Section 1: An Overview of the Drugs Problem in the South East

The data provided in this Section forms part of the National Drug Treatment Reporting System (NDTRS). The National Drug Treatment Reporting System was established by the Health Research Board as a data recording system for the Greater Dublin Area in 1990. It was extended to cover all of Ireland in 1995. It was initially developed as part of a European Pompidou Group hence the NDTRS forms are sometimes referred to as the “Pompidou forms”. The data fields within the reporting system have been refined in accordance with the European Monitoring Centre for Drugs and Drug Addiction Treatment Demand Indicator Protocol.

Information on the NDTRS is collected and collated from a form supplied by the Drug and Alcohol Unit of the Health Research Board. The forms are used to collate and analyse data in relation to treated drug and alcohol use. The Health Research Board defines treatment broadly in this context as “any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their substance misuse problems”.

One form is completed for every treatment episode (including assessments only) of a client between 1st January and 31st December each year.

There are some additional points to note about the data:-

- Information in this section refers to data collected/collated for the NDTRS for the year 2014.

- The data is based on those presenting to the various statutory, voluntary and community services in the South East Region and is representative of the reported cases of treated substance misuse rather than being representative of the actual prevalence of general drug or alcohol use in the Region. This means that individuals who engaged in drug or alcohol misuse but who did not present to support services were not included in this data report.

- The data presented is based on information supplied by the various services and is only as accurate as the data provided.

- The data in this section is based on treatment episodes not individuals.

- Caution should be taken in comparing this data to previous years’ data. Previous years’ data was provided by the HSE’s Regional Data Co-ordinator, following a process of validation. This data has been provided by the HRB without such a process having been undertaken.
Similar to previous years, the data report provides a comprehensive overview of the activity and outcomes that have been achieved by statutory and voluntary agencies working in the area of substance misuse. It shows that in 2014, a total of 3,117 referrals were reported to the NDTRS from the South East.

Main Reason for Referral
Including clients who were assessed only, the main reason for referrals to the Services in 2014 is provided in Table 2.

<table>
<thead>
<tr>
<th>Main Reason For Referral</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>1,422</td>
</tr>
<tr>
<td>Drugs (licit and illicit)</td>
<td>1,485</td>
</tr>
<tr>
<td>Concerned Persons</td>
<td>157</td>
</tr>
<tr>
<td>Gambling</td>
<td>50</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Totals</td>
<td>3,117</td>
</tr>
</tbody>
</table>

Alcohol and drugs were the main reasons clients were referred to Substance Misuse Services in 2014 at 1,422 (45%) of episodes and 1,485 episodes (46%) respectively.

2.1.5 Substance Misuse Treatment Data

Excluding episodes that were assessed only and those for addictions other than substance misuse, there were 2,679 treatment episodes for substance misuse problems in the South East in 2014.
The data in the following sections relates to the treatment episodes for a substance misuse problem only and is based on the client’s county of residence. Treatment episodes include clients who attended a service more than once during the year and/or clients contacting more than one service. These figures exclude those referred for eating disorders, gambling, spending, and concerned persons.

**Demographic Data**

**Age Profile**
The following Table and Figure provide an overview of the age profile of substance misuse clients treated in the South East in 2014.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18 years</td>
<td>158</td>
</tr>
<tr>
<td>18 – 24 years</td>
<td>646</td>
</tr>
<tr>
<td>25 – 29 years</td>
<td>467</td>
</tr>
<tr>
<td>30 – 34 years</td>
<td>482</td>
</tr>
<tr>
<td>35 – 39 years</td>
<td>279</td>
</tr>
<tr>
<td>40 – 44 years</td>
<td>269</td>
</tr>
<tr>
<td>45 – 49 years</td>
<td>211</td>
</tr>
<tr>
<td>50 years and over</td>
<td>393</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>2,907</strong></td>
</tr>
</tbody>
</table>

![Figure 3: Age Profile of Treated Substance Misuse Clients 2014](image)
In 2014, the majority of referrals in the South East were of people aged between 18 and 24 years (646 episodes, 22%). This age group has accounted for the majority of substance misuse clients over the past number of years even though numbers have been decreasing during this time.

Gender Profile

Table 4 and Figure 4 give an overview of the gender profile of treated substance misuse clients in the Region for 2014.

**Table 4: Gender Profile of Treated Substance Misuse Clients 2014.**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2,017</td>
</tr>
<tr>
<td>Female</td>
<td>890</td>
</tr>
<tr>
<td>Total</td>
<td>2,907</td>
</tr>
</tbody>
</table>

Similar to previous years, the majority of substance misuse treatment episodes in the region were for males at 2,017 (69%). Again, similar to previous years, the ratio is two-thirds treated males to one-third treated females.
Employment Status
Table 5 and Figure 5 give an outline of the employment status of referred substance misuse clients in 2014.

Table 5: Employment Status Referred Substance Misuse Clients 2014.

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Total Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>1,849</td>
</tr>
<tr>
<td>In paid employment</td>
<td>426</td>
</tr>
<tr>
<td>Retired/Unable to work</td>
<td>266</td>
</tr>
<tr>
<td>Student</td>
<td>176</td>
</tr>
<tr>
<td>Training Course</td>
<td>117</td>
</tr>
<tr>
<td>Housewife/husband</td>
<td>56</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
</tr>
<tr>
<td>Not known</td>
<td>14</td>
</tr>
<tr>
<td>Totals</td>
<td>2,907</td>
</tr>
</tbody>
</table>

Figure 5: Employment Status Treated Substance Misuse Clients 2014.

