Drug use Trends

There continues to be a “greying” of the opiate using population in treatment and CTL numbers are once again static or slightly down overall from the previous year.

CTL Figures for 2015 remain relatively stable.

As reported in previous years the overall trend in Opiate use continues to reduce or remain stable, however projects and services continue to report an increase in demand for services relating to poly drug use, particularly amongst younger presenters. This is predominantly a mixture of some or all of the following: Weed (Herbal cannabis) Alcohol, both licit and illicit, and internet sourced Benzo’s. Some amounts of other Amphetamine based stimulants such as “E” or derivatives. There is also sporadic anecdotal report of other synthetic drugs available such as, crystal meth. Numbers reporting Cocaine use have risen in 2015 showing an upward trend.

Alcohol

In March 2015 The BLADTF sought the assistance of the Treatment & Rehabilitation Subgroup to complete a mapping exercise of alcohol services in the Dublin 10 area. The report outlines national and international best practice in the treatment of alcohol dependence and maps the addiction services in the Dublin 10 area. It also outlines each services approach to the work and how alcohol services in the area meet the standards of practice outlined in the National Alcohol Strategy. An outline of national and international on-line support for individuals affected by alcohol is also listed.

Some service gaps emerged in the mapping including:

a. The absence of a non faith based alcohol support group in the Dublin 10 area, such as the SMART recovery model which works to empower individuals to take responsibility for their alcohol misuse problem.
b. An awareness campaign on both the recommended alcohol consumption for women and men and the services in that support individuals with alcohol misuse problems.

c. The absence of a family support service similar to the HSE alcohol service ‘Glen Abbey’ in Tallaght, which provides education and awareness to those who have difficulties with alcohol and their partners and also group work support to both.

Recommendations Included:

a. The introduction of the SMART recovery model in the D10 area.

b. Awareness campaign on the alcohol services in the area.

c. Exploration with the HSE on the viability of an alcohol service, similar to Glen Abbey for the D10 area.

Scale of the problem:

In April 2014 the Health Research Board published figures on treated problem alcohol use in Ireland between 2008 and 2012. The total number of cases treated for problem alcohol use increased from 7,940 in 2008 to 8,604 in 2011, decreasing to 8,336 in 2012. Of those treated in 2012, 17% reported using at least one other drug, a similar proportion to that observed in previous years. Of the problem alcohol use cases treated for the first time in 2012, 63% were men 5% were under 18 years old and 3% were homeless. The median age was 38, similar to previous years.

The total number of new cases treated for problem alcohol use increased each year except for 2012. The number of new cases treated rose by 17.9%, from 3,833 in 2008 to 4,520 in 2011, but dropping to 4,028 in 2012. Overall, the number of cases who returned for treatment increased (by 16.8%), from 3,606 cases in 2008 to 4,212 in 2012. Eighteen percent of those treated for problem alcohol use in 2012 also reported using at least one other drug, a similar proportion to that observed in previous years. In 2012, the most common drugs used by treated alcohol cases in conjunction with alcohol were cannabis, followed by cocaine, benzodiazepines and ecstasy. (Health Research Board (2014) Treated problem alcohol use in Ireland: figures for 2012 from the National Drug Treatment Reporting System. National Health Information Systems, Health Research Board)

Of all problem alcohol use cases treated in 2012, over half were outpatient treatments, 40% inpatient and 6% provided with low threshold services only. These figures are consistent with
previous years. Over half received one initial treatment intervention only. A further 23% received two interventions, 11% three interventions, 4% received four and 6% received five interventions. The NDTRS records the treatment intervention(s) provided when the client is first admitted to a treatment service.

Counselling was the most common initial treatment intervention, being recorded in 52% of cases, followed by brief intervention (42%), group counselling (27%), education (25%), alcohol detoxification (24%) and medication-free therapy (19%).

Overall the scale of the Alcohol problem in Ballyfermot is reflective of the national findings but the underlying problem is for the most part hidden by the cultural acceptance of Alcohol.

Compiled by Ballyfermot T&R Subgroup

Individual Project Reports 2015

Job Plan
Job Plan, funded by the Ballyfermot Drugs Task Force through the Department of Social Protection, is a bridging course for people coming from a background of drug or alcohol misuse who are interested in exploring options around re-entry into work.

The overall goal of Job Plan is to enhance readiness for employment, training, and treatment or return to education while addressing substance misuse issues. The programme operates Monday to Friday in the mornings for twenty five weeks based in our Drumfinn Park office and includes FETAC accredited training on computers, job-search skills and personal and interpersonal development, which includes Motivational Enhancement Therapy and Relapse Prevention elements. All of these are underpinned by an approach which aims to plan and establish practical re-integration strategies for those aiming to move from a history of active substance misuse into a stabilised life. The Pre-Training module operates every Wednesday from 1p.m.-2p.m. and is the stabilisation element of the programme. The programme also supports community based Detox as provided by the agreed protocols for those who wish to become drug and alcohol free.
The client cohort is comprised of unemployed adults who have a history of substance misuse. The cohort includes male and female participants with an average ratio of 60% male, 40% female. The presenting issues include opiate, benzodiazepine, alcohol and cocaine misuse. The change in drug use trend which we have experienced over the last two years would be an increase in clients presenting with marijuana misuse and the increase in both the strength of the marijuana and the negative consequences the clients experienced as a result. These include a severe impact on the mental health of the clients presenting with these issues.

**Presenting issues**

- Opiate misuse
- Alcohol misuse
- Cocaine misuse
- Benzodiazepine misuse
- Marijuana misuse

**Ballyfermot Social Intervention Initiative**

**Target Groups**

Ballyfermot Social Intervention Initiative’s (BSII) remit is located within the prevention/education sector of drug misuse. Its target groups are those who are the hardest to reach within the community and have a poor history of engaging with services.

- We provide a support service to families (parents, siblings and perpetrators) where one or more members are engaged in anti-social and / or criminal behaviour. We offer one to one support and advocacy with the objective of bringing together a sustainable action plan (often to ensure that families maintain their tenancy) and develop their coping strategies.
- Another significant target group is the young men who engage in the anti-social and or criminal behaviour. They are, also, offered advocacy, one to one support to challenge their behavioural patterns and assist them in refraining from anti-social / criminal behaviour and channelled into other services relevant to meeting their needs.
• We also carry out outreach work with four other agencies (Ballyfermot Advance, Cherry Orchard Integrated Youth Services, Familibase and HSE) working in Ballyfermot where the target group is a mix of young people at risk and drug users. The Detached Outreach Street (DOS) was developed by the above services as an integrated approach to working with the targeted groups in order to provide a more comprehensive street based service and to effectively use limited resources.

**Concerns / Trends**

The following issues are evident both from our contact with client groups and outreach work,

1. The smoking of “weed” has continued to grow and is part of everyday life for most of our client group. Its use in conjunction with alcohol and illegally obtained prescribed medication has led to increasing use of violence, physical and verbal, both on the street and within the home.

