South Inner City Local Drugs Task Force

Strategic Plan 2008-2012

Contents:

Foreword

The South Inner City Local Drug Task Force was established in 1997. The Task Force, through funding from the National Drug Strategy Team and by working within partnership with the Voluntary, Statutory and Community Sector, are involved in the provision of a wide range of services in Treatment, Education, Rehabilitation, Aftercare and the provision of Family Support Services for communities affected by drug misuse. The Task Force also works with the relevant statutory agencies attempting to reduce the supply of illicit drugs.

In line with all other Local Drug Task Forces and Regional Drug Task Forces the South Inner City was asked to submit a strategic review and planning document to the National Drugs Strategy Team. This document will help form the basis of submissions by the National Drugs Strategy to the Department of Community Rural & Gaeltacht Affairs for the development of the next National Drugs Strategy. The Task Force, under the guidance of its Chair Mr Tom Brunkard, commenced a significant review of both existing services, the gaps in services and emerging needs in light of drug trends. To this end the Task Force was hugely facilitated by Mr Barry O'Brien who was the National Drugs Strategy representative to the South Inner City Drug Task Force at this crucial stage of the development of this strategic plan.

I would like to wholeheartedly thank all the members of the Task Force for their tremendous effort, work and commitment at all stages of the plan. The contributions by all members of the Task Force were exemplary. A wide consultation process was embarked upon along with reviews of previous action plans. The Task Force succeeded in attracting Dr Fran Giaquinto to the Task Force to write and finalise this strategic plan. The level of enthusiasm, expertise, professionalism and above all the personal commitment given by Dr Giaquinto to write the strategic plan for the South Inner City Task Force is greatly appreciated. I would particularly like to acknowledge the work of the Task Force Co-ordinator Mr Colm Browne for all his work in developing this strategic plan and indeed his ongoing work with the Task Force over the years, ably assisted by Ms Pauline Ruane providing excellent administration support to the Task Force.

We are satisfied that this plan has received great consideration and is reflective of the developing situation in terms of substance misuse and the needs of the South Inner City area.

Jim Doyle (Acting Chairperson)

Glossary

CAD	Community Awareness of Drugs
CAP	Community Addiction Programme
CDT	Community Drug Team
EDs	Electoral Divisions
EMCDDA	European Monitoring Centre for Drugs & Drug Addiction
HIPE	Hospital in-Patient Enquiry
HRB	Health Research Board
HSE	Health Service Executive
IDG	Inter-departmental Group on Drugs
LDTF	Local Drugs Task Force
NACD	National Advisory Committee on Drugs
NDST	National Drugs Strategy Team
NDTRS	National Drugs Treatment Reporting System
RAP	Ringsend Action Project
RDRD	Ringsend and District Response to Drugs
RDTF	Regional Drugs Task Force
SIC	South Inner City
SICLDTF	South Inner City Local Drugs Task Force
SWICN	South West Inner City Network
VEC	Vocational Educational Committee
YPFSF	Young Peoples Facilities and Services Fund

Executive Summary

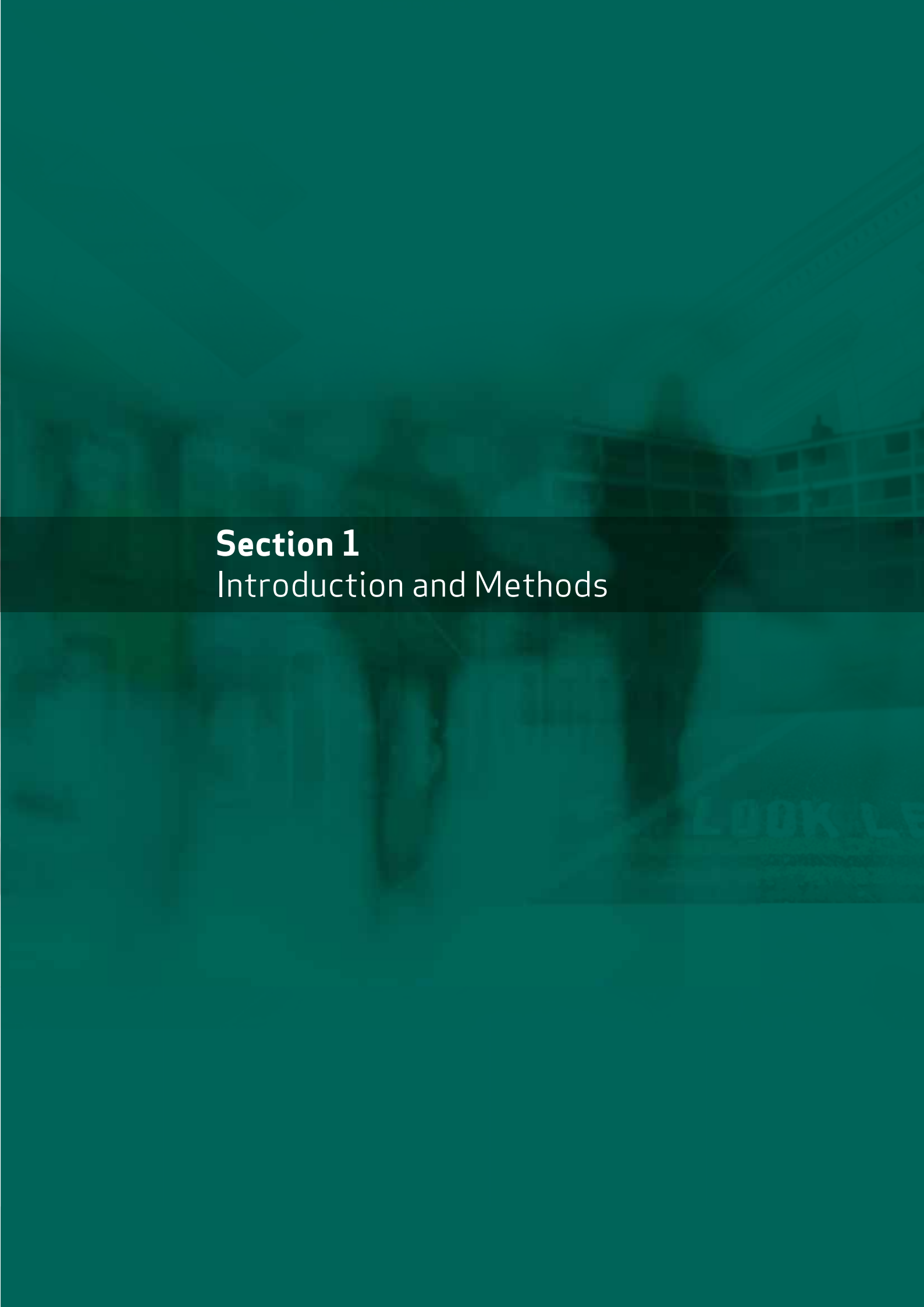
This strategic plan for 2008–2012 is the result of ongoing and extensive consultation since 2004 between SICLDTF members, service providers, service users, the community, and findings from local and national research. Its aim is to provide a concise, evidence-based document that presents agreed recommendations and time-lined actions which will enable the Task Force to respond effectively to the changing patterns of drug misuse in the SICLDTF area over the next five years.

Section 1 introduces the Plan and outlines the methods used to agree the recommendations to take forward. Section 2 sets the context and describes the National Drug Strategy (NDS) and administration of its policies through the work of the Regional and Local Drug Task Forces. Section 3 presents a socio-demographic profile of the South Inner City and local and national drug prevalence data. Section 4 documents the conferences and consultations that have been convened over the last 3 years to identify priorities. Section 5 presents the priorities for 2008–2012 identified by the SICLDTF and it sets out the agreed recommendations.

The evidence-based recommendations span the five NDS Pillars with an emphasis on rehabilitation and provision of a streamlined model of comprehensive care that will enable substance misusers to move through treatment into recovery and employment. The recommendations recognise the impact of substance misuse on families. Equally it recognises within the recommendations the need to maintain, incorporate and develop approaches "To minimise the harm to those who continue to engage in drug-taking activities that put them at risk" (National Drugs Strategy 2001—2008.

National and local data strongly suggest that the pattern of substance misuse in Ireland is changing, particularly with regard to increasing prevalence of polydrug use which includes cocaine and alcohol. SICLDTF have recognised that frontline staff require accredited, clinical training in order to effectively respond to misuse of substances such as cocaine for which there are no effective substitute treatments available. The recommendations highlight the need to provide dynamic service provision that can respond quickly to emerging trends and which is inclusive of all marginalised groups including women, foreign-nationals, young people, the homeless, sex workers and drug misusers with mental health issues.

There is no doubt that service provision for substance misuse faces an increasing range of multiple and complex challenges throughout Ireland; this is not a time for complacency. Cocaine use is endemic and alcohol and cannabis misuse have become normalised within communities. In recent months there is evidence from Gardai seizures that crack cocaine and methamphetamines have arrived in Ireland, the health and social implications of these are extremely serious. SICLDTF are responding in a proactive and sensitive manner with a clear vision for inter-agency partnership and collaborative working based on models of best practice currently being developed within SICLDTF services and elsewhere.



Section 1
Introduction and Methods

1.1 Introduction

In December 2006, the National Drug Strategy Team (NDST) published guidelines to make explicit the link between Local Drug Task Forces (LDTFs) and the Government's national drug policy. The aims of the guidelines are to build a framework to:

- Develop evidence-based strategies,
- Improve co-operation and cohesion between different sectors through information sharing,
- Deliver services under the five National Drug Strategy Pillars (Education/ Prevention, Treatment, Rehabilitation. Supply/Reduction and Research),
- Recognise family support needs,
- Conduct local evidence-based research.

The guidelines recommend that LDTFs carry out the following steps as part of a strategic review and planning process:

- Conduct a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to identify management structures and capacity, including stakeholder and service users' involvement, capacity to deliver, clarity of roles, responsibilities and commitment to the LDTF process.
- Outline the current extent, nature and future trends of the drug problem in each LDTF area.
- Conduct an analysis of existing strategies at local level, including achievement of objectives and an analysis of the factors that impact on progress.
- Profile existing and planned service provision (statutory, voluntary and community).
- Assess adequacy of existing services against emerging trends.

South Inner City Local Drugs Task Force (SICLDTF) has been proactive throughout 2007 in this process of review and planning. The following steps have been taken:

- All LDTF funded services in the SICLDTF area have conducted a self-assessment and submitted it to the Howarth Report, due to be published in early 2008.
- All SICLDTF members were invited to participate in a series of strategic planning meetings, namely the Building Confidence conference in 2004 which addressed gaps in the delivery of the 2nd Strategic Plan (2001), the CityWest conference in April 2007, the Hilton Hotel meeting in September 2007 and the strategic planning meeting held at Donore Community Centre in November 2007.
- An external researcher was appointed to compile the data into a five-year strategic plan.

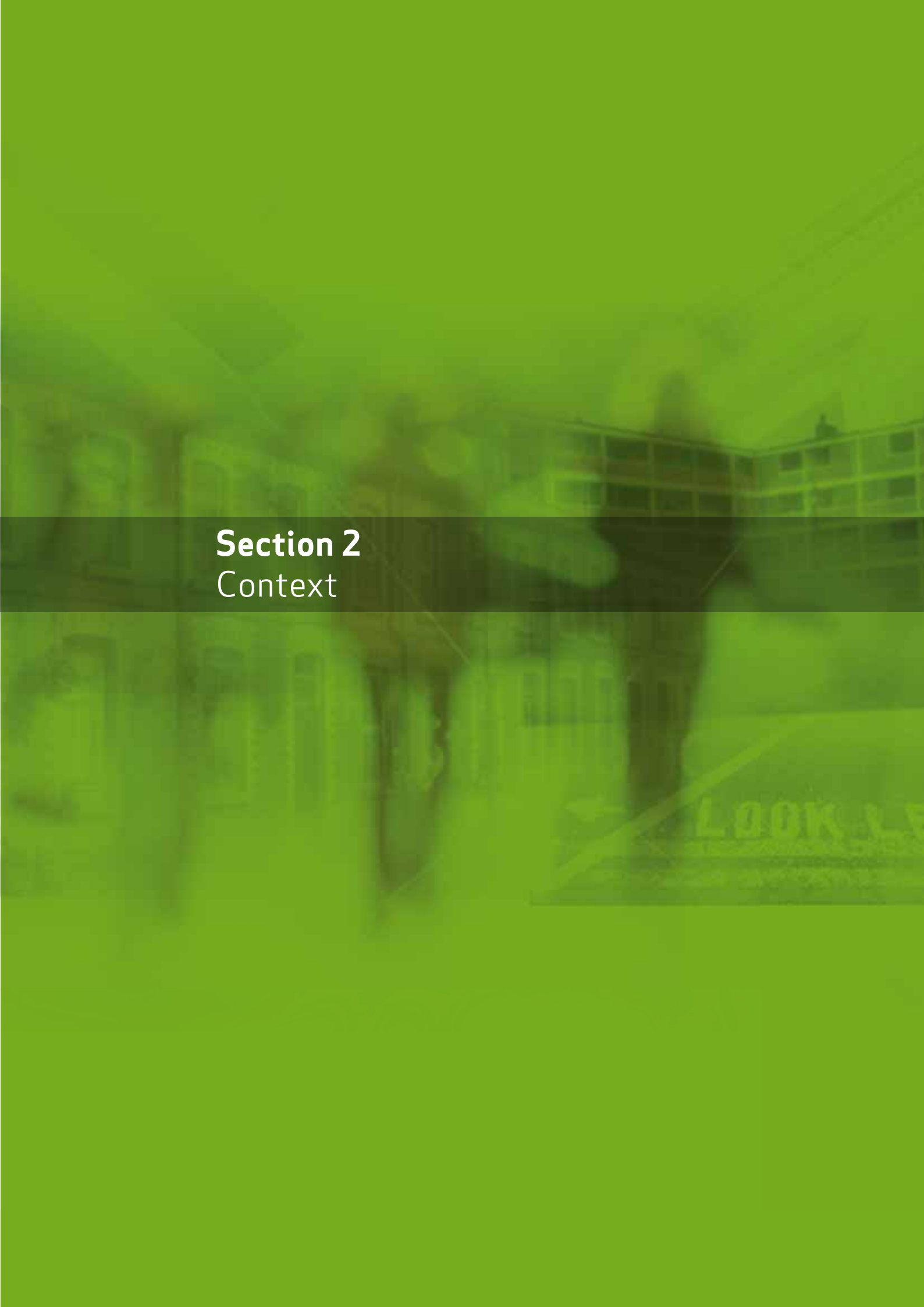
In early December 2007, the Department for Community and Gaeltacht Affairs announced a €12.5 million increase in funding to support the national drugs initiative bringing the total annual funding to €64 million. The funding will be allocated specifically to the following:

- Under the Young People's Facilities & Services Fund (YPFSF), further facilities and services will be provided for young people at risk of becoming involved with drugs. Current funding will provide staffing and running costs for capital projects in existing areas and facilitate the expansion of the fund into further towns, mainly in Leinster.
- Further progress will be made towards full implementation of the agreed work programmes of the ten Regional Drugs Task Forces (RDTFs). The additional funding will allow for the full year cost of projects now in progress, as well as the start of additional projects between now and the middle of 2008.
- Support a range rehabilitation measures. In this way, it will facilitate the initiation of the implementation of the recommendations of the Report of the Working Group on Drugs Rehabilitation in so far as they pertain to D/CRGA. The measures to be introduced will help to enable people to regain the capacity for daily life which will benefit not only the drug users themselves, but also their families and wider communities. The funding will be used to address gaps in current rehabilitation provision in Task Force areas and will enable the provision of parenting training/family therapy/childcare services focused on problem drug users. The allocation will also allow for the development of family respite support (to be piloted initially) and address training needs in the community & voluntary sector around rehabilitation.
- Provide for the continued implementation of the recommendations of the cocaine report prepared jointly by the National Advisory Committee on Drugs (NACD) and the NDST.

1.2. Method

Information for the SICLDTF strategic plan has been gathered by the following:

- A SWOT analysis was conducted at the CityWest conference, April 2007.
- Local and national prevalence data were analysed from several sources, including the National Drug Treatment List, EMCDDA, previous SICLDTF strategic plans (1997 and 2001) and other local research reports.
- A socio-demographic profile was prepared based on Census data for 1996, 2002 and 2006.
- Emerging trends were identified at the Building Confidence conference 2004, the national LDTF Vital Connections conference 2005, and from various local and national research reports, including the national submission to EMCDDA.
- Key recommendations for the next five years were identified and agreed at the Hilton Hotel meeting in September 2007 and the strategic planning meeting held at Donore Community Centre in November 2007.
- A subgroup of the LDTF was set up to assist with the compilation of data and to direct the researcher who was commissioned to prepare the strategic plan.
- Key recommendations were discussed and agreed at the strategic planning meeting at Donore Community Centre in November 2007.



