



# **ANNUAL REPORT 2018**

## PART 1 – CDATF ORGANISATION OVERVIEW

### 1.1 Background

Clondalkin (Cluain Dolcain, meaning Dolcan's meadow) is a suburban town situated 10km west of Dublin city centre and under the administrative jurisdiction of South Dublin. Clondalkin is one of three new western Dublin Towns proposed in the Myles Wright Report (1967) to cater for the growing population of the Dublin Region. The other proposed towns were Tallaght and Blanchardstown. The basic concept of these western towns was that they would be major and partially self-sufficient communities (South Dublin County History, 2018). Between the early 1970s and mid-1980s these towns experienced rapid growth in population, continuing to this day.

Clondalkin is a new suburban town which was developed in the 1970s and 1980s as a result of a growing demand for local authority and low cost private housing, the decentralisation of traditional industries from Inner Cities and the development of a modern civil and industrial infrastructure. Twenty years later the Clondalkin, as planned, has not materialised. Instead, as with other new suburban towns in West Dublin the profile is one of poverty and social and economic disadvantage (CDTF, 1997).

North Clondalkin which comprises the neighbourhoods of Quarryvale, Rowlagh, Neilstown and Balgaddy is separated from the Village and Southwest Clondalkin by the Grand Canal and the Cork/Dublin railway line and the only access to it is over a narrow bridge. This creates problems of distance and isolation. Southwest Clondalkin comprises the neighbourhoods of Bawnogue, Deansrath and Clonburris and the Village area comprises the old Village and the neighbourhoods of Surleen and Knockmitten.

In 1991 the Census noted that there was a very high percentage of young people relative to other age groups in Clondalkin (37% of the population were aged 1-14 years) and that only 3% of the population were over 65. At this time, according to CODAN (1991) households headed by lone parents made up 17.9% of households in Clondalkin. The unemployment rate as a whole for Clondalkin was 26% but this was as high as 44% in

some DED areas (CSO, 1991). The 1991 census shows that 40% of the population in Clondalkin left school at the age of 15 or under.

There was recognition of problem opiate use, mainly heroin from 1993 which continued to grow from there on. The problem was overwhelmingly concentrated among young males between 15 – 24 years old.

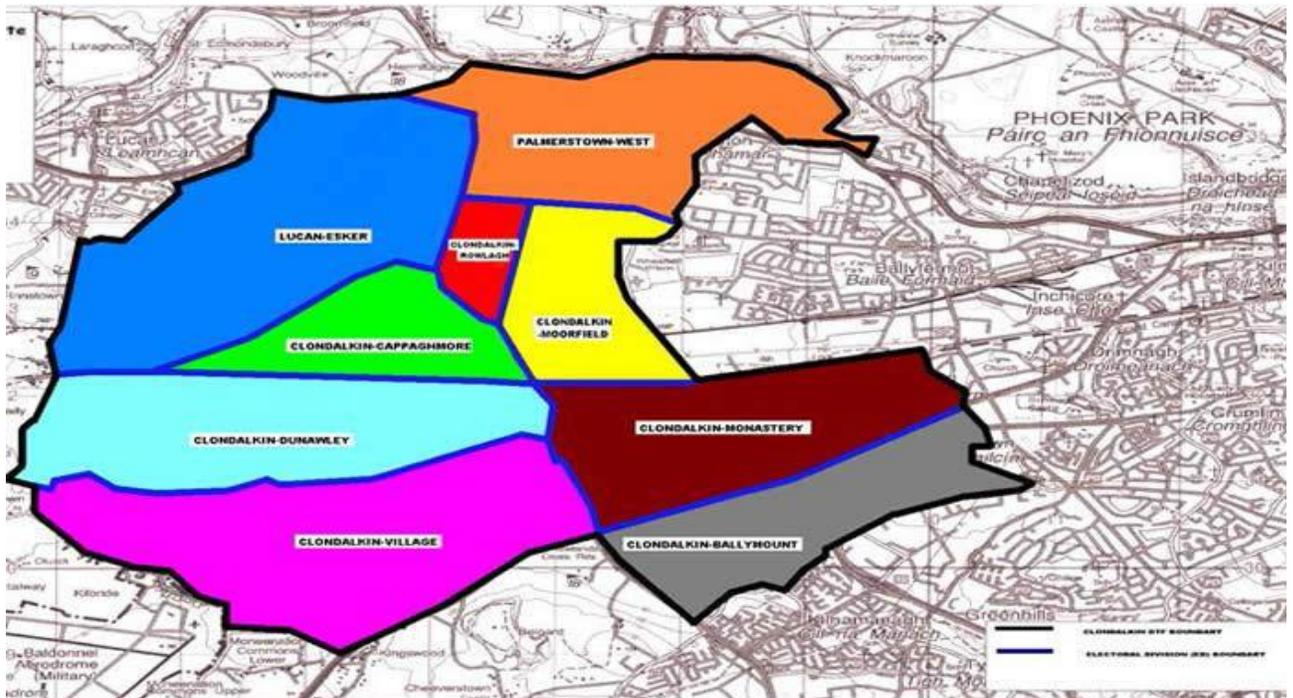
It was identified that the growing heroin problem was mainly situated in North Clondalkin but that there was also a need to deal with the emerging problem in South West Clondalkin. Moreover, community groups in the Quarryvale area of North Clondalkin has been instrumental in establishing Clondalkin Addiction Support Programme (CASP) as a response to the growing problem of heroin use in North Clondalkin. Thus the process of mobilising a response to the problem had already been begun in the North Clondalkin area by focusing on the needs of drug users and their families.

The Clondalkin Drug and Alcohol Task Force was established in 1997 and is one of 14 Local Drugs Task Forces established by the Government in response to the heroin epidemic occurring mainly in the Dublin region. Since then problematic drug use in Ireland has changed significantly and while heroin use remains a significant problem there is growing public concern regarding problems associated with polydrug use including cannabis, cocaine, alcohol and prescribed drugs such as benzodiazepines and other Z drugs.

In terms of CDATF Lucan, Palmerstown and Newcastle are the geographical areas covered. Clondalkin, Lucan, Palmerstown and Newcastle form the Dublin Mid-West Dail constituency with a population of 117,976 in 2016.

To date the Clondalkin Drug and Alcohol Task Force has developed three area action plans (1997 / 2001 / 2018) and in line with our current plan 2018 – 2025 the Clondalkin Drug & Alcohol Task Force continues to work in collaboration with all the key stakeholders to access funding, develop services in response to drug misuse and improve the coordination and delivery of services in the area. This strategy is delivered and coordinated across the five goals of the government's strategy Reducing Harm,

Supporting Recovery – A health led response to drug and alcohol use in Ireland (2017 – 2025) through the work of local service providers in partnership with the community, voluntary and statutory sectors.