2. Weed use combined with alcohol is very evident in the younger population (under 16’s). While this has been evident for a number of years now, what is increasing is the number of related thefts. Young people will then sell on the stolen goods, regardless of its value, for the price of a bag of weed. Their use of weed has major impact on their mental and physical health, school attendance and their behaviour within the home to parents and younger siblings and the wider public. This has increased pressure on the inadequate addiction service within Ballyfermot for young people. The provision of an adequate addiction and mental health services for this group needs to be addressed if there is to be any hope of tackling addiction among the youth.

3. There is an increased reporting by older service users (early 20’s up) of the negative psychological effects (paranoia, suicidal tendencies, aggression) the use of weed is having on them. They are aware that they are dependent on it in a way that they would not have been on hash.

4. Incidents of intimidation continue to be reported. This affects not only those involved in the drug scene but also family members and local residents. Many residents have raised the issue of safety in the community and some are in fear of leaving their homes especially at night.

5. Staff are being exposed to more aggressive and threatening behaviours to such an extent that work practices are reviewed regularly as a matter of health and safety and outreach work has been cancelled in the interest of staff safety.

6. Parents are getting into debt and often resort to money lenders to clear drug debts incurred by their children. They are reluctant to report intimidation resulting from drug debt to the Gardaí for fear of their own safety and that of their family.

7. Appropriate housing, training and employment opportunities are needed for young people, especially young men, to lead independent lives away from their
families of origin to break the cycle of drug culture and in order for their levels of self-worth to grow.

Ballyfermot Advance
Community low Threshold and Outreach Service 2015

**Weed:**
We are experiencing an increase in clients presenting with paranoia due to weed use; we feel from that talking to clients and with reviewing relevant research that this is due to an increase in THC levels. Data from the mid-nineties showed the average THC content of cannabis in Ireland at around 1.5%. According to the National Advisory Committee on Drugs, strains with a THC content of as high as 16% have been discovered in recent years. With the rise in urban grow houses, access to weed has become much easier.

**Alcohol:**
We are dealing with clients that are using alcohol on a habitual level and are no longer using a substance of choice but are mixing large amounts of alcohol on top of stimulant use such as cocaine, weed, hash, and amphetamine. More women are presenting with alcohol issues than have been in the past. Much of this is driven by outside agencies referring in because of child safety issues or court orders.

**Legal Highs.**
The EU drugs agency, based in Lisbon, is now tracking more than 450 legal highs — more than half of them identified in the last three years. This rise as we have seen in our service has coincided with the rise of internet; door to door delivery of drugs and alcohol. Social media has also become increasingly important in the market for illicit drugs. Evidence is emerging of so-called grey marketplaces — online sites selling new psychoactive substances which operate on both the surface and the dark web. This is the feedback that we are getting from younger service users and from our own personal lives.

**Cocaine use.**
Cocaine is still widely used, usually a younger demographic and is still considered a recreational drug to some extent. Some clients are presenting with crack use but this still is the exception at present.

**Methadone.**
This tends to be an older cohort and there is little in the way of a proactive treatment approach by the clinics with our clients that are on long term methadone prescriptions.

**Benzodiazepines and psychotropic medication.**
The same as the methadone cohort and often are the same clients. We are experiencing that there is reluctance on the part of clinics and GP’s to engage in medication
reduction. We are increasing our efforts to advocate on behalf of clients who want to reduce their medication. Many new types are coming in from India and the UK.

**Heroin:**
Is on the decrease and fewer clients are presenting with a heroin problem. Most of our clients that do present, reporting heroine use, will use every couple of weeks if at all. The majority are on heavy prescriptions for methadone and Benzo’s.

**MDMA and Ecstasy.**
Recreation and weekend drugs. There is still widespread use of these drugs but they tend to be used less in favour of cheaper and more readily available head shop/legal highs that are easily bought over the internet. Tend to be used by a younger cohort.

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**FamiliBase Drug & Alcohol Trends 2015**

FamiliBase have collated trends and emerging needs around drugs and alcohol use with the target groups that engage in the service. The data was collected using various means to include:

- Focus groups with young people
- Analysis of individual case files
- Synopsis of front line staff experience

FamiliBase provides various different programmes, primarily through interventions for young people with high levels of need. The profile of young people differs and programmes are specific to address specific needs.

The following programme elements were core to the research, data collection and contribution to this report due to the very nature of their frontline work:

- Substance Misuse Programme “Work directly with young people experiencing difficulties due to substance misuse”
- Child Welfare Programme “Work with children and young people at risk of neglect in families living with addiction”
- Youth Work Programme “Work with young people at risk”

**Analysis of 43 Case Files of young people presenting for specific supports around their substance misuse 2013/2014**

81% young people presented citing primary problematic substance use Weed.
11% young people presented citing primary problematic substance use Alcohol.
6% young people presented citing primary problematic substance use Heroin.
2% young people presented citing primary problematic substance use Benzos.

100% young people cited poly drug use of which:
51% cited alcohol only as secondary problematic substance.
14% cited alcohol and benzos as secondary problematic substances.
16% cited alcohol and cocaine as secondary problematic substances.
5% cited alcohol and weed as secondary problematic substances.
12% cited weed, coke and benzos as secondary problematic substances.
2% cited no secondary problematic poly drug use.

Trends problematic / dependency levels use.
Emerging trends are very clear around weed and alcohol being primary substances of choice. Weed and tablets are being used daily with increased tablet use (benzo, D5’s, d10’s, zimos) when weed is not available. Alcohol, cocaine and ecstasy are more prevalent as binge weekend party drugs. Mental health, self-harm, paranoia and suicide ideations, alongside violence, anger and relationship breakdowns common trends. An overwhelming apathetic attitude and lack of motivation and commitment was very consistent among all the young people that presented, coupled with judicial issues. This would explain the relationship of
40% not in education training and employment
35% early school leavers and now engaged in training centres or alternative education
32% cited serious charges and pending sentences

The overarching trend with problematic / dependency highlights disengagement from community structures, this theme is consistent with in the focus groups also were young people have or being disengaged from mainstream services. High levels of criminal activity are prevalent in the target groups.

Focus Groups with young men ranging in age from 16-19 years provided evidence of the following trends in their age profile:

General information retrieved from both focus groups one which has young people actively using daily substances and one which young people who use occasionally yielded the following:
85% young people in local training centre smoking weed daily, you’re in a small minority if you don’t smoke weed” about 6 out of 45 smoke weed daily”

Weed is so readily available easier to access than alcohol

Weed, Ecstasy and Coke remain the popular drugs amongst this age group

Weed is emerging as a substance that’s consumed all day every day, anyone smoking weed is using daily.