Section 2
Context

2. Context

SICLDTF is one of 13 LDTFs in Ireland that were established in 1997 in areas identified as having high levels of illicit drug use, particularly heroin. Bray's LDTF was established at a later date. This Section presents an overview of the social and policy context in which the Task Force works. It examines the role of the National Drugs Strategy (NDS), Regional Drug Task Forces (RDTFs) and the overall aims of LDTFs. It then presents detail about SICLDTF and the services it funds. Section 3 gives an overview of the socio-demographic profile of the South Inner City and presents national and local drug prevalence data.

2.1 National Drugs Strategy (NDS)

The National Drug Strategy (NDS) provides the national policy framework for addressing drug misuse in Ireland. Its key aim is to:

> *"Significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment, and rehabilitation, and research".*

The Strategy is delivered through five "Pillars": Supply/ Reduction; Prevention (through education/awareness); Treatment (including harm reduction) and Research. Rehabilitation was established as a 5th pillar in 2005. The objectives of each pillar are shown in Table 1.

The Government Department responsible for delivery of the NDS is the Department for Community, Rural & Gaeltacht Affairs that includes a dedicated multi-disciplinary National Drugs Strategy Team (NDST). A number of other statutory departments are involved with each pillar, as shown in Table 1.

NDS directs the implementation of its objectives through RDTFs and LDTFs (Section 2.2 and Figure 1). In addition, assessment committees have been set up for the delivery of the Young Peoples Facilities and Services Fund (YPFSF).

An additional key NDS theme is the strategic co-ordination of services in order to provide continuum of care for all people accessing treatment. Family Support is a "cross pillar" that cuts across all other pillars.

Table 1. *Objectives of the NDS Strategy, 2001 – 2008*

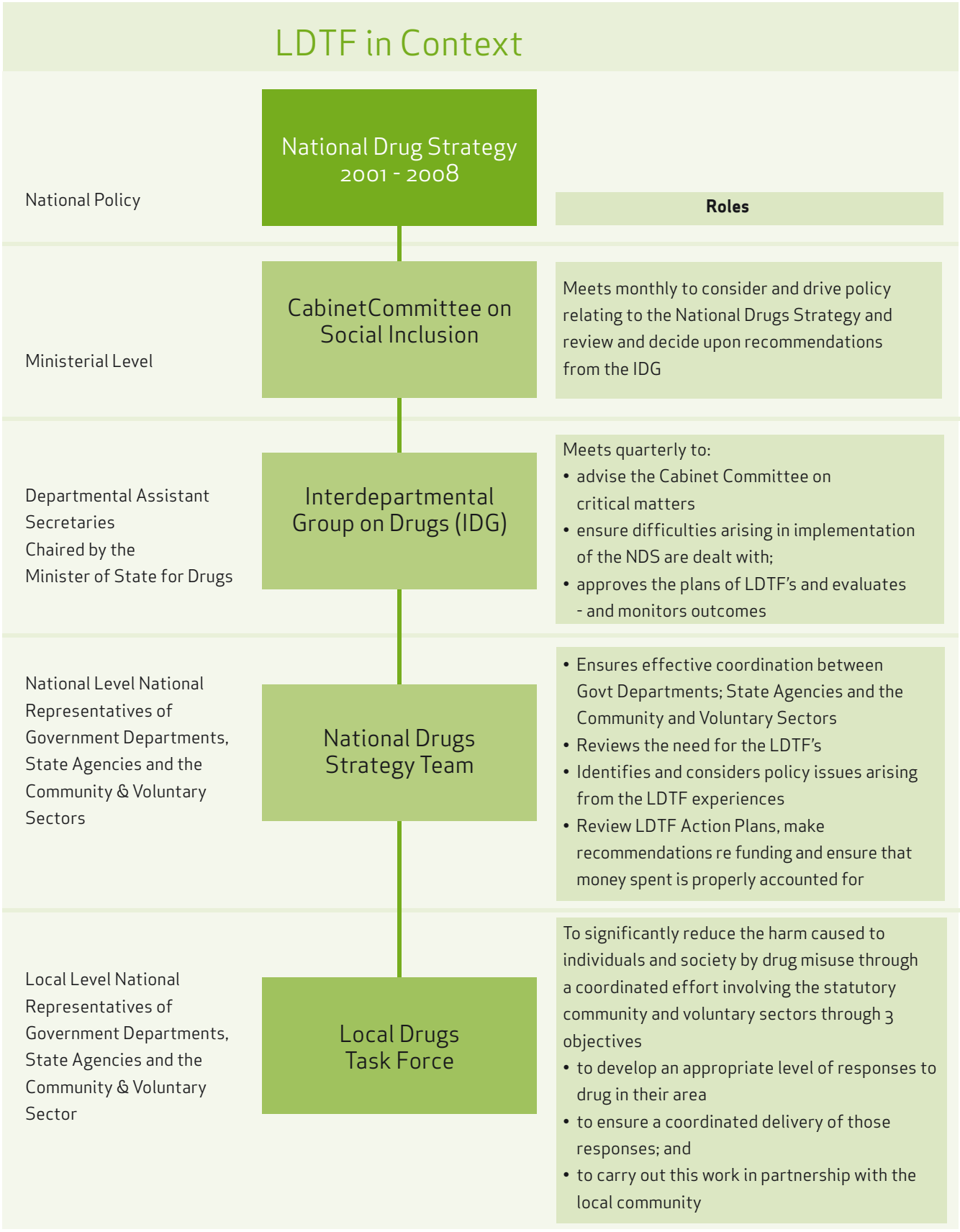
Pillar	Objectives	Key agencies involved
Supply / Reduction	Significantly reduce the volume of illicit drugs available. Arrest the development of existing markets & curtail new markets as they are identified. Significantly reduce access to all drugs that cause most harm among young people, especially in those areas where misuse is most prevalent.	Dept Justice, Equality & Law Reform. An Garda Siochana Revenue Customs & Excise Service Criminal Justice Services Dept of Environment & Local Govt. Local authorities Community & voluntary services
Education / Prevention	Create societal awareness about the dangers & prevalence of drug misuse. Equip young people & other vulnerable groups with the skills & supports necessary to make informed choices about their health, personal lives & social development.	Dept Education & Science Dept Health & Children Health Services Executive (HSE)
Treatment / Rehabilitation	Encourage & enable those dependent on drugs to avail of treatment with the aim of reducing dependency & improving overall health & social well being, with the ultimate aim of leading a drug-free lifestyle. Minimise the harm to those who continue to engage in drug-taking activities that put them at risk.	Dept Health & Children HSE FÁS
Research	Have available valid, timely & comparable data on the extent of drug misuse amongst the Irish population & specifically amongst all marginalised groups. Gain greater understanding of the factors that contribute to Irish people, particularly young people misusing drugs.	NACD Health Research Board (HRB)

In 2001, the National Advisory Committee on Drugs (NACD) was established to provide evidence-base for the NDS, providing advice to Government on a range of drug-related issues and more recently participating in the NDS Review. Specifically, NACD aims to:

- Provide advice to Government,
- Provide a focus for addressing knowledge deficits and research capacity,
- Develop strong networks with relevant agencies to support research.

A Mid-term Review of the 2001 – 2008 NDS was published in 2005. The Review did not recommend any overall change to the aims and objectives; however, it did recommend implementation of a number of new actions, amendments and replacement of others. Rehabilitation became a new pillar. Family Support became a "cross-pillar" in order to deliver the recommendations of the NACD report on Family Support (2004).

Figure 1 *Structure and Roles of NDS, RDTFs and LDTFs*



2.2 Regional Drugs Task Forces

RDTF's have been set up in each of the ten Health Board areas to develop appropriate policies to deal with substance misuse. Each RDTF is responsible for the delivery of a strategy to tackle substance misuse specific to their region. RDTFs' Terms of Reference for their regions are as follows:

- Ensure the development of a co-ordinated and integrated response to tackling the drugs problem.
- Create and maintain an up-to date database on the nature and extent of drug misuse and to provide information on drug-related services and resources.
- Identify and address gaps in service provision having regard to evidence available on the extent and specific location of drug misuse.
- Prepare a development plan to respond to regional drugs issues for assessment by the NDST and approval by the IDG.
- Provide information and regular reports to the NDST in the format and frequency requested by the team.
- Develop regionally relevant policy proposals in consultation with the NDST.

The RDTFs include representation from the following sectors: Chair, Regional Drug Co-ordinator of the Health Board, Local Authority, VEC, Health Board, Department of Education and Science, Department of Community, Rural and Gaeltacht Affairs, Gardaí, Probation and Welfare Service, FÁS, Revenue Commissioners - Customs and Excise Division, Voluntary Sector, Community Sector, Public Representatives (nominated by Local Authority in accordance with normal procedures), and Area Based Partnerships.

2.3 Local Drug Task Forces

South Inner City Local Drugs Task Force (SICLDTF) was founded along with 13 other Drug Task Forces to *"facilitate a more effective response to the drug problem in areas experiencing the highest levels of drug and in particular heroin use".* Their overall role, as envisaged by the NDS, is to identify existing and emerging gaps in service provision and to design and deliver services that meet their objectives across the NDS pillars. Each Task Force work to the following Terms of Reference (SICLDTF Operational Guidelines, 2005):

- Oversee and monitor the implementation of projects approved under their existing action plans.
- Ensure the formal evaluation of these projects with a view to their mainstreaming, ie their continued funding through State agencies in accordance with agreed procedures.
- In accordance with agreed guidelines, prepare updated action plans to:
  - Update the area profile and take into account any changes in the drug

problem since the preparation of the original plans.
    - Ensure that emerging strategic issues are identified and policies/actions are proposed to address them.
    - Provide for the implementation of a local drugs strategy in consultation with appropriate State agencies and voluntary, community and residents' groups.
- Ensure appropriate representation by voluntary and community sectors on the Task Force.
- Identify any barriers to the efficient working of the Task Force.
- Develop networking arrangements for the exchange of information with other Task Forces, as well as for the dissemination of best practice.
- Identify the training needs of Task Force members and take the necessary steps to meet such needs through appropriate training courses.
- Take account of, and contribute to, other initiatives aimed at tackling social disadvantage under the aegis of the Cabinet committee on Social Inclusion, including the Integrated Service Process, the Area Partnerships, YPFSF, and the report of the Task Force on the Integration of Local Government and Local Development Systems.
- Provide such information, reports and proposals to the NDS team as requested.

The following seven functions have been identified by the NDST to further enhance the role of the LDTF's, as follows:

Function 1: Information gathering and dissemination
Function 2: Strategic and policy development
Function 3: Development of Local Plans
Function 4: Evaluation (strategic and operational)
Function 5: Implementation and monitoring of plans
Function 6: Training and support
Function 7: Networking

Each LDTF creates a partnership between the statutory, voluntary and community sectors in order to reflect local need and ensure responses are appropriate to each Task Force area. Each Task Force includes representation from relevant statutory agencies including HSE, Gardai, Probation & Welfare Service, Department of Education & Science, Local Authority, youth services and FÁS, along with representatives from different LDTF funded services and members of the community.

There are three key elements to the role of community/voluntary representation:
- Bring to the LDTF an in-depth knowledge and experience of local drug problems.
- Assist in the development of policies and services based on local experience and their involvement with local, relevant organisations.
- Assist the LDTF consult with and inform the local community/voluntary sector on its drug policy.

2.4 Profile of SICLDTF

SICLDTF is a partnership of community, statutory and voluntary interests charged with the responsibility of developing responses to problem drug use and related issues in the South Inner City. It is committed to developing a range of quality services across the NDS pillars of Prevention & Education, Treatment, Rehabilitation, and Research. The Task Force is also concerned with policy development in the areas of family support, childcare, education, integrated services, policing, supply, estate management and anti-poverty initiatives.

Representation on the SICLDTF is shown on Table 2.

Table 2: *Current SICLDTF members (November 2007)*

South Inner City Local Drugs Task Force

CHAIRPERSON
Jim Doyle

ASSISTANT CHAIRPERSON
Currently vacant

Co-ordinator
Colm Browne

Community Reps	Statutory Reps	Voluntary Reps	NDST Rep	Councillors
Marie Stanley SWICN	Probation/Welfare Services	Teresa Weafer (RDRD)	John Moloney	Daithi Doolan
Tony O'Rourke (SWICN)	(Currently vacant)	Nicola Perry (Community	(Department	Paddy McCartan
Sr. Anthony (SWICN)	Damien Murphy (HSE)	Response)	of Education)	
Joe Cullen (SWICN)	Brendan Murray (FAS)	Pauline McKeown (Coolmine		
Elaine Boland (SEAN)	Sean Moran (Dublin City Council)	Therapeutic Community)		
Teresa Rooney (SEAN)	Paul Molloy (Gardai)	Ray McGrath (Merchants Quay)		
	Andrew Diggings (Dept of			
	Education)			

2.4.2 Services funded by SICLDTF

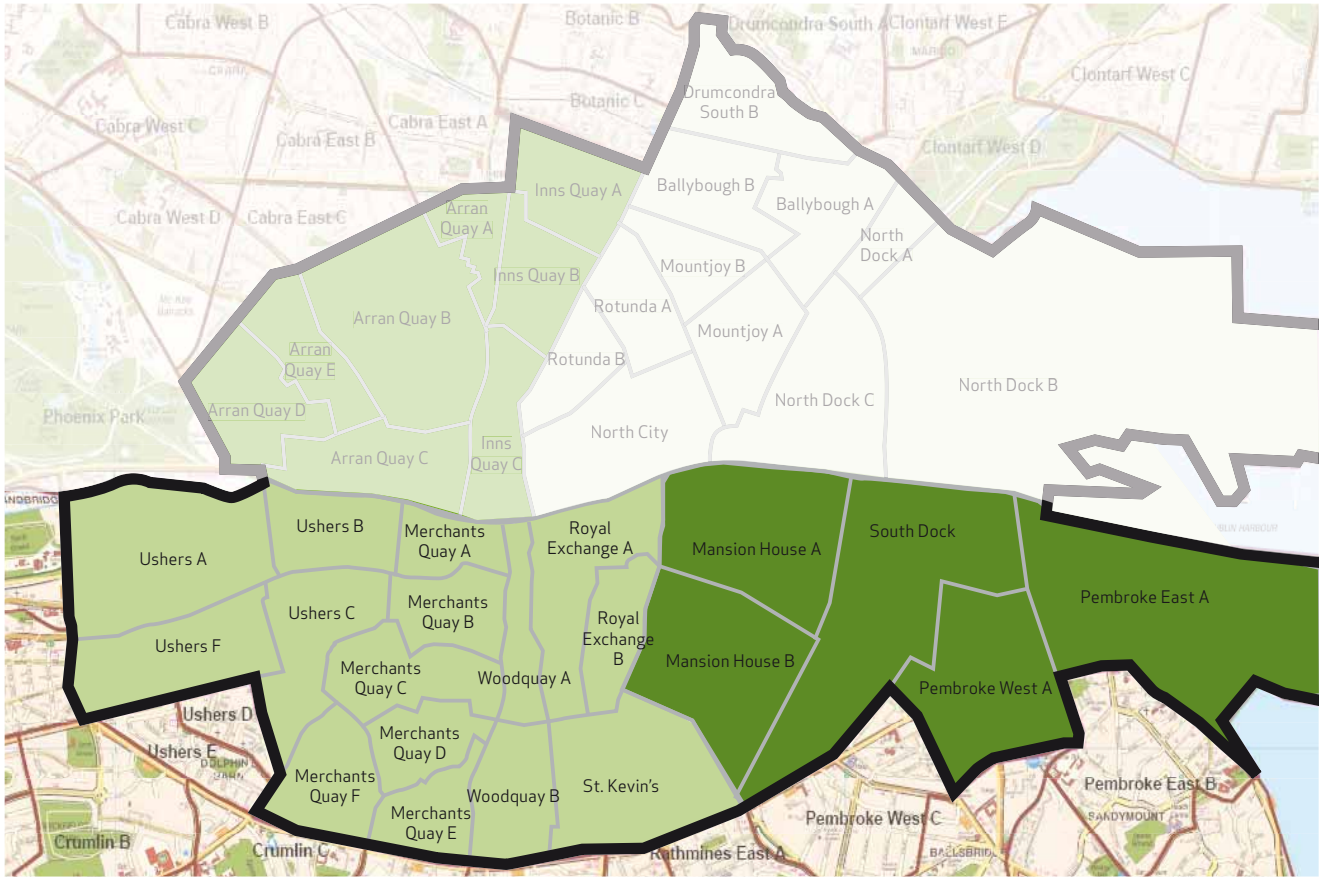
Appendix 1 presents a list of current projects and services in receipt of LDTF funding.