The 2014 data follows a similar pattern to previous years in that the three main employment categories for clients treated in the region were unemployed, in paid employment and those who were retired or unable to work.

Clients who were unemployed at the time of treatment accounted for 1,849 episodes (64%), followed by episodes for clients who were in paid employment at 426 individuals (15%). The third highest employment status for clients treated in the region in 2014 was those who were retired or unable to work at 266 individuals (9%).
Source of Referral
The following Table illustrates the different referral sources to Services in the South east in 2014.

Table 6: Source of Referral for Substance Misuse Treated Clients 2014

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Total Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Referral</td>
<td>1,040</td>
</tr>
<tr>
<td>Mental Health Facility (incl. psychiatrist)</td>
<td>218</td>
</tr>
<tr>
<td>Court/Probation/Police</td>
<td>207</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>184</td>
</tr>
<tr>
<td>Social Services/Community Services</td>
<td>280</td>
</tr>
<tr>
<td>Acute Hospital Service excl. A&amp;E</td>
<td>182</td>
</tr>
<tr>
<td>Family</td>
<td>187</td>
</tr>
<tr>
<td>Other Drug Treatment Centre</td>
<td>186</td>
</tr>
<tr>
<td>Accident &amp; Emergency Other</td>
<td>131</td>
</tr>
<tr>
<td>Outreach Worker</td>
<td>119</td>
</tr>
<tr>
<td>Mental Health Liaison Nurse at A&amp;E</td>
<td>35</td>
</tr>
<tr>
<td>Friends</td>
<td>40</td>
</tr>
<tr>
<td>School</td>
<td>13</td>
</tr>
<tr>
<td>Prison</td>
<td>70</td>
</tr>
<tr>
<td>Not known</td>
<td>11</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>2,907</strong></td>
</tr>
</tbody>
</table>

Figure 6: Source of referral: Substance misuse treated Clients 2014.

Similar to previous years, the main source of referrals to services in the South East came from clients who self-referred.
Treatment Data

Main Substance Misuse Problem
The following table and figure give a breakdown of the main substances for which clients were treated in the region in 2014 (treated cases only, excluding eating disorder, gambling, spending, concerned person, AND cases with key working, case manager, care plan and/or facilitated detox).

Table 7: Main Substance Misuse Problem Treated Clients 2014.

<table>
<thead>
<tr>
<th>Main Problem Substance</th>
<th>Total Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>1,311</td>
</tr>
<tr>
<td>Opiates</td>
<td>607</td>
</tr>
<tr>
<td>Cannabis</td>
<td>489</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>107</td>
</tr>
<tr>
<td>Cocaine</td>
<td>97</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>13</td>
</tr>
<tr>
<td>Other stimulants</td>
<td>15</td>
</tr>
<tr>
<td>Others</td>
<td>41</td>
</tr>
<tr>
<td>Totals</td>
<td>2,697</td>
</tr>
</tbody>
</table>

Figure 7: Main Substance Misuse Problem Treated Clients 2014

Alcohol continued to be the main problematic substance treated in the South East in 2014. A total of 1,311 cases (49%) related to alcohol as their main problematic substance. Similar to previous years, the number of clients treated with alcohol as their main problematic substance continued to decrease.

Cannabis
Cannabis was the third most treated problematic substance in 2012, the second most treated problematic substance in 2013 and has returned to third most treated in 2014. A total of 607 cases (18%) treated in the region in 2014 had cannabis as their main problematic substance.

**Heroin/Opiates**

The figures available at this time from the NDTRS system from the Health Research Board are not directly comparable to previous data, in that the 2014 data available does not distinguish between “heroin” and “other opiates” such as DF118, Codeine, etc.

Whilst this data indicates that Opiates were the second most treated substance in 2014, it is not possible from this data to determine whether heroin in its own right would be the second most treated substance after alcohol, or whether this would have been Cannabis.

**Benzodiazepines**

There were 141 cases (4%) treated in the region related to benzodiazepines as the main problematic substance. Over the last number of years there has been an increase in the number of clients seeking treatment for problematic benzodiazepine use and the number increased again between 2012 and 2013. However, 2014 saw a slight decrease again.

**Cocaine**

A total of 97 treated cases (4%) presented with cocaine as their main problematic substance. In recent year’s cocaine as a main problematic substance has been decreasing, but in 2013 there was an increase in the number of clients presenting with cocaine as their main problematic substance, and this increase has continued in 2014.

**Treatment Outcomes**

Clients treated in the South East normally receive more than one treatment intervention during their treatment episode. Table 8 and Figure 8 provide a breakdown of the treatment outcomes based on the main treatment intervention given to clients in 2014.

