



South Dublin
County Partnership
Páirtíocht Chontae
Átha Cliath Theas

Tallaght Drug and Alcohol Task Force (TDATF)

— Strategic Plan 2022-26 —

Foreword

Since our establishment twenty-five years ago, Tallaght Drugs and Alcohol Taskforce has played a vital role in channeling community efforts, in supporting local projects and in coordinating services to assist individuals, families and communities impacted by drug and alcohol misuse. In early 2022, as we emerged from the worst aspects of the global pandemic, it was timely that we decided to initiate the development of our Strategic Plan for the period 2022-2026. The development of this plan has allowed us to take stock of progress to date, to engage with all our stakeholders, to examine trends and developments and to lay out a vision and our plans for the next four years.

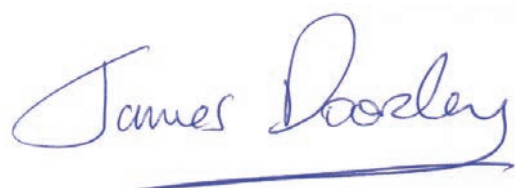
This plan builds on our report “the landscape of substance misuse and its impact on the communities of Tallaght and Whitechurch” which was published in November 2021. The priorities and actions in this document will guide and assist us as stated in our vision statement and ensure all our decisions and actions are about working towards “a healthy, safe, and resilient community, where the harms caused to individuals, families and communities from substance misuse are reduced.”

The analysis and results from the consultation lay out the challenges. For example, our population has grown from 55,000 in the 1990s to almost 95,000 today and over 90% of respondents felt that substance misuse was worse now than three years ago. While we welcome the additional funding received from Government in recent years, such as that to support frontline crack cocaine services and our outreach youth work, many of the projects are still chronically under resourced and some are at “breaking point.”

As highlighted by the recent recovery month activities during September, all the projects and services are doing great work to support people to recover, but with limited resources. With adequate resources, the services and projects in our area could help so many more individuals for the benefit of all in our communities. A key role and challenge for TDATA is to continue to make the strong case for more funding so that the people in Tallaght and Whitechurch get the resources and services they require.

I want to thank all those who contributed to the development and publication of this Strategic Plan. I want to thank all the stakeholders, who contributed, such as service users, staff and managers in both community and statutory services who provided input, based on years of experience and expertise. I want to thank the hundreds of contributors from two separate surveys who informed this plan. I want to thank Finbarr Fitzpatrick, Business Improvement Solutions for his professionalism and work throughout the process and in producing this comprehensive plan and clear set of actions. I want to thank the TDATA Coordinator, Grace Hill, for her leadership and dedication to ensure the development and completion of this plan, in addition to her already busy workload. Finally, I want to thank my TDATA colleagues who supported the development of this plan, attended consultations, and provided input and feedback on the contents.

As with all plans and strategies, the true test of whether this Strategic Plan fulfils its potential and makes a difference, will be in moving from vision and intention to action. On behalf of the TDATA, I look forward to working with partners and stakeholders in the next four years to achieve the actions in this document for the benefit of all those in Tallaght and Whitechurch who need and deserve our support.



James Doorley
Independent Chairperson
Tallaght Drugs and Alcohol Taskforce

Contents

Section 1: Introduction	4
Section 2: Area Profile	7
Section 3: Strategic Context	11
Section 4: Stakeholder Engagement	16
Section 5: SWOT Analysis	23
Section 6: Strategic Plan 2022-26	24

Abbreviations Used

AGS - An Garda Síochána
CHO - Community Health Organisation
CCIA - Community Crime Impact Assessment
CSPs - Community Safety Partnerships
DoE - Department of Education
DoH - Department of Health
DMR - Dublin Metropolitan Region
DPU - Drugs Policy Unity
DRI - Drug Related Intimidation
DATFs - Drug and Alcohol Task Forces
eCASS - electronic Comprehensive Addiction Services Solution
EDs - Electoral Divisions
EU - European Union
HSE - Health Service Executive
HRB – Health Research Board
JPCs - Joint Policing Committees
LDATFs – Local Drug and Alcohol Task Forces
NDS - National Drugs Strategy
NDTRS - National Drug Treatment Reporting System
PFG- Programme for Government
SA – Small Area
SDCP - South Dublin County Partnership
SPHE - Social Personal Health Education
SIG - Strategic Implementation Group
SWRDATAF - South Western Regional Drug & Alcohol Task Force
TDATAF - Tallaght Drug and Alcohol Task Force
YoDA – Youth Drug and Alcohol Service
YP – Young People

Section 1: Introduction

Tallaght Drug and Alcohol Task Force (TDATF) was one of 14 Local Drugs Task Forces set up in 1997 to facilitate a more effective response to the issue of problematic drug use in communities. It is in HSE Community Healthcare Organisation (CHO) 7 which includes Dublin South Central, Dublin South West, Dublin West and Kildare / West Wicklow.

TDATF is a subgroup of South Dublin County Partnership (SDCP). As part of this infrastructure, TDATF is accountable to the Board of SDCP who are responsible for overseeing the broad strategy and policies for TDATF. The Board of SDCP operates to best practice corporate governance principles and are subject to EU audit and compliance regulatory standards. SDCP has responsibility for the TDATF employment and financial policies, and procedures and project funding outlined in the HSE service level agreement contract.

1.1 What TDATF Does

The primary role of TDATF is to implement the National Drugs Strategy (NDS)-Reducing Harm Supporting Recovery 2017 – 2025 through leading an area-based response to mitigate the impact of substance misuse in the Tallaght and Whitechurch area. The NDS aims to provide an integrated public health approach to substance misuse and assigns many actions to Drug and Alcohol Task Forces (DATFs). Membership of TDATF includes representatives from the statutory, community, voluntary and political sectors. Through a partnership approach, TDATF coordinates a community response to drugs and alcohol across their catchment area.

Local organisations are funded to deliver interventions along the continuum of care including treatment and rehabilitation, family support, supply reduction, and prevention and education. The demand for services to support the complex interconnected impacts of substance misuse in the communities of TDATF is increasing rapidly. The HSE grant eight service agreements with community drug and alcohol projects in the TDATF area and one service agreement to SDCP as per Table 1

Agency Acronym	Full Agency Title
Lorien	Barnardos Intensive Family Support Project for children, young people and families impacted by substance misuse
CARP	Community Addiction Response Programme (Killinarden)
JADD	Jobstown Assisting Drug Dependency (Jobstown)
WASP	Whitechurch Addiction Support Group
St Aengus	St. Aengus Community Action Group
St. Dominic's	St. Dominics Community Response Project
TASP	Tallaght Addiction Support Project (Fettercairn)
TRP	Tallaght Rehabilitation Project
SDCP	South Dublin County Partnership

Table 1: HSE/TDATF Service Level Agreements

The HSE require all projects to be represented on Task Force substructures, submit their service agreement details, workplans and financial projections to TDATF and HSE addiction services and their financial monitoring to the HSE compliance unit. The Drugs Policy Unit (DPU) fund five TDATF projects through two channels of funding 1. Dublin Education Training Board and 2. South Dublin County Council as per Table 2.

Agency Acronym	Full Agency Title
TDPP, Foroige	Tallaght Drug Prevention Project, Foroige
St Aengus	St. Aengus Community Action Group (Tymon)
CARP	Community Addiction Response Programme (Killinarden)
FCYC	Fettercairn Estate Management
KCCYP	Killinarden Estate Management

Table 2: DPU Funded Projects

The DPU require an annual report from TDATF which includes submissions from all TDATF funded Projects. Residential Treatment in the TDATF area is provided by New Hope whose main Residential Treatment Centre has 16 beds with a further nine step down beds in Tallaght. It supports and contributes to the priorities of TDATF though it has no service level agreement in place with either the HSE or DPU.

1.2 Methodology

In April 2022, TDATF invited submissions to develop their strategic plan for the period 2022-26. This new strategic plan will outline priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes, and assess and adjust TDATF's direction in response to a changing operational environment.

The work to develop this strategy took place in the months of April to August 2022, and the methodology adopted and codesigned with TDATF to meet the terms of reference included:

- A desk review of existing information and data to develop a deeper understanding of the work of TDATF and to collate an area profile
- Formulation of the strategic and policy context within which the TDATF is currently operating
- Design of a consultation framework customised to each stakeholder group to explore perspectives grounded in their knowledge and expertise in a local and national context.
- Discussion and analysis of key findings with the TDATF committee.
- Integration of feedback into the final version of the Strategic Plan.
- Drafting and presentation of the final Strategic Plan.