2.4.3 Map of service provision

Figure 2 provides a map of LDTF funded service provision in the SIC area. Services/ projects in receipt of LDTF funding are located as follows (Electoral Divisions):

Ashleigh House	Royal exchange A
CAD	Royal exchange B
CASADH	Merchants quay C
Coolmine Therapeutic Community	Royal exchange A
Community Response	Merchants quay B
Connolly Information Centre	ceased
Donore Community Drug Team	Merchants quay C
ELAH Counselling	ceased
Exchange House Travellers	Inns Quay C
Fountain Resource Group	Usher C
Garda Night-Time Tours	Ceased
Marist Rehabilitation Centre	Ceased
Marrowbone Lane Residents	Merchants quay B
Marrowbone Lane Tenants	Merchants quay B
Mercy Family Centre	Merchants quay C
Michael Mallin	Merchants quay B
Merchants Quay Ireland	Merchants quay A
Oliver Bond CAP	Merchants quay A
RADE	Woodquay B
RDRD	Pembroke east A
Ringsend Action Project	Pembroke east A
Rinn Development	Pembroke east A
Ruhama	Drumcondra south B
St Andrews Resource Centre	South dock
School Street	Merchants quay B
SICCDA	Merchants quay B
SUAIMHNEAS	North and south inner city
SWICN	Merchants quay C
Targeted Intervention	South Inner City Local Drugs Task Force
Teen Challenge	Mansion house A
Westland Row CBS	South dock
Whitefriar/Aungier Area Community	
Council	Royal exchange B
Whitefriar St Aikido Club	Royal exchange B

2.4.4. Map of service provision



2.4.5. Funding rounds

Following publication of Recreating Hope, SICLDTF's 1st Strategic Plan in 1997, twenty projects and services were funded (Round 1 funding). These are listed in Appendix 1. Of these, ten have been mainstreamed, three projects have ceased and seven continue to receive interim funding.

Following publication of the 2nd Strategic Plan, 23 projects and services received or continued to receive LDTF funding (Round 2). These are listed in Appendix 1. Twelve projects fall under the Pillars of Treatment and Rehabilitation and 11 under Education/ Prevention. To date, all 23 projects receive interim funding.

In addition, ten projects/services received Emerging Needs funding in 2006. A further two projects were added to the Emerging Needs funding in 2007.
Total funding for 2008 is shown in Table 3.

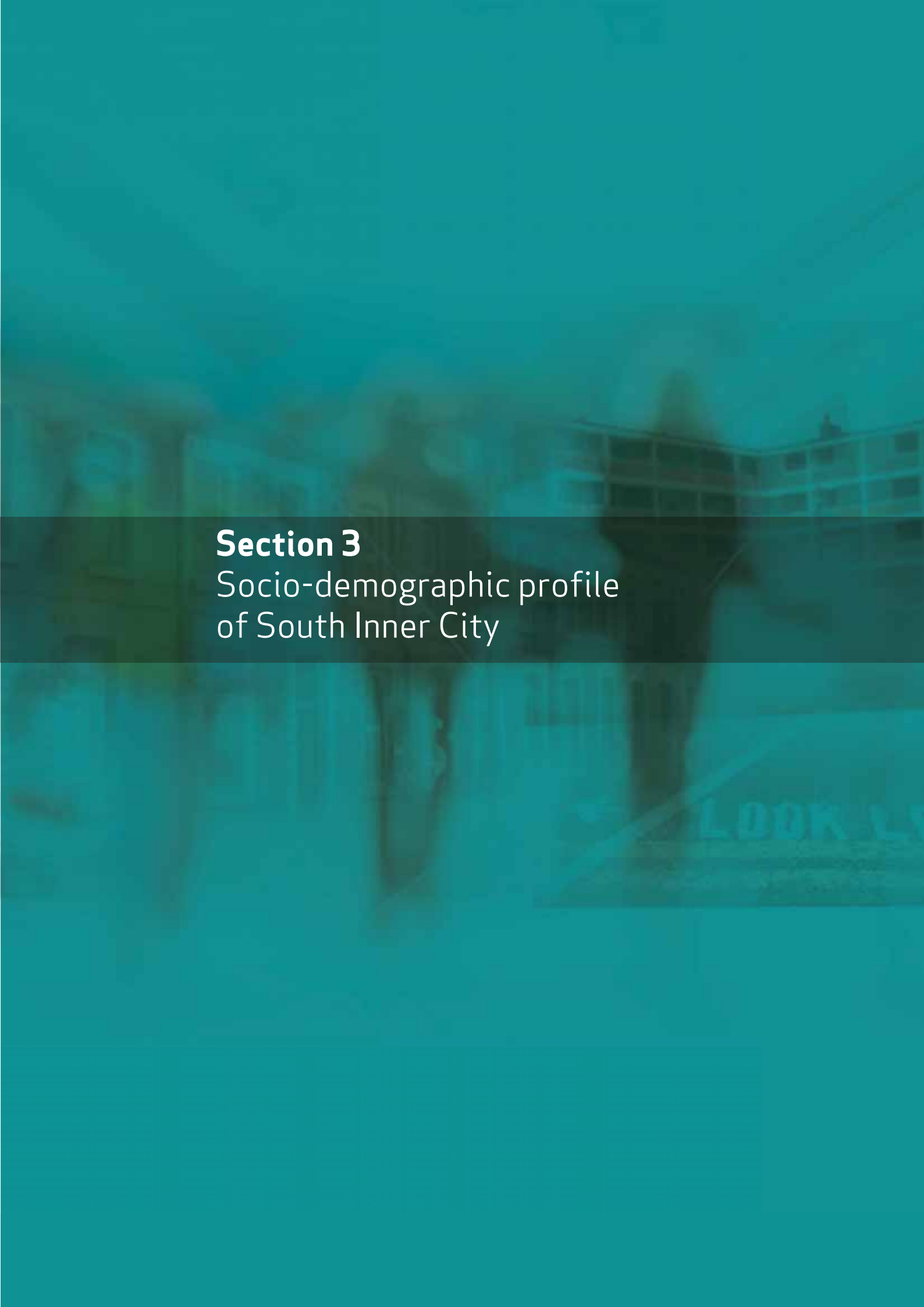
2.4.6. NDST Project Development Budget

In 2004, the NDST (NDST paper to IDG, 2004) stated that it was critical to provide enhanced support to LDTFs. In response, a new funding package was announced (January, 2005) to enhance administrative support in order to improve LDTFs' capacity to deliver programmes at a local level. The majority of Task Forces appointed Project Development Workers. The SIC decided to use the funding to provide relevant support on a needs-led basis and a sub-committee was set-up to administer the funds for policy development, training, and support to service users, service providers and community forums.

To date, SICLDTF have focused on identification of training needs and development of projects in receipt of Task Force funding. This exercise has been directed by the sub-committee and assisted by an independent facilitator.

Table 3 *Total funding for SICLDTF in 2008*

Funding type	Amount (€)	Number of projects funded
Round 1	650,727	8
Round 2 (not including SIC2-13 @ €91,015)	1,057,612	18
Emerging Needs Emerging Needs, late start up Total Emerging Needs	671,896 118,278 790,174	9 3 12
Total agreed service funding for 2008	**2,498,513 + 91,015 (SIC2-13) = € 2,589,528**	
Capital Round 1 Premises Initiative Emerging Needs capital	1,081,400 348,000 359,304	6 (once off) 5 (once off) 5 (once off)
Administration budget	25,000	
Project Development budget	52, 430	



Section 3
Socio-demographic profile of South Inner City

3. Socio-demographic profile of South Inner City

3.1 Introduction

This Section provides detail of the social, economic and demographic profile of the SICLDTF area. It includes information on population, education, immigration, household structure, employment status and social class. These data can be used to predict underlying trends within the 20 Electoral Divisions (EDs). The aim is to present a concise view of different living standards that help to identify pockets of deprivation among more affluent areas.

The data used in this Section were compiled from the 2006 National Census. An attempt was made to compare the 2006 data with earlier Census' but there was no corresponding information from the 1996 Census except for population and social class. Therefore, data from the previous two SICLDTF strategic plans (1997 and 2001) have been considered. Abbreviations that are used to identify Electoral Divisions (EDs) in SICLDTF are given below.

Key to Electoral Divisions (EDs)

Mansion House A	**MHA**	Royal Exchange A	**REA**
Mansion House B	**MHB**	Royal Exchange B	**REB**
Merchants Quay A	**MQA**	St Kevins	**St Kevins**
Merchants Quay B	**MQB**	South Dock	**SD**
Merchants Quay C	**MQC**	Ushers A	**UA**
Merchants Quay D	**MQD**	Ushers B	**UB**
Merchants Quay E	**MQE**	Ushers C	**UC**
Merchants Quay F	**MQF**	Ushers F	**UF**
Pembroke East A	**PEA**	Wood Quay A	**WQA**
Pembroke West A	**PWA**	Wood Quay B	**WQB**

3.2 Area Profile

The SICLDTF area consists of 20 Electoral Divisions within the Dublin Inner City Partnership area. The area is divided into the South West and the South East quadrants. The area stretches from the South Circular Road in the west to Irishtown in the east and is bordered by the River Liffey and the Grand Canal (excluding Ushers D and E in the Rialto area). The area divides naturally between the South East and the South West with Dublin's central business district at the very heart of the area.

3.2.1 Regeneration

The proposed regeneration plan for SIC in 2008 is shown in Table 4 (information kindly provided by Dublin City Council, 2007).

Table 4 *Proposed regeneration in SIC in 2008*

Location	Plan for regeneration
St.Theresa's Gardens	Rebuild in three phases. (MQF)
Liberties Area	At consultation stage, proposed redevelopment of area.
School St. & Thomas Court Bawn Flats	Possible redevelopment. (MQB)
Thomas St. area	Consultants engaged regarding improvement of the area (MQA)
Bridgefoot St. / Audiens St. /Emmet St / Oliver Bond	Proposed multi-purpose community building. (MQA)
Chamber Court	De tenanting – near completion. (MQA)
Markievicz House	Refurbish/Rebuild
Whelan House / O' Rahilly House	Refurbishment.
Charlemount St	Refurbishment. (St. Kevin's)
London Bridge Road	24 Social Units. (PEA)
Fishamble St.	9 Social Units. (REA)
Ringsend Park	New pitches/ new play area/tennis courts, etc. (PEA)
Cabbage Patch Park:	Refurbished.
Digges St. Park	Refurbished. (REB)

Other areas for redevelopment include:

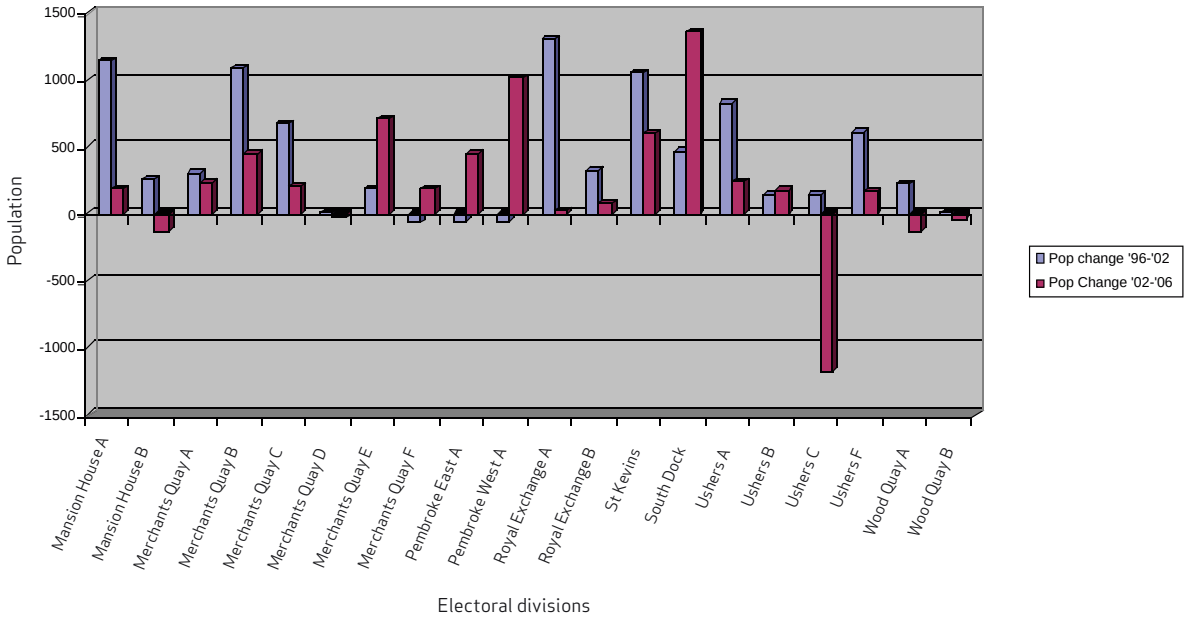
Mary Aikenhead House, Emmett Buildings, Bridgefoot St., Oliver Bond House, St. Audeon's House, Braithwaite St/Summer St, Weaver St. (MQC).

Charlemont St/ Tom Kelly Rd, Power's Court/Verschoyle, Leo Fitzgerald House, St. Andrews Court, Macken Villa's. (WQ).

3.2.2. Population (Graph 1)

Overall, the population in SIC increased 34% between 1991 and 2002. Between 2002 and 2006 two wards increased by more than 1000 (PWA and SD), eleven wards increased by over 500 (MHA, MQA, MQB, MQC, MQF, REA, REB, UA, UB, UC and UF). Four wards had a decrease in population (MHB, MQD, WQA, and WQB). Graph 1 illustrates how the population has changed, with Ushers C showing a significant drop in population between 2002 and 2006 while South Dock and Pembroke West A showed a significant increase.

Graph 1 *Population Change between 1996 and 2006 in SIC*

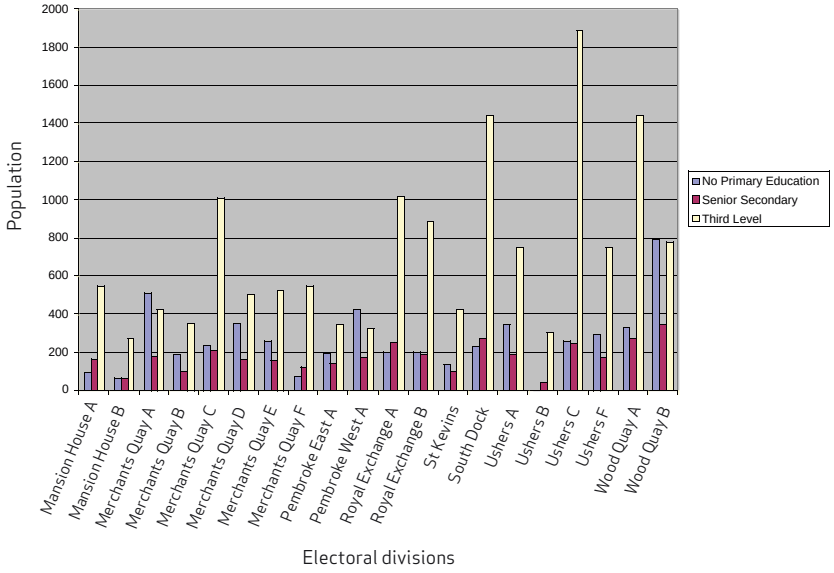


3.2.3 Education (Graph 2)

In Ireland generally, there is a statistical correlation between early school leaving and risk of social exclusion and unemployment (Downes & Maunsell, 2007). The 2006 Census was therefore examined to identify rates of early school leaving. Wood Quay B showed the lowest educational attainment of all the EDs: 2388 people in 2006 received no formal education or received primary education only. South Dock, Ushers C, Royal Exchange A and B, and Merchants Quay C showed the highest proportion of people who did not reach 3rd level education.

