



Scoping Research on People (Aged 8 - 24) and Drugs in Finglas for Finglas Cabra Drugs Task Force

From a Service Provider Perspective
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20th October 2020

Foreword

Finglas Cabra Local Drug and Alcohol Task Force commissioned this report as part of its role in the local implementation of the National Drug Strategy and in fulfillment of the aims of its own local strategic plan in relation to the needs of local young people.

As the primary aim of the report is to scope out the current service provision in Finglas for the 8 – 24 age range who are most vulnerable to drug misuse and with this to identify gaps in service provision. The data contained in the report will enable Task Force members to engage with each other and within their respective organisations on action needed to fill the gaps in services for the age range concerned.

In the course of preparing the report the Task Force established a consultative sub-committee made up of locally based services specializing in working with young people considered vulnerable to drug misuse (see list of services in appendix). The Task Force is very grateful to the services who participated in the sub-committee and for their input and support in the compilation of the research report.

The report was also informed at various stages by expert input from some key individuals. These include:

Mr. Sean Redmond – Adjunct Professor of Youth Justice, Research Evidence into Policy Programmes and Practice project, School of Law, University of Limerick

Dr Matt Bowden – Criminologist, Technical University of Dublin

Mr. Gerry Kelly – Manager, Crosscare Drug Awareness Programme

The report was prepared for the Task Force by Dr Kathy Walsh, of KW Research. The quality of the report reflects the rigor and objectivity brought to its preparation by Dr Walsh.

Mr. Martin Hoey (Chairperson, Finglas Cabra Local Drug & Alcohol Task Force)

Note: For the purposed of this report the term drugs includes all the typical illegal drugs of misuse and alcohol.

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Introduction and Background

1.1 Introduction

The National Drugs Strategy Reducing Harm, Supporting Recovery 2017 – 2025 details government policy on drug and alcohol use. The strategy aims to promote healthier lifestyles within society and encourage people to make healthier choices around drug and alcohol use. The strategy has five strategic goals as follows:

- Promote and protect health and wellbeing
- Minimize the harms caused by the use and misuse of substances and promote rehabilitation and recovery
- Address the harms of drug markets and reduce access to drugs for harmful use
- Support participation of individuals, families and communities
- Develop sound and comprehensive evidence-informed policies and actions

The Strategy also has a 50-point Action Plan from 2017-2020 with scope for further actions to be developed between 2021 and 2025. Local and regional drug and alcohol task forces play a key role in assessing the extent and nature of the problem in their respective areas and co-ordinating action in relation to the strategy at local level. This report seeks to focus specifically on the needs of young people in Finglas assessing the extent and nature of the drug problem as it affects them while proposing coordinated action to address these needs.

1.2 Background

The Finglas Cabra Drugs Task Force was initially established in 1997, one of fourteen Local Drugs Task Forces which formed the central component of the governments area-based policy response to the epidemic levels of heroin use among young people in many of Dublin's marginalized inner-city and suburban social housing estates.

Since its establishment the Finglas Cabra Drugs Task Force has sought to

- 1) Address the need for improved co-ordination in service provision,
 - 2) Use the knowledge and experience of local communities in designing and delivering these services as well as
 - 3) Support the development and expansion of integrated and accessible community-based services.
- The Task Force is itself a local inter-agency organisation.

Concerned about young people and their drug use in the Finglas area the Finglas Cabra Drugs Task Force established a sub-committee in support of the implementation of the National Drug Strategy, Reducing Harm, Supporting Recovery action 2.1.22 - *“Expand the range, availability and geographic spread of problem drug and alcohol services for those under the age of 18.”* The National Drug Strategy also aims to support DATF's to develop targeted, appropriate and effective services for young people at risk of substance misuse, focused on social and economically disadvantaged communities.”

The aim of the sub-committee is to;

1. Work together as a community of agencies to increase protective factors against drug use and criminality among young people in Finglas;
2. Commission research for the drug & alcohol task force which documents the valuable work being done in Finglas with young people at risk to drug use and criminality;
3. Prepare a set of recommendations to strengthen local services to reduce the negative impact of both drug use and criminality on young people in Finglas.

See Table 1.1 for membership of the sub-committee

Table 1.1 Sub-Committee Membership		
Anna Gorry	Juvenile Liaison Officer	An Garda Siochana
Rachel Kelly	Project Leader	Finglas Youth Resource Centre
Michelle Griffin	Manager	Finglas Youth Service
Stephen Nolan	Child & Family Support Network Co-Ordinator	TUSLA
Roy Dignam	Resident	Finglas South
Mary Heffernan	Health Promotion Worker	Finglas Cabra DATF
Fionnuala Feely	Coordinator	School Completion Programme
John Bennett	Coordinator	Finglas Cabra DATF

1.3 Aims of the research

The aims of this research study were to:

- a) Compile a demographic profile of the youth population in the Task Force area, Finglas ED's;
- b) Summarise the available statistics on young people from Finglas in drug treatment using data from sources such as NDTRS, Methadone Treatment data, Garda JLO data, Hospital A&E, Drug Related Deaths Index etc;
- c) Produce a categorisation of young people's involvement with drugs (8-24 age range) based on interviews with key stakeholders;
- d) Profile of services available to young people in the 8 – 24 age range in Finglas;
- e) Profile the aspects of existing services targeting young people at risk to problem drug use in the Finglas;
- f) Make relevant recommendations based on the opinions of the key stakeholders interviewed;
- g) Outline a selection of cases that represent the nature of the drug-related lifestyle among young people in Finglas.

As the research progressed members the Finglas Cabra Drugs Task Force sub-committee suggested that it would be useful if the voices of young people could be captured and included in the report. This was agreed in February 2020. However, with the advent of Covid 19 in March 2020, this work was halted. This is something the sub-committee plan to revisit following the full lifting of Covid restrictions. The fact that consultations with young people were not progressed meant that this study was not in a position to address objective g) of the research.

1.4 Research methodology

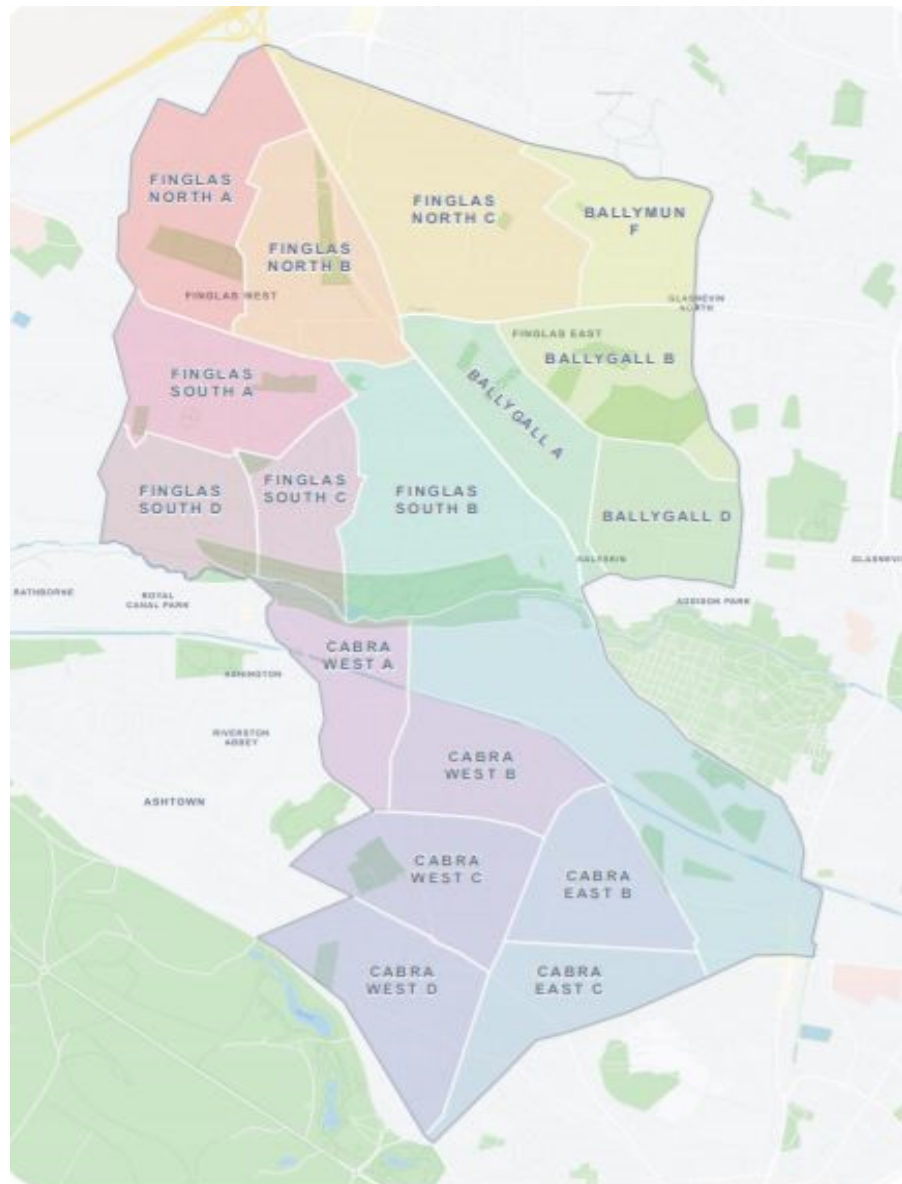
This research was compiled using an analysis of secondary data together with a small number of interviews with members of the Drugs Task Force sub-committee. See Appendix 1 for details of the individuals interviewed.

2 A Finglas Profile

2.1 Demographics

Finglas for the purposes of the Finglas Cabra Drugs Task Force is made up of 11 Electoral Divisions¹. See Map 1 for the location of these divisions with the Finglas Cabra Local Drugs and Alcohol Task Force area.

Map 1 Location of Finglas Electoral Divisions with the Finglas Cabra Drugs Task Force Area



¹ The Finglas Electoral Division are: 011 Ballygall A, 012 Ballygall B, 014 Ballygall D, 020 Ballymun F, 051 Finglas North A, 052 Finglas North B, 053 Finglas North C, 054 Finglas South A, 055 Finglas South B, 056 Finglas South C and 057 Finglas South D.

The total population of the area according to Census 2016 was 32,213, with a total of 7,189 individuals aged between 8 and 24 years of age (22% of the total population of the area), 52% were males and 48% were females.

Table 2.1 Total Population		
	<i>Finglas</i>	<i>Nationally</i>
Total population	32,213	4,761,865
Aged 8 – 24 years	7,189 (22%)	1,034,402 (22%)
<i>Source: Census 2016</i>		

The Finglas figures are broadly comparable with the national figures where the 8-24 age group also makes up 22% of the national population. Unfortunately, because of CSO ‘statistical disclosure control issues’ it is not possible to provide a breakdown by age for each of the 11 Electoral Divisions. An examination of the local population by life cycle does give some indication of which the areas (Finglas North A, Finglas South A, Finglas South B, Finglas South C and Finglas South D) which have higher than average percentages of young people aged 0-19. See Table 2.2 for details.

Table 2.2. Composition of Finglas by life cycle (2016)			
<i>Division</i>	<i>% Children (0-19)</i>	<i>% Working age (20-64)</i>	<i>% Older people 65 and older</i>
Ballymun F	19.0%	58.9%	22.0%
Ballygall B	20.4%	52.7%	26.9%
Ballygall D	23.1%	59.9%	17.0%
Finglas North C	23.6%	61.3%	15.1%
Finglas North B	26.1%	58.7%	15.2%
Ballygall A	26.2%	64.8%	9.0%
National	27.5%	59.1%	13.4%
Finglas North A	28.0%	59.9%	12.1%
Finglas South A	29.0%	58.4%	12.6%
Finglas South B	29.4%	58.9%	11.7%
Finglas South C	31.8%	52.9%	15.3%
Finglas South D	32.7%	52.4%	14.9%
Finglas overall	26.6%	58.6%	14.8%

Analysis of Table 2.2 provides a clear indication that the population of 8-24-year old’s is not spread evenly across Finglas. It is also the situation with some ED’s growing at a rate faster than the

national figure, the percentage of young people in these locations is also increasing faster than in other locations. See Table 2.3 for details.

Table 2.3. Population Change in Finglas 2011-2016			
Division	Total Pop 2011	Total Pop 2016	Change between 2006 and 2016
Ballymun F	2323	2350	1.2%
Ballygall D	2494	2531	1.5%
Finglas North B	2,809	2874	2.3%
Finglas North A	3,227	3319	2.9%
Nationally	4588252	4761865	3.8%
Finglas South A	2,783	2904	4.3%
Ballygall B	1805	1887	4.5%
Ballygall A	3442	3606	4.8%
Finglas South D	2,311	2427	5.0%
Dublin City Council Area	527,612	554,554	5.1%
Finglas South C	2,507	2645	5.5%
Finglas North C	3,247	3464	6.7%
Finglas South B	3,868	4206	8.7%

Sources: Census 2006 & 2016

Nationality and Race

Assuming the 8-24, year-old population follows a similar pattern to the overall population of Finglas it is likely that:

- 89% (6,413) of individuals aged between 8 and 24 years were born in Ireland while 11% (776) were born outside Ireland
- 91% (6,520 individual) are Irish nationals.
- 1% (79 individuals) are White Irish Travellers.

2.2 Deprivation

There are many ways to measure deprivation. One of the most direct ways is to use the Hasse Pratschke Index of Deprivation. According to the Index all of the Finglas Electoral Divisions have below average deprivation scores, with six areas marginally below average, four areas disadvantaged and one area (Finglas South C) classified as very disadvantaged. See Table 2.4 for details.