The strategic planning process involved significant consultation and engagement with representatives and stakeholders over a focused 4-month period. Contributions were received from more than 20 unique organisations from across the TDATE area including those from community, voluntary and statutory sectors, reflecting the interagency nature of TDATE's work. A mixed method consultation process was used comprising both thematic focus group discussions and online surveys, to ensure a widespread and inclusive consultation process.

The data and methodology was enhanced by the findings from research on "the landscape of substance misuse and its impact on the communities of Tallaght Drugs & Alcohol Task Force" which was launched in November 2021 and updated in August 2022¹. A desk-based review of secondary data and information, including qualitative research studies and National Drug Treatment Reporting System (NDTRS) prevalence data for TDATE funded services inclusive of cases living in and outside the TDATE area was undertaken. Prevalence data referenced includes entries to treatment in TDATE funded services in 2021 and cases continuing in treatment from previous years.

¹ To include all 2021 statistics in relation to Drug and Alcohol use in the TDATE area

Section 2: Area Profile

The TDATE catchment area (See Figure 1) includes Tallaght and Whitechurch comprising all the Electoral Divisions (EDs) in Dublin 24 and those in Edmondstown and Ballyboden. It is bordered by the Clondalkin and Dun Laoghaire Rathdown local Drug & Alcohol Task Forces and the South Western Regional Drug & Alcohol Task Force (SWRDATE). Such proximity to other Task Force areas can result in people presenting to TDATE funded services though living within the boundary for another Task Force area. This is most frequent for those impacted by substance misuse in City West, Saggart and Rathcoole who will present to TDATE services out of necessity as the closest frontline service within the SWRDATE is based in Newbridge.

2.1 Key Statistics

An area profile provides a sense of the magnitude of the socio-economic challenges within the TDATE area to help contextualise priorities and actions for the strategic plan. Drawing from the comprehensive profile of the TDATE area based on the 2016 Census undertaken for *“the landscape of substance misuse and its impact on the communities of Tallaght Drugs & Alcohol Task Force”* research, the main summary statistics are presented in this section.

The catchment area for TDATE is expanding rapidly with a current population of 93,897 comprising 15 EDs and more than 300 SAs. Tallaght is the largest settlement, and county town, of South Dublin and the largest satellite town of Dublin. Its population grew at a rate of 6.95% per year between the period 1971 to 2006 and at circa 1.8% per annum in the subsequent period to 2016.

The South Dublin County Council area where TDATE is located ranks as the eleventh most affluent in the State and there are a number of affluent Electoral Divisions (EDs) and Small Areas (SAs) which mask several clusters of extremely high levels of deprivation. Four out of the fifteen TDATE EDs are classified as disadvantaged as per the Pobal HP Deprivation Index.

Further analysis of 240 SAs in the TDATE area reveal that one third are disadvantaged and 12% very disadvantaged with most of these areas situated in West Tallaght. Cross referencing census data with SA deprivation, we estimate that circa 9,000 people in the TDATE area are living in EDs comprised of SAs with high levels of disadvantage. (Deprivation score of -20 or lower)

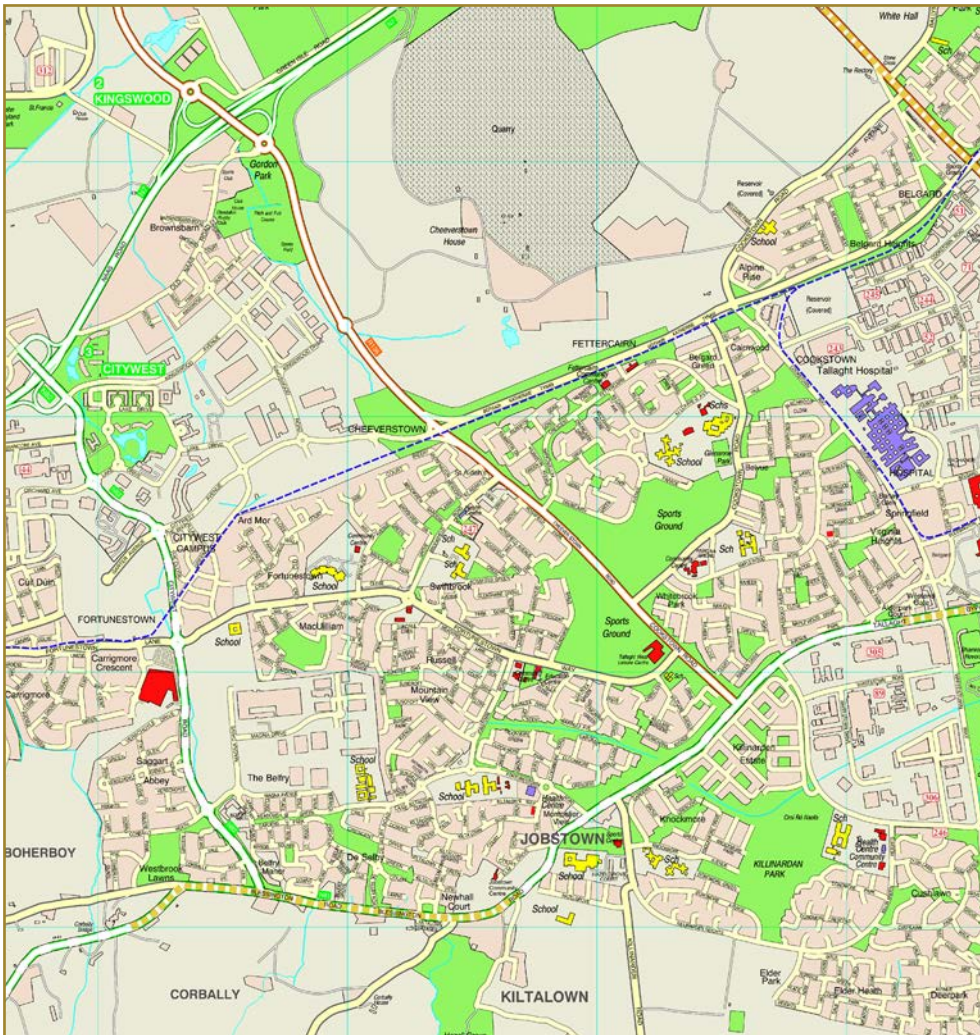
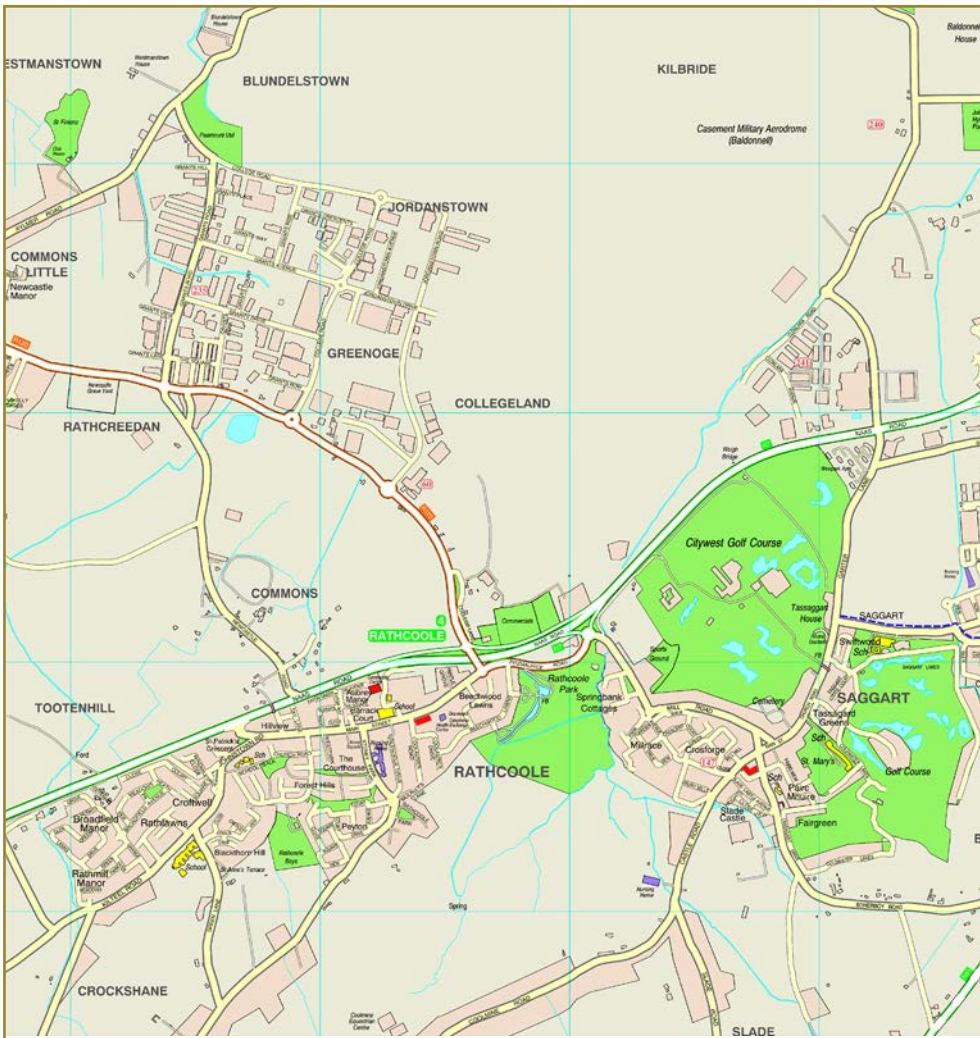
In the TDATF area, the lone parent rate is 35%, in one SA, this rate exceeds 70%. Significantly less people are achieving third level education and significantly more people are achieving only primary education in the TDATF area compared to the state average. TDATF area has higher youth, male and female unemployment than state averages. Housing and planning policies have led to a substantial population increase within the TDATF area from approximately 55,000 in the 1990's to more than 93,000 currently. The services and infrastructure required to sustain this development have not been put in place.