The highest levels of educational attainment were seen in Ushers B and Mansion House B

Graph 2. *Cessation of Education in SIC (Census 2006)*



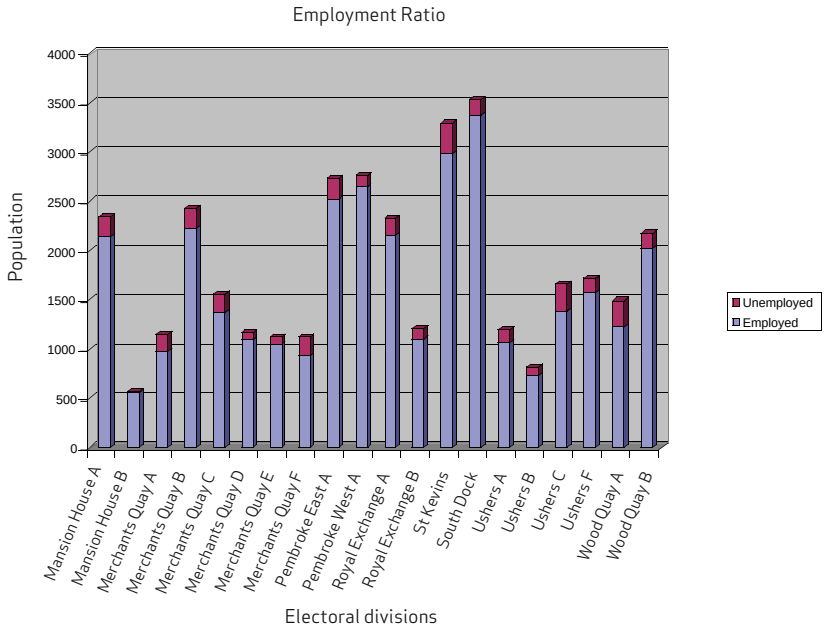
3.2.4. Employment (Graph 3)

In 2006 SIC experienced high levels of employment. The total number of persons employed for all twenty of the Electoral Divisions was 33,165 whereas the total number of recorded unemployed was 3,285.

Five Wards (MHA, PEA, St. Kevin's, UC, and WQA.) had the highest level of unemployment (over 200 persons.), with St. Kevin's at the peak with 309.

Four Electoral Divisions had an unemployment level of under 100 (MHB, MQD, MQE and UB).

Graph 3 *Employment status in SIC, 2006*



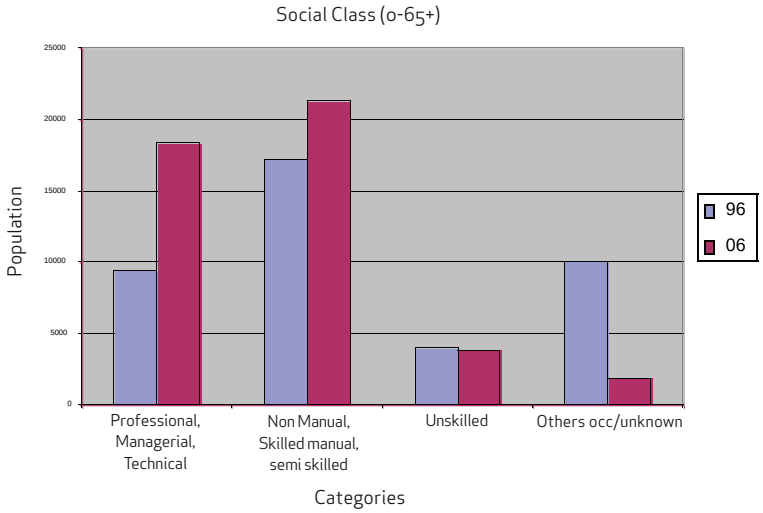
3.2.5 Social Class (Graph 4)

Social status showed a major shift between 1996 and 2006 with a marked increase in the numbers of people employed in professional, technical, managerial, semi-skilled and skilled manual work. Numbers of unskilled workers stayed approximately the same over the ten-year period.

In 1996, Wood Quay B had the highest level of employment (1031), whereas Ushers B and C had the lowest employment (both 187) in professional, technical and managerial work. In 2006, Pembroke East A had the highest number of manual (skilled and semi-skilled) workers and Mansion House B had the lowest.

In 1996 Pembroke East A had the highest number of unskilled workers (583); Mansion House B had the lowest figure both in 1996 and 2006.

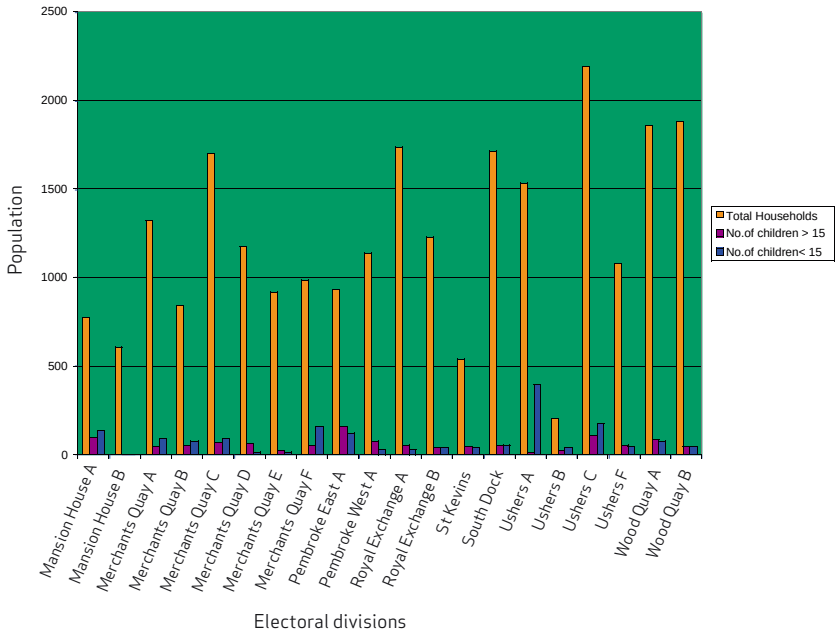
Graph 4. *Social Class, Census 1996 (blue) and 2006 (red)*



3.2.6 Household Structure (Graph 5)

Numbers of lone parents are indicative of relative deprivation (Census 2006). The Census does not provide information on the number of lone parents per se, but data were gathered on the number of parents alone with children under and over the age of 15 on Census night. Five wards had a figure of over 200 children in lone parent households (MHA, MQF, PEA, UA and UC), and eight divisions had over 100 (MQA, MQB, MQC, PWA, SD, UF and WQA.). The remaining eight wards (MHB, MQD, MQE, REA, REB, St.Kevin's, UB and WQB.) had less than 100 lone parents in each ward.

Graph 5. *Indicator of lone parents in SIC, 2006*

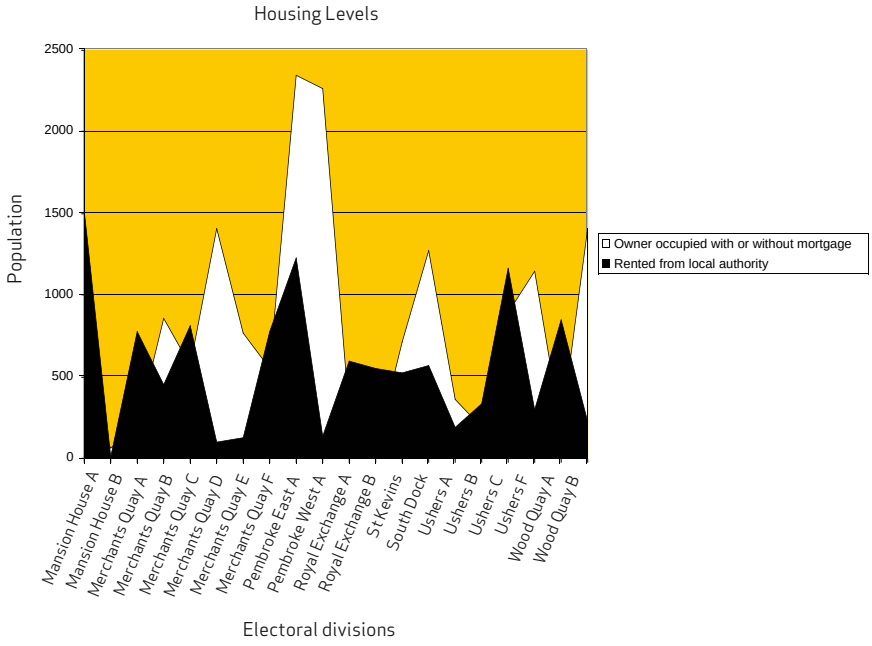


3.2.7 Housing (Graph 6)

Housing status is also indicative of social status. All twenty EDs had a large proportion of Local Authority housing at the Census count in 2006.

The highest number of individuals renting Local Authority housing was 1,518 in Mansion House A and 1,166 in Ushers C. In contrast, in Merchants Quay D 97 rented from the Local Authority and 1,411 were owner occupants.

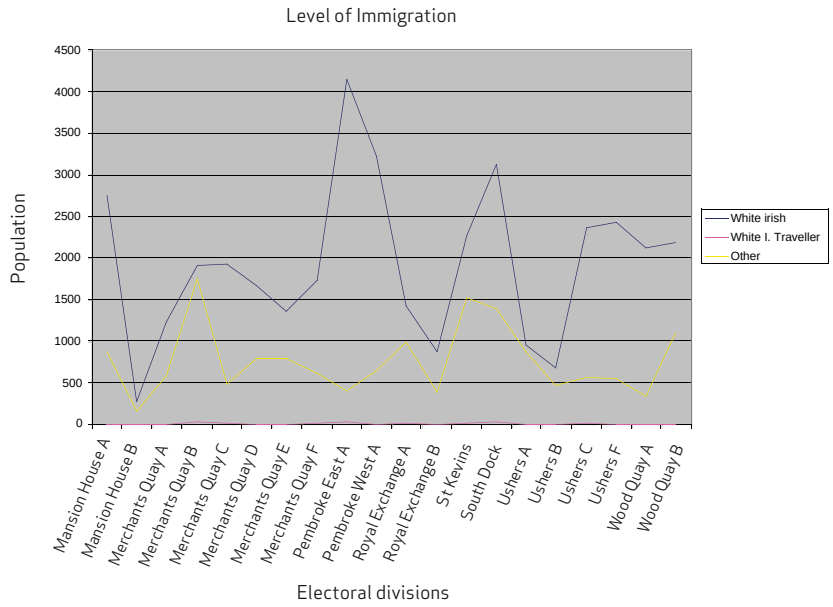
Graph 6 *Housing status in SIC in 2006*



3.2.8 Immigration (Graph 7)

Until the Census in 2006 no data was available on immigration into Ireland. In contrast, the 2006 Census revealed a significant population of foreign-nationals, primarily Eastern European and African. The traveller population consists of 30-40 families located in Merchants Quay B, Pembroke East A and South Dock.

Graph 7. *Numbers of foreign-nationals living in SICLDTF area in 2006*



3.2.9 Conclusion

The data indicate that there has been a significant positive change in SIC over the last ten years. However, In spite of major "gentrification" in the Task Force area (Haase & Byrne, 2004) there still appears to be significant pockets of deprivation, with Ushers C and Wood Quay A appearing to be most disadvantaged. Pembroke West A and Pembroke East A are also disadvantaged but not as acutely so. These wards lie adjacent to some of the most affluent areas of Dublin, particularly Royal Exchange.

Overall, the population increased 34% between 1991 and 2002.

Haase & Byrne (2004) were commissioned by DICP to examine the changing face of Dublin's inner city areas and concluded the following:

- All local authority housing estates are in the most disadvantaged areas.
- New infill developments – largely comprising gated communities of private apartments – are in the most affluent areas.
- There has been displacement of "old" communities leading to isolation and marginalisation.
- Since the early 1990's SIC has changed from being an area of wide spread poverty to one of a close-knit patchwork of considerable affluence and disadvantage at the micro level. This requires greater emphasis on targeting those individuals,

families and neighbourhoods that experience greatest needs.
- There is a need for more precise monitoring and evaluation of disadvantaged areas.

These findings are similar to those reported by Watters (2007) for the North Inner City area. Watters highlighted the heterogeneity of the North Inner City, describing the area as a "*mixed one with pockets of disadvantage alongside relatively affluent areas*".

3.3 National and South Inner City drug prevalence data

This Section focuses on national and SICLDTF drug prevalence data. It includes information on local and national data for opiate use, crime statistics for SICLDTF EDs, and it also examines prevalence of other drug use such as cannabis, cocaine, polydrug, benzodiazepines and other prescribed drugs.

The data obtained for this report were gathered from several sources including the Health Research Board, NACD, Drug and Alcohol Information and Research Unit, EMCDDA, and An Garda Siochana.

3.3.1 Prevalence data for opiates

Updated opiate data for different regions will not be available until 2008. The most recent available information is from an NACD study based on Capture Recapture Methodology (CRM), the analysis of which is based on data collected in 2001 (Kelly, 2003). These are shown in Table 5.

The highest rates of drug misuse were seen in Ballymun (7.3% of the total), Ballyfermot (6%), Canal Communities (4.4%), North Inner City (3.8%) and South Inner City (3.1%).

Table 5. *Prevalence estimates across Dublin in 2003 (Kelly, 2003)*

Dublin area	Prevalence (rate per thousand)
South Inner City	31.2
North Inner City	38.3
Tallaght	23.2
Canal communities	43.5
Clondalkin	20.5
Dublin 12	17.2
Ballyfermot	60.4
Ballymun	73.5
Blanchardstown	11.9

The National drug Treatment Reporting System (NDTRS) collects information about people who present to drug treatment centres. The data is used to identify patterns of drug use, local areas with problematic heroin use and the characteristics of clients entering treatment. Records of all people treated with methadone are maintained on the National Drug Treatment List. The number of people from different EDs in the SICLDTF area who attended drug treatment centres in SIC in 2006 is shown in Table 6.

Table 6. *Numbers attending drug treatment centres in SICLDTF area, 2006*

Electoral Division	2006
Mansion House A	18
Mansion House B	0
Merchants Quay A	19
Merchants Quay B	27
Merchants Quay C	30
Merchants Quay D	15
Merchants Quay E	9
Merchants Quay F	40
Pembroke East A	30
Pembroke West A	7
Royal Exchange A	15
Royal Exchange B	8
St Kevin's	16
South Dock	4
Ushers A	7
Ushers B	8
Ushers C	27
Ushers F	7
Wood Quay A	19
Wood Quay B	8
Total	314

314 people from SIC were on the Drug Treatment List in 2006. EDs with the highest number of people in treatment were Merchants Quay B, C and F, Pembroke East A and Ushers C (Table 6). The lowest numbers were seen in Mansion House B and South Dock. Seventy percent (236) attended outpatient services and 18% (57) were in-patient. Twice as many men (212) as women (101) attended. The majority were aged between 20 and 34. Eighty one percent had stable accommodation, 13% were homeless or had unstable accommodation. Only four of the 314 were foreign-nationals.

Of the 314 attending 15% were in employment, the remainder were unemployed, unable to work/retired/disabled or were attending some form of education. Seventy six percent (239) presented with opiates as main problem drug, 15% presented with alcohol and 31% with cocaine. Seventy five percent (237) said they used more than one drug and 63% reported they had injected in their lifetimes.

The data from the Drug Treatment List is limited in its usefulness because it does not capture data on people who do not attend drug treatment centres and its focus is heroin, the use of which has declined in recent years. It suggests that substance misuse (mainly heroin) in SIC is still strongly associated with unemployment and disadvantage; and injecting is the predominant way of administering the drug. The data also indicate the polydrug use is widespread and cocaine use is significant. The numbers of foreign-nationals and women accessing treatment are low which may indicate that barriers to accessing treatment may exist for these groups.

3.3.2 Prevalance of drug use, other than opiates

Cannabis

In 2005, the EMCDDA published a report that indicated cannabis was the most commonly used drug in Ireland both among young people and adults (EMCDDA, 2005). One in six adults had used cannabis in their lifetime and this increased to one in four among young adults. Of particular interest, the data showed that cannabis is the most commonly used illicit drug by people who are homeless (69% of total homeless surveyed).

Evidence from drug treatment centres in Ireland indicates that people rarely present to drug treatment services with cannabis as main problem drug (Kelly, 2003). This may reflect anecdotal evidence that cannabis has become "normalised" among many communities. However, this does not mean that cannabis is harmless. In November 2007, the Independent newspaper in the UK reported a significant correlation between an increase in the use of skunk and an increase in the number of people presenting to services with clinical mental health issues, including depression and paranoia (Independent, November 14th 2007).

Cocaine

In 2002 and 2003 powder was the main form of cocaine used, crack use was reported to be minimal. Eighty three percent of cocaine users snorted and 68% considered it very easy or fairly easy to obtain cocaine within 24 hours. The male population had higher prevalence rates across all time periods (4.3%) whereas females were reported to have 1.6% lifetime prevalence rates. The average age of survey participants for first using cocaine powder was 20 for males and 21 for females. The same age applied for regular use.

One in five (19%) of those surveyed used it regularly. Of these, almost two thirds (62%) said that they had stopped taking cocaine, 7% said they had tried to stop and failed, whilst three in ten participants (32%) said that they had never tried to stop. The reason for quitting given by most users who had stopped was cost (42%) (EMCDDA, 2005).

