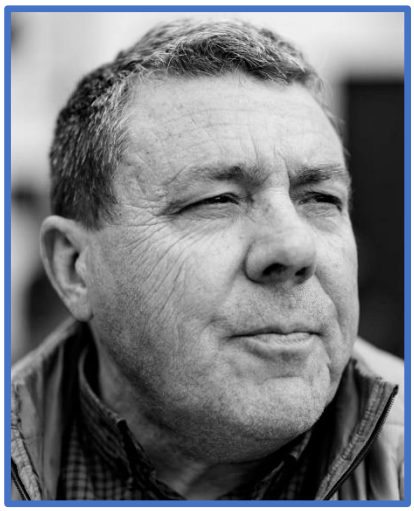
Local Drug and Alcohol Task Forces and the importance of place

Conference Report

24th May 2023
Department of Health Miesian Plaza in Lower Baggot Street, Dublin.

This conference was organised by the Local Drug and Alcohol Task Forces Chair's Network (LDATFCN)



The Chair's Network would like to dedicate this report in memory of Mr John Bennett, Coordinator of Finglas Cabra Drug & Alcohol Task Force. Unfortunately, John passed away shortly after the conference but his legacy lives on in the work of the Task Forces and the Chairperson's Network, as well as all the other groups that he was involved in.

John touched everyone he met with his subtle charm and charisma but had a great way of making you understand the issues and convincing you to do whatever he wanted you to. In this way, he was instrumental in convincing everyone to play an active role in the conference and in ensuring that everyone he thought should be there was there.

Not one person or group can appreciate how much effort John put in to organising the conference and how he worked tirelessly behind the scenes to ensure the conference was as successful as it was.

Introduction
The conference, **Local Drug and Alcohol Task Forces and the importance of place,** was held on 24th May 2023 at the Department of Health Miesian Plaza in Lower Baggot Street, Dublin. The conference was organised by the Local Drug and Alcohol Task Forces Chair's Network (LDATFCN) and was opened by Minister Hildegarde Naughton T.D., Minister of State at the Department of the Taoiseach and at the Department of Health, with responsibility for the Local Drug and Alcohol Task Forces

This report is a summary of the conference inputs and summarises some of the discussion forums through the morning.

A short video of the Conference can be viewed here - https://youtu.be/y_V-ZtRN0H4

About the organisers
Local Drug and Alcohol Task Forces
There are 14 Local Drug and Alcohol Task Forces in Ireland, 12 in the grater Dublin area, one in Bray and one in Cork. Local Drug and Alcohol Task Forces were set up in the late 1990s to address the drug crisis of the time. LDATFs play a key role in the identification of emerging drug and alcohol trends within the local community and are responsible for developing and implementing a local strategy in line with the national strategy Reducing Harm, Supporting Recovery (2017-2025). All Task Forces support a number of organisations and initiatives at a local level which provide a range of services and activities across the region.

The Chairs Network (LDATFCN)
The conference was organised by the Local Drug and Alcohol Task Forces Chairs Network. LDATFN is a network of chairpersons of Local Drug and Alcohol Task Forces. Chairpersons are voluntary and independent. The primary purpose of the LDATF Chair's Network is to be the representative voice of the Task Forces. It exists to facilitate the Chairs of the Task Forces to exchange information, discuss challenges impacting on LDATFs and where agreed, to develop common policies and positions. The network exists to strengthen the effectiveness and reach of the LDATFs and is not politically aligned. The network has a strong relationship with individual LDATFs and collaborates closely with the LDATF's Coordinator's Network. Each LDATF has a co-ordinator who is responsible for the delivery of the Task Forces' strategic and operational work plans.

Why this conference?
Since their inception in the late 1990s, LDATFs have been central to the local response to problematic drug and alcohol use in disadvantaged areas. The conference was organised by LDATF chairs to showcase the work of Task Forces, highlight the evidence base for their work in disadvantaged communities, and explore their complementarity with healthcare policy, particularly the Slaintecare Health Communities initiative.

Conference inputs.
Minister Hildegarde Naughton T.D., Minister of State at the Department of the Taoiseach and at the Department of Health.
The Minister welcomed the leadership shown by the Chairs in organising the conference, outlined some of the current challenges in the area of drug and alcohol misuse and some of the recent government initiatives.

Andrew Montague Chair of Ballymun LDATF
On behalf of the Chairs Network, Andrew described the role of LDATFs, the realities in disadvantaged communities and evidenced the need for greater support for LDATFs from Government

Vinnie O Shea National Coordinator Healthy Ireland Local Government
Vinnie outlined the Healthy Ireland programme Local Government programmes and underlined the importance of aligning activities and using a combination of structured yet creative approached to address issues.

Dr Suzi Lyons, Senior Researcher in the Health Research Board, Health Information Unit.
Martin Quigley, Director of data and analytics with Pobal.
Suzi and Martin gave a joint presentation of their recent research and analysis of the relationship between addiction treatment data and geographic deprivation in Ireland. Their analysis of the data showed the disproportionate burden carried by disadvantaged communities when it comes to issues arising from substance misuse.

Elizabeth Canavan, Assistant Secretary General of the Social Policy and Public Service Reform
Division, Government Information Service, and Corporate Affairs in the Dept of An Taoiseach.
Liz outlined the myriad of policy frameworks, structures and programmes designed to address social exclusion in the state. She argued for greater degree of coordination and consolidation and for decisions on action to be based on evidence

Patricia Brennan, Coordinator, master's degree in Community and Youth Work, at the Dept of Applied Social Studies, Maynooth University.
Trish outlined the relationship between problematic drug and alcohol use and social deprivation and situated LDATF responses within the framework of place-based community development.

The conference was also shown a video showing the work of LDATFs in local communities. This video can be viewed here. https://youtu.be/VwCYsBKXykQ

Session one
Chaired by Pat Bennett, Chair, Clondalkin Local Drug and Alcohol Task Force

The conference was welcomed by Jim Walsh (pictured) on behalf of the Department of Health, hosts for the conference at their Town Hall venue, Baggot Street, Dublin. Jim is Principal Officer leading the public health response to drug use and working with other departments and stakeholders to implement the national drugs strategy.

Pat Bennett welcomed the minister and other elected representatives and all participants in attendance and thanked the Department of Health for providing the venue.

Jim Walsh

Address by Minister Hildegarde Naughton T.D., Minister of State at the Department of the Taoiseach and at the Department of Health.
Minister Naughton thanked the LDATF Chairs for organising the conference. She underlined the importance of their roles as volunteers, describing it as exemplary public service.

She described the conference as "timely" given the higher prevalence of drugs misuse and the impacts on the social determinants of health. She underlined the challenges such as access to services, living with anti-social behaviour, stigma attached to substance misuse and co-morbidities. She also acknowledged that the challenges of funding and in sustaining staffing in projects had been brought to her attention in meetings with LDATFs.

Minister Hildegarde Naughton T.D. addresses the conference

The minister referred to a number of initiatives underway in relation to developing a response to the substance misuse issue, such as the Citizens Assembly, the Slaintecare reforms and Healthy Communities Initiative and the community safety responses in local areas such as in Darndale in Drogheda.

