in the recent past.

Weed (cannabis herb) was referred to in all focus groups as being the most widely used illegal drug. There was concern expressed in all focus groups about its widespread use among young people and its link to mental health problems.

There was agreement across most of the focus groups that the starting age of drug use is getting lower. Many were also concerned about the willingness of dealers to sell any of the drugs they have to children as young as 13, this had not been the case in the recent past.

Many also felt that the current culture of drug use is changing whole families. Some cited cases where all family members were addicted to “tablets” and crack cocaine. Others cited cases where families were involved in selling crack with their younger members dealing to provide the drug for their parents. Providing drug treatment to individuals becomes very difficult when their whole family is addicted to drugs.

Services are now seeing various generations of users in the same family; parents, children, and grandchildren.

An analysis put forward in one of the focus groups described how heroin users had evolved into chronic polydrug users. The Wellmount Clinic in Finglas is managing 200 of these chronic cases. With many of these individuals experiencing mental health and homelessness linked to their drug use.

Drug use was described as much more sophisticated now than five years ago. With people using drugs such as tranquilizers at various times of the day, to manage the after effects of powder or crack cocaine binges. The consensus among the drug users, drug treatment professionals, and Garda interviewed was that users in the 20 – 30 age range are now consuming a combination of weed, tablets, and crack cocaine, with older users continuing to use heroin and cannabis resin. Drug users interviewed described how 10,000 – 15,000 “tablets” are coming in via the internet every week. These included Zimovane, Valium D5, and D10, Tranex, Lyrica, Up-johns, etc.

Drug Treatment professionals and the Garda are seeing a continuous fall-off in the number of young people using heroin. Weed is the substance most teenagers now start using. The Garda were concerned that many young people see it as harmless and not illegal.

There was considerable concern among treatment professionals about depression among young boys linked to the heavy use of weed.



‘Tablets’ a bigger problem than Heroin was



*Weed most used
Illegal drug*



Family groups selling Crack and ‘Tablets’

These professionals were also seeing the effect of this on the wider family. They also expressed concern about the perception among adults that weed is harmless.

All focus groups agreed that there had been increased use of various types of “tablets” including benzodiazepines commonly referred to as Valium or D5s and D10s etc. Over use of these drugs can lead to severe behavioural problems for users and pose health and safety concerns for staff working with them due to the erratic behaviour brought on by their use.

The Garda explained how individuals who have consumed these drugs often “don’t know what they have taken.” “They will admit to anything” was how one Garda described the chaotic nature of the behaviour of a prisoner who was on ‘tablets’ he was dealing with.

A consensus also existed across the various focus groups that the drug situation in the area has got worse since the arrival of crack cocaine. A hit of crack costs at least €25. Users can spend whatever money they have on it, up to €200 a day would be common. Most focus group participants linked the use of crack with the increase in burglaries in recent years, particularly in Finglas. Service users interviewed claimed that this rise in burglaries was connected to crack users willingness “go the extra mile” for money to feed their habit.

The way people of all ages are now using alcohol was also a cause for concern in the focus groups. Many of the drug treatment professionals were concerned about the general lack of awareness about physical and psychological affects the

amount of alcohol now being consumed are having on individuals and families.

Older service users interviewed felt that there were too many displays of alcohol in shops now. Some saying that “wherever they go now alcohol is being sold and advertised”.

The young people who took part in the consultation found it easier to purchase alcohol than illegal drugs. “You get an older lad to buy it for you.” Proxy buying such as this is an on-going problem that is being responded to by the Garda using visits to off-sales outlets and test purchasing.

Some of the treatment services interviewed described an “explosion” of drug use within the Traveller community in recent years. Some Traveller families have had to resort to confining their teenagers to home if dealers are on their site.

Just like in so many other areas the problem of homelessness has become an issue for drug service users in Finglas. Those who are homeless are avoiding hostels by moving between friends and family members. Local services say they find it difficult to get information on clients from homeless services.

There was general agreement on the need to improve communication between all local drug related services including HSE clinics, Community G.P.’s, pharmacies, HSE mental health services and community drug services. One service described the current communication between services as “disjointed.”