**Table 8: Treatment Outcomes 2014**

<table>
<thead>
<tr>
<th>Treatment Outcomes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment completed</td>
<td>629</td>
</tr>
<tr>
<td>Client transferred stable</td>
<td>278</td>
</tr>
<tr>
<td>Client transferred unstable</td>
<td>93</td>
</tr>
<tr>
<td>Client refused further treatment as they considered themselves stable</td>
<td>263</td>
</tr>
<tr>
<td>Client refused further treatment or did not return for subsequent</td>
<td>452</td>
</tr>
<tr>
<td>appointments</td>
<td></td>
</tr>
<tr>
<td>Premature exit from treatment for non-compliance*</td>
<td>28</td>
</tr>
<tr>
<td>Client died</td>
<td>7</td>
</tr>
<tr>
<td>Client sentenced to prison</td>
<td>27</td>
</tr>
<tr>
<td>Client no longer lived in the area</td>
<td>25</td>
</tr>
<tr>
<td>Mental health transfer</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>39</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1856</strong></td>
</tr>
</tbody>
</table>

* There are five reasons for non-compliance: drug taking, violent behavior, illegal activities, alcohol taking and not observing other rules. Of those who exited treatment prematurely, the main reasons
for non-compliance in 2014 were not observing other rules and drug taking.

Clients treated in the region whose non-compliance was for not observing other rules accounted for 9 cases (32% of premature exit clients) and 12 cases (43%) were discharged for drug taking.

Figure 8: Treatment Outcomes 2013 Treated Client
The majority of clients treated in the region completed their treatment prior to discharge in 2014. This accounted for 629 individuals (34% of clients treated in the region). The second highest group of
clients discharged were those who refused further sessions or did not return for subsequent appointments at 452 individuals (24% of clients treated in the region).
Section 2: Progress made in 2015 in implementing your local drugs strategy

Over the last number of years, the SERDATF have been attempting to refocus its attention toward the implementation of the National Drug Strategy (incorporating the Recommendations of the two Rehabilitation reports referred to in Action 32), and this approach has been supported through the establishment of new Terms of reference for Drug and Alcohol Task Forces – particularly the role “To co-ordinate the implementation of the National Drug Strategy within the context of the needs of the area”

The two main ways that the SERDATF had previously attempted to do this were; through the projects which the SERDATF funds, and through the agencies that have responsibility for specific National Drug Strategy Actions (including the SERDATF itself) through feedback reports at SERDATF level.

The SERDATF had previously identified difficulties in its operation in terms of attendance by members and in terms of relevance of the DATF agendas to the work of members, and had (in 2014) undertaken an independently facilitated review of the operation and function of the SERDATF. As a result of this review, the SERDATF requested that the Co-ordinator devise a County based subcommittee structure that would meet the new DATF Terms of Reference. This structure was presented to the SERDATF in September 2014, and agreed in December 2014 to commence a trial in January 2015 with a review by Q2 2016.

Restructure of the SERDATF Subcommittees (Co-ordination)

During 2015, the SERDATF attempted to establish the four aspects of the County structure agreed by the membership of the SERDATF;
- the National Drug Strategy Action Implementation Team,
- The Rehabilitation Framework Forum,
- the Front Line Workers’ Forums, and,
- the Community Forums,
in each of the five counties of the South East; Carlow, Kilkenny, South Tipperary, Waterford and Wexford.

(Appendix 1 – SERDATF County Structure)

Of the four elements, the SERDATF office established two;

1. the National Drug Strategy Action Implementation Teams, and
2. the Front Line Workers’ Forums.

Of the other two elements, it has not been possible to establish the Community Forum which the SERDATF wanted to run in association with the Public Participation Networks, due to the developing nature of the PPNs. Similarly, the Rehabilitation Framework Forum, is not functioning as part of the structure.
Community consultation identified priorities - Feasibility testing

Early in 2015, the first agendas of the developing County structures were to consider the priority areas identified from the wider community consultations that had been identified in 2014 (see Appendix 2 – SERDATF Community Identified Priorities and Work plan). The National Drug Strategy Action Implementation Team meetings and the Front Line Workers’ Forum in each of the five counties were involved in a feasibility process to begin to identify areas of action. Discussions were facilitated to categorise the previously community identified issues according to how easy or difficult they would be to implement, as well as whether their implementation would have high impact or low impact, with priority given to high impact/low difficulty actions for the first 18 months of the plan (see Appendix 3 – Ranking the Priorities).

County NDS AITs, taking account of their knowledge of their areas, differed somewhat in the relative priority that they assigned to actions.

Service User Consultations to identify needs

In addition to the community consultations undertaken, a major service user consultation exercise was undertaken (see Appendix 4 – Service user Consultation Report (Barriers Report) – Summary).

Through the developing County committee structures, Substance misuse services in the South East were asked to raise the possibility of the SERDATF Development Worker meeting with them to discuss the barriers they are facing in accessing post treatment education, training and employment – many of the aspects that are widely accepted as being indicative of “recovery”.

A total of sixty-eight clients, across three counties and twelve services, were in direct contact with the SERDATF Development Worker, with one service providing feedback from their own contacts with their own service users.