Table 2.4. Relative Deprivation Scores in Finglas (2011-2016)				
<i>Division</i>	<i>Score 2011</i>	<i>Score2016</i>	<i>Change ²</i>	<i>Description</i>
011 Ballygall A	-3.8	-4.3	- 0.5	Marginally below average
012 Ballygall B	-8.4	-4.8	+ 3.7	
014 Ballygall D	-2.8	-1.0	+ 1.7	
020 Ballymun F	-2.0	0.1	+ 2.1	
Finglas South B	-9.6	-9.9	- 0.3	
Finglas North C	-5.1	-2.5	+ 2.6	
Finglas North A	-17.7	-16.6	+ 1.1	Disadvantaged
Finglas North B	-16.0	-14.4	+ 1.6	
Finglas South A	-17.4	-14.5	+ 2.9	
Finglas South D	-17.3	-16.4	+ 0.9	
Finglas South C	-20.3	-20.3	0	Very disadvantaged
Tolka Area Partnership	-2.16	-0.57	+ 1.59	marginally below average
<i>Source: Pobal Deprivation Indices (https://maps.pobal.ie/WebApps/DeprivationIndices/index.html)</i>				

Another piece of data that is often used to provide an indirect measure of deprivation is the % of one parent households. With areas that are disadvantaged likely to have higher levels of one parent households than more affluent areas. Finglas has higher than average numbers of one parent families across all but one ED. See Table 2.5 for details.

² + indicates a fall in deprivation & – indicates a deprivation increase.

Table 2.5 Profile of family formation (2016)			
Division	% Couple with children	% Lone mothers with children	% Lone fathers with children
Ballymun F	46.6%	14.0%	3.5%
Proportion nationally	52.8%	15.5%	2.4%
Finglas North C	48.8%	17.0%	2.7%
Ballygall D	45.2%	20.0%	2.8%
Ballygall B	39.9%	24.9%	4.2%
Ballygall A	46.6%	25.2%	3.8%
Finglas South B	38.1%	33.0%	2.9%
Finglas South A	42.6%	35.1%	3.5%
Finglas North B	39.1%	35.3%	5.4%
Finglas South D	39.8%	35.3%	3.9%
Finglas North A	37.5%	36.1%	5.5%
Finglas South C	37.4%	39.3%	5.4%
Proportion Finglas	42.0%	28.8%	3.9%

Finglas also has a higher percentage of local authority housing compared with owner occupied housing, which is another indicator of disadvantage. See Table 2.6 for details.

Table 2.6 Housing by tenure in Finglas (2016)				
Location	% Owned (loan, mortgage or outright)	% Private rented	% Local authority	% Housing association
Finglas	66.3%	11.4%	15.6%	1.2%
Nationally	67.6%	18.2%	8.4%	1.0%

Source: Census 2016 (CSO)

Socio-Economic Status

The socio-economic status of Finglas is markedly lower than the national average, with an above average percentage of the population working in the skilled, semi-skilled and unskilled sectors (E, F, G) and lower percentages working in the Manager, Higher Professional, Lower Professional (A, B & C) sectors in particular. See Table 2.7 for details.

Table 2.7 Socio-Economic Status in Finglas (2016)								
Division	% A Manager	% B Higher professional	% C Lower profession n	% D Non- manual	% E Skilled	% F Semi- skilled	% G Unskille d	% H Own account
Finglas	9.7%	2.6%	7.9%	23.4%	11.4%	11.1%	5.9%	4.8%
Nationally	15.5%	7.1%	11.7%	18.0%	9.3%	8.6%	3.6%	5.2%

Source: Census 2016 (CSO)

Educational Status

Finglas has a larger proportion of its population (19.6%) with a primary education only, compared to the national average (10.8%). Finglas also has a lower than average percentage of the population with a third level education (9.8% compared with 18.4% for the state). See Table 2.8

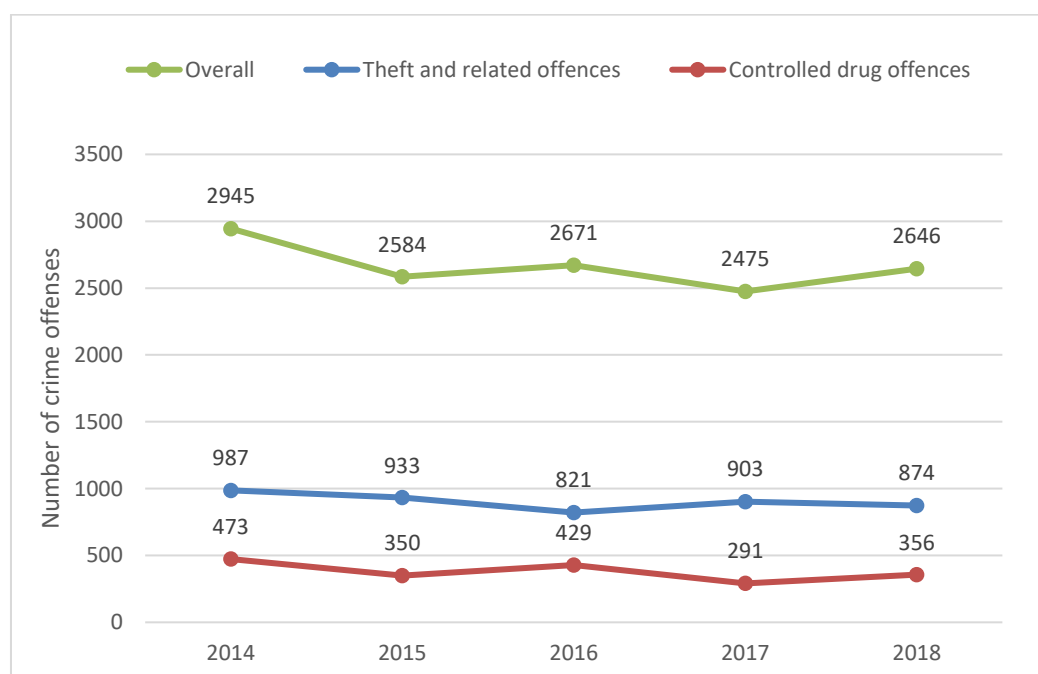
Table 2.8 Highest level of education completed (2016)						
Division	No education	Primary	Secondary	Technical	Degree	Postgraduate
Finglas	2.6%	19.6%	38.2%	8.6%	9.8%	4.5%
Nationally	1.7%	10.8%	33.0%	8.8%	18.4%	10.1%

Source: Census 2016 (CSO)

Crime in Finglas

Levels of both controlled drug related offences and theft and related offences have fluctuated over the last number of years. Over the period 2017-2018 the number of controlled drug related offences have increased by 22%. See Figure 2.1 for details.

Figure 2.1 Offences in Finglas (2014-2018)



Source: Central Statistics Office

No specific youth specific crime statistics are available for Finglas. The most recent available published statistics which relate to referrals to the Garda Youth Diversion Programme³ can be found in the 2017 Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme. See Table 2.9 for details.

Table 2.9 Garda Youth Diversion Programme Referrals in 2017 in the Dublin Metropolitan Region								
<i>2017 Region / Division</i>	<i>Total</i>	<i>% Change 2016</i>	<i>Informal Caution</i>	<i>Unsuitable</i>	<i>Formal Caution</i>	<i>No Further Action</i>	<i>Restorative Caution</i>	<i>Others</i>
Dublin Region	6,745	+13%	2,275	2,332	1,214	202	144	578
D.M.R. Eastern	871	+34%	337	304	139	25	2	64

³ The Diversion Programme for young persons who offend is legislated for in the Children Act, 2001, as amended. The aim of the Diversion Programme is to prevent young people between the ages of 12 and 18 years of age from entering into the criminal justice system. Diverting young people from committing further offences is another intended outcome of the Programme. For certain serious crimes*, young people aged 10 and 11 will be considered for inclusion in the Programme. When a young person comes to the attention of An Garda Síochána because of their alleged criminal or anti-social behaviour, they are required by law (S.18 of the Children Act 2001) to be first considered for the Diversion Programme. In order to be considered for inclusion in the Diversion Programme, the young person must be under 18 years of age, accept responsibility for the offending behaviour, agree to be cautioned and, where appropriate, agree to the terms of supervision.

D.M.R. North Central	1,208	+11%	474	415	161	20	53	85
D.M.R. Northern	1,341	+21%	418	497	253	48	48	77
D.M.R. South Central	831	+9%	187	329	169	18	9	119
D.M.R. Southern	1,042	+7%	337	338	196	46	3	122
D.M.R. West ⁴	1,452	+7%	522	449	296	45	29	111

Source: 2017 Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme. (p11)

The breakdown in Table 2.9 is by Division only and not provided on an individual area basis. Furthermore, the details in this report relate to children over 12 years and under 18 years, with no information available regarding 8-12 year olds. Those over the age of 18 are deemed adults and no specific data is compiled regarding that age group.

⁴ Finglas is included withing the DMR West Division.

3 Drug use in Finglas

3.1 Drug use at a national level

3.1.1 National data

Prevalence

The 2019 Ireland Country Drug Report⁵ 2019 (EMCDD) reports that drug use has become more common among the adult general population aged 15-64 years in Ireland over recent years. The most recent study⁶ conducted by the National Advisory Committee on Drugs and reported a rise in levels of recent and current drug use in most Regional Drug and Alcohol Task Force Areas, with an overall increase in recent and current use of cannabis, ecstasy and anti-depressants for many regions. The 2014-15 study found that cannabis remains the most commonly used illicit drug, followed by MDMA/ecstasy and cocaine. It reported that Illicit drug use was more common among males and younger age groups. Among young adults (aged 15-34 years), the prevalence of last year cannabis use was stable between the 2006-07 and 2010-11 surveys, but it was found to have increased in the most recent study. It also found a substantial increase in MDMA use, while cocaine use had remained stable and use of new psychoactive (NPS) had decreased particularly among young adults (from 6.7% in 2010-11 to 1.6% in 2014-15).

The prevalence rate for lifetime use of any illegal drug is among the highest in the East Coast (41%) compared with 20% in the North West. See Table 3.1 for some other recent relevant national prevalence data.

Table 3.1 Relevant National Prevalence Data
Cannabis is the most frequently used illegal drug in all areas, followed by ecstasy and cocaine
Cannabis use by young adults (aged 15-34) has increased significantly in many regions
Use of ecstasy in young adults (aged 15-34) has increased in all areas
Males are more likely to take illegal drugs than females, and young adults (15-34) more likely than older adults (35-64).
Opioids (mainly heroin) remain the most common primary drug among those entering treatment.
There is a continued increase in the number of cases presenting for treatment for problem cocaine use. Numbers of first-time entrants reporting cocaine as their primary drug have been increasing since 2012, reaching the highest level in 10 years in 2017. Both amphetamines and MDMA are rarely reported as the main problem drug by first-time entrants.
<i>Source: 2014/15 Drug Prevalence Survey</i>

Drug -related emergencies and drug induced deaths and mortality⁷

⁵ EMCDD (2019) Ireland -Ireland Country Drug Report 2019

⁶ NACDA (2017) Prevalence of Drug Use and Gambling in Ireland and Drug Use in Northern Ireland 2014/15: Regional Drug and Alcohol Task Force (Ireland) and Health and Social Care Trust (Northern Ireland) Results.

⁷ EMCDD (2019) Ireland -Ireland Country Drug Report 2019

Nationally there has been a decline in overdose cases in the last decade (from 5,012 cases in 2005 to 4,233 cases in 2016)⁸. More than one third of individual overdosing were younger than 25 years and six out of ten of those admitted to hospital were female. Interestingly more than one third of the non-fatal hospital drug related emergencies were linked to non-opioid analgesics (mainly paracetamol), while psychotropic substances were present in one quarter of cases and benzodiazepines in less than one fifth.

The number of drug induced deaths⁹ is relatively stable (with 224 deaths reported in 2015 and 223 deaths reported in 2014). The majority of those who died were male and in their late 30s. Opioids were the most common drug associated with drug induced death's, although they were frequently found together with other psychoactive substances such as alcohol and prescription medicines. The drug induced mortality rate among adults aged 15-64 years was 69 deaths per million in 2015.

3.1.2 Drug use among 15-16-year-old students

The 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD) which has been conducted in Ireland since 1999 found that for three of the eight key variables studied (lifetime use of cannabis; lifetime use of inhalants and lifetime use of NPS). Irish students reported prevalence rates that were slightly above the ESPAD average (based on data from 35 countries), although the differences were not substantial. In contrast levels of non-prescribed use of tranquillizers or sedatives were below average, while levels of lifetime use of illicit drugs other than cannabis were similar to the overall average. The trend indicates a decrease in lifetime prevalence rates of cannabis between the 2003 and 2007 surveys, with a stabilization in prevalence rates between 2011 and 2015.

3.2 Drug use in Finglas

The findings of the 2014-15 national prevalence study largely mirrored the finding of an earlier local 2013 study 'Analysis of Current Licit and Illicit Drug Use patterns on the Finglas Cabra Area', commissioned by the Fingal-Cabra Local Drugs Task Force.

More recently consultations undertaken in 2017-2018 by the Task Force as part of its development of its 2018-2021 Strategic Plan Building Community Resilience reconfirmed that cannabis remains the most widely used illegal drug locally, with a particular concern expressed about its widespread use among young people and its link to mental health problems.

Local consultees also noted that young people were getting involved in drugs at a younger age, with dealers willing to sell drugs to children as young as 13 years of age. Consultees also noted a trend towards intergenerational use within families and households making treatment difficult.

Numbers attending treatment for problem drug use

See Table 3.2 for details of the number of adults (aged 18 and over) referred for problem drug use (where the primary referral reason is either drugs and/or alcohol) in the Finglas area over the period 2018-2019).

⁸ Source: Hospital In-Patient Enquiry Scheme

⁹ Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses).

Division	2018 Data			2019 Data		
	Total numbers of adult referrals for alcohol and drugs ¹¹	No of Individuals whose referrals related to drugs		Total numbers of adult referrals for alcohol and drugs ¹²	No of Individuals whose referrals related to drugs	
		Total Number	Number aged <25 years		Total Number	Number aged <25 years
Ballygall A	51	44	∞	50	38	∞
Ballygall B	8	<5	∞	12	10	∞
Ballygall D	7	<5	∞	11	7	∞
Ballymun F	6	6	∞	11	7	∞
Finglas North A	82	60	∞	100	72	6
Finglas North B	73	49	∞	55	41	11 (aged 20-24)
Finglas North C	30	19	∞	20	11	∞
Finglas South A	48	34	∞	51	34	9 (aged 20-24)
Finglas South B	47	33	∞	85	53	∞
Finglas South C	52	37	∞	66	36	∞
Finglas South D	46	37	6 (aged 20-24)	50	34	∞
Totals	450	>319	>6	511	343	>26

¹⁰ NDTRS data is not published where any individual cell contains five or less cases.