*Drug situation
has worsened
due to Crack*



*Alcohol easier to
purchase than
drugs for youth*



*Homelessness
an issue for Drug
Service Users*



Change in the pattern of availability

All focus groups acknowledged that visible street-dealing had returned to the Finglas area over the last five years with most happening from 6 pm onward in locations such as Cardiffsbridge, Barry Close, various parts of Finglas South, Ballygall Ave, and Fergal's Lane used for distribution.

On street drug markets have also re-emerged in Finglas Village. Those selling drugs there appear to make more money than the legitimate businesses by targeting young people on the way to and from school.

Residents in Cabra were satisfied that recent Garda activity on Faussagh Ave had brought drug dealing under control there. It contrasted with what drugs users in Cabra were seeing. They talked about being continually offered drugs as they walked along the street in Cabra.

Most illegal and legal drugs are marketed via mobile phones 24-hours a day. It is now not unusual for users to be offered drugs via text message each day. Drug purchases can now happen anywhere because of availability of cheap mobile phones and internet technology.

Dealers now consider it cheaper to get children rather than adults to sell their drugs. They are targeting children as young as eight years of age to act as “runners.” They do this by allowing them to build up debts for weed and if these cannot be settled payment in kind is sought by getting them to act as “runners” to transport quantities of drugs.

Some of the young people interviewed put forward the following reason younger people were getting involved with drug dealing. By selling drugs, “they can avoid asking parents for money.”

All focus group participants agreed that as soon as the Garda arrest a young person, another takes over from them. Sadly, this suggests that a ready supply of these young people exists who are willing to take the risk of becoming involved with the criminals supplying drugs locally.

These young people no longer fit the traditional profile of those usually considered vulnerable to involvement in drug-related crime, i.e. early school leavers, troubled young people, etc. It is now not unusual for young people who have completed the Leaving Cert and who never had contact with the Garda to be involved as drug runners or street sellers. Some do not use drugs themselves and are only interested in earning money to pay for clothes and socialising.



Change in community safety and policing

Overall there was much fear and insecurity among the local people interviewed that were linked to the criminality generated by the local illegal drug trade. Residents were fearful of being targeted themselves if they tried helping in cases of intimidation. They felt that the criminals would find out no matter how much the Garda assured them of confidentiality.

Young people interviewed saw their relationship with the Garda as problematic. One young person explained how the “Garda expect us to be disrespectful.” “Even if you are the quietest young person the Garda will stop you.”

Residents in Cabra saw significant changes in the visibility of drug dealing when the Garda maintained a high profile on their streets. This change was very noticeable on Faussagh Ave over the last six months when extra Garda resources were made available to patrol this area. Worryingly, residents felt that the dealing would become visible again if the patrols were reduced or withdrawn.

Prevention and education

Most focus group participants agreed that the use of scare tactics or talks by former drug users does not work. They saw the need for parents and professionals to start talking to young people at 12 years of age about drugs.

In the focus group with young people their use of local youth services was discussed. The young people interviewed said that the cost of youth service activities is a barrier to them getting involved in these. They also felt that use of age segregation can make it difficult for friends to take part in programmes together. Youth services should also be open more at weekends. They very much appreciated the Halloween Festival as it was free of charge. Overall, they felt that youth service programmes were too structured and more drop-in services were needed as an alternative to them hanging around on the street.

There was general agreement in all the focus groups on the need for more resources to be found to provide additional early interventions aimed at young people and their families.



Drug treatment

All treatment professionals who took part in the consultation process saw the need for increased awareness of the existing support services available locally to those experiencing drug-related problems.

The lack of Doctors in General Practice in the Task Force area remains a significant local issue. This is leading to situations where existing G.P.'s have little time to engage fully with patients with addiction and related mental health conditions. To manage this situation Doctors are resorting to prescribing various "tablets" upon which patients can become dependent.

There was significant support for greater cooperation between statutory and voluntary addiction and mental health services in the management of dual diagnosis cases.

Treatment professionals and their clients also highlighted the need for more post-detox supports to be made available locally to increase chances of recovery.

Given the growth in cocaine use in Cabra treatment professionals working there saw the need for a specialist evidence-based cocaine service. Treatment professionals were also seeing the widespread use of crack cocaine among local drug users.

Waiting time for an assessment at Finglas Addiction Support Team (FAST) was brought up in one of the focus groups by drug service users. They felt that the waiting time for assessment was too long and that assessments should be made available to them on a drop-in basis.