Coke and Ecstasy remain as weekend or binge sessions combined with other substances such as alcohol / tablets

New emerging trend in alcohol is “street bought made up vodka” young people stated it’s like Pherlaced with all sorts of stuff, easier to get than shop bought vodka and at €20 litre much cheaper.

Young people linked this street bought concoction of vodka with overdoses as they don’t know what’s in it, strength or relationship to other drugs when combined.

One young person who overdosed on it said his bloods showed traces of opiates.

Daily weed users, or those constantly stoned, appear to have constant access to supply.

**Young people in the focus group who ‘Use Heavily Daily’ cited that:**

- Their family members are also stoned
- Everyone around them is stoned family / friends
- Girls don’t like it but they wouldn’t stop for a girl and would pick weed over a girlfriend.
- Not going to school or training centres due to being out of it
- It’s makes being in school easier when they do go cause they are chilled out / hazed
- Caused serious family relationship difficulties
- Given up all interests because of it, football girlfriends sports etc.
- Brain dead, memory loss and lazy attitudes to everything / everyone
- Young people using and still engaged in sports are stoned during matches / after matches and smoking during half time breaks
- Snap real easy
- Huge debts owing out loads
- Selling has supported their habits but increased their use
- Selling eventually resulted in increasing their use and debts as they were “smoking supply for sale not having it to sell”
- Have to find money other ways when selling alone isn’t enough
• Girls prostituting themselves for coke and weed

The FamiliBase Child Welfare Programme “Works with children and young people at risk of neglect in families living with addiction” reported the following synopsis of the trends that are emerging with young people and the impact on the family. This information would support and concur with the information and analysis of research from the young people.

**FusionCPL, Drug Trends 2015.**

Fusion/CPL is a high threshold rehabilitation project which incorporates a prison link service. Fusion/CPL works with people in recovery who are capable of moving on to further education or employment experience or maintaining a drug free lifestyle.

• More females presenting for support. 89 registered clients, 25 female. (22%)
• Age Break down as follows: Age 20 – 30 = 37
  Age 30 – 40 = 33
  Age 40 – 50 = 14
  Age 50 + = 5
  (Youngest client: 20, eldest 66)
• Clients looking to be clean and/or sober seems to be biggest trend.
  **Community Clients:** 13 Clean and sober (1 completed benzo community detox with GP support) various drug history, 8 heroin/methadone, 2 cocaine and alcohol
  **Prison Clients:** 4, history of cocaine and weed.
• Sober (Where alcohol was identified as primary issue: 3.
• Methadone: **Community:** 8 on methadone (2 reducing through Community Detox)
  **Prison:** 2 Methadone
• Heroin: **Community:** 2 Male, 4 Female (All on methadone)
• Weed: **Community:** 5 Male, 2 Female (All trying to reduce typically using reduce the use programme.
**Prison:** 17 actively using weed, all male, of these 17, 3 are actively trying to reduce and give clean urines. Of the 17, 12 are also using tablets.

- Very few individuals presenting with alcohol specific problem.
- Focus group held at the end of 2015, the clients gave feedback that they feel the need for gender specific programmes, programmes for when they are clean and sober and more holistic/ activity based peer support.
- Responded to these needs by hosting a Women’s programme and are presently running an adventure therapy group for women. There will be 2 more Adventure Therapy groups for clients who would like to avail. Attendance at holistic therapies (Shiatsu, Reiki and acupuncture) has improved immensely. Staff have been trained in SMART Recovery with the hope of hosting a group for those who would like an abstinence based programme.
- We have continued to facilitate “Reduce the Use” and “Recover Me”. We have also hosted a Cannabis Group and have housed the 2\(^{nd}\), Ballyfermot Aftercare Group. Stacie has facilitated “Speakeasy”, a group to support parents to speak to their children about sex and sexual. We are presently hosting a FETAC 5 Communications programme, run by the NCU.
- Reduction in individuals looking to access residential detox or treatment. (at present 1 working towards residential detox)
- In 2015 a total of 34 people participated on DTF CE, some finishing in that year. Some may not have completed for various reasons (Suitability, Stability etc)
- Within the next 12 months, 12 prison clients are due to be released, at present, all have an active weed problem.
- In 2015, 9 FusionCPL clients started college. Funding was a challenge, we depended mostly on charitable donations to make it possible for these individuals to attend college.
Overall Trends
The overall trends continue to move towards a poly drug using culture among the under 35 age cohort and in particular amongst the 25 years or younger. Alcohol and Weed are the now the drugs of choice among young people. All frontline services report an increase in the normalised regular daily use of those young people most at risk. These young people commonly report that “Everybody they know smokes weed all the time” and in most of these cases this perception is born out by their families and peer groups. This trend seems set to continue.

General Population Figures
According to the 2011 census Ballyfermot/Chapelizod has a population of 25,114. Ballyfermot and Cherry Orchard is comprised of seven Electoral Divisions (EDs). The latest census in 2011 highlighted that 20,663 people currently live in the area. This is similar in size to Kilkenny City (population 22,044). While there is a overall increase in population of over one thousand people over the five years 2006-2011, two EDs, Cherry Orchard A and C experienced significant population growth of 20% and 19.3% respectively.1 This is in addition to significant growth experienced in Cherry Orchard A between 2002 and 2011 where the population increased by 58%. This points to significant increasing levels of children and young people who may require services and supports into the future. The national growth rate in 2011 was 8.1% nationally and 3.8% in Dublin city council area.

Table 1. Population Change in the Electoral Divisions of Ballyfermot and Cherry Orchard, 2006-2011.

<table>
<thead>
<tr>
<th>Year</th>
<th>Cherry Orchard A</th>
<th>Cherry Orchard C</th>
<th>Carna (formerly Cherry Orchard B)</th>
<th>Kilmainham A</th>
<th>Decies</th>
<th>Kylemore</th>
<th>Drumfinn</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>2,861</td>
<td>3,794</td>
<td>2,694</td>
<td>2,422</td>
<td>2,840</td>
<td>2,687</td>
<td>3,538</td>
<td>20,836</td>
</tr>
<tr>
<td>2011</td>
<td>3,414</td>
<td>4,551</td>
<td>2,801</td>
<td>2,511</td>
<td>2,714</td>
<td>2,566</td>
<td>3,508</td>
<td>22,06</td>
</tr>
</tbody>
</table>

1 www.cso.ie
From available figures, this means that:

- The growth of Ballyfermot and Cherry Orchard as a whole was almost twice the growth rate of Dublin City Council administrative area (which is the same as the CDYSB catchment).

- Two EDs experienced five times more growth than the City Council area and 2.5 times more than the national average.

- The three EDs within Ballyfermot and Cherry Orchard that experience population decreases are not amongst the highest in Dublin City or nationally (parts of North Inner City and parts of Ballymun).

- In 2006 Cherry Orchard A had a higher proportion of very young children (3% more between the ages 00-04) and young children (4% more between ages 5-9) than the Dublin City averages. This DED also has a higher proportion of residents aged 20-35 when compared with Dublin City averages. In addition the area had a lower proportion of adults aged between 45 and 75.