¹¹ These figures may also include a small number of concerned persons and persons referred for gambling respectively.

¹² These figures may also include a small number of concerned persons and persons referred for gambling respectively.

Analysis of Table 3.2 shows a growing number of drug use referrals over the period 2018-2019, with an increasing number of young people aged 20-24 being referred for problematic drug use. It should be noted that not everyone referred for treatment is suitable, and not everyone identified as suitable goes on to be offered treatment and indeed to accept it. See Table 3.3 for some examples.

Table 3.3 Suitability for treatment and uptake of treatment			
Division	Total numbers of adult referrals for alcohol and drugs	Number assessed as suitable for treatment in any drug/alcohol service (% of referrals)	Treatment offered and client accepted (% of those offered treatment)
Ballygall A	50	42 (84%)	33 (79%)
Finglas North A	100	89 (89%)	76 (85%)
Finglas North B	55	47 (85%)	38 (81%)
Finglas North C	20	15 (75%)	n/a
Finglas South A	51	41 (80%)	32 (78%)
Finglas South B	85	68 (80%)	57 (84%)
Finglas South C	66	49 (74%)	41 (84%)
Finglas South D	50	40 (80%)	34 (85%)

Analysis of the profiles of those attending for drug treatment in the Finglas area suggests the majority (66%) of individuals left school early (i.e. before the age of 18), with few in fulltime or indeed part time employment (just 13%-25% over the period 2016-2018). In 2018 Cocaine (35-36%) was the most frequently used drug followed by Marihuana (25%) Heroin (12%), Cannabis (11%) and Benzodiazepines' (8%). About 205 of those attending treatment for problem drug use in 2018 also had issues with alcohol.

Methadone Treatment¹³

A range of treatment options are available for problem drug users, mainly in outpatient settings but also in residential settings. Almost all opiate substitution treatment (OST) provided is methadone. In 1998 the first formal methadone treatment protocol (MTP) was introduced to ensure that treatment for problem opiate use could be provided wherever the demand existed. Outpatient methadone treatment for problem opiate users is provided only through specialised HSE outpatient drug treatment. See Table 3.4 for details of the numbers of clients receiving methadone treatment in the Finglas Cabra Drugs Task Force area.

¹³ These figures are prepared by the HSE National Social Inclusion Office based on data supplied by the Central Treatment List

Time period	No of clients in treatment	National % of Clients	Number of Clients in Treatment	Number of Clients in Treatment	No of clients aged < 25	Location of Treatment (indicative percentages)	
Jan- Dec 2017	480 (324 (67%) male and 156 (33%) female)	4.2	435 (295 (68%) male and 140 (32%) female)	4.2	9	Clinic	64%
						National Drug Treatment Centre	4%
						GP	25%
						Prison	7%
Jan- Dec 2018	481 (330 (69%) male and 151 (31%) female)	4.1	443	4.4	<10	Clinic	63%
						National Drug Treatment Centre	<4%
						GP	25%
						Prison	<8%
Jan- Dec 2019	479 (333 (70%) male and 146 (30%) female)	4.1	436 (302 (69%) male and 134 (31%) female)	4.2	<10	Clinic	62%
						National Drug Treatment Centre	<4%
						GP	26%
						Prison	<8%

The number of clients accessing methadone treatment in the Finglas Cabra Drugs Task Force area appears to be fairly unchanged over the three-year period Jan 2007 to December 2019.

Drug Related Deaths

See Table 3.5 for details of known drug related deaths among the 17-24-year olds over the 10-year period 2007-2016 in the Dublin North City area.

<i>Geographical location</i>	<i>Poisoning deaths¹⁵</i>	<i>Non-Poisoning deaths¹⁶</i>	<i>Total deaths</i>
Finglas Cabra Local Drugs and Alcohol Task Force	18	15	33
LHO Dublin North City	25	15	40
Total	43	30	73

Source: Irish National Drug-Related Deaths Index (NDRDI)¹⁷

¹⁴ Due to the small numbers the data for individual years cannot be presented so this analysis includes data over a 10-year period. Data pertaining to all drug-related deaths which occurred in 2017 will be published in December 2019.

¹⁵ Poisoning deaths are those directly due to the toxic effect of the presence in the body of a drug or drugs and/or other substance(s). Other terms used to describe such deaths include overdose, directly drug-related death and acute drug death. Deaths arising from adverse reactions to prescribed medication are not included

¹⁶ Non-poisoning deaths are the deaths of individuals with a history of drug dependency or non-dependent abuse of drugs (ascertained from toxicology results and from CTL, medical or coronial records), irrespective of whether the use of the drug was directly implicated in the death. For presentation purposes it is necessary to group these deaths into broad categories.

¹⁷ NDRDI is an epidemiological database which records cases of death by drug and alcohol poisoning and deaths among drug users and those who are alcohol dependent.

4 Profile of Services

4.1 Schools in Finglas

Services available to all young people in Finglas aged from 8-24 in in Finglas include schools (primary and secondary) and the services associated with them, including the School Completion Programme¹⁸ and the Home School Community Liaison Scheme¹⁹ both Tusla operated schemes work of a target list that seeks to support children and young people at risk/where there are welfare concerns. Educational Welfare Officers are also employed by Tusla to offer advice, support and guidance to parents who need support in ensuring their child attends school regularly. Alcohol and drug misuse in the family home is identified as a clear risk factor. See Table 4.1 and 4.2 for details of the various primary and secondary schools located in the Finglas area. Five of the primary schools are gender-segregated, and eight are co-educational, while three of the secondary schools are gender-segregated and three are co-educational.

School	Boys	Girls	Category
St Kevin's Boys NS	179	0	DEIS Urban Band 1
St Joseph's Girls NS	0	170	DEIS Urban Band 1
Gaelscoil Uí Earcáin	184	156	DEIS Urban Band 1
Finglas Parochial NS	26	34	
St Canice's Boys NS	420	0	DEIS Urban Band 1
St Brigid's Senior Girls	8	222	DEIS Urban Band 1
St Fergal's Boys NS	151	0	DEIS Urban Band 1
Scoil Naisiunta Naomh Finnin	147	104	DEIS Urban Band 1
St Malachy's NS	78	67	DEIS Urban Band 1
St Canice's Girls	0	477	DEIS Urban Band 1
St Brigid's Infant NS (3-7 years)	102	128	DEIS Urban Band 1
St Oliver Plunkett's NS (5-8)	66	81	DEIS Urban Band 1

Source: Schooldays.ie

See Map 2 for the location of these various primary schools.

¹⁸ The School Completion Programme (SCP) is an initiative that aims to have a positive impact on retention for young people at risk of early school leaving. This is achieved in a number of ways utilising a range of innovative, creative as well as tried and tested interventions. Activities provided by the Programme can include Homework Clubs, Breakfast Clubs, Lunch Clubs Afterschool's services, play therapy, drama therapy, cooker classes, as well as key worker services that can include counselling

¹⁹ The Home School Community Liaison Scheme assigns teachers in the various schools to work as HSCL Coordinators. These Co-ordinator, to work primarily with the salient adults in a child's life, in order to empower them, so that they can better support their children to attend school, participate in education and develop positive attitudes to life-long learning.

Map 2 Location of the various Primary Schools in Finglas

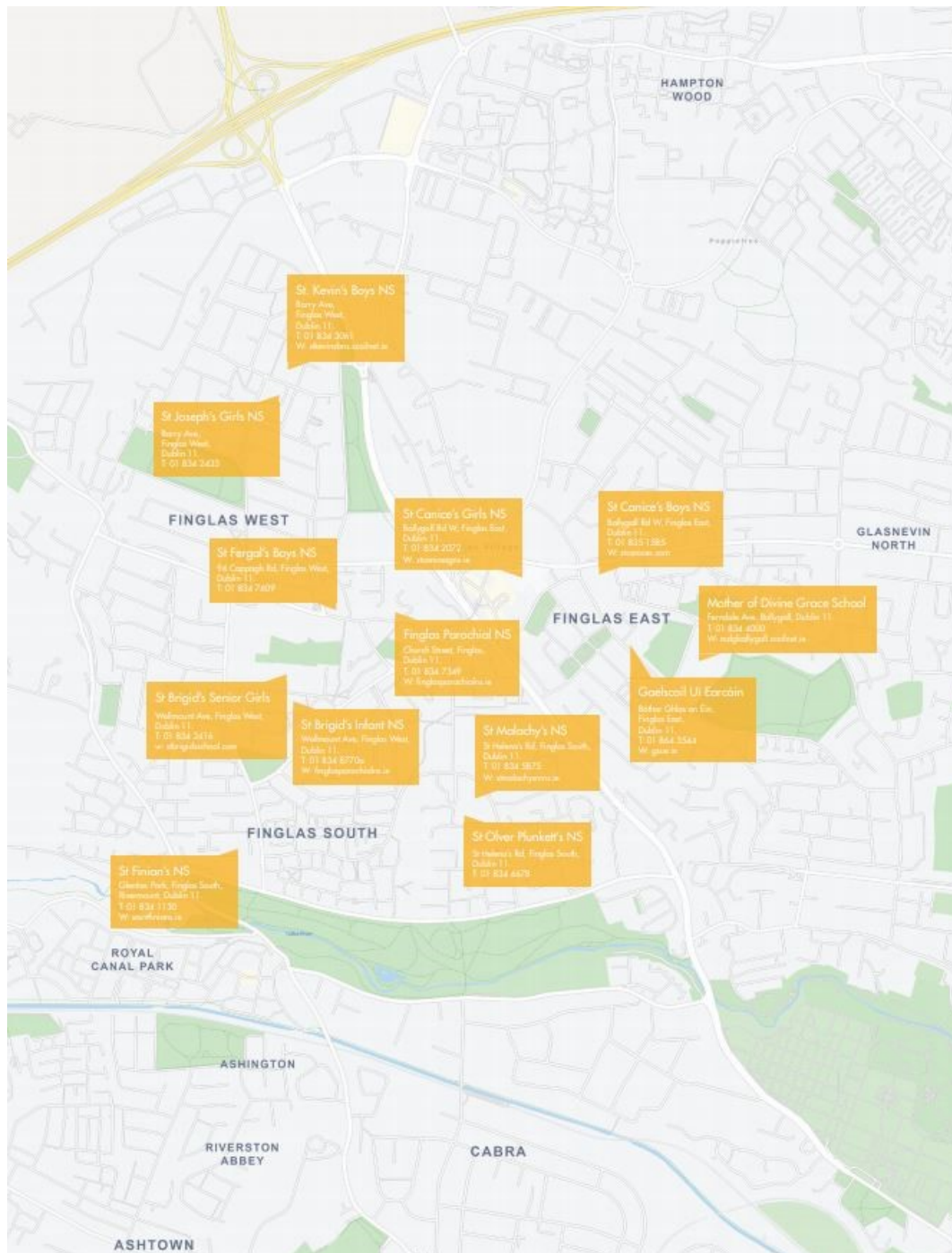


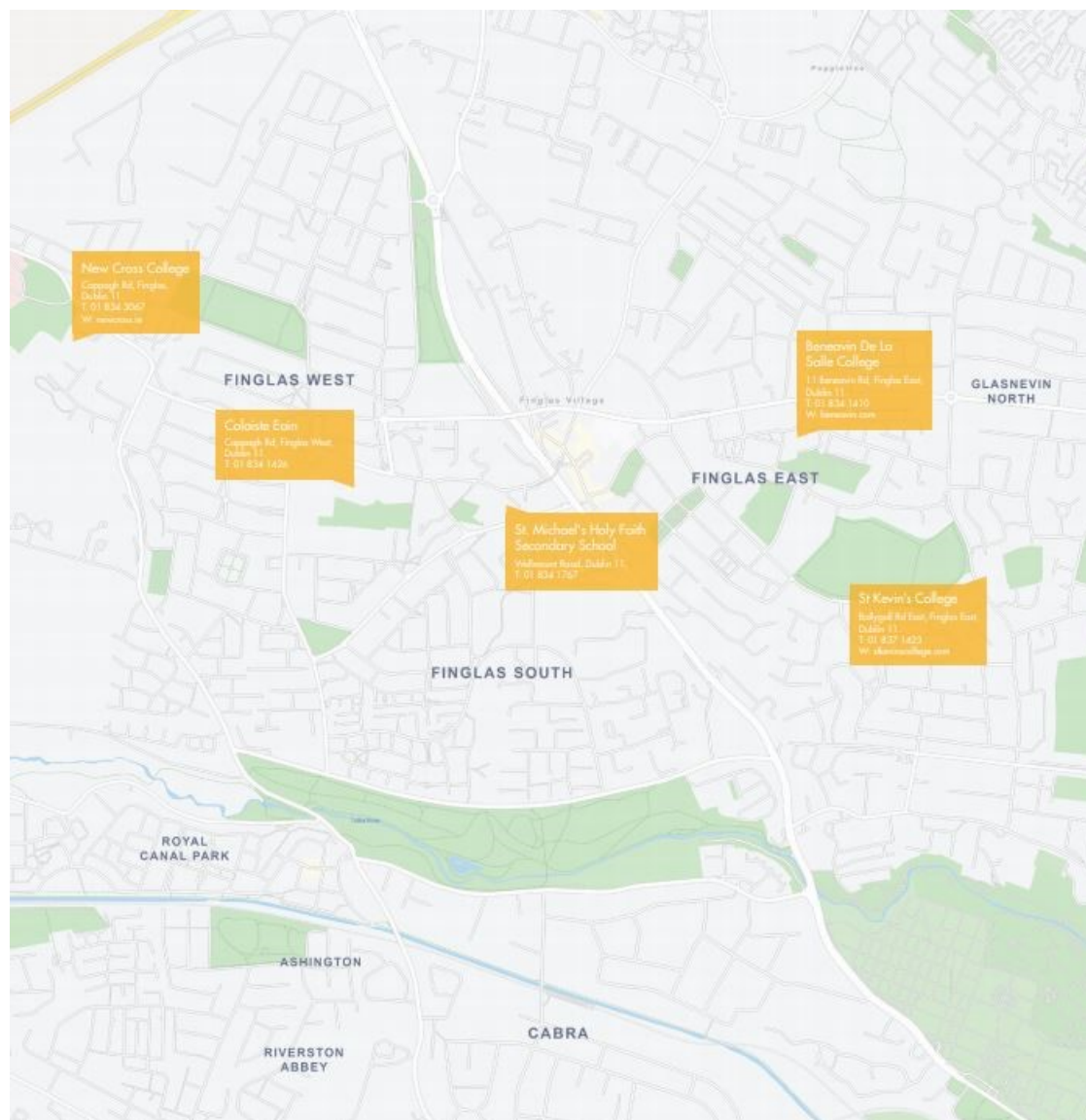
Table 4.2 Secondary schools in Finglas (2018 enrollment)			
School	Boys	Girls	
St Kevin's College	547	0	DEIS
New Cross College	121	64	DEIS
Colaiste Eoin	94	68	DEIS
St Michael's (Holy Faith)	0	624	DEIS
Beneavin de la Salle	459	0	DEIS
St Paul's Youth Encounter Project School ²⁰ (10-16 year old's)	15 ²¹	3	
Total	1236	759	
Final total	1995		

See Map 3 for the location of the various secondary schools in Finglas.