Perceptions of success in relation to the local drug situation

When asked to discuss what success means in relation to the local drug situation the various stakeholders interviewed saw this in different but connected ways.

A broad view of success put forward saw it as improvements in local employment, housing, and poverty among those affected by the drug situation in general. Not solely changes in drug use. To achieve this a better resourced multi-departmental approach was needed and aimed at making the kind of sustained systemic improvements needed.

Many of the drug treatment professionals interviewed saw success as the achievement of patient goals, i.e., "what does the patient want to achieve." This patient centered definition recognises that treatment success was "not just abstinence." For some patients, it could mean the achievement of basic "social functioning." The ability to fulfill their role at work, social activities, and relationships with partners and family. It also values the recognition of stages of success on a recovery path for each.

Another view of success was the prevention of early trauma that can lead to addiction. In this context, early trauma is a form of physical or psychological trauma experienced early in life, such as a head injury or sexual abuse, that individuals try to overcome by using drugs or alcohol.

There were various references to personal safety in the focus groups. Increasing general safety among residents was seen as a benchmark of

success for many of those interviewed. One resident described how she “just wanted to feel safe” walking around Finglas by day or night.

Success was also seen to come from sustained low-level community development in neighbourhoods with clusters of chaotic families. Low-level community development could identify and cultivate leadership, then describe and promote small wins made by this in the neighbourhoods concerned.

Most drug service users described success by referring to the support they had received from local addiction services including FAST, Sankalpa, Voyages, LOFT, Wellmount Clinic, etc. All service users expressed great appreciation for the assistance they received from all local services.

The Garda described their policy on successful drug related policing in precise terms. “More drug seizures and more drug related arrests.” The Garda were adamant that if they received more information from the community, they could be more successful in reducing the supply of drugs.

Specific policy priorities put forward in the consultation process

In order to gain insight into what the Task Force could do to increase positive change in the local drug situation focus group participants suggested the following:

The Task Force should continue to provide leadership aimed at achieving positive change in relationship to local drug and alcohol related issues.

Task Force should advocate at higher levels for resources for additional local drug related interventions and services that are based on solid evidence.

The lack of community G.P.’s in the Task Force area generally and particularly in the Finglas West area is a long-standing problem that is impacting on the quality of patient mental health care. The Task Force should seek to increase the

number of Community G.P.’s practicing in the Finglas West area.

The Task Force should develop a community alcohol strategy aimed at raising awareness of the health impact of alcohol and on reducing its availability locally.

Outcomes for people receiving drug treatment can be improved by closer working between mental health and addiction services. To this end the Task Force should advocate for closer working ties between the services concerned.

Early intervention is seen by all stakeholders as the most effective way of preventing problem drug use and reducing harm. The Task Force should continue to prioritise this and seek resources for additional evidence-based interventions.

The Task Force should seek resources to establish an independent service user forum that will channel their perspective into the Task Force process.

The Task Force should continue to produce and distribute factual information on drugs and alcohol and raise awareness of their health and social affects.

The increasing dangerous impact of drug debt, intimidation and associated violence were referred to continually in the focus groups and its impact on community life whether you are or are not using drugs. The Task Force should continue to work with its partners on ways to reduce the impact of this and make Finglas and Cabra a safer place to live and work in.

The Task Force should work with its partner’s to identify and cultivate community leadership in neighbourhoods most affected by drugs and associated anti-social behaviour.



Our Vision

Our vision is of a community where all are working together with belief and confidence to resolve drug issues positively.



Our Mission

*To build and maintain
an inclusive Task
Force that leads a
coordinated local drug
strategy in the Finglas
and Cabra areas.*



Our Strategic Priorities 2018 - 2021





1 Resources

The Task Force will continue to advocate for resources to sustain efficient local alcohol and drug related services and programmes for individuals and families.

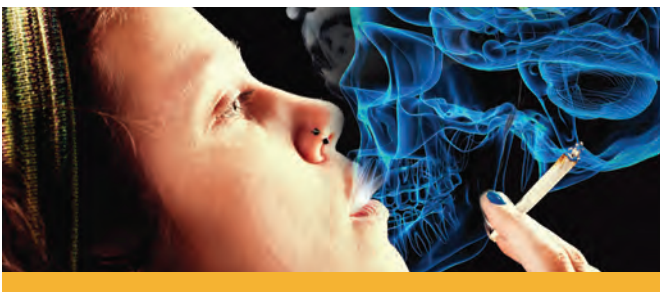


2 Young People

The Task Force will work with its partners to improve existing and develop additional evidence-informed alcohol and drug-related services and programmes for young people.