In 2004, 4,671 cases commenced treatment and were reported to the National Drug Treatment Reporting System. 1,448 (31%) of these cases reported cocaine as a problem drug. Of these, (8%) reported cocaine as their main problem drug and 75% cases reported it as an additional problem drug.

Forty nine percent of those who reported cocaine as their main problem drug were aged 20-24 yrs and 16% were aged between 15 and 19 yrs. Forty four percent lived in Dublin while 55% cases lived in counties outside Dublin. The majority reported that cocaine was used in combination with alcohol and cannabis.

The frequency of cocaine use among treated cases was considerably higher than that among the general survey population. Of the 352 cases who reported cocaine as their main problem drug, 86% used more than one drug and the most common of these were cannabis, alcohol, stimulants and opiates. The number of people presenting to treatment for cocaine as a main problem drug increased from 86 in 1998 to 352 in 2004.

In early December, 2007 the Irish Independent reported that crystal meth was seized during a Gardai raid in Dublin (Independent, 9 December 2007). This is the first report of the presence of this drug in Ireland and it is of considerable concern. Crystal meth. leads to prolonged intoxication which may result in violence, paranoia, hyperactivity, clinical depression and extreme craving. Its arrival in Dublin cannot be ignored by the NDS.

Polydrug use

Anecdotal evidence suggests polydrug use is very common although statistics from the NACD (NACD, 2003) suggest otherwise. The reasons for this are discussed in Section 5.5.2.

Sedatives, tranquillisers and other prescribed drugs (2002/2003)

Loughran & McCann (2006) conducted a study on perceptions of drug use in Ballymun. Their findings were the first in Ireland to highlight the prevalence of prescribed drug use and misuse. Of particular interest, they reported that 70% of people on methadone maintenance were also prescribed benzodiazepenes and other similar medicines often on a long-term basis.

EMCDDA data for 2002/2003 reported that the majority of current sedative, tranquilliser and anti-depressant users (81%) took these drugs daily or almost daily and most current users (95%) obtained these drugs by prescription. Most current users (98%) took their selected drug in tablet form.

EMCDDA data (EMCDDA, 2006) reported that most benzodiazepine users start in their late twenties. Prevalence rates were higher among the older generation of participants and the lifetime prevalence rate for those aged 35-64 (16%) was double that of those aged 15-34 (8%). Female respondents had a higher level of prevalence than males across all time periods.

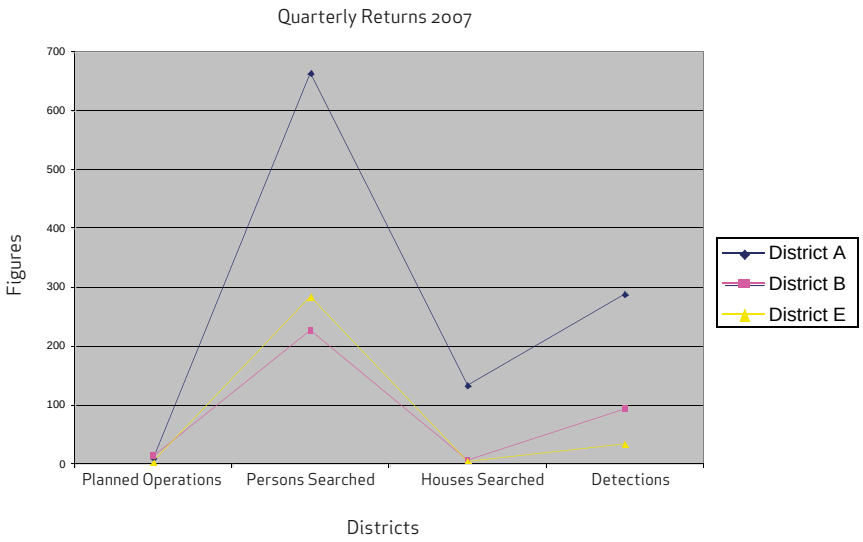
Associations were found between higher prevalence rates and a number of indicators of deprivation. These indicators included:

- Long term dependency on the state
- No income receiving employment
- Low educational attainment (leaving education before 15 yrs of age).
- Residing in Local Authority Housing.

3.3.3. Crime Statistics (Graphs 8 & 9)

Graphs 8 and 9 provide a representation of data obtained from the three An Garda Siochana districts in South Inner City.

Graphs 8 & 9. *Quarterly returns for the 3 An Garda Siochana districts in SIC*



The total monetary value of drugs seized shifted significantly between 2006 and 2007 (Table 7).

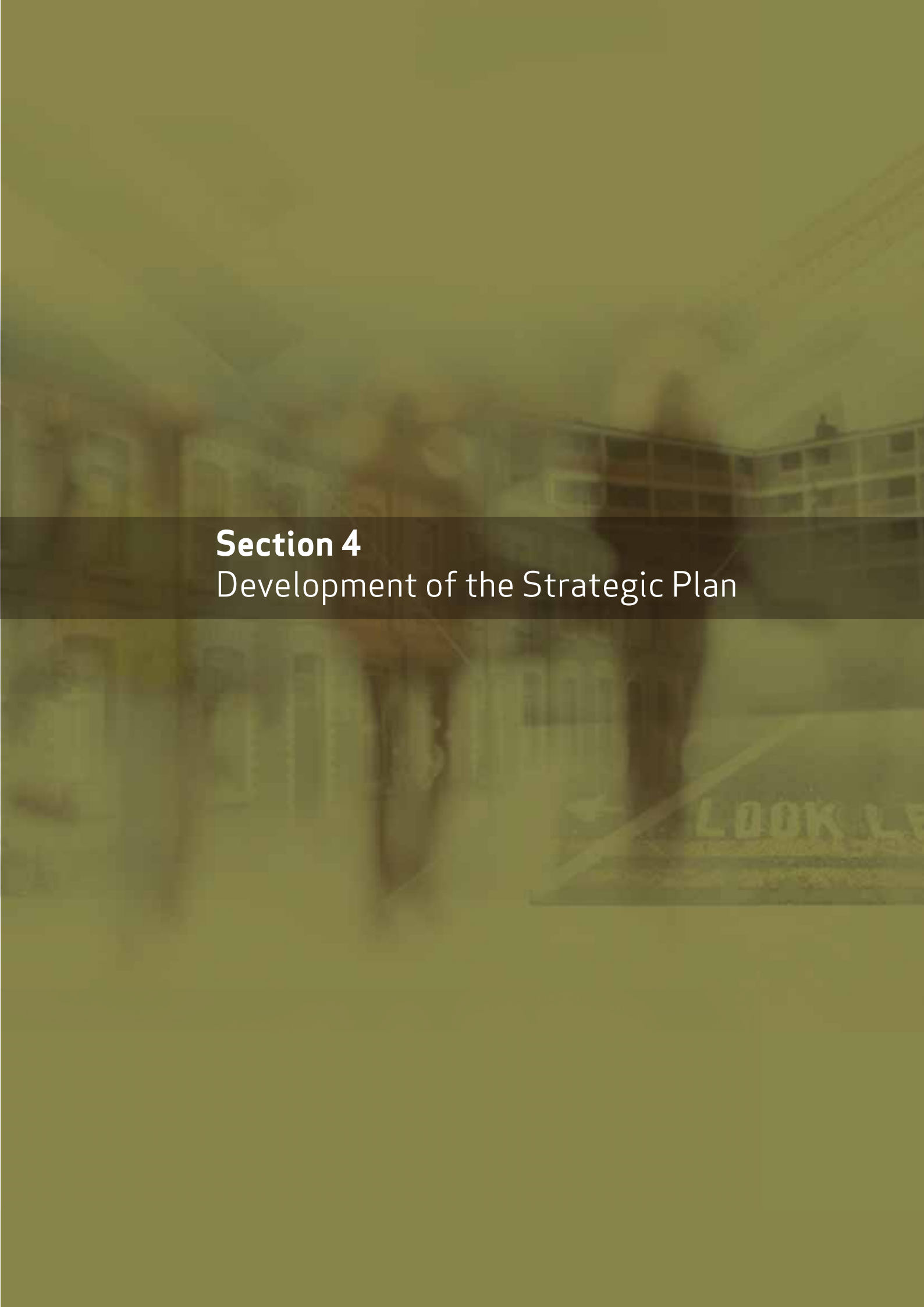
Table 7 *Total monetary value of drugs seized between 2006 and 2007*

	District A €	District B €	District C €
2006	597,665	23,809	200
2007	217,363	198,790	75,330

Prosecutions for cultivation or manufacture of drugs increased by 200% between 2005 and 2006. Cannabis seizures accounted for the majority of all drugs seized. In 2006 there were 7,550 reported seizures and 3,853 (51%) were cannabis related. There was a continuous steady rise in cocaine seizures from 206 in 2000 to 1,324 in 2006, and a sharp rise in heroin seizures from 725 in 2005 to 1,115 in 2006. This figure is significant because other findings (National Drug Treatment List) indicate that numbers of people presenting to drug treatment with heroin as main problem drug is declining. The number of ecstasy-type substances rose in 2006, following a steady decline since 2000.

3.4. Conclusion

The data presented in this Section indicates that patterns of drug use are changing. The pattern in SIC reflects the national pattern. **Cocaine has had a huge upsurge in its use and it is no longer confined to deprived or disadvantaged areas. Polydrug use is making a significant contribution to Ireland's drug culture.** The synergistic effects of different drugs (eg alcohol and cocaine) have serious physical and psychological health implications, and the increasing numbers of people presenting with polydrug use is a major challenge to service provision. Statistics for SICLDTF area suggest barriers may exist that prevent women and foreign-nationals from accessing treatment services.



Section 4
Development of the Strategic Plan

4. Development of the Strategic Plan

All LDTFs were required by Government to produce strategic plans in 1997 and 2001. Summaries of the plans produced by SICLDTF are presented in 4.1 and 4.2.

4.1 Recreating Hope: SICLDTF's 1st Strategic Plan, 1997

Recreating Hope was the first development plan prepared for the SICLDTF in 1997. Below is a summary of the findings from this report.

In 1997, a major heroin epidemic became evident, especially among young people. Substitution of heroin with methadone was a standard form of treatment. Controversy developed among different services in SIC: some wished to promote harm reduction approaches such as methadone substitution while others promoted an abstinence approach. This was not resolved at the time of writing the plan.

The report raised the magnitude of the drug problem. Statistical analysis indicated that 12% of Dublin's heroin users resided in SIC. Polydrug use was also reported as the "norm".

SIC ranked high on indices of deprivation. All 20 wards exceeded the national average (18.5%) of lone parent families; Ushers B and Merchant's Quay A ranked over three times the national average, and nine other wards ranked twice the national average. Educational attainment was also low: residents from 13 of the 20 wards were twice as likely to have obtained primary education only compared to the national average.

In ten wards the percentage of households renting from the local authority was twice the national average, and there were high levels of unemployment, particularly in Merchant's Quay A, Wood Quay A and Merchant's Quay B. The report concluded that the inner city of Dublin (north and south inner city areas) ranked as the most disadvantaged regions in Ireland, at least partly due to the extent and duration of the illicit drug problem.

The Strategic Plan focused on three approaches to addressing drug misuse:

- Education and training
- Development of youth services
- Establishment of stabilisation, rehabilitation and recovery support projects.

Eighteen services were proposed with a budget allocation of €445,110 for Education/ Prevention initiatives and youth services. For Treatment and Rehabilitation, nine services were proposed to address the following concerns:

- Need to provide a multi-faceted, broad-spectrum approach to address the many facets of drug misuse.
- Need for services to address recovery.
- Need to address the issue of long-term methadone maintenance as treatment.
- Need for family support services.

The budget allocated for this sector was €880,900. Twenty projects/services were funded as a result of the strategic plan, ten of which have since been mainstreamed. The total allocated budget was €1,351,010 (including Task Force administration costs).

4.2 Second Strategic Plan, 2001

In 2001 a review of the first service plan, Recreating Hope, was commissioned along with a revised service development plan. Below is a summary of the findings from this report.

From 1996 to 2001 the socio-demographic profile of the SICLDTF area changed with an influx of new residents and extensive regeneration of some areas. Disadvantage appeared to be confined to certain EDs and pockets within more affluent areas. There appeared to be a clear link between socio-economic disadvantage and the level of drug misuse. The plan highlighted the need to:

- Target resources in specific areas.
- Focus on preventative strategies at young people most at risk.
- Tailor drug treatment services more specifically at the needs of particular target groups.

In 2000, 12% of the total people on the National Drug Treatment List were living in four EDs in the SW inner city. Trends indicated an overall increase in drug misuse, especially among females and younger females, an increase in injecting practices, and a rise in early school leaving and drug use among teenagers.

The 2001 Plan recommended a revised strategy that took into consideration the need to:

- Focus on community empowerment and positive outcomes for the different services/projects.
- Build capacity to ensure effective implementation of the proposed plan.

Twelve projects/services were proposed under the pillar of Treatment/ Rehabilitation including four family support workers (in different areas of the Task Force), addiction counselling, support for the Community Drug Team, residential staff training, a drug programme for travellers, an activity based rehabilitation programme, a residential treatment facility, a men's support group for stabilised drug users, and an outreach service for female sex workers.

Eleven projects/services were proposed under the pillar of Education/Prevention. These included a neighbourhood youth project, a substance misuse community animateur, a family support service, one to one support for children at risk, an early school leavers programme, a Lifestart project-education forum, a community health project for Hepatitis C/HIV, a night time tours drug prevention programme, a conflict resolution programme, and a drug education and therapeutic counselling service.

The need was raised for SICLDTF project support and development including monitoring/ evaluation systems, project development workshops, project support and development work and networking.

The total budget allocated for this service plan including the developmental budget was €1,059,993.

4.3 Building Confidence report and conference, Maynooth, 2004

During implementation of the Plan for 2001-2007, two gaps in service provision were identified, namely 1) to establish a service providers' forum, and 2) to examine the need for networking between projects. It was emphasised that steps to address these gaps should be based on a "model of comprehensive care". A subgroup called the "Targeted Intervention Group" was set up in response to the identification of these gaps, and it was expanded to include targeted outreach services, young drug users and female drug users.

The 2001-2007 Strategic plan emphasised the need to focus on the "quality and effectiveness of (each) service itself and the linkages and referral mechanisms with other services". It argued for a system of progression from low-threshold harm reduction measures to intensive residential measures to rehabilitation and after care services (Building Confidence conference, 2004). The Targeted Intervention Group sent out a questionnaire to members of the SICLDTF and this was followed by a conference.

The conference was held specifically to 1) provide a networking opportunity for all service providers in the Task Force area, 2) to discuss the establishment of a Service Provider's forum/network, and 3) to explore the development of a model of comprehensive care. Coded actions arising from the conference were as follows:

- Develop a model of comprehensive care.
- Develop monitoring and evaluation systems and put them in place.
- Develop codes of practice based on the pursuit of excellence.
- Develop a comprehensive service database.
- Develop systems of evaluation of treatment effectiveness.
- Develop a tracking system of clients through the service providers' environment.

4.3.1 Developing a Model of Comprehensive Care

At the conference, representatives from Ringsend and District Response to Drugs (RDRD), Community Response, CASADH, Coolmine Therapeutic Community and Merchants Quay presented a Model of Comprehensive Care that showed how different projects might link together to form streamlined and inter-connecting services from first point of engagement through to recovery. This is reproduced in Table 8.

Interagency protocols are an essential component of comprehensive care. The SAOL project, funded by North Inner City LDTF, is currently extending a pilot project to establish interagency protocols: standardised, agreed procedures for collaboration between drug treatment and homeless services. Their aim is to achieve the following:

- Enhance working practices between community and voluntary projects, statutory services and homeless services.
- Develop case management working practices that ensure every client will have one named case manager who ensures all appropriate agencies are meeting the needs identified in the client's care plan.
- Ensure that there is appropriate training in all aspects of the protocols; including training for drugs projects in the HSE/Homeless Agency Holistic Needs Assessment.

In August 2007, the co-ordinator of SAOL wrote to the Co-ordinator of SICLDTF to invite drug treatment services within SIC to engage in the extended pilot.

Table 8. *Projects within the proposed Model of Comprehensive Care (as per conference, 2004)*

Project	Education	Prevention	Treatment	Rehabilitation
CAP	X			X
Casadh	X	X		X
RDRD	X	X	X	X
MQI	X	X	X	X
Coolmine	X	X		X
Mercy F Centre				X
Whitefriar				X
Community Response	X	X		
Marist	X			X
RINN Dev	X			X
Ruhama	X			
Fountain resource	X	X		
Exchange House	X	X		
DICP	X	X		
Connolly Information	X			
Ringsend Action Project	X	X		
Teen Challenge	X	X		X
Gardai	X	X		
SWICN	X	X		
Donore Drug Team	X	X		X
Whitefriar Aikido	X	X		

4.4 Vital Connections LDTF conference

In July 2006, a national conference was organised for LDTFs to discuss progress since the establishment of the Task Forces in 1997. The main recommendations arising were as follows:

- Recognise the achievements made by the LDTFs and strengthen the partnership process between LDTFs and Government to tackle the growing drug problem in Ireland.
- Implement the specified actions outlined in the NDS Mid-term Review.
- Mandate each LDTF to produce a new strategic plan for the remaining period of the NDS (to 2008).
- Establish new LDTFs to address the emerging drug misuse in other cities and towns in Ireland.

