Acknowledgements

D12 Local Drug and Alcohol Task Force (D12LDATF)

In this report, we would like to thank all members of the D12LDATF and its subgroups for their continued interest, enthusiasm and support for the interagency response to the addictions issues affecting the D12 community as a whole.

We would also like to thank and acknowledge the hard work and dedication of frontline staff and boards of the Task Force funded projects.

Many thanks to other key services in the community such as Walk, Education Training Board, HSE Addiction Services, Probation, South Dublin City Partnership, Dublin City Council and An Garda Siochana who have participated in and supported the work of the D12LDATF.

Staff of Health Research Board for providing and assisting in data analysis.

Staff of the Central Treatment List and HSE Social Inclusion office for the provision of data of those from D12 receiving methadone.

Staff of the Drugs Programmes Unit, Department of Health.
Contents

Introduction ........................................................................................................................................... 5

Socio-Demographic Profile of Area ........................................................................................................ 5

2016 Activity ......................................................................................................................................... 6

Part One ............................................................................................................................................... 8

Overview of the Drugs Problem in Dublin 12 ..................................................................................... 8

Introduction ......................................................................................................................................... 8

D12 NDTRS DATA 2015 .......................................................................................................................... 9

Treatment Numbers ............................................................................................................................... 9

Demographic Profile of Drug Misusers presenting for Treatment from D12 ....................................... 11

Drug Trends ......................................................................................................................................... 17

Viral Illness and Screening .................................................................................................................... 23

Clients Leaving Treatment .................................................................................................................... 24

Drug Related Deaths ............................................................................................................................. 24

Drugs Availability in D12 ....................................................................................................................... 26

Intimidation ......................................................................................................................................... 27

Emerging Trends ................................................................................................................................... 28

PART 2 .................................................................................................................................................. 29

Main Issues Identified to be Addressed in 2016 & Progress Made in 2016 in Implementing D12 Local
Drugs Strategy: .................................................................................................................................... 29

Supply Control\Reduction ...................................................................................................................... 29

Prevention and Education ..................................................................................................................... 33

Treatment ............................................................................................................................................ 37

Rehabilitation ...................................................................................................................................... 39

Rehabilitation II - Family support .......................................................................................................... 48

Research .............................................................................................................................................. 50

Co-ordination ...................................................................................................................................... 52

Part 3 .................................................................................................................................................... 55
Analysis of Impact of D12 LDATF projects in 2016 ................................................................. 55
  Supply Reduction ............................................................................................................. 55
  Prevention and Education ............................................................................................... 57
  Rehabilitation .................................................................................................................. 67
  Treatment .......................................................................................................................... 85
Part 4 ........................................................................................................................................ 88
D12LDATF progress on Action 42 of the National Drugs Strategy ........................................... 88
Part 5 ........................................................................................................................................ 89
Governance ............................................................................................................................ 89
Socio-Demographic Profile of Area

Dublin 12 Local Drug and Alcohol Task Force (D12LDATF) area covers Drimnagh, Crumlin, Kimmage, Walkinstown and Greenhills. In 2011, the population was 54,742 (21,622 households) split between two local authorities; Dublin city (12,892) and South County Dublin (8,730). Preliminary data from 2016 Census shows growth of 5.1% in population in Dublin City since 2011 data. The D12 LDATF area includes 19 electoral districts. Data would show that despite the years of unprecedented economic growth this did not significantly impact on raising the relative deprivation in the area.

The last census detailed data available (2011) highlighted significant issues around high rates of unemployment, early school leaving and loan parent families, all of which are risk factors for developing drug misuse.

Poor education levels and high unemployment are particular challenges that face these areas. 14 ED’s experienced higher than the national proportion of individuals with primary education only. Of those, 7 experienced 1.5 times higher proportion than the national average (16.0). 4 ED’s experienced twice the national average and over namely Kimmage B (34.9) followed by Kimmage A (34.2) Crumlin B (34.4) and Crumlin E (33.7). The level of third level qualifications is also low in particular in Kimmage A and B more than twice less than the national average.

Census data also showed that 12 ED’s in D12 had a higher proportion of unemployed men than the national average (22.3) Kimmage A ranked highest (37.3) followed by Crumlin E (33.8) with Kimmage B third (32.8). 8 ED’s experiencing higher than the national average proportion of unemployed females Kimmage A again had the highest rate (21.6) Crumlin E (21.0) and Kimmage B (19.5).

This data due to the presence of risk factors helps in identifying specific areas where the prevalence of problematic drug and alcohol is more likely. While it is acknowledged that the impact and outcomes of addictions are not necessarily restricted to any neighbourhood or social status, current social research suggests that areas which are measured with lower deprivation indices can be at higher risk of problematic drug and alcohol outcomes and behaviour.
This data place the socio-demographics into perspective and can assist the taskforce to determine whether the suite of Task Force funded services, and indeed other services in the community, are actually sufficient in their scope to address the issue. Some gaps have arisen and have been prioritised in D12LDATF strategic plan. They include:

- Under 18s as a broad category for action;
- Treatment and Rehabilitation; and
- Family Support.
- Mental Health - in particular dual diagnosis
- Alcohol

2016 Activity

The D12LDATF has had a busy and productive year during 2016. While continuing with existing work provided by the D12LDATF and its funded projects, there was also a focus on using the interagency model to develop and progress new areas of work such as 1. FROST methadone reduction service. 2. SMART Recovery model delivery 3. Increasing the capacity for those working with young people to carry out early Screening for drug misuse and appropriate onward referral. 4. Mental Health though the D12 Community Mental Health Forum and the associated development of well-connected drop in service two days per week and production of guide to mental health and support services leaflet as well as rollout of STORM Suicide Prevention and Self Harm Mitigation Training and. However it is important to note that the D12LDATF ability to respond to emerging needs was hindered by the non-increase in D12LDATF funding. As a result of the financial constraints, most projects have now to spend periods fundraising to ensure the continuation of certain aspects of their service which takes away from time that could be spent on front line service delivery.

Cuts to the statutory sector and recruitment embargo also impacted directly on the work in the area and the work of the Task Force. These cuts include: reduced garda resources, longer waiting lists for our clients for medical services; longer waiting lists for psychiatric support; greater difficulty in accessing social worker support and interventions – particularly in relation to young people at risk. Despite tough financial constraints the commitment of D12LDATF funded projects to the work of the D12LDATF and to the service users of their projects has been unwavering. Huge efforts have been made to maintain frontline service provision to our vulnerable service users.
Policy changes have seen Task Force business models develop from generalised, macro activities to more specialised intervention models. In many areas, task force activities and services have been re-defined to become more service user-specific. Services are being designed and delivered in a more targeted way, facilitating more direct working with service users while maintaining the key policy rationale across the five pillars.

Within this difficult time, through interagency collaboration local services and statutory agencies have succeeded in establishing new innovative programmes.

The D12LDATF were selected to participate in the National Community Alcohol Programme with support of the Alcohol Forum. This was a hugely beneficial and informative process that has led to the development of a D12 Community Action on alcohol plan that will be launched during Drug Awareness Campaign in June 2017.

In 2016 the Task Force also focused on the area of good governance and a decision was made for the D12LDATF to become a company limited by guarantee. This was achieved with the D12LDATF CLG officially in operation since January 2017 and now directly employs its own staff.

The D12LDATF is in the process of finalising its strategic plan to provide the Task Force and our stakeholders with a clear roadmap for the coming years. The actions in the plan have been devised based on needs identified in the “Now and Next” Research undertaken in 2015. The Task Force is currently working on these actions and it is hope that the plan will be finalised in 2017 once there is clear direction from New National Drug Strategy.

We look forward to continued partnership working with the D12 local services and community in 2016 to implement the local and National Drug Strategies in D12 with leadership of the Minister for Drugs Strategy Catherine Byrne TD

Susan Sargent
Chairperson
Introduction

Estimating the nature and extent of drug misuse is a complex task. Drug use is largely a hidden activity due to its illegal nature and there are very few statistics collated for alcohol misuse. It would require a population survey to provide definitive statistics on the prevalence of problem drug use. However we can use indicators such as national and local data available, anecdotal reports and information from frontline services to obtain an overview of drug use within an area and assists in the planning of appropriate services that give us an idea of the extent actual drug misuse.

The primary source of data for this report was the National Drugs Treatment Reporting System (NDTRS) (Appendix A) which provides a record of all treatment episodes commenced in 2015 (As there is currently no unique health identifier, the same individual could be counted more than once in the same reporting year if they had more than one treatment episode). Also of note it does not include those who are engaged in ongoing treatment. It does however; include drug misusers who present for non-medical treatment.

The second source of data was Central Treatment List (CTL) (Appendix B) which provides statistics in relation to the number of people from Dublin 12 receiving methadone treatment in 2016. It is important to note that the published data only pertains to those who have either presented for or engaged in methadone treatment in that period.

An additional survey (Appendix C) was carried out with agencies and services in Dublin 12 to ascertain their experience of drug usage among their client group and within the Dublin 12 area. In total, 11 services/individuals participated in the survey ranging from frontline addiction services including outreach, treatment and rehabilitation services, youth programmes as well as statutory agencies such as the Gardai and Probation. This information is an invaluable resource in identify changes in drug use and emerging needs.

Together, the above sources reflect data in relation to drug misuse within Dublin 12 and act as a baseline for strategic consideration. The following sections will discuss drug prevalence within Dublin
12 through the consideration of numbers of people presenting for treatment, demographic profile of drug misusers, type of drugs misused and finally the availability of drugs within the Dublin 12 area will be explored.

**D12 NDTRS DATA 2015**

**Treatment Numbers**

The National Drug Treatment Reporting System (NDTRS) data provides detailed information pertaining to the profile of the presenting drug misuser. The latest raw data available is from 2015, it includes those treated in the community and in prison services. This information is important in planning appropriate and relevant service delivery to ensure that services can address all needs of the presenting drug misuse.

This data highlighted that there was decrease in the numbers of those presenting for treatment in 2015 following a steady increase in 2012, 2013 and 2014. In 2015 of the 422 people that presented to treatment services 389 were for alcohol and drug misuse. However the percentage of those that presented for treatment that were treated was higher in 2015 than 2014.

The percentage of those that had not been previously treated (i.e. treated for first time) remains high at 35.98%. This is important factor for services to consider ensuring they have adequate induction programmes. The table below illustrates the treatment status of people presenting for drug treatment.

**Table 1. Treatment Status of Drug Misusers residing in D12 2015 NDTRS**

<table>
<thead>
<tr>
<th>Previously Treated Status – for year</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessed Only</td>
<td>51</td>
<td>34</td>
</tr>
<tr>
<td>Never Treated</td>
<td>163</td>
<td>140</td>
</tr>
<tr>
<td>Previously Treated</td>
<td>200</td>
<td>198</td>
</tr>
<tr>
<td>Treatment Status Unknown</td>
<td>37</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>451</td>
<td>389</td>
</tr>
</tbody>
</table>
Of the 422 cases who presented for treatment with a drug/alcohol problem in 2015, all were assessed, but of those 354 cases went on to be treated. Treatment refers to medical interventions such as methadone programmes and non-medical interventions such as counselling and psychotherapy in medical settings. However these figures *do not* include cases who received Key working, Case Mgr, Care Plan and/or facilitated detox only. The service providers included prisons, GPs, inpatient and outpatient services.

In relation to service users specifically attending for methadone treatment, the most recent figures available from the HSE from the Central Treatment List (January –December 2015) highlighted that this figure continues to slowly decrease from 442 in 2013 to 433 in 2014, 412 in 2015 and 391 in 2016. The following table outlines where people from Dublin 12 were receiving methadone treatment.

**Table 2. Usage of Methadone Treatment Services D12 2016 (CTL)**

<table>
<thead>
<tr>
<th>Clinic</th>
<th>NDTC</th>
<th>GP</th>
<th>Prison</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>161</td>
<td>12</td>
<td>84</td>
<td>26</td>
</tr>
<tr>
<td>Female</td>
<td>63</td>
<td>&lt;10</td>
<td>43</td>
<td>0</td>
</tr>
</tbody>
</table>

These figures indicate that the vast majority of clients from Dublin 12 continue to receive methadone from clinics and GP’s. This concurs with the data from the NDTRS that there is a high level of demand on outpatient services.
Demographic Profile of Drug Misusers presenting for Treatment from D12

Age Profile

In general the 2015 NDTRS data (Table 3) illustrates that drug use is evident across all age groups with the most prominent being the 30-39 age group which accounts for 34.8% of people presenting for treatment. 25.4% were under the age of 24.

Table 3. Age Profile of Presenting Drug Users D12 2014 & 2015 (NDTRS)

Nationally, the highest proportions of people in methadone treatment are over 30 years of age. These figures are mirrored in Dublin 12 96.9% with 87.7% over 35 (Table 4)

No young person from Dublin 12 under the age of 20 has been recorded by the CTL as commencing Methadone treatment since Dec 08. The number of people aged under 24 accessing methadone treatment continues in 2016 to be less than 10. However there are significant numbers of young people presenting for treatment, though not for methadone substitution for opiate dependence. NDTRS data for 2015 identifies that 135 young people under the age of 24 presented for treatment. The D12 under 18 Substance Misuse programme would concur with this finding highlighting little or no demand for support for young people misusing heroin but for polydrug use.
Table 4. Age Profile of Methadone Clients D12 2014, 2015 & 2016 (CTL)
Gender Profile

The majority of people both presenting for treatment and on methadone treatment in Dublin 12 are men as indicated in the chart below. This information was collated from NDTRS data (Table 5) and CTL data (Table 6) and is consistent with national trends.

Table 5. Gender profile of those from D12 presenting for treatment in 2014 & 2015 NDTRS

![Gender profile chart for 2014 and 2015](chart1.png)

Table 6. Gender profile of those from D12 presenting for treatment in 2014, 2015 & 2016 CTL

![Gender profile chart for 2014, 2015, and 2016](chart2.png)
Living Status

The data from the NDTRS 2014 and 2015 identifies that a high proportion of those that presented for treatment were living with parents/family, in 2015 this equated to 48%. 22% of those that presented in 2015 were living with their children, 7% of which were living alone with their child.

Beyond the serious health consequences for the individual, the harmful misuse of drugs including alcohol brings significant social and economic losses to individuals and society. The burden of harm is often experienced by those around the drug user such as a family member, friend, co-worker or innocent bystander. Although not often visible in public, alcohol’s harm to others within the family can have very serious consequences for the safety and well-being of family members, with children the most vulnerable.

These are important considerations for service planning and would reinforce the need for family support service provision, and also support for the children of service users to prevent hidden harms. This is an area that the D12 Task Force continued to prioritise and support in 2017.