4 Service User Involvement

The Task Force will support the establishment of service user involvement structures that will channel the perspective of service users into local service and policy.



3 Dual Diagnosis

The Task Force will seek to foster closer working between local mental health and addiction services in the management of dual diagnosis


5 Crime Prevention

The Task Force will continue to work with its partners to develop local crime prevention initiatives that reduce the impact of the drug-related crime, drug-related intimidation and anti-social behaviour on the local community.

1. Resources


Continue to advocate for resources to sustain efficient local alcohol and drug related services and programmes for individuals and families.





Actions


Continue to maintain a profile of existing local services and interventions aimed at the causes and consequences of drug misuse



Indicators


Service presentations by local services at Task Force meetings

Level of networking with local programmes and services




Lead: D&ATF Coordinator

Support: Task Force members




On-going



Actions

Identify and document service sustainability needs of effective local services




Indicators

Service level reports from local services


Service development meetings with local services

Service sustainability needs documented



Lead: Task Force members

Support: Task Force staff



On-going



Actions

Identify and document unmet emerging needs



Indicators

Community needs expressed at Task Force meetings by members

Needs brought to the attention of Task Force via the local services and community

Unmet emerging needs documented



Lead: Task Force members

Support: Task Force staff



On-going



Actions

Bring documented service development needs and unmet emerging needs to the attention of policy makers and funders.



Indicators

Documented needs presented to policy makers and funders

Policy change and additional funding



Lead: Task Force Chair and relevant Task Force members

Support: Task Force staff



Over the lifetime of the strategy

2. Young People

Work with partners to improve existing and develop additional evidence-informed alcohol and drug-related services and programmes for young people.



Actions



Seek resources to implement modes of intervention

Indicators



Extent to which effective evidence-based modes of intervention are put in place

Lead: Task Force



Support: Task Force staff, all relevant agencies and interests

Additional state funding



Lifetime of the strategy

Actions



Consult with existing stakeholders to establish the nature and level of need

Indicators



Quality of stakeholder participation

Level of stakeholder participation

Lead: Health Promotion Worker



Support: Task Force Coordinator, participation by relevant local agencies and interest groups



Jan - April 2019

Actions



Establish a working group to identify models of intervention

Indicators



Quality and level of stakeholder participation

Evidence of effectiveness of models of intervention

Lead: Health Promotion Worker



Support: Task Force Coordinator, participation by relevant local agencies and interest groups



June 2019

3. Dual Diagnosis

The Task Force will seek to foster closer working between local mental health and addiction services.



Actions



Document existing case management arrangements

Indicators



Participation by service management

Level and quality of documentation of care pathway

Lead: Task Force Coordinator



Support: Members of treatment, rehabilitation and family support sub-committee members



December 2018

Actions



Facilitate networking between the management of mental health and addiction services covering the Task Force area where required

Indicators



Improved inter-agency working

Improved access to services

Lead: Task Force Coordinator



Support: Members of treatment, rehabilitation and family support sub-committee members



Start Sept 2018

4. Service User Involvement

Support the establishment of service user involvement structures that will channel the perspective of service users into local services and policy development.



Actions



Seek funding for a Development Worker

Indicators



Funding received

Lead: LD&ATF Coordinator



Support: Treatment, rehabilitation & family support sub-committee



Review at end of 2019

Actions



Support the development of community leadership among local service users

Indicators



Meetings with service users in contact with local community-based services

Participation in community leadership capacity building training

Lead: Task Force Coordinator



Support: Treatment, rehabilitation & family support sub-committee, DNWAP



Review at end of 2019

Actions



Support the development of an independent service user Forum in the Task Force area

Indicators



Local service user forum meetings

Number participating in service user forum meetings

Lead: Task Force Coordinator



Support: Treatment, rehabilitation & family support sub-committee



Review at end of 2019

5. Crime Prevention

The Task Force will continue to support interagency working that develops and implements local crime prevention initiatives aimed at drug-related crime, drug-related intimidation and anti-social behaviour in the local community.