- In 2006 Carna ED had a higher proportion of children and teenagers (ages 5-19) than Dublin City averages.

- In 2006 Cherry Orchard C had a very young population, between 3% to 6% higher between the ages of 0 and 19 in Dublin City. There were double the proportion of teenagers aged 15-19 (12%) in this ED than the Dublin City averages (6%). There were also a very low proportion of older people living in this area.
Deprivation

Overall the relative disadvantage experienced by Ballyfermot in 2006 was higher (-22.6) than any other Partnership area in Dublin. Kylemore ED within Ballyfermot experienced the highest level of disadvantage locally at -34.5 placing it at the extreme end of deprivation. It was one of the most disadvantaged EDs in the country. This is exceptionally significant given the link between deprivation and youth experiences of education, employment, substance misuse, and crime.

Ballyfermot and Cherry Orchard has experienced long term intergenerational deprivation. The following sections on education, employment, lone parents, drug misuse highlight the levels of deprivation that Ballyfermot and Cherry Orchard experiences relative to other parts of the city and country.

Education Levels

Among the most significant statistics for 2006 are:-

- **Ballyfermot had the lowest educational levels (primary education only) in Dublin at 37%**. The national figure was almost half at this time at 18.9%. Recent census 2011 results highlight the link between unemployment and education. People with primary education only represent five times more of those who are unemployed than those with third level qualifications (33.7% compared to 7.8%)²

- **In the Kylemore ED 50.3% had a primary education only with 44.9% in the Decies ED.** Therefore one in two people had left school with a primary education only as opposed to more than one in five nationally.

- **Progression to third level was lower in Ballyfermot than in other Dublin partnership areas at 16.4%. This is compared to 30.5% nationally.** At ED level, Kylemore and Decies each have particularly low transfer levels of 7.3% and 7.5% respectively. The national participation rate rose to 40% in 2011³

- **According to the ESRI survey Who went to College in 2004? A National Survey of New Entrants to Higher Education, Ballyfermot has the lowest admission rate to higher education in Ireland**

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² [www.cso.ie](http://www.cso.ie), This is Ireland highlights from Census 2011- part 2
**Risk Factors:**

There is a clear international and national correlation between substance misuse and levels of Deprivation, Educational attainment and High Unemployment.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Highest</th>
<th>Lowest</th>
<th>Ballyfermot / Chapelizod</th>
<th>Dublin Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absolute Deprivation</td>
<td>Kylemore (24.9)</td>
<td>Chapelizod (2.5)</td>
<td>NA</td>
<td>3.3</td>
</tr>
<tr>
<td>Relative Deprivation</td>
<td>Kylemore (-17.8)</td>
<td>Chapelizod (+9.5)</td>
<td>NA</td>
<td>3.7</td>
</tr>
<tr>
<td>Population Change</td>
<td>Cherry Orchard C</td>
<td>Kylmore (+9.5)</td>
<td>5.2</td>
<td>7.2</td>
</tr>
<tr>
<td>% Single Parent Households</td>
<td>Cherry Orchard A</td>
<td>Chapelizod (33.6%)</td>
<td>48.8%</td>
<td>30.4%</td>
</tr>
<tr>
<td>% of Population with a Disability</td>
<td>Drumfinn (23.1%)</td>
<td>Chapelizod (13.3%)</td>
<td>19.0%</td>
<td>12.9%</td>
</tr>
<tr>
<td>% with at most Lower Second Level Educational Qualifications</td>
<td>Kylemore (67.9%)</td>
<td>Chapelizod (18.6%)</td>
<td>55.2%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Employment Rate</td>
<td>Chapelizod (60.6%)</td>
<td>Cherry Orchard A</td>
<td>41.7%</td>
<td>52.6%</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>Cherry Orchard A</td>
<td>Chapelizod (12.5%)</td>
<td>29.0%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Access to Internet</td>
<td>Chapelizod (77.5%)</td>
<td>Drumfinn (56.9%)</td>
<td>66.2%</td>
<td>80.1%</td>
</tr>
</tbody>
</table>

**DEPRIVATION CHANGE 2006 to 2011**

Two measures are typically used to quantify levels of deprivation at the level of geographical units such as District Electoral Divisions (DEDs): The Absolute Deprivation Index (ADI) Score and the Relative Deprivation Index (RDI) Score. The ADI Score measures the actual affluence / deprivation of each area on a single fixed scale. Because affluence / deprivation is measured on a fixed scale, it is possible to use the ADI Score to assess changes in absolute levels of deprivation over time across the same geographic unit. The RDI Score shows the relative position of a geographic unit (e.g. a DED) at a specific time relative to all other similar geographic units. In both
scores, values range from less than -30 to (most disadvantaged) to over 30 (most affluent).

Because of the difference in the manner in which the two scales are constructed it is possible that the ADI Score could change over time but the RDI Score would remain constant. That is, the level of deprivation could have increased or decreased over time but the relative position of the unit could remain the same. In making decisions about the allocation of resources to areas on the basis of the level of deprivation experienced the RDI Score is the main measure used as it shows in a single number the position of that geographic unit to relative to all other similar units.

Table 2. presents the ADI Scores for each of the eight DEDs in the Ballyfermot-Chapelizod Partnership Area as well as for the country as a whole, the Dublin Region and Dublin City. First, it should be noted that reflecting the negative impact of the recession over the past five years, ADI Scores have decreased (that is, become more negative) in most areas. At a national level the ADI Score reduced by almost 7 points between 2006 and 2011. Reductions, to a lesser extent, are found in the Dublin Region and in Dublin City over the same period.
With the exception of Cherry Orchard C, the ADI Score decreased in each of the other seven DEDs. The extent of the decrease in each case is broadly in line with that which occurred in the Dublin Region but in excess of that for Dublin City. In general terms, the trend in the ADI Scores indicates that, with the exception of the contra-trend increase in the Cherry Orchard C, levels of deprivation increased in the Ballyfermot / Chapelizod Partnership Area and the extent of the decrease was broadly in line with that in the Dublin Region but above the level found in Dublin City.

A comparison of the ADI Scores for the eight DEDs in the Ballyfermot / Chapelizod Partnership Area with those for the Dublin Region and Dublin City in 2011 shows that the level of deprivation is substantially higher in the former. On average the ADI Score across the eight DEDs in Ballyfermot-Chapelizod is almost -19.0 while that for the Dublin Region is -3.3.

When examined in the context of the most deprived DEDs in the Dublin Region on the basis of their ADI Scores, one DED – Kylemore – is among the 10 most deprived DEDs in the Dublin Region and three – Cherry Orchard B, Decies and Drumfinn – are in the 20 most deprived DEDs in the Dublin Region. Cherry Orchard A ranks 22nd most deprived out of the 322 DEDs in the Dublin Region, with Cherry Orchard C and Kilmainham A ranking 37th and 42nd respectively. Chapelizod ranks 223rd and is the only DED in the Partnership Area that can be described as not disadvantaged. The inclusion of Chapelizod into the Ballyfermot Area Partnership remit creates a perception of an overall slight improvement in the area when in actual fact the situation in Ballyfermot is worsening.