## 1.2 Organisation Aims & Vision

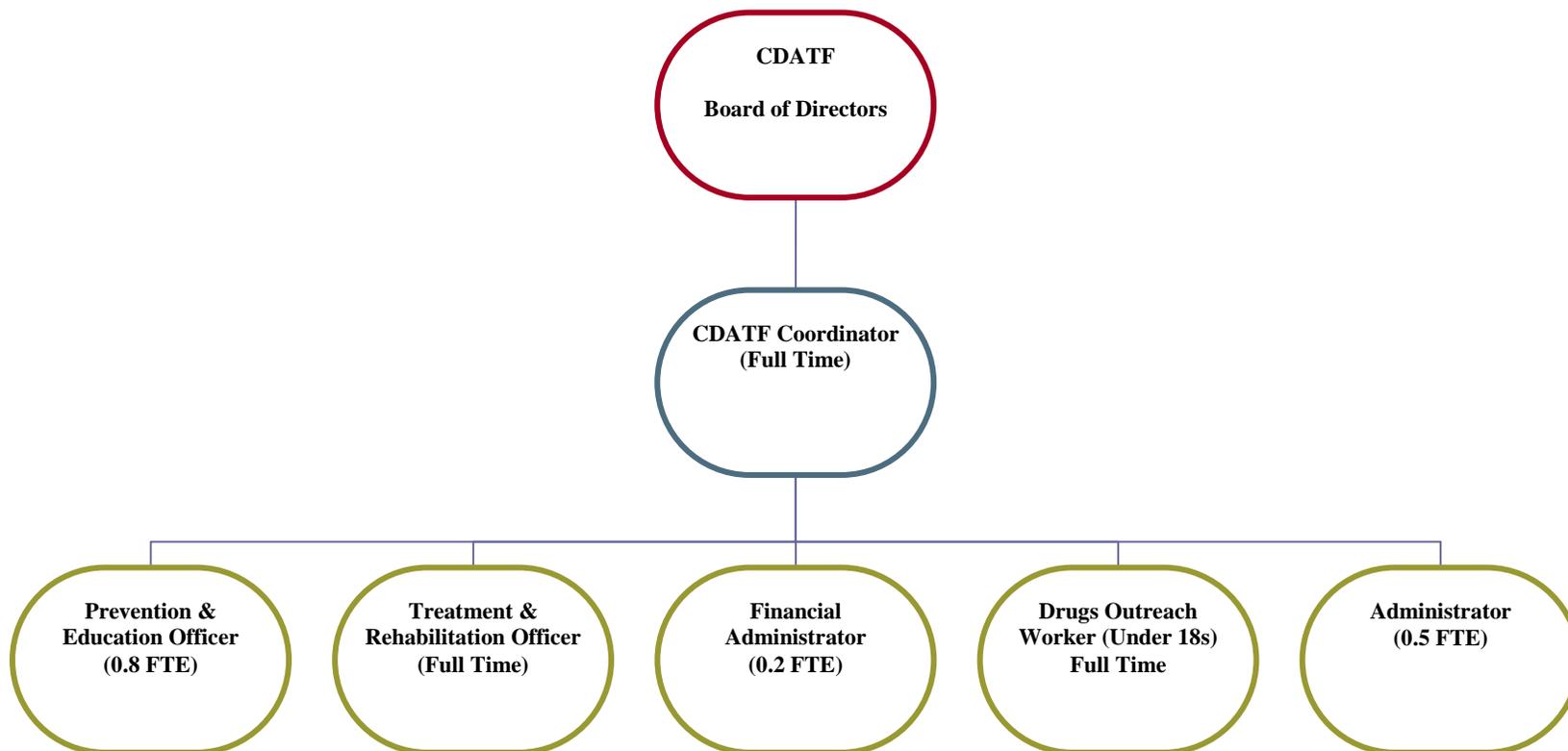
### Our Aim

*To re-establish and strengthen the role of the community in tackling the causes and consequences of drug and alcohol misuse; facilitate the re-establishment of meaningful and effective partnerships; and support the development of a holistic approach to dealing with both the causes and consequences of drug and alcohol misuse in the CDATF area.*

### Our Vision

*The vision underpinning the strategy of the Clondalkin Drug & Alcohol Task Force for 2018-2025 is to continue to promote and actively support an approach to the work which is based on the principles of community development and is both person-centered and human rights-based.*

### 1.3 Organisation Structure

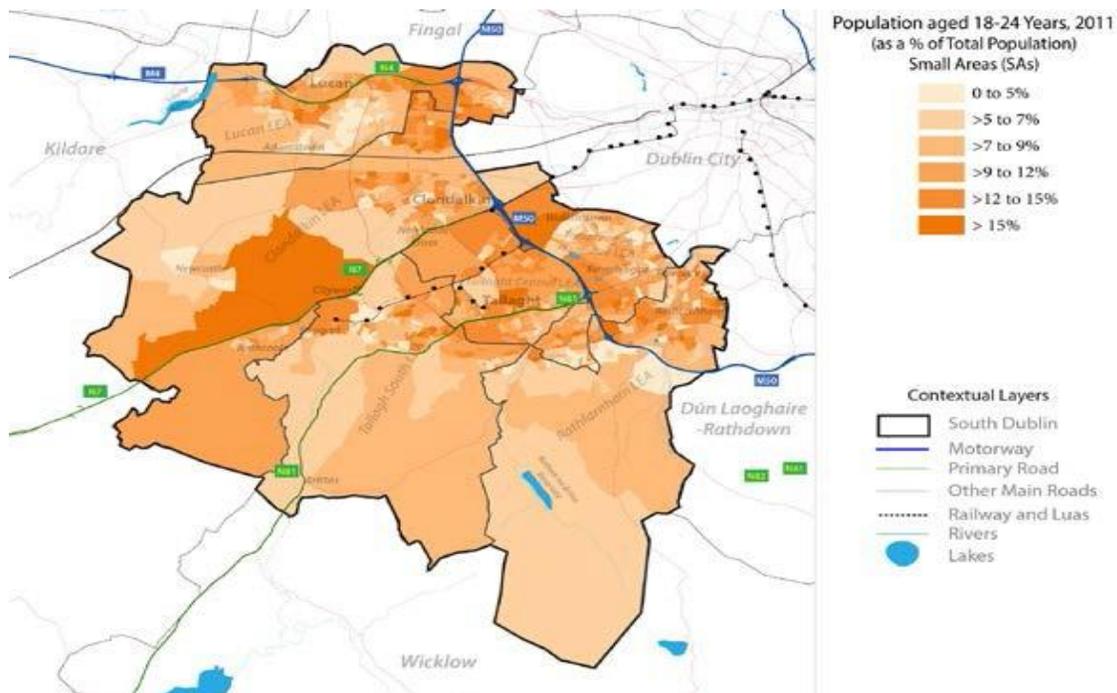


## PART 2 – OVERVIEW OF THE DRUGS PROBLEM IN THE CDATF AREA (CLONDALKIN, PALMERSTOWN, LUCAN AND NEWCASTLE)

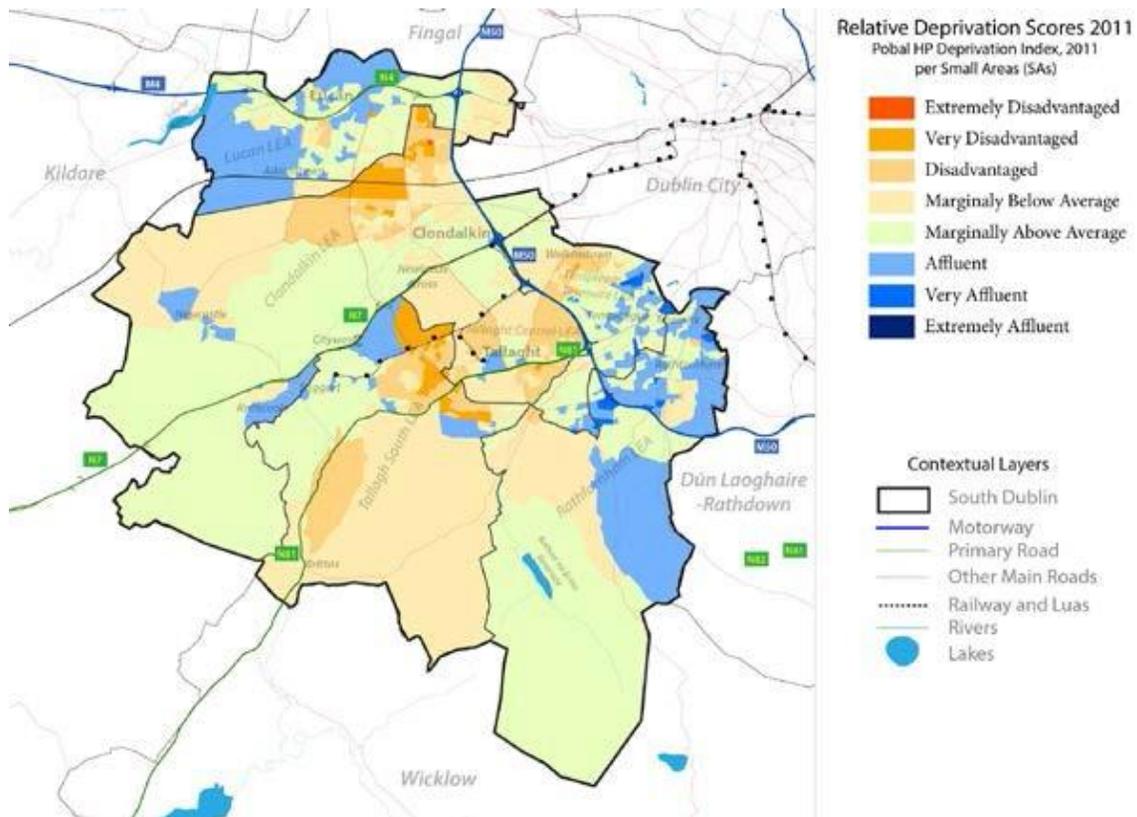
### 2.1 CDATF Area Profile

The CDATF cover the Dublin Mid-West constituency area of Clondalkin, Lucan, Palmerstown and Newcastle which has a population of 117,976 (Census, 2016). According to the South Dublin County Local Economic and Community Plan 2016 – 2021 (2016) the demographic change across the county is extremely varied with Lucan LEA increasing by 22.1% (+10,073) and Clondalkin LEA increasing by 10.9% (+5,090)