An exercise was developed and tested with both a small group of clients and further experientially tested via all attenders at the Front Line Workers’ Forums completing the exercise from their
perspective, before being used with the service users identified by local services. The exercise invited participants to identify both the difficulties they faced in accessing education, training and employment, but also potential solutions. The responses from the clients and from the front line workers could be divided into seven Barriers;

1. Supports and Structures
2. Meaningful Daily Activity
3. Stigma and Discrimination
4. Garda Vetting
5. Isolation and Inactivity
6. Skills
7. The Rehabilitation system

**Service and Staff Consultations**

The barriers and the possible solutions that were identified by service users were then discussed with the Front Line Workers’ Forums (FLWFs) and with the National Drug Strategy Action Implementation Teams (NDS AITs) in each County, to further clarify and tease out where difficulties existed and whether the suggested solutions were implementable. Each of the ten subcommittees (the five county NDS AITs and FLWFs) received a presentation on the issues identified by the service users and the solutions that the service users had themselves identified, and had the opportunity to discuss and feedback on the possibilities of implementation. These too were added to the draft report.

A final draft of the report, with recommendations for specific actions, was accepted by the SERDATF. It was however noted, that whilst the recommended actions linked to actions in the National Drug Strategy and the Rehabilitation Reports, further work would be needed in developing the ideas before agencies could commit to their implementation.

**County Plans**

Taken together, the recommendations from the “Barriers report” and Feasibility testing became the outline of each County plan, with further meetings in 2015 to progress the issues. (see Appendix 5a – 5 County Report March 2015, Appendix 5b – 5 County Report June 2015, Appendix 5c – 5 County Report September 2015, and 5d – 5 County Report December 2015).

**Integrate SERDATF County priorities with the five Local Economic and Community Plans (LECPs)**

The context to the development of the SERDATF County structures and the County plans that were developing was the development of new County based, inter-agency structures as a result of Local Government Reform.
Close liaison was kept with the developing Local Community Development Committees (LCDCs), to ensure that the timetable for the development of the County based SERDATF plans was in line with that of the Local Community and Economic Plans (LECPs) for each county.

The SERDATF submitted the available data to each of the development committees, along with the progress that was being made in developing plans, whilst inviting each of the LECP Co-ordinators to take part in the County NDS AITs.

Similarly, as County inter-agency structures were developing and emerging, contacts were made and maintained with Joint Policing Committees in each of the five counties, and with Children and Young People’s Services Committees in each of the five counties.

eCASS IT system implementation (Treatment & Rehabilitation and Research)

Implementation of eCASS (electronic Client Addiction Service Solution) has been underway for the past two years. The role of the Task Force has been to fund the implementation of eCASS for South East services, monitor and support funded projects to use their system to show the impact of their work and outcomes for clients.

The project implementation included eight funded projects from the South East area:

- Aiseiri
- Carlow Youth Service
- Ossory Youth Service
- FDYS
- Merchants Quay Ireland Francis Farm
- Monastery Hostel
- SERFSN
- WSTCYS

Managers and staff throughout the process have demonstrated a commitment to this project and cited many points, as one might expect, about the challenges of reporting and managing their project (prior to eCASS), including manual data collection, collecting forms and paperwork, recording attendance and preparing reports. The implementation of eCASS has supported services in a number of areas, like collecting outputs and outcomes, managing electronic data, tracking client appointments and attendance, and using automated reporting to monitor service provision.

In 2015, three services completed their implementation and training on eCASS, including Aiseiri, WSTCYS and FDYS. In all instances, services have received additional training from Quality Matters and ENCLUDE, to further integrate eCASS into their organisation, as well as participating in additional training courses to enhance their skills with this system. In 2016, all three services will start sending electronic NDTRS data to the Health Research Board, via the Health Service Executive’s Regional Data Co-ordinator, using their eCASS system.

Also, a number of services started their implementation and training process, but did not complete until 2016. These services included South East Regional Family Support Network, Ossory Youth
Service, Carlow Youth Service and Monastery Hostel. Training for these services will be completed by June 2016.

Also, the Task Force provided funding for Francis Farm to upgrade to its existing eCASS system, which allows Francis Farm to send electronic reports to the Task Force. Merchants Quay Ireland implemented its eCASS system prior to this project and has confidently been using eCASS for several years.

Among the issues and points that have formed the context for upcoming work are:
- Services are continued to access further training and receive additional support to improve integration of eCASS for their service
- Support staff to use eCASS for NDTRS reporting electronically
- Continue promote staff usage with eCASS and remove any internal barriers with the system
- On-track towards start of funded projects sending anonymous client data to the Task Force
- A major change for the Task Force to begin using service data to show client outputs and outcomes
- Continue to support funded project to improve the quality of their data and outcome reporting

Quality Matters conducted a survey of services that have implemented eCASS, and the results of this are presented in Appendix 6 – Analysis on eCASS Evaluation.

**Drug Related Litter**

Following from the work begun in West Waterford in 2014 in co-ordinating a response to Drug Related Litter, incidents of Drug Related Litter (DRL) were reported in Waterford City in 2015, both in the City centre and also in residential areas. Whilst it would appear that not all of the DRL related to local needle exchange services, or in fact illicit drug use, some of the material was local.

The SERDATF called together a second DRL group for Waterford City, including representatives of the Local Authority, HSE Substance Misuse services, An Garda Siochana, and community sector substance misuse services. This group commenced its work by mapping incidents of DRL in the City for a number of months to confirm the scale of the problem and to identify hotspots. The UK 2005 DEFRA Guidelines have been adopted as the working framework to co-ordinate the work, and the group are now considering a poster/awareness campaign to inform the public about the Local Authority’s contact details to arrange safe collection and disposal of any DRL found by the public.