4.5. NDS Mid term Review (2005)

Following publication of the Mid-term Review, all LDTFs were given the opportunity to comment on the recommendations arising from the Review. SICLDTF's full response to the NDS is presented in Appendix 2. Key issues identified by SICLDTF were as follows:

- Urgent requirement to provide a comprehensive service to address the changing nature of substance misuse, particularly in relation to rising levels of cocaine use.
- SICLDTF recognised that although drug issues transcend all strata of society, vulnerable groups such as women and children may be particularly at risk and require more in-depth interventions. The need for a dedicated service for women and children was emphasised in order to provide detox facilities, support services, crèche facilities and support for school-attending children.
- The need for ongoing training for Task Force members in specific drug-related areas was emphasised.
- SICLDTF recognised the NDS recommendation for an increased focus on rehabilitation, and emphasised that rehabilitation requires the collaboration of a number of different agencies for appropriate delivery. SICLDTF questioned whether FÁS is the appropriate agency to deliver all rehabilitation services.
- SICLDTF emphasised the need to explore the integration of alcohol misuse into the NDS.

4.6. CityWest Conference, April 2007

SICLDTF held a conference at the CityWest Hotel in April, 2007 to further progress the strategic planning process. An element of the conference covered a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis for the SICLDTF. Findings are shown in Table 8.

Table 8. *Findings from SICLDTF SWOT Analysis, April 2007*

4.7 Strategic planning meeting, Hilton Hotel, September 2007

Continuing with the consultation process for the preparation of the Strategic Plan, a strategic meeting was held in September 2007 to discuss key themes and actions to take forward. These are described in Table 9 under the 5 Pillars.

Table 9. Agreed Recommendations, September 2007

Pillar	Recommendation
Supply/reduction	• Consider the employment of Arrest Referral Workers • Identify Gardai links with other statutory bodies
Education/Prevention	• Training for staff on treatment options & approaches for cocaine and other non-opiate drugs. • Appoint Co-ordinator for FÁS ringfenced projects. • Identify best practice for FÁS training programmes.
Treatment	• Develop a Model of Comprehensive Care as described in 2nd Plan. • Conduct needs analysis for respite/residential aftercare & community/ residential detox. • Explore harm reduction initiative proposed by MQI.
Rehabilitation	• Set up Rehabilitation subgroup • Agree terms of Reference in line with the recommendations of the Rehabilitation report (NACD).

Other	• Set up sub group/LDTF representation to examine substance misuse issues among ethnic communities living in Ireland, including travellers.
	• Set up sub group/LDTF representation to examine issues of alcohol & drug misuse & domestic violence among traveller communities.
	• Set up sub group to examine issues of substance misuse among young people. In particular:
	  • identify what services/supports are available for primary school children after school.
	  • Barriers to accessing services
	  • Policies and procedures concerning young people
	  • Identify best practice on youth support training (eg Clondalkin LDTF).
	  • Set up sub group/LDTF representation to address issues of homelessness.
	  • Set up sub group/LDTF representation from the Service user's forum.
	  • Identify resources for alcohol misuse and issues that need to be addressed.

Family Support (cross pillar)	• Explore strengthening families initiatives (eg Coolmine), particularly in relation to young mothers.
Other	• Set up procedures to ensure prevalence reports are provided on a local basis and projects prepare quarterly statistics and report to Task Force. • Focus on enhancement of existing services new.

4.8 Strategic Planning meeting, 30 November, 2007

All SICLDTF members were invited to a strategic planning meeting to further discuss and prioritise key recommendations for development of services in SIC over the next five years. The Researcher who was appointed to assist in the preparation of the Plan gave a presentation to highlight key recommendations previously agreed at the strategic planning meeting held in the Hilton Hotel in September, 2007. These were discussed in detail. Participants were asked to complete a short questionnaire at the end of the meeting in order to highlight any further points and raise queries. All respondents expressed satisfaction about the recommendations proposed and progress to date.

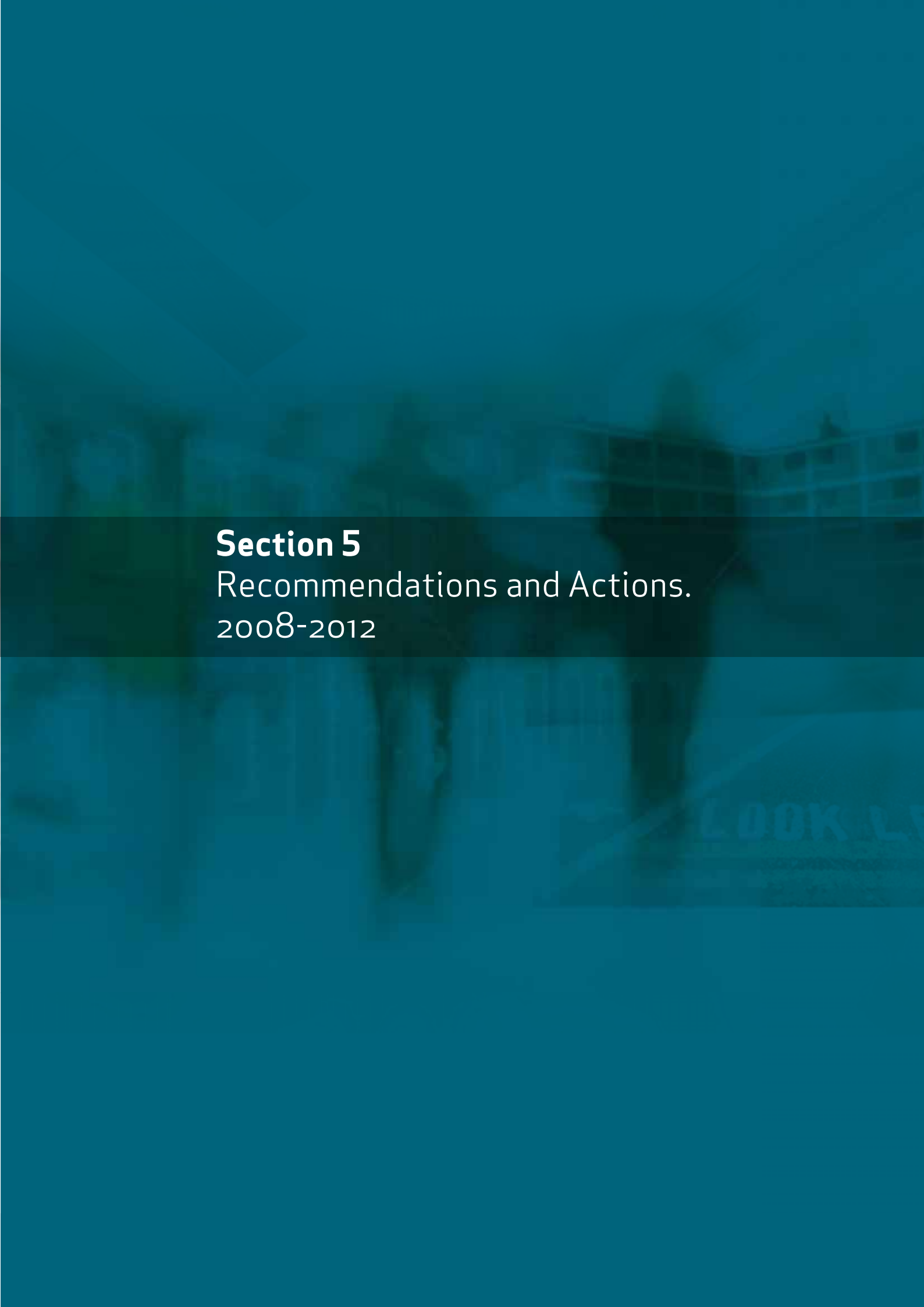
A number of important emerging themes were discussed. Of these, it was agreed to prioritise three, as follows:

- Young people/teenage parents/children of substance misusing parents.
- Homelessness, to include dual diagnosis.
- Polydrug use, to include use of alcohol, prescribed drugs (eg. benzodiazepenes) and the synergistic effects of cocaine, alcohol and prescribed drugs.

Other points raised at the meeting by Task Force members and agreed as being important by all members present were:

- The theme of Rehabilitation should be central to all aspects of the strategic planning process.
- The Plan should focus on the enhancement and mainstreaming of existing services and resources rather than the creation of new ones.

The recommendations are presented in Section 5.



Section 5
Recommendations and Actions.
2008-2012

5. Recommendations and Actions, 2008-2012

The key strategic recommendations agreed by Task Force members at the LDTF strategic planning meeting on 30 November, 2007 are summarised in Table 10 and described in more detail in this Section.

Table 10. *Recommendations identified by LDTF members*

Pillar	Recommendation
Supply/Reduction	• Set up sub-group to explore: - The benefits of the Arrest Referral Scheme - Gardai links with statutory services
Rehabilitation	• Set up sub-group to explore the pathway of rehabilitation based on a model of comprehensive care (as presented in 2nd Strategic Plan). A representative from the Service Users Forum should participate with the appointment being made in the latter half of 2008. • SICLDTF to facilitate the sub-group but not run it. • Review the NDS and Corrigan reports on rehabilitation, and ask the NDS to keep SICLDTF informed of developments. • Lobby for a Four Tiered approach to rehabilitation (eg UK Models of Care (MoC). • Identify gaps in service provision.
Treatment	• Identify key performance indicators (KPIs) for collection of local services data (numbers attending services, waiting lists etc), set up systems to collect data, and produce one-off report to assist SICLDTF identify local drugs issues. • Provide support to local services to facilitate monitoring of service provision and collection of data. • Evaluate the Harm Reduction initiative run by MQI to end Phase 1. Roll out Phases 2 & 3. • Explore how SICLDTF can further link with the NDS on Harm Reduction initiatives and services.
Education/ Prevention	• Conduct Training Needs Analysis • Identify existing training opportunities (eg National Addictions Training Programme). • Identify; obtain access to and funding for accredited, clinical standard training for frontline staff (CBT training at University of Leeds). • Explore ways to provide mentoring support to assist staff deliver new tools learnt from training. • Co-ordinate FÁS ringfenced places.
Other Recommendations	• Develop appropriate interface with Homeless Agency and networks related to homelessness (eg pilot initiative for joint assessment, and settlement of travellers). • Explore the need for dual diagnosis for the homeless. • Acknowledge that polydrug use is an increasingly important issue to address. • Lobby Government to establish the proposed recreational/polydrug service in the city centre, and develop referral protocols for SICLDTF services. • Lobby for 4-tiered service for young people who misuse substances. • Identify family support initiatives in SIC that should be progressed to strengthen families.

5.1 Supply/reduction: Arrest referral

The Arrest Referral scheme is an initiative that seeks to identify problem drug-using offenders in the criminal justice system and refer them to treatment. It has been successfully implemented in England and Wales since 2000. Findings from a UK study on best practice show that contact with an Arrest Referral worker can reduce re-arrest rates, drug use and offending behaviour (O'Shea & Powis, 2003). Arrest Referral can play a key role in rehabilitation. It is currently being piloted for young people in the North Inner City. O'Shea & Powis (2003) provide an excellent comparative case study of examples of best practice in the UK.

A Home Office evaluation of Arrest Referral in 2002 highlighted the following as key factors contributing to the success of different initiatives (Sondhi, 2002):
Schemes should:

- Remain independent of the police. However, good joint working relationships with the police are pivotal to success.
- Offer harm reduction advice where appropriate. Appropriate and sensitive advice can facilitate engagement of offenders in treatment.
- Offer support services and case management to facilitate entry into treatment.
- Develop integrated care pathways consistent with Models of Care (MoC).
- Be extended to young people, alcohol users and detainees in Magistrates' courts.

A key recommendation of the SICLDTF is to set up a sub-group to explore the benefits and potential for implementation of Arrest Referral. There are a number of reports, evaluations and case studies that have been published in the UK that can be considered; examples are given above. As good working relationships between addiction services and the police are critical to the success of Arrest Referral schemes, the subgroup is also well placed to explore the inter-agency relationships between Gardai and statutory/non-statutory drug-related services.

5.2 Rehabilitation

The SICLDTF have identified rehabilitation as being central to all aspects of strategic planning for the next 5 years and key issues for consideration are outlined in this Section.
A summary of the NDS definition of rehabilitation is as follows:

- Structured process in which individuals are helped to regain control of their lives.
- Continuum of care, enabling problem drug users to address their needs at each stage of treatment and recovery.
- Support individuals to improve the quality of their lives and those of their families.
- Support individuals to reintegrate into the community.

In the mid-term Review (2005), the NDS stated that long-term maintenance is not desirable. Instead, they recommended:

- Needs-led services
- Continuum of care – a seamless flow from treatment to recovery
- Aftercare provision – housing, employment, primary care, peer support
- Vocation/life skills training and opportunities, eg FÁS.

Rehabilitation cuts across all services. It includes residential and community detox, family support, homelessness; training and employment; probation and welfare, family and psychosocial support. It also includes all services that form part of continuous care from the first point of engagement. SICLDTF members recommend that a map of service provision is completed to identify gaps in services. They strongly recommend that a 4-tiered model of comprehensive care is explored, such as the UK Models of Care (MoC) to facilitate effective delivery of services, joined up project working, joined up strategic thinking and effective inter-agency protocols for information sharing, referrals, joint assessment and case management. An outline model for comprehensive care was proposed by representatives from Community Response, RDRD, CASADH, Merchants Quay and Coolmine at the Building Confidence conference in 2004, and this provides an excellent baseline from which to develop further the pathways of rehabilitation (Table 8).

Rehabilitation should be needs led and a range of service provision is required to address the wide range of needs that service users present with. It should include both harm reduction and abstinence models, it should address the need for specific service provision for hard-to-reach client groups (eg women, ethnic minorities, young people), and it should be able to rapidly respond to changing patterns of drug use.

5.3 Treatment

Four recommendations were prioritised under the pillar of Treatment; these relate to two areas of concern: 1) the need to collect local services data in order to effectively monitor services and identify emerging trends in local drug misuse, and 2) further develop harm reduction initiatives.

5.3.1 Collection of data

SICLDTF recognise that it is essential to have current, up-to-date local and national data in order to effectively monitor the effectiveness of different projects and services. Key points raised by SICLDTF members are as follows:

- Identify and agree essential key performance indicators (KPIs). These might include numbers of people attending treatment services, waiting lists etc).
- Set up a user-friendly system to collect data, and produce a one-off report to assist SICLDTF identify local drug issues.
- Facilitate data collection by supporting services appropriately.

5.3.2 Harm Reduction Initiatives

Needle exchange is currently the main form of harm reduction operating in SIC and elsewhere in Dublin. In 2005, a cross-Task Force initiative was set up between the LDTFs of Canals Communities, Dublin 12 and SICLDTF to examine issues around harm reduction. However, SICLDTF decided to work solely within its own area through the work of Merchants Quay. Phase 1 of the Merchants Quay initiative is now complete in which a worker was appointed to liase with community groups. To progress further, SICLDTF members propose the following actions:

- Draw on the statistics available and monitor progress.
- Identify priority work for Phase 2 of the Merchants Quay initiative.
- Roll out Phase 2 and 3 with funding.
- Request that the NDS keeps SICLDTF informed of policy and operational developments in harm reduction.

5.4. Education/Prevention

In 2006 a training needs analysis was conducted by Sarah Jane Eliffe for SICLDTF (SICLDTF internal report). The findings identified gaps that were addressed through provision of the following training:

Quantum Training Ltd	Communication Skills Development Programme for project workers
National College Ireland	Community Enterprise Skills Level 3 FETAC Level 6 for project managers
Patricia Quinn Consulting	Governance training for boards of management
Ray Leonard	Group Facilitation for family support workers

In order to meet the demands of changing patterns of drug misuse on the streets, SICLDTF members recognise that it is essential for frontline staff to have continuing access to – and funding for – accredited training at clinical level. An example is the cognitive behavioural training at the University of Leeds (UK) that SICLDTF have attended as part of cocaine response initiatives. A further training skills analysis is required.

There is also recognition that staff can lack the confidence and time to implement new skills learnt through training. Mentoring support is needed, otherwise skills may be forgotten and services will fail to progress.