(Area Stats with thanks to Ballyfermot/Chapelizod partnership)

**Unemployment**

While unemployment nationally continues to remain a major challenge, Ballyfermot had experienced significant long term unemployment and welfare dependence even during the so called ‘Celtic Tiger’ years.

- In 2006 the unemployment rate in Ballyfermot was 21.7% compared to 8.8% nationally. In Cherry Orchard A it stood at 41.1%. This was a time of full employment in Ireland
• Ballyfermot had the **lowest level of professional workers in Dublin in 2006**. It had a higher proportion of people working in unskilled manual and manual occupations.

• **In 2011, Cherry Orchard A had one of the highest unemployment rates nationally at 37.5% and was highlighted as an unemployment blackspot.** The Dublin City and suburb rate was 17.4%.

• The total number of people from Ballyfermot and Cherry Orchard signing on the **live register in June 2012** was 3,717.

• The numbers of people signing on the live register in Ballyfermot has **increased by almost 2,000 between June 2008 and June 2012**.

• There are **453 more young people under 25 signing on the live register now than in 2008**. Recent slight reductions in the numbers of young people under 25 signing on the live register could be due to changes in welfare payments and/or emigration. However, **there are still almost 1,000 young people under 25 signing on in the live register from Ballyfermot**. Local information suggests that young unemployed people from the area are not as likely to emigrate as young people from more affluent areas.

• **26% of people signing on the live register in Ballyfermot are under 25.**

• **63% of under 25 year olds currently signing on are male**

(Live Register Chart Ballyfermot Local Department of Social Protection office)

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4 www.cso.ie
BLD&ATF Main Issues Addressed 2015

- All Projects have and will continue to participate with the local Alcohol Strategy under three pillars:
  1. Young people and Alcohol (Botvins Lifeskills education programme)
  2. Women and Alcohol and Primary care settings.
- Using the learning from the mapping process carried out by the BLD&ATF T&R subgroup to develop local pathways for service users.
- To continue to deliver services under all appropriate pillars of the National Strategy.
- To support the HSE to put service user forums in place locally.
- To provide supports to those dealing with alcohol problems and support all those providing supports to this group.
- Connections will continue to be made with the intention of improving relationships between community based services and community based Mental Health Services for our service users and the broader community of Ballyfermot. This continues to be led by the BLD&ATF T&R Subgroup.
- We continued to make STORM and the learning from the recent evaluation available to all communities who are seeking to address mental health and self harm within their communities.
- We continued to engage with the NDRIC pilot with the support of the T&R subgroup and we await the final evaluation of this process.

Supply Reduction

- To continue the work developed in preparation for the dormant accounts fund and work towards developing an active community strategy around Alcohol, including: Advertising, Availability and visibility of Alcohol, as well as a community wide Alcohol awareness programme.
- To continue to develop a more positive relationship between the Gardaí and the community. This will continue to be achieved by TF reps engaging with the Local and regional Community Policing Forums.
- To engage with family members who may be involved in anti social behaviour.
- advocacy on behalf of families in relation to tenancy sustainment continued.

ibid
• To outreach to young men and women who may be involved in drug related criminal activity.
• To facilitate personal development within targeted families through developing trusting relationships which facilitate improved parenting.
• To continue to roll out the Young Men’s group in Cherry Orchard. And to develop the capacity to engage with this group using a case management approach.

**Education & Prevention**

• Provision to all primary schools in the area of a Lifeskills programme to be delivered to all 4th classes by a team trained to deliver in schools. The team are a mix of Youth workers, Teachers, School retention staff and home school liaison workers.
• We have continued to seek to increase access to community and sports facilities for at risk target group and this has been very successful in some case and continues to be a very useful tool in delivering programmes to a hard to reach group.
• To provide supports for Families experiencing difficulties due to drug/alcohol use.
• Developing selective prevention measures aimed at under age binge drinking and poly drug use.
• To deliver parenting skills to target group families.
• Continue to develop child centred targeted measures focusing on the children of drug and alcohol users so as to address the issue of trans generational drug use.
• To provide a range of appropriate therapeutic responses to targeted families and children.
• To transfer skills to people living and working with young people in high risk situations.
• Improve school attendance of targeted children.
• Develop projects capacity to engage with Child Centred approaches.
• Continue to develop street based Outreach service for at risk young people.
• Provide a community based young persons substance misuse program using a case work model.
• Continue to develop and promote Peer Education strategies for Young People, Parents and Drug Users.

To roll out programs that raise awareness of drugs and in particular Weed as an element of poly drug use.

**Treatment**

• The inclusion of a “Women and Alcohol” element which seeks to engage women showing signs of problematic Alcohol use, in a partnership between local community based projects and Primary Care settings in Ballyfermot.
• We operate a broad range of Community Based Treatment services.
• We have a timely, appropriate, effective and high quality response to the needs of those seeking help with problematic substance use in Ballyfermot.
• We continue to support Individuals, Families and the community to recover from the damage caused by problematic drug and alcohol use.
Rehabilitation

- We continued to operate and develop a broad range of Community Based Treatment & Rehabilitation Initiatives and services.
- We have improved services to have a timely, appropriate, effective and high quality response to the needs of those seeking help with problematic substance use in Ballyfermot.
- To support Individuals, Families and the community to recover from the damage caused by problematic drug use.
- BLD&ATF through its T&R subgroup have developed an Inter Agency Case Management system within the services operating with substance misusers in Ballyfermot and made progress in engaging with HSE addiction services.
- To engage with service users in a whole family approach by working a case management system within all rehabilitation aspects of the local strategy.
- To continue to provide training and up-skilling to those working with services so as to provide clear rehabilitation pathways within our area.
- To be guided by the T&R subgroup in relation to:
  - Developing women’s engagement with primary care group
  - Roll out of the National Rehabilitation Framework to all individuals accessing the eight services involved in the pilot to ensure uniformity in provision of service including: shared care plans, initial assessment, comprehensive assessment, case management and gaps & blocks.
  - Rolling out the Continuum of Care for service users in the Ballyfermot area.
  - Mental health & dual diagnosis and the impact on individuals and key workers.
  - Continuation of the D10 Aftercare group.
  - Continuation of the D10 Community Detox initiative.

(See Attached Treatment & Rehabilitation Annual plan 2015/16)

Research

All aspects of the BLD&ATF plan will, were possible, be informed by research and evaluation.

Planned Research on Alcohol

It was agreed in 2015 that the BLD&ATF would engage with the community and services around contextualising problematic alcohol use both as a stand alone and as part of ploy drug use.