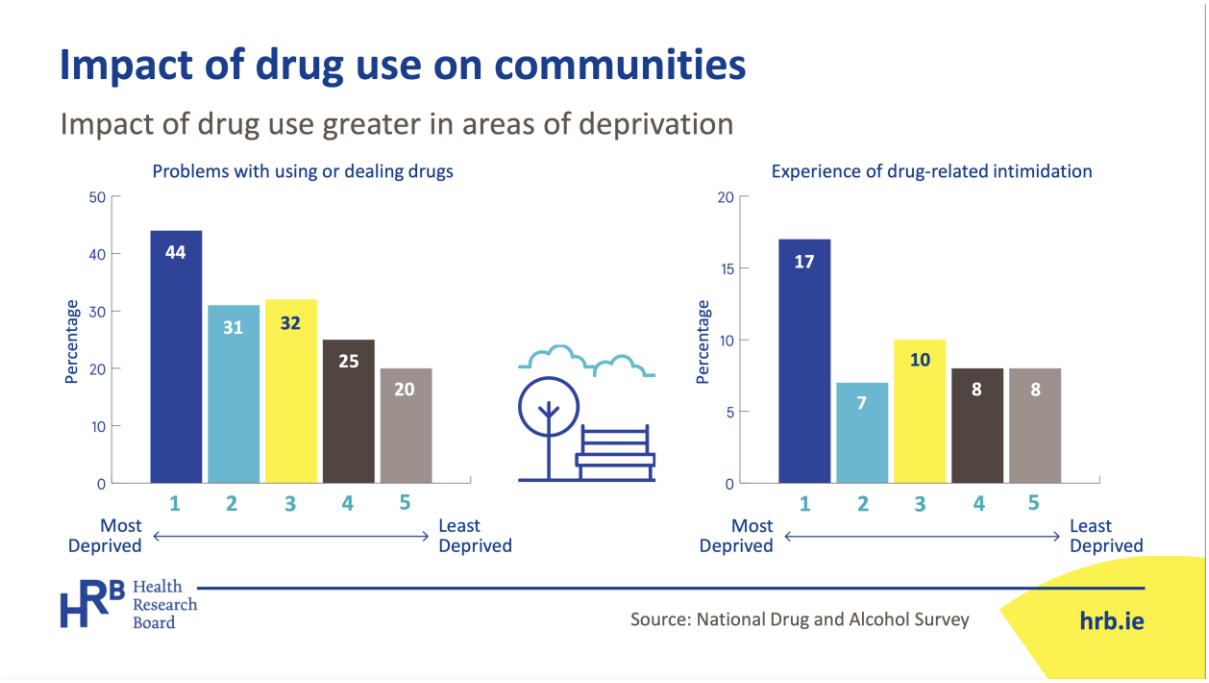
Finally, the minister underlined the importance of more targeted, evidence-based responses and of learning from the LDATF experience.

Presentation by Andrew Montague, Chair, Ballymun Local Drug and Alcohol Task Force.
Andrew recalled the Rabbitt report, which was the basis for the founding of LDATFs. The report underlined the importance of a local response giving a sense of local control in responding to the issues. It also emphasised the need for interagency collaboration in the response.

Pat Bennett (Chair of Clondalkin LDATF with Andrew Montague Chair of Ballymun LDATF and conference speaker

Key to effectiveness is the capacity to innovate as the local needs may vary from place to place and new issues and understandings may emerge over time.

Andrew stated that while drug misuse is an issue right across society the impact is much worse in disadvantaged communities. This disproportionate burden is characterised by open drug dealing, violence and intimidation, the grooming of young children into the drag trade and sexual exploitation.

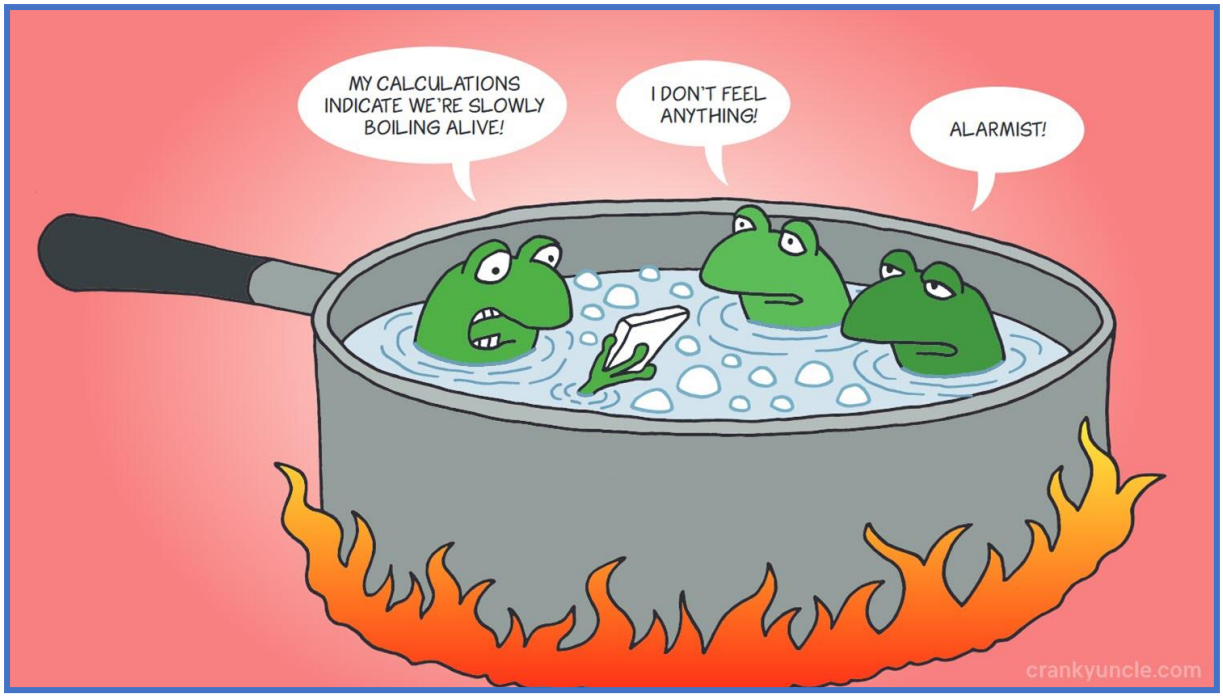


Andrew referred to the work of Dr Julien Tudor Hart on Inverse Care Law[1]. This refers to the inverse proportion of public serves between populations who need those services most and those that need them least. He cited some examples of this. There are fewer GPs available in poorer communities that in wealthier ones. Poorer families will have less access to early childhood assessments than wealthier families who can access them privately. Access to these assessments is essential to opening the door to services supporting childhood development.

Andrew also gave the example of Garda numbers. The average murder rate between 2003 and 2022 in the country is 0.9 murders per 100,000 population per year. The average staffing level at the end of 2022 was 2.5 staff per 1,000 population. The second highest murder rate is Dublin West – which includes Finglas, Blanchardstown, Clondalkin and Cherry Orchard. Their murder rate is 2.0 murders per 100,000 per year but they have below average staffing levels – 2.2 Gardaí per 1,000 population. Dublin North includes Ballymun, Darndale, Balbriggan and the Airport also has above average murder rate over the last 20 years of 1.1 murders per 100,000 population. But the staffing is also below average at 2.2 Gardaí per 1,000 population.