Where poverty clusters at a neighbourhood level, drug-related harms cluster too². The policies of austerity post 2008 continue to impact on the communities of the TDATF area with high levels of unemployment and poverty, ill health, and homelessness. The impact of substance misuse disproportionately affects people whose lives are rooted in poverty and inequality, the deprivation statistics for the TDATF area amplify the extent of the challenge.

While there are many contributory factors to substance misuse, the role that deprivation plays should not be understated. There is robust evidence in literature to suggest that deprivation is associated with addiction, stress, mental health problems and crime (Wilkinson and Pickett, 2009). The report, "Drug Misuse and the Environment" (Advisory Council on the Misuse of Drugs, 1998) articulates the link between deprivation and substance misuse.

Deprivation can lead to psychological stress and some people can self-medicate with drugs to relieve stress and provide excitement and stimulation. For young people with low education attainment and job skills deficits, drug dealing can offer an easy way of making a living and confer status in the local area which can be transformational. Disadvantaged communities may not have the resources to respond to drug problems in the way that more affluent communities can and consequently the problems become embedded in areas of high deprivation. (Montague A, 2020)

² *Outcomes: Drug Harms, Policy Harms, Poverty & Inequality 2016 (Aileen O'Gorman, Alan Driscoll, Kerri Moore, Doireann Roantree)*



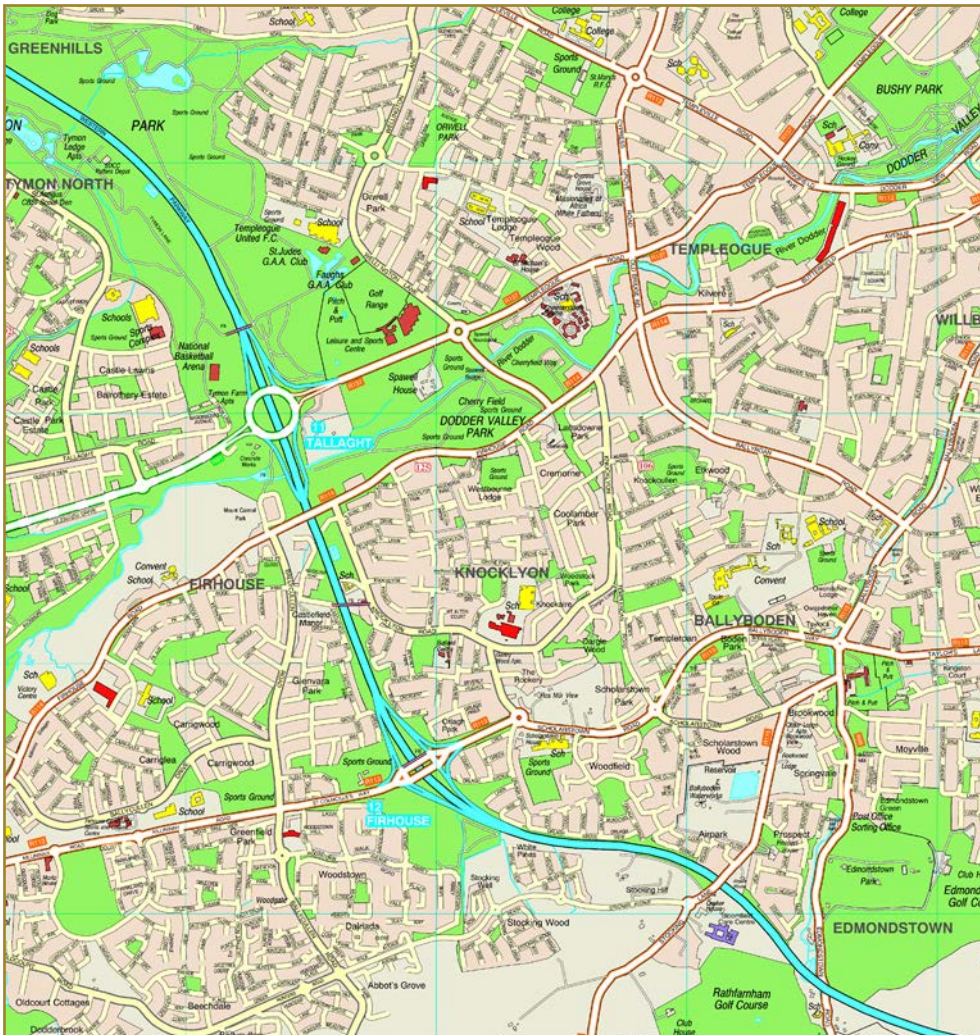
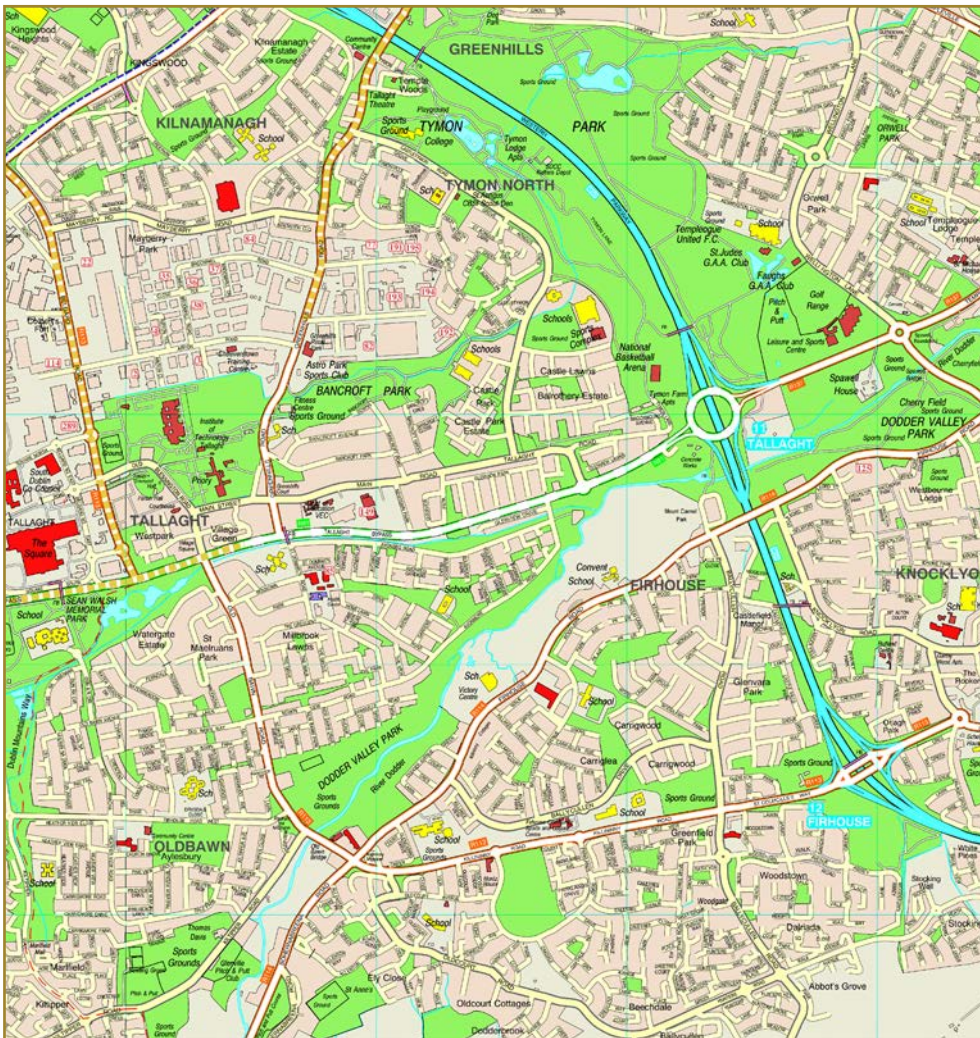