Actions



Continue to support the crime prevention activity of Finglas Community Safety Forum

Indicators



Level of community activity

Level of community involvement

Lead: Finglas SF Coordinator



Support: An Garda Síochána, Dublin City Council, Community reps



On-going to 2021

Actions



Continue to support crime prevention activity of Cabra Community Policing Forum

Indicators



Level of community activity

Level of community involvement

Lead: Cabra CPF Coordinator



Support: Supply reduction and estate management sub-committee



On-going to 2021

Actions



Continue to support crime prevention community awareness activity in relation to drug related crime, intimidation and anti-social behaviour

Indicators



Quality and evidence base of awareness activity

Number of campaigns

Lead: Finglas and Cabra Forum Coordinators



Support: Members of the Supply Reduction & Estate Management Sub-Committee



On-going to 2021

Area Profile



Task Forces are place-based in that they operate in a defined geographic area. As its name suggests the Task Force area is comprised of two distinct places i.e. Finglas and Cabra. Each of these places are unique in their historical, community development and demographics. How each place experiences problems related to drug use and supply differs mainly in terms of its population size.

The combined population of the 18 District Electoral Divisions (DEDs) in the Task Force area is 55,518 (CSO, 2016), 32,213 in Finglas and 23,305 in Cabra. In 2016 one of these DEDs (Finglas South A) was classified as very disadvantaged relative to national averages. 6 are rated disadvantaged. 7 were marginally below the national average for relative deprivation (Pobal HP deprivation Index, 2016).

The Task Force area continues to have a significant population of adults in receipt of methadone treatment via the HSE. At the end of 2016 the number of people living in the Task Force area and receiving methadone treatment was 445. 305 of these were male and 140 were female. 274 were above the age of 40 or 62%.



Drug Use

Trends in Use

The trend in drug use that continues to pertain to the Finglas Cabra LD&ATF area can be described as a complex culture of polydrug use involving two relatively distinct social groups. An older habitual user group (40 upwards) using methadone, tablets, cannabis resin, heroin and crack cocaine and, a younger recreational user group (16-40) using cannabis weed, tablets, ecstasy, mephedrone and cocaine powder.

The consensus among Task Force members is of a continuing trend toward the “consumption of an assortment of illicit and legal drugs” and that this “has become normalised and embedded into the social and cultural practices of many different social groups” (O’Gorman, 2013).

HABITUAL USER

40+



METHADONE, TABLETS,
CANNABIS RESIN, HEROIN AND
CRACK COCAINE

RECREATIONAL USER

16-40



CANNABIS WEED, TABLETS,
ECSTASY, MEPHEDRONE AND
COCAINE POWDER

Prevalence of drug use

Finglas Cabra LD&ATF drug prevalence data is included in the Northern Regional Drug Task Force area data contained within the National Drug Prevalence Survey 2010/11. Data for the NRDTF area show considerably higher levels of drug use than the national average. For example, almost twice as many males reported using an illegal drug in the previous year in the NDRDTF area than in Ireland as a whole (18% compared to 10%).

The National Drug Prevalence Survey (2010/11) data also show that levels of illegal drug use have continued to increase in the Northern Regional Drug Task Force area over time, with substantial increases in the use of cocaine powder & ecstasy. Since this survey was first conducted in 2002/3 the rate of cocaine use in the NRDTF area has more than doubled (5% - 12%) and the rate for ecstasy almost doubled (from 6.5% to 11%).



Drug related deaths

The participants included in the National Drug-Related Death Index are those who have already died as a result of a drug or alcohol-related death or those who were substance dependent and died from a medical consequence of substance use. The NDRDI figures for Finglas Cabra LD&ATF area for years from 2004 – 2015 were:

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
POISONINGS	~	9	6	6	12	10	7	6	10	18	7	12

Governance structure

The Task Force is a local inter-agency body comprised of members from local statutory organisations, voluntary organisations and local community representatives. The governance structure of Finglas Cabra LD&ATF includes the Task Force and a Company Limited by Guarantee (Appendix 1. List of current Task Force members).