Andrew welcomed the Slaintecare healthy communities' initiative as some compensation in this imbalance, He also pointed to the synergies between its aims and that of the Local Drug and Alcohol Task Forces.

[1] Hart, Dr Julian Tudor, *The Inverse Care Law*, The Lancet, Volume 297, issue 7696, p405-412, February 27, 1971



However, he pointed out that funding for task forces has not increased for over ten years while the drug problems have increased, and the cost of living has increased markedly. He used the image of a frog in heating water to illustrate how many involved with LDATFs feel. If the temperature of the water is increased slowly, the frog will remain in the water to the point of its death. Similarly, Andrew reported that the side-lining and marginalising of LDATFs feels like reducing them to the point where they are reduced to nothing.

Presentation by Vinnie O Shea National Coordinator Healthy Ireland Local Government
Importance of PlacenHealthy Ireland Local Government

Vinnie began with an overview of Healthy Ireland Local Government Programmes. These are:

1. Healthy Ireland Cities & Counties Programme
2. European Healthy Cities National Network
3. Sláintecare Healthy Communities Programme

Healthy Ireland Cities and Counties Programme
Healthy Ireland is a government-led initiative aimed at improving the health and wellbeing of everyone. Healthy Ireland takes a 'whole of government' and 'whole of society' approach. The Healthy Cities and Counties Programme has a Coordinator within each of the 31 Local Authorities with a responsibility to drive the wellbeing agenda. This is achieved through an outcomes led approach resourced through the Healthy Ireland Fund (HIF) 2023 – 2025 (administered by POBAL).

The 31 Local Authorities have already submitted proposals for projects under HIF Round 4 which were given final approval by the Healthy Ireland Team in the Department of Health worth €2.3m for projects that will impact on the health and wellbeing of communities. Each project is linked to an outcome in the Healthy Ireland Framework supporting initiatives targeted at all age groups and those living in disadvantaged communities.

European Healthy Cities National Network
The National Healthy Cities & Counties Network of Ireland is part of the World Health Organization (WHO) European Healthy Cities Network movement that supports European member cities to become better places to live and tackle health inequalities. It provides a strong platform for shared learning and experience on how to improve well-being and strive for more sustainable outcomes for urban public health with a particular focus on "One Health" the integration of human, animal and environment health activity. Phase VII of the WHO European Healthy Cities Network prioritizes the important role that local government has in developing the one health approach.
Phase VII has 3 goals
Goal 1: Fostering health and well-being for all and reducing health inequities
Goal 2: Leading by example nationally, regionally, and globally
Goal 3: Supporting implementation of WHO strategic priorities
Ireland has a quota of 4 Irish Cities to be part of the European Network (Cork presently accredited)

Core themes					
People	Place	Participation	Prosperity	Peace	Planet
Highly relevant priority issues					
Healthy early years	Healthy places and settings	Healthy older people	Community resilience	Healthy urban planning and design	Climate change mitigation and adaptation
Healthy older people	Integrated planning for health	Reduced vulnerability	Healthy older people	Health as a Bridge for Peace	Protected biodiversity
Reduced vulnerability	Healthy transport	Increased physical activity	Mental health and well-being	Violence and injury prevention	Waste, water and sanitation
Mental health and well-being	Green spaces	Transformed service delivery	Healthy housing and regeneration	Human security	Health-promoting and sustainable municipal policies
Revitalized public health capacity	Energy and healthy	Health literacy	Integrated planning for health	Health security	
Healthy diet and weight		Culture and health	Indicators of health and well-being	Mental health and well-being	
Reduced harmful use of alcohol			Transformed economic models		
Tobacco control			Ethical investment		
Human capital			Universal social protection		
Social trust and capital			Commercial determinants of health		

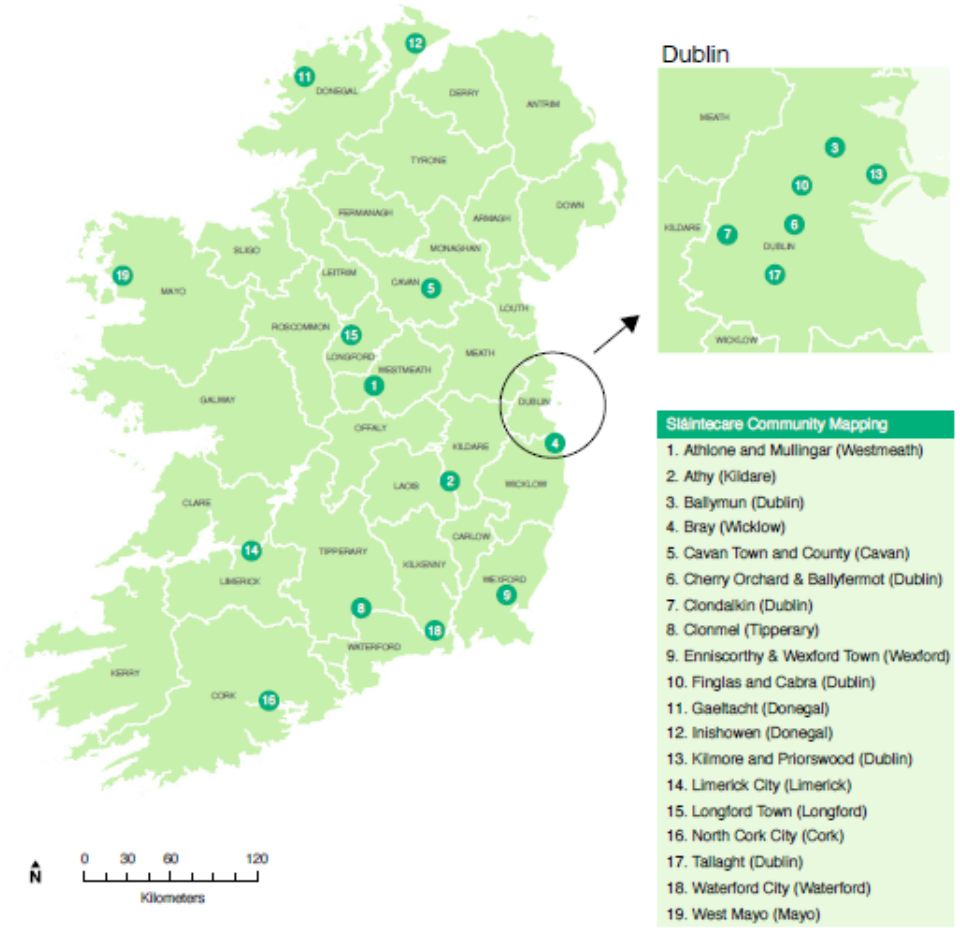
European Healthy Cities Network Themes

Vinnie noted the strong correlation between the priority themes and the work of LDATFs.

Sláintecare Healthy Communities Programme

The Sláintecare Healthy Communities Programme fits under one of two major reform programmes in the Sláintecare Implementation Strategy and Action Plan with the overall goal to address health inequalities.