**SMART Recovery (Self-Management and Recovery Training)**

SMART Recovery is a group based approach to assisting individuals to recover from all forms of addictive behaviours. It does this through teaching individuals how to change self-defeating thinking, emotions and actions and teaches people self-reliance and self-empowerment, teaches tools and techniques for self-directed change. The development of this approach very much meets service users’ demands for services that are focussed more on recovery than treatment, as per the SERDATF priorities.
The SERDATF are one of two DATF areas that have been included in the SMART pilot programme, and the SERDATF Development Worker is part of the Advisory Group for the programme. During 2015 a number of training sessions were held in the South East with workers from services that indicated their interest in establishing and running SMART groups from within their services.

In time it is hoped and planned that service users that have achieved success through these techniques will be trained to run the programme (as has been the model and has happened elsewhere) so that the programme can become a peer run programme, with minimal support from workers and services.

**Drugs Rehabilitation Community Employment schemes (Rehabilitation)**

During 2015 the SERDATF had continued involvement with the newly established Drugs Rehabilitation Community Employment scheme in Carlow, which has continued to grow and develop. The SERDATF Development Worker continues as a member of the Advisory Group with colleagues from the Department of Social Protection, Area Partnership, Regional youth Service, and HSE and voluntary sector substance misuse services.

Further meetings continued with the Department of Social Protection in Kilkenny, with a view to establishing a scheme there (the only County in the South East not to have access to such a scheme). Whilst staffing issues within the Department have meant that this scheme could not be given the go-ahead, there are hopes that this can be resolved in 2016.

**Dormant Accounts**

During 2015 the availability of Dormant Accounts funding was made public, and Drug and Alcohol Task Forces were designated as the local bodies through which applications to POBAL could be made. Local services and contacts were invited to suggest initiatives and schemes that would both meet the criteria of the Dormant Accounts funding, and would also meet the previously identified priorities. Ultimately two projects were included in the SERDATF application; a cloud based substance misuse information/awareness and training portal, and research and strategy development in relation to the numbers and needs of problematically drug and/or alcohol using parents. Both pieces of work will be tendered in early 2016.

**Service Level Agreements (Prevention and Treatment & Rehabilitation)**

The South East Regional Drugs Task Force have been at the forefront of the establishment of Service Level Agreements for DATF funded projects. Previously, in close collaboration with the HSE South east, the SERDATF have negotiated to inclusion of issues such as the implementation of the national Drugs, Rehabilitation framework, Quality Standards and Service user involvement as core service development areas, against which funding can be monitored. In 2015 the SERDATF Co-ordinator was part of each service review meeting between the HSE and the services.
Health Research Board – outcomes

During 2015 SERDATF staff worked with Health Research Board staff to convene a small working group to consider the identification of outcomes that substance misuse services could agree were of central importance to their varied interventions and projects.

Health Research Board staff identified this as an area for investigation following the production of their report “The efficacy and effectiveness of drug and alcohol abuse prevention programmes delivered outside of school settings” which included the key message that “Developing standardised outcome measures would help to establish the relative merits of different programmes for different groups of young people” (Munton, T., Wedlock, E., and Gormersall, A. 2014 HRB).

SERDATF staff identified a similar need in implementing the Logic Model approach to project planning and reporting. For services to be able to compare their effectiveness, they first needed to have a set of outcomes that they agreed were relevant to their work and their service users, as well as a set of psychometric scales with which to measure progress.

The group met a number of times, culminating in the HRB issuing tender documentation seeking external consultants to assist with the development of a Shared Outcomes Framework.
Section 3: Profile of DTF funded projects

Whilst all projects continue to complete National Drug Treatment Reporting System forms in relation to all treatment episodes and assessments that they undertake, no additional data was collected from projects in the South East in 2014.

At the request of projects implementing the eCASS system, the SERDATF took the decision to suspend the collection of Quarterly Monitoring Data from projects until this can be collected and submitted electronically. It is anticipated that this will be by 2017.

SE-2 ST FRANCIS FARM

Project Promoter: Merchants Quay Ireland


Description of Project
St. Francis Farm is a therapeutic facility which offers a long-term programme for people with a history of problematic drug use. They provide a safe, drug free environment where clients can adjust to life without drugs and make positive choices about their future. The programme covers areas of relapse prevention, one to one counselling, group therapy, self-esteem seminars, assertiveness training, anger management, farm training, literacy skills, and computer training skills (ECDL). Yoga, reflexology and spirituality workshops are also provided.

Aims and Objectives of the SERDATF funding
1. One-to-one counselling
2. Group counselling
3. Key working and case management
4. Work experience
5. Community maintenance
6. Holistic therapies
7. Education seminars

SE-3 Ceim Eile

Project Promoter: Aiseiri Treatment Centre

Target Group: Adult Recovering Drug Users over 18.

Description of Project
Ceim Eile is a project that provides accommodation and supports to vulnerable people leaving residential treatment. Residents are mainly referred to Ceim Eile from the Aiseiri treatment centres, and if space is available referrals are also taken from other agencies. The duration of stays at Ceim
Eile are usually between 3 and 6 months. Longer stays can be arranged and are subject to the needs of the resident.