²⁰ This school specifically caters for the educational needs of students for whom mainstream education was deemed inappropriate.

²¹ Enrolment figures are 2019/20 figures.

Map 3 Location of the various Secondary Schools in Finglas²²



The services available to pupils in the various schools vary. For example the Student Support Team in St. Kevin's College includes support from a Home School Completion key worker (who can see four individuals a week, a part time Psychologist who can see three pupils a week, the guidance counselor who can provide 10hrs counselling a week and the school Chaplin who can provide 8 hrs. counselling a week. Second chance education and training for early school leavers aged between 16 and 21 years is available in one location in Finglas and two locations in the surrounding area. See Table 4.3 for details.

²² St. Paul's Youth Encounter Project (which is considered a school is included in the map of youth education services).

Table 4.3 Second chance education and training facilities in and adjacent to Finglas.		
Finglas based	Finglas Community Training Centre, Dubber Cross, (16-21-year olds)	Training courses on offer at the Centre include: Arts & Crafts, Catering, General Learning / Work Experience / Career Preparation and Information Technology. Courses offered can lead to various levels of QQI/FETAC and ECDL qualifications.
Located adjacent to the Finglas area	Tolka Valley Community Training Centre, Glasnevin (16-21-year olds)	Training courses on offer include: Beauty Specialist Diploma, Catering, General Learning / Work Experience / Career Preparation, Information & Communication Technology Skills (Computers) and Woodwork. The programmes offer QQI accreditation at Levels 3 & 4 along with other industry recognised certifications.
	Cabra Youthreach (16-21-year olds)	Youthreach is an education and training programme aimed at unqualified early school leavers. It provides second-chance education geared to the specific needs of the individual. To join a Youthreach programme a young person must be unemployed, out of school and aged between 16 and 21 years.

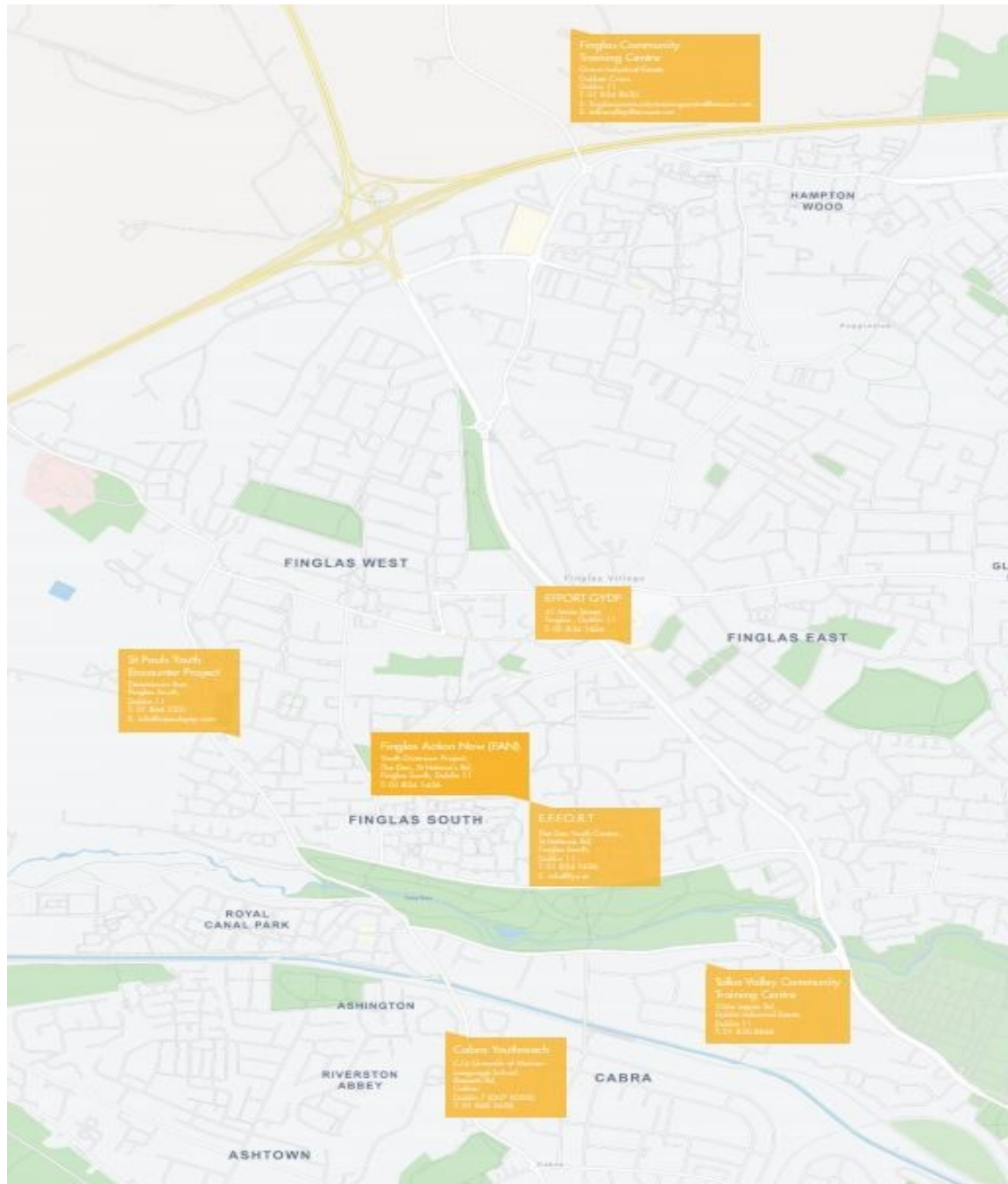
Consultees noted that apart from the Finglas Community Training Centre there are no structured programmes²³ for young people aged under 18 who are not in school to enable them to occupy their time safely.

See Map 4 for the location of the various youth education, training and justice services²⁴ located in/adjacent to Finglas. The EFFORT project is included twice in the map, once in its current location and once in its new location in the village centre.

²³ St Pauls Youth Encounter Project is included as a Dept of Education and Science approved school.

²⁴ The two Garda Youth Diversion Projects have a particular focus. They are the ,Finglas Action Now (**FAN**) which covers the area of Finglas West and South and is based in a premises on St. Helena's Road and East Finglas For Organised Responses to Teenagers (**EFFORT**), which covers the Finglas East area and is relocating to a new premises in Finglas iillage.

Map 4 Location of youth education, training and justice services in/adjacent to Finglas.



4.2 Dedicated youth services in Finglas

See Table 4.4 and Map 5 for the details and location of the two established youth services located in the Finglas area. This does not include details of any sporting or other organisations that provide opportunities for young people to participate in a range of specific activities.

Table 4.4 Youth Services based in Finglas		
Service	Description	Servicing
Finglas Youth Resource Centre (run under the auspices of the City of Dublin Education and Training Board)	Provides a range of developmental, social and recreational support programmes of youth work activities to young people aged ten to twenty-four while those considered to be at risk are prioritized. The Centre supports the holistic development of these young people in the context of the family and the community. The Centre is committed to ensuring all local young people experience equal opportunities to access our service and participate in programmes offered by the Centre. Some specific and services offered include a six day/night a week service, service provision during holiday periods, provision of food and an absolute commitment to be fully accessible to all young people. The service is open to young people living in the whole geographic area of Finglas. The Centre also practices their youth work on a national and international platforms, through training's, conferences, European Solidarity Corp and Youth Exchanges. <i>(SASSY provide addiction counselling in FYRC one day a week (a period of extended staff sick leave in 2019 saw no service for 6 months)</i>	Young people from Finglas aged 10-24 years (Centre supports 200-300 young people per month (70% male and 30% female)
The Den ²⁵ Finglas Youth Service (run by Crosscare)	Welcomes all young people from the Finglas area and provide activities and programmes. This service reports regularly turning young people away because a) it does not have the necessary human resources to meet minimum child protection guidelines (min 2 supervising staff), b) the building is full and there is no more space. The Den also operate a detached youth work service, with workers visiting various locations within Finglas. The FAN Garda Youth Diversion Programmes ²⁶ also operates from the Centre. ²⁷	Young people from Finglas aged 10-24 years

Work is also underway by Crosscare to establish and renovate a space in Finglas village as a new youth centre. This Centre will target the participation of young people from the east of Finglas. This new service plans to open to young people in October 2020. The East Finglas For Organised Responses to Teenagers (Effort) Garda Diversion Project is in the process of relocating to this new Centre (from the Den). The Centre will be used for drop-ins, one-to one support sessions and

²⁵ The Den runs a number of programmes that include: the mainstream City of Dublin Youth Service Board Project (run by two part-time workers) a Pilot Family Support Project (which operates 2 days a week from the Den), a Garda Youth Diversion Projects (in Finglas South (FAN) as well as Detached Youth Project (with two staff) based out of a bus that travels to meet young people locally. The Finglas East Gard Youth Division Project East Finglas For Organised Responses to Teenagers (EFFORT) also used to operate out of the Den but in September 2020 relocated to a new location in Finglas Village

²⁶ There are approximately 106 GYDPs operating around the State, catering for approximately 4,000 young people every year. In general, the location of projects is linked to local needs and the levels of youth crime. There are also further 10 projects with a special focus (e.g. more challenging children, family support, etc.). Two such projects exist in the Finglas Area. The Finglas Action Now (FAN) project covers the area of Finglas West and South and is based in a premises on St. Helena's Road, Finglas. The East Finglas For Organised Responses to Teenagers, (EFFORT) project, covers the Finglas East areas is in the process of relocated to Finglas Village.

²⁷ A national average of 5% of young people is referred to the Garda Diversion Programme each year (See www.iyjs.ie, www.dcy.gov.ie, www.justice.ie) According to the Youth Justice Action Plan 2014-2018 about 40% of youth crime relates to alcohol and public order offenses, theft from shops is the second most frequent offence (It is the only offending behaviour where girls offend at near the same rate as boys). Burglary represents 6% of youth offending (although this may be understated, simple possession presents as 4% of youth offending but is likely to be more prevalent given difficulties in detection. In addition, a small number of young people maybe in drugs supply chains, either through choice or coercion.

planned groups. These planned groups are to be youth lead and young people centered. Currently (Sept 2020) the youth work team that will be working from this space are engaged in a consultation process with the potential youth participants, in order to learn what are the key issues affecting young people currently. This information will be used to determine what group programmes will be on offer within the Centre. The name of this new Centre has not yet been agreed. This new space is in the old St Pauls venue in the centre of Finglas village. It is a two-story building but to date, only the ground floor has been renovated (due to unforeseen additional costs associated with the rewiring of the building).

Map 5 Location of the dedicated youth services based in Finglas



The FAN Garda Youth Diversion Project²⁸ operates out of the of the Den and is for Finglas south residents. The EFFORT Garda Youth Diversion Project has also operated out of the Den but is in the process of relocating to the new Crosscare Youth Centre in the middle of Finglas village. The EFFORT Projects is for Finglas East residents. Both projects may also take referrals from outside their catchment area if capacity allows. Both projects are part of the national Garda Youth Diversion Programme²⁹ (legislated under Children Act 2001). Activities undertaken as part of the projects include the Copping On programme, personal development programme, one to one intensive support programme, Outward Bounds (hill walking, canoeing, snorkeling etc.) and certified training courses.

Young people between the ages of 12 and 18 who become before the courts are referred to the Probation Services for Young People. Individuals aged 18 and over are referred to the general probation service, with a Probation Service office based in Finglas village. Interestingly according to the Youth Justice Action Plan (2014-2018) the majority of young people grow out of crime, with just a small number persisting.

FYRC work with under 10's

The occasional work (which is not funded) done by FYRC with under 10's often does not include direct participation in youth activities but instead focuses on the provision of a support network for the young person. These under 10's can present in crisis. They come to the FYRC because in some cases FYRC staff may have engaged with older siblings, and so the family has a direct link with the service. If the young person is close to ten, the FYRC staff will seek to work with them, but if they are younger, they are referred onto other more age appropriate services and supports. The FYRC also report having young people as young as six knocking on their door, often they are the younger siblings of young people Centre staff have worked with. Centre staff also do home visits where they come in contact with younger siblings. Community events were another vehicle through which Centre staff come in contact with under 10's. These events are used to raise awareness of the Centre and the service it can offer to young people locally. (The events are becoming less frequent due to funding restrictions). The street work undertaken by the Centre staff from time to time also provides an opportunity for under 10's to approach the Centre staff for a chat.