Fig 1: Map of TDATF area

Section 3: Strategic Context

This section provides a high-level summary of the strategic, and policy context which informs the work of the TDATF and its funded services.

3.1 National Drugs Strategy (NDS)



The NDS 2017-2025³ is the first integrated drug and alcohol strategy and is structured around five key goals, with a vision of creating a healthier and safer Ireland, where public health and safety is protected, and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life. The NDS identified a set of key actions to be delivered between 2017-20 and provided an opportunity to develop further actions from 2021-25 to address the needs that may emerge later in the lifetime of the strategy. These emerging needs were addressed in the recent mid-term review which identified six priority areas to strengthen the implementation of the NDS in 2021-25.

1. Strengthen the prevention of drug and alcohol use and the associated harms among children and young people.
2. Enhance access to and delivery of drug and alcohol services in the community.
3. Develop integrated care pathways for high-risk drug users to achieve better health outcomes.
4. Address the social determinants and consequences of drug use in disadvantaged communities.
5. Promote alternatives to coercive sanctions for drug-related offences.
6. Strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation.

³ Department of Health (2017). Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 – 2025

3.2 Early Intervention

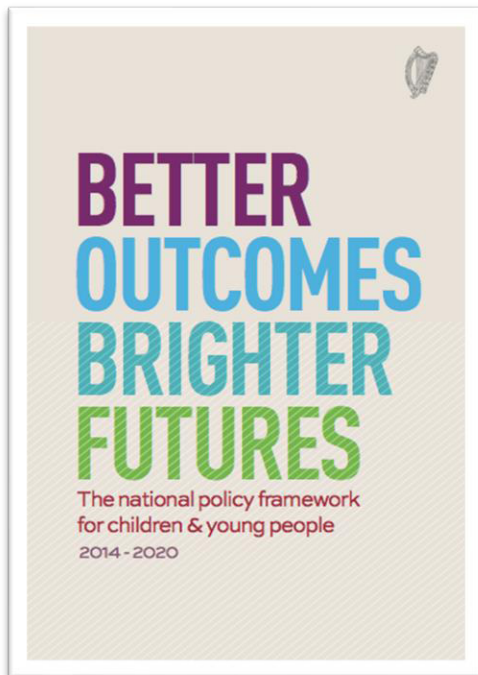
Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes. It is increasingly recognised that the greatest impact on socio-economic indicators such as health, education and employment will be delivered through early intervention. Tusla's Prevention Partnership and Family Support (PPFS) mainstreaming programme includes transformational measures in relation to family needs assessment (Meitheal) and Parenting Support. The parenting strand of PPFS has five main projects which seek to help the improvement of family wellbeing and outcomes for children.

International research on child development shows that good quality, evidenced-based parenting education and support contributes significantly to improved child protection by supporting vulnerable families and children; improved childhood resilience, health, school readiness, and educational outcomes; enhanced infant and child mental health and well-being and reduced incidences of youth delinquency and violence.

Adverse Childhood Experiences (ACE), Hidden Harm⁴, other traumas, and the lack of understanding of their impact on individuals, can create difficulties in relationships between service users and service providers. It is most likely to be manifest in families where there are key risk factors in relation to addiction mental health and domestic violence. Safe and nurturing relationships between staff and service users is fundamental to recovery from trauma and positive engagement in services.

⁴ Hidden Harm describes the situation of many children and young people affected by parental alcohol and drug misuse

3.3 Children & Young People



Ireland's National Children's Strategy, *Better Outcomes Brighter Futures* (BOBF) has at its core, the aim to support all children to achieve five key outcomes namely that children and young people:

- are active and healthy, with positive physical and mental well being
- are achieving their full potential in all areas of learning and development
- are safe and protected from harm
- have economic security and opportunity
- are connected, respected, and contributing

BOBF is the first overarching national policy framework for children and young people (aged 0-24 years). The Department of Children, Equality, Disability, Integration and Youth (DCEDIY) through

the new UBU funding framework introduced in July 2020⁵ suggest that there are seven areas of skills and strengths, referred to as 'potent mechanisms' that young people attending youth services should be supported to develop, including:

- Communication skills
- Confidence and agency
- Planning and problem solving
- Relationships
- Creativity and imagination
- Resilience and determination
- Emotional intelligence

To secure funding, youth work services must demonstrate that they are delivering interventions that reflect an 80% at risk and 20% mainstream profile. Within the 'at risk' definition includes *"Young people who are affected by issues linked to substance misuse including but not limited to family members use/misuse, personal use, involvement in drug dealing, drug debts with a particular focus on young men."* This more targeted youth work-based approach for young people impacted or already involved in substance misuse and the drugs economy could lead to duplication where youth projects are already funded by the TDATAF to provide a specific drug education/prevention intervention to at risk groups.

⁵ <https://ubu.gov.ie/home>

3.4 Joint Policing Committees (JPCs)

Joint Policing Committees are provided for in legislation⁶ and are overseen by the Department of Justice. JPCs are in each local authority area and act as a forum for consultation and cooperation on policing and crime issues between the public, community officials, the community and voluntary sector, elected officials and An Garda Síochána (AGS). JPCs are responsible for reviewing levels and patterns of crime and antisocial behaviour in the area, any underlying factors contributing to crime, and advising AGS on how best to perform their functions.

Community Safety Partnerships⁷ (CSPs) are being piloted in Dublin's North Inner City, Longford, and Waterford. The Partnerships were developed in recognition that there is a role for agencies of Government other than AGS in community safety and funding will be channelled from the Department of Justice. With the overall goal of safer communities, CSPs will develop a Local Community Safety Plan to determine how the community wants to respond to crime, reflecting community priorities and local concerns. CSPs will provide a forum for State agencies and local community representatives to work together to act on community concerns. They will have a broader remit and membership than the JPCs which they may replace in the future.

3.5 Community Crime Impact Assessment (CCIA)

The Community Crime Impact Assessment (CCIA) stems from the Building Community Resilience Strategy⁸. It enables front line community workers to collate data on crime based on what they have witnessed through their community work and present to the Gardaí. No individuals need to be identified in the information which must be accepted as evidence by the Gardaí and may lead to further investigation. An integral part of the CCIA is the designation of a local forum where CCIAs are discussed, and the representative agencies explore what to do to address the issues identified.

⁶ Section 35 Garda Síochána Act 2005 - <http://www.irishstatutebook.ie/eli/2005/act/20/enacted/en/print#sec35>

⁷ Community Safety Partnerships - <http://www.justice.ie/en/JELR/Pages/PR20000261>

⁸ Connolly, Johnny and Mulcahy, Jane (2019) Building community resilience. Responding to criminal and anti-social behaviour networks across Dublin South Central: a research study. Dublin: Four Forum Network and Dublin City Council

3.6 Programme for Government (PFG) – Our Shared Future

The TDATF Strategic Plan must also reflect the priorities within the PFG relating to substance misuse which are.