**Aims and Objectives of the SERDATF funding**

1. One-to-one and group counselling
2. Key Working and care Planning
3. Vocational assessment
4. Education and Training
5. Aftercare

**SE-5 The Cornmarket Project - Wexford**

**Project Promoter:** Wexford Local Development

**Target Group:** Recovering stabilised drug users, adult drug users and prisoners and recovering prisoners.

**Description of Project**

The Cornmarket provide a range of services at their premises in Wexford Town and across the County. Funding from SERDATF goes towards the running of their outreach service and the drop-in facilities. These services are part of a larger continuum of services that are offered to individuals accessing the project.

Cornmarket are using a framework for their services which is entitled Change Outcome and Indicator Mapping (COAIM) System. The COAIM System® has been designed to promote positive behavioural change and to measure outcomes with substance misusers and offenders. Service users are asked to take part in this process at various intervals during their time linking in with the service so that changes in their lives can be identified and/or mapped. The Cornmarket use a Motivation Interviewing approach to service provision.

**Aims and Objectives of the SERDATF funding**

1. Open access drop-in service
2. Key working and case management
3. Brief Interventions
4. Harm reduction interventions
5. Support the provision of needle exchange

**SE-10 COUNTY WATERFORD COMMUNITY BASED DRUGS INITIATIVE**

**Project promoter:** Waterford & South Tipperary Community Youth Service

**Target group (service level agreement):** Five client groups were highlighted, these included children and families at risk, families, adult drug users, community residents and young drug users.

**Description of the project**
This project worker is based in Tramore and travels the East to Mid-county (population approximately 35,000) to meet people who are unable to attend the projects base. CBDI workers hosted by Waterford and South Tipperary Community Youth Service are networked through a monthly meeting to facilitate communication and support. To support this project, voluntary community teams support the CBDI worker in providing drug related information programmes and auricular acupuncture clinics. Services such as Brooke House refer adult drug users to the CBDI.

**Aims and objectives of the SERDATF funding**
1. Brief Interventions
2. Key working
3. Holistic interventions
4. Support the provision of needle exchange
5. Harm reduction interventions
6. Structured drugs education
7. Family Support
8. Education and Prevention work
9. Youth and community led responses
10. Advocacy

**SE-11 CITYSIDE COMMUNITY BASED DRUGS INITIATIVE**

**Project promoter:** Waterford & South Tipperary Community Youth Service

**Target groups:** Nine client groups were highlighted, these included children and families at risk, families, adult drug users, community residents, recovering and stabilised drug users, prisoners and recovering prisoners, homeless drug users, young drug users and service providers.

**Description of the project**
Cityside CBDI was established to work with the communities of Ferrybank, Inner-city, Northwest suburbs and Hillview. The project employs a community development approach to its work. The project worker has a broad remit, providing services and supports across four main areas. Auricular acupuncture is an important component of the projects services and in addition to providing the acupuncture to drug users and their families, acupuncture is provided to the wider community. These open access clinics reduce the stigma for people attending, raise the profile of the CBDI and allow the CBDI to reach out to the community. Volunteers consistently provide the acupuncture and their involvement allows the CBDI worker to spend time one-to-one support for people who drop-in.

**Aims and objectives of the SERDATF funding**
1. Brief Interventions
2. Key working
3. Holistic interventions
4. Support the provision of needle exchange
5. Harm reduction interventions
6. Structured drugs education
7. Family Support
8. Education and Prevention work
9. Youth and community led responses
10. Advocacy

SE-12 EXTENSION TO CO. WATERFORD FRONTLINE

Project Promoter: Waterford & South Tipperary Community Youth Service

Target Group: Include young people between 13 and 21 years of age who are involved or starting to get involved in high risk substance misuse. Those in recovery, early school leavers, young people that are from a family background of drug/drunk abuse and those with low self-worth and low expectation. Also provides a service to young people who have come through the courts or probation services.

Description of Project
The service was set up to provide an extension to the outreach service provided by SE-26. This outreach service is a part-time post. The service is based in Tramore and provides both an attached and detached outreach service based on need. The service provides advocacy and support to individuals along with referrals to other services. The outreach service also provides an acupuncture service. Referrals are received from services and agencies and individuals can also self-refer.

Aims and Objectives of the SERDATF funding
1. Brief Interventions
2. Key working and Case management
3. Support the provision of needle exchange
4. Harm reduction interventions

SE-15 CARLOW COMMUNITY BASED DRUGS INITIATIVE/OUTREACH WORKER

Project promoter: Carlow Regional Youth Services.

Target group (service level agreement): Community residents, families of drug users, children and young people at risk, young drug users, adult drug users.

Description of the project
Originally one WTE Community Based Drugs Initiative Worker (CBDI Worker), this post is now 50% CBDI Worker and 50% Outreach Worker. A similar change has been made to a CBDI Worker based in Kilkenny (funded by the HSE), such that the SE 24 Outreach Worker is now supported during his time in each County.