4.3 Drug related services available to young people in Finglas

Research consultees identified a number of Finglas based specific drug related services available to young people aged 1) 8- 18 and aged over 18. See Table 4.5 for details of drug related support services based/provided in Finglas available to those aged under 18 and Table 4.6 for details of drug related support services based/provided in Finglas available to those aged over 18. Details of other

²⁸ The Garda Youth Diversion Programme is supported by a network of Garda Youth Diversion Projects (GYDPs). GYDPs are community based and supported youth development projects that seek to divert young people from becoming involved (or further involved) in anti-social or criminal behaviour. Garda Youth Diversion Projects, (GYDPs) are community-based multi-agency crime prevention initiatives, which seek to divert young people who have become involved in crime/anti-social behaviour and to support wider preventative work within the community and with families at risk. There are currently 106 GYDPs state-wide. These projects are operated by organisations like Foróige and Youth Work Ireland. There are a further 10 projects with a special focus (e.g. more challenging children, family support, etc.). Two such projects exist in the Finglas Area. The FAN, Finglas Action Now, covers the area of Finglas West and South and is based in a premises on St. Helena's Road, Finglas. The EFFORT, East Finglas For Organised Responses to Teenagers, which covers the Finglas East areas and will soon move to a new premises in Finglas Village

²⁹ The aim of the Diversion Programme is to prevent young people between the ages of 12 and 18 years of age from entering into the criminal justice system. Diverting young people from committing further offences is another intended outcome of the Programme. For certain serious crimes*, young people aged 10 and 11 will be considered for inclusion in the Programme. **Young people included in the Diversion Programme may be supervised by a Juvenile Liaison Officer (JLO).** A JLO is a type of Garda who is specially trained to deal with young people and their families in relation to crime-prevention, the operation of the diversion programme and all other areas involving young people and the criminal justice system.

drug related support services not located in Finglas that may provide services for young people from Finglas aged under 18 are included as Appendix 3, while over 18 services are included as Appendix 4. Appendix 5 details programmes that have run in Finglas to promote awareness of this drug misuse among young people.



Table 4.5 Drug related support services based/offered in Finglas and available to those aged under 18		
Name	Description	Target
Finglas Crosscare Drug and Alcohol Programme (HSE funded)	This voluntary sector service (funded by the HSE) has been operational since August 2019 involves the provision of a full time Drug and Substance Misuse Counsellor based in the Den. The Counsellor provides therapeutic counselling to young people in Finglas, who are in addiction or who are affected by addiction. Individuals are referred to the service by GP's, Den youth workers, School Completion Programmes, GP's, School Guidance Counsellors, FAST and Juvenile Liaison Officers (JLO's). Ideally this service should also have a full time Youth Worker associated with it (as in other locations e.g. Swords and Balbriggan respectively) but resources were not available for this purpose. The Counselor is flexible in terms of where they can see people and attends some local schools to do assessments there. Maximum caseload at any one time is 30 clients, with 4-5 client counselling appointments per day. Young people referred to the service are generally seen quite quickly (7-10 days) following a referral for a period of 6-8 weeks treatment. The service can see about 20 young people per week. Referrals are made by schools and youth services locally.	8-18-year old's
SASSY: Substance Abuse Service Specific to Youth	This statutory HSE community service provides support to young people under 18, resident in Dublin North City and County for whom drug, or alcohol use is having a significant negative impact on their daily lives. The service has four Counsellors, one family therapist and one consultant child and adolescent psychiatrist. They provide individual counselling, cognitive therapy, family therapy and psychiatric assessment. Supports are generally provided on a short-term basis. SASSY provides outreach in the Finglas Youth Resource Centre one day a week ³⁰ .	<18 years

The only full-time service that is available to young people involved in drug use in Finglas is counsellor working from the Den in Finglas South employed by Crosscare Drug and Alcohol Programme (HSE funded) and the HSE's SASSY part-time adolescent addiction counsellor located in the FYRC one day per week. The HSE can provide opiate substitution and detoxification treatment to adolescents by appointment at their clinics at Wellmount and Tolco and via local G.P.'s.

Ideally the Crosscare service would also have a dedicated Addiction Specific Youth Worker associated with it (as in other locations). Crosscare has also produced a publication designed to support parents dealing with drugs and alcohol in the family³¹.

³⁰ This outreach has been suspended since Summer 2019 due to staff illness.

³¹ Crosscare (2019) Don't lose the head- A support booklet for parents/guardians in dealing with the issues of drugs and alcohol in the family. (6th Edition). Dublin.

4.4 Drug Prevention and Awareness

4.4.1 Young people aged under 18

In the EMCDDA (2019) Ireland -Ireland Country Drug Report 2019 (p17) the Social Personal and Health Education (SPHE) programme is identified as the main vehicle³² through which substance use prevention is delivered by teachers within the school system.

The Finglas Cabra Drugs Task Force Health Promotion Worker liaises with all local primary and secondary schools to provide a supplementary support for teachers involved in the delivery of SPHE. Schools and youth organisations may also access a number of supports and programmes from the Finglas Cabra Local Drugs Task Force. See Table 4.6 for details.

<i>Service/Programme</i>		<i>Description</i>	<i>Target</i>
<p>Systematic drugs education support service to the formal education and youth services in the Finglas area. (This service is also provided in Cabra).</p> <p>These services are provided using the "Putting the Pieces Together" drug education manual produced by the Western Regional Drug Task Force</p>		<p>The Task Force Health Promotion Worker: -</p> <ul style="list-style-type: none"> - Liaises with all local primary and secondary schools providing a supplementary support to the formal Social Personal and Health Education Programme. -Liaises with youth services in the area providing them with manuals and delivering Putting the Pieces Together - Provides Facilitator Training to four youth workers from two local youth services to support the SESH roll out. This is provided in two half day sessions 	<p>Primary school pupils (aged 10 to13 years, 5th &6th classes)</p> <p>Secondary school pupils (aged 15 –17 years, 2nd, 3rd years & transition year students)</p> <p>Young people attending youth services locally (aged 14-17 years)</p>
Co-ordination/su pport for a range of supporting an alcohol and other drugs health awareness	The School Health and Alcohol Harm Reduction Programme (SHAHRP) ³³	SHAHRP is an Australian classroom-based program aimed at reducing alcohol-related harm and risky consumption with young people. This programme specifically focuses on alcohol but the issue of drugs also usually emerges. (It has been operating in Finglas since Winter 2018.)	All secondary schools SPHE teaching staff in Finglas participate in a half-day long SHAHRP training. They are also provided with a standardised teacher's manual and PowerPoint

³² The EMCDD (2019) Ireland -Ireland Country Drug Report 2019 (p17) reports that the 'SPHE programme is a mandatory part of the primary and post-primary (junior cycle) school curriculum, and it supports the personal and social development, health and well-being of students. Specific substance misuse prevention programmes have been integrated into the SPHE curriculum. Since September 2017, SPHE has been incorporated into a new area of learning for junior cycle secondary-school pupils called 'Wellbeing', which is a compulsory element of the curriculum. The Wellbeing programme provides students with the knowledge, attitudes and skills that enable them to protect and promote their own well-being and that of others. Psychologists provide training for teachers so that they can implement evidence-based programmes and practices that promote resilience and social and emotional competence in children and young people. The service has prioritised the delivery of two programmes in particular: The Incredible Years Teacher Classroom Management (IYTCM) Programme and the FRIENDS programmes. Evaluations carried out in Ireland produced positive findings for both programmes.'

³³ SHAHRP was introduced into Republic of Ireland by Finglas Cabra LDATF. Finglas Cabra LDATF staff organised training in Northern Ireland for various other Task staff Forces. These Task Forces are now implementing SHAHRP in various guises in their local areas.

programme in partnership with local schools, youth services and HSE		The Programme is evidence-based and is designed to be implemented at a time when local prevalence data indicates that young people's experience of drugs starts with experimentation with alcohol. The programme is designed in two phases. Phase One has eight sessions giving in the first year of the program and Phase Two is seven booster sessions in the following year when the students reach 2nd year.	<p>Presentation to accompany the Programme.</p> <p>In 2018/2019, six of the eight secondary schools in Finglas ran the first phase of the programme with 544 1st year students. One school also ran the second phase of the programme with 76, 2nd year students. Two additional secondary schools have committed to rolling out this programme in 2019/2020.</p>
	The Peer 2 Peer Alcohol and Drug Awareness Programme	This Programme (operating since 2002) targets Transition Year (TY) students. The main goal of the programme is to train TY students to deliver factual drug information to 1st year students in their respective schools. During the training students learn to research, plan and facilitate an alcohol and drug education programme. They also learn about the various aspects, affects and consequences of substance use/misuse on the body and society. Each year the programme is evaluated and the feedback from students both trainers and 1st years' is very positive. The TY students learn teaching skills and gain knowledge about alcohol drug use.	In 2018/2019 six of the eight secondary schools in Finglas participated in the programme. A total of 22 Transition year students in Finglas enlisted for the programme, in the 2018/19. 20 (>90%) successfully completed the training.
School based work with the LDATF coordinating and supporting an alcohol and other drugs health awareness programme in partnership with local schools, youth	Schools TY Alcohol and Drug Awareness Film Production Project:	There are 3 main goals of the programme, participants learn factual information about drugs. They develop confidence and techniques through drama which allow them to use role play to manage challenging drug related situations they may find themselves in. They produce a short film using the content of the drama and role play they engaged in as part of the project. The film is then shared with all schools in the area and with the wider community via social media.	This programme runs annually in New Cross Collage and has about 12 -16 students involved on average each year.
	Bespoke Drug and Alcohol	Over the course of a year, the Task Force Health Promotion Worker provides	In 2019 17 workshops were provided in

services and HSE	Awareness Workshops	bespoke alcohol and drug awareness workshops to local schools, 3rd level college, community organisations and sporting clubs, such as the GAA.	Finglas with a total of over 514 young people participating in them.
	Something Everybody Should Hear (SESH)	SESH is an out of school summer programme. Participants are recruited by the Finglas Youth Resource Centre through already established groups, outreach and referrals from other services. The alcohol and drugs health awareness aspects of the programme is planned and organised by the Task Force Health Promotion Worker. The youth service staff provide the complementary social education aspects of the programme. The programme examines the effects of drug use on mental health. It also brought participants to visit various drug services including FAST and the Crinan Youth Project.	Young people aged 13-16 who are already engaged or are highly at risk to becoming involved in harmful alcohol and other drug use over the summer months. In 2019. 24 young people attended the programme on a regular basis.

The Finglas Cabra Drugs Task Force also fund a range of small preventative projects in primary and secondary schools providing socio-emotional supports to students and give some schools funding for drama therapy and for projects with transition year students. Schools and groups must apply for this funding with two calls per year for applications. See Appendix 5 for a sample of some projects funded by the Task Force in Finglas schools. These programmes where they run are generally well received. However, the short term and application-based nature of these funding opportunities means that they tend to run on an ad hoc basis mainly in school settings.

The Community Policing section of the Garda Síochána also regularly deliver the Garda Schools Programmes and TAG (Teenagers and Gardaí) Programme locally. These programmes are run on a yearly basis through engagement with all schools in the Finglas area.

The Garda Schools Programme is completed in both Primary and Secondary Schools by Garda members. This programme has been running in the Finglas area for over 10 years. The Primary Schools Programme covers topics such as Bullying, Cyberbullying, Halloween, Role of the Garda and Vandalism. Meanwhile the Secondary Schools Programme covers Substance misuse, Personal Safety and programmes related to online and cyber safety.

The TAP Programme in contrast is designed to be student led and consists of formal discussions and activity-based sessions. It is delivered to second level schools in the Finglas area. The following topics have been covered, usually over a 6 week programme; 'Be in Ctrl' a social media and online awareness programme, 'Connect with Respect' is a similar programme but aimed at different age groups, 'Wrecked (RSA)' a programme regarding Road Safety, 'It won't happen to me' again a programme designed to raise awareness regarding Road Safety issues and a 'Drugs Awareness Programme'.

4.4.2 Supports for Adults

See Table 4.7 for details of some of the other supports provided for over 18's locally.

Table 4.7 Drug related support services based in Finglas and available for over 18's	
Service	Description
Dublin North HSE CHO9 Drug Treatment Clinics	Wellmount Treatment Centre in Finglas, opiate substitution treatment.
	Tolco Clinic on the Ballyboggan Road, opiate substitution treatment.
Voyages Programme	The Voyages Programme is a low demand social and life skills programme for people in the early stages of their recovery. The Voyages Programme is operated by the Fingal Centre in Finglas West.
Finglas Addiction Support Team (FAST)	Provides therapeutic support services to people in recovery from problematic drug and alcohol use. Provides individual and group support to families affected by drug use.
Finglas Cabra Local Drug & Alcohol Task Force – Rehab Progression Fund	Provides discretionary small once off grants to assist Keyworkers in the implementation of client care plans (max €800 per year, per client).

4.4.3 Supports for families

Finglas Cabra LDATF also provides a number of parenting supports and supports for families where addiction maybe an issue, specifically:

- The 20-week homebased Parents Under Pressure programme. This programme aims to improve family functioning and child outcomes by supporting parents who are or who have been drug or alcohol dependent. The programme combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model.
- The Finglas Cabra Drugs Task Force will also refer families on a case by case basis, to the Strengthening Families Programme (designed to reduce multiple risk factors for later alcohol and drug use, mental health problems and criminal behaviour) run by neighbouring Ballymun Local Drugs Task Force. The Finglas Cabra Task Force cover the cost of transport and food for families attending from the Finglas area.

5 Profile of Users (from a service providers perspective)

According to the recent My World Survey 2³⁴ young people in general are experiencing rising levels of anxiety and depression, and lower levels of self-esteem. Resilience and optimism are down. Anger is on the rise. School connectedness is down. Self-harm, across the adolescent and young adult age groups, is significant with two in every five young adults having self-harmed.

5.1 Drug users and their needs

Consultees generally divided young people into groups by age and by the nature and extent of their drug use as follows:

5.1.1. 8-12-year olds and drug use (4th- 6th Class in Primary School)

Consultees were generally not aware of significant drug use among this age cohort. Although they were aware of some 12-year olds beginning to experiment with cannabis.

There are no youth services for young people aged under 10 years and few other services outside of a school setting. They were however very conscious that some 8-12-year olds were very familiar with drug use, through family members using in the home (either parents, or older siblings or both).

Exposure to drug use was also seen to take place when families became homeless and went to live in emergency accommodation where young people observed others in addiction.

'Parents drug taking behaviours and family deaths by suicide can present in drama or play therapy sessions with children.'

Other 8-12-year olds reportedly become familiar with drugs through family members involvement in crime. It was also noted that in some schools locally, drug users come into the school ground to use and school pupils can find the drug paraphernalia left behind.