Sláintecare Healthy Communities is focused on defined geographic areas of high deprivation, where interventions can be tailored according to the contextual factors within these areas with strong community engagement. This enables the provision of specific and integrated interventions that will have greater impact than general population focused interventions.



Sláintecare Healthy Communities Areas

Sláintecare Healthy Communities Programme Sites.

There is some overlap with LDATF areas.

Sites were selected on the basis that they comprise populations of between 12,000 and 40,000 people – an average population size of 23,800, per area[2]. The total population within the 19 programme sites of 450,000 and includes 14 Local Authorities and 17 Local Development Companies.

Sites are both urban and rural and are not homogenous in composition. They include multiple target- groups and communities

[2] Based on 2016 census data

There are two key SHC delivery agents in each area: the Local Authority and the HSE. The services delivered in each area are based on the specific needs of each community.

Programme structures and resources
Under the programme, ***the Local Authority*** is responsible for community development/community engagement initiatives which support health and wellbeing, promote healthier lifestyle behaviours, and increase access to health services. Within each Local Authority, ***a Local Development Officer*** has been employed to engage with the community, assess community needs, and oversee the delivery of the Programme.

The ***HSE*** deliver a suite of core services within each SHC area: Social Prescribing; Parenting Programmes; Healthy Food Made Easy & Community Food Nutrition Worker; Quit Smoking Programme & Stop Smoking Advisor and Making Every Contact Count. These programmes were chosen based on the needs of the community (for example, there is a high prevalence of smoking in many of the SHC areas). A HSE SHC Coordinator has been employed in each area to give local leadership to this work.

Integrated Alcohol Services are rolled out in community settings to provide support for people with harmful alcohol use and their families. The community-based team consists of four addiction counsellors, a Nurse, and a Project Worker. In 2022, services commenced in Cork and Limerick.

Seed funding.
€75,000 has been made available for each site to enable seed funding to get projects off the ground and leverage support from existing organisations at grassroots level. Vinnie gave an example of a seed-funded project in Mullingar.

Case Study - Grange Community Hub, Mullingar
Youth Work Ireland Midlands (Mullingar) is based in the Grange Resource Centre, Mullingar and works in partnership with the local community groups to provide a holistic wrap around services to seven local authority housing estates on the west side of Mullingar.
Working together, the local community groups provide activities and programmes for all the community with a strong focus on achieving better outcomes in physical health, mental health, and wellbeing. This is achieved through facilitating talks, interagency interventions and supported activities and it was through these mediums that the need for additional dedicated space was recognised. The requirement to accommodate small group/individual interventions and programmes was responded to through a modular style unit placed in the grounds of the existing community centre providing a dedicated space for health initiatives. The Hub is in constant use facilitating initiatives such as one-to-one sessions with external services which include Midlands Youth Drug & Alcohol Support Project, Traveller health clinics, TUSLA family meetings and small group and individual interventions to young people from the local community.

Vinnie argued for a stronger emphasis on aligning activity. He suggested that in many cases, funding is not a block to progress as much as collaborative thinking and planning. This applies to the range of structures and initiatives at local level as well as alignment between the central and local structures. He suggested the following approaches:

- Aligning central/ local initiatives strategies or pilots to really inform practice and policy
- configure coterminous boundaries for structures
- Developing skillsets in working across boundaries (spanners/weavers) - innovation space
- Giving time and space to deliver coherence and collaboration

- Recognising & resourcing the value of PLACE leaders who give their time to their community, their place

There is a need for more coterminous boundaries between administrations in different services

There was a need to develop skillsets that value innovation, flexibility and creativity alongside structured models.

The analogy of blending lego and mala to illustrate integrating two different approaches when designing new models

He argued for collection of granular data on issues most useful in local communities. He urged us to focus on outcomes do people really want to see and measure in relation to that in ways that are detailed and relevant locally. This data should also be used to inform central decision making. This approach will really value the local (place) community.

He also underlined the importance of recognising and resourcing those local leaders who give their time to their community.

Question and Answer - Session One.
There followed a question-and-answer session at which the following points were made in discussion between the floor and the speakers.

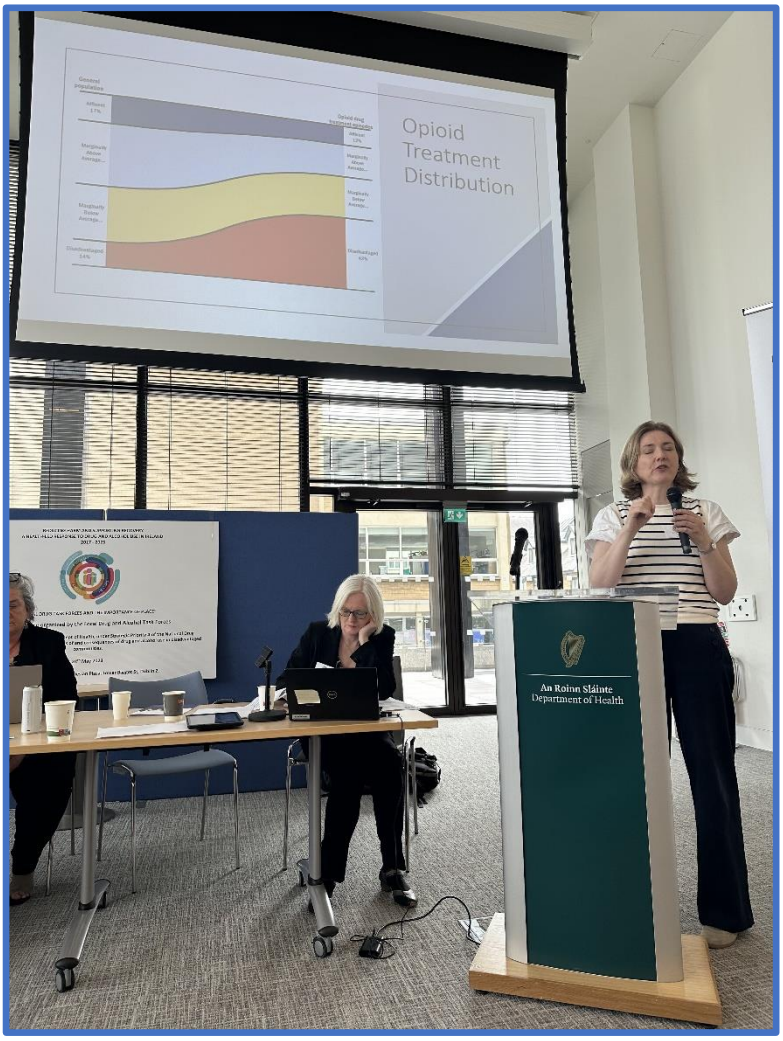
- In response to a question on how the gap between policy makers, particularly Slaintecare and Healthy Initiative leaders and the grassroots experience of LDATFs can be bridged, it was suggested by Vinnie O Shea that the Local Development Officers were key to addressing this. Part of their work will be to connect closely with LDATFs in their areas.

- A second contributor from the floor also raised the challenge of having grassroots experience drive policy. In response Andrew Montague underlined the importance of resourcing local innovation so that effective responses can be tested before they are considered at policy level. He noted a parent support programme in Ballymun as an example. However, the flatlining of funding and the lack of flexibility in the use of funding has stifled innovation. He called for LDATFs to be seen as a vehicle for innovating responses.