Aims and objectives of the SERDATF funding (CBDI)
1. Brief Interventions
2. Key working
3. Harm reduction interventions
4. Structured drugs education
5. Support the provision of needle exchange
6. Rehabilitation groups work
7. Family Support
8. Youth and community led responses
9. Substance misuse policy development
10. Training

**Aims and objectives of the SERDATF funding (Outreach)**

1. Brief Interventions
2. Key working and Case management
3. Support the provision of needle exchange
4. Harm reduction interventions

**SE-18: OSSORY YOUTH PROGRAMMES**

**Project promoter:** Ossory Youth.

**Target group:** As CBDI

**Description of the project**

Ossory Youth hosts a Garda Youth Diversion project and two CBDI’s, all of which target young people. The application for funding was to fund various programmes that were being run by existing staff in order to allow projects the opportunity to work with young people more intensively. Overall, the funding provided supported the delivery of four programmes to young people.

**Aims and objectives of the SERDATF funding**

To support the Community Based Drug Initiative managed by Ossory Youth to provide an effective response to young people who are engaged in or at risk of or in recovery from substance misuse. This is achieved through:

1. Group work activities concentrating on health & lifestyle programmes and recovery support
2. Personal development at a one to one level, linked to an individual’s care plan utilising employability and education provision, personal development and alternative therapies

**SE-21 SOUTH TIPPERARY SUBSTANCE MISUSE TEAM**

**Project Promoter:** South Tipperary HSE Substance Misuse Team

**Target Group:** Clients of Tipperary Substance Misuse Team.

**Description of the Project**

The Substance Misuse Counselling Service is a service that is provided across all of South Tipperary. The service is based in Clonmel and operates on a low threshold drop-in basis. The Substance Misuse Counselling Service also hosts satellite clinics in Tipperary Town, Cashel, Carrick-on-Suir, Mullinahone, Cahir, Clogheen and Fethard. The service offers advice, help and assistance in the
following areas: access to counselling, information on treatment, information on education and training, development of substance misuse policy, education initiatives, substance misuse support sessions, parenting programmes, and drugs education programmes.

The counselling service has good working arrangements with the outreach service in the area, residential rehabilitation services, and other local area services.

Aims and Objectives of the SERDATF funding

1. Brief Interventions
2. Initial Assessment
3. Comprehensive Substance Misuse Assessments
4. Drop in
5. Key working and case Management
6. Individual and Group Counselling

SE-23 SOUTH TIPPERARY DRUGS OUTREACH PROJECT.

Project Promoter: Waterford & South Tipperary Youth Service.
Target Group: People 13 years of age and upwards, who are involved in high risk substance misuse, and those in recovery.

Description of the Project

The outreach service is an attached service which operates out of a range of locations in the South Tipperary area. It also offers an out-of-hours service twice weekly from two different locations. This out-of-hours service is being rolled out alongside other non-addiction related out-of-hours health services to facilitate easier access for clients.

Aims and Objectives of the SERDATF funding

1. Brief Interventions
2. Key working and Case management
3. Support the provision of needle exchange
4. Harm reduction interventions

SE-24 DRUGS OUTREACH WORKER (CARLOW/KILKENNY)

Project Promoter: Society of St. Vincent de Paul, Carlow
Target Group: adult drug users, young (under 18) drug users, homeless drug users, recovering/stable drug users, service providers, prisoners and recovering prisoners.

Description of the Project

The service operates 5 days per week. 2.5 days per week in Carlow and 2.5 in Kilkenny. This is an attached outreach service, but also to a lesser extent provides access via street outreach. It also offers an evening service on Tuesdays between 6-8pm in Carlow. The evening service is part of a multi-agency out of hour’s service which includes representation from a CBDI, the Family Support Network, and Focus Ireland.
The service is provided both formally and informally in fixed and non-fixed sites. It works closely with local homeless services to provide a drugs service to homeless drug users.

**Aims and Objectives of the SERDATF funding**
1. Brief Interventions
2. Key working and Case management
3. Support the provision of needle exchange
4. Harm reduction interventions

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**SE-26 WATERFORD OUTREACH WORKER**

**Project Promoter:** Waterford & South Tipperary Community Youth Service

**Target Group:** Active drug users from 13 years upwards, families of drug users, and recovering/stabilised drug users.

**Description of the Project**
The Waterford outreach service is based in Dungarvan, County Waterford in the youth resource centre. Its remit is to cover Waterford City and County and areas of South Kilkenny. Emphasis is placed on county areas and the service is currently split at around 80% in Dungarvan and 20% in Waterford City. The service is primarily an attached service, that is, it operates out of fixed locations in the region, but also carries out some home visits. The service also offers an out-of-hours service in conjunction with the Co. Waterford CBDI.

The services provided by the Outreach Service include one-to-one support sessions, harm reduction work, motivational work, and referrals to appropriate services, advocacy, home visits, auricular acupuncture, and aftercare support. The service takes referrals from services and agencies, and individuals can self-refer.

**Aims and Objectives of the SERDATF funding**
1. Brief Interventions
2. Key working and Case management
3. Support the provision of needle exchange
4. Harm reduction interventions

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**SE-28 FAMILY SUPPORT DEVELOPMENT WORKER**

**Project promoter:** South Eastern Regional Family Support Network

**Target group (service level agreement):** Families of drug users, children and young people at risk and their families and community residents.

**Description of the project**
The overall aim of the South East Regional Family Support Worker is to improve the situation of families coping with drug use by developing, supporting and reinforcing the work of family support groups, setting up new groups, promoting the value of peer led family support groups and working for positive change in policy and practice for drug users and their families. The project currently supports between 15 and 20 family support groups, which are networked across Carlow, Tipperary, Waterford, Kilkenny and Wexford. Each county is represented on the management committee by one or two people.