- Examine the regulations and legislation that apply to cannabis use for medical conditions and palliative care having regard to the experience in Northern Ireland and Great Britain
- Convene a Citizens' Assembly to consider matters relating to drugs use
- Build on recent initiatives at junior and senior cycle and support secondary schools in introducing drug and alcohol awareness programmes, particularly in relation to the hazards of casual drug use
- Recognising the additional risk faced by people who use drugs, specific actions have been taken to support increased and improved access to opioid substitution services during COVID-19
- We will seek to retain these measures to reduce waiting times in accessing these services
- Examine approaches to identifying at-risk young people and vulnerable groups to interrupt their potential trajectory into problem drug and alcohol misuse
- Increase and support drug quality-testing services, particularly at festivals
- Recognising that women can face barriers to accessing and sustaining addiction treatment arising from an absence of childcare or the presence of domestic violence, develop targeted interventions aimed at responding to their needs
- Expand services for pregnant and post-natal women affected by substance use, and their children
- Examine the potential for an information campaign on the health impacts of steroid use, particularly on young men
- Create a path for people in rehabilitation from drug addiction to access education and training facilities in their local areas
- Re-establish the Galway City Community Based Alcohol Treatment Service
- Progress the National Clinical Programme for Dual Diagnosis and work to develop joint protocols and referral pathways
- Support the Drug Related Intimidation Reporting Programme, developed by the National Family Support Network, in partnership with An Garda Síochána, to respond to the needs of drug users and families facing the threat of drug-related intimidation
- Establish a 24-hour helpline based on the FRANK helpline in the U.K., providing advice and assistance to people who use drugs and their family members
- Develop health and social interventions based on an inclusion-health approach to target people who are homeless and in addiction
- Ensure in-reach supports and pathways to access to treatment for homeless, traveller and new communities
- Increase the number of residential treatment beds for those stabilising, detoxing and/or seeking drug-free services

Section 4: Stakeholder Engagement

A total of 30 contributors from staff and members of TDATE, their funded projects, statutory agencies, community organisations, colleges of further education and elected representatives participated in a mixed method consultation comprising semi-structured interviews, focus group discussions and questionnaire survey.

The surveys completed by 308 respondents⁹ for the “*the landscape of substance misuse and its impact on the communities of Tallaght Drugs & Alcohol Task Force*” and 149 respondents for the Cannabis research¹⁰ were deemed to be sufficiently recent to be relevant to the TDATE planning process. This section sets out a summary overview of the themes that contributors and respondents felt should be included or addressed in the TDATE strategic plan.

4.1 Substance Misuse

More than 90% of those interviewed and surveyed felt that substance misuse was worse than it was three years ago. Greater visibility of drugs, their normalisation, the emergence of new substances, the increased range of drugs available, children using at a younger age, poor mental health and lack of alternatives were the main causation factors cited for the escalation of substance misuse in the Tallaght & Whitechurch area.

In 2021, the second highest numbers accessing drug treatment nationwide resided in the HSE CHO 7 area and it also had the second highest presentation of new cases¹¹. In 2019 TDATE had the third highest number of clients (621) on methadone treatment across all the Local and Regional Drug & Alcohol Task Force areas, only the North (821) & South Inner City (641) DATEs had more clients engaging in methadone programmes¹². There is a strong correlation between methadone and crack cocaine use with services anecdotally reporting as many as 70% of people on some TDATE methadone programmes also using crack cocaine.

⁹ Completed in August 2021

¹⁰ Completed in May 2022

¹¹ Kelleher C, Condon I, and Lyons S (2022) *Drug Treatment in Ireland 2015 to 2021*. HRB StatLink Series 8. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/36071> and at www.hrb.ie/publications.

¹² HSE Central Treatments List 2019

4.2 Main Problem Drugs

In 2021, there were 967 cases treated by TDATAF funded services¹³. Cocaine has overtaken heroin as the main problem drug. 36% (n=352) of those in receipt of an intervention from TDATAF funded services in 2021 reported problem cocaine use. 19% (n=187) reported problematic heroin use with 15% (144) and 13% (n=123) treated for alcohol and cannabis, respectively.

8% (n=82) of the caseload presenting to TDATAF services in 2021 were “concerned persons” seeking an intervention because of the substance misuse of a family member. 86 (24%) of the problematic cocaine use cases treated by TDATAF funded services in 2021 were for crack cocaine with a further 59 cases treated for crack as an additional problem drug¹⁴.

In 2021, 5827¹⁵ crack pipes were given out by TDATAF services to clients as part of their harm reduction approach, while over 400 people (33% female) are in regular contact with TDATAF services in relation to their crack cocaine use. It was identified by stakeholders as by far the most pressing substance misuse issue facing front line drug services and communities of TDATAF.

Services believe that almost all problematic drug use has some element of polydrug use attached though the service user may not recognise the secondary drug as a problem. The intensity of the come down from crack cocaine is so horrific that people will take alcohol, tablets, and benzos to manage this, which is how poly drug use manifests for crack cocaine users. The dangerous misconception of weed as a socially acceptable drug is amplified by the number of young people presenting to YoDA with addiction and mental health problems brought on and exacerbated by what they perceive as normalised cannabis use.

4.3 Impact on the TDATAF Community

Crack cocaine users are very visible in the community with increased begging at shops and public areas in many parts of Tallaght. It has a very detrimental impact on local communities in terms of public order, intimidation, dealing, violence, mental and physical health, child welfare, deprivation, neglect and forced prostitution. The location of a significant number of ‘crack houses’ are known to the local community. The public health risks within such houses are profound and some may have young children living in them which increases exposure at an early age and the associated risk of inter- generational addiction.

¹³ Source: NDTRS 2021 Provisional prevalence reports for TDATAF funded services. HRB – May 17th, 2022.

Prevalence data includes entries to treatment in 2021 and cases continuing in treatment from previous years

¹⁴ Source: NDTRS 2021 prevalence Cases treated for Crack Cocaine in TDATAF funded Services, May 17th, 2022

¹⁵ Data supplied by CARP, JADD, and St. Aengus’s

The visibility of drug consumption, drug dealing, anti-social behaviour, violence and intimidation and the trappings of the drugs economy across estates and hotspots in Tallaght is symptomatic of the normalisation of substance misuse and its impact. This is most evident in areas with the highest levels of socio-economic disadvantage in West Tallaght and perceived to be less visible in the more affluent parts of the TDATF area.

The heroin epidemic in Dublin in the 1980's and 1990's has impacted two generations hence. While the drugs of choice have changed, the children of parents who had drug and addiction issues are more likely to experience similar issues. Learned behaviour is also evident among children whose parents were/are involved in the drugs economy and contributes to a sense of normalisation.

The absence of positive role models and deficits in resilience due to the deprivation and poverty factors, makes it very difficult for a young person raised in poverty to resist the lure of the drugs economy. Involvement in same can be transformational for the young person and the sense of hopelessness, lack of belonging and low self-esteem that they might have experienced previously disappears.

Mental health issues are increasingly presenting in the TDATF community, including numbers of suicides at above the national average and drug-related deaths; increased anxiety seen in young people whose parents misuse substances; increasingly erratic behaviour and poor mental health in crack cocaine users, and a huge emotional burden on children and grandparents caused by the impact of substance misuse in families. Feedback from projects highlighted self-harm amongst teenagers which is a concern given the link between self-harm and suicide ideation.

Drug Related Intimidation (DRI) is entrenched in many communities in the TDATF area, creating an atmosphere of hopelessness where the only perceived alternatives are drug consumption and subservience to the criminal gangs. Increased crack cocaine and polydrug use expands the market with more people wanting an accessible range of substances. This increases the risk of people accumulating debt and their vulnerability to DRI.

4.4 Resources

TDATF fund nine projects across the continuum of care including treatment and rehabilitation, family support, education, and prevention. Residential Treatment in the TDATF area is provided by New Hope who supports and contribute to the priorities of TDATF though has no service level agreement in place with either the HSE or DPU.

TDATF endured a 5.5% reduction in funding over the 10-year period (2010-20) against the backdrop of spiraling population growth, urban sprawl, and increased substance misuse. Resource constraints and the increased incidence and complexity of drug related issues presenting within the TDATF area have impacted on the ability of the task force to respond effectively.