Table 7. Living Status of Drug Misusers Presenting for Treatment in Dublin 2014 & 2015
Employment Status

The national average of male unemployment in 2016 was 9.8%. Twelve of the nineteen ED’s in D12 recorded in 2011 census had a higher than national average male unemployment rate, with the highest level seen in Kimmage A. The lowest, as expected from other census data, was Templeogue, Kimmage, Terenure, St James saw a fourfold increase in male unemployment between 2006-2011.

High unemployment was also very evident among those presenting for treatment. Available data from the NDTRS shows that unemployment amongst people presenting for treatment was high with 60% recorded in 2014 and 65.8% in 2015 as unemployed.

A very low proportion of those presenting were in paid employment (9.9% in 2014 and 10% in 2015). This suggests a correlation between unemployment and drug misuse. It highlights the need for upskilling, training and employment preparation for service users. The D12LDATF continues to support projects with Special Status CE programmes and an aftercare programme the participants of which have achieved significant educational achievements and work preparation increasing their potential for employment. ARC has also developed relationships with Business in the Community venture to organise work placements. It may be pertinent to examine youth unemployment as a preventative measure for drug misuse.

Table 8. Employment Status of Drug Misusers Presenting for Treatment in Dublin 12 2014&2015 (NDTRS)
Education

Within the Dublin 12 area, in general the education level of people that presented for treatment in 2015 was low with 42% of those that presented had only completed Junior Cert Level. However this was an increase of 13% on 2014.

However there was a decrease of 4% in those that had obtained leaving cert level. It is worth noting that figures referring to leaving cert level include leaving cert applied. Strikingly 22.8% had only completed primary level and 1.2% had not even completed Primary Level Education. This is a worrying given the national average of individuals with no formal education or educated to primary level in 2011 was 16%. Only 3.8% of those presenting for treatment in 2015 had completed third level education which is well below the national average (30.6) this is a decrease on 2014 (4.2%)

These findings have implications for the rehabilitation and progression of drug misusers into education, training and/or employment. Services in D12 have been evolved to address the education needs of these drug misusers and offer a range of high quality FETAC accredited education and training programmes through Special Status CE Schemes as well as aftercare and support to their service users. However it has been noted among those currently presenting to the CE scheme that poor levels of literacy and numeracy are an issue despite the fact that some may have technical qualifications in for of applied junior/leaving certificates. ETB through adult literacy services are providing tuition for participants of these CE programmes and they are an integral part of the programme content. Youthreach and St John Bosco Youth Centre have also highlighted this as an issue (see section on young people) The D12LDATF currently provides additional resources to Youthreach for additional literacy and numeracy supports for their service users.

Table 9. Highest level of education completed 2014 & 2015

![Table 9. Highest level of education completed 2014 & 2015](image-url)
Drugs Misused

An overview of the primary drug cited by those presenting for treatment as reason for referral is illustrated in the table below.

Table 10. Reason for Referral D12 2014 & 2015 (NDTRS)

![Graph showing drug trends for 2014 and 2015]

**Drug Trends**

**Alcohol**

In 2015 nearly one third of those who came to treatment from D12 did so because of problem alcohol use. Alcohol ranked as the second main reason for presentation for treatment in D12. However the numbers of people that accessed treatment for problematic alcohol use alcohol as their main problem substance were the lowest in 5 years in 2015 at 88. 2013 seen the highest number of individuals accessing treatment for alcohol at 135. This is an area of concern for D12 as although numbers presenting for treatment have reduced this has occurred with a period when national consumption figures continue to rise.

In addition to the 88 cases that presented for treatment citing alcohol as their main problem substance approx quarter of those that presented for treatment for other drugs (40 cases) also cited alcohol as a problem substance. 43.2% had never received previous treatment for alcohol with 55.7% having previously accessed treatment.
Gender-The majority of those that presented for treatment for problematic alcohol from D12 use were men (62.5%) and 37.5% were women. This has been the case for the past five years. However it is important to remember that the gap between male and female alcohol consumption is closing and that women experience greater health risks from alcohol than men and the onset of alcohol-related health problems begins earlier. Women are more vulnerable to tissue damage, cirrhosis of the liver and alcohol dependence. The two main Community Treatment services have also highlighted a growing number of women presenting who are taking alcohol every day and are struggling to manage and hide this dependency on alcohol. Many are disguising their alcohol use by using cups so that it’s not obvious to children and family that they are drinking alcohol. This is a worrying development particularly in light if the increasing number of women nationally presenting with liver disease due to alcohol as mentioned above. This indicates that D12 need to prioritize the needs of women including women in pregnancy in the prevention of alcohol related harm and this is reflected in actions of D12 Community Alcohol Action plan.( See Appendix *).

Age-The mean age of those presenting for treatment for alcohol from D12 was 45.07 years which has been increasing year on year since 2010 highlighting that people are accessing supports at later age. It is also evident that they are also at a later stage in their drinking with many in the category of dependant drinkers (see below). Given that 62.4% that presented were men and the evidence in relation to the link between alcohol and suicide, it is important to note that majority of men presenting for treatment in Dublin 12 are within the age group of those most at risk of suicide.

However it is important to note that this does not mean that younger population are not engaging in problematic alcohol use. Harmful drinking in Ireland is highest among the 18-24 year old age group. The Under 18 treatment programme in D12 indicate that alcohol was an issue as part of wider poly drug use for the majority of the 70 young people that accessed their service in 2016. This is of particular concern, as young people are particularly venerable to alcohol related harms as their bodies and brains are still developing. Evidence indicates that young people who commence drinking before the age of 15 are four times more likely to become alcohol dependent than those who abstain until early adulthood.

Employment-In 2015 62.5% of those that presented for treatment for alcohol from D12 were unemployed with an additional 18.2% being retired, disabled/at home. There were only 13.2% in regular employment. This together with the level of social disadvantage recorded in D12 is of concern as consistently evidence shows that although individuals in higher socioeconomic status groups are more likely to report exceeding weekly recommended drinking limits, those in lower socioeconomic status groups experience more alcohol-related harm.
Living status- In 2015 94.3% were in stable accommodation and 2.3% reported as being homeless. Between 2010 and 2015, the majority of those that presented from D12 for treatment for alcohol were living with parents/family/partner/children. 42.8% (187 cases) of males and 32.8% (76 cases) of females were living with parents and family. It is worth noting that 12.8% of males (56 cases) were living with ‘Partner and Children’ and 2.5% (11 cases) were living alone with children. In the case of females 18.1% (42 cases) were living with partner and children (cases) and 15.5% (36 cases) were living alone with their children.

Sources of Referral- The main source of referral for those who accessed treatment for alcohol from D12 in 2015 was self-referral (56.8%) followed by family (11.4%), GP (6.8% which is the lowest in 5 years) other medical services (6.8%), Social Services (11.4%) and strikingly for the first time since 2010 there were no referrals from court probation or police recorded. This highlights the need to examine screening and referral pathways under the treatment and rehabilitation pillar of the strategy to ensure that general services such as GPS, Social Services Probation etc are offering early screening and onward referral to appropriate treatment and support services.

Drinking Patterns-

Drinking patterns appear to be binge in nature with the mean number standard of drinks in 2015 recorded at 10.66. Although this far exceeds the recommended number of drinks in a typical drinking session it is to be welcomed that this number has decreased from 15.42 in 2014. (See table 12)

<table>
<thead>
<tr>
<th>Year assessed or treated</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>75</td>
<td>91</td>
<td>105</td>
<td>110</td>
<td>84</td>
<td>70</td>
</tr>
<tr>
<td>Mean number of standard drinks</td>
<td>16.68</td>
<td>13.33</td>
<td>13.50</td>
<td>13.61</td>
<td>15.42</td>
<td>10.66</td>
</tr>
<tr>
<td>Minimum</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maximum</td>
<td>120</td>
<td>45</td>
<td>48</td>
<td>60</td>
<td>45</td>
<td>42</td>
</tr>
</tbody>
</table>
Of those that presented in 2015 the main drink of choice appears to have been spirits followed closely by beer and thirdly by wine.

The majority of those that presented in 2015 were in the 'harmful' and ‘dependent drinker’ categories with 43.2% of those in treatment being identified as ‘dependent’. (See table 12). This again highlights the need for early screening and intervention so that people access supports for their drinking before they are categorized as a dependent drinker.

<table>
<thead>
<tr>
<th>Table 12 Level of drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Hazardous drinker</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Harmful drinker</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Dependant drinker</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Not known</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Opiates

The main reason for referral in 2015 was opiates (29.8%) which has largely remained the same year on year. The figures for people accessing methadone treatment in D12 have declined by an additional 6% in 2016. Anecdotal reports from services in D12 would report that there continues to be a demand for supports for opiate use in D12 although not from young people but from the older population. The HSE Outreach services recorded 1020 encounters with service users in relation to Heroin during. This includes those smoking and provision of Foil (526) as well as those injecting. This aging population has implications for treatment and health care provision for this client cohort in the Dublin 12 area. This is concurred by the HSE and Community Outreach staff.
Cocaine

The NDTRS data in 2015 indicates that cocaine use was the third highest reason for referral at 18%. Qualitative data corroborates these NTDRS findings. All Frontline Services in D12 that completed the questionnaire identified cocaine/crack cocaine use as one of the main drugs being used in the area across all age groups. It is commonly used in association with alcohol.

HSE Outreach services recorded distribution of 139 crack pipes between January and December 2016 and the Cross Task Force Harm Reduction worker and additional 68 pipes between January and October.

Benzodiazepines and other prescribed drugs

Benzodiazepines did not feature strongly as the main reason for referral in the NDTRS 2015 data (8.2%). However, projects locally continue to report a high level abuse of benzodiazepines and other tablets as an increasingly serious issue across all cohorts of service users. There is a noted incidence of Valium, Zimovane, Zopiclone, Lyrica and Xanax in the area. The misuse of Benzodiazepines can be difficult to treat as they are most often encountered in the context of polydrug misuse.

Cannabis

The figure recorded by the NDTRS in 2015 for cannabis as a primary drug of referral was 17.4% which has shown a steady increase since 2009 at 10%. Reports from projects surveyed indicate widespread use of cannabis weed among the majority of service users regardless of the primary reason for referral or age. This also includes those under 18. It is a worrying concern among services in the community as its use appears to have become normalised. The cannabis appears to be very potent and there is concern around effects on the brain in particular around cognitive development in young people. In addition, it is much more expensive than cannabis previously available with drug debts now being accumulated due to cannabis.

Headshop Substances

The NDTRS data did not capture any headshop drugs as a reason for referral for treatment. However local treatment services report that Mephadrone and spice are commonly used in D12. In addition the HSE outreach worker recorded 262 encounters with service users using Snow Blow.
Emergence of other “new drugs”

In addition to the drugs identified by the NDTRS, a number of projects identified the emergence of “new drugs”. Recent reports from projects and Gardai indicate that crystal meth is being used in D12 as well as of Lyrica. Zopiclone is also identified as being commonly used.

Polydrug Misuse

The NDTRS data for 2015 indicates that 48% of service users treated from D12 misused one drug. The percentage treated for two or three treated problem drugs was 43.7% with 8% using 4 or more drugs. Data available from the HRB in 2014 identified that Poly substance misuse was far more prevalent when certain substances were the primary drugs reported. For example, 70% of those seeking treatment for cannabis reported poly substance misuse, comparable to 61% of those seeking treatment for opiate use in 2013. Strikingly, 100% of those who sought treatment for benzodiazepine use in 2013 reported poly substance misuse. While such findings are very high, they are in line with what is seen both nationally and internationally.

EMCDDA data for Ireland highlights that polydrug use is now the “norm”. In particular, problem alcohol use has been highly reported among current or former heroin users receiving methadone treatment. It has been suggested that interventions that address these issues should be explored as a priority. All projects surveyed also found that polydrug use has become a particular area of concern. Poly drug use presents a difficulty in engaging service users due to the chaotic nature of their drug misuse and therefore creates challenges for treatment services.

Table 13. Number of Problem Drugs reported by those who accessed Treatment in 2014 & 2015

NDTRS
Injecting Drug Misuse

21.4% of those presenting for treatment in 2015 reported ever having injected with 72.5% reporting never having injected. Only 3% reported injecting in the previous month. This suggests that injecting is not a common route of administration in those presenting for treatment in 2015.

The majority of projects surveyed reported a decrease in injecting drug use with more smoking rather injecting. This was concurred by the outreach staff who did also report a reduction in the numbers injecting. However they did report a steady demand from those who are injecting accessing needle exchange. Data from the HSE outreach worker outlined that in 2016 there were 1817 encounters for outreach services including needle exchange from the D12 and canal communities’ areas. There were 76,400 needles provide between January and December. The Cross Task Force outreach worker would also have recorded an additional 92 needle exchange visits in the first 10 months of 2016. This would suggest that injecting drug users are accessing needle exchange services on a regular basis reducing the likelihood of sharing of injecting equipment and the spread of blood borne viruses.

Viral Illness and Screening

The completion of data in relation to viral screening using the NDTRS Form is not currently well utilised. Therefore there is very little data available. Smyth et al (2003) estimated the incidence of hepatitis C among 100 intravenous drug users in Dublin and concluded that 66% were infected; this was 30% higher than estimated reports for the same target group in other European countries.

While figures for those accessing treatment from D12 indicates a decrease in injecting drug use and sharing of injecting paraphernalia, stakeholders in D12LDATF agree there is a need to continue to prioritise support in relation to prevention of viral illness particularly as there continues to be newly diagnosed cases of HIV among intravenous drug users (18 of 344 cases of in 2013 5.2%) 15 of the 18 cases (83%) were co-infected with hepatitis C.

According to the HIV in Ireland 2015 Report There were 485 HIV notifications in Ireland in 2015, giving a rate of 10.6 per 100,000 population, the highest rate ever reported in Ireland. Between 2010 and 2014, HIV diagnosis rates in Ireland were stable but increased by 30% between 2014 and 2015. This increase was mainly confined to HSE East (where a 38% increase in rate was seen). A number of factors contributed to the increase in HSE East, including an improvement to the national surveillance case definition introduced in January 2015, an increase in diagnoses among migrant men who have sex with men but more pertinently for our service users there was an outbreak of HIV
among injecting drug users in Dublin. Among this population, the outbreak was associated with injection of snow blow (which as we can see from the data from was the presenting drug in 262 encounters in 2016), the re-use of needles and syringes, and having a sexual partner who was also injecting drugs. This increase highlights the need to maintain a focus on sustained health promotion and harm reduction activities to prevent the spread of viral illness among injecting drug users.