- The point was also made from the floor that it is important to remember in discussions about the effects of drug-trade related anti-social behaviour and criminality on communities that perpetrators and usually victims who live with trauma as well as other community members. There can be too much emphasis on separating people into victims or perpetrators in such discussions.

The video was shown to the conference before Pat Bennett concluded session one and thanked the speakers.

Session Two
Chaired by Audry Deane Chair of Dun Laoghaire Rathdown Local Drug and Alcohol Task Force



Presentation by
Martin Quigley, Director of Data & Analytics, Pobal
Dr. Suzi Lyons, Senior Researcher, Health Research Board

Analysis of the relationship between addiction treatment data and geographic deprivation in Ireland, 2019 to 2021

Martin and Suzi presented findings from a joint piece of work between Pobal and the Health Research Board where addiction treatment data was mapped onto Pobal Deprivation indices.

Dr Suzi Lyons Health Research Board

They explained that the purpose of the joint project was to

- Demonstrate potential for geographic analysis of addiction treatment data when mapped onto area-based disadvantage using the Pobal HP Deprivation Index
- Compliment work of Trutz Haase & Jonathan Pratchke (2017)
- Present findings on the relationship between addiction treatment and geographic deprivation

The Pobal indices had been developed and updated following every census since 1991 and were published on Pobal Maps. They are used by researchers, state agencies, government departments and others to better understand patterns of deprivation across the country.

The indices tell us that 15% of our population are affluent, 15% are deprived and 70% are marginal. The data gives us information on demographics, social class and place in the labour market that are relevant to affluence/deprivation

Addiction treatment data is drawn from the National epidemiological database on treated drug (including alcohol) use which is maintained by Health Research Board on behalf of the Department

of Health. It has recorded data at small area level since 2016. It is episode, rather than individual based. All publicly funded drug and alcohol treatment services are required to participate.

The research compared treatment episodes between areas on the basis of the rate per hundred thousand of population.

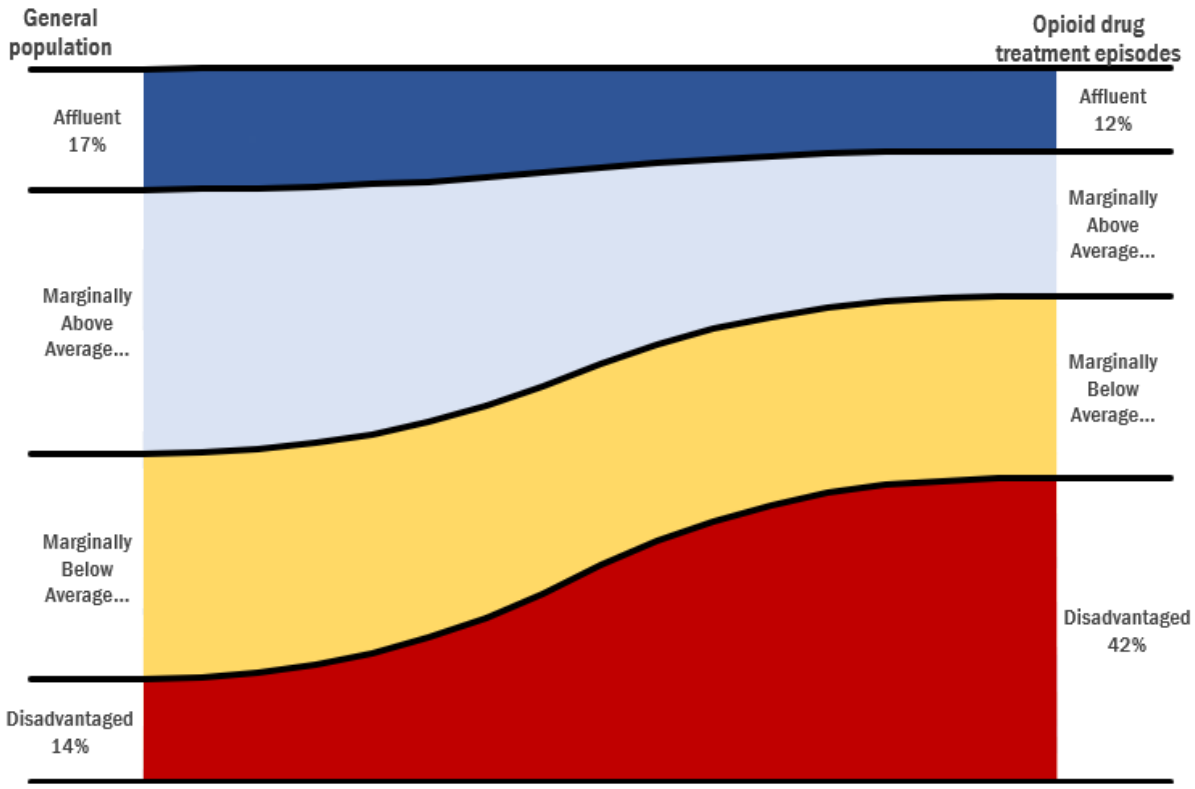
It is acknowledged that treatment is not the same as prevalence and that only publicly funded treatment services are required to supply data.

This research shows the relationship between social exclusion and disadvantage and the prevalence of drug and alcohol treatment episodes. For example, the below table shows that while just 14% of the national population live in areas classified as disadvantaged, very disadvantaged or extremely disadvantaged in the Pobal HP Deprivation Index, 42% of all drug treatment episodes, where opioids were the primary drug use, were reported from these areas. This trend is replicated across all drug and alcohol use types. An analysis of treatment episodes shows that there were 293 cases per 10,000 people in the most disadvantaged areas with just 61 to 66 per 10,000 in more affluent areas