TDATF funded projects are working with financial deficits and are having to introduce cost cutting measures. Due to the increasing need presenting, services are continuously challenged to do more with the same level of resources. Of particular concern is the challenges around staff recruitment and retention which is resulting in an over dependence on Community Employment (CE) Scheme staff.

Tallaght is located within the Dublin Metropolitan Region (DMR) South which along with Crumlin & Terenure is one of three Garda districts in DMR South. The Tallaght district also has a dedicated drugs unit whose primary role is the enforcement of drugs legislation, focussed on the sale and supply of controlled substances. Cannabis, heroin, and cocaine are consistently the three highest value drugs seized and though increasing, the amount and value of seizures of crack cocaine remains low.

There are many drug markets in Tallaght including local and those servicing demand created by the people who travel from other areas of Dublin and Ireland to purchase drugs in the TDATF area. The Tallaght District needs additional community Gardaí in the area to provide the increased visibility needed to reassure the community.

4.5 Gaps in Services

There is no Department of Education approved programme for drug education and awareness in schools, programmes are delivered through the Social Personal Health Education (SPHE) curriculum in many cases by teachers who have no experience of the subject. Some contributors felt that there was a need to discuss substance misuse from a younger age instead of waiting until later in adolescence. Respondents highlighted the need to strengthen recovery capital in the community through education, training, and employment opportunities

It was felt that there was a gap in service for Under 18s with drug problems or impacted by a family member's addiction. Youth services can do capacity building and personal development but are restricted in what they can do for those directly impacted by substance misuse as they do not have the specialist experience. Additional counselling and family support were highlighted as needs as was the shortage of treatment beds nationally. In this context, it must be highlighted that New Hope Residential Centre located in Dublin 24 has 16 beds with a further 9 step down beds in Tallaght.

4.6 Priorities for 2022-26

Increasing TDATF's profile and influence at the government level and facilitating a robust interagency partnership approach in Tallaght were identified as priorities. Greater collaboration between all the stakeholders to address drug dealing and intimidation in "no go areas" was also highlighted as a priority.

Education and awareness programmes in schools and community settings, drug awareness campaigns and more training for staff and volunteers working with young people are needed. Drug dealing and intimidation in many of the large public housing estates in the TDATF area was a recurring theme in the consultations.

Addressing the growing concerns about mental health issues in the community, including increasing numbers of suicides at above the national average and drug-related deaths must continue to be a priority. The 2019 National Self Harm Registry found that South Dublin had the eighth highest rate of Self Harm in Ireland for male and female (241 and 272 respectively) per 100,000 population.

4.7 Review of TDATF's Strategic Plan 2017-20

Three strategic themes underpinned the TDATF 2017-20 Strategic Plan namely

1. Improved Service User and Community Outcomes
2. Effective Partnership
3. Increased Capacity

Under these strategic themes, there were outcomes which had named goals and actions. The goals and actions were directional to guide annual operational plans. Figure 1 illustrates the focus on each theme, describing the difference that TDATF sought to achieve in delivering the plan.



Figure 2: TDATF Strategic Themes 2017-20

In respect of Strategic theme One, it was felt by contributors that much progress had been made though the metrics to evidence that, more families were supported, children were safer, the cycle of intergenerational substance use was broken or that there has been improved school attendance are not fully in place. The most noteworthy achievement in terms of service user outcomes was the changing relationship with their drug/s of choice experienced by those exiting treatment in 2021 as illustrated in Table 3.

Treatment Outcome	No.
Drug free	106
Not changed drug use	76
Increased drug use	10
Reduced drug use	67
Abstaining from alcohol	11
Not changed alcohol use	~
Increased alcohol use	~
Reduced alcohol use	9
Substantially reached priority goals of care plan	36
Engaging with care plan	~
Disengaged from care plan	6
Engaging with other services (e.g., housing, education)	~
Engaging with other therapeutic services (e.g., self-help groups, AA)	~
Other	29
Not known	24
Total	388

Table 3: Treatment Outcomes for TDATF funded services 2021¹⁶

¹⁶ Source: NDTRS 2021 Provisional prevalence reports for TDATF funded services. HRB – May 17th, 2022. Prevalence data includes entries to treatment in 2021 and cases continuing in treatment from previous years.

30% (n=117) of those exiting services in 2021 were drug or alcohol free and a further 20% (n=76) had reduced use. These numbers provide further rationale for the need to focus on recovery and aftercare supports to ensure that people who have exited treatment remain drug free. The effectiveness of TDAF collaboration and inter agency working was a recurring theme with representation by the chair and coordinator on national forums including the strategic implementation groups (SIG's) for the National Drug Strategy Mid Term priorities. This strengthens the influence of TDAF in national policy and strategy.

In respect of the "increased capacity" strategic theme, TDAF fund nine projects across the continuum of care including treatment and rehabilitation, family support, education, and prevention. Frontline services are operating under severe resource constraints with budget cuts and no pay increases for staff coupled with the increasing need presenting exacerbated by crack cocaine and polydrug use.

TDAF funded services feel they are at "breaking point" with more resources needed immediately. While recognising the value of all TDAF funded projects, front line services feel that if additional funding is not found for their projects, TDAF should look to divert funds from other pillars of work to front line services to ensure continuity of provision.

In relation to HSE Section 39 funding TDAF received the second highest allocation across the LDATEs in the CHO7 area in 2021. However, TDAF ranks eight out of fourteen in interim funding¹⁷ allocation per LDATE area.

¹⁷ Interim funding is approved by the Drugs Policy Unit (DPU) on an annual basis

Section 5: SWOT Analysis

The SWOT Analysis is based on the findings from desk research and the stakeholder engagement.

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> - Long established in the local community - TDATE Coordinator & Committees - Relationship with Services - Evidence based work - Commitment to Service User Involvement - Services across Tiers 1-4 - Oversight from South Dublin County Partnership - Resilience and determination to address problem issues in the community 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> - Huge workload on small staff team - Administrative burden relating to governance and funding - No increase in Task Force funding - HSE guidelines restrict TDATE's ability to redirect funding based on emerging need - Apathy within the community - Pressures on TDATE funded services to meet new need with less resources
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> - To be more accessible to those impacted by substance misuse - To access existing and new funding streams - To raise awareness of TDATE through PR, Marketing & Digital platforms - To work with SDCC to ensure that investment in infrastructure and Social Capital reflects the complex needs of the TDATE area - For an Area based approach - To Work with Prisons - From the Strategic Implementation Groups (SIGS) - From the Citizens Assembly - From the Connect 4 Project - From the Cannabis Research - To expand alcohol specific services - To avail of Residential Services in the D24 area 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> - Perception that the TDATE is responsible for mitigating all direct and indirect impacts of substance misuse - A high number of people who come into the TDATE area to access drug services - Lack of progression opportunities from drugs programmes - Retention of staff in TDATE services - Insufficient capacity to deliver the Strategic Plan 2022-26 - Embedded challenges such as anti-social behaviour and normalisation of drug use - Rapidly expanding area and population will put further strain on resources

Section 6: Strategic Plan 2022-26

Having analysed the findings from the area profile, strategic context, stakeholder engagement and the SWOT Analysis, this section will set out TDATF's strategic plan for the period 2022-26.

Vision

A healthy, safe, and resilient community, where the harms caused to individuals, families and communities from substance misuse are reduced.

Mission

Our mission is to lead a coordinated area-based response to the harms of substance misuse to enable healthier and safer communities across the Tallaght Drug and Alcohol Task Force area.

Values

◦ Equality ◦ Diversity ◦ Empathy ◦ Inclusion ◦ Empowerment ◦ Resilience

6.1 Strategic Priorities

To demonstrate alignment with prevailing national strategy we recommend that for the period 2022-26 TDATF ensures that the six priorities which emerged from the mid-term review of the National Drug Strategy shape their work. For clarity and relevance, we have reconfigured the six NDS priorities under four strategic priorities for TDATF.

1. Strengthen the prevention of drug and alcohol use and the associated harms among children and young people
2. Enhance access to drug and alcohol service in the community that deliver better health outcomes
3. Address the social determinants and consequences of drug use in disadvantaged communities through an area-based approach
4. Ensure the longevity and sustainability of TDATF through robust Governance, Growth & Development

40 actions are proposed to deliver the strategic priorities. Many of the recommended actions are a continuation of business as usual. The actions and initiatives which are new reflect the aspiration to make TDATF more sustainable, influential, and accessible for its communities. The outcomes that will be achieved through the successful implementation of the actions are listed.