FÁS provide a number of continuing education courses within SICLDTF services; the number of places is shown in Table 11. SICLDTF members emphasise the need to co-ordinate ringfenced places and also to increase the number of places available.

Table 11. *FÁS ringfenced places in SICLDTF (2007)*

Project	Project type	Places	Places needed
Oliver Bond:	Drug specific	19/20	20
Merchants Quay	Drug specific	80	100
Casadh	Drug specific	30	37
RDRD	Drug specific	11	18
RADE	Drug specific	25	25

Recommendations under the pillar of Education/Prevention are:

- Conduct a training needs analysis that 1) examines skill gaps within services, and 2) identifies appropriate training programmes nationally (eg National Addiction Training Programme) and internationally.
- Explore opportunities to deliver mentoring support to newly trained staff.
- Co-ordinate FÁS ringfenced places, and increase the number of ringfenced places available.

5.5 Homelessness: recommendations

The Homeless Agency, with the support of volunteers, made a count of the homeless sleeping rough in the Dublin City Council area in November, 2007. One hundred and four were counted, 45 of whom came from SIC. This count did not take into account "sofa surfers" or people staying in hostels and other temporary accommodation.

Sharif (2003) identified why people become homeless. Crisis points can include relationship breakdown, unemployment, substance misuse, mental health issues, eviction or difficulty sustaining tenancy, previous contact with the criminal justice system, and previous contact with institutions such as the armed forces, hospital or prison with no community support network to return to.

In a survey of homeless people in Ireland (Lawless & Corr, 2005), 49% had significant alcohol problems and this percentage rose to 70% in Dublin. The Depaul Trust (Depaul Trust, 2005) reported that 84% of the total service users of the Aungier Street wet hostel for street drinkers had experience of sleeping rough and 75% had slept rough for one month or more.

It is also clear that homeless people increasingly present with polydrug behaviour, especially among young people. The Managers of the Ana Liffey project, Depaul trust and Coolmine Therapeutic community all report that substance misuse among the homeless is no longer confined to street drinking (Giaquinto, 2007).

SICLDTF is at the forefront of homeless provision through the work of the Coolmine Therapeutic Community. Task Force members recommend that appropriate interfaces are developed with the Homeless Agency and networks relating to homelessness, particularly with respect to the pilot initiative for joint assessment and settlement

of travellers in the area. This is seen as a priority. Joint assessment is a fundamental component of continuum of care and fits with SICLDTF's focus on developing a best practice model for streamlined service provision.

The Mental Health Foundation (1996) reported that two thirds of homeless people could have significant mental health issues including bipolar disorder, clinical depression and schizophrenia. There is no doubt that a tragedy is waiting to happen on Dublin's streets. In recognition of this, Task Force members recommend that an assessment is conducted to identify 1) the prevalence of mental health issues amongst substance-misusing homeless, and 2) the need for dual diagnosis workers who link between addiction and mental health services.

5.6 Polydrug and recreational drug use

Cocaine

Anecdotal data strongly suggests that cocaine use is becoming increasingly prevalent in Ireland and its misuse spans across all sectors of the population. Currently, there are no substitution treatments available although many have been tried. Instead, treatment focuses on short-term interventions such as cognitive behavioural therapy for mood stabilisation. It is likely that, as in England, the extent of cocaine use is not detected by treatment services because 1) cocaine users rarely present to services until they are in crisis, 2) people may over-emphasise heroin use and under-report cocaine use in order to get a script, and 3) drug workers may be reluctant to ask about cocaine use because they feel there are no effective treatment options to offer (Giaquinto & Geelmuyden, 2005).

Yet, it is extremely important that cocaine use is identified when a client presents to services. Cocaine is frequently combined with other drugs, especially alcohol and heroin, and there are severe health risks associated with the synergistic effects of these drugs (RGCP Guidelines, 2004). For instance, the combination of alcohol with cocaine leads to a 24 fold increase in the risk of heart attack. Cocaine can exacerbate underlying mental health issues such as schizophrenia, ADHD and bipolar disorder. Cocaine depletes serotonin and dopamine levels, so suicide ideation may be high, and extensive cocaine/crack use can lead to paranoia, violence, hyperactivity and other bizarre and dangerous behaviours.

In the UK, cocaine was traditionally seen as a recreational drug of the professional classes, and crack was associated with disadvantaged communities. Over the last 5–10 years these boundaries have become blurred, widespread crack use and the combination of crack with heroin (injected) have become a major challenge for addiction services. It is not clear if a similar trend will develop in Ireland; nevertheless it is essential that services are prepared to respond to increasing levels of crack use and they are provided with the appropriate training to work with this very difficult client group.

SICLDTF members recognise how important it is to address polydrug use and the need to be able to effectively respond to emerging trends in drug use. The NDS proposed a polydrug treatment centre in the inner city although plans for this have not progressed. The recommendation is for SICLDTF to lobby Government to establish the proposed polydrug service in the city centre, and develop referral protocols for SICLDTF services.

5.7 Alcohol

With the development of the NDS and the establishment of Drug Task Forces drug policy has become situated firmly in Ireland's social inclusion framework and it involves multi-sector partnership working and community consultation. The 1996 National Alcohol Policy also favoured a partnership, health promotion approach which recognises the connection between alcohol consumption, public health and societal problems (Duffin, 2006) but there have been strong lobbies from the retail sector and little enthusiasm from Government to fund alcohol treatment services at the same level as drug treatment. The national drug policy recommended the creation of a working group to integrate drug and alcohol services but until this happens alcohol lies outside the remit of LDTFs. This is in spite of the clear evidence that alcohol misuse is evident in the lives of most substance misusers and its misuse has severe health and societal implications particularly when mixed with other illicit and prescribed drugs. SICLDTF recommend that this issue continues to be discussed at national policy level.

5.8 Benzodiazepenes and other prescribed drugs

There is growing concern about the prevalence of misuse of benzodiazepenes and other prescribed drugs. Loughran & McCann (2006) reported that up to 70% of people on methadone maintenance are prescribed benzodiazepenes even in light of the evidence that long-term use has severe psychological and physical health implications. SICLDTF recommend that they keep abreast of developments in this area.

5.9 Young people

In 2006, SICLDTF convened a seminar to examine concerns about young people's contact with drug treatment services. Representatives from 35 different agencies responded to questions about numbers of vulnerable young people in different parts of SIC and barriers that exist which prevent them from accessing services.

SICLDTF members have recognised the gap in streamlined service provision for young substance misusers in the area. The recommendation is to lobby for a specialist service similar to YODA in Tallaght that provides specialist intervention to all young people who experience difficulties with substance misuse.

As with all the LDTFs, there is a link with the YPFSF through the Chairperson. The Chairperson of the Development Committee of YPFSF is also a community representative on the SICLDTF.

In May 2006, SICLDTF hosted a seminar to address issues around the engagement of young people involved at risk of drug misuse in the area. Findings are summarised as follows:

- Barriers to accessing treatment include:
- Language and cultural difficulties for non nationals.
- Lack of extended service opening hours (evenings and weekends).
- Homeless young people cannot access services without proof of residence in the area.
- Perception that services do not meet the needs of young people and staff need appropriate training to work with young people.
- Drug misuse has been normalised.
- Services no longer provide diversionary activities that interest young people. For instance, it was emphasised that young people are more interested in social activities and IT than sport.
- Insufficient capacity to provide counselling.
- Education/prevention initiatives are not addressing young people's needs.
- Insufficient outreach.

However, there was commendation for the increased capacity and resources for family support initiatives and it is likely that some of the barriers outlined above may be addressed through the recent appointment of four family support workers and the delivery of rehabilitation strategies. Participants at the seminar identified examples of best practice that included:

- The Gardai Diversionary Programme at St Catherine's Centre, Marrowbone Lane
- Dawn Project, Clondalkin
- Carline Project, Clondalkin and City Motor Sports
- Coffee shop in St Theresa's.

5.9.1 Addressing early school leaving

SICLDTF commissioned a comprehensive piece of research into the factors that contribute to early school leaving in the SW Inner City area (Downes & Maunsell, 2007). The report, Count Us In, recommended development of a number of strategies, the most significant of which was to develop a community based psychological service for the SW Inner City to provide a 3-tiered programme of support, including the following:

- Speech and language therapy.
- Childcare and youth workers to provide group work to build self esteem, tackle

bullying, provide drug prevention, peer support, sex and relationship education.
- Community based services which target both families and individuals, and which include a senior family therapist and a community psychologist.

A working group has been set up to examine other recommendations from the report. Some of these are being addressed through the Strengthening Families Programme initiative described in Section 5.10.

5.10. Family Support

Family Support Work in the SIC area

The Task Force funds five Family Support Workers in the area; they are located with five project promoters. The overall aim of the role is to provide support and information to families who are affected by addiction including parents, siblings and children. The Task Force encourages and supports the workers to collaborate with each other in order to provide a service that is as cohesive as possible to the community. It also provides group supervision to the workers to facilitate an environment where they can discuss the work and develop ideas.
Some of the initiatives that have been carried out are:

- An annual service in a local church to remember those lost through addiction.
- A Christmas candle light procession, followed by a tree lighting ceremony.
- One to one support, information and a referral service provided on an ongoing basis.
- Development of the DVD "Men at Work", a drama devised by the fathers of addicts to encourage men to seek support.

The recommendation taken forward under the cross pillar of family support is to identify initiatives that can be progressed to strengthen families.

Over the last three years, NDS have recognised that in order to break the inter-generational cycle of substance misuse (now into the third generation in some families) it is vital to provide generic and specialist family support services, including peer support, easily accessible information and advice, interventions for teen and lone parents, and specialist support for children of substance misusing parents. Coolmine Therapeutic Community have proposed delivery of the Strengthening Families Programme (SFP) which is an evidence-based support programme for 6-12 year old high risk children and their families designed by Karol Kumpfer in 1983. SFP includes three separate 14-week course curricula: Parent skills training, Children's skill training and Family lifeskills training

Parent skills training (1 hour weekly- concurrent with children's skills training):

- Parents learn to increase desired behaviours in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving and limit setting.

Children's skills training (1 hour weekly- concurrent with parent skills training):

- Children learn effective communication, understanding feelings, social skills, problem solving, resisting peer pressure, consequences of substance use and compliance with parental rules.

Family life skills training (combined second hour weekly):

- During the second hour families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviours in each other and plan family activities together.

In summary, SFP outcomes include:

- Decreased use and intention to use alcohol, tobacco and other drugs.
- Enhanced children's resilience factors by improving children's' social and life skills, peer resistance and communication skills.
- Improved child/parent attachment and family relations, communication and organisation.
- Improved adult parenting skills, reductions in excessive punishment or lax discipline, improvement in parenting self-efficacy, family management skills, supervision of children and reduction in physical punishment.
- Reduction in children's behavioural problems- drug use, anger management, aggression, violence, as well as emotional problems such as depression

Coolmine have recognised that effective implementation of the programme requires the following:

- Recruit and train at least four effective group leaders, two to run the children's groups and two for parents groups.
- Identify a co-ordinator to recruit families by stressing the improvements on family relationships, parenting skills and children/youth behaviours and performance.
- Use creative recruitment strategies attached to the needs of the participating families, such as special incentives, family meals, transportation and childcare.
- Conduct a needs assessment and evaluate the programme using standardised family, parent and child outcomes measures and use the outcome and process measures for continuous quality improvement as outlined in the training course.

5.11. Schedule for implementation of recommendations

Table 12 shows the schedule for implementation of the SICLDTF recommendations, as agreed by Task Force members.

Table 12. *Timelines for implementation of recommendations*

Pillar	Recommendation	Timeline
Supply/Reduction	Set up sub group to explore benefits of Arrest Referral scheme	April, 2008
Rehabilitation	- Set up sub group to explore rehabilitation pathways. - Appoint representative from Service Users Forum into sub group. - Review NDS/Corrigan reports - Request NDS keep SICLDTF informed of developments in rehabilitation policy - Lobby for 4-tiered approach to rehabilitation. - Identify gaps in service provision	April, 2008 Jan, 2009 June, 2008 Feb, 2008 Ongoing Jan, 2009
Treatment	- Identify KPIs for collection of data - Provide support to local services for monitoring & collection of data. - Roll out Phase 2 of Harm Reduction initiative. - Roll out Phase 3 of Harm Reduction initiative. - Explore how SICLDTF can link with NDS on Harm Reduction initiatives	Sept, 2008 Dec, 2008 Oct, 2008 June, 2009 Ongoing in 2008/9
Education/ Prevention	- Conduct Training Needs Analysis - Identify training opportunities for frontline staff. - Identify ways to mentor newly trained staff. - Co-ordinate FAS ringfenced places	Nov, 2008 Aug, 2008 Aug, 2008 Feb, 2009
Other	- Develop interface with Homeless agency. - Explore need for dual diagnosis for homeless. - Acknowledge level of polydrug use. - Lobby Govt to establish treatment centre for polydrug use. - Lobby for Tier 4 service for young substance misusers. - Identify family support initiatives.	Mar. 2009 June, 2009 Ongoing Ongoing Oct, 2009 Oct, 2008

5.12. Conclusions

SICLDTF have progressed the strategic planning process in a systematic and inclusive manner which has included a number of consultations with Task Force members and service providers in the SICLDTF area, and which has considered examples of best practice in other Task Force areas and in the UK. Key recommendations arising from the consultative process are in line with national policy. SICLDTF recognise the changing nature of substance misuse in which the epidemic of heroin use, confined to areas of disadvantage in Dublin in the 1990s, has shifted to more extensive polydrug use that spans across all communities in Ireland, irrespective of social and economic status. This trend is of major concern to SICLDTF and they have responded with a call for training and mentoring of staff in order to provide effective treatment for polydrug users. SICLDTF also recommend inclusion of alcohol within the NDS policy, and the creation of a polydrug treatment centre in the city centre.

In 2005, SICLDTF recommended implementation of a model of comprehensive care, similar to the 4-tiered Models of Care introduced into England and Wales in the UK. This is compatible with streamlined rehabilitation proposed by NDS in the 2005 Mid term Review which recognised the importance of joined up thinking by creating a 5th pillar dedicated to rehabilitation.

The recommendations proposed by SICLDTF for 2008-2012 recognise that without a solid evidence-base, services will struggle to effectively respond to newly emerging patterns of drug misuse on the streets. Therefore, recommendations emphasise the need to gather and analyse data, identify KPIs and develop mechanisms for regular monitoring and review.

Marginalised groups who may find it difficult to access services are also recognised in the strategic plan which recommends steps to provide more inclusive and more joined up service provision for the homeless, young people, and non nationals.

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Appendix

Appendix 1: Projects and services in SICLDTF area in receipt of LDTF funding (2008)

ROUND 1:

SIC 1 **Coolmine**
Funding for Parent to Parent Programme

SIC 2 **Merchants Quay Ireland**
Funding for training in drugs and addiction

SIC 5 **Westland Row C.B.S.**
Funding for after school activities

SIC 7 A **Marrowbone Lane Residents**
Funding for activities in residential programmes

SIC 7B **School Street**
Funding for activities in residential programmes

SIC 7D **Michael Mallin**
Funding for activities in residential programmes

SIC 7E **Marrowbone Lane Tenants**
Funding for activities in residential programmes

SIC 17 **Community Response**
Funding for community drug workers programme

SIC 18 **Donore Community Drug Team**
Funding for project worker

SIC 20 **Casadh**
Project funding

SIC 22 **Ashleigh House**
Project funding

ROUND 2:

SIC 2-1 Mercy Family Centre
Funding for family support worker

SIC 2-2 Whitefriar/Aungier Area Community Council
Funding for family support worker

SIC 2-3 Oliver Bond – C.A.P.
Funding for family support worker

SIC 2-4 Elah Counselling
Discontinued

SIC 2-5 Marist Rehabilitation Centre
Discontinued

SIC 2-6 Rinn Development
Funding for rehab/sailing programme

SIC 2-7 Connolly Information Centre
Discontinued

SIC 2-8 Ruhama (Women's Project)
Funding for Outreach Service

SIC 2-9 Ringsend Action Project
Funding for community animateur

SIC 2-10 Fountain Resource Group
Funding for family support service

SIC 2-11 An Garda Siochana
Discontinued

SIC 2-12 Whitefriar Street Aikido Club
Funding for conflict resolution/aikido programme

SIC2-13 Targeted Intervention
Funding for targeted outreach programmes

SIC 2-14 Exchange House Travellers
Funding for travellers support programme

SIC 2-15 Community Response
Funding for family support worker

SIC 2-16 Donore Community Drug Team
Funding for Community Drug Team

SIC 2-17 Teen Challenge
Funding for Residential Treatment Centre

SIC 2-18 SWICN
Funding for drugs education worker

SIC 2-19 St Andrews Resource Centre
Funding for the enhancement of existing drug awareness programmes and development of further prevention programmes.