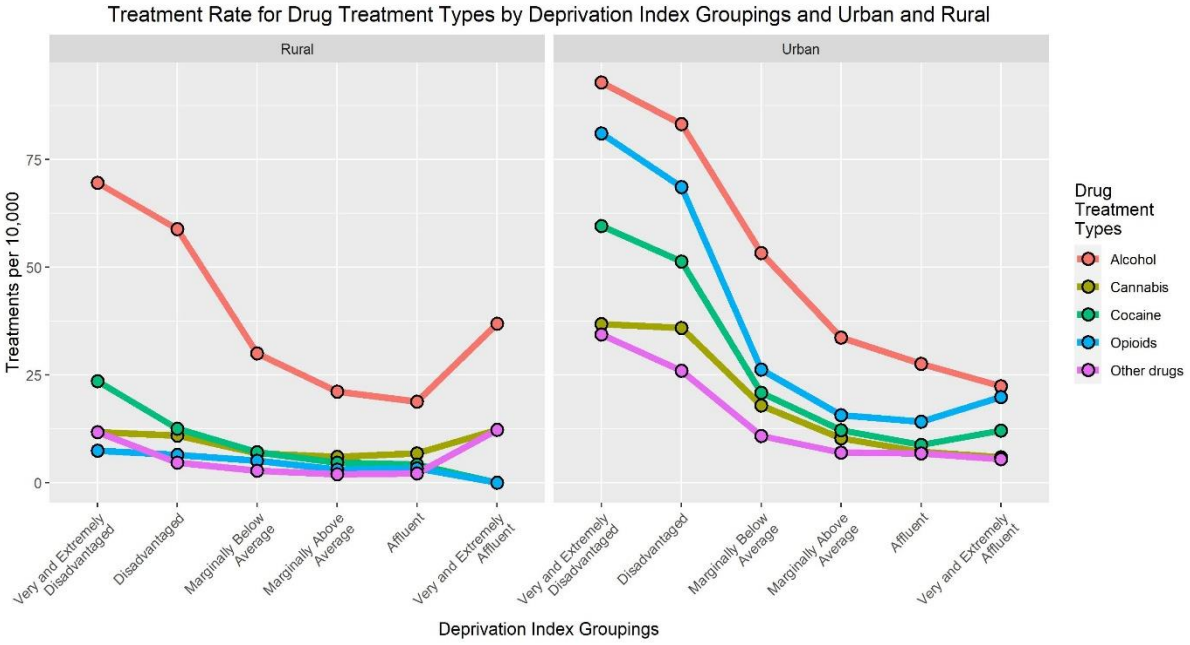
Type of drug by Deprivation band

Deprivation band	Population (%)	All drug types (%)	Alcohol (%)	Cannabis (%)	Cocaine (%)	Opioids (%)	Other drugs (%)
Extremely disadvantaged	0.09	0.18	0.11	0.18	0.24	0.13	0.57
Very disadvantaged	**2.81**	8.57	6.53	7.77	10.17	11.03	10.66
Disadvantaged	**11.45**	26.52	22.23	26.80	30.33	31.22	28.22
Marginally below average	31.52	29.87	33.19	30.80	28.23	25.58	25.92
Marginally above average	**37.10**	24.02	26.80	25.08	21.75	20.34	22.22
Affluent	**15.24**	9.61	10.13	8.53	7.93	9.91	11.24
Very affluent	1.75	1.21	0.99	0.84	1.35	1.79	1.17
Extremely affluent	0.05	0.01	0.03	0.00	0.00	0.00	0.00
Total	100	100	100	100	100	100	100

Opioid treatment across deprivation categories



The research highlights differences in the urban and rural experiences. In rural areas alcohol is the main drug appearing in treatment data while other drugs are quite uniform in terms of treatment episodes. In urban areas, while alcohol is also the most treated substance, other substances are much closer to it in terms of treatment episodes. However, all substances are more prominent in disadvantaged areas.



The presenters suggested that this data has implications for policy for the Slaintecare programme as it illustrates clear linkages between disadvantage and substance misuse.

Martin Quigley
POBAL

Presentation by Elizabeth Canavan, Assistant Secretary General of the Social Policy and Public Service Reform Division, Government Information Service, and Corporate Affairs in the Dept of An Taoiseach.

Building stronger and more integrated responses to local area challenges

Liz Canavan Department of An Taoiseach

Liz defined the key challenge as developing and implementing short and long term responses to challenges some communities continue to face, including around crime prevention, youth services, drug addiction, education, infrastructure, and community development … (despite existing social inclusion plans, funding & activities). She went on to outline the variety of policies, structures and activities already in place to address social inclusion issues.

Programme for Government includes commitments to

- Refine and build on a range of programmes to support communities including CLÁR, the Social Inclusion and Community Activation Programme (SICAP), Community Service Programme (CSP) and Community Enhancement Programme (CEP).
- Expand the Dublin Northeast Inner City model to other comparative areas experiencing disadvantage.
- Introduce a new Policing and Community Safety Bill to redefine the functions of An Garda Síochána.
- These in addition to a wide range of related commitments on Community Development, Social Inclusion, Public Participation, Tackling drugs misuse and Antisocial Behaviour which are relevant to local area-based challenges

Policies already in place include.

1. Roadmap for Social Inclusion 2020 – 2025 reduce the national consistent poverty rate to 2% or less
2. Reducing Harm, Supporting Recovery - National Drugs & Alcohol Policy – the current strategic priority to address the social determinants and consequences of drug use in disadvantaged communities
3. DEIS: Delivering Equality of Opportunity in Schools (DEIS) 2017 Plan
4. The DEIS Plan 2017 sets out the department's vision for education to more fully become a proven pathway to better opportunities for those in communities at risk of disadvantage and social exclusion.
5. Youth Justice Strategy 2021 – 2027
6. Aimed at maximising opportunities to promote positive behavioural change to support children and young people at risk of coming into contact with the criminal justice system
7. Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025:
8. Better Outcome Brighter Futures
9. Action Plan for Policing Service for the Future: Community safety policy - encompassing a wide range of harm prevention measures.
10. Our Communities: Framework Policy for Local Community Development in Ireland: A policy to support a collaborative and participative approach to local and community development at a local level.

Agencies aimed at addressing social exclusion

1. Statutory Provision/Local Structures
2. Local Authorities (31)
3. HSE: Community Health Care Organisations (9)
4. Education & Training Boards (16)
5. Tusla: Regional (6) & Area(17) Structures, CFS networks (117)
6. Department of Social Protection Regional & Local Intreo Supports
7. AGS Regions & Divisions

And cross-agency & Community and Voluntary Planning Structures

1. Local Community Development Committees (31)
2. Local (14) and Regional (10) Drugs Taskforces
3. Children and Young People's Services Committees (26)
4. Local Sports Partnerships (29)
5. Public Participation Networks (31) with 17,000+ member
6. Community Safety Partnerships (3) / Joint Policing Committees
7. County Childcare Committees (31)
8. Local Community Development Companies (49)

In addition, the following initiatives have developed in response to specific local issues:

- DRCD Empowering Communities Programme: Taking a community development approach towards tackling area-based disadvantage in small geographic areas, 2022 will focus on piloting the approach in around 15 areas (€2m for 2022)
- DRCD Place-Based Leadership Development Programme: Evolved from Nolan & Geiran reports, following an increase in drug related crime and violence in North Dublin and Drogheda. The idea is to engage community Leaders who are seeking change and 48 participants have enrolled
- D/Health Community Services Enhancement Fund to enhance community-based drug and alcohol services (€2m for 2022)

- D/Justice Community Safety Innovation Fund – stimulate local innovation €2m for 2022)

These lists give a sense of the wide range of policies, plans and programmes in place. In addition, there are many local community projects pitching for funding through a complex web of direct (departmental) or indirect (through LA or LCDC) funding streams or commissioned (HSE/Tusla/ETB) funding arrangements.

Many of the planning and delivery structures demand the time and capacity of the same players in both the statutory and the community and voluntary sector. It takes a lot of energy for local people and a significant amount of time and energy goes on funding applications. Funding is often sent down in small channels which is difficult for local communities to direct into an effective response.

Audry Deane Chair of DLRLDATF chairing the session

Notwithstanding all this, there is still a sense we need to reach locally for very local "special measures" to lift certain areas - some communities
high levels of deprivation and criminality seem to persist beyond the reach or capacity of existing provision. These calls for "special measures" usually involve new local structures

Liz suggested the need for flexibility and adaptability, for community development practice rather than standardised programmes. It is also important to capture data, in line with governance and GDPR requirements. And it is most important to develop integrated working practices focusing on three to five issues in a local area.