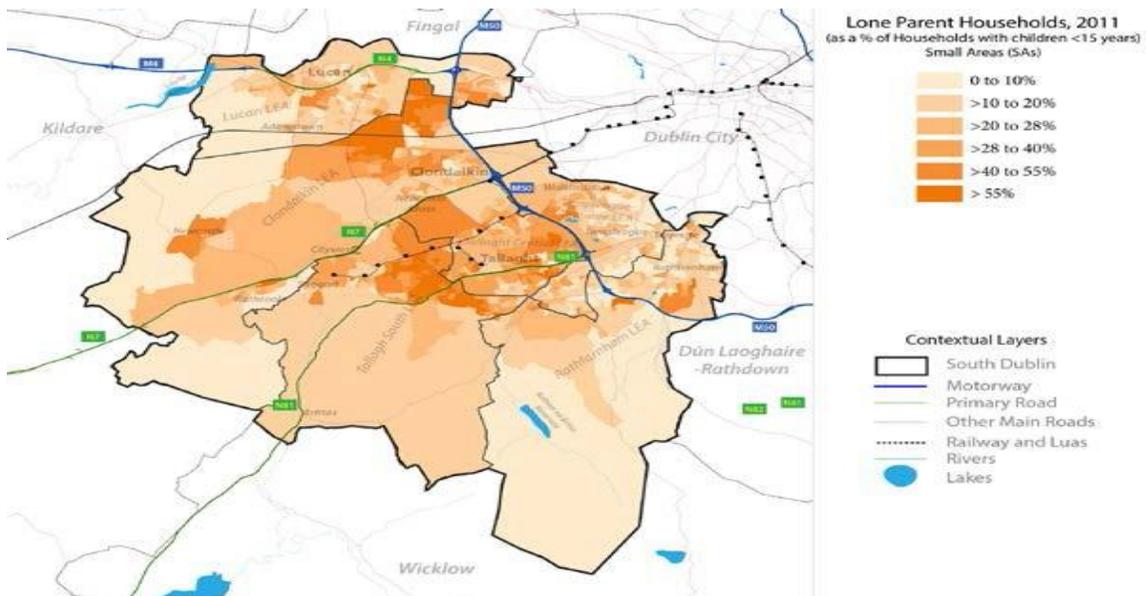
As of 2011 the total population aged ‘18-24’ residing in South Dublin was 24,852. This accounts for 9.4% of the population in the county and is the 7th highest rate in the State. This rate is higher than the State average (9%) but lower than the Dublin Region (10.3%). As expected, rates are higher in the more urban parts of the county and rates are highest in the Tallaght Central (10.5%) and Clondalkin (10.3%) LEAs.



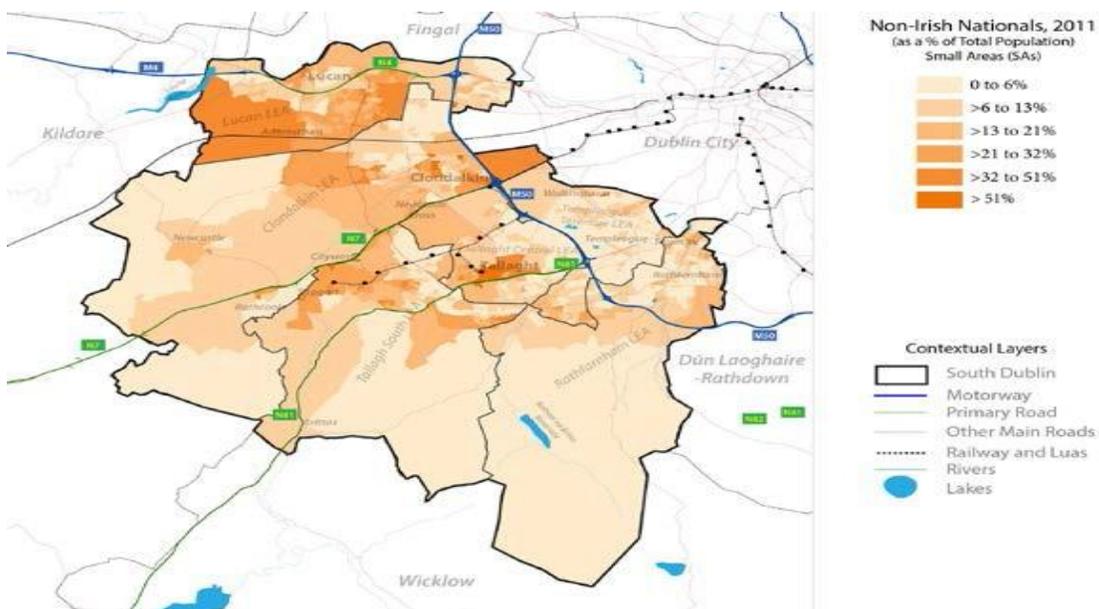
As a result of the economic downturn, Absolute Index Scores have decreased right across the country between 2006 and 2011 with Couth Dublin shifting by -6.7 points, the 8th lowest decrease of all local authorities. Rates of deprivation vary greatly across South Dublin with Tallaght South, Clondalkin and Tallaght Central all classed as ‘Marginally below Average’. The most disadvantaged areas within the county (‘Extremely Disadvantaged’ (1 SA) and ‘Very Disadvantaged’ – 35 SAs) are in parts of Clondalkin, and Ronanstown.



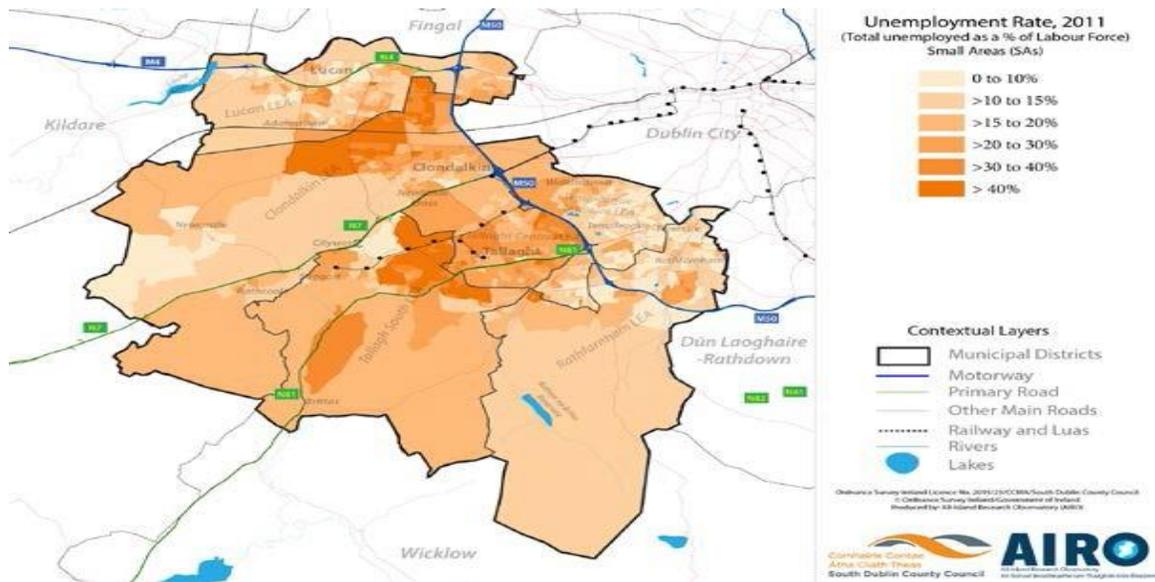
As of 2011 there were 9,154 Lone Parent families in South Dublin with children aged under 15 years of age. This equates to 27.6% of the total number of families with young children in the county and is the 4th highest rate in the State. Within South Dublin there is a clear polarization effect with highest concentrations of Lone Parent Families in areas such as Ronanstown and Collinstown. At the LEA level, Clondalkin (37.9%) has more than double the rates within other LEAs.



South Dublin has the 5th highest Non-Irish National rate in the State with 13.2% of its population originating from outside Ireland. Within South Dublin there is a very clear spatial pattern to the distribution with very high rates (>50%) evident in parts of Tallaght, Lucan, Adamstown and Clondalkin. The largest Non-Irish National groups residing in South Dublin are Polish (3.2%) and Rest of World (5.3%) – African, Asian and other non-EU countries. At the LEA level, highest rates are in the Lucan (19.6%) area.



As of 2011, the total population classed as unemployed (both unemployed and looking for first job) in South Dublin was 26,039. This figure represents an unemployment rate of 19.6% of the total labour force of 132,573 (population aged 15+ At Work and Unemployed). South Dublin has the 3rd highest number classed as unemployed and the 16th highest unemployment rate. The rate in South Dublin is higher than all other Dublin local authorities. There is a stark contrast with unemployment rates across the county with much higher rates in Clondalkin (25.2%).