The T&R subgroup of the TF carried out a mapping process in 2015

(See Attached T&R Mapping Document)
Community engagement, Awareness and Prevention

In 2015 the TF agreed to find funding through Dormant accounts with the following brief.
To commence a community strategy on alcohol through the use of survey methods.

Survey method will:

- Provide information to the Taskforce relating to key issues for the community
- Establish the type of responses that the Community would support
- Raise awareness of the issue
- Raise awareness of the Taskforce’s role in alcohol
The Impact of BLD&ATF Projects as a group

The continued rollout and ongoing development of relevant services targeting those most at risk was evident in the work of all of the services funded under the BLD&ATF. The development of services that can and do address the current trends in a proactive. Using the NDRIC and Meithal case management systems to ensure that best practice is available to all those seeking interventions for Drugs and Alcohol use.

To this end The T&R subgroup:

“Piloted the integrated care pathway model described in the National Drugs Rehabilitation Framework\(^6\) in eight agencies in the Ballyfermot area with a view to informing further the protocols and agreements required to implement the model nationally and to gain practical knowledge and experience. The pilot phase of this programme began in September 2011 and was completed in 2013, when the T & R Subgroup worked towards mainstreaming the Framework across all individuals accessing services within the eight agencies involved”. This case management system continues in 2015.

Supply Reduction

<table>
<thead>
<tr>
<th>BLDTF</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a more positive relationship between the Gardaí and the community.</td>
<td>Lead: Ballyfermot local Drugs Task Force &amp; Community Policing Forum. The Ballyfermot Community Policing Forum process. Community reps report that the forum process continues to work very well on all levels. There are three levels at which the reps participate, they are; • Public meetings • Local management • Area management (South Dublin) Overall from the community reps perspective this is continues to be a very positive process and they have had a positive and responsive experience of it. At local management level relationships with Gardai and DCC have improved. Reps can be more open in these meetings which are supported by the designated community Garda system. Reps can also meet with high ranking Gardai who listen too and respond too reps where possible. At the Area management level satisfaction is expressed at the detailed reports which are circulated regarding crime rates and stats for the area and state.</td>
</tr>
</tbody>
</table>

This allows reps to see that problem areas are not just a local issue but are often a national issue. This can undermine the belief often held that “our area” is being neglected.

Gardai also continue to report a very positive experience at all three levels. Local designated community Garda get to know local business as well as the local residents and this is conducive to a more positive relationships. Gardai report that the process allows them to meet community residents and reps in an environment that does not have to be a crises.

**Prevention**

<table>
<thead>
<tr>
<th>Continue to deliver a ‘Well Being Campaign’</th>
<th>Lead: Ballyfermot Advance, ABC, The BASE Youth Facility. BLDTF projects in partnership with Local services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Including information on Mental Health and Drugs</td>
<td></td>
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<tr>
<td></td>
<td>• Introducing the Botvins Lifeskills program to primary school in Ballyfermot. This Evidence based programme provides protective factors for young people in choice making with regard to substance use and criminal behaviour. It has been sourced and the training is due to be carried out in 2015/16 and delivery to ever fourth class in Ballyfermot will commence in Sept 2016.</td>
</tr>
<tr>
<td></td>
<td>• The 2007 Strategy Document identified ‘Well Being’ as a priority issue as the high level of drug use in Ballyfermot was perceived to be significantly affected by negative psychosocial factors.</td>
</tr>
<tr>
<td></td>
<td>• The Ballyfermot Mental Health Forum was set up in 2011/2012. This is a partnership between Mental health services, Mental Health Ireland, Client representative groups, Patient advocacy Groups, Ballyfermot Advance Project, the ABC project and the Ballyfermot Partnership Company. The task of connecting mental Health and Addiction is proving an ongoing but difficult task.</td>
</tr>
<tr>
<td></td>
<td>The remit of this group is to improve patient services and raise awareness of mental Health issues within the Ballyfermot area.</td>
</tr>
<tr>
<td></td>
<td>Suicide Prevention Strategy:</td>
</tr>
<tr>
<td></td>
<td>Within the concept of Well Being, the issue of suicide was identified as an area requiring special attention. Drug and Alcohol misuse are high risk factors for Suicidal behaviour and put BLDTF client groups at particular risk. Similarly clients suffering with a Dual Diagnosis of Substance Misuse and a Mental Health Disorder are at an elevated risk of engaging in self harming behaviours. The prevalence of Alcohol and Prescription Drugs in the general population presenting to A&amp;E following an incident of self harm or found in autopsies following a completed suicide highlight the importance of approaching substance use and suicide in an integrated way.</td>
</tr>
</tbody>
</table>
Suicide Prevention and Self Injury Management Initiatives:

**General Population:**
- Safe TALK Suicide Alertness Training General Care Givers and Non Frontline Staff:

**Frontline Workers and Specialised Staff:**
- ASIST Suicide First Aid Frontline Workers and Specialised Staff:
- STORM® Suicide Prevention Training:

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**Treatment**

It is a Goal of the BLDTF to support the implementation of the recommendations contained in the Document “The Introduction of the Opioid Treatment Protocol”

In Particular: Recommendation 1.1 to 1.4 Which State:
- Request for Detox should have a defined time frame and outcomes should be reviewed.
- There should be a mechanism to rapidly access treatment for the six months after Detox.
- A broader range of treatment options should be available as well as methadone.
- Services should have a focus on key work and multidisciplinary work.

**Lead:** Ballyfermot LDTF Treatment & Rehab subgroup.

Ballyfermot STAR and the Ballyfermot Advance Project under the guidance of the T&R subgroup of the BLDTF submitted a statement of interest to explore the development of an integrated Community Detox under the new Opioid Treatment Protocol.

In addition to the work of the pilot the T & R Subgroup also continued to focus their attention on the issue of Community Detox in 2015. The BLDTF assigned the T & R Subgroup with the task of exploring the possibility of piloting the Progression Routes Community Detox Protocols.

Development of services capacity to adopt the national substance misuse strategy which will officially include alcohol.