Clients Leaving Treatment

In 2015 the NDTRS data shows that 215 service users are reported to have exited treatment. 30.6% are recorded as having either completed their treatment or were stable and transferred to another treatment provider with 49.7% stopped attending. However, 55.5% of the 216 were reported to have been stable on discharge or when last seen. 20% were accessing ongoing aftercare.

A point of note is that 73.4% of those that exited treatment did not have any family member or significant other involved in their treatment programme. This is a point worth exploring by the treatment providers. Research findings document a relationship between family involvement in treatment and positive outcomes and attest to the need for family-based services. Family involvement in treatment seems to work equally well for adults and adolescents. When the family is ready and able to shift from old, negative behaviours to new, healthier ones, family members become collaborators in the treatment process.

Drug Related Deaths

The most recent available national data reveals that in the period 2004-2014, a total of 6,697 deaths by drug and/or alcohol poisoning met the criteria for inclusion in the National Drug-Related Deaths Index. Of these deaths, 3,864 were due to poisoning (deaths which are directly due to the toxic effect of the presence in the body of one or more drugs/substances) and 2,833 were non-poisoning deaths among drug users (deaths in individuals with a history of drug dependency or of non-dependent abuse of drugs whether or not the use of the drug was directly implicated in the death).

The annual number of poisoning deaths (overdose) fluctuates year on year so in order to determine trends focusing on moving averages gives a better guide. After sharp increase from 2004 to 2008 the average number has plateaued. The annual number of deaths in 2014 was 352.

Males accounted for the majority of deaths in each year since 2004; 72% of all poisoning deaths in 2014 were male. The median age of those who died in 2014 was 39 years, similar to previous years.
Prescription drugs were implicated in three out of four poisoning deaths:

- Diazepam (a benzodiazepine) was the most common single prescription drug, implicated in one third (32%) of all poisoning deaths

- Methadone was implicated in more than a quarter of poisonings (98, 28%)

- Zopiclone-related deaths (a non-benzodiazepine sedative drug) increased by 41% between 2013 and 2014

- The number of deaths where the illicit drugs heroin and cocaine were implicated increased:
  - Heroin-related deaths increased to 90 in 2014 compared to 86 in 2013
  - Cocaine-related deaths increased by 25% from 32 in 2013 to 40 in 2014

Alcohol was implicated in 115 deaths (32% of all poisonings):

Alcohol alone was responsible for 13% of all poisoning deaths in 2014

Non-poisoning deaths in 2014

Non-poisoning deaths are deaths among people with a history of drug dependency or non-dependent abuse of drugs whether or not the use of the drug had a direct impact on the cause of death.

- The number of non-poisoning deaths increased by 14%, from 301 in 2013 to 343 in 2014. The main causes of non-poisoning deaths were hanging (27%) and cardiac events (15%):
  - One in four were due to hanging
  - 21% increase in deaths due to hanging between 2013 and 2014
  - Over two thirds (67%) of people who died as a result of hanging had a history of mental health illness
  - Cannabis and cocaine were the most common drugs used by those who died as a result of hanging
Drugs Availability in D12

Local evidence suggests that drugs are easily available in Dublin 12 in particular benzodiazepines, cannabis and cocaine. There is also a growing concern over increasing availability of drugs via the internet.

Services report that drug misuse is evident in the community through observation of people under the influence of drink or drugs, public alcohol consumption illicit drug taking, amount of discarded tablet blister packs and demand for services. There are a number of hot spots noted including along the luas line and the canal.

The Gardai report that in 2016 recorded public order and drunken offences have reduced and have been for past few years. However it is worth bearing in mind that the culture of home drinking is now common practice.

Table 14 List of Offences Crumlin & Sundrive Districts from 2011 to 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Possession of Drugs for Sale or supply</td>
<td>51</td>
<td>75</td>
<td>124</td>
<td>44</td>
<td>46</td>
<td>44</td>
</tr>
<tr>
<td>Drugs for Personal Use</td>
<td>197</td>
<td>257</td>
<td>262</td>
<td>146</td>
<td>151</td>
<td>209</td>
</tr>
<tr>
<td>Public Order Offences</td>
<td>185</td>
<td>195</td>
<td>157</td>
<td>116</td>
<td>149</td>
<td>117</td>
</tr>
<tr>
<td>Drunkenness</td>
<td>43</td>
<td>27</td>
<td>39</td>
<td>18</td>
<td>38</td>
<td>35</td>
</tr>
<tr>
<td>Discharge of Firearm</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Driving While Intoxicated</td>
<td>81</td>
<td>59</td>
<td>37</td>
<td>40</td>
<td>45</td>
<td>50</td>
</tr>
</tbody>
</table>

In 2016 figures for drug related offences for personal use increased while those for sale and supply remained largely the same since 2014.

Gardai confirmed that the test purchasing scheme took place quarterly in 2016 with no breaches detected.
There were a number of drug seizures in 2015 which lead to a significant accumulated value of cocaine, cannabis and for the first time Zopiclone as indicated above. This is noteworthy considering these drugs were also identified by the frontline services as the main drugs being used in D12. In 2016 while there was seizures of lesser value, heroin was the drug seized of most accumulated value.

**Intimidation**

Services report wide spread intimidation in the D12 area including families of drug misusers but not exclusively. Many families/individuals are not prepared to report this due to fear. In 2016 there were 102 cases of intimidation in D12 reported to frontline drug services.

We were unable to access the number of cases reported to the dedicated Inspector dealing with intimidation. Drug Debts relating to the intimidation ranged from €70 to €54,000. This intimidation has resulted in some service users discontinuing their treatment and/or education programmes, and moving from their home or in fact area. It also resulted in service users being coerced into illegal activities to cover their drug debt and a number of service users have sustained physical violence. In addition families report experiencing threatening behaviour to both themselves and their property...
Emerging Trends

Considering the available data in relation to the nature and extent of drug usage in Dublin 12 and information provided by services in Dublin 12 the following trends and observations were noted:

- Increases in polydrug use and the increasing number of problem substances continues.
- The emergence of alcohol as a significant drug of choice among those in treatment and alcohol combined with drugs is evident in research data and was widely reported by all projects as being an issue in 2016.
- People are presenting to treatment services with problematic alcohol misuse at late stage with the majority of those that presented in 2015 in the ‘harmful’ and ‘dependent drinker’ categories with 43.2% of those in treatment being identified as ‘dependent’ highlighting the need for early screening and intervention.
- Younger drug misusers are not presenting with heroin dependence but are presenting with other problematic drug use including Cannabis Herb, cocaine and Benzodiazepines. Poly drug use is now common in this age group which in most cases involves alcohol. The cases of young people presenting are more complex with young people affected by a range of issues associated with their drug misuse.
- Benzodiazepines and other tablets are becoming an increasingly serious issue across all cohorts of service users. Drugs including Valium, Zopiclone Lyrica and Zimovane being the most prevalent.
- Widespread use of cannabis herb across the spectrum of all service users. This is a major issue as it is much more potent that hash and subsequently has a lot of side effects. In addition, it is much more expensive than hash and this leads to increase debt.
- Cocaine/crack cocaine continues to be a serious issue in D12 and was recorded by 18% as the primary reason for referral to treatment in 2015. Local services also report high levels of cocaine use in D12.
- Continued reduction in injecting drug use although this needs to be monitored on an ongoing basis especially in light of increase in HIV among injecting drug users in Dublin.
- There is growing concern over increasing availability of drugs via the internet.
- Wide spread intimidation in the D12 area including families of drug misusers but not exclus
Main Issues Identified to be Addressed in 2016 & Progress Made in 2016 in Implementing D12 Local Drugs Strategy:

Implementation of the D12LDATF Strategy was achieved through collaborative working between the D12LDATF, subgroups and the projects.

<table>
<thead>
<tr>
<th>The main issues identified to be addressed in 2016:</th>
<th>Progress made in 2016 in implementing D12 local drugs strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Control/Reduction</td>
<td></td>
</tr>
<tr>
<td><strong>Overall Strategic Aim:</strong></td>
<td></td>
</tr>
<tr>
<td>To ensure that drug supply and that the impact of drug dealing is reduced in D12.</td>
<td></td>
</tr>
<tr>
<td><strong>Strategic Objectives</strong></td>
<td></td>
</tr>
<tr>
<td>1. Continue to develop and strengthen the Dublin 12 Local Policing Forum Management Committee &amp; LPF Public meetings – to demonstrate Improved relations &amp; communications between community, LPF Community reps and Local statutory services.</td>
<td>- 4 Successful Public Local Policing Fora meetings were held between October’15-’16, in three areas of Dublin 12 (Crumlin, Drimnagh &amp; Walkinstown). Representatives from over 200 local organisations were invited. Posters were put up in public places in advance of each meeting.</td>
</tr>
<tr>
<td></td>
<td>- Generally meetings were well attended, with between 50-75 members of the public attending.</td>
</tr>
<tr>
<td></td>
<td>- Issues raised at the public meetings were addressed by Gardai and local authority and progress reported back at subsequent meetings.</td>
</tr>
</tbody>
</table>
The D12 LPF Management Committee met 7 times during 2016. D12 LPF held a facilitated workplan review in 2016, which gave focus going forward regarding progress tasks needing to be addressed. The workplan includes: seeking resources for an LPF coordinator post, greater JPC representation, development of community safety groups.

### 2. D12 LPF committee to develop linkages with wider agencies/services, like Dublin South Central Joint policing committee.

- 15 letters were sent from D12 LPF between September ‘15 – Oct ‘16, representing issues and local concerns to various bodies, including: Dublin South Central Joint Policing Committee (DSC JPC), Government ministers, & Dublin City Council (various departments).
- Citywide Policing Forum-related Seminars & trainings (e.g. Drug debt intimidation related) were attended by members of D12 LPF in 2016.

### 3. Improved representation & participation of community reps on D12 LPF committee.

- 2 new community reps joined the D12 LPF Mgmt committee in 2016, from Walkinstown and Crumlin.

### 4. Maintain links and share information with the Dublin South central and South Dublin Joint Policing Committees.

- One of Dublin 12’s newly elected Public representatives became the new D12 LPF Chairperson for a one year period, in 2016.
- D12 LPF sent letters to DSC-JPC to highlight drug-related crime concerns. Dublin 12 Public representatives reported JPC feedback to D12 LPF.
4. Through community representation and public meetings of the LPF, record, work on and provide feedback on Dublin 12 crime and safety concerns that the public want to see addressed in order to improve the sense of security and safety for local residents.

- D12 LPF hosted 4 Public meetings.
- The D12 LPF Garda Rep presented findings of reported crime in Dublin 12. The crime related issues affecting the Public were discussed at Public meetings.
- Great cooperation continues between Dublin 12 statutory public services around crime and anti social behaviour. This was evident with the almost non-existence of Bonfires at Halloween.
- D12 LPF promoted community crime reduction initiatives, including Burglary, Mobile phone and bike theft reduction advice and leaflets.

<table>
<thead>
<tr>
<th>5.</th>
<th>Highlight growing safety issues affecting the Dublin 12 Community such as Intimidation and Drug Dealing and develop/promote appropriate responses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>Following D12 Task Force projects contribution to Citywide-HRB Research Audit study into Drug Debt-related intimidation cases, the (‘Demanding Money with Menace’) report was published in 2016.</td>
</tr>
<tr>
<td>-</td>
<td>AN application to seek fund the post of an LPF coordinator were made to the Minister of Justice &amp; DSC-JPC. This post’s role would include addressing the local major local problem of Drug-debt intimidation in Dublin 12. Dublin 12 was heavily impacted by drug gang feuding &amp; fatalities in 2016.</td>
</tr>
<tr>
<td>-</td>
<td>The Task Force 2016 Drug Awareness campaign ran from early to mid –Oct ’16 and took a positive approach to raising the awareness of drug misuse in D12. A</td>
</tr>
</tbody>
</table>
| 6. Work with others to ensure that national policy frameworks and initiatives to reduce drug dealing are implemented in Dublin 12 such as the Joint Policing Committees and the Crimestoppers Campaign. | Policing Forum Public meeting which focussed on local drug misuse trends & issues was held at this time.  
- The local Drugs Sergeant gave substantial input at D12 LPF Public meetings and highlighted updated trends in Drug dealing & drug use. |
|---|---|
| 7. Developing relationships with the Vintners Association to highlight the issues and explore ways of working together to address Alcohol availability and use in D12. | The Task Force has supported the functioning of, and allocated funding to, the Dublin 12 Local Policing Forum (D12 LPF) in 2016.  
The Crimestoppers Campaign was promoted at Public D12LPF events in 2016.  
Responsible serving of Alcohol (in licensed premises) was delivered in 2016 by D12 DERW (Drug Education Worker) in collaboration with local Community Guard. An evaluation of the training was completed. |
### Part 2 LDATF Strategy to address these Issues:

<table>
<thead>
<tr>
<th>The main issues identified to be addressed in 2016</th>
<th>Progress made in 2016 in implementing D12 local drugs strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention and Education</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Overall Strategic Aims</strong></td>
<td></td>
</tr>
<tr>
<td>To continue to place a strong emphasis on education/prevention initiatives targeting at risk children and young people.</td>
<td></td>
</tr>
<tr>
<td><strong>Strategic Objectives</strong></td>
<td></td>
</tr>
<tr>
<td>1. To identify and work to meet gaps in drugs and alcohol education as they arise.</td>
<td>- DEW networked with staff in ARC, WGRC, Schools and youth services to discuss their levels of information on Drugs and Alcohol and determine training needs.</td>
</tr>
<tr>
<td></td>
<td>- From the above training needs assessment, the following programmes were provided in 2016: Drug and Alcohol &quot;roadshow&quot;; ABC's of Alcohol &amp; Drugs Education\ awareness programme; Healthy Living programme; Responsible serving of Alcohol (in Licensed premises).</td>
</tr>
<tr>
<td>2. To engage wider community through use of awareness campaigns, press releases, newsletters and creative methods.</td>
<td>- Drug / Alcohol Awareness Campaign There was one major event in April 2016. This was a drama performed about alcohol. This drama Play entitled ‘Are you for Real?’ was performed in Our Lady’s Hall, Mourner Road on April 18th 2016 as part of Dublin 12 LDATF Drugs Awareness Week.</td>
</tr>
</tbody>
</table>
ANNUAL DUBLIN 12 ALCOHOL AWARENESS WEEK (21st – 25th Nov 2016) “Knowing the Risks”. This consisted of a series of events and activities around the subject of alcohol and included:

- Information evening on “Women and Wine the changing role of alcohol in the lives of women in 2016”

- Alcohol Youth Forum on Alcohol

- Drama Workshop entitled “Ghost in the Bottle”

- Information seminar on “Sports and Alcohol- a strange cocktail?”