## 2.2 Profile of Drug use

### Opiate Use

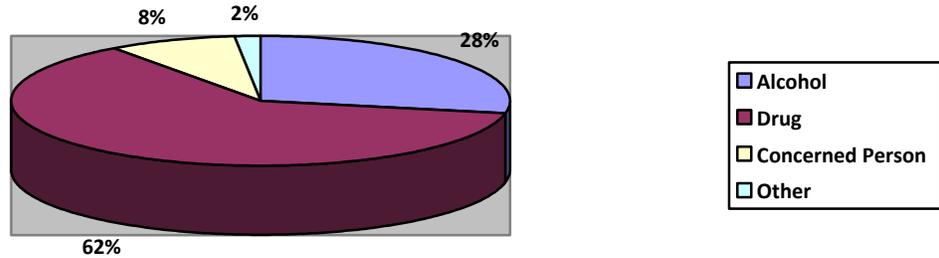
The total number of clients in treatment in the Clondalkin Drugs and Alcohol Task Force area from January – December 2017 (last date of information available) is as follows:

Gender	Clinic	Trinity	GP	Prison	Total
Male	188	<10	200	27	421
Female	93	<10	92	0	188

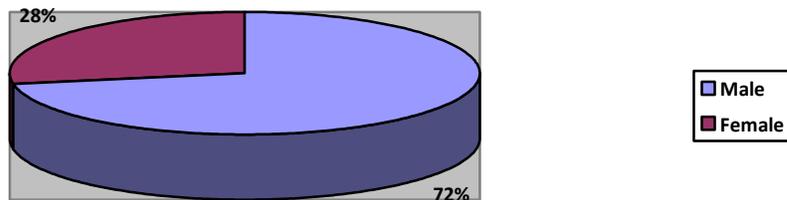
## 2.2 b Emerging Trends in Drug use

A complete picture of the number of people receiving treatment for drug and alcohol use in the CDATF area is difficult to access. Data is available from the Health Research Boards through the NDTRS but not all services are included in this system, as a result, NDTRS figures underestimate the level of treatment and drug related need in the area. However data from the NDTRS for the CDATF area states that 391 individuals engaged in treatment and rehabilitation services locally.

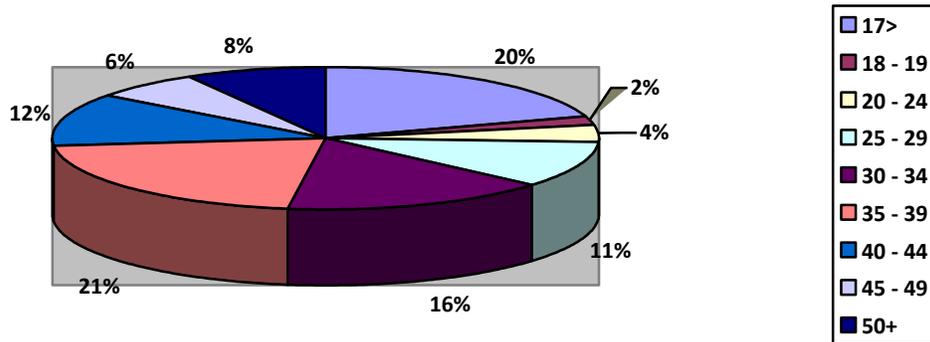
### Reason for Referral:



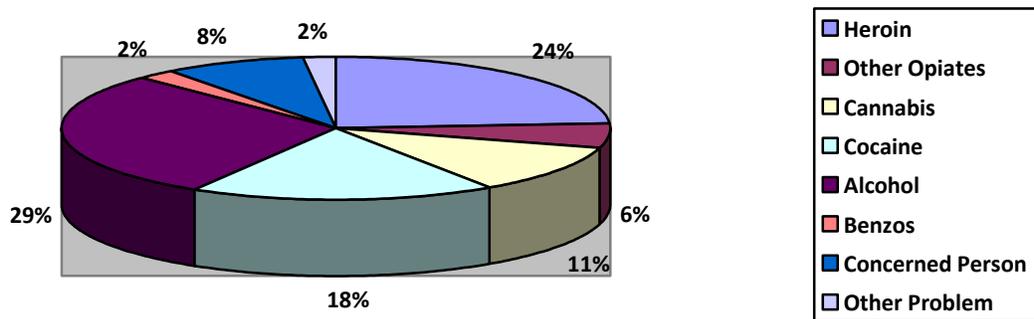
### Gender



## Age Group



## Reason for Referral



147 people accessing services uses more than one drug and 171 people presented for one drug only. 80 people had issues with two substances, 49 people had issues with three substances, 12 people had issues with four substances and 6 people had issue with five substances. 62 people had a history of injecting drug use, 220 people had no history of injecting drug use and 36 people their injecting history was unknown.

The Methadone Treatment Data Analysis per L/RDATF for 2017 indicates that there were at least 609 resident in the CDATF in treatment for drug and alcohol problems. This represents 5.6% of the number of clients in treatment in the region, the fourth highest after the North Inner City DATF, South Inner City DATF and Tallaght DATF.

Research commissioned by the CDATF (O’Gorman et al, 2016) found that poly drug use continues to be the norm in the CDATF area and if reported to most frequently involve cannabis (herbal) various prescription pills such as benzodiazepines and ‘Z drugs’ mixed with alcohol.

Cocaine, New Psychoactive Substances (NPS) such as mephedrone, and various ecstasy type substances were reported to be widely used in recreational settings. Heroin and crack cocaine continue to be used by a small proportion of habitual users.

Drug trends were reported to fluctuate based on what was available in the local drugs market and what was value for money – particularly drugs used in youth recreational settings such as New Psychoactive Substances, Ketamine and various forms of ecstasy.

Cannabis use mostly herbal cannabis (grass and weed) than hashish or resin was reported to be widespread and accommodated into social and recreational practices of many residents in the area across all age groups.

Cocaine was reported to be the second (illicit) drug of choice among people in the CDATF area with its use now widely accepted across age, gender and social class. Cocaine use as reported to be used by young people ( though the quality of what type are using was debatable) and by older ‘*working men*’ as a status drug at weekends - this raised concern about increased levels of cardiac disease and cocaine-related deaths among this age group. Cocaine was reported to be mainly used in pub and party settings to prolong and enhance the effects of alcohol use followed by benzodiazepine use to ease the ‘*come down*’ of stimulant use.

Alcohol was reported to be the drug with the most negative impact on the quality of life and the wellbeing of people living the CDATF area. The increasing alcohol outlets in shops, pubs and off licenses and its low cost and ease of access for all ages are seen to have negatively impacted on the area. Its use as a standalone drug or underpinning

cannabis, stimulant and opiate use is so pervasive that nondrinkers were regarded as an oddity.

Young people were also more attracted to using cheaper New Psychoactive Substances (NPS), ecstasy and ketamine and ‘party products of dubious quality and ever changing content, many sourced from the internet. These young drug users also did not engage with local drug services. They associated these series with injecting heroin users and did not see themselves as having a problem particularly as they were not injecting drugs.

In the National Advisory Committee on Drugs and Alcohol (NACDA, 2012) population survey almost half (43%) of young adults in the region have used cannabis and at best estimates this would be a minimum in the CDATF area. Service providers working with young people reported cannabis use to be commonplace among young teenagers (13 -14 year olds), and in particular by boys. These reports match the high levels of cannabis use found in National Surveys of School Going Youth (HBSC, 2010). Workers locally raised concerns about the impact of cannabis use on young people’s developmental and mental health and their attendance and participation in school and other education programmes.

Members of the Traveller community and service providers working with them reported an increase in the use of prescription drugs, cannabis and cocaine in the community. For women the use of prescription drugs intravenous Melanotan use (as a tanning aid) and sharing of injecting equipment within their family group were regarded with concern. For men concerns were raised about the use of steroids and performance enhancing drugs.

(O’Gorman, O’ Driscoll, Moore: 2016)

### 2.3 Main issues that were addressed in 2018

- Information from the HSE addiction services, substance misuse treatment and rehabilitation services in the community and voluntary sector have indicated that the prevalence of substance misuse in the area remains a major cause for concern given the social, environmental and economic impact on individuals and families affected as well as the broader community.
- The increasing numbers of individuals and families including children presenting to services that are affected by substance misuse and have become homeless or are at risk of becoming homeless. This has been particularly noticeable in the Traveller community.
- The issue of dual diagnosis and the complex needs of those presenting to services and limited pathways, particularly for those under the age of 18 years.
- The increase in the number of clients presenting who are new to the services and whose primary substance is alcohol or cocaine.
- The increasing numbers of those presenting to services, primarily through outreach, with problematic crack cocaine use who are not from the area. These numbers have been quite significant from the Kildare and Midlands area.
- The issue of drug litter in certain drug using 'hotspots' in the CDATF area.
- Polydrug use involving cannabis, various prescription pills such as benzodiazepines and 'Z drugs.
- The continued use of heroin by a small proportion of habitual, aging opiate users.
- The widespread use of cocaine among people in the CDATF area across age, gender and social class presenting to services for support.
- The number of drug related deaths in the form of both overdosing and suicide within the CDATF community.
- The widespread use of herbal cannabis within social and recreational practices of many residents across all age groups.
- The impact of cannabis use among young people in terms of their development and mental health, school attendance and participation in other educational programmes.