**Lead:** BLD&ATF & T&R Subgroup

Alcohol continues to be a big problem in the D10 area, many of the clients that present, name alcohol as their primary drug of concern. The Projects under the remit of the BLD&ATF have all reported increases in the number of new clients presenting with alcohol as their primary drug. This is additional to those reporting with poly drug users with alcohol as one of their drugs of choice.
## Rehabilitation

| Develop Capacity to work with a child centred approach when dealing with Families. | Lead Agencies: Ballyfermot Child protection & Welfare working Group, Familiscope, STAR project. ABC Program.  
In preparation for the introduction of the learning from the “Child Protection & Welfare Continuum” as best practice. To seek to comply with the guidelines included in the new Children First document.  
2013 saw the introduction of this as a crucial element of our local strategy and the T&R subgroup continues to source and roll out training in partnership with Familiscope and the Ballyfermot Child protection and Welfare working group. Ongoing in 2015. |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ballyfermot T&amp;R Subgroup membership/HSE</td>
<td>BLD&amp;ATF through its T&amp;R subgroup members continued to address the engagement of service users in all services under the remit of the BLD&amp;ATF in 2015.</td>
</tr>
</tbody>
</table>
| Development of an integrated Case management system within Ballyfermot | Lead: BLDTF T&R Subgroup  
**National Drug Rehabilitation Framework**  
The projects in Ballyfermot continue to operate a case management system in 2015 under the NDRIC protocols. In 2015 it became evident that all projects engaged in the case management system would need to understand the parallel system operating within the Dept of Children TUSLA. To this end in 2015 the T&R subgroup has included the lead agency coordinator for Meithal in the Ballyfermot Area. |
Form A

<table>
<thead>
<tr>
<th>Pillar *</th>
<th>DTF objective</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| Supply Reduction | - To Engage with family members who may be involved in anti social behaviour.  
- To advocate on behalf of families in relation to tenancy sustainment.  
- To outreach to young men and women who may be involved in drug related criminal activity.  
- To facilitate personal development.  
- To continue to roll out the Young Men’s group in Cherry Orchard.  
- To develop the capacity to engage with this group using a case management approach. | - Drop in services in place.  
- Outreach achieved through engagement with DOS model.  
- Young men engaged with project.  
- Engaged area wide case management system.  
- One to one and group work provided.  
- Ongoing support to BSII regarding shortfalls in funding for Young Mens Project Worker position. |

<table>
<thead>
<tr>
<th>Category **</th>
<th>Project Code</th>
<th>Project Name</th>
</tr>
</thead>
</table>
| Family Support | BF2-10 | Ballyfermot Social Intervention Initiative.  
(Reducing Drug related Anti Social Behaviour) |
| Project changes/ terminations in 2013 | N/A | N/A |

* A separate form should be completed for each Pillar  
** Category should be as per Section 7 of the L/RDTF 1 form
### Form A

<table>
<thead>
<tr>
<th>DRUGS TASK FORCE:</th>
<th>Ballyfermot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillar * :</td>
<td>Education &amp; Prevention</td>
</tr>
<tr>
<td>Relevant NDS Actions :</td>
<td>Action 25, 29, 30, and 31 Of the NDS 2009 –n 2016</td>
</tr>
<tr>
<td>DTF objective :</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Deliver Botvins Lifeskills Programme to all Fourth Class primary school Children</td>
</tr>
<tr>
<td></td>
<td>• Increase access to community and sports facilities for at risk Target group.</td>
</tr>
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<td></td>
<td>• Supports for Families experiencing difficulties due to drug/alcohol use.</td>
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<tr>
<td></td>
<td>• Develop selective prevention measures aimed at under age binge drinking and poly drug use.</td>
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<td>• Develop the capacity to deliver parenting skills to target group families.</td>
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<td>• Continue to develop child centred targeted measures focusing on the children of drug and alcohol users so as to address the issue of trans generational drug use.</td>
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<td>• To provide a range of appropriate therapeutic responses to targeted families and children.</td>
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<td>• Develop projects capacity to engage with Child Centered approaches.</td>
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<td>• Continue to develop street based Outreach service for at risk young people.</td>
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<td>• Develop a community based young persons substance misuse program using a case work model.</td>
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<td>• Continue to develop and promote Peer Education strategies for Young People, Parents and Drug Users.</td>
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<td></td>
<td>• To roll out programs that raise awareness of drugs and in particular Weed as an element of poly drug use.</td>
</tr>
<tr>
<td></td>
<td>• Youth Peer Educators trained to deliver in and out of school.</td>
</tr>
<tr>
<td></td>
<td>• Peer support for Families and Drug users continues to develop.</td>
</tr>
<tr>
<td></td>
<td>• School attendance for targeted children has improved.</td>
</tr>
<tr>
<td></td>
<td>• Incredible Years Parenting Program delivered to target group over 2013.</td>
</tr>
<tr>
<td></td>
<td>• Strengthening Families Parenting Program, Capacity developed and program delivered to targeted groups over 2012.</td>
</tr>
</tbody>
</table>
- Teachers trained to engage with targeted families through IY.
- Youth Substance misuse service operating locally. Youth workers trained in case work and substance use interventions.
- Outreach Service. (DOS) has enabled all youth work and other outreach services to share resources.
- d-talk editions delivered locally providing Information & Awareness around WEED. SEE www.weed.ie
- Community Addiction Studies course delivered.
- Safe Talk, Assist, STORM delivered to large variety of people working and living in the D10 community.
- Local Sport coaches received Drugs Awareness program.

<table>
<thead>
<tr>
<th>Category **</th>
<th>Project Code</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Scheme (diversionary activities)</td>
<td>BF2-7</td>
<td>Community Grants Scheme</td>
</tr>
<tr>
<td>Education &amp; Prevention Family Support</td>
<td>BF2 - 4</td>
<td>Peer Education, Youth, Parent, Drug User</td>
</tr>
<tr>
<td>Family Support</td>
<td>BF2 - 9</td>
<td>Familiscope</td>
</tr>
<tr>
<td>Education &amp; Prevention</td>
<td>BF2B - 3</td>
<td>The Base youth Facility</td>
</tr>
<tr>
<td>Education &amp; Prevention</td>
<td>BF3</td>
<td>Raising Awareness</td>
</tr>
</tbody>
</table>

**Project changes/ terminations in 2013**

- Both the Base project and the Familiscope Projects were merged in late 2013 and early 2014

<table>
<thead>
<tr>
<th>Category **</th>
<th>Project Code</th>
<th>Project Name &amp; Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Centred Family Support</td>
<td>BF2-9</td>
<td>Familiscope. Was merged with the BASE. This was carried out as a strategy to combine the resources of both projects and by making savings offset the affect the reduction in resources available to both project as a result of the accumulation of cuts in funding. Also it was intended to bring a whole Family approach to inter generational drug use. The New merged Organisation is now called FAMILIBASE</td>
</tr>
<tr>
<td>Youth Facility with Substance Misuse Youth worker</td>
<td>BF2B-3</td>
<td>Base Youth Facility Was merged with Familiscope This was carried out as a strategy to combine the resources of both projects and by making savings offset the affect the reduction in resources available to both project as a result of the accumulation of cuts in funding. Also it was intended to bring a whole Family approach to inter generational drug use. The New merged Organisation is now called FAMILIBASE</td>
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</tbody>
</table>