'The 8-12 years olds I see as particularly vulnerable are those with older siblings who are using/dealing. These older siblings draw in the younger ones. They are being groomed.'

'I worry for the children whose parents left school early and who are involved in taking alcohol and drugs, there is a real danger of history repeating itself, as these parents are often not able to manage their children and do not prioritise getting them to school and keeping them in a routine.'

Consultees reported that they regularly came across 8-12-year olds for whom it was clear that drugs were a part of their normal life. This normalisation process was evident in these young people's levels of awareness of the language and the practices. Consultees also noted a level of bravado among some young people in terms of wanting to be seen to know all about drugs as part of getting the respect of their peers.

'You sometimes hear a 10 or 11year old talking about rolling a joint, but I am sure for some of them this is a bit of bravado.'

One or two consultees identified young people aged 8-12 who came from one parent family backgrounds (especially where the parent struggled with mental health and or addiction issues) were more at risk than other young people.

³⁴ Dooley, B, O'Connor, C, Fitzgerald, A & O'Reilly, A (2019) My World Survey 2. The National Study of Youth Mental Health in Ireland. UCD and Jigsaw, Dublin.

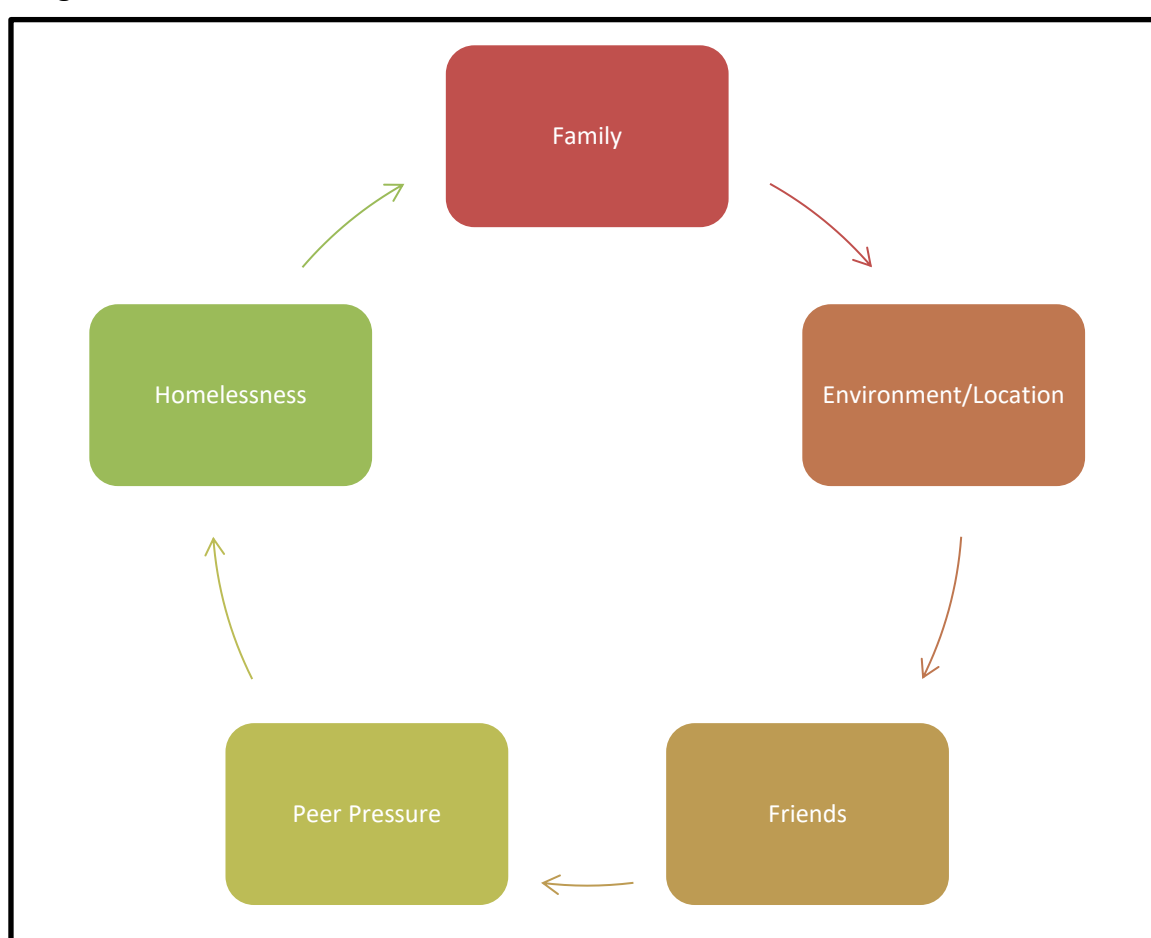
Consultees were aware that some of these young people in this age group were earning significant amounts of money on a regular basis, delivering/moving drugs on their bicycles.

'They get a message on their phone and they are gone on their bikes. That happens regularly. Then we see them coming into us in trainers that we know they or their family could not generally afford, so we join the dots and we know.'

'We know when the kids are moving drugs, they don't want to talk to us they just ignore us'

See Figure 5.1 for details of the various factor's consultees identified as impacting on a young person's awareness' and ultimately engagement with drug use.

Figure 5.1 Factors that impact on a young person's awareness' and engagement with drugs



Source: Author,2020

5.1.2. 13-15-year olds and drug use

Consultees agreed that this was the age group where more young people locally began to experiment and, in some cases, actively take drugs. Consultees believed that it often started with a drink, which in turn led to individuals experimenting with cannabis.

'Drugs and drug taking (especially cannabis) are common among young people from as young as 12 years of age. Alcohol is less of a problem than it was in the past.'

'Children and young people that are isolated and less socially connected can start dabbling in drugs. These young people can also be manipulated to get involved.'

Consultees believed that cannabis was usually the first drug that young people try. Consultees noted that heroin was not a drug young people use, as they consider it 'a dirty drug'³⁵. Cannabis in contrast was generally considered as the drug of choice for this age group. Consultees noted that for many young people their cannabis use was purely recreational, and they were able to manage it. One consultee referred to this group as the 'dabblers'.

'Weed is the drug of choice for this 13-15 age group.'

'The young people who are vulnerable in this age group are those that arrive into secondary schools, with things not great at home. They take drugs to forget, to escape what is going on at home, or maybe because their friends are taking them, and they want to be part of that group.'

'You would hear young people talking about being off their head, or about so and so being off their head.'

For the young people whose occasional use transmutes into an addiction (generally to cannabis for this age group), the first thing that would be noticed by those around the young person was a fall in motivational levels, followed by an increasing level of disengagement from school and from youth services.

Where a young person stops coming to school or to youth services, Home School Liaison Officers within schools (for those in the Junior Cert cycle only) and Youth workers (where the young person is connected to a youth service) try to follow up with the young person, with their parents, and with the School Completion Programme where relevant. Non-attendance at school for under 16's will also generate a referral to the local Educational Welfare Officer³⁶. But if the young person does not want to engage, consultees report that there is little that the Youth Worker or Home School Liaison/School Completion Officers can do.

'Young people have a Russian roulette attitude to drugs; they know that a certain percentage of people die from drug use, but they weigh it up and believe the risk is worth taking.'

Consultees believed that young people who became regular users of cannabis have to either deal, or stash drugs in order to fund this habit.

³⁵ This view coincides with view of Mayock (2007) who found in her study of 57 young people (in Dublin's Inner City) aged 15-19 that the vast majority of the study's social/recreations drug users portrayed heroin as a risk boundary they would not cross. According to Mayock 'injecting drug use was perceived as real 'junkie' behaviour, signifying a denigration of 'self'.' Mayock, P (2007) Scripting risk: Young people and the construction of drug journeys. In Young People and Crim: Research Policy and Practice- Conference Proceedings. Centre of Social and Educational Research.

³⁶ The main work of an Educational Welfare Officer (EWO) is around the welfare of the child and the family and on ensuring that concerns and problems are dealt with before school attendance becomes a crisis issue. However, if a parent fails in his or her duty to ensure that their child attends school, then the EWO has the power to take legal action against the parent under the Education (Welfare) Act, 2000. Taking legal action against a parent or guardian is a very serious matter. It is an action of last resort when all other offers of support have failed and the parent has refused to co-operate with the EWO. Imposing a sanction on parents or guardians for non-attendance is the responsibility of the local District court in each case having heard all the evidence including that of the EWO and the parent/guardian. The law provides that upon conviction either a fine or up to one month's imprisonment, or both, be imposed. (Source: <https://www.tusla.ie/services/educational-welfare-services/service-strands/the-statutory-educational-welfare-service/>)

'We can know that there is dealing among the older pupils in schools, but it is hard to prove. In some cases, these young people have been involved with moving drugs since they were young, and this is just a natural progression of sorts. It is a sort of status thing. When the school can prove something those responsible are generally excluded from school but at some level, that only seeks to improve their street cred, which is not a good thing.'

'We sometimes have young people telling us that they have taken what they were meant to be selling, and now they are in debt, or we see young people whose drugs have been taken by the Garda and they have a debt outstanding to their dealer. Either way they have a debt and often have not way to pay it back. Which means that they have to deal in order to payoff this debt.'
'Levels of criminality and violence (linked to minor drug crimes) in Finglas are on the rise, as young people have to find money for their fix.'

'Young people are getting sucked into drugs by shrewd drug dealers, who get young people involved in drugs and get them to run up a debt that they cannot pay. This leaves them stuck in fear and afraid of threats to themselves and family. It is a horrific place to be.'

The consultees noted that it appeared that some young people were more predisposed to addiction than others. Several believed that young males struggled more with addiction than young females.

According to the consultees few of the young people were aware of the possible negative side effects of ongoing cannabis use.

'They are not really aware that even cannabis can have an effect on their brain development and their mental health and the fact that it is linked to paranoia and psychosis.'

Consultees also noted that they are aware that some young people are using prescription drugs but not in the same quantity as cannabis and often in conjunction with cannabis, with drugs readily available locally.

'In Finglas you can get whatever drugs you want on the streets.'

'Alcohol is no longer the drug of choice; indeed, it is generally now used in combination with another drug.'

'It is easier to get drugs in Finglas than it is to get alcohol. You need ID and money for alcohol, while for drugs you do not need either, you can pay for your drugs by selling drugs to others, by moving drugs or by storing drugs.'

5.1.3. 16-18-year olds and drug use

Consultees noted a shift in the drug taking behaviours of this group, away from a reliance on cannabis to experimenting and taking cocaine. Noting that for many 17-year olds cocaine is the drug of choice.

For the consultees, this was the group where problematic drug use was most apparent in terms of young people either withdrawing from school or deciding to leave school aspiring to what they considered the good life (e.g. 'big car, nice clothes') of those involved in criminality locally. The

School Completion Programme does not have any contact with this group as they focus their energies on the retention of the 1st to 3rd years in school till after their junior certificate.

Consultees were concerned that there was very limited support for this group, because if the drug use was problematic, they were generally not in school, nor were they attending any youth services. If a drug issue is identified in school, pupils can be referred to a SASSI addiction counsellor with parental permission.

'These young people have debt, they have mental health issues from their drug taking, they can be addicted and can be having blackouts, and the sad thing is there is so little we can do to help them.'

Consultees noted that there tended to be high levels of anxiety and in some cases paranoia in this age group. Noting that their drug taking has made them paranoid and highly anxious, necessitating them taking tablets to deal with the anxiety. The consultees struggled with the fact that many of the young people failed to make the connection between their drug taking and the high levels of anxiety they were experiencing. Consultees generally believed there is a huge level of denial and ignorance among young people taking drugs locally.

5.1.4. >18-year olds and drug use

The schools have limited if any contact with young people who fall into this age category. The youth services report having some limited contact where a young person returns to a service they were involved with when they were younger, looking for one to one support from a youth worker they previously had a relationship with. Services report that individuals tend to return when they realise that drugs have taken over their life and they want to change this.

Consultees report polydrug use among this age group, *'anything and everything'* was how one consultee described it.

'Polydrug use is an issue, with young people using more tablets and more prescription meds in combination with other drugs to get high and later on to manage their anxieties that have resulted from coming down of the high.'

With cocaine the key drug of choice for the majority, many of whom find themselves 'up to their eyeballs in debt' in order to meet their habit.

'Young people are using cocaine as their high stimulant party drug; they are using cannabis to come down and some of them are using tablets so deal with their anxiety. It is an increasingly complicated culture as more new substances arrive on the streets. It is hard to keep up.'

Consultees also reported that it is not uncommon for parents to have to pay their young adults drug debts in order to keep them and the wider family and the family home safe.

5.2 Other issues in relation to drug use and supports

5.2.1 Why young people take drugs?

The question of why young people take drugs came up in various guises in this research study. The answer is generally complex, with drug use often driven by a range of factors including wanting to escape, wanting to fit in/peer pressure, wanting to experiment, etc.

'Young people are taking drugs to feel better/to escape what is going on in their lives at home or at school (even if just for a short time).'

Wider societal factors including a culture of looking good were also seen as driving some young people's drug use.

'The Instagram/Social media culture of looking good and look at me, is encouraging young people to take steroids.'

5.2.2 Gender differences

Consultees believed that there were distinct gender differences with young males dealing and using more than young females. Consultees also reported that young females generally managed their addiction better than young males. There was a lot of concern however expressed that young females were trading sex for drugs, exposing themselves to all sorts of risks. These young females often referred to 'Session Mots' or 'GG's, are thought to party and sleep around to get access to the drugs they need.

Consultees were concerned that young females had a greater level of exposure to coercive control, domestic abuse and manipulation as girlfriends of male drug users and dealers. Consultees believed that if a young female's intimate partner was using drugs that caused significant levels of anxiety and paranoia, this in turn exposed the young female to erratic behaviour and in some cases violence.

5.2.3 Engagement with the Garda

Consultees reported that many young people in Finglas are wary of the Garda for various reasons while others come from families that have had a long-standing antagonistic relationship with the Garda locally.