- The significant increase in young people (12 – 18 years) in the area using Nitrous Oxide and not engaged in services.
- The increase in the number of young people including early school leavers who are at risk given the long waiting lists for Youthreach places and lack of employment and training opportunities for this specific target group.
- The increase in the numbers presenting with problems relating to the use of steroids and other drugs.
- The increase in number of very young children whose parents are abusing alcohol and other substances including cannabis.
- The lack of knowledge and awareness of substance misuse and the barriers facing members of the Traveller community in accessing services.
- The delivery of culturally appropriate drug interventions to Travellers who are using drugs and their families.
- Drug debt and intimidation of families for the payment of young person's drug debt or drug habit.
- The number of young people funding their daily usage of this drug by both holding and dealing, particularly in a number of housing estates in the CDATF area that is having significant impacts on those communities.
- The deliberate targeting of young people at risk by drug dealers including young Travellers.
- The reported increase in use of cocaine and alcohol among members of the Traveller community in the area, in particular among 17 -18 year olds.
- The increase in the numbers of young Travellers using performance enhancing and image enhancing drugs including anabolic steroids and melanotan.
- The number of young Traveller men and women involved in drug dealing and drug related crime and the increase in drug related crime and intimidation within the Traveller community
- The numbers of individuals and families in difficulty who are detached from any service provision.

- The engagement and participation of the community, people who use drugs and family members in capacity building programmes to support involvement in service development and delivery and local decision making structures.
- Supporting the community of Balgaddy to deal with unique issues to this community pertaining to drug use, drug dealing, housing issues, anti-social behavior and the needs of young people and families.
- The delivery of training across all Tiers locally and to the community and voluntary service providers including SAOR, Addiction Studies (Level 7), Grief & Loss (suicide and drug related deaths), Trauma Informed Care, Drug Education (in formal and non-formal education settings) and service user involvement training.
- A consultation process to develop a work plan for the CDATF area in partnership with all stakeholders.

## 2.4 CDATF Strategic Priorities 2018 - 2025

### Strategic Goal One: Dealing with the Effects of Drug & Alcohol Misuse

Objectives	Outcome Indicators
<p><b>1. To work towards addressing the broader social and economic contributing factors of drug and alcohol misuse in partnership with community, voluntary and statutory agencies.</b></p>	<p>The Task Force will continue to facilitate the delivery of services and programmes that assist individuals and families facing challenges associated with drug and alcohol misuse. Under this goal the CDATF will be working towards;</p> <ul style="list-style-type: none"> <li>• Increased clarity in relation to underlying principles governing the delivery of drug and alcohol services.</li> </ul>
<p><b>2. To continue to provide person- centered supports and effective service responses to the needs of those affected by drug and alcohol misuse.</b></p>	<ul style="list-style-type: none"> <li>• The embedding of harm reduction as a guiding principle in all service delivery.</li> </ul>
<p><b>3. To build on and increase meaningful progression opportunities for those affected by drug and alcohol misuse.</b></p>	<ul style="list-style-type: none"> <li>• The creation of broader and more improved options for those affected and increase opportunities for ‘positive life choices’ in relation to: <ul style="list-style-type: none"> <li>• Treatment, rehabilitation and aftercare.</li> <li>• Personal progression (in relation to education, training and employment options).</li> <li>• Accommodation (especially in relation to improved options for those experiencing or threatened with homelessness).</li> </ul> </li> </ul>
<p><b>4. To create more opportunities for improving collaboration and developing an integrated response to drug related crime and intimidation</b></p>	<ul style="list-style-type: none"> <li>• The provision of additional evidenced based prevention programmes for parents, children and young people most at risk of drug and alcohol misuse.</li> </ul>
<p><b>5. To facilitate consultations with key stakeholders at local level regarding the decriminalization of drugs for personal use and inform national policy</b></p>	<ul style="list-style-type: none"> <li>• The development of more specific and targeted programmes for young people under 18 engaged in drug and alcohol misuse and their families.</li> <li>• Creating safer and more meaningful opportunities for those most affected in developing a collective response to drug related crime and intimidation.</li> <li>• Developing a clear outcome in the ongoing discussion regarding the decriminalization of drugs for personal use.</li> <li>• Supporting the full and active participation of those most affected in all CDATF decision-making structures.</li> </ul>

**Strategic Goal Two: Strengthening the Role of the Community in Addressing the Causes of Drug & Alcohol Misuse**

Objectives	Outcome Indicators
<p><b>1. To continue to strengthen the capacity of the community in challenging the root causes of drug and alcohol misuse including the harmful outcomes of drug policy, poverty and inequality.</b></p>	<p>The Task Force will continue efforts to strengthen the capacity of local community to understand and effectively challenge the root causes of drug and alcohol misuse. These efforts will have the task of rebuilding community infrastructure at their core, but will also focus on rebuilding real and effective partnerships between mainstream services and community based responses. Under this goal the CDATF will be working towards;</p>
<p><b>2. To facilitate the participation of those most affected in identifying and developing appropriate responses to drug and alcohol misuse.</b></p>	<p>A strengthening of the capacity of local community interests to have an influence. Progress in this direction will be evident in the extent to which community representatives are:</p>
<p><b>3. To build the capacity of those most affected by drug and alcohol misuse to engage in decision making at all levels.</b></p>	<ul style="list-style-type: none"> <li>• Facilitated to become more actively engaged in understanding and addressing the causes of drug and alcohol misuse.</li>   <li>• Actively engaged with and participating in decision making structures at local and national level including the CDATF.</li>   <li>• Feel safer and develop trust in the process of partnership and interagency working at local and national level.</li>   <li>• Have a greater capacity to be more effective in their efforts to lobby and influence decisions which impact on their lives.</li> </ul>

**Strategic Goal Three: Having a Positive Influence on Mainstream Services & Contributing to More Integrated Responses**

Objectives	Outcome Indicators
<p><b>1. To broaden the understanding and response to drug and alcohol misuse based on the recognition that the causes are multidimensional; crossing a range of social, economic and policy linked factors.</b></p>	<p>The Task Force will facilitate a concerted effort to improve effectiveness (and cost-effectiveness) of mainstream service delivery. Under this goal the CDATF will be working towards highlighting the lessons emerging from local practice in the shaping and targeting of service delivery through;</p> <p>Raising awareness of the fact that effectively tackling the drug and alcohol issue is not just about drug and alcohol misuse in isolation but implicates a wide spectrum of social and economic policy. Progress in ensuring that this approach is embedded in practice will be evident through mainstream service providers:</p>
<p><b>2. To engage with key stakeholders in renewing their commitment to the DATF model of community based partnership</b></p>	<p>› Communicating with each other more effectively.</p>
<p><b>3. To build on existing evidence based on local knowledge and expertise which will demonstrate the longer term benefits of a more holistic approach to drug and alcohol misuse</b></p>	<p>› Achieving a ‘depth’ in efforts to improve integration, ensuring for example that effective collaboration takes place at front line service level, and at decision making level.</p> <p>› Adopting an approach to review that is less restrictive and one-dimensional taking into account qualitative as well as quantitative benefits and the broader family and community effects of particular responses.</p>
<p><b>4. To seek to influence the development of appropriate responses to drug and alcohol misuse by bringing local knowledge and expertise to the planning and delivery of mainstream services and local development programmes.</b></p>	<p>› Acknowledging the broader social and economic contributing factors to drug and alcohol misuse and the range of social and economic benefits accruing from a more holistic approach.</p> <p>› Acknowledge the importance, and potential mutual benefit accruing, from sustainable partnerships.</p> <p>› With these mutual benefits in mind, engagement in negotiation, joint service planning and review (seeing local organisations as knowledge and expertise to be harnessed rather than just as a mechanism for service delivery).</p> <p>› Are more flexible and responsive to local needs with the capacity to change, contract and expand when needs change.</p> <p>› Are less restrictive in terms of policies in relation to access where these conditions can act as a barrier to access.</p> <p>› Direct increased resources towards community development infrastructure, in recognition of the vital role this plays in effective responses.</p>

## Coordination and Operational Priorities

1. Support the engagement of key stakeholders to implement the New National Drugs Strategy Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017 – 2025 in the context of the local area.
2. Implement the actions of the NDS where DATFs have been assigned a role.
3. Engage with key stakeholders to implement the CDATF Strategic Plan 2018 – 2025: Reclaiming Community Development as an Effective Response to Drug Harms, Policy Harms, Poverty & Inequality.
4. Engage with key stakeholders to develop an interagency / partnership work plan for 2018 – 2025 for the CDATF area.
5. Improve current operational structure and create structure for future development.
6. Establish systems to facilitate continuous internal and external evaluation and review as a means of building the Task Force spheres of influence on the basis of evidence, demonstrative results and lessons emerging.
7. Develop a broader and more appropriate set of review and evaluation indicators to support ongoing evaluation of the task force and funded actions in line with the needs of the CDATF community.
8. Continue to work effectively and in collaboration with all key stakeholders, highlight and address gaps in representation and facilitate the development of improved interagency collaboration among key stakeholders.
9. Continue to influence policy development at all levels through lobbying and advocacy work.
10. Identify and develop responses to strategic policy issues at local, regional and national level.
11. Carry out a review of current strategic and operational structures and identify and implement organizational change where necessary.
12. Continue to monitor the implementation of CDATF interim funded projects and agree any changes in this regard with project promoters, channels of funding and the DPU where appropriate.