* A separate form should be completed for each Pillar

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<tbody>
<tr>
<td><strong>Pillar * :</strong></td>
<td>Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DTF objective:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To operate a broad range of Community Based Treatment services.</td>
</tr>
<tr>
<td></td>
<td>• To have a timely, appropriate, effective and high quality response to the needs of those seeking help with problematic substance use in Ballyfermot.</td>
</tr>
<tr>
<td></td>
<td>• To support Individuals, Families and the community to recover from the damage caused by problematic drug use using a case management approach.</td>
</tr>
<tr>
<td><strong>Outcomes :</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The development of a comprehensive interagency Outreach Service. (DOS)</td>
</tr>
<tr>
<td></td>
<td>• To continue to provide timely and easy access to T&amp;R services in Ballyfermot.</td>
</tr>
<tr>
<td></td>
<td>• The ongoing development and provision of a broad range of treatment services.</td>
</tr>
<tr>
<td></td>
<td>• Work towards including Alcohol as part of our remit.</td>
</tr>
<tr>
<td></td>
<td>• Engagement of Case management protocols</td>
</tr>
<tr>
<td></td>
<td>• Engaged with HSE treatment providers so as to improve timely access to treatment</td>
</tr>
</tbody>
</table>

**Training**

In May 2011, the National Addiction Training Programme (NATP), on behalf of the HSE, invited tenders to provide the training to workers who are engaged in pilot projects in the ten locations within Ireland. This training is aimed at broadening and enhancing knowledge and skills of workers in key working, care planning and case management. The Learning Curve Institute was successful in this tender and worked closely with the T & R Co-ordinator to arrange and localise this training in Ballyfermot in 2012.

**Category **

<table>
<thead>
<tr>
<th>Project Code</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>BF2-1</td>
<td>Ballyfermot Advance Community Outreach Drug Team</td>
</tr>
<tr>
<td>BF2-5</td>
<td>Residential options</td>
</tr>
<tr>
<td>BF2-8</td>
<td>Advance</td>
</tr>
<tr>
<td>Treatment &amp; Rehabilitation</td>
<td>BF2B1</td>
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<td>----------------------------</td>
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</tr>
<tr>
<td>Treatment &amp; Rehabilitation</td>
<td>BF7</td>
</tr>
<tr>
<td>Family Support</td>
<td>BF2-1S/D</td>
</tr>
</tbody>
</table>
**Form A**

<table>
<thead>
<tr>
<th>DRUGS TASK FORCE:</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Pillar * :</strong></td>
<td>Rehabilitation</td>
</tr>
</tbody>
</table>
| **DTF objective :** | • To operate a broad range of Community Based Treatment & Rehabilitation Initiatives and services.  
• To have a timely, appropriate, effective and high quality response to the needs of those seeking help with problematic substance use in Ballyfermot.  
• To support Individuals, Families and the community to recover from the damage caused by problematic drug use.  
• To operate an Inter Agency Case Management system within the services operating with substance misusers in Ballyfermot. |
| **Outcomes :**     | • The development of a comprehensive interagency Outreach Service. (DOS)  
• To continue to provide timely and easy access to T&R services in Ballyfermot.  
• The ongoing development and provision of a broad range of treatment and rehabilitation services including Smart recovery  
• Work towards including Alcohol as part of our remit.  
• All projects involved with NDRIC and are actively addressing the need to engage with the Meithal process as it emerges in 2015/16. This will continue the development of an Inter Agency Case Management system within the services operating with substance misusers in Ballyfermot and the children of drug users.  
• “Storm” Suicide Training available to all front line workers in Ballyfermot.  
• Engagement of Case management protocols |

**Agreed protocols:**
Throughout the course of 2013 and are now fully active in 2015 policies and protocols which were tested and agreed among the eight agencies, for use in the case management system, were integrated into all agencies systems.

The evaluation of the National Framework report was an ongoing piece of work during the pilot. Prof. Joe Barry and Ms. Jo-Hanna Ivers from the Department of Public Health and Primary Care (TCD) were commissioned to complete the evaluation of the pilot in the ten sites across the country. This report was published at the end of 2013. It identified a number of areas of work for the T & R Subgroup, including inclusion of statutory agencies and service users’ voices within the T & R process.
<table>
<thead>
<tr>
<th>Category **</th>
<th>Project Code</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment &amp; Rehabilitation</td>
<td>BF2-2</td>
<td>Community &amp; Prison liaison service</td>
</tr>
<tr>
<td>Treatment &amp; Rehabilitation</td>
<td>BF2-3</td>
<td>Fusion</td>
</tr>
<tr>
<td>Family Support Childcare Services</td>
<td>BF2-6</td>
<td>Support for Childcare</td>
</tr>
<tr>
<td>T&amp;R (education CE mainstream) Professional Development Courses. Training Grant</td>
<td>BF2-6c</td>
<td>CE Sponsorship</td>
</tr>
<tr>
<td>Rehabilitation.</td>
<td>BF 2-11</td>
<td>Disability Community support Worker (Drug related)</td>
</tr>
<tr>
<td>Treatment &amp; Rehabilitation</td>
<td>BF2B-13R/I</td>
<td>Ballyfermot STAR Rehabilitation</td>
</tr>
<tr>
<td>Treatment &amp; Rehabilitation</td>
<td>BF2-14</td>
<td>Matt Talbot Community Trust</td>
</tr>
</tbody>
</table>

Two new Smart Recovery groups were formed in 2015 one open and one closed meeting.

The T&R subgroup will engage in the identification of appropriate processes for inclusion of service users inputs into all services. As outlined in **Action 42** of the National Drugs Strategy.
### Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Sector</th>
<th>Parent Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cllr. Vincent Jackson</td>
<td>Chair</td>
<td>Dublin City Cllr.</td>
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<td>2 Blaitnaid Dunne</td>
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<td>6 Gerry McCarthy</td>
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<td>7 Daithi Doolin</td>
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<td>8 Aengus O'Snodaigh</td>
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<td>10 Gwenn McKenna</td>
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<td>14 Deloris O’Neill</td>
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<td>15 Frank Gilligan</td>
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<td>BLDTF</td>
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<tr>
<td>16 Barbara Brennan</td>
<td>Advance Manager</td>
<td>In Attendance</td>
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### Members of the Ballyfermot LDTF Treatment & Rehabilitation Sub-group

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Agency</th>
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</thead>
<tbody>
<tr>
<td>Ciaran Reid</td>
<td>Manager</td>
<td>Ballyfermot/Chapelizod Partnership (Chairperson)</td>
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<tr>
<td>Kathy Watts</td>
<td>Manager</td>
<td>Fusion CPL</td>
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<td>Sunniva Finlay</td>
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<td>T&amp;R Support</td>
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<td>Grainne Jennings</td>
<td>Director</td>
<td>Matt Talbot Community Trust</td>
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<td>Ballyfermot Dugs Task Force</td>
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<td>Brad Meehan</td>
<td>Job Plan Co-ordinator</td>
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<td>Siobhan O’ Reilly</td>
<td>Programme Manager</td>
<td>Familiscope</td>
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<tr>
<td>Deirdre Fitzpatrick</td>
<td>T &amp; R Co-ordinator</td>
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