SIC 2-20 SICCDA (Research)
Funding for the Life Start Project

SIC 2-21 SICLDTF PROJECT DEVELOPMENT BUDGET
Funding for Project development in the S.I.C.L.D.T.F.

CTF 1 SUAIMHNEAS PROJECT
Joint venture with the North Inner City Local Drugs Task Force, for the establishment of a solution focused support service to 12 inner city primary schools.

EMERGING NEEDS:

SIC 2B-1 Ashleigh House
Funding for 24/7 cover

SIC 2B-2 CASADH
Funding for family support worker

SIC 2B-3 Ruhama
Funding for second outreach worker

SIC 2B-4 Rade
Funding for project worker

SIC 2B-5 Exchange House
Funding for female outreach worker

SIC 2B-6 Rinn Development
Funding for skipper, mate and part-time administrator

SIC 2B-7 Merchants Quay Ireland
Funding for harm reduction outreach worker

SIC 2B-8 C.A.D.
Funding for two part-time tutors and a part-time development worker.

SIC 2B-9 Fountain Resource Centre
Funding for parenting course

SIC 2B-10 Teen Challenge
Funding for project worker

SIC 2B-11 R.D.R.D.
Funding for project worker

SIC 2B-12 School Street
Funding for project leader

Appendix 2: SICLDTF's written response to the NDS Mid term Review, 2005

NATIONAL DRUG STRATEGY MID-TERM REVIEW

Submission from The South Inner City Local Drug Task Force

Name of Organisation:	South Inner City Local Drug Task Force.
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September 2004.

Forward:

On behalf of the South Inner City Local Drug Task Force I welcome the opportunity to take part in this very worthwhile process. The process has afforded the Task Force with the opportunity to discuss specific issues

In compiling this submission the SICLDTF has drawn from the expertise within its composition (Statutory/Community/Voluntary groups) we undertook a daylong session in drafting our submission. This submission is based on an analysis of action points under the strategy and their delivery to date.

The second strand of our deliberations focussed on our Local Drug Task Force and South Inner City issues specifically. It is important to state at the outset that the overall trust of our submission is to concentrate on "Key Actions" of the strategy as a means of identifying future priorities.

Tom Brunkard Chairperson. (SICLDTF.)

Introduction:

The South Inner City Local Drug Task Force was established in 1997 to facilitate a more effective response to the drug problem within the catchment area in line with the government's drug policy. The Task Force was set up to provide an integrated response to the problem of drug misuse. The aim of the Task Force has been to establish innovative services to address drug related issues within the South Inner City Drug Task

Force area. In that regard we have developed two Service Development plans
There are currently 9 Mainstreamed projects from the first round of funding. There are 17 projects currently receiving interim funding (8 from first round and 9 from second round) 20 projects were funded under the second round of funding plus two projects cross-task force funded. There are six projects receiving Capital funding.
(Service funding round 1= €1,096,455 Service funding round 2 = €1209316
Capital funding round 2 = €1,081,304)
The composition of the task force is as appendix 1.

Methodology:
In order to consider the key issues we deliberately concentrated on the those actions which in the view of the Task Force are of critical importance to the future delivery of the strategy and to date have been underdeveloped. We have divided our observations into sections under each of the four Pillars namely:
Supply Reduction / Prevention / Treatment /Research. It should be noted we have identified Rehabilitation as a distinct category under the one hundred actions. (For reasons outlined in our submission)
The first section of our submission deals with the progress to date of the 100 actions of the National Drug Strategy 2001/2008 under the four pillars.
The second section of our submission will focus on the workings of the Local Drug Task Forces within the overall framework of the National Drug Strategy, in this section we concentrate on the Insights we have gleaned and the Issues emerging from the Task Forces in general and the South Inner City in particular.

Section 1.

Supply/Control: Under the section Supply / Control the Task Force have focussed on 5 actions, which we feel should be a priority for the remainder of the strategies.

Actions 5/11. The Task Force are not aware of guidelines been established, there are concerns regarding community participation in such a fora. Structures appear to be informal; in addition there are concerns by the community pillar regarding their participation in such a fora.

Action 19. The Task Force recognise the need for early intervention. However this is by virtue of the fact that the bill provides for formal linkage with the local authority structure, which is not necessarily the same thing. All stakeholders do not appear to have bought into this action.

Action 20. While the Task Force are aware of the drug courts we feel there should be an extension of the programme. Also there needs to be a uniformed understanding regarding the complexities of the drug problems amongst the judiciary.

Action 22. The Task Force wishes to acknowledge some expansion to prison based programmes. Guidelines are too rigid; we should create a mechanism to enable easier access for service users.

Education/Prevention: Under this section Education/Prevention the Task Force have focused on 5 actions.

Action 31. In our experience this action has not been delivered to date. Whilst we acknowledge the time constraints on Teachers we feel there is a need for "Time and Space" to be provided within the formal education setting. Furthermore we feel in some cases there is a need for upskilling of Teachers in the area of substance usage.

Actions 32/72. Insufficient training in place for successful outcomes to be achieved.

Action 34. This action recognises the importance of the participation of parents in these programmes however, based on experience their appears to be a lack of involvement from parents accordingly a mechanism needs to be put in place to encourage parents to become involved in such programmes.

Action 36. Whilst there have been a number of programmes aimed at the issue of early school leaving. There does not appear to be a uniform approach across the educational system. Also it is not recognised by mainstream education

Action 43. The South Inner City Drugs Task Force are aware of the guidelines set up by Dr. Mark Morgan. Whilst we commend the establishment of these guidelines the Task Force are not satisfied the guidelines have been adhered to or applied uniformly.

Treatment: Under the section Treatment the Task Force have focussed on 4 actions.

Action 41. The Benzos working group submitted its report with a number of recommendations. The responsibility (for prescriptions) is with treatment doctor and not with the local doctor this can create a situation where the client has access to a number of options in relation to the use of benzodiazepenes

Action 44. The Task Force recognise the importance of counselling as a key therapeutic response for recovering drug users. While there have been improvements in accessing treatment there are still some waiting lists.

Action 47. The employment of key workers were identified as a key component. However, because of the embargo on recruitment in the Health Boards the positions have not been filled.

Action 51. This action calls for a co-ordinated plan in each Health Board area providing a comprehensive and locally accessible range of services in the context of needle exchange.

Action 54. This recommendation is critical particularly to women accessing services. Integration between the Health Board and the department of Justice and Law Reform does not appear to have taken place. Thereby resulting in an under provision of the services.

Research: Under the section Research the Task Force have focussed on 2 actions.

Action 67. The required action is to properly record drug related deaths. This does not appear to have taken place during the first three years of the strategy. This matter needs to be prioritised as urgent.

Action 89. This action was to consider funding on a pilot basis, training initiatives to strengthen effective community representation and participation in Regional and Local Drugs Task Forces. This action has not occurred.

Rehabilitation:
Although Rehabilitation has not been allocated a pillar under the Strategy the Task Force have identified Rehabilitation as a distinct component of the strategy. Accordingly we have suggested that for the remainder of the strategy Rehabilitation should be established as a separate pillar.

Under the section Rehabilitation the Task Force have focused on 3 actions.

Action 68. While there is a clearly identified need for a Tenant worker there is no developed service to support the re-integration of drug users into society.

Action 74. There are 1,000 ring-fenced places available. The three-year period on Community Employment in our opinion is to short for recovering drug users. Greater flexibility needs to be shown. Furthermore, when certain areas do not take up their allotted numbers the unclaimed amount should be given to projects where shortfalls take place.

Action 76. FÁS gather a great deal of Information through its involvement in the community employment projects, but this information has not been shared. There is a requirement that the relevant information be released and more research conducted in this area.

Section 2:

The remainder of our submission concentrates on the key issues emerging from the Task Force in general and the South Inner City in particular.

Key Issues:
In compiling this section the Task Force have drawn on insights, which we have gleaned, from its experiences since 1997.

(1) Cocaine is now a major issue in the context of substance misuse accordingly this has led to gaps in services. Consequently there is an urgent requirement to create a comprehensive service to deal with the changing nature of drug misuse.

(2) Whilst drug issues transcend all strata of society it has a particularly acute effect on vulnerable groups such as women and children, therefore a uniformed approach is not appropriate. Some groups require a more in-depth intervention as appropriate. In particular there is a need for a dedicated service for women and children. Including detox, support services, crèche facilities, and support for school going children.

(3) A key strength of the Task Force is the Voluntary contributions of all sectors involved. In this regard all members of the Task Force require ongoing training. Regarding capacity building we would refer to "action 89". All members of the Task Force require ongoing training to enhance their involvement on the task force, and around issues associated with substance misuse.

(4) In the opinion of the Task Force the one area of the National Drug Strategy, which has been least delivered upon, has been Rehabilitation.
Whilst the Task Force acknowledge the work of FÁS. In relation to the delivery of Training we would question whether FÁS is the correct Agency for the delivery of Rehabilitation. The Task Force feel that Rehabilitation requires the collaboration of a number of agencies in its delivery. Hence, work needs to be done around collaborative experiences and its role in the overall structure.

(5) The abuse of alcohol with other substances needs to be explored. This may require a greater integration between the alcohol and drug strategy.

Since the commencement of the Task Forces two plans have been implemented and a number of issues have been identified. One such issue is that funding has not kept pace with increases in the cost of living and shortfalls have created difficulties in the recruitment of staff and also the retention of staff.

There has also been disengagement by some statutory groups causing a reduction in the morale of the Task Force. In the context of future development of the Task Force we feel a more flexible arrangement regarding funding may be necessary. The old system where Projects were initially funded, then received interim funding and finally became mainstreamed has caused problems to project promoters and the funding agency involved. (Capacity to handle the number of new projects being mainstreamed). Accordingly it may not be appropriate for future funding to be secured in the same way.

In order to provide effective services at ground level the South Inner City Local Drug Task Force held a Conference to examine all issues that were currently arising. One major issue that was identified was the need for a Model of Comprehensive care.

"Model of Comprehensive Care" This model covers all aspects of services currently provided it could also be used as a template to identify gaps in services and future priorities.

Appendix 3: Statutory Services operating in SICLDTF

Table 3A describes the key statutory services operating in SICLDTF area.

Table 3A. *Key statutory services operating in SICLDTF area*

Name	**An Garda Siochana**
Location (DED)	SIC has 3 Garda districts: "A"- Kevin St & Kilmainham; "B" – Pearse St & HarcourtTerrace; "C" – Donnybrook & Irishtown.
Mission	"To achieve the highest attainable level of personal protection, community commitment and state security".
Services	- Policing & law enforcement; detection of drug offences and prosecution of these cases in Court. - "Drugs talks" as part of schools programme which involve Gardai visiting secondary schools and talking to pupils about substance misuse. Thirty-five schools were visited in SIC in 2007. - Each District has a Drug unit headed by a Sergeant in Charge
Name	**Dublin City Council (DCC)**
Mission	DCC is committed in the interests of good estate management to ensure as far as is possible that the peaceful occupation of its tenancy dwellings will prevail without disruption from anti-social behaviour by tenants. In 2006, DCC received 2000 anti-social behaviour complaints, 170 of which were drug related.
Services	DCC seeks to address anti-social behaviour through the following services: - 6 Sports Development Officers - 8 Community Workers - 40 staff working in various community centres, eg St Catherines, Dunore Avenue. - Housing Welfare officers who advise tenants about substance misuse and refer to treatment & recovery programmes.
Name	**FÁS**
Location	Various projects in SIC
Mission	*"To promote a more competitive and inclusive knowledge-based economy in collaboration with our stakeholders by enhancing the skills & capabilities of individuals and enterprises".* FÁS provide a number of Task Force projects in SIC which offer a training/educational outlet for people recovering from substance misuse. The aim is to provide purpose, focus and a constructive means to achieve positive social inclusion for its participants.

<table>
<tr><td>FÁS Places</td><td>
<table>
<tr><th>Project</th><th>Project type</th><th>Places</th><th>Places needed</th></tr>
<tr><td>Oliver Bond:</td><td>Drug specific</td><td>19/20</td><td>20</td></tr>
<tr><td>Merchants Quay</td><td>Drug specific</td><td>80</td><td>100</td></tr>
<tr><td>Casadh</td><td>Drug specific</td><td>30</td><td>37</td></tr>
<tr><td>RDRD</td><td>Drug specific</td><td>11</td><td>18</td></tr>
<tr><td>RADE</td><td>Drug specific</td><td>25</td><td>25</td></tr>
</table>
</td></tr>
<tr><td>Name</td><td>Department of Education & Science</td></tr>
<tr><td>Services relating to NDS strategy</td><td>- Provide representation to RDTFs and LDTFs
- Increase the number of educational welfare officers to all LDTF areas
- Expand the WalkTall support service to other disadvantaged areas
- Continue to provide drug prevention education as part of SPHE programme
- Expand the Home School Liaison scheme
- Administer YPFSF funding</td></tr>
<tr><td>Name</td><td>Probation & Welfare Service</td></tr>
<tr><td>Mission</td><td>“The Probation Service is the lead agency in the assessment and management of offenders in our communities. On behalf of the Dept of Justice, Equality & Law reform and in conjunction with Courts Service, An Garda Siochana, the Prison Service and the wider community, we provide high quality assessment of offenders and a professional and effective management of services and supports to bring about positive change in the behaviour of offenders”.</td></tr>
<tr><td>Services</td><td>- Drugs Courts (Drug related court referrals to Probation are conditioned under supervision to engage with drug services whose primary purpose is to assist in the process of rehabilitation or stabilisation.
- Drug treatment programme in Mountjoy Prison which provides counselling to prisoners considering taking a HIV test.
- Alcohol education programmes for alcohol-related offences.
- Supports wide range of large voluntary drug agencies, notably Coolmine and Merchants Quay.</td></tr>
</table>

Name	Health Service Executive (HSE) Dublin Mid Leinster
Mission	"HSE aims to provide effective and sustainable services to promote healthy options for individuals, families and communities through a partnership approach with clients and service providers".
Services	Drug treatment services include addiction/scripting clinics, psychiatric services, Trinity Court central referral service, GPs and community pharmacists, inpatient services, residential rehabilitation programmes, aftercare support programmes and liaison with healthcare professionals. It provides funding to the following services in SIC: **<u>Section 39 Projects</u>** **CAD (Community Awareness of Drugs) -To provide drug awareness programmes.** **CAP (Community Addiction Programme) (Oliver Bond) – To provide a support service and the provision of a Drop in Centre.** **Community Response – To provide training & educational programmes in the South Inner City.** **Donore CDT– To provide support services to drug misusers in the Donore area.** **Merchants Quay Project – To provide a support service for drug users with specific reference to HIV.** **Ringsend & District Response to Drugs (RDRD) – To provide support services to drug misusers in the Ringsend area.** **<u>Mainstream Projects</u>** **CAP (Community Addiction Programme, Oliver Bond) – To provide a support service and the provision of a Drop in Centre.** **Community Response – to provide training & educational programmes in the South Inner City.** **Merchants Quay Project – To provide a support service for drug users with specific reference to HIV** **Ringsend & District Response to Drugs (RDRD) – To provide support, aftercare & counselling services in the Ringsend area.** **Coolmine Project – To provide a day programme in the Cork Street area.**

HSE Services (continued)	**Task Force Projects South Inner City** **Coolmine House Parent to Parent** **Merchant's Quay Project – Drug Awareness Course** **Community Response** **Donore CDT – Outreach Worker – extension to existing half time post.** **Donore CDT** **Casadh Project** **Ashleigh House Project** **Mercy Family Centre – Family Support Worker** **Whitefriar St. Community Centre – Family Support Worker** **CAP Project – Family Support Worker** **Ruhama – Outreach service to women engaged in prostitution** **Ringsend Action Project – Substance Misuse Comm. – Development Worker** **Fountain Resource Group** **Traveller Programme Exchange House** **Community Response – Family Support Network** **Donore CDT** **Teen Challenge – Residential Treatment** **South West Inner City Network (SWICN) – Drug Education Programme** **St Andrews Resource Centre - Enhance existing drug education & awareness programmes & develop further prevention programmes.** HSE also funds a number of residential detox beds available to SICLDTF, including Cuan Dara (14 beds), Beaumont (10 beds) and Cuan Mhuire (12 beds). The following beds are available to SICLDTF for residential rehabilitation: Merchants Quay (11 beds, 1 year residential at Tullow; 12 beds 3 months residential at Hyde Park), Rutland Centre (contract places), Coolmine (contract places), Marist Rehab Centre (13 beds), Aislinn (12 beds) and Keltoi (12 beds).