13. Carry out consultations with service providers regarding new and emerging needs.
14. Ensure the completion of effective operational and administrative tasks including financial management, staff management and adhering to the reporting requirements of various funders.

### 3.0 CDATF Progress Report 2018

Treatment and Rehabilitation Strategy	Outputs 2018	Overall Impact and Outcomes 2018
<p><b>Action 1</b> Continue to monitor the implementation of the LDATF Projects including the allocation of LDATF funding and agree any changes in this regard with the project promoters, channels of funding and the DPU where appropriate.</p>	<p>The CDATF continued to work closely with Project Promoters to ensure that actions were delivered as agreed and in response to the new emerging needs</p>	<p>The CDATF coordinated the delivery of the CDATF treatment and rehabilitation strategy and services were provided for individuals and families affected by substance misuse including alcohol across the continuum of care.</p> <p>In 2018 approximately 1536 individuals along the continuum of care benefited from services provided of which 70 clients on MMT had access to additional supports including key working and care planning, 51 received support from the Prison links worker, 56 participated in structured day programmes, 618 had access to drop in outreach and harm reduction services and 1690 needle exchanges were provided. 184 family members including children, parents, grandparents, partners and siblings received counselling and family support services.</p>
<p><b>Action 2</b> Identify gaps and support services to develop responses to new and emerging substance misuse issues</p>	<p>8 meetings of the T/R sub group took place including one review and planning session</p> <p>Gaps in Treatment and Rehabilitation services continued to be identified and responded to through improved coordination and interagency collaboration.</p>	<p>The CDATF T&amp;R sub group continued to meet every 6 weeks and identify and highlight priorities and gaps in services at local and national level through FIT, NDRIC and the NOC. The T&amp;R structure was reviewed in line with new CDATF strategic plan, and priority areas of work were agreed.</p> <p>The CDATF participated in 4 FIT meetings contributing to the development and delivery of training, formalizing assessment tools and providing support in the integration of services, Tier 4 pathways from C&amp;V sector, practices and procedures and the overall implementation of the NDRF at local and national level.</p> <p>Drug User involvement was identified as a strategic priority for 2018, and was supported by the CDATF through a capacity building and leadership programme organised and funded by the CDATF. 19 people engaged in the capacity building and leadership programme with 11 people completing the programme. 2 Service User Involvement training days were delivered by the S &amp; SERDATF (one for service users &amp; staff, and one for managers). A total of 38 people completed the training.</p>

		<p>The Dual Diagnosis Working Group (with membership including the HSE community mental health team, Travellers Project and C&amp;V drug services) has completed its objective of identifying training needs and strengthening formal relationships to support integrated care pathways for those with co-occurring disorders. An MOU between the mental health team and local drug services was signed in 2017 and is currently in operation. This group has been re-absorbed into the T&amp;R sub-group, where any issues pertaining to care pathways are discussed, addressed, and on-going work is being done to address training needs among staff in the area.</p> <p>Dual diagnosis training rolled out in 2018 included Trauma Informed Care, Grief &amp; Loss training, and the process for roll-out of WRAP training for trainers commenced. CDATF also took part in the Health Research Boards' Dual Diagnosis Literature Review.</p> <p>The CDATF Dual Diagnosis Model was presented at the HRB National Conference.</p> <p>CDATF also took part in the Vision for Change Mental Health Policy review to highlight the issues pertaining to dual diagnosis.</p> <p>T&amp;R Grants were being reviewed in 2018 in line with CDATF new Strategic Plan but it was agreed to continue to deliver specialist addiction counselling in Clondalkin Tus Nua through the T&amp;R grants to support progression into treatment.</p> <p>Minister's Funding was used to co-produce a residential stabilization programme for female crack cocaine users in conjunction with CASP. 5 women commenced the programme, 4 completed the programme and 7 attended the preparation phase of the programme.</p>
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		<p>The SAFE Campaign was developed and launched in 2018 to respond to the increase in crack cocaine use, drug dealing, drug tourism, drug litter, aggressive begging, public drug use and antisocial behavior at the Clondalkin train station. This targeted, multi-agency initiative is coordinated by the CDATF, and members include Clondalkin Tus Nua, CASP, SDCC, Gardai, Irish Rail, SERDATF, the HSE and the Ana Liffey Drug Project.</p> <p>Posters and leaflets containing information for support services were disseminated throughout the area, and large A1 size posters were put up in the local station areas by Irish Rail. The SAFE campaign was officially launched in October.</p> <p>Since its commencement in March 2018, a total of 257 client engagements with the outreach team have taken place at the train station. Of these, 240 have availed of NSP and crack pipe distribution programs and 103 new clients have presented since the start of this initiative. From the NSP service, a total of 432 Syringes, 720 needles, 211 pipes and 102 rolls of tin foil have been provided.</p> <p>Irish Rail and AGS have reported a significant decrease in drug litter and anti-social behaviour around the vicinity of the train station. AGS have also reported a significant decrease in anti-social behaviour at the station.</p> <p>The CDATF SAFE Initiative was presented at the HRB National Conference.</p>
<p><b>Action 3</b> Support the implementation of the National Rehabilitation Framework and the development of interagency working and case management approaches</p>	<p>Gaps in representation were identified and efforts made to engage all of the key stakeholders</p> <p>Training on the national rehabilitation framework was delivered to service providers in the community and voluntary sector and shared care relationships were formalized among a number</p>	<p>Discussions with other stakeholders regarding representation on the CDATF T&amp;R continued in 2018, and membership increased with the addition of a new representative from a local community counselling service. Gaps in representation will continue to be highlighted through the NOC and engagement with stakeholders at local level will continue.</p> <p>The CDATF participated in 4 meetings of FIT contributing to the development of online training, formalizing assessment tools and providing support in the integration of services, practices and procedures and the overall implementation of the NDRF at local and national level.</p>

	<p>of agencies.</p> <p>Referral pathways were identified and gaps and blocks were highlighted at local and national level</p>	<p>All community and voluntary sector drug services in the CDATF area are implementing NDRF procedures 1- Screening &amp; IA, 2- CA &amp; RA, 3-Referral and 5- Gaps &amp; Blocks. MOUs and formal shared care arrangements continue between Travellers, Drug Services, and Community Mental Health and Advocacy services. Plan in place to further develop shared care procedure locally by engaging services in shared care meetings.</p> <p>Discussion regarding formalizing care pathways between Pieta House and C&amp;V sector drug services regarding shared care and referral processes in line with NDRF commenced in 2018.</p> <p>4 SAOR training sessions (69 people) delivered to Tier 1, 2 and 3 services across the CDATF area.</p>
<p><b>Action 4</b> Support Project promoters to respond to emerging needs through the provision of training on best practice within Treatment and rehabilitation services across the continuum of care.</p>	<p>100 hour course, level 7 Certificate in Addiction Studies accredited by NUI Maynooth.</p> <p>A training needs analysis was carried out with locally based community voluntary and statutory sector agencies.</p> <p>Training on best practice in response to substance misuse was delivered to a number of agencies in the area</p>	<p>20 participants completed the Level 7 Higher Certificate in Addiction Studies in May 2018 and 22 new students out of 70 applications commenced in September 2018.</p> <p>4 SAOR training workshops were delivered by CDATF across 2018 to 69 individuals across Tier 1 – 3 to support the implementation of screening and brief intervention to various stakeholders. This in turn supports more appropriate referrals into drug and alcohol services locally.</p> <p>Dual Diagnosis training delivered in 2018 – Trauma Informed Care (20 people), Grief &amp; Loss training (16 people), and a funding proposal was developed and submitted for WRAP ‘train the trainer’ training for Clondalkin (16 people). Funding was secured in the last quarter of 2018 and an introduction session took place in December. The implementation strategy will commence in January 2019.</p> <p>Capacity Building and Leadership training commenced in September 2018 for service users, family members and community reps from the local area. 27 people applied, 21 agreed to commence the course, 19 started the course and 11 completed.</p> <p>Service User Involvement Training was delivered by the S &amp; SWRDATAF. 38 attended the training for service users &amp; staff and the managers training.</p>