- A breakfast briefing for elected representatives on Alcohol Related Harm in D12 that was facilitated by the Alcohol Forum and attended by Minster of State for the National Drug Strategy Catherine Byrne. Senator Frances Black Chair of the Oireachtas committee on alcohol also participated in the briefing.

- Activities with youth services and Youthreach following on from their work around Drug and alcohol screening and policy development.

- Health Promotion in Clinics: Nurses are promoting Hep C awareness that week and are willing to incorporate alcohol and display information.
3. To offer and deliver training on drugs and alcohol and associated themes to service providers in Dublin 12 including youth workers, community workers, teachers and early school leaver programmes

- DERW facilitated drug and alcohol workshops in WGRC with service users during their structured intervention “Healthy Living Programme”.

- STORM – suicide prevention and self harm mitigation training courses were delivered in 2016, by the 6 local facilitators to 53 front line workers in D12 & Canals area. These workers included; Gardai, Probation, Mental Health, Paramedics, Teachers, & Social workers.

4. To provide support to schools in the form of ready-made programmes on drugs and alcohol and policy development to supplement and strengthen the SPHE programme where a need is identified.

- Links to schools were maintained via Home School Liaison officer and School Completion Programme (SCP) representation on the Education & Prevention subgroup (E&P subgroup) of the Task Force.

- In 2016, 2 schools in D12 were visited as part of “Drug and Alcohol Roadshow”, and 45 teachers, principals and SNA’s took part in 2-3 hour workshops throughout the year. This roadshow was led by D12LDATF Drug Education Worker (DERW) but involved input from Representatives from local treatment centres and community Gardai. Analysis of evaluation feedback collected is in progress. Initial evaluation of data indicates that this level of satisfaction was replicated and increased as project developed.

- ABC’s of Alcohol & Drugs Education awareness programme was delivered to approx. 200 students in Dublin 12 Schools up to end of December 2016. The Young people
who attended increased their information on alcohol and drugs facilitating them to make more informed decisions. This brought about changes in attitude to Alcohol and Drugs, and reduced reported drug and alcohol taking intention.

- In 2016, a D12 ‘Drug & Alcohol Policy Support Worker’ (PSW) was employed (through Dormant accounts fund) to directly support projects working with young people in D12 to increase their knowledge and skills base around drug and alcohol and to develop and implement policies/procedures in line with best practice guidelines. The PSW’s work also included development of risk assessment, early screening for drug and alcohol misuse and appropriate onward referral in conjunction with youth services that can be incorporated and complement youth work practices. The post & role was successfully fulfilled by end 2016.

<table>
<thead>
<tr>
<th>5. To offer and deliver training on drugs and alcohol and associated themes to service providers in Dublin 12 including youth workers, community workers, teachers and early school leaver programmes.</th>
<th>- Support and information on resources was given to education providers in Dublin 12.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. To facilitate delivery of drugs and alcohol sessions as part of parenting programmes in Dublin 12</td>
<td>- Engaged CAD to deliver Family Focus, work with 20 parents in 2016.</td>
</tr>
<tr>
<td>7. To continue to support the implementation and use of outcome measurement tools among Task Force E&amp;P projects</td>
<td>- Implementation of ECASS database into St John Bosco progressed in 2016. DERW is now using the database on a daily basis.</td>
</tr>
</tbody>
</table>
### Part 2 LDATF Strategy to address these Issues:

<table>
<thead>
<tr>
<th>The main issues identified to be addressed in 2016</th>
<th>Progress made in 2016 in implementing D12 local drugs strategy</th>
</tr>
</thead>
</table>

#### Treatment

**Overall Strategic Aims**

To ensure that adequate, appropriate treatment is in place in Dublin 12 to respond to the diverse treatment requirements of clients.

**Strategic Objectives**

1. Support the continued development of existing harm reduction supports and services, which are inclusive of needle exchange programmes and facilities

   - The D12LDATF and CCLDATF continue jointly employ an outreach worker to cover both areas. The Cross Task Force Worker operates mobile needle exchange in conjunction with HSE staff one day per week which is to be reviewed in 2017. Six monthly reporting of Harm reduction data to the Interagency collaboration subgroup continued in 2016.
2. Continue to roll out the Facilitated Reduction of Opiate Substitute Treatment Programme (FROST)

- FROST: (Facilitated Reduction of Opiate substitution therapy). The multi-agency steering group that oversees this new programme continued to explore how drug users in D12 could be facilitated to detox from prescribed methadone in their own community in 2016.

- The 5 day support programme continued to run in 2016. Although numbers are low outcomes for those participating have been very positive. The percentage of those decreasing their methadone was extremely high, with many detoxing completely. Progression for participants is also very positive with the majority entering education training or employment. (See section 3 for more detailed outcomes)

- The advisory group is currently focused on promotion of the programme with particular focus on D12 Pharmacies and methadone prescribing GPs in order to increase referrals to the programme.
**Part 2 LDATF Strategy to address these Issues:**

<table>
<thead>
<tr>
<th>The main issues identified to be addressed in 2016</th>
<th>Progress made in 2016 in implementing D12 local drugs strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rehabilitation</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Overall Strategic Aims</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure adequate rehabilitation options are available for clients and that services work collaboratively with clients to support their progression</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Strategic Objectives</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Work with key agencies in D12 to develop, promote and support inter-agency collaboration and agree formal protocols to facilitate effective Multi-stakeholder implementation.</td>
<td>- The D12 Interagency Collaboration Continuum of Care subgroup met 10 times during 2016.</td>
</tr>
<tr>
<td></td>
<td>- A Service User representative joined the group in 2016.</td>
</tr>
<tr>
<td></td>
<td>- Agencies including probation and ETB engaged in pieces of work outside the subgroup meetings such as STORM training and SAOR Screening.</td>
</tr>
<tr>
<td></td>
<td>- Core priorities have been identified for 2017 that include:</td>
</tr>
<tr>
<td></td>
<td>o Dual Diagnosis</td>
</tr>
<tr>
<td></td>
<td>o Supports and Treatment services for Under 18s engaging in Drug Misuse</td>
</tr>
<tr>
<td></td>
<td>o Alcohol</td>
</tr>
<tr>
<td></td>
<td>- The subgroup has maintained a focus on implementation of the National Rehabilitation Framework in D12.</td>
</tr>
<tr>
<td>2. Continue with implementation of National Rehabilitation Framework / care and case management process, and develop clear referral pathways that support client progression in order to facilitate a seamless co-ordinated approach.</td>
<td>- The Task Force’s “Rehab Practice Mentor” attends monthly FIT meetings (Framework Implementation Team) and RPM has participated in a sub-group of the Framework Implementation Team (FIT) (from south Dublin &amp; Kildare) which have met monthly to develop NDRF training which has been completed. Procedures have been reviewed and training pilot for the first section was held in September 2016. A Pilot review followed, and the Subgroup are working on the next stage of training, as well as working with National Social Inclusion Office development worker and Drugs.ie to develop online training sections.</td>
</tr>
<tr>
<td>- Progress with Interagency Care &amp; Case Management procedures, are being held back by delays in the rollout of national training in Case Management.</td>
<td></td>
</tr>
<tr>
<td>- Main focus of the Task Force’s Rehab Practice Mentor (RPM) work to continue to support the projects in the implementation of the National Rehabilitation Framework, has been by: 1. broadly monitoring case management arrangements and implementation of the framework; 2. the development and monitoring of referral pathways, and 3. reporting on and working towards addressing Gaps and Blocks to the implementation of the framework and to service provision in D12.</td>
<td></td>
</tr>
<tr>
<td>- 2016 Referral reports identify increased numbers of non-TF agencies engaging in case management processes.</td>
<td></td>
</tr>
<tr>
<td>- Links have been maintained with the Crumlin &amp; Drimnagh Mental Health Teams via the MH Forum, and links continue between ARC and the mental health social worker regarding referrals and general</td>
<td></td>
</tr>
</tbody>
</table>
information. Work is currently been undertaken to develop a formal referral form between Crumlin Mental Health and ARC.

- ‘Walk In My Shoes’ (a local Directory for Tier 1 services of relevant services available to those in D12) has been revised and is to be re produced in 2017 to assist appropriate referral processes.

- To improve this referral situation, the D12LDATF through interagency subgroup plan organised SAOR screening tools training to Tier 1 services in 2016. The Rehab Practice Mentor promoted SAOR among relevant services and provides supports where needed.

- RPM compares reports with those of previous years and reports back to projects regarding new trends and new referral pathways.

3. To facilitate the D12 services to access Screening and brief intervention (SAOR) training and provide follow up support to implement practice changes.

- Screening and brief intervention training (SAOR) commenced rollout for Tier 1 services in 2016. Post training support provided by Rehabilitation Practice Mentor for staff from D12 who participate in SAOR.

  o Two agencies staff for from Tier 1 services were trained in SAOR (Probation Services and ETB) in 2016.

  o RPM provided follow up support post training with both agencies.

  o There were no further SAOR trainings rolled out by HSE so it was not possible to support other participants.

  o New training planned by HSE for 2017 which RPM will support by indicating relevant agencies and encouraging engagement as well as post support
| 4. Review and refine gaps and blocks process to ensure use by staff, timely follow through and support for staff in its use | – In 2016, there was a Formalisation of reporting Gaps &Blocks (G&B) issues to Interagency Sub-group. Members of the Sub-group began using the formal reporting structure and there has been an increase in G&B’s reported.  

– G&B reports are made through Interagency Sub-group and are attempted to be resolved locally. Where this has not been achievable, the G &B’s have been taken by the RPM to the Framework Implementation Team and National Coordinator to seek resolution at NDRIC level. |
| --- | --- |
| 5. Identify and examine the needs of those Service Users who have either completed and are participating in Community Employment, including those who are still receiving methadone prescriptions. | – ‘Ring-fenced’ CE opportunities were maintained and utilised in 2016. The make-up of CE participants continues to be a younger, predominantly male set of service users.  

– The Task Force have worked with projects assisting them to track progress of service users attending CE programmes.  

– D12LDATF coordinator provided regular feedback to and from DSP Drug Advisory group ‘on challenges supports and changes in relation to ‘Ringfenced’ CE programmes’ in 2016. |
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 6. Promote and facilitate service user engagement and representation, via involvement initiatives, participation, and profile raising. | - Dublin 12 SURF (Service User Representative Forum) Rep made presentations to relevant Dublin 12 Rehab Services including the Interagency Collaboration Subgroup. The D12 SURF rep followed up a one-year TUS employment placement by taking up a Community Employment placement in 2016.  
- A Service User Questionnaire which asks about service user’s ‘Primary Healthcare Services’ experience was carried out with 126 Dublin 12 Drug service users at end 2015/ Early 2016. Analysis and results were made available in 2016. |
| 7. Increase access to mental health and recovery based services, via Drop-in pilot, increased referrals, Recovery college model. | - D12LDATF has prioritised mental Health in particular Dual Diagnosis in its new strategic Plan.  
- It has continued through the role of the Rehab Practice mentor to provide leadership to the D12 Community Mental Health Forum (CMHF).  
- In 2016, D12 CMHF reps in conjunction with a researcher from TCD carried out 98 Research surveys with their service users. These findings included:  
1) Need for information in the community about existing mental health services and supports;  
2) Need for a ‘drop-in’ type space in D12.  
A Research finding report is planned for publication in 2017.  
- Since this study, the RPM developed an information leaflet that has been produced by the MHF and widely circulated for service users to facilitate them to access support services. |
- D12CMHF has set up a Drop-In service “Well Connected”, which opened in September 2016, which provides information and a social outlet for people experiencing mental health difficulties, or those seeking information for others. The Drop-In runs twice a week - on Tuesdays in ARC Cashel Road, and on Thursday’s in WGRC.

- In 2016 there was increased communication between the MHF and wider community with regards to promotion of positive mental health, such as Green Ribbon and mental health awareness events. Links with other agencies have also improved with agencies better informed of local events and recovery focused activities. The MHF have also set up a blog which they use to advertise and promote these events and activities. Some currently being discussed / promoted include: by the Forum include WRAP and Storm training, DCC Recovery College, InterConnect Project.

- D12LDATF Co-ordinated the delivery of Storm Suicide Prevention Training to 72 front line workers across D12 and canal communities area and additional self-harm training to 16 workers. This has increased the capacity of these services to support those presenting around any suicide /self harm issues.

- D12LDATF has also worked in conjunction with South Dublin City and Ballyfermot Partnerships to develop a proposal for a Mojo Programme to support men in distress from the area. A proposal has been submitted to the HSE and commitment support and resources has been secured from other key stakeholders including DCC and the ETB. It is hoped to establish a Mojo Programme in 2017.
8. Increase availability of peer-led recovery supports for those in D12 to seven days per week.

- Five staff from Task Force projects in D12 were facilitated to participate in SMART recovery training (Self-Management and Recovery Training). This is a new groupwork programme using evidence based techniques and is being rolled out nationally. It involves meetings that support individuals who have chosen to abstain or are considering abstinence from any type of addicted behaviour. A sub-group involving the HSE Rehab team, TF staff and local drug projects was set up to developed to facilitate these groups to be run in two different locations throughout D12. The group began in May 2016 and now operates two successful meetings per week in D12.

9. Support the development of evidence based interventions to meet emerging trends, and supporting optimised usage of eCASS to gather data on outputs and outcomes from funded projects.

- The eCASS & eCASS+ database has been adopted by D12 Task Force and three of its funded projects. Extensive and relevant service user data is being collected. A Care Planning App & Outcome measurement & Reporting Tools for eCASS+ were progressed in 2016. The Task Force plans to begin using the reporting tools in 2017. Data sharing policies will be put in place in 2017.

10. Identify and examine the needs of people with alcohol addiction and explore how these needs can be met by the LDATF and other stakeholders.

- According to the NDTRS nearly one third of those who come to treatment in a calendar year do so because of problem alcohol use. Having reviewed the data during the drafting of D12 Community alcohol strategy the main areas of focus identified to support people in alcohol addiction were:

  - Education and prevention measures including early intervention and screening,
- Greater knowledge of supports available for alcohol in the community and appropriate referral pathways across frontline services including GP’s, social services and probation services. Community wide

- The upskilling of tier 1 services in SAOR screening to try to assist people to access supports at treatment at an earlier phase. The majority of those that presented in 2015 were in the ‘harmful’ and ‘dependent drinker’ categories with 43.2% of those in treatment being identified as ‘dependent’. This work commenced in 2016 with Probation and ETB as well as recruitment of Drug and Alcohol Support Worker for one year (through dormant accounts funding) to upskill services in the area working with young people. It is intended that this focus on early screening and referral continues as a priority in 2017. D12LDATF DEW is currently being trained as trainer of SAOR and will be involved in its delivery in 2017.