All young people aged between 12 and 18 who are detected having been involved in anti-social or criminal behaviour are referred to the Garda Youth Diversion Programme Juvenile Liaison Officer (JLO). The JLO can then refer on to one of the local Garda Youth Diversion Projects (e.g. Fan or EFFORT) if appropriate. Community policing also engage with the local Garda Youth Diversion Projects and offer support. A successful referral to the Diversion Programme (may or may not include participation in one of the local Garda Youth Diversion Projects) enables the young person to avoid a criminal conviction. It is important to note that the avoidance of a conviction is statutorily based with the Garda Youth Diversion Programme under the Children Act 2001 and is not dependent on engagement with the Garda Youth Diversion Projects, which while they are a support and a key part of diversion are not a statutory requirement.

The Gardaí also report referring parents to the various local drugs support services to access help for their children/young people, they also refer young people to other local youth services operating in the area.

5.2.4 The role of parents

Consultees were generally of the opinion that most parents were aware to a greater or lesser extent of their young person's involvement with drugs. Consultees reported that the vast majority of parents they had encountered did not know what to do, or how to deal with the issue. Consultees reported that where a service or a school staged an intervention with a young person in most cases their parents were pleased. With few if any supports available to parents especially where their young person refuses to engage with services.

Some consultees strongly argued that more supports needed to be targeted at parents to support and enable them better engage and communicate with their children and teenagers at an earlier stage, thus preventing their children engaging in more problematic behaviour.

5.2.5 Support Services

Youth workers generally were reported to have good relationships with young people they have worked in the past. Workers often report that young people involved in problematic drug use stop attending the service in the 15-18 age category only to return when they are over 18 and looking to make a change in their lives. Consultees reported that the opening hours of the Finglas Youth Resource Centre had been cut as a result of austerity cuts, reducing young people's ability to access the Centre and the youth workers.

Where an individual young person presents to a service with suicidal ideation, they are generally referred to Pieta House in Santry. Where a young person is under 18 the referral has to be made by a parent. Over 18's can text Pieta House for an appointment and are generally seen with 5-7 days. Where the situation is acute the GP and A&E are generally the first points of contact to access mental health services.

5.2.6 Referrals

Consultees reported that many of the young people that they come across who are taking drugs also have a range of other complex and related needs.

'Most of the young people we see have at least four or five other things going on. Their needs are complex.'

Where personal³⁷ drug use is disclosed by a young person (either their own, or in the context of their family home) to a mandated person (under the Children First Act 2015) which include youth workers this could generate a general report to Tusla. Personal drug use by a young person alone, would not warrant a mandated report. The experience of the consultees was that Tusla rarely intervened in these situations. Tusla's decision to allocate a social worker to an individual young person is based on child protection concerns.

Where child protection concerns are identified a young person will be allocated a social worker, this opens up a possibility for them to be referred to YAP or Extern for drug or alcohol misuse issues. Individual young people cannot be referred to these services without a Tusla Social Worker referral. Where appropriate parents can also voluntarily opt to participate in a Meitheal Protocol which seeks to provide an early multiagency intervention tailored to the needs of an individual child or young person. (The Meitheal Protocol is not an option where parents are in addiction). Tusla report that

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there are 'not many' of these interventions in the Finglas area with some parents reportedly wary of engaging with Tusla.

5.2.7 Data

All of the services collect different data and report on different outcomes, making it impossible to aggregate data. It is also the case that GDPR limits the amount of data sharing that is possible.

5.2.9 Connections between services and organisations

There was a general view that connections between services within the Finglas area were good and where services exist, organisations were very open to making referrals. Local structures that were seen to support these positive connections included Better Finglas and the Finglas Family Network.

'Better Finglas has managed to bring services together who are working with families and young children. We need something like that for children aged 8-12 and for young people aged >12- 18 years.'

The challenge remains to locate the additional resources necessary to:

- 1) Employ outreach and youth workers that could support individual young people to access the services that they need,
- 2) Enable the removal of waiting times for key services.
- 3) Fill key gaps in services (there are no dedicated youth services in Finglas East)

5.2.10 A Postcode Lottery?

Finglas East has to date had no dedicated general youth service. Crosscare are currently in the process of establishing a service in the centre of the village. The majority of young people are not prepared to travel to services outside of their area to other parts of Finglas. (e.g. Finglas Youth Resource Centre in Finglas West or The Den in Finglas South). The reasons why young people are not prepared unwilling to travel outside of their area is something that would benefit from further exploration with young people locally.

Consultees also reported that within certain areas of Finglas children and young people living in these areas are more exposed to drugs than if had they been living in other parts of Finglas.

6 Conclusions and recommendations (from a service provider perspective)

6.1 Conclusions

6.1.1 The extent of drug taking among young people in Finglas

The exact number of young people using drugs in Finglas is not known. Neither is the exact number in treatment, given that limited statistics are available at local Drugs Task Force level. What is known is that young people in general are experiencing higher levels of anxiety and depression, and lower levels of self-esteem. School connectedness is down and levels of self-harm, are significant.

What is also known is that cannabis use among young people nationally, and locally is on the rise, with young people getting involved in drugs at a younger age. This in turn has consequences for the mental health of these young people. Locally it is also reported that there is a trend towards intergenerational use within families which makes treatment more difficult. Cocaine use is also starting at a younger age, with young people engaging in polydrug use in order to manage their cocaine use.

6.1.2 Why young people in Finglas take drugs?

It is clear from this study that service providers believe young people take drugs for complex combinations of reasons that may include problematic relationships, that leave young people isolated, and without positive role models or boundaries to work within. It is also clear that young people in Finglas face a range of pressures in relation to fitting in and being part of a crowd. Intergenerational poverty is also an issue for some young people locally, leaving them with very limited aspirations. With a level of glorification of criminality locally, it is believed that some young people's aspirations are focused almost exclusively on getting involved in this world, in order to make money and gain respect locally, to the exclusion of any other options.

6.1.3 The nature of drug use among young people in Finglas?

The nature and extent of drug use among young people varies largely depending on their age. See Table 6.1 for an outline categorization of young people's involvement with drugs (8-25 age range) based on the key stakeholder interviews.

<i>Age Group</i>	<i>Non-users</i>	<i>Occasional dabblers</i>	<i>Regular users</i>	<i>Individuals with serious substance abuse issues</i>
8-12-year-olds	Majority of this age group. Some cigarette smoking Small numbers involved in moving and stashing drugs	Small number of 12-year-old experimenting with cannabis/alcohol		
13-15-year-olds		Greater numbers experimenting with cannabis/alcohol	Becoming regular users of cannabis	Very small numbers fall into this category through use of high strength cannabis.
16-18-year-olds		Greater numbers dabbling with cocaine and polydrug use	Regularly using a combination of drugs, including increasing use of cocaine.	Some of this age group have serious substance abuse issues

>18-24-year-olds		Lots of this group using drugs on a recreational basis (especially cannabis)	Cocaine is the drug of choice often used in combination with other drugs	Some of this age group fall into this category
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There are also some gender differences reported, with young females seen to be better at managing their drug use. Serious concerns were however raised in relation to your risky sexual behavior engaged in by some young females in order to 'get their fix'.

6.1.4 What services are available for young people who take drugs?

There are very few local specialist services for young people regularly using drugs, and those that exist are at full capacity. There are just two services for under 18's operating within the area. The Finglas Crosscare Drug and Alcohol Programme which sees up to 30 clients at any one time and SASSY (Substance Abuse Service Specific to Youth) which provides a counselling clinic one day a week in the Finglas Youth Resource Centre with just 4-5 clients seen weekly. (The SASSY service was suspended in August 2019 as a result of staff illness). There are no services in Finglas West.

Services not located in Finglas that young people in Finglas have been referred to include the Crinan Youth Project based in the city centre. Local service providers report that they are aware only of a very small number of young people from Finglas attending this project. Young people from Finglas who have been allocated a Tusla Social Worker (linked to child protection issues) have the additional possibility of being referred to YAP and Extern, two specialised services located outside the study area.

With growing levels of complex drug use and more than 7000 young people (8-18 age group) it is clear that the Finglas area is underserved. It is also the case that the Crosscare Programme operating in Finglas, only has one staff member (A Counsellor), while in other locations this service has two staff (A Counsellor and a Youth Worker).

The identification of young people engaging in problematic drug use is also a concern. In some cases, parents become aware that there is an issue but often feel powerless to do anything about it and do not know where to access support or information.

In other situations, young people aged 12-15 disengagement/withdrawal from school and or youth services will be followed up by School Completion Programme staff or indeed by Youth Workers, who will work to try and get the young person connected to services. In this context schools are doing their best to provide supports for young people, while youth centres are useful to those that attend. In both situations schools and youth services would benefit from more resources to facilitate the provision of more one to one supports as well as longer opening hours in the case of the general youth services.

The identification of young people aged 16-18 engaged in problematic drug use is more difficult as individuals in this age bracket are not the focus/priority of School Completion Programme staff (their focus is to get young people through the Junior Cert cycle). This is also the age that these young people often decide not to continue attending youth services. In such situations it is likely that a slide into problematic drug use can go unnoticed.

6.1.5 What services are available to support and education young people not to take drugs?

Within the formal school system research consultees recognised that the issue of drug use was raised to a greater or lesser extent within the context of the SPHE programme. The extent to which the topic was covered and the effectiveness of this input was however not known, and a lot was

thought to depend on the knowledge, skills and confidence of the teacher/s delivering the programme. The Finglas Cabra Health Prevention Worker is available to support teachers delivering SPHE, but the extent to which this is taken up varies from teacher to teacher and school to school.

The Finglas Cabra Drugs Task Force also provide funding for a number of programmes that raise awareness of the effects of drug use. For example, the SESH Summer Programme (organised by FYRC targeting) the 15-18 age group and the SHAHRP Programme which targets 1st and 2nd years. All of these programmes are funding dependent and depend in the goodwill and proactive engagement of teachers and youth work staff.

The Garda Schools Programmes and AG Programme which are regularly delivered by members of Community Policing also cover issues relation to drugs awareness and substance use within secondary schools locally.

There are no programmes that target raise awareness of drug use and misuse among the 8-12 age group and their parents. Opportunities exist with these two groups to a) raise the issue and b) work to build levels of resilience and self-worth.

6.1.6 What services are available for parents?

Research findings suggest that parents and guardians generally do not know where to go for help when they find their young person is taking drugs. There are two parenting programmes available locally but is not clear what the demand is for these programmes.

6.2 Recommendations

The overarching recommendation from this report is for a general increase in resources to programmes and services aimed at building the resilience of young people thus enabling them to avoid/effectively manage their use of illegal drugs and alcohol.

The report also makes a number of specific recommendations which are grouped under two headings 1) drug related and 2) youth services and school related recommendations. The drug related recommendations are divided into short term and longer-term recommendations as follows:

6.2.1 Short Term Drug Related Recommendations

Young people in Finglas who take drugs need ready access professionals with the range of skills necessary to intervene early with young people in their drug use career. Specifically, youth work, in-reach, outreach and addiction counselling. There are currently two non-school services funded to provide drug counselling to young people in Finglas, one at the Den and one at FAST. One of these is funded by the Drugs Task Force and the other is funded by HSE Addiction Social Inclusion.

Recommendation 1: The youth drugs and alcohol case management model currently being provided by the Den in Finglas to be further developed by providing it with a drug specific “Youth Case Worker” (see Appendix 6 for a possible job description) operating alongside the youth addiction counsellor. This worker would have a specific in-reach and outreach role in identifying young people at risk to drug and/or alcohol addiction. (This two-person model operates in other locations).

Recommendation 2: A “youth case management” model should also be put in place at Finglas Youth Resource Centre. This could provide services for Finglas West as well as outreach to Travellers living on official and unofficial sites in Finglas. This service would work in conjunction with and link to SASSY who would continue to provide the addiction counselling aspect of the service at FYRC.

Recommendation 3: A “youth case management” model should also be provided in Finglas East.

Recommendation 4: Finglas Cabra LDATF to put in place a Youth Case Management Coordinator post to work across the Finglas Cabra area. The aim of the post will be to coordinate the administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the care plan. This will involve developing and maintaining a formal consortium of the youth agencies employing Youth Case Management Workers. The Case Coordinator will develop and maintain care and case management protocols, common case management tools and use of technology, share and expand points of referral, and pooling of resources.

Recommendation 5: The Local Drug and Alcohol Task Force should work with all stakeholders to compile clearer guidance for parents, community leaders, teachers and professionals working within the local community on age appropriate referral pathways where drug use is an issue for a young person.

6.2.2 Longer Term Drug Related Recommendations

Recommendation 6: Young females and males who engage in risky sexual behaviour with multiple partners (as a result of their drug use) need ready access to sexual health services.

Recommendation 7: Need more age appropriate pupil focused drug prevention awareness work to be resourced and provided at primary and secondary school level and on a continuous basis.

6.2.3 Youth Services and School Related Recommendations

The two youth services in the local area are oversubscribed, while Finglas East has no dedicated general youth service.

Recommendation 8a: The Task Force to support the ongoing development of the Crosscare Youth Centre in Finglas village.

Recommendation 8b: The Task Force to work all relevant stakeholders (including Crosscare) on the provision of a CDYSB funded youth development project to meet the additional needs of the large number of young people living in Finglas East.

Recommendation 9: Given the large size of the youth population and their associated socio-economic needs, it is recommended that the annual core funding to Finglas Youth Resource Centre provided by City of Dublin Youth Service Board should be restored to pre-austerity levels. Thus, enabling the Centre to return to near previous hours.

Within the formal education sector, the Home School Liaison and School Completion Programmes respectively, do valuable work in terms of identifying and working with parents and young people at risk respectively. They also work specifically with parents to locate supports to deal with problematic drug use. Young people at Junior Cycle level are the clear priority for the School Completion Programme.

Recommendation 10: Establish a Senior Cycle School Completion Programme. The current School Completion Programme stops at end of Junior Cycle.