She proposed the following actions to improve the outcomes for communities

1. Intensify existing community development functions to meet priority needs of certain areas
2. Bring a renewed focus to deeper engagement with local communities around identifying and addressing these needs
3. Enhance data analytics infrastructure, with LGMA & CSO, to better inform planning and implementation of interventions and improve their reach and impact
4. Foster collaboration, joint working and consortia approaches to funding applications for services

An example of this is the establishment of a ***Child Poverty and Wellbeing Programme Office.*** This initiative is based on the belief that greater progress on child poverty and well-being could be made by having an enhanced whole-of-government approach as well as having a sharper strategic focus and prioritisation on a limited number of issues.

The Programme Office aims to provide strategic focus, leadership, and enhanced accountability to action on child poverty and well-being. This Office will focus on a select number of priority commitments and contribute to their accelerated implementation.

Child Poverty and Wellbeing Programme Office model

The priority is to consolidate and integrate services.

There are great variations in the level of provision, local practice models and the formal or informal integration of supports, services and referral arrangements. Innovative programmes have been identified but we have struggled to translate either the programmes or the practice into mainstream provision. There is an opportunity to develop a clearer, more coherent framework for families which can flexibly respond to their needs. This should include

(i) a broad range of universal, developmental services (which benefits all children and families) but
(ii) which provides opportunities to identify and create pathways for those children and families needing compensatory support; and
(iii) ensures that those that those that need protective support are identified early and get an appropriate response.

This network approach based on multi-disciplinary perspectives and a properly curated collaboration of statutory and non-statutory partners would be tailored to local need.

In conclusion

Successful intervention requires a degree of co-ordination and consolidation. It does not necessarily require more individual, discrete interventions. This may be so but should be revealed through the best available data.

If so revealed, we should re-calibrate how interventions or directed and intensify where clearly warranted –'dialling up'. But we should also be honest and evaluate where interventions or working/not working and 'dial down' where required and replace with something else if necessary.

Presentation from Patricia Brennan, Coordinator, master's degree in Community and Youth Work, at the Dept of Applied Social Studies, Maynooth University.

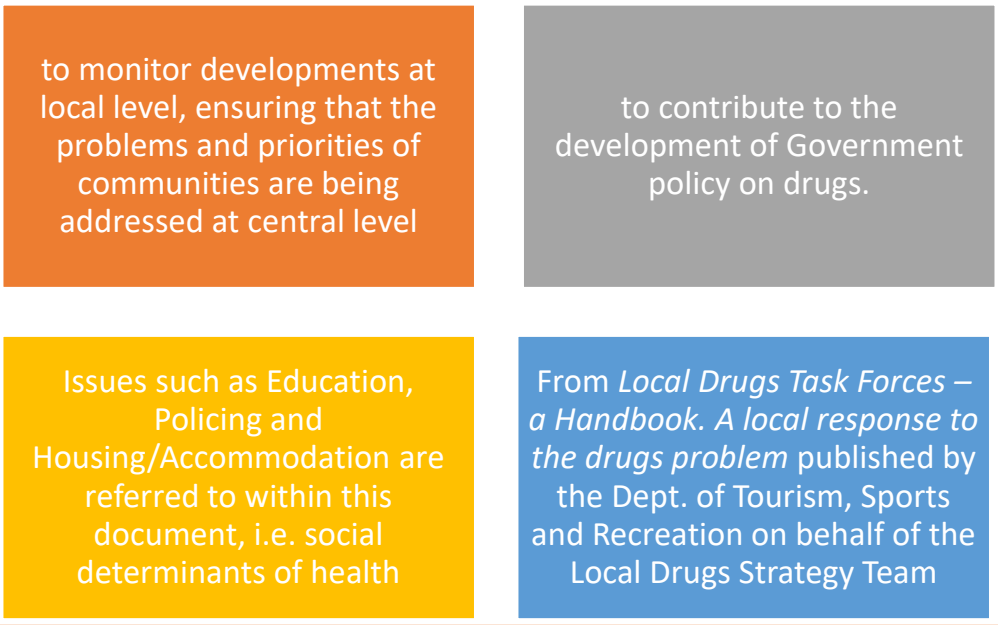
Place Based Community Development

Trish outlined the rationale behind the establishment of LDATFs. The Local Drugs Task Forces were set up to ensure a fully integrated response to the drug problem in the worst hit areas which takes account of the specific needs of those areas.

Of equal importance, the Task Force process allows local communities - the people most affected by the problem - to work with the State Agencies and voluntary organisations in designing and delivering responses.

The establishment of LDATFs reflects an acceptance of the link between problematic drug use and of social deprivation and of the role of community development and community experience in area of drugs as valid, valuable and key in policy development.

Treatment episodes for all drugs had a relatively linear relationship with deprivation, that is, higher in more deprived areas. The analysis shows that there is the potential to use Deprivation Index data as a means of objectively understanding or predicting levels of drug and alcohol treatment demand (i.e. drug prevalence).



Role of Drugs (and Alcohol) Task Forces

Communities most impacted by substance misuse are characterised by a range of social inequalities such as poor educational attainment, gender-based violence, poor housing, low incomes, youth unemployment, lack of services and amenities and limited opportunities in rural settings. The social determinants of health reflected in these issues are not individual based but are systemic.

A Community Development approach

Community based drugs projects play a vital role in supporting the delivery of an integrated approach at a local level. Responses are informed by community development principles and based

on the analysis that people's drug and alcohol related problems cannot be addressed in isolation from their context.
Community Development is a practice-based profession … that promotes participative democracy, sustainable development, rights, economic opportunity, equality and social justice, through the organisation, education and empowerment of people within their communities, whether these be of locality, identity or interest, in urban and rural settings. It is about tackling root causes rather than simply managing poverty.

Community work supports the ideals of participative democracy i.e. the development of integrated and participatory forms of planning and organising, and promotes the active engagement of communities with state agencies and others in decision making structures and processes.
To ensure that all relevant decision- making structures include appropriate representation from communities affected by poverty, inequality, discrimination and social exclusion.

A key principle of community development is participation. It is rooted in the self-identification of needs and interests, the formulation of responses by the community or group concerned and is central to their ability to continue to influence outcomes.

In summary, community development brings

- An analytical approach which examines underlying root causes that give rise to symptoms such as problem drug use
- Interagency co-ordination
- Participation by those effected in decision making
- Local Expertise and experience on the ground
- Community networking and representation
- A flexible, Responsive and Integrated approach

The link between Community Development and Drugs Work

> "Drugs prevention can contribute to a wider process of community development and community development methods can be applied to community-based drug prevention work"[3]
>
> "Evidence-based measures should be available and implemented to support people experiencing particular and multiple disadvantages and who may be more vulnerable to the risks associated with drug use, Effective prevention should be appropriate to the local social context and to the needs of the target population, be informed by scientific evidence, and be safe and effective"[4]

Problematic substance use is linked to deprivation. Community development recognises the systemic basis for deprivation and seeks to address it with collaborative, community-needs centred collective action. LDATFs are to the fore in tackling the drug issue in this way when they:

- work with people 'where they are at'
- provide wraparound services to individuals, families, and communities
- engage in anti-discriminatory, and anti-oppressive practice
- promote participative peer-led support
- identify and respond rapidly to emerging needs
- work in an inter-agency partnership approach

[3] Henderson, 1995, p.3 TA
[4] National Drugs Strategy

- develop innovative community development initiatives to address the broader needs of people and the community

Community development approaches do however face increasing challenges. These are reflected both in cuts in investment in these practices and tensions in its relationship with the State.