- Promotion of Alcohol Supports in the wider community. In D12 in 2015 the numbers of people that accessed treatment for problematic alcohol use alcohol as their main problem substance were the lowest in 5 years. This is an area of concern for D12 as although numbers presenting for treatment have reduced this has occurred with a period when national consumption figures continue to rise. The majority were self-referrals.

- Support for Children and families of those experiencing problematic alcohol use. Between 2010 and 2015, the majority of those that presented from D12 for treatment for alcohol were living with parents/family/partner/children.
11. Examine and begin to address alcohol misuse in D12 and ensure that it becomes an integral part of the wider LDATF Strategy, in keeping with the National Community Alcohol Strategy Programme.

- D12 LDATF has had significant focus on alcohol during 2016 including Co-ordinating Awareness Campaign in November 2016 “Knowing the Risks”. This consisted of a serious of events and on the subject of alcohol and included:
  
  o Information evening on “Women and Wine the changing role of alcohol in the lives of women in 2016”
  
  o Alcohol Youth Forum on Alcohol
  
  o Drama Workshop entitled “Ghost in the Bottle”
  
  o Information seminar on “Sports and Alcohol- a strange cocktail?”
  
  o A breakfast briefing for elected representatives on Alcohol Related Harm in D12 that was facilitated by the Alcohol Forum and attended by local elected representatives as well as Minster of State for the National Drug Strategy Catherine Byrne. Senator Frances Black Chair of the Oireachtas committee on alcohol.

- The D12 Interagency Alcohol Strategy Steering Committee has participated in the Community Action on Alcohol Programme in 2016 including: 3 central training days, as well as the drafting of new Community Alcohol Strategy for D12. It is planned that the D12 strategy will be launched in 2017.

- D12 are participating in the new CAAP national Network that is working collaboratively on shared issues such as Public Health Alcohol Bill, booklet for communities on licensing laws as well as seminar on Foetal Alcohol Spectrum Disorder.
<table>
<thead>
<tr>
<th>Part 2 LDATF Strategy to address these Issues:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The main issues identified to be addressed in 2016</td>
<td>Progress made in 2016 in implementing D12 local drugs strategy</td>
</tr>
<tr>
<td><strong>Rehabilitation II - Family support</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall Strategic Aim</strong></td>
<td></td>
</tr>
<tr>
<td>To increase the level of supports available to families experiencing drugs issues.</td>
<td></td>
</tr>
<tr>
<td><strong>Strategic Objectives</strong></td>
<td></td>
</tr>
<tr>
<td>1. Maintain and support the family support groups in the area.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D12 Family support groups at ARC &amp; WGRC continue to thrive in 2016.</td>
</tr>
<tr>
<td></td>
<td>The Dublin 12 Men’s Sheds project in Walkinstown Green continued in 2016. Of 16 participants attending the ‘Shed’, most men participating have improved interpersonal &amp; communication skills, are living a healthier lifestyle with stronger support networks, greater levels of creativity and self-esteem. Many Participants were referred to relevant support services.</td>
</tr>
<tr>
<td></td>
<td>The HIM drop-in continued at the Bosco Youth centre. In 2016 there were 9 men on average attending the drop-in each week. This was a 50% increase on same period 2015.</td>
</tr>
<tr>
<td>2. Implement recommendations contained in reports commissioned as part of Family Support Research.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The multi-agency ‘D12 Men’s Development Group’, representing 4 organisations, continued in 2016 with its two support options that consider ‘vulnerable men’; ‘Dublin 12 Men’s Sheds project’, and a ‘Men’s Health Advocacy’ (H.I.M) project. The ‘Men’s health advocacy’ volunteer men promoted Men’s health in various drop-in locations in D12.</td>
</tr>
</tbody>
</table>
3. Continue to support the roll out and participate in the evaluation of D12 Strengthening Families Programme

| - D12 Strengthening Families Programmes (SFP) delivered its ‘seventh’ programme in 2016. The D12 LDATF acted as a key participant and largest co-funding contributor in 2016 for the successful delivery of the programme along with other participants include HSE, and local Task Force drug projects. |
| - D12 SFP VII started in February 2016 with 13 families. The Task Force organised an evaluation in 2016 of all 7 D12 SFP programmes, which will be published in 2017. |
| - D12 SFP Management committee developed a Workplan to sustain and progress the D12 SFP programme. |
## Part 2 LDATF Strategy to address these Issues:

<table>
<thead>
<tr>
<th>The main issues identified to be addressed in 2016</th>
<th>Progress made in 2016 in implementing D12 local drugs strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Continue to work closely with local projects to develop and strengthen data collection systems and to share analysis of the data. | - D12 LDATF staff worked extensively on converting all TF Project Logic outcome planning & reporting, measurement & indicators into new Activity Reporting Templates at end 2016. These formed part of the Service level agreements’ for agreed objectives, activities and expected outcomes were in operation with all Task Force projects.  
- Both D12 Task Force & Task Force T&R projects continued to use & develop ECASS database system to aid monitoring of client progress and outcome reporting in 2016. D12 Task Force received training in ECASS Care planning tool. Progress with development toward an Outcome measurement tool in ECASS is planned for 2017.  
- D12 Task Force is now using ECASS + database system which is hoped in the future will aid collation and sharing of information with TF projects also using the system. |
| 2. Identify and commission research that will add value to local knowledge and help inform service developments. | - In 2016, the RPM was involved in the design and roll-out of a local survey with the mental health forum, involving services users from D12 TF projects and other agencies represented by the forum. The purpose of the survey was to identify gaps in service provision in the D12 area for adults |
who have had mental health support needs in the last five years. D12 CMHF reps carried out 98 Research surveys with their service users. Research document is planned for publication by the end of 2016. An Action plan was implemented, based on survey identified gaps in service provision in D12.

- **D12 LDATF Drug Service user questionnaire:** 125 participants from 3 services; ARC, WGRC and Harm reduction service completed the D12 LDATF ‘Drug Service-User Primary care questionnaire’. The findings highlighted issue of viral screening. It was noted that many drug service using participants availed of mental health supports.
### Part 2 LDATF Strategy to address these Issues:

<table>
<thead>
<tr>
<th>The main issues identified to be addressed in 2016</th>
<th>Progress made in 2016 in implementing D12 local drugs strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coordination</strong></td>
<td><strong>Progress in 2016</strong></td>
</tr>
</tbody>
</table>
| 1. D12 LDATF Chair & Co-ordinator to continue to participate in relevant networks to share information, aid representation of collective views and challenges facing the Task Forces. | - D12 Task Force coordinator participated in LDATF Co-ordinators Network and was the representative on the board of NCC and the DSP Drug Advisory Group in 2016.  
- TF Chair and Co-ordinator participated in Chairs and Co-ordinators Networks. |
| 2. Continue Cross Task Force work & Interagency collaboration | - Shared working among the Task Forces and projects has been evident in respect of :  
- Roll out of the 7th successful multiagency 2016 D12 Strengthening Families Programme.  
- Cross Task Force Health Promotion Harm reduction outreach initiative with CC LDATF continued in 2016.  
- Joint working achievements through subgroups include 2016 Drug Awareness Campaign.  
- STORM Suicide Training continued to be provided by projects from D12 & Canal Communities DATFs to a range of other frontline services across the two areas.  
- Rehab Practice Mentor continued to engage in regional FIT sub-group involving TF Rehab Co-coordinators form south Dublin. The aim of the subgroup is to explore opportunities for collaboration and shared resources. |
<table>
<thead>
<tr>
<th>3. Continue to participate in LDATF funded projects forum to aid greater communication.</th>
<th>- D12 LDATF Project Forum continued to meet on quarterly basis in 2016. Projects are also involved in work of TF and subgroups as well as staff and service users participating in research on nature and extent of drug use in Dublin 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Review Task Force structures to ensure more dynamic Task Force engagement including:</td>
<td>- In 2016 the D12LDATF commissioned an external consultation to commence an organisational review as part of its strategic planning process and in light of its new strategic impending Limited Company status in 2017.</td>
</tr>
<tr>
<td>- Examine how the Task Force operates and conducts its business</td>
<td>- D12LDATF officially became a company limited by guarantee on 1st January 2017. Governance has been prioritised for 2017 to include training, development of a governance handbook and review of constitution and terms of reference of all its structures.</td>
</tr>
<tr>
<td>- Sub-group input to Task Force</td>
<td>- Progress from Task Force Sub groups is reported to Task Force meetings via both monthly written updates and verbal contribution from chairs of subgroups.</td>
</tr>
<tr>
<td>- Community and voluntary participation</td>
<td>- There are currently 5 Community and 2 Voluntary representatives participating in TF board</td>
</tr>
<tr>
<td></td>
<td>- TF chair in 2016 is a Community representative.</td>
</tr>
</tbody>
</table>
5. Monitor trends in drug misuse in D12 by:

2. Reviewing report and agreeing priorities areas addressed in 2016
3. Seek and consider information and feedback from the Projects and Task Force Sub-groups in relation to level of use, type of use and develop responses where resources allow.

- Review of nature and extent of drug use in D12 was completed in 2016 using 2015 data (the most recent available. This involved desktop review of Central Treatment List data and National Drug Treatment Reporting system as well as feedback from frontline services.
- Trends updates were considered and responded to at Interagency Collaboration Continuum of Care subgroup meetings.

6. Develop & implement agreed outcome reporting and management system for the D12LDATF and Task Force funded projects:

A) Explore ways to demonstrate outcomes for the Task Force board as well as projects.
B) Continue to work with projects around outcome measurement and support them to use appropriate evidence based measurement tools

- D12 LDATF staff worked extensively with projects around outcome reporting, measurement & indicators in 2016. All projects and the D12 LDATF had completed project logic plans in place for 2016 and reported on outcomes in last quarter of 2016 using HSE project logic planning template. HSE Project Activity Templates were put in place for 2017.
- The Task Force continues to work with projects, the HRB and eCASS to explore evidence-based measurement tools suitable to specific areas of work and incorporate in to Ceases data base. The Task Force has also actively promotes implementation of evidence based responses where needs have arisen and continues to carry out evaluations on new programme.

7. Identify support and training needed by Task Force staff and projects and meet those needs where possible and where resources allow

- PDW and staff from WGRC completed various cease+ training in 2016, including Reports.
The templates below highlight the impact that the projects (under the relevant pillars) have had in addressing the drugs problem in D12. They have also contributed and worked collaboratively to achieve the real outcomes of the workplans of the pillars of which they participate on. (See part 2 for greater details under each pillar)

<table>
<thead>
<tr>
<th>DRUGS TASK FORCE: Dublin 12</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillar: Supply Reduction</td>
<td></td>
</tr>
<tr>
<td>Relevant NDS action</td>
<td>4, 23</td>
</tr>
<tr>
<td>D12 LDATF Strategic Aim:</td>
<td>To ensure that drug supply and the impact of drug dealing is reduced in Dublin 12.</td>
</tr>
<tr>
<td>Outcomes :</td>
<td>As a result of the D12LDATF Drug strategy and the development of the D12 Local Policing Forum (D12LPF) there has been progress toward the development of measures to address crime reduction and promote community safety. The following outputs &amp; outcomes indicate the progress being made: - Held 4 successful Public meetings (Oct’15-Oct’16). (^1). (See footnote 1 for details at Public meetings). Meetings were hosted in the different district locations of Dublin 12 to be inclusive of Dublin 12’s wide geographical area.</td>
</tr>
</tbody>
</table>

\(^1\) Fr Kitt Ct, St Agnes Road, Crumlin – Oct 2015 : Attendance : 60 members of Public

2. Mother Mc Auley Centre, Drimnagh – April 2016: Attendance: 40+ members of Public


4. St Agnes school, Crumlin – Nov 2016: Attendance: 70+ members of Public
Supply Reduction condt.

- There was increased attendance and participation at each of these Public meetings. 70+ members of the public attended the Oct 2016 LPF Public meeting.

- 8 successful Local Policing Forum management committee meetings were organised & held between September ‘15 - September ‘16 period. 15 letters were sent from D12 LPF between September ‘15 - ‘16, representing issues and local concerns to various bodies, including; Dublin South Central Joint Policing Committee, government ministers, & Dublin City Council (various departments).

- Citywide Policing Forum-related Seminars & trainings (e.g. Drug debt intimidation related) were attended by members of D12 LPF.

- The 'Drug Debt Intimidation' service, provided by the National Family Support Network and Garda Drug Squad, was promoted throughout 2016 at all Public events.

- Following D12 Task Force Rehab projects participated & contribution to Citywide-HRB Research Audit study into Drug Debt-related intimidation cases, the ('Demanding Money with Menace') report was published in 2016.

- D12 LPF held a facilitated Workplan review in 2016. Workplan actions include; seeking resources for an LPF coordinator post, greater JPC representation, development of community safety groups, review of terms of reference.

<table>
<thead>
<tr>
<th>Category **</th>
<th>Project Code</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Control</td>
<td>D2-15</td>
<td>Dublin 12 Local Policing Forum</td>
</tr>
<tr>
<td></td>
<td>D2-18</td>
<td>Admin Support for Supply control initiatives</td>
</tr>
</tbody>
</table>

| Project changes/ terminations in 2016 | |
|---------------------------------------| N/A |

<table>
<thead>
<tr>
<th>Category **</th>
<th>Project Code</th>
<th>Project Name &amp; Reason</th>
</tr>
</thead>
</table>
DRUGS TASK FORCE: Dublin 12

Pillar: Prevention and Education

Relevant NDS Actions

19; 20; 21; 22; 24; 28; 29; 30; 31

D12 LDATF Strategic Aim:
To continue to place a strong emphasis on education/prevention Initiatives targeting at risk children and young people.

Outcomes:
As a result of the D12 LDATF Drug strategy, high quality interventions were provided to a wider audience than previously, mainly young people. The Young people themselves report the benefit of additional skills and abilities they gain by participating in the various programmes.

The Drug Education Resource Worker (DERW) provides a broad range of supports across a number of areas. In 2016 the project facilitated 520 people though open events like competitions and training.

AWARENESS CAMPAIGN ACTIVITIES:

2016 DRUGS AWARENESS CAMPAIGN

A drama was performed in April 2016 about alcohol. This drama raised awareness of the effects of alcohol on the family and its role in family conflict/family breakdown. Play entitled ‘Are you for Real?’ was performed in Our Lady's Hall, Mourne Road on April 18th 2016 as part of Dublin 12 LDATF Drugs Awareness Week.

2016 OUTCOMES: This play attracted approximately 200 local people

ANNUAL DUBLIN 12 ALCOHOL AWARENESS WEEK 21st – 25th Nov 2016

- Information evening on “Women and Wine the changing role of alcohol in the lives of women in 2016”
- Youth Forum on Alcohol
- Drama Workshop entitled “Ghost in the Bottle”
Prevention and Education contd.