Appendix 1 Individuals Interviewed

Roy Dignam	Resident	Finglas South
Rachel Kelly	Project Leader	Finglas Youth Resource Centre
Sandra Collins Deirdre Flynn	St Kevin's Secondary School St. Josephs Primary School	Home School Liaison
Michelle Griffin	Manager	Finglas Youth Service
Stephen Nolan Pamela Cooper	Finglas Child & Family Support Network Coordinator Senior Child and Family Support Coordinator Dublin North City	TUSLA
Fionnuala Feely	Coordinator	School Completion Programme
John Bennett	Coordinator	Finglas Cabra DATF
Aimee Sweetman Gerry Kelly	Drug and Alcohol Counsellor Project Leader Crosscare Drug and Alcohol Programme	Crosscare
Anna Gorry	Juvenile Liaison Officer	An Garda Siochana

Appendix 2 Other Services that provide supports for Young People in Finglas

Other Services that provide supports for Young People in Finglas		
Crosscare Teen Counselling	This HSE funded service supports young people deal with mental health issues that are often linked to anxiety and bereavement. There is a waiting list of approximately 8 weeks for this service.	Mental health supports
Jigsaw	Can provide 8 weeks free counselling Referrals can be made by the young person, youth services, teachers, Gardaí, etc.	
St Helena's Family Resource Centre?	The Centre provides a range of child centered programmes designed to support, children, parents, grandparents and local schools. The Centre also provides a range of summer programmes for children.	General community level supports
Barnardo's	Run various after-schools clubs and friendship clubs	
Finglas West Resource Centre	Run a 10-week programme for young people that also requires parental involvement. The also provide after school's clubs and drumming workshops	Youth support programmes
Kevin's Connect Project	This project which involved nine teachers from St Kevin's School involves 20 pupils from 1 st and 2 nd year in a range of out of school activities. The aim of the project is to divert these young people away from ASB and to provided them with positive adult role models	

Appendix 3 Drug related support services not located in Finglas that may be open to young people (<18 years) from Finglas

Drug related support services not located in Finglas that maybe open to young people aged under 18 from Finglas		
Youth Advocates Programme YAP	Referrals to this service must be made by Tusla (The young people referred, must have been allocated a Tusla Social Worker). This programme is provided to young people at risk of care or custody, young people with mild learning difficulties, mental health issues, drug misuse or those in custody moving to independent living.	<18's (with social worker referral)

Extern	<p>Referrals to this service must be made by Tusla (The young people referred, must have been allocated a Tusla Social Worker).</p> <p>Support, house, and advise people who are homeless or facing homelessness, refugees, the Traveller community, people living with an offending past, those living with the impact of suicide and those dealing with mental health and drug and alcohol issues, to change their lives. They also run the Janus Programme which works intensively on a one-to-one basis with young people aged 10-17 years, who are living in the community or within the care system, and whose behaviour is challenging, posing a risk to either themselves or to others.</p>	Individuals (with social worker referral)
Crinan Youth Project (this project is based in Dublin 1)	<p>This is a community-based drug treatment facility that offers a service to young people and their families. In engaging particularly with young people who seek to address their drug problems, it recognises that many of them have already experienced social exclusion and a fundamental lack of choice in their lives. This service is based in the city centre, which requires the young person to travel, which in turn creates more risks and challenges for the young person.</p> <p>Local Finglas based service providers were only aware of two young people from Finglas attending this service.</p>	
Belong To Drug and Alcohol Service	This is dedicated LGBTI+ service for any concerns young LGBTI+ individuals may have around drug and alcohol use. The service refers young LGBTI+ individuals to specialized agencies and services where required.	
The Loft Cabra Resource Centre	Provides support to young people for whom regular drug and/or alcohol use is having a negative impact on their day to day life	16+ young people living in Cabra

Appendix 4 Drug related support services not located in Finglas that may be open to over 18's from Finglas

Drug related support services not based in Finglas that maybe open to over 18's from Finglas		
Location	Service	Description
Glasnevin	Sankalpa Addiction Services,	Provides individualized, evidence based and outcomes focused interventions to clients accessing the service. They use tools from Community Reinforcement Approach (CRA), Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) to provide a low threshold assessment and crisis management one-to-one based programme. Referrals from Finglas and Cabra are given priority however we accept referrals from outside this catchment area.
North Inner City	Chrysalis Community Drug Project Limited	Provides case management and community detox support. It also provides free addiction and generic counselling to drug/alcohol users and their families as well as various peer led initiatives.
Dublin 1	Ana Liffey Drug Project	The Ana Liffey Drug Project is a national addiction service with a 'Low Threshold – Harm Reduction' ethos. We provide direct services to people who use drugs in the Dublin, Mid West and North East Regions of Ireland. We also play an active role in drug policy, advocating for

		policy choices which will improve the lives of people who use our services.
Dublin 3	Crosscare Drug & Alcohol Project	This project targets those affected directly or indirectly by any form of addiction. It also includes counselling and training for schools and parents, among other initiatives.
Cabra	The Loft Cabra Resource Centre	The Loft (Local Outreach Family Therapies) is a community-based project responding to young people and families in Cabra affected by alcohol and substance misuse. Service provided include one to one counselling, aftercare, as well as youth and family interventions.

Appendix 5 A sample of projects funded in Finglas Schools under the Finglas Cabra Schools Drug Prevention Initiative Programme

Year	Description of the Projects
2020	<p>School Mother of Divine Grace, Finglas. Activity: Drama therapy. Age range: 6 – 12 years. Number of participants: 8 females, 8 males</p> <p>Activity details: Provided to children of parents with drug and alcohol related problems</p> <p>Runs Jan– June This programme works with and includes the parents in the process. It is an Alcohol & Drug specific related project</p> <p>Benefit to participants: The pupils have a secure environment to discuss and work through any issues and anxieties they have.</p>
2020	<p>School: St Brigid’s Senior GNS Finglas. Activity: Drama Therapy. Age range: 8-12 years. Number of participants: 20 females</p> <p>Activity details: This programme facilitates growth, creativity, learning insight and healing through the aspect of play supported in a drama therapy environment. It is an early intervention for students who have been exposed to traumatic situations e.g. substance abuse in their home or community life. It will be given in a group format.</p> <p>Benefit to participants: Children get to play out their feelings and difficulties instead of bottling it up. To reach a stage of calmness that will allow for growth and healing. To share burdens and learn coping mechanisms.</p>
2020	<p>School: St. Joseph’s GNS Finglas. Activity: Drama Therapy Programme. Age range: 4 – 12 years. Number of participants: 12 females</p> <p>Activity details: Drama Therapist supporting 10-12 identified as at-risk children from school population group and individual sessions. This Programme provides a space to explore and deal with personal difficulties.</p>

	<p>Benefit to participants: The school currently has a high number of children coming from dysfunctional or difficult backgrounds. There are high rates of crime, anti-social behaviour and in particular drug use. Some of the children come from backgrounds where they are exposed to this danger on a regular basis. Application was made in order to give these children as great a chance as possible to succeed and advance in life in a positive way. The most targeted children need the drama therapy space in order to explore and deal with personal difficulties they are having.</p>
2020	<p>School: St Kevin's College. Activity: Kevin's Connect Project. Age range: 12 – 18 years. Number of participants: 72 males</p> <p>Activity details: This is a programme that will run out of school hours by teachers to give pupils a platform to socialise away from social media influences. There will various events will be organised such as football, badminton, athletics torment's etc., it is aimed at target students to provide them with positive interactions with adult role models, socialising with their peers and developing social skills as well as self-esteem.</p> <p>Benefit to participants: Improved social skills, improved self-esteem, positive experience with adult role model.</p>
2020	<p>School: St. Michael's Holy Faith Finglas Activity: After-school study programme. Age range: 12 – 18 years. Number of participants: 200 females</p> <p>Activity details: This after-school's study programme is given to 1st to 6th year students free of charge. The students are given access to a quite warm environment to study in as this may be difficult to get at home. It helps to improve educational outcomes and a positive school experience. The school holds evening study 4 days a week with Saturday's morning study groups. It also facilitates a 4-day mid-term/Easter study programme. There is a buy-in form the student body and the staff and school are fully committed to this programme.</p> <p>Benefit to participants: Creates study culture in school, improves results and leads to better opportunities for students when they leave, increases numbers going on to 3rd level education from 30% to 64%, improves self-esteem, improved attendance</p>
2020	<p>School: New Cross College Finglas. Activity: Reaching Out Our Community Through Horticulture. Age range: 15 – 16 years. Number of participants: 4 females, 14 males</p> <p>Activity details: This is an inter-generational programme where Transitions Year Students have an opportunity to develop relationships and connection with older members of their local community. The programme hopes to help bond the transition students with their local community through a Meitheal process. The students will engage with the local Finglas Men's Shed and set up a Tranquillity Garden in Cappagh Hospital. This programme is about building community spirit to bring about change and life learning for students, while engaging in gardening affords a therapeutic space for young people to reduce stress, depression and improve mental wellbeing.</p>

	<p>Benefits to participants:</p> <ul style="list-style-type: none"> ○ Create a wild garden on both sites ○ Educates pupils in biodiversity and extend their horticultural experience. ○ Engage in the community spirit that a Meitheal affords by building relationships with active members of their community. ○ Giving students ownership of these initiatives improving respect and pride for the local neighbourhoods. ○ Learn how to be part of a team; working and communicating with peers, teacher's community group numbers in a constructive and positive manner.
2020	<p>School: Gaelscoil Ui Earcain. Activity: A sensory way of life. Age range: 7 – 12 years. Number of participants: 344 students and their families</p> <p>Activity details: This programme is making the school spaces and experience a more sensory therapeutic environment for students. The school with the help of parents and student will developed a sensory garden and trail also they would like to add to the sensory room which is already establish. It is hoped that this space will provide a therapeutic space and reduce the level of anxiety and improve mental wellbeing for students.</p> <p>Benefit to participants: Greater focus on nature and a greater understanding of its therapeutic potential, reduce feelings of anxiety, provide an outlet for young people, especially children with aggression, build self-esteem through nurturing of plants and taking care of resources.</p>
2020	<p>School: St Oliver Plunkett's JNS. Activity: Sensory Garden- a place for doing, thinking, feeling and being. Age range: 3 – 9 years. Number of participants: 89 females, 76 males</p> <p>Activity details: To support the development important life skills including emotional regulation and self-reliance of children that lives have been affected by substance use in the home as well as at community. Access to the outdoor learning space will give students a stimulating experience as well as influence their behaviour and social development.</p> <p>Benefit to participants: Having an accessible garden area for free play and choices and for exploration and learning. It provides opportunities for problem solving and investigation. Outdoor learning can give children a stimulating experience as well as influence their behaviour and social development.</p>
2020	<p>School: St. Brigid's Infant School, Finglas. Activity: Theraplay & Marshak Intervention Model. Age range: 4 – 7 years. Number of participants: 3 females, 4 males</p> <p>Activity details: This programme is therapeutic play & guided family play underpinned by Marshak Intervention Model. Targeted at students in infants & 1st class with low school participation due to anxiety and trauma as a direct result of adverse circumstances in the home and community. The parent demotion to this programme is to improve parent – child relationships and learning coping mechanisms.</p>

	Benefit to participants: Happier and settled coming to school, improved parent/child relationships, learning coping mechanisms, better participation in learning and all school activities
2020	<p>School: St. Vincent's School Finglas. Activity: School bonding programme. Age range: 13 - 14 years. Number of participants: 55 males</p> <p>Activity details: This programme is a bonding active. It is aimed at a group of students who engage with the Behaviours for Learning Teacher in this school. The aim of this intervention is to enable students to develop resilience skills and a sense of responsibility of how actions have consequences in the choices we make. In turn, it is hoped that this will leave these students with overall higher-level confidence to overcome peer pressure and external factors from within their community's.</p> <p>Benefit to participants: Development of a sense of shared responsibility and motivation. This in turn will allow the participants to develop resilience skills and create a better understanding of how our actions impact on those around us. This will allow them to become more considerate and aware of their actions and the consequences of the choices we make.</p>

Appendix 6 Sample job description for a 'Youth Case Worker'

Aim of the post: To utilise a case management approach based on structured care plans in meeting the needs of a caseload of young people at various stages of their involvement in problematic drug and alcohol use including pre-treatment, treatment, and aftercare.

Main Duties & Responsibilities

- To utilise evidence-based drug and alcohol use interventions in one to one or group settings (MI, ACRA, CBT, Reduce the Use, SMART etc).
- To act as a key point of access for young people with drug and alcohol problems to relevant support services.
- To engage in street work directly with young people for the purposes of early intervention.
- To proactively engage with the young people on issues of healthy life skills/lifestyles.
- To raise awareness among the client group on practical issues re: accessing treatment, housing, education, training, employment.
- To develop links with relevant statutory, community and voluntary agencies which provide services to the client group.
- To engage with the family as required in meeting the needs of the young person.
- To attend supervision on a regular basis
- To take up professional development opportunities offered as appropriate

- To keep accurate case records of all contacts with the case load and provide reports case progress to management.
- Evenings and weekend work will be a routine part of the role. Time off in lieu is available as per policy.
- Such other appropriate and relevant tasks as may be required to achieve the aim of the post

Essential Criteria

- A relevant professional qualification (Addiction Studies, Youth and Community Work, Nursing, Social Work, Counselling etc)
- An understanding of the developmental issues pertinent to adolescence.
- An ability to establish rapport and trust with young people
- An understanding of the theoretical framework of working with people with drug and alcohol problems with a particular emphasis on supporting people through change.
- An understanding of the theoretical framework of harm reduction/risk reduction.
- An understanding family dynamics.
- An understanding of the child protection and how it applies to the post.
- Excellent communication and listening skills.
- Must be competent in the use of brief interventions such a MI.
- Be experienced in working with groups and have a basic understanding of group dynamics.
- The ability to use own initiative positively within the context of professional boundaries and accountability.
- The ability to work within a multidisciplinary and multi-agency teams.
- Have an understanding of the application of Quads and the NDRIC Rehabilitation Protocols to community drug work.
- An understanding of GDPR and its application to data management in the work.

Desirable Criteria:

- An understanding of person-centred counselling, addiction and outreach work.
- Experience of GP and Primary Health Care liaison work.

Other:

- Knowledge of local area an advantage
- Availability to work evenings, weekends and overnights.
- In addition to your normal duties you may be required to undertake other tasks assigned to you by management.
- This job description is not intended to be an exhaustive list of duties and responsibilities and may be reviewed from time to time to reflect the needs of the service.



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