<p><b>Action 5</b> Continue to facilitate the coordination of locally based family support service to ensure targeted intervention for families affected by substance misuse</p>	<p>In consultation with key agencies targeted programmes and interventions based on models of best practice continued to be developed and implemented including specific programmes for parents, partners, siblings, children and grandparents of those affected by substance misuse.</p>	<p>The CDATF coordinated 4 workshop/sessions to engage with local under 18s service providers and stakeholders (community, voluntary and statutory services) to develop a proposal for under 18s substance misuse service.</p> <p>3 services working directly with families were funded to attend Non Violent Resistance (NVR) training with the National Family Support Network and will commit to delivering training within their own organisations to families who are experiencing violence in the home due to drug use.</p>
<p><b>Action 6</b> Review the mainstream treatment and rehabilitation grants based on current needs.</p>	<p>T&amp;R grants utilized to support interventions / programmes for new and emerging trends and to sustain evidence based interventions / programmes across the continuum of care.</p>	<p>CDATF began a review of T&amp;R grants in line with named strategic priorities and commenced a process to identify key pieces of work for 2018 / 2019. This process commenced in the summer of 2018 and completed in December 2018. It was agreed by CDATF board to continue counselling funding in the interim.</p> <p>8 members of the Traveller community were supported in relation to their addiction issues or addiction issues of a family member through the provision of culturally appropriate counselling through the T&amp;R grants. 196 sessions were delivered and a pathway was agreed to facilitate Travellers to access mainstream drug services.</p> <p>8 individuals were supported in relation to addiction issues or addiction related issues through the provision of sessional counselling hours provided to Clondalkin Tus Nua through the T&amp;R grants. 104 sessions were delivered.</p>
<p><b>Prevention</b></p>	<p><b>Outputs 2018</b></p>	<p><b>Outcomes and Overall Impact 2018</b></p>
<p><b>Action 1</b> Support the development and implementation of targeted prevention and</p>	<p>The CDATF continued to support projects promoters to ensure that actions were</p>	<p>The CDATF coordinated the delivery of the CDATF Prevention and Early Intervention Strategy and services in response to the needs of those affected by substance misuse including alcohol across the prevention continuum of care.</p>

<p>family support programmes and interventions to address the needs of children and young people most at risk of or already involved in substance misuse and or drug related crime including young Travellers.</p>	<p>delivered as agreed and in response to new and emerging needs.</p> <p>Gaps in prevention services continued to be identified and responded to through improved coordination and interagency collaboration.</p> <p>Meetings took place with local under 18s service providers from community, voluntary and statutory sectors to discuss, as per CDATF strategic plan, the need for an under 18s substance misuse service in the CDATF area.</p> <p>A collaborative consultation process took place with community, voluntary and statutory Prevention and T&amp;R service providers to develop proposal for under 18s substance misuse service in CDATF area.</p> <p>As per the CDATF Strategic Plan, the initial meetings of the Developments Group took place, looking at the</p>	<p>Over 852 individuals including children, young people from the Traveller and settled community and their parents, grandparents and teachers benefited from therapeutic interventions and targeted prevention programmes and activities.</p> <p>Gaps in services were identified and highlighted at local and national level through the NOC and other structures.</p> <p>The CDATF coordinated 4 workshop/sessions to engage with local under 18s service providers and stakeholders (community, voluntary and statutory services) to work collaboratively on developing the proposal for an under 18's substance misuse service for Clondalkin. Consultations with young people in Crosscare, YES Centre &amp; Jigsaw also took place to gain further insight into the needs of young people who use drugs in the area. An extensive proposal was developed and further meeting are due to take place with relevant stakeholders in terms of funding options.</p> <p>The development group which includes representatives from the Community/Voluntary and Statutory sectors looking at the root causes of drug and alcohol misuse was established and met 4 times in 2018. Membership was reviewed and additional representation from other relevant agencies was sought for example CYPSC, Education Welfare Officers.</p> <p>The Prevention Officer continued to represent the under 18's services on the Children and Young Peoples Services Committee (6 per year) and will participated in relevant sub groups, Young Mental Health Sub Group (4 per year).</p> <p>The Prevention Officer continued to engage with HSE Health and Well Being Unit and was the representative on its Education and Campaign Committee. This involved the review and evaluation of proposed Prevention and Education Programmes for the Department of Education.</p>
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	<p>root causes of drug and alcohol misuse. Specific actions were identified as priorities and work will commence on same actions in 2019.</p> <p>The Prevention Officer continued to represent the CDATF on strategic committees such as CYPSE, JPC, and Prevention Officers Forum.</p>	<p>The Prevention Officer continues to engage with the national Prevention Officers Forum. A review of the SHARPH programme took place and in terms of how it's delivered, the PO took part in training around its delivery. The packs were also reviewed and redesigned to ensure they were suitable for the Irish Schools and this was funded as a cross task force initiative. Schools were identified locally for its roll. Training for teachers is due to take place in early January.</p> <p>CDATF Prevention Grants were used to support 18 individuals (parents/ guardians / grandparents / young people) through family counselling (88 sessions in total). There was an increased demand for this service due to the number of bereavement experiences of the families accessing the service.</p>
<p><b>Action 2</b> Support the implementation of interagency working within prevention and family support services and in the formal and informal youth and education sectors</p>	<p>4 meetings of the CDATF Causes Development Group took place including one planning session.</p> <p>Gaps in representation were identified and efforts made to engage all the key stakeholders.</p>	<p>The development group which includes representatives from the Community/Voluntary and Statutory sectors looking at the root causes of drug and alcohol misuse was established and met 4 times in 2018. Membership was reviewed and additional representation from other relevant agencies was sought for example CYPSC, Education Welfare Officers.</p> <p>An interagency work plan was developed.</p>
<p><b>Action 3</b> Provide training and build the capacity of service providers including the formal and informal</p>	<p>Support was provided for the coordination, development and implementation of targeted programmes for</p>	<p>Over 200 individuals including teachers, project workers, youth works, parents and managers within locally based services benefited from training on best practice in relation to substance misuse prevention. Topics included;</p>

<p>education sector to deliver prevention and family support programmes and interventions.</p>	<p>those hard to reach young people who are involved in substance misuse and or drug related crime and intimidation.</p> <p>A training needs analysis was carried out with locally based community and voluntary prevention services including schools.</p>	<ul style="list-style-type: none"> <li>• Advanced harm reduction training</li> <li>• Drug awareness</li> <li>• Mental health and substance misuse among young people at risk</li> <li>• New drug trends</li> <li>• Cannabis and mental health among young people</li> <li>• Trauma informed care</li> <li>• Grief and Loss</li> <li>• Developing and implementing Drug policies and procedures within schools and locally based organizations.</li> </ul> <p>The Prevention Worker met with 3 post primary schools to discuss their current needs and delivered sessions to two post primary schools. The need for additional training and resources was also highlighted through this process to enable teaching staff to deliver and build on existing SPHE provision for the school community.</p> <p>The worker also delivered Drug Education and Awareness Raising to parents from 2 post primary schools.</p>
<p><b>Action 4</b> Support the implemented of appropriate substance misuse policies and procedures within prevention and family support services and the formal an informal youth and education sectors</p>	<p>Appropriate organizational substance misuse policies based on best practice continued to be developed and implemented in the formal and informal education sector including youth services.</p>	<p>The Prevention worker was invited to evaluate an existing drug policy in one post primary school using a whole school approach that involved young people, parents, and teaching staff. A new drug policy was then developed and finalized.</p>
<p><b>Action 5</b> Continue to provide support to the community</p>	<p>Community representatives were supported to engage in understanding and addressing</p>	<p>New and existing community rep's from the community were identified and supported to engage in the Task Force development groups (4 per year).</p>

<p>sector in responding to substance misuse issues.</p>	<p>the causes of drug and alcohol misuse.</p> <p>Training and Capacity building programmes were provided for Community representatives based on needs to engage in decisions making structures at all levels. In order to create more opportunities for improving collaboration and developing an integrated response to drug related crime and intimidation.</p>	<p>New and existing rep's from the community were identified and supported to engage in meaningful dialogue around local and national issues.</p> <p>20 meetings took place with com rep's and key stakeholders and covered:</p> <ul style="list-style-type: none"> <li>• Pre development</li> <li>• Negotiations</li> <li>• Identity of needs</li> </ul> <p>Developing local area based plans with SDCC, Gardai, Community, Voluntary and Statutory sectors.</p> <p>15 x 3 hour sessions were delivered to community reps in conjunction with CAN to build capacity and leadership and understanding of governance and engagement in task forces and other structures.</p> <p>An additional 6 x 3 hour sessions around the issues in Balgaddy more specifically took place and enabled participants to engage in multi sector structures.</p>
<p><b>Action 6</b> Support the implementation of appropriate substance misuse policies and procedures within Prevention and family support services and the formal an informal youth and education sectors</p>	<p>Appropriate organizational substance misuse polices based on best practice were developed and implemented within the formal and informal education sectors including youth services.</p>	<p>A review and evaluation of substance misuse policies took place within two schools and were updated as appropriate.</p>