- Information seminar on “Sports and Alcohol- a strange cocktail?”
- A breakfast briefing for elected representatives on Alcohol Related Harm in D12 that was facilitated by the Alcohol Forum and attended by local elected representatives as well as Minster of State for the National Drug Strategy Catherine Byrne and Senator Frances Black Chair of the Oireachtas committee on alcohol.
- Alcohol poster competition with youth services following on from their work around Drug and alcohol screening and policy development.

2016 OUTCOMES:

“Women and Wine the changing role of alcohol in the lives of women in 2016”-This event was attended by 22 women from D12 of varying ages. There was input from Dr Marguerite woods that identified the changing role of women in society and their relationship with alcohol. This was followed by a lively discussion of experiences from those in attendance. There were two referrals to treatment services for support around alcohol following the event.

The Youth Forum on Alcohol event was run with schools and the early school leaving project for Dublin 12. The purpose of the event was to provide a space for 60 young people to discuss and share their experiences of alcohol, alcohol advertising and marketing. A report will be produced in early 2017 to record this learning.

Sports and alcohol seminar “A Strange Cocktail “ Attended by approximately 90 people with particular emphasis on sports coaches and those working with people in a fitness capacity.

Breakfast Briefing for elected representatives on Alcohol- A cross representation of councillors and TDs from D12 participated in this morning session as well as Minister Catherine Byrne and Chair of the Oireachtas Committee on Alcohol Senator Frances Black. Public Representatives reported having a greater knowledge of alcohol misuse and harm in D12, services available in the area, the D12 involvement in the community action on alcohol and the development of a plan as well
as a greater understanding of the Public Health Alcohol Bill.

**Alcohol poster competition with youth services** - A number of workshops were held with Youthreach and CLAY Youth Project that resulted in the design and publication of a series of high quality posters depicting young person’s views of alcohol harm.

**DRUG EDUCATION/ PREVENTION TRAINING:**

**TRAINING PROGRAMMES :**

(i) **SCHOOLS:**

(A) Teachers - were provided with perspectives on drugs at the Drugs Roadshow presentation to school in Dublin 12. 45 teachers and school staff have taken part in the roadshow. The teachers & staff were from St Kevin’s College, Clogher Road.

**2016 OUTCOMES:**

- When asked for Evaluation feedback:
  - 90% participating teachers at St Kevin’s said they felt more confident in how to approach drugs use in their school.
  - Over 90% of participants felt they had better knowledge of prevalence of drugs in Dublin 12 community after the roadshow. Over 90% of participants felt they had better Awareness of drugs information and self-help online tools after the roadshow.
  - Over 80% of participants reported an increase in their awareness of treatment options available to parents and young people in Dublin 12 because of the programme.

- St Kevin’s signed up to several education worker initiatives because of this session. This included three teachers taking part in STORM training.

- St Kevin’s school also delayed the junior cert results for their Junior Cert graduates in response to a request that came through Alcohol Steering Group of Task Force.

- St Kevin’s school agreed to take part in several events being coordinated by Drugs Education Worker between September and December’16.
Many gaps were identified during this work, mainly that teachers would like more time to discuss having drugs conversations with young people.

As part of roadshow planning school staff were informed that training should be taken as part of an overall drugs policy within the school. St Kevin’s College has completed a draft drugs policy and a separate tobacco policy.

(B) ABC’S Programme In Schools - 10 ABC’s of drugs programmes were carried out in 2016 to over 200 young people. There was also an ABC’s programme delivered in CLAY.

2016 OUTCOMES:

- Over 200 students in Dublin 12 Schools took part in the ABC’s programme in 2016. Due to the large numbers involved and the dense data obtained the figures for this activity are taken from a sample of 70 before and after surveys.
- Over 75% of students who completed surveys had a demonstrable change in their knowledge of drugs after the programme. This knowledge change included information about standard drinks, the addictive properties of prescription drugs and the relative social harms of drugs.
- On starting the programme students were asked if they would know who to talk to if a friend had a problem with drugs and alcohol. In the before survey this answer was about 40% in the after survey this had risen to over 80%.
- From the survey sample of participants selected, their likelihood of accepting drugs or alcohol from a friend was reduced.
- Eliminating the not sure response, the responses for likely/very likely to refuse increased over the duration of the programme from 55% to 75%. 
(ii) PARENTS

(a) Two Family Focus programmes programme were funded through DEW budget in 2016. A total of 20 parents availed of this training.

2016 OUTCOMES:

- These groups indicated that they were better informed, more confident and more likely to discuss drugs and alcohol issues with their children as a result of the programme.

(iii) FAMILY

Strengthening Families Programme – DEW facilitated on a programme with 13 families commenced SFP VII programme in 2016. Of those who started SFP VII, 8 families completed the programme.

2016 OUTCOMES

- See Family support section, under Strengthening Families.

HIM Programme - HIM project supports isolated men from Dublin 12 who require a space to meet others and interact.

2016 OUTCOMES

- The numbers of men attending the drop-in has increased significantly. The HIM drop-in is now located in the Bosco. At end of December 2016 there are 10 men on average attending the drop-in each week. This is a 50% increase on same period 2015.
Prevention and Education

(iv.) YOUNG PEOPLE

2016 OUTCOMES:

- DEW Coordinated ‘Fight Stigma’ Project in conjunction with Bosco Junior Leaders and Irish Defence Forces, in 2016. The result of this project was that a t-shirt was designed that was worn by the defence forces as part of their annual 10k run for charity. The project gave the group an opportunity to reflect on the meaning of mental health. Highlight ways to stay healthy and provided was featured as part of St John Bosco Centre celebration of achievements in 2016.

(v) LICENCED PREMISES WORKERS: In conjunction with RSA and the Gardaí, responsible serving of alcohol was delivered to 15 people involved in sales of alcohol in 2016.

2016 OUTCOMES:

- Representatives of licensed premises in Dublin 12 attended training aimed at up-skilling those serving alcohol to the public as well as providing guidance on policy development and implementation.

Other Non–Training role of DEW includes: To build relationships with agencies/organisations in Dublin 12 and provide support were required.

- To end September 2016 over 50 organisations have been worked with enabling new projects to be initiated and fostering better working relationships with the DEW. These included: 12 schools, 10 licensed premises, ARC, ARC under 18’s, WGRC, Bosco, Brú, CLAY, Dublin City Council, HSE, TUSLA, YMCA, Gardaí, Raising Issues Drama, CAG, Responsible Serving of Alcohol, MABS, Youthreach, Alcohol Forum, D12 Community Mental Health Forum, Irish Defence Forces, Drugs Policy worker, Alcohol Strategy Steering Group, Maynooth Students Union, Men’s Development Group, Bray Community Addiction Team, Canals Communities Task Force, Finglas Cabra Task Force, Jigsaw. DEW worked with other stakeholders in forming an Alcohol Strategy Steering Group contributing to development of local strategy, and helped D12 CMHF to develop their 2016 survey.
Through **Crumlin Youthreach** and the additional literacy programmes supported by the D12LDATF, 41 at-risk early school leavers, participated within the education system.

**Literacy & Numeracy training:** Students who benefited from this work in the last academic year have enjoyed a lot of success in the context of progression to further training or education options. This is in no small part due to the confidence they gained from the literacy supports offered in this centre.

- 36 students received at least some literacy during the year to date. Of these 11 have received a year-long literacy support programme - much of which was done through module support for various subjects. In addition, literacy and numeracy is integrated into all subject areas.

- A further 23 have had literacy for some of the year - as some graduated in the summer (but would have had a full year with some of it being delivered in the previous year) and some joining since Sept.

- 41 students were retained for most of the academic year 2015-2016.

**2016 Outcomes:**

- Of the 41 who were retained, students achieved in the region of 160 module components

- 11 students completed and were awarded the full Level 4 FETAC/ QQI in General Learning in 2016, and three of these young people also achieved a second full award in ICT Skills. (meaning they have equivalents of two leaving certificates). Of the 11 people succeeding in full award, 10 of them have progressed to PLC.

**The DYCE Youth café:** The Youth Café provides a means of attracting young people 10-18yrs into the main St John Bosco Youth Centre and engaging them in a range of developmental programmes in the youth work programme as well as utilising the café as a safe and positive diversionary programme for those young people.
2016 OUTCOMES:

- 220 (130 DYCE & 90 DYCE Jnr) young people registered for DYCE cafes in 2016.

- 90% of 130 young people attending cafes became involved in structured youth work programmes, during the year. 28 members progressed to Junior Leaders programme at end of year. 19 members facilitated workshops with younger members. 15 participants volunteered to run the café shop or organise an event.

- 70% of 130 participants choose to participate in an issue based programmes, such as bullying, sexuality, mental health and family problems. This participation assists with them developing a positive sense of self along with a feeling of belonging.

- Of the 90 DYCE youth workers, 30% volunteered to run the café shop. 70% members progressed to structured youth work programmes.

- In relation to the DYCE Café offering a facility that offers a fun, safe, healthy and inclusive environment, and 100% of 64 Café sessions provided had no serious incidents. On average, 23 young people attended per session.

Drug And Alcohol Policy Support Worker Following successful application to Dormant Accounts Fund the D12LDATF created a post for a Drug and Alcohol Policy Support Worker to engage with local youth services, Garda Diversionary programmes and Youthreach early school leaving initiative in Dublin 12. The purpose of the role was to collaborate with these services to develop and implement policy and practice around drug and alcohol use, risk assessment, screening and referral. The target group were 25 youth workers in 4 Youth services.

The Drug & Alcohol Policy Support worker provided a schedule of training programmes for youth service workers aimed at increasing a knowledge base in respect of drugs & alcohol, and up-skilling of youth workers in substance risk
Prevention and Education

identification & assessment, referral pathways, as well as providing consultation support for substance misuse policy development and review.

2016 Outcomes

- All four services developed Drug and Alcohol Policies for their organisations.

- All staff received training in Motivational Interviewing (including role play) risk assessment, screening and appropriate onward referrals.

- A resource toolkit was also developed with the organisations.

- Dublin 12 youth services and early school leaving initiatives improved their work with vulnerable young people in the area of substance misuse.

In a research questionnaire and feedback received during training from services the following outcomes were recorded:

- 94.1% identified that the training content gave them a greater knowledge of drug education and prevention initiatives.
- 94.1% identified that they felt more confident to engage with young people around drugs and alcohol.
- 100% identified that following the training and mentoring they now possessed increased skills set to facilitate the early detection of alcohol & drug misuse.
- 94.1% identified an increased skills set to facilitate risk assessments and care plans for service users at risk of substance misuse.
- 52.9% identified that they were conducting substance misuse interventions with service users post the training and mentoring.
- 94.1% were delivering substance misuse prevention education where possible in their service.

Following the training the services noted at risk detections: Bru 20, CLAY 12, Youthreach 6 and Bosco 4.
<table>
<thead>
<tr>
<th>Project Code</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Prevention</td>
<td>D2-6</td>
</tr>
<tr>
<td>Education and Prevention</td>
<td>D2-8</td>
</tr>
<tr>
<td>Education and Prevention</td>
<td>D2-11b</td>
</tr>
<tr>
<td>Education Prevention</td>
<td>(Dormant Accounts)</td>
</tr>
</tbody>
</table>

**Project changes/ terminations in 2016**
**DRUGS TASK FORCE: Dublin 12**

<table>
<thead>
<tr>
<th>Pillar :</th>
<th>Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant NDS actions</td>
<td>33, 34, 37, 38, 42, 41</td>
</tr>
<tr>
<td><strong>D12 LDATF Strategic Aim:</strong></td>
<td>To ensure adequate rehabilitation options are available for clients and that services work collaboratively with clients to support their progression</td>
</tr>
<tr>
<td><strong>Outcomes :</strong></td>
<td>As a result of the LDATF Drug strategy, there are a full range of high quality addiction services across the ‘continuum of care’, operating in 2015, in Dublin 12. ARC operated the following objectives &amp; programmes throughout 2015 to provide a structured programme facilitating service users to prepare for progression to CE / participate in CE.</td>
</tr>
</tbody>
</table>

1. Induction programme -

2. Rehabilitation Recovery Programme ( incl High Support CE Programme & Low Support CE)

**1. ARC INDUCTION PROGRAMME:** 36 service users participated in Induction Programmes throughout the year –

**2016 OUTCOMES:**

- 22 service users that attended the induction programme reported that they stabilised their drug use.
- 22 service users that attended the induction programme reported have improved their ‘Refusal’ Skills
- 22 service users reported in case management sessions that they have developed better relationships with their children / siblings
- 22 service users reported in case management sessions that they
Rehabilitation contd

- have developed better relationships with their friends

- Of the 36 that began the Induction programme, 22 Service users progressed on to Addiction Rehabilitation Programme, either the ARC High Support Programme, or the ARC Rehab Recovery (Low support) Programme.

2. ARC Addiction Rehabilitation Recovery Programme. To provide a CE Programme for approx. 96 individuals who are stable on methadone and are illegal Drug Free and monitor progression using evidence based measures.

2016 OUTCOMES

- 96 service users reported in case management, case working sessions that they were confident to ask for help in vulnerable situations and maintain illicit drug free status

- 15 Service users from the progression programme have self-reported that have maintained drug free status 4 experienced health issues and left programme

- 96 service users self-reporting have increased their confidence and autonomy and their ability to manage their work time.

- 96 service users have reported through case management sessions or case working, or group work their physical and mental health.

- 70 service users self-reporting that their relationships with their family have improved.

- 60 service users self-reporting that have a better capability to manage their emotions.

- 25 service users have reported through case management sessions or case working, or group work their physical health and nutrition has improved.
Educational achievements included the following Accredited Training...

55 service users completed modules within FETAC\QQI programme & received FETAC\QQI accreditation. They received 107 Certificates, in the following subjects:

1. Challenging Discrimination L 3
2. Communications L 3 & 4
3. Application of numbers L 3
4. Internet Skills L 3
5. Mathematics L 4
6. Historical studies L 4
7. Occupational First Aid L 4
8. Food Safety H.A.S.S.P L 5
9. Food Hygiene L 4
10. Community Addiction Studies Fetac L 5
11. Office Skills (Major) L 4
12. Reception frontline office skills L 5

4. ARC-FROST Community Detox. - a tailored Rehabilitative support programme for participants engaging in community Detox

ARC-FROST (Facilitated Reduction of Opiate substitution therapy). Following a gap identified by drugs users in D12 and also by GP Co-ordinator, an Interagency steering group was created to develop a tailored Rehabilitative support programme for participants wishing to engage in Community Detox. This steering group involved key stakeholders including Addiction Services GP Co-ordinator, HSE Rehab manager, two Community Drug Projects in D12, Drugs Task Force and Rehab Practice Mentor.
FROST is a day support programme that operates 5 days per week supporting people on 50mgs or less of prescribed methadone who with the support of their doctor wish to reduce their methadone.