While the State will acknowledge the partnership and role of community/civil society in drug policy – (indeed partnership is referred to as the 'cornerstone' of the current National Drug's Strategy). constructive critique and dissent central to community development and authentic partnership is often experienced as 'risky engagement'. The State's stance is increasingly characterised by a hostile policy environment that often refutes the value of community development approaches and work. There is also a tendency to individualise the problem rather than using the structural and systemic analysis. There is an emphasis on service provision rather than a developmental approach. In terms of resourcing community development approaches in drugs work there has been funding cuts and disinvestment leading to competition for resources and a centralised managerial, monitoring approach emphasising value for money rather than supporting local initiative.

All of this "reflects a neo liberal policy agenda with a focus on centralisation of decision-making power- as such the community led bottom-up policy and decision-making process that shaped the development and implementation of the first National Drugs Strategy has shifted to a hierarchical top down"[5]

There is a need to face up to the realities of the problems communities are living with by aligning processes, policy and programmes with community development ethos.

[5] Butler S, Hope A. Article Commentary: Ireland's financial crisis and its influence on alcohol and drug issues quote by O'Gorman, A (2020) Community Drug Projects: Responding to drug related harms from a community development approach. Citywide, Dublin.

Session 2 Questions and Answers
Audry Deane chaired a Q&A session and the following contributions were made.

Participants made the following points based on the on-the-ground experience.

- There is ample policy and research on the issue of tackling drug misuse, but the missing piece is the prioritising of it in the Dail and the Oireachtas. Drugs Task Forces are very far down the agenda and that must change. There is a need for more of a whole-of-government approach.

- We have to think about the flow of knowledge from grassroots to policy. The lack of resources for the grassroots work is very serious and having a strangling effect, as reflected in Andrew Montague's metaphor of the boiling frogs.

- It is objectionable that the burden for tackling the issue is put on under-resourced communities. It's like poor people are expected to solve their own poverty. The real question is how the fundamental causes are being addressed by those at the top. We need the re-establishment of an independent agency such as Combat Poverty in the past.

- LDATFs need more buy-in from statutory officials. Government department officials are often missing. Often officials are assigned to participate in structures, but they do not attend regularly. Officials are stretched, but so are community people.

- Good collaborative work is done on the ground and effective models of good practice arise from this. But funding for these initiatives does not include the work of gathering data to show that this work is effective, and the evidence base to scale up is lost.

- The problem is exacerbated by the regular changing of staff and the uncertainty in funding sustainability. Having to manage programmes through multiple channels of funding is very challenging. There's a need to restructure funding channels to ensure sustainability.

Liz Canavan, Dept of An Taoiseach, Patricia Brennan NUIM and Suzi Lyons HRB answering questions in session 2

The question was put to Pobal speaker about how classifying of communities in terms of deprivation has become misleading. If a wealthier estate is built close to a deprived community, the classification can change from disadvantaged to above average with consequences for funding, though the needs may remain the same.

Martin Quigley acknowledged this and reported that Pobal are working to correct these discrepancies.

Liz Canavan responded to the points about statutory officials not attending local structures by saying that it is not a question of unwillingness but of the demands generated by the existence of so many structures. There are lots of structures and initiatives, but its not working as it should. She acknowledged that sometimes funding streams are too prescriptive and restrictive in terms of timelines.

Vinnie O Shea expressed the hope that the new Healthy Ireland programmes will strengthen the connection between grassroots and policy making.

Patricia Brennan suggested that LDATFs are all about community development. It is focused on working with people where they are at, but the work shouldn't stop there. It must feed policy. A critical voice is important.
She pointed out that national health budgets have increased but not for LDATFs.

Closing
James Doorley, Chair of Tallaght Local Drug and Alcohol Task Force closed the conference and thanked the following

James Doorley closing the conference

Minister Hildegarde Naughton T.D., Minister of State at the Department of the Taoiseach and at the Department of Health.

The Conference speakers

- Andrew Montague, Chair of Ballymun LDATF, speaking on behalf of the LDATF Chairs Network
- Vinnie O'Shea, National Coordinator Slaintecare Healthy Communities Programme

- Dr Suzi Lyons, Senior Researcher in the Health Research Board, Health Information Unit.
- Martin Quigley, Director of data and analytics with Pobal.
- Elizabeth Canavan, Assistant Secretary General of the Social Policy and Public Service Reform Division, Government Information Service, and Corporate Affairs in the Dept of An Taoiseach
- Patricia Brennan, Coordinator, master's degree in Community and Youth Work, at the Dept of Applied Social Studies, Maynooth University.

Jim Walsh, Principal Officer leading the public health response to drug use and working with other departments and stakeholders to implement the national drugs strategy, The Department of Health and the staff at the venue

The organising committee

- John Bennett Coordinator Finglas Cabra LDATF
- Clara Geaney coordinator Ballyfermot LDATF
- Grace Hill coordinator Tallaght LDATF (and staff of Tallaght LDATF)
- Pat Bennett Chair Clondalkin LDATF
- Audry Deane Dun Laoighaire LDATF
- Shane Brennan Coordinator Dublin North East LDATF

Minister Hildegarde Naughton with Andrew Montague Chair of Ballymun LDATF, Vincent Jackson Chair Ballyfermot LDATF, John McCusker Chair Northeast Dublin LDATF and Martin Hoey Chair Finglas Cabra LDATF

Local Drug and Alcohol Task Force Chairs

1. Ballymun Local Drugs Taskforce **Andrew Montague**
2. Ballyfermot Local Drug and Alcohol Task Force **Vincent Jackson**
3. Blanchardstown Local Drug & Alcohol Task Force **Ann Losty**
4. Bray Local Drug and Alcohol Task Force **Joe McGuire**
5. Canal Communities Drug and Alcohol Task Force **Lynn Ruane**
6. Clondalkin Drug and Alcohol Task Force **Pat Bennett**
7. Cork Local Drug & Alcohol Task Force **Aaron O Connell**
8. Dublin 12 Local Drugs & Alcohol Task Force **Mary Seery Kearney**
9. Dublin North East Drugs & Alcohol Task Force **John McCusker**
10. Dun Laoghaire Rathdown Drugs Taskforce **Audry Deane**
11. Finglas/Cabra Local Drug and Alcohol Task force **Martin Hoey**
12. North Inner City Drugs and Alcohol Task Force **Anna Quigley (Acting Chair)**
13. South Inner City Drugs and Alcohol Task Force **Kieran Rose**
14. Tallaght Drug and Alcohol Task Force **James Doorley**

Left to Right Martin Hoey, Chair Finglas Cabra LDATF, Pat Bennett , Chair Clondalkin LDATF Andrew Montague, Chair Ballymun LDATF, John Bennett , Finglas Cabra LDATF