Supply Reduction	Outputs 2018	Overall Impact and Outcomes 2018
<p><b>Action 1</b> Continue to monitor the implementation of LDTF Projects including the allocation of all LDTF funding and agree any changes in this regard with project promoters, channels of funding and the DPU where appropriate.</p>	<p>The CDATF continued to work closely with projects promoters to ensure that actions were delivered as agreed and in response to new emerging needs.</p>	<p>The CDATF coordinated the delivery of the CDATF Supply Reduction/Community Safety Strategy and support services were provided for individuals and families affected by drug related crime and intimidation.</p> <p>7 families benefited from one specific youth justice diversion programme targeted at young people who came to the attention of the Gardaí and their parents.</p>
<p><b>Action 2</b> Continue to support the development of the Local Policing Fora in North and South West Clondalkin area.</p>	<p>The LPF continue to engage in consultations with the Garda and other key stakeholders to develop and implement responses to drug related crime and intimidation</p> <p>The CDATF continued to lobby and engage with key stakeholders at local and national level including the local authority to highlight the impact of drug related crime and intimidation.</p>	<p>Community Safety forums, planning groups and LPF meetings continued to operate in the North Clondalkin and South West Clondalkin area.</p> <p>25 community safety forum meetings took place, 12 planning meetings and community representatives attended 12 local policing forums across North and South West Clondalkin.</p> <p>Issues in relation to community safety, and drug related anti-social behavior and crime were highlighted at local and regional level through LPF's and the SDCC Joint Policing Committee.</p> <p>Various sub groups were established to explore and develop responses to specific issues including the environment, drug tourism, drug litter, keeping the community safe, building participation, alcohol and drug awareness. Various workshops and focus discussion groups were also organized.</p>

		<p>Relationships between members of the community, the Gardaí and statutory agencies continue to be improved.</p> <p>Awareness of community safety issues and local based services has also increased.</p> <p>CDATF engaged in w working group that was established to highlight specific issues pertaining to Balgaddy and look at the needs of the Balgaddy communities. Reports were compiled looking at the CSO stats and other local qualitative research was carried out. An interagency group was established involving the community/Voluntary and Statutory sectors services. 6 meetings were held in 2018. CDATF also supported a community festival day in the Balgaddy area in conjunction with Tusla and SDCC.</p>
<b>Coordination and organizational development</b>	<b>Outcomes 2018</b>	<b>Overall impact and outcomes 2018</b>
<p><b>Action 1</b> To coordinate the implementation of the National Drugs Strategy in the context of he needs of the area.</p>	<p>Broad based representation from the statutory, community and voluntary sectors continued to be supported and gaps in representation were highlighted at local and national level.</p> <p>The implementation of Actions 4, 9, 28, 29, 30, 41, and 42 of the NDS continued to be supported</p>	<p>10 meetings of the CDATF including the AGM 2018.</p> <p>The CDATF Staff and Finance sub Group, Treatment and rehabilitation sub group and the Prevention sub groups continued to meet on a regular basis during 2018.</p> <p>The CDATF carried out consultations with key stakeholders represented on the CDATF board and its sub groups to identify current needs and ensure that current actions are in line with the NDS and CDATF Strategic plan. This informed the CDATF decision making process regarding the allocation for 2018 DATF funding.</p>

	<p>Strategic policy issues continued to be highlighted at local level and at national level through the NOC.</p> <p>Key stakeholder continued to be supported to engage in the coordination, development and implementation of responses to substance misuse in the Clondalkin area</p>	<p>The CDATF launched their Strategic Plan <i>Reclaiming Community Development as an effective response to Drug Harms, Policy Harms, Poverty and Inequality (2018 – 2025)</i> in March 2018 at our annual conference were over 140 people attended.</p> <p>Policy issues identified were highlighted among key stakeholders and decision makers including local and national politicians.</p> <p>CDATF engaged in the national group alongside HSE Social Inclusion to address the issue of insurance for community based drugs projects with NSPs.</p> <p>Representatives of the CDATF board engaged with key stakeholders to ensure that services were delivered and that changing needs were responded to where possible with the current budgetary and policy context.</p>
<p><b>Action 2</b> To promote the implementation of evidence based local substance misuse strategy and to exchange best practice.</p>	<p>Consultation took place with services providers in the community and voluntary sector to identify new trends and emerging needs</p>	<p>4 Work Plan Development Meetings took place in 2018 to develop a work plan in line with CDATF Strategic Objectives in conjunction with community, voluntary and statutory partners. 115 people attended these sessions.</p> <p>CDATF presented two models of best practice in relation to Harm Reduction &amp; Dual Diagnosis at the HRB National Conference.</p> <p>A proposal was submitted to the HSE and approved in terms of WRAP Train the Trainer across all funded actions to embed this programme into service delivery across Treatment &amp; Rehabilitation, Traveller Specific Services, Youth Services and Family Support Services. CDATF developed an implementation plan with supports allocated for this to become a normal aspect of service delivery.</p>

<p><b>Action 3</b> To monitor, evaluate and assess the impact of funded projects and their continued relevance to the NDS and the CDATF strategy</p>	<p>Interim funded Projects continued to be monitored within the current framework</p> <p>The CDATF continued to work in consultation with key stakeholders regarding the roll out of the proposed new monitoring framework for CDATF funded projects</p>	<p>Project Promoters were supported to complete the new HSE SLA and GAA agreements for 2018.</p> <p>CDATF awarded a tender to review and evaluate all current funded actions in line with the new National Drugs Strategy and the CDATF Strategy and engaged in a process with an external consultant and the board to complete this process by April 2019.</p>
<p><b>Action 4</b> To review current strategic and operational structures</p>	<p>The CDATF engaged in a planning and review session to agree service priorities and identify strategic issues for 2018.</p>	<p>CDATF board engaged in a review session to develop a work plan and agree key priorities for 2018. 4 development group sessions with an external facilitator took place to develop an interagency work plan in line with the NDS and CDATF strategy.</p> <p>3 new members were inducted onto the board including Youth Service Representative, ETB Representative and a Local Elected Representative.</p> <p>New development groups, structures, reporting mechanisms and membership were agreed as part of the work plan development for 2018 – 2025.</p>
<p><b>Action 5</b> Identify gaps in representation and facilitate the development of improved interagency working and collaboration among key stakeholders</p>	<p>The CDATF continued to support and facilitate discussions with key stakeholders regarding the implementation of the NDRIC and Meitheal frameworks</p>	<p>Community and voluntary sector organizations continued to work collaboratively with key stakeholders to improve care planning, case management and interagency working across the continuum of care.</p> <p>Project promoters in the community and voluntary sector continue to be supported to work towards the implementation of the NDRF and Meitheal procedures and protocols in line with the needs of clients and taking into account the local context</p>

		Gaps and blocks continued to be highlighted including gaps in representation and engagement of stakeholders from statutory agencies with regard to the implementation of both frameworks
<p><b>Action 6</b>  Ensure the effective completion of operational and administrative tasks including financial governance and management, staff management and adhere to the reporting requirements so the various funders.</p>		<p>The CDATF staff and finance sub group and the CDATF board continue to ensure the effective financial, operational and HR governance of the CDATF Limited company. The CDATF Staff and Finance sub group had four quarterly meetings and reports were prepared for the CDATF board as appropriate.</p> <p>GDPR training was provided to CDATF Board, Staff and Project Promoters with 30 people attending the training. Data Protection Policy, Record retention Policy and Privacy Statement were developed and signed off by CDATF Board in line with new GDPR guidelines.</p> <p>All members of staff received regular support, supervision and an annual appraisal.</p>



### 3.0 Governance

#### Board of Management

<b>Name</b>	<b>Role</b>	<b>Meetings in 2018</b>
<b>Ray McGrath</b>	Independent Chairperson	11 board meetings 3 staff & finance sub groups 2 work plan development groups
<b>Noreen Byrne</b> North Clondalkin CDP	Vice Chairperson / Community Representative	9 board meetings 3 staff & finance sub groups 3 work plan development groups
<b>Cathy Purdy</b>	SDCC Representative (Statutory Representative)	4 board meetings
<b>Damien Murphy</b> (Resigned 13 <sup>th</sup> Sept 2018)	HSE Addiction Representative (Statutory Representative)	5 board meetings 2 staff & finance sub groups
<b>Pat Conway</b> (Joined 13 <sup>th</sup> Sept 2018)	HSE Addiction Representative (Statutory Representative)	2 board meetings
<b>Inspector Liam Casey</b>	An Garda Siochana (Statutory Representative)	6 board meetings 2 work plan development groups
<b>Maria Finn</b> CASP	Voluntary Representative	7 board meetings 2 work plan development groups
<b>Rosie McGlone</b> Clondalkin Tus Nua	Voluntary Representative	7 board meetings 1 staff & finance sub groups 3 work plan development groups
<b>Ann Corrigan</b> Neart LeCheile	Voluntary Representative	10 board meetings 3 work plan development groups
<b>Doreen Carpenter</b> Clondalkin Travellers Development Group	Voluntary Representative	9 board meetings 1 work plan development groups
<b>David Lynch</b> South Dublin County Partnership	Community Representative	6 board meetings 1 staff & finance sub groups
<b>Mark Ward</b> SDCC	Local Elected Representative	7 board meetings

<b>Gus O'Connell</b> SDCC (Joined 8 <sup>th</sup> Nov. 2018)	Local Representative	Elected	1 board meeting
<b>Tiernan Heaney</b> Crosscare (Joined 13 <sup>th</sup> Sept. 2018)	Voluntary Representative		2 board meetings 3 work plan development groups
<b>Margaret Doyle</b> DDLETB (Joined 13 <sup>th</sup> Sept. 2018)	Statutory Representative		2 board meetings 1 work plan development groups