6.2 TDAF Strategic Priority One

Strengthen the prevention of drug and alcohol use and the associated harms among children and young people			
Action	Lead/Partner	Timeline	Outcomes
1. Fund effective education and prevention services	TDAF	Annually	<ul style="list-style-type: none"> -More TDAF children and young people educated about substance misuse -More TDAF children and young people diverted from substance misuse and associated harms -TDAF children and young people achieve their potential
2. Work with TDAF funded education and prevention services to develop a template to capture the impact of their services	TDAF Funded Services	2023	<ul style="list-style-type: none"> -Improved service monitoring -Demonstration of Value for Money -Improved data for funding applications and area profiles
3. Engage with the Department of Education (DoE) to secure their representation on TDAF	TDAF	2023	-More effective and representative TDAF
4. Work with local schools and other education providers to develop an effective young person led drug education programme in schools	TDAF, Funded Services Schools, DoE	2023	<ul style="list-style-type: none"> -More school children educated about substance misuse -Strengthening Social Personal & Health Education (SPHE) supports to schools in the TDAF area -Schools and teachers are better informed about substance misuse -Increased awareness of and stronger resilience to the harms of drugs and alcohol in schools

Action	Lead/Partner	Timeline	Outcomes
5. Review membership of local, county, and regional committees to maximise TDATF influence in prevention policy and strategy (CYPSC, JPC, LDC, PPN)	TDATF	End of 2022 and Annually thereafter	<ul style="list-style-type: none"> -TDATF to have increased influence in key policy forums -TDATF to have better insights into wider strategy and policy development -A greater awareness of TDATF across their area
6. Promote access to parenting and family programmes for services engaging with high-risk families	TDATF	Ongoing	<ul style="list-style-type: none"> -Improved access to Strengthening Family, Parents Under Pressure (PUP) and Triple P programmes -Improved parenting -Stronger family units and enhanced prevention
7. Continue to develop and support the SDCP street work pilot initiative as an enhanced area-based prevention approach	TDATF	On-going	<ul style="list-style-type: none"> - Improved mental health and well-being of Young People -Young People progress and achieve in education -Improved family relationships -Improved inter-agency working -More effective targeting of at-risk young people
8. Support the roll out of awareness raising campaigns to enhance drug education and prevention	TDATF	On-going	<ul style="list-style-type: none"> -Increased awareness -Improved prevention
9. Optimise the TDATF website as an effective platform for drug education and prevention and explore the potential for e-learning	TDATF	On-going	<ul style="list-style-type: none"> -More people using the TDATF Website -Increased awareness of TDATF's work -Improved prevention

6.3 TDATF Strategic Priority Two

Enhance access to drug and alcohol services in the community that deliver better health outcomes			
Action	Lead/Partners	Timeline	Outcomes
10. Fund effective service responses and person centred supports to address the needs of those affected by drug and alcohol misuse and their families	All TDATF funded services	Ongoing	<ul style="list-style-type: none"> -Improved access to TDATF funded services -Changed relationship with drug/s of choice (Stabilisation, reduced use, drug free) -Achievement of care plan goals
11. Increase meaningful progression opportunities (aftercare, community integration) and champion a culture of dual recovery across all services	All TDATF funded services	Ongoing	<ul style="list-style-type: none"> -Improved progression opportunities -More Recovery options -Increased Recovery Capital -Improved Rehabilitation
12. Sustain and subject to available resources enhance the Education Bursary fund to enable people in Recovery to access education opportunities	TDATF	Ongoing	<ul style="list-style-type: none"> -Increased access to educational opportunities
13. Seek and secure additional resources to develop alcohol specific interventions with funded services	All TDATF funded services	Ongoing	<ul style="list-style-type: none"> -Improved knowledge of community-based alcohol programmes -Improved access for people requiring support for alcohol misuse
14. Seek funding for additional residential places	TDATF	Ongoing	<ul style="list-style-type: none"> -Improved access to Residential Treatment -Improved Service User Outcomes
15. Engage with Minister of State for Drugs Policy, the HSE and the DoH, for an immediate increase in interim funding to address the emerging needs and mitigate the impacts of substance misuse in TDATF	TDATF	Ongoing	<ul style="list-style-type: none"> -Stronger front line service provision -Increased capacity to address emerging need -More efficient and effective services -Stronger Recovery Community in the TDATF area

Action	Lead/Partners	Timeline	Outcomes
16. Engage with the HSE and advocate for funding to provide more residential beds for males and females living in the TDATAF area impacted by substance misuse	TDATAF	Ongoing	<ul style="list-style-type: none"> -Improved access to Residential Treatment -Improved Service User Outcomes
17. Continue to Identify gaps in provision within Tier 1, 2, 3 and 4 services and work with services to address blocks and challenges	TDATAF	Ongoing	-Enhanced insight into the need presenting in the TDATAF area
18. Ensure that funding for Crack Cocaine services received in 2022 is sustained	TDATAF	Ongoing	-Increased capacity to target those impacted by Crack Cocaine
19. Apply the NDRF model to develop integrated care pathways (inter agency, outreach, street work,) for high-risk user	TDATAF & Funded Services	Ongoing	<ul style="list-style-type: none"> -Increased access to hard-to-reach people impacted by substance misuse -Improved engagement with the travelling community and ethnic minorities -Reduced mortality due to substance misuse -Reduced homelessness -Improved health & well-being -Improved collaboration between Addiction and Mental Health services

6.4 TDATF Strategic Priority Three

Address the social determinants and consequences of drug use in disadvantaged communities through an area-based approach			
Action	Lead/Partners	Timeline	Outcomes
20. Strengthen the voice of the community through ensuring area wide representation of community reps on TDATF committees.	TDATF	Ongoing	-Stronger community voice on social determinants and consequences
21. Continue to fund the Community Addiction Studies Training (CAST) Programme	TDATF/ St. Dominics	Annually	-Improved Understanding of Substance misuse -Career Development opportunities
22. Champion service user involvement	TDATF and funded projects	Ongoing	-Better understanding of service user needs -More effective services through co-design -Enhanced collaboration between projects
23. Engage with key stakeholders to facilitate their renewed commitment to the DATF model of community-based partnership through active participation on TDATF committees	TDATF and its members	Ongoing	-More effective and representative TDATF committees -Meaningful Involvement in strategy development and review
24. Participate fully in the roll out of the Data Driven Intervention Model on Drug Related Intimidation and Violence Engagement (DRIVE)	TDATF	Ongoing	-Implementation of DRIVE framework -Reduced Intimidation -Improved community policing -Improved community safety
25. Develop an area-based approach in response to the impact of substance misuse as per Recommendation 7.5 of TDATF research (Aug 22)	TDATF	Ongoing	-Improved coordination and inter agency working -More resilient and cohesive TDATF community
26. Provide a mechanism to engage all TDATF stakeholders on the decriminalisation debate and articulate the findings	TDATF	2024	-Improved community involvement -Shared understanding & Cohesive approach -Improved stakeholder engagement
27. Explore the potential for the area wide roll out of the Trauma Informed Care	TDATF	2023	-Improved understanding of trauma across all services supporting children and young people -Trauma Informed TDATF community

6.5 TDATF Strategic Priority Four

Ensure the longevity and sustainability of TDATF through robust Governance, Growth & Development			
Action	Lead/Partners	Timeline	Outcomes
28. Explore new and emerging trends (including drug of choice, high risk groups, socio-economic profiles, ethnic origin) through a reporting template that can be updated annually	TDATF, Funded Services, HRB	Annually	-Increased insight into need and emerging trends -Robust data to inform funding allocations
29. Contribute to the evaluation of the Connect 4 street-based initiative	TDATF, SDCP	Ongoing	-More effective targeting of at-risk young people -Enhanced understanding of need and of the social determinants of drug use in the TDATF area
30. Undertake a review to establish the future level of demand for TDATF services in areas currently outside its catchment and corresponding impact on budgets and future planning.	TDATF and adjacent LDATF's	2024	-Greater understanding of future need in relation to substance misuse -Increased understanding of future population growth in the TDATF area
31. Agree reporting template (Outputs, Outcomes, and Indicators) for the TDATF Strategic Plan 22-26	TDATF and funded services	End of 2022 for SLA meetings and annually thereafter	-Improved impact measurement -Improved Performance Measurement -Improved strategy implementation -Enhanced evaluation across all TDATF services
32. Continue to work with all funded services to refine the eCASS system and address data collection challenges	TDATF and funded services	Ongoing	-Improved data collection -Stronger evidencing of need -Increased capacity to demonstrate value for money
33. Use the TDATF strategy as a framework for every partner to agree and evaluate collective effort.	TDATF	Ongoing	-Improved partnership working -More cohesive strategy