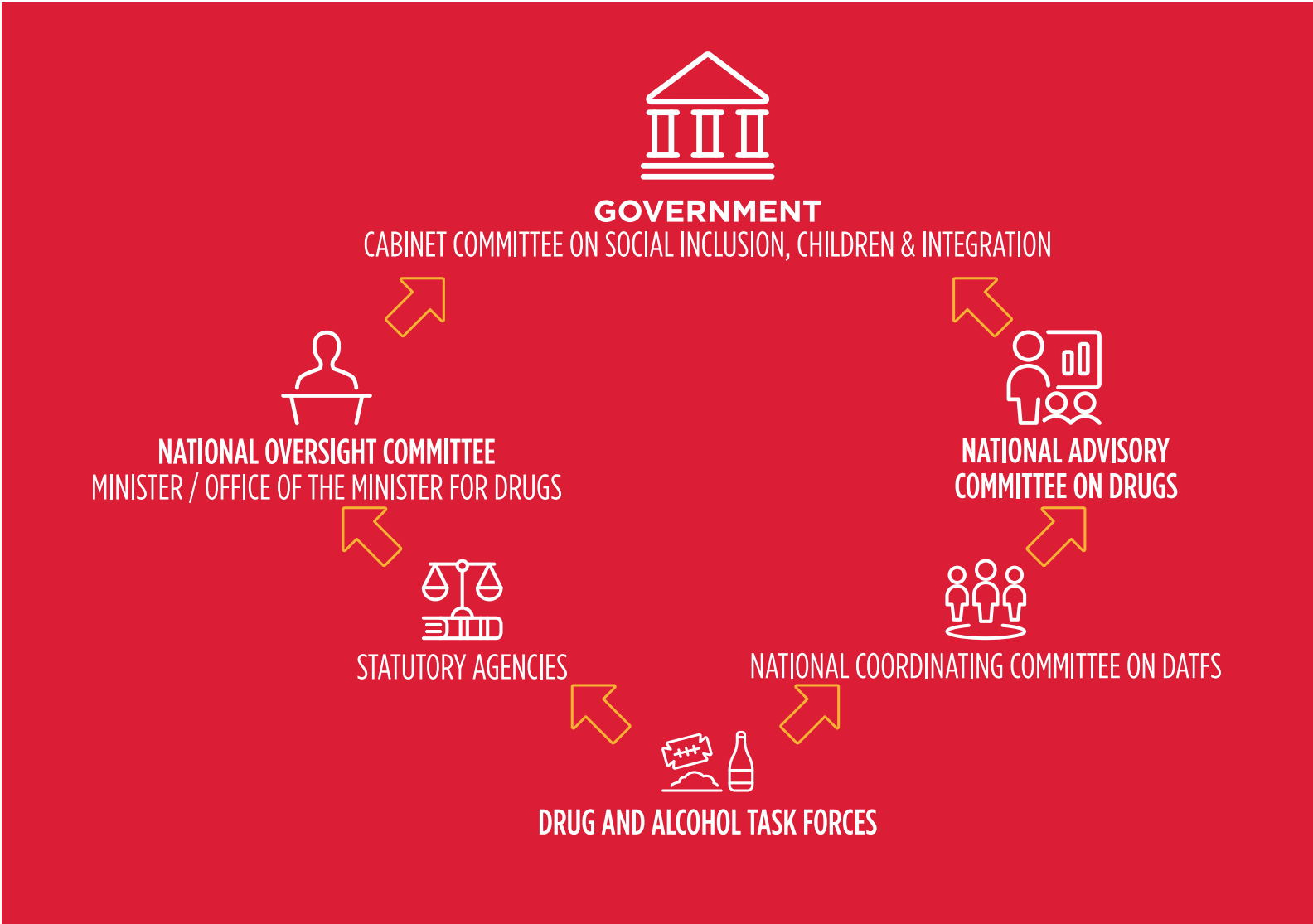
The Task Force currently has two sub-committees: One focused on Treatment, Rehabilitation and Family Support and one on Supply Reduction and Estate Management.

The terms of reference of Task Forces are to:

1. To implement the National Drugs Strategy in the context of the needs of the local area;
2. To support and strengthen community based responses to drug misuse;
3. To maintain an up-to-date overview on the nature and extent of drug misuse in the area;
4. To identify and report on emerging issues and the development of proposals on policies or actions needed to address them;
5. To promote the implementation of local drugs strategies; and
6. To monitor, evaluate and assess the impact of the funded projects and their continued relevance to the local drugs task force strategy and to recommend changes in the funding allocations as deemed necessary.