The programme began in 2014 and despite a slow start, the programme operated in 2016 at maximum capacity with 9 service users attending on a daily basis. Outcomes for those participating have been positive.

As this is longer term programme outcomes for period 2014-beginning of 2017 have been included: OUTCOMES:

- Total of 23 people participated in programme
- 7 are currently detoxed and drug free.
- Outcomes of those 7:
  - 1 participant went on to a Drug Free programme in Solaise
  - 1 completed a year’s certified college course in animal husbandry after FROST, now works full time.
  - 2 are currently attending college courses including the trinity access course. Both currently drug free.
  - 1 participant moved out of Dublin and is working full time
  - 1 person was supported to reduce their methadone to satisfy the criteria of Cuan Dara and then completed their detox there.
  - 1 drug free and taking care of family
- 2 of the 23 are still attending and reducing their methadone, 1 waiting to go to residential.
- Of the 14 others:
  - One passed away,
  - Several relapsed,
  - Some presented with child care issues,
  - Some presented with mental health issues that needed to be addressed before detox.
  - Some not ready or not appropriate referrals.

However contact has been maintained with most of the above through text or calls.
ARC COCAINE \ POLYDRUG PROJECT provides crisis intervention, cognitive therapy, one to one counselling, complementary / holistic therapies, and individual support sessions with key-worker and group support to crack cocaine/poly-drug users. It also offers outreach support, drug education, rehabilitation, relapse prevention.

1. ARC Cocaine \ Polydrug projects supports stabilisation among cocaine/poly-drug users, towards achieving a drug free status:

2016 OUTCOMES:

- In 2016, 83 Service users engaged with the Cocaine Programme, 46 of those were new in 2016. All have increased awareness of addiction and gained increased knowledge and understanding of its impact on themselves and their family members. This has been achieved through the case working and care planning process.

- 15 Service users have attained drug and alcohol free status, 6 attend the ARC Aftercare Programme, and Service users reported an increase in their ability to engage in social activities that do not include the use of a substance; an improvement in their personal relationships; an improved ability to engage with day to day life.

- 6 service users attended ARC drug free aftercare programme. 2 service users attended full time day programmes, 1 service users attended, 28 hour a week day programme and 3 service users attended part time evening aftercare.

- As a result of achieving a drug free status, 3 service users attended full time education, 1 service users attended part time education, 3 service users attended full time employment and 2 service users attended part time employment.

- 36 service users were able to demonstrate a greater understanding of the perceived/actual consequences of their drug/risk taking behaviour, and reduced instances of engaging in risk taking behaviours.
| Rehabilitation contd | - 12 service users have self-reported that they now have better life skills, and are more capable of dealing with their issues
| | - 2 service users were homeless and were getting support via homeless services. 1 service user was sleeping on a friend's couch. 1 service user was in the process of becoming homeless. 1 service user was living in a tent and had been for a number of years.
| | - 46 of the new service users reported that engagement with the project had led to a better insight into the consequences of their substance use. They have reported less instances of: poor mental health (depression, anxiety and panic attacks), engagement in criminality, increase in: general health & wellbeing
| | - In relation to service users gaining some insight into the consequences of their drug use on their health, social engagement, families, criminal activity, education, employability, community:
| | - 6 service users were referred for dental treatment.
| | - 5 current service users are engaged with mental health care teams, and reported that since engaging with ARC their mental health has improved.
| | - 2 service users were referred to a mental health care team.
| | - 25 Service users reported less attendance at GP's, less use of prescription medication (pain medication)
| | - 27 Service users reported being less stressed and having a greater capacity to effectively deal with anxiety.
| | - 46 service users reduced their drug use and could identify emotions relating to active drug use.
| | - 8 service users completed the 10 weeks of art therapy and have implemented positive change.
**ARC AFTERCARE Project** provides Rehabilitation through Aftercare to those in recovery from addiction. This service is provided on a flexible basis in order to accommodate those who have childcare issues, or who have embarked on employment, further education, and/or training outside the supports mainly Recovering/Stabilised drug users.

1. ARC Aftercare provided training to participants who are drug free to meet their skills gap and monitor progression using evidence based measures.

### 2016 OUTCOMES:

- 51 Service users have availed of drugs and alcohol free Adult Aftercare.

- 40 Service users reported that from the different Aftercare programmes they have taken part in (one to ones, mindfulness, drop in, drug/ alcohol free socials and weekend retreat) they are better able to deal with stress, boredom, trigger situations and events that have come up for them during the year.

- 18 service users had coped with and overcome the impact of stressful life events and stayed drug free.

- 38 service users had maintained a drug free lifestyle. Although 40 had reported that they were more able to manage triggers, 2 of these service users relapsed, but became alcohol/ drug free again, and returned to the Aftercare programme.

- 12 Service users on the Alcohol Free Programme remained alcohol free. Over the year, 19 Service users took part in the programme. 4 Service user left stating that they had achieved their goal. 2 relapsed and didn’t return. 1 Service user is working nights and is unavailable but is attending AA meetings and linking in on a one to one basis.

- 32 Service users have developed better relationships with family, friends and the community they live in.
Rehabilitation contd.

- 4 Service users have returned to work, as follows:
  - 1 working as cleaner.
  - 1 working with a Mediation Service.
  - 1 returned to work as a Compressor Service Engineer.
  - 1 Returned to work as a Sales Rep.
  - 2 of these had done the employability skills course in 2015.

- 3 Service users returned to education, as follows:
  - 1 doing a diploma in Health and Fitness
  - 1 doing a diploma in Community Drugs and Alcohol.
  - 1 doing BA in Social Care Practice in Tallaght IT.

- 5 Service users took up placements as follows:
  - 2 as support workers in Addiction Response Crumlin Rehabilitation.
  - 1 as maintenance worker for Addiction Response Crumlin.
  - 1 as insulation installer.
  - 1 as support worker in another drugs project.

- 16 Service users completed courses as follows:
  - 10 achieved Fetac level 5 computer applications certification.
  - 6 who achieved certification in 2015 were in the process of working towards Fetac accreditation in internet skills level 5 in 2016.

- 18 service users reported that by taking part in aftercare programme and taking part in social programme their mental health improved.

- 9 Service users have improved their general health.
### Rehabilitation contd

- 28 Service users have engaged in Community-based activities that benefit their recovery.

- 12 Service users continued to link in with community supports available to help sustain a drug-free lifestyle.

- 12 service users who initially isolated themselves and would only attend one-to-one sessions, progressed to groups and the social programme within the Aftercare service.

- 24 service users have reported better communication skills in areas such as with their children, dealing with social welfare, banks, teachers and friends and family.

- 26 Service users have found new social drug/alcohol-free activities, as follows: St Agnes Choir, Indoor Bowls, Pitch and Putt, Art Classes, Music Lessons and 5 a side football are examples of these.

- 8 Service users improved communication and vocabulary, although none gained qualifications in literacy. 8 reported huge improvement in this area. 4 service users felt confident enough to take part in the Computer Applications, and 2 achieved certification.

### ARC Under 18s Project

**ARC Under 18s Project** is a holistic service for young drug users under the age of 18 and their families from Dublin 12. The services provided include Outreach, one to one support, counselling, relapse prevention. The presence of this service has provided specialised care for those young people and their families who were engaging in drug misuse in 2016. For each service user accessing the project at least one parent/caregiver is also involved in their initial treatment plan.

**1. ARC Under-18s Project provided timely evidence based treatment modules to support 59 young people under the age of 18 to reduce/cease their drug use and at-risk behaviours.**
2016 OUTCOMES:

- Worked with 28 young people who required interagency collaboration, with services such as Garda youth diversionary project, TUSLA, probation, Yoda, Pieta House.

- 23 service users started and completed an assessment with the Under 18’s Programme in 2016. Comprehensive assessments can take up to one month to complete with the under 18 year old and their care giver. 4 service users did not complete their assessment. 8 service users did not attend for assessment and were provided (and were provided with follow up support.)

- 51 service users completed one or more care plan objectives. They had achieved increased awareness of their addiction, improved relationships with their parents and schools, had identified problem solving techniques, and/or improved communication, report building, anger management, criminal activities, physical and mental health.

- As a result of the ACRA Treatment programme: 31 Service users reduced/ ceased their substance use and their risky behaviours associated with substance misuse.

- 24 service users completed treatment and were discharged stable.

- 27 service users’ relationships with others were improved.

- 31 service users and their family reported improved relationships at home, with parents and other family members.

- 11 service users engaged in counselling and reported an increased capacity to resolve issues negatively impacting their lives.

- 33 service users had reduced anxiety, depression, anger, and disruptive behaviour levels.
2. Under-18s Project provided evidence based treatment modules to 45 parent/caregivers (of the young people attending the programme) in order to support the young person’s treatment plan.

**2016 OUTCOMES:**

- 31 parents who engaged in family support reported a reduction in stress levels
- 45 parents reported that they were better able to parent their child as a result of family support.

### Walkinstown Greenhills Resource Centre (WGRC)

WGRC aims to support individuals with substance use problems to reduce/modify and/or stop their substance use behaviours through the use of evidence-based treatment interventions for substance use behaviours and supporting service users to identify progression routes to re-integrate into mainstream activities/society.

The WGRC provides supports to the families (over 18) of the individuals with the substance use problem to cope with the problems and issues that often face families living with addiction.

1. **WGRC supported substance misusers, in an addiction focused treatment programme using evidenced based treatment interventions, to reduce/modify and/or stop their Drug use and associated behaviours.**

For the 2016 a total of 80 Substance misuse clients availed of WGRC services during this period.

1. **In relation to Drug Use Behaviour:** of the 80 substance misuse service users in WGRC addiction-focused support:

   - 52 participants have reduced their drug use and have improved their pattern of drug misuse behaviour.
   - 39 participants have reduced their incidence of drug relapse.
   - 19 participants reduced their risk of relapse.
Rehabilitation contd
- 17 participants have ‘stabilised’ their level of drug use.
- 37 participants have become drug free & brought stability to their lives.
- 2 persons have become employed and remained drug free.
- 18 Service users were referred to various Drug & Alcohol Rehabilitation (residential /day/fellowship) services, as appropriate.

2: WGRC supported service users through active care planning to make progression towards re-integrating into mainstream society/activities.

In relation to Employment & Skills; of the 80 substance misuse service users in WGRC addiction-focused support

2016 OUTCOMES:
- 10 participants have gained employment.
  - 5 persons are employed with Liberties Recycling
  - 2 persons have gained part time employment
  - 3 persons have gained full time employment
- 14 participants have gained a new qualification or educational attainment and have enhanced their employment prospects in the process.
  - 6 persons have gained a qualification.
  - 4 persons have engaged in skill based educational courses.
  - 4 persons have engaged in basic adult education courses.
  - 4 participants have engaged in basic adult education courses.
- 24 participants gained experience in volunteering or work experience skills and enhanced their employment prospects in the process in the following ways;
  - 5 persons have engaged with DSP Pathways to Work Programme
  - 15 persons actively engaged with Local Employment Service (LES)
Rehabilitation contd

- 4 persons have taken up volunteer positions in the local community.
- 28 participants have improved their prospects of employment through improved communication & interpersonal skills.
- 26 participants have improved their self-management skills and enhanced their employment prospects in the process.

In relation to Relationships; of the 80 substance misuse service users in the WGRC addiction focused support.

2016 OUTCOMES:

- 43 participants have developed positive social networks.
- 46 participants have improved their relations with family members.
- 45 participants have improved their capacity to build positive peer relationships.

In relation to Personal Circumstances & needs; of the 80 substance misuse service users in the WGRC addiction focused support.

2016 OUTCOMES:

- 43 participants have improved their personal health.
- 66 participants have improved their mental health. Referrals were made to AA & NA, Loreto counselling service, Coolmine, Francis Farm, St James Hospital.
- 22 participants have made progress in their housing & financial situation. Referrals were made to FLAC, SV De Paul, Local Council, Stanhope centre.
- 25 participants have reduced their level of criminal activity.
- 24 participants have made progress in their debt & finance situations.
Rehabilitation contd

<table>
<thead>
<tr>
<th>3: Polish Counselling service:</th>
<th>In relation to Substance Misuse, 28 Participants availed of the Polish language counselling service (CKU) during this period at WGRC.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- 22 participants have reduced their drug use.</td>
</tr>
<tr>
<td></td>
<td>- 22 participants have improved their safe drug use pattern and behaviour.</td>
</tr>
<tr>
<td></td>
<td>- 22 participants have a reduced incidence of drug relapse.</td>
</tr>
<tr>
<td></td>
<td>- 13 participants have maintained their level of drug use.</td>
</tr>
</tbody>
</table>

FAMILY SUPPORT

4: WGRC supported family members who are affected by addiction/substance use to develop positive coping skills that supports them and their family to reduce the impact of addiction/substance use on the family as a whole.

2016 Outcomes:

- The WGRC provided Family Support to 20 family members.
- 14 participants have improved their motivation to change and are more confident
- 11 participants have improved their money management, use of time and managing their tenancy
- 16 participants have improved relationships and established supportive social networks
- 16 participants were more confident and in control of their lives.
- 14 participants were functioning more effectively and were maintaining their well-being.
- 13 participants have improved their skills in leading, supporting and
Rehabilitation contd

- 14 participants have increased self – confidence, attitude and behaviour around drug misuse of family members.

5: WGRC continued to support men’s development in D12 through the participation on steering group and the establishment of a Men’s Shed programme.

2016 OUTCOMES:

- 16 men participating in the Men’s Shed Development Group showed evidence of improved mental health by

- 13 participants have improved interpersonal & communication skills and are living a healthier lifestyle with stronger support networks, greater levels of creativity and self-esteem.

- Men’s sheds participants were referred to St James Hosp, CIC, Volunteer Centre, Loreto, LES, WGRC Keyworking, and Education & Advocacy Officer in WGRC to access information on college courses. 2 of these men have accessed college.

Dublin 12 Family Support Project (ARC) - This project provides support to families of Dublin 12 Service Users presenting or being referred regarding drug use within the home. The purpose of this project is to Support parents, siblings, grandparents, children and parents that are affected by drug misuse whose lives are and have been affected and modify the problem.

1. ARC Family Support provided focused one to one supports to help families identify needs and to equip them to become more self-reliant the following outcomes were noted.
2016 OUTCOMES:

- 42 Family Support service users reported that their stress levels had decreased.

- 25 Family Support service users reported that their motivation to improve their emotional wellbeing had increased.

- 50 Family Support service users developed better communication, relationships with friends and family.