Action	Lead/Partners	Timeline	Outcomes
34. Strengthen relationships in and increase awareness of TDATF in the Whitechurch area	TDATF	Ongoing	Enhanced TDATF awareness and impact across its catchment area
35. TDATF to support funded services to achieve compliance with relevant regulations (e.g., DoH, HSE)	TDATF	Ongoing	-Improved compliance against regulatory and statutory standards -Best practice policies and procedures
36. Support funded services with implementation of the National Standards for Safer Better Healthcare	TDDATF	By 2023	-Improved compliance against regulatory and statutory standards -Best practice policies and procedures
37. Continue to appraise the likelihood of future mandatory registration of TDATF as a separate legal entity	TDATF	2023	-Increased ability to attract additional funding -Improved funding processes -Stronger Governance
38. TDATF to undertake a governance review to ensure that existing arrangements are fit for purpose	TDATF and external party	2024	-Increased ability to attract additional funding -Improved funding processes -Stronger Governance
39. TDATF to support the work of the Independent Finance Group in allocating additional resources in line with this strategic plan and the TDATF research and to review existing funding allocations to ensure alignment with same strategic plan and research	TDATF	Ongoing	-Enhanced resource allocation -Improved sustainability of funded services
40. TDATF to continue to contribute to national policy by engaging actively in the Co-ordinators Group, TF Chairpersons Forum and in fora/meetings with Department of Health and other key stakeholders	TDATF	Ongoing	-Enhanced TDATF insight and influence in national strategy and policy

Bibliography & References

1. Advisory Council on the Misuse of Drugs (1998), *Drug Misuse and the Environment* London, The Stationary Office.
2. 2018 An Garda Síochána Play Your Part Cultural Audit
3. Bowden, Matt, Technological University Dublin 2019, *The Drug Economy, and Youth Interventions: An Exploratory Research Project on Working with Young People Involved in the Illegal Drugs Trade*
4. Central Statistics Office, (2020), *Census 2016 Small Area Population Statistics*, Available at <http://census.cso.ie/sapmap/>
5. Central Statistics Office, (2021), *Recorded Crime Offences*. Available [Crime and Justice - CSO - Central Statistics Office](#)
6. Commission on the Future of Policing in Ireland (2018), *The Future of Policing in Ireland* [The Future of Policing in Ireland\(web\).pdf \(policereform.ie\)](#)
7. Connolly J and Donovan A (2014) *Illicit drug markets in Ireland*. National Advisory Committee on Drugs and Alcohol and Health Research Board. Dublin: Government Publications
8. Connolly, Johnny and Mulcahy, Jane, (2019), *Building community resilience. Responding to criminal and anti-social behaviour networks across Dublin South Central: a research study*. Dublin: Four Forum Network and Dublin City Council.
9. Connolly J, Foran S, Donovan A, Carew A and Long J (2008) *Crack cocaine in the Dublin region: an evidence base for a Dublin crack cocaine strategy*. HRB Research Series 6. Dublin: Health Research Board
10. Department of Health (2017). *Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 – 2025*
11. Department of Children and Youth Affairs (2016) *Lifting the Lid on Greentown – Why we should be concerned about the influence criminal networks have on children’s offending behaviour in Ireland*. Dublin: Government Publication www.dcyva.ie/
12. Druglink supplement 1998 – Advisory Council on the Misuse of Drugs (ACMD) *Drug misuse and the environment: A summary - Drugwise*
13. European Monitoring Centre for Drugs and Drug Addiction (2018), *European Drug Report 2018: Trends and Developments*, Publications Office of the European Union, Luxembourg
14. Galligan, Karen and Comiskey, Catherine (2017) *Estimating the number of children of parents who misuse substances, including alcohol across the communities of the Tallaght Drug and Alcohol Task Force (TDATF) region*. Dublin: Tallaght Drug & Alcohol Task Force.
15. Government of Ireland (2019). *A policing service for the future. Implementing the Report of the Commission on the Future of Policing in Ireland*. Government of Ireland, Dublin.

16. Haase, T. & Pratschke, J. (2017) The 2016 Pobal HP Deprivation Index for Small Areas (SA)
17. Haase, Trutz and Pratschke, Jonathan, A Performance Measurement Framework for Drug and Alcohol Task Forces (2017)
18. Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction. (2021) Ireland: national report for 2020 - drug markets and crime.
19. Health Research Board (2019) National Drug Deaths Index 2008 to 2017
Available at: <http://www.drugsandalcohol.ie/31275> and at www.hrb.ie/publications
20. Ivers, Jo-Hanna Professor, Giulini, Francesca, Paul, Gillian Dr (2021) Supporting Women to Access Appropriate Treatment (SWAAT) Study
21. Kelleher C, Carew AM, and Lyons S (2020) Drug Treatment in Ireland 2014 to 2020. HRB StatLink Series 6. Dublin: Health Research Board. Available at: www.drugsandalcohol.ie/34162 and at www.hrb.ie/publications
22. Kelleher C, Condon I, and Lyons S (2022) *Drug Treatment in Ireland 2015 to 2021*. HRB StatLink Series 8. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/36071> and at www.hrb.ie/publications.
23. Kelleher, Patricia PhD, O'Neill Cathleen MA, (October 2018) The Systematic Destruction of the Community Development, Anti-Poverty and Equality Movement (2002-2015)
24. Montague A, (2020) BALLYMUN – A BRIGHTER FUTURE A plan to tackle the underlying causes of addiction and crime and to tackle open drug dealing. Dublin City Council, Ballymun Local Drug & Alcohol Task Force.
25. Murphy L, Farragher L, Keane M, Galvin B and Long J (2017) Drug-related intimidation. The Irish situation and international responses: an evidence review. HRB Drug and Alcohol Evidence Review 4. Dublin: Health Research Board.
26. Mulvey, Kieran (2017) "Creating a brighter future ". An outline plan for the social and economic regeneration of Dublin's North East Inner City. Dublin: Government Publications
27. National Alcohol Diary Survey, (2013).
28. O'Gorman, A., Driscoll, A., Moore, K., & Roantree, D. (2016). Outcomes: Drug harms, policy harms, poverty, and inequality: Final report to the Clondalkin Drug and Alcohol Task Force. Clondalkin Drugs & Alcohol Task Force.
29. Professor Jo-Hanna Ivers, Ms. Francesca Giulini, Dr. Gillian Paul (May 2021) Supporting Women to Access Appropriate Treatment (SWAAT) Study. Trinity College Dublin.
30. Redmond, Sean, (2016a), The Science of Youth Crime and the Rise of the Practitioner Craft – Criminal Justice in Ireland.
31. Redmond, Sean, (2016b), Lifting the Lid on Greentown. Why we should be concerned about the influence criminal networks have on children's offending behaviour in Ireland.

32. Redmond, Sean and Naughton, Catherine, (2017), National prevalence study. Do the findings from the Greentown study of children's involvement in criminal networks (2015) extend beyond Greentown? Interim report. Limerick: School of Law, University of Limerick.
33. Shaw, April and Egan, James and Gillespie, Morag (2007) Drugs and poverty: a literature review. Edinburgh: Scottish Drug Forum
34. Wilkinson, R. D., & Pickett, K., (2009), The spirit level: Why more equal societies almost always do better. Allen Lane/Penguin Group UK; Bloomsbury Publishing.



South Dublin
County Partnership
Páirtíocht Chontae
Átha Cliath Theas



Tallaght Drug & Alcohol Task Force
South Dublin County Partnership
Block 3, County Hall, Belgard Sq North
Tallaght, Dublin 24

T. 01 464 9303
E: Grace.Hill@sdcpartnership.ie
W: www.tallaghtdatf.ie