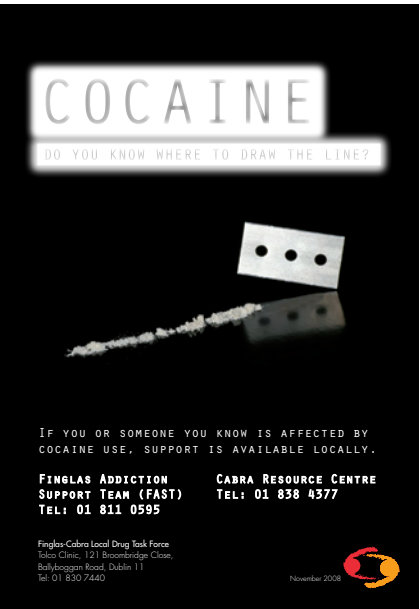
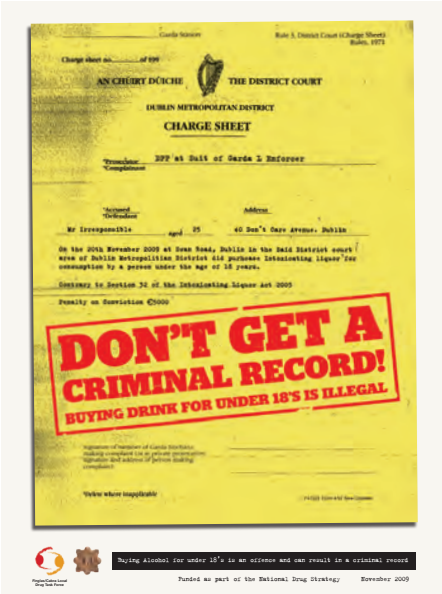
National Drug Strategy

In 2017 Task Forces were formally recognised as a part of the implementation structure for the National Drugs Strategy, Reducing harm, Supporting Recovery 2017-2025. Task Forces are now represented on the National Oversight Committee.



Our Campaigns

Over the last 15 years our Task Force has been using local poster campaigns as part of our wider prevention strategy and as a way of sign-posting people to local sources of support. Here is a selection of some of the posters we have designed. Most of which are still in use.



Appendix 1. Members of Finglas Cabra Local Drug & Alcohol Task Force

Martin Hoey, Chairperson, Community Sector, Finglas South

Aidan Maher, Senior Executive Officer, Dublin City Council

Detective Sgt Damien Mangan, An Garda Síochána Cabra

Sgt John O'Reilly, An Garda Síochána Finglas

Brian Kirwan, Grade VII, Social Inclusion & Addiction, CHO9, HSE

Caitriona O'Sullivan, Local Development Manager, Dublin Northwest Area Partnership

Audrey Cruise, Manager, St Helena's Family Resource Centre, TUSLA

Kevin Smullen, Adult Education Officer, CDETB Adult Education Service, Finglas

John Lowde, Probation Officer, Probation Service, Dublin North West

Niall Counihan, Community Sector Rep, Cabra

Declan Meenagh, Community Sector Rep, Cabra

Delores Ferris, Community Sector Rep, Cabra

Tom Bermingham, Community Sector Rep, Finglas East

Michelle Culligan, Community Sector Rep, Finglas West

Liz O'Driscoll, Team Leader, LOFT Cabra, Voluntary Drug Treatment Sector Rep

Barbara Condon, CEO, FAST, Voluntary Drug Treatment Sector Rep

Rachel Kelly, Project Leader, FYRC, Youth Sector Rep, Finglas

Joey Furlong, Cabra For Youth, Youth Sector Rep, Cabra

Lorraine Giltrap, Service User Rep

Dessie Ellis, T.D. Dublin North West

Councillor Anthony Conaghan, Dublin North West Area Committee

Appendix 2. FCLD&TF staff

John Bennett – Drug & Alcohol Task Force Coordinator

Mary Heffernan – Task Force Health Promotion Worker

Michelle McNally – Finglas Safety Forum Coordinator

Lorna Hannon – Administrator p/t

Sharon O’Farrell – Administrator p/t

Appendix 3. Projects currently directly funded through the Task Force

Substance Misuse Prevention Project

Drug Prevention Initiative Fund

Community Response Fund

Family Therapy Project

Cabra Community Policing Project

Finglas Community Safety Forum

Rehabilitation Progression Fund

Supply Reduction Campaign

References

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