- 45 Family Support service users (including drop in) have developed positive coping skills.

- 20 Family Support service users that experienced intimidation were satisfied with the service that was provided no longer require family support services.

- 37 Family support service users no longer require services from family support at this time, however were still offered ongoing phone support for 6 months after their disengagement.

- 35 Family Support service users reported that they have the capacity and the ability function more effectively, and that their quality of life has improved.

- 20 Family Support service users that engaged in counselling have now resolved their underlying issues

- 31 Family Support service users reported that they are experiencing a decrease in their stress levels; that they are more focused and grounded and have developed a good peer support network.

- 5 Family Support service users reported that they have also engaged in also external supports

- 16 Family Support service users reported that they have decreased feelings of isolation, oppression and stigma and now have the capacity to avail of other supports.
D12 Strengthening Families Programme. Supported by participation of local agencies in the delivery of the D12 Strengthening Families Programme, including D12 LDATF (PDW & DEW), ARC, WGRC, TUSLA, CLAY, DSCP.

2016 Outcomes:
- 13 families (62 family members) attended Dublin 12 SFP VII, which started at ARC in Feb2016. 8 Families completed the programme. (36 family members).

- 45 SFP Family members reported that they have ongoing positive communication within the family home, and an increased ability to apply their SFP learning in every aspect of their life.

- Parents and young people have reduced risk factors and increased protective factors which contribute to better family functioning.

- Increased family functioning exists among participating families and families have been able to move toward a more harmonious living environment.

- New areas of Joint working are beginning to emerge between participating SFP agencies.

- 4 schools referred families to the D12 SFP programme for the first time in 2016, & had not referred to D12 SFP previously. These were Greenhills College, St Agnes, and Rosary College & Scoil Colm.

- D12 SFP Mgmt committee held a workplan review session was in Sept 2016, which has given the committee a workplan to develop the service & representation going forward.

- An extensive Evaluation of the previous seven D12 SFP programmes was on its third draft at end September ‘16. This document raises Public awareness of the many benefits of SFP.
<table>
<thead>
<tr>
<th>Category **</th>
<th>Project Code</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation</td>
<td>D2-2</td>
<td>ARC CE Rehab Programme</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>D2-17</td>
<td>Walkinstown/Greenhills Resource Centre</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>D2-B1</td>
<td>ARC Cocaine and Polydrug Use Project</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>D2-B2</td>
<td>ARC under 18s Project</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>D2-B3</td>
<td>ARC Aftercare Project</td>
</tr>
<tr>
<td>Family Support</td>
<td>D2-17</td>
<td>Walkinstown Greenhills Resource Centre</td>
</tr>
<tr>
<td>Family Support</td>
<td>D2-16</td>
<td>Dublin 12 Family Support Project</td>
</tr>
<tr>
<td>Family Support</td>
<td>D2-19 /&amp;D2-18/&amp;D2-6</td>
<td>Strengthening Families Programme</td>
</tr>
<tr>
<td><strong>Project changes/ terminations in 2016</strong></td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>
**DRUGS TASK FORCE: Dublin 12**

<table>
<thead>
<tr>
<th>Pillar:</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant NDS action</td>
<td>33, 34, 36,</td>
</tr>
<tr>
<td>LDATF objective</td>
<td>To ensure that adequate, appropriate Treatment is in place in Dublin 12 to respond to the diverse treatment requirements. &amp; To expand the work of the Dublin 12 LDATF to respond to alcohol misuse</td>
</tr>
</tbody>
</table>

**D12\CC Health Promotion/ Harm Reduction Project.** This project provides Harm Reduction/ Health Promotion Outreach across the 2 LDATF areas, reaching out to active drug users, their families and the local communities. Giving workshops, drug paraphernalia, crisis counselling, referral and advocacy.

A joint HSE & Cross Taskforce Harm Reduction Outreach service now operates for 1 day per week (Mon) as a mobile service (i.e. not static). HSE also provided Harm Reduction supplies including condoms.

1. Health Promotion/ Harm Reduction Project provided and coordinated Outreach Harm Reduction /Health promotion services to Drug Users in the Canal Communities and Dublin 12 LDATF areas.

**2016 OUTCOMES:**

- Reduction in harmful practices by drug users. Stocks of paraphernalia from HSE provided consistency of service. Up to date stocks and an improved integrated service allowed clients an easier access to medical professionals. Engagement with local clients ensured the service has local knowledge which provided up to date info, which in turn provided knowledge to local CDT’s on drug trends. Clients were using foil instead of needles. Feedback was received from drug users, the communities, the families and CDT’s on the quality of service. The excel spreadsheet which monitors all clients that use the service recorded 301 clients; 218 males and 83 females. 249 clients used the partnership service with the HSE.
### Treatment cont’d

- Increased awareness of HR/HP for local drug workers. Reduction in harmful practices in drug users, increased capacity of local projects and workers to respond to emerging needs. Better understanding of issues for clients and community. Worked with young people in Turas to promote a healthier lifestyle, anger management and positive mental health.

- Increased awareness amongst the community on the dangers of alcohol, to provide a stepping stone for clients with alcohol problems. Provide emergency counselling to clients with problems to introduce them to the counselling process and to hold them until places come up in alcohol services. 30 new assessments were completed, 13 females and 17 males. 35 sessions to date with overall attendance of 112 with an average of 3/4 attendees per week. Audit scores post intervention show a significant reduction for those completing treatment.

- Clients were stabilized through difficult times when access to services is not available, where there are trust issues or when they are waiting on appointments. Clients are prevented from slipping into more dangerous behaviour. 36 clients were supported with issues ranging from severe depression, drug use out of control, homelessness, suicidal thoughts and threats of violence.

- Increased knowledge of the current trends of drug use and the emerging issues for drug users.

- Drug services better equipped to respond to emerging needs

- SMART RECOVERY was held to encourage participants to attend mutual support meetings for abstinence based recovery groups.
1. Dublin 12 Task Force & Projects examined and addressed Alcohol Misuse in D12 and steps were taken to ensure that it becomes an integral part of the wider LDATF Strategy.

2016 OUTCOMES:

- 12 Service users that participated in the ARC Alcohol Free Programme remained alcohol free. Over the year, 19 Service users took part in the programme:
  - 4 Service users left stating that they had achieved their goal.
  - 2 relapsed and didn’t return.
  - 1 Service user is working nights and is unavailable but is attending AA meetings and linking in on a one to one basis.

- A Dublin 12 Alcohol Strategy Steering Committee was established and led by the Task Force in 2015 and worked consistently through 2015 & 2016 to organize consultation sessions with the wider community on alcohol and alcohol related harm. The steering group participated in the 2016 Community Action on Alcohol programme including 3 national training days. A D12 Community Action on Alcohol Plan has been developed and will be launched in June 2017.

- D12 are also participating in the Community Action on Alcohol Network, working with other TF to address issues such as Community Guide to Licensing and to develop awareness of Foetal Alcohol Spectrum Disorder

<table>
<thead>
<tr>
<th>Project Code</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTF-7</td>
<td>CC\D12 Health Promotion\ Harm reduction project</td>
</tr>
<tr>
<td></td>
<td>ARC</td>
</tr>
</tbody>
</table>
D12LDATF progress on Action 42 of the National Drugs Strategy

- D12 Service User Representative Forum (D12 SURF) worker progressed from being TUS programme participant in 2015, to being Community Employment worker in Mid-2016. This enabled the role to provide great support and be a central point of contact throughout 2016. Support for the worker was provided by both WGRC and D12LDATF Development Worker.

- While the original Dublin 12 SURF (Service User Representative Forum) committee, included representation from both community drug services in the area, membership of the committee fell away in 2016.

**Key points and activities from 2016:**

- D12 SURF Worker represented service user issues at a wide range of D12 drug service & D12 Task Force steering group meetings in 2016, including D12 LDATF Interagency Continuum of Care Meeting, and FROST community detox subgroup. This ensured that service user’s voices were heard and well represented.

- As part of his 2016 workplan, D12 SURF CE worker:
  - met with drug service users in D12 Drug Rehab agencies through 2016. This allowed him to address some of the concerns that Service users have.
  - promoted the WGRC drugs service through talks, promotional material and signage. He voluntarily joined the board of WGRC as service user’s rep.
  - participated in several consultations for the forthcoming National Drugs Strategy, and a HRB Recovery Framework consultation.
  - began delivering a weekly co-facilitated SMART Recovery programme group session.
  - increased his skill levels by commencing a FETAC/QQI level 4 Education & literacy skills course,
  - contributed to the analysis of the D12 LDATF Service User Primary Care Questionnaire (devised by D12 DATF Interagency collaboration T&R subgroup) which asks about service user’s experience of primary healthcare services. 125 D12 Drug service users completed this questionnaire in December 2015 and data analysed in 2016.
  - 3 Workers from D12 LDATF services attended training in 2016 by SERDTF in ‘Service User Involvement’, which guides Drug services & agencies about ways and levels to get Service Users involved.
### Membership of D12LDATF as at May 2016

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aengus O Snodaigh TD</td>
<td>Public Rep</td>
</tr>
<tr>
<td>Angela Tierney</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Aoife Ni Dhonncadha</td>
<td>Community Rep</td>
</tr>
<tr>
<td>Brian Murphy</td>
<td>Voluntary Rep</td>
</tr>
<tr>
<td>David Power</td>
<td>Community Rep</td>
</tr>
<tr>
<td>Declan Ronan</td>
<td>Dublin City Council</td>
</tr>
<tr>
<td>Edel James</td>
<td>Community Rep</td>
</tr>
<tr>
<td>Fintan Warfield</td>
<td>Public Rep</td>
</tr>
<tr>
<td>Inspector John Lambert</td>
<td>Garda Síochána</td>
</tr>
<tr>
<td>John Burns</td>
<td>South Dublin City Community Partnership</td>
</tr>
<tr>
<td>Liz O Sullivan</td>
<td>CDETB Rep</td>
</tr>
<tr>
<td>Michael O Sullivan</td>
<td>Community Rep/ D12LDATF Vice- Chairperson</td>
</tr>
<tr>
<td>Pat Dunne Cllr</td>
<td>Public Rep</td>
</tr>
<tr>
<td>Patsy Moran</td>
<td>Voluntary Rep</td>
</tr>
<tr>
<td>Paul Hand</td>
<td>Public Rep</td>
</tr>
<tr>
<td>Ray Mc Hugh Cllr</td>
<td>Public Rep</td>
</tr>
<tr>
<td>Susan Sargent</td>
<td>Community Rep/ D12LDATF Chairperson</td>
</tr>
<tr>
<td>Tony Foley</td>
<td>Probation Services</td>
</tr>
<tr>
<td>Job Titles</td>
<td>Functions</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>TF Staff in attendance at TF meetings</td>
<td></td>
</tr>
<tr>
<td>Amy Carol</td>
<td>D12LDATF Admin Worker</td>
</tr>
<tr>
<td>Aoife Fitzgerald</td>
<td>D12LDATF Co-ordinator</td>
</tr>
<tr>
<td>Cormac O’Toole</td>
<td>D12LDATF Project Development worker</td>
</tr>
<tr>
<td>Trevor Bissett</td>
<td>D12LDATF Drug Education Worker</td>
</tr>
</tbody>
</table>

**Changes in membership**


**Number of Task Force meetings held in 2016 –**

- 8.

**Subgroups**

There are three main subgroups of the Task Force 2 who meet monthly:

1. Finance & Governance
2. Inter-agency Continuum of Care.

The Education & Prevention Subgroup meet on a needs basis to discuss particular pieces of work.

**Audited Accounts**

The Task Force is currently in the process of having the 2016 accounts audited. The 2016 accounts will be furnished as soon as they are completed.

The Task Force set up as a Company Limited by Guarantee (CLG) in January 2017.

The Task Force does not have Charitable Status but is fully tax compliant.

**List of Staff of the Task Force**
<table>
<thead>
<tr>
<th>Co-ordinator</th>
<th>HSE Grade 7</th>
<th>HSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ To profile all existing or planned services and resources available in the local area to combat drugs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ To review, update, prioritise and amend the local drugs strategy in consultation with the Local Drugs Task Force, to ensure its objectives are met.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ To provide such information reports and proposals to the Local Drugs Task Force, Office of the Minister for Drugs and State Agencies, as may be appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ To facilitate multi-sectoral collaboration through increased participation of drug service provision.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ To support community, voluntary and statutory groups in establishing needs and prioritising responses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ To disseminate information on local drugs issues, Local Drugs Task Force plans, services and other responses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ To liaise with key interest groups, service providers, Government Departments and other relevant groups.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ To contribute to the establishment of mechanisms for monitoring and evaluating Local Drugs Task Force projects.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ To ensure that proper evaluation procedures for projects are put in place so as to ensure their effective delivery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Based on agreed objectives as outlined in the local area plan.

- To initiate research, as required, and gather information that will inform organisational, local and national policy development.

<table>
<thead>
<tr>
<th>Project Development Worker</th>
<th>€41,112 / HSE Project worker salary scale Point 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work in conjunction with Task Force Coordinator.</td>
<td></td>
</tr>
<tr>
<td>Work with Interim funded Drugs Task Force projects in Dublin 12 &amp; assist them in their development.</td>
<td></td>
</tr>
<tr>
<td>Work with Task Force Community representatives to aid their participation on the Task Force</td>
<td></td>
</tr>
<tr>
<td>Work with Drugs Service User Forum &amp; assist them to develop their forum and support them to have service user representation at the Task Force</td>
<td></td>
</tr>
<tr>
<td>Assist in the coordination of Task Force sub-groups;</td>
<td></td>
</tr>
<tr>
<td>Assist in the co-ordination of various Task Force local initiatives.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration Support Worker</th>
<th>€23,136 / HSE grade 3 Clerical officer (30 hrs per wk – Currently 27.5hrs per wk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the coordinator with the day to day administration of the Task Force and its subgroups by providing a full range of clerical / administrative duties.</td>
<td></td>
</tr>
<tr>
<td>Provide increased clarity around available TF funding to carry out admin &amp; development work via accurate recording of 5 TF accounts, incl. income &amp;</td>
<td></td>
</tr>
<tr>
<td>expenditure. Facilitate the roll out of STORM Suicide Training and Self-Harm Mitigation for Front Line Workers</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td>➢ Update Social Media Accounts</td>
<td></td>
</tr>
<tr>
<td>➢ General Office Administration.</td>
<td></td>
</tr>
<tr>
<td>➢ Financial Monitoring.</td>
<td></td>
</tr>
<tr>
<td>➢ Ensuring Task Force members and subgroups know about forthcoming meetings and are prepared for them.</td>
<td></td>
</tr>
</tbody>
</table>