**Aims and objectives of the SERDATF funding**

1. Develop and support Family Support Groups
2. Recruit and train volunteer facilitators
3. Support family Support Campaigns
4. Advocacy
5. Information and training Workshops
6. Information service

**SE-32 COUNTY WEXFORD DRUGS OUTREACH WORKER**

**Project Promoter:** Ferns Diocesan Youth Service

**Target Group:** Adult Drug users, Young drug users, Homeless drug users, recovering/stabilised drug user, families of drug users, children/young people (at risk) and their families, prisoners and recovering prisoners, service providers, community residents, youth information clients

**Description of the Project**

The Co. Wexford Drugs Outreach Service provides a service in Wexford, Enniscorthy, Gorey and New Ross. It provides both attached and detached outreach services, assessment and referral to health and social services, access to Treatment and Rehabilitation Facilities, Harm Reduction Information, Education & Prevention, Advocacy, Health promotion, brief crisis intervention, and links in with the prisons.

The service accepts referrals also from a range of services in the community, and from as well as self-referrals. The work of the outreach service is informed by the needs of service users themselves.

**Aims and Objectives**

1. Brief Interventions
2. Key working and Case management
3. Support the provision of needle exchange
4. Harm reduction interventions
Section 4: Action 42

Service User Involvement Strategy
As has been indicated previously, the SERDATF and SRDTF developed a Service User Involvement Strategy following significant examinations of the evidence base of the effectiveness of Service User Involvement generally, and of the establishment of “Drug User Fora” as one specific methodology of Service User Involvement. The Health Research Board and the Mental Health Commission were consulted in the examination of the evidence base.

The SERDATF strategy identifies that the establishment of Drug User Fora, in the absence of meaningful involvement of service users within the services that the individual uses, can be tokenistic and ineffective.

The available evidence suggests that Service User Involvement is best achieved by creating a culture of the involvement of clients within local services, consulting service users about the development of services, and seeking feedback from service users as to their experience of the service that they have received. This may in some instances lead to the development of geographically based Drug User Fora, independent of specific services, and in other cases it may not. However, the evidence would suggest that the specifying the objective to be the establishment of Drug User Fora may not be appropriate.

Service User Involvement Training
The SERDATF & SRDATF have provided one-day training in a number of areas over the year. Over 450 people have received the training. The groups trained are as follows:

- Waterford Substance Misuse Team HSE
- South Tipperary Substance Misuse Team HSE
- Ballymun Local Drug Task Force
- Bray Community Addiction Team
- North West Drug & Alcohol Task Force
- Cork Local Drug Task Force
- South East Regional Homeless Services
- National Addiction Advisory Governance Group

In addition to the training offered the Task Force Development Worker is assisting services in the region with the development of action plans to improve the involvement of service users in services, these include quality improvement plans in the HSE in line with the standards outlined in Safer Better Health Care.

Service User Consultation
The SERDATF as part of their response to the implementation of the NDS consulted with 68 service users to identify the barriers and solutions to education, training and employment in the South East. (See Appendix)
Section 5: Information in relation to governance of the DATF

5.1 SERDATF Membership (2015)

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Representing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay, Mel</td>
<td>Kilkenny PPN</td>
<td>Community Rep, Kilkenny</td>
</tr>
<tr>
<td>Begley, Ann</td>
<td>Carlow PPN</td>
<td>Community Rep, Carlow</td>
</tr>
<tr>
<td>Conlon, Paul</td>
<td>Aislinn Treatment Centre</td>
<td>Vol Sect T (Interim)</td>
</tr>
<tr>
<td>Vacant</td>
<td></td>
<td>Kilkenny County Committee</td>
</tr>
<tr>
<td>White, Julie/Leahy, Joe</td>
<td>Tipperary PPN</td>
<td>Community Rep, South Tipperary</td>
</tr>
<tr>
<td>Cunningham, Richard</td>
<td>St Francis Farm, MQI</td>
<td>Vol Sect T</td>
</tr>
<tr>
<td>Donohoe, Kieran</td>
<td>Ferns Diocesan Youth Service</td>
<td>Vol Sector E/P</td>
</tr>
<tr>
<td>Greene, Riona</td>
<td>Family Support</td>
<td>Family Support</td>
</tr>
<tr>
<td>Hearde, Sarah</td>
<td>CBDI Waterford</td>
<td>Waterford County Committee</td>
</tr>
<tr>
<td>Howley, Derval/Goff, Paul</td>
<td>HSE</td>
<td>HSE</td>
</tr>
<tr>
<td>Insp. O’Driscoll, Paul</td>
<td>An Garda Siochána</td>
<td>An Garda Siochána</td>
</tr>
<tr>
<td>O’Dwyer, Jim</td>
<td>Development Worker</td>
<td>SERDATF</td>
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<tr>
<td>Jones, Declan</td>
<td>Chairperson</td>
<td>SERDATF</td>
</tr>
<tr>
<td>Kiely, Susan</td>
<td>Administrator</td>
<td>SERDATF</td>
</tr>
<tr>
<td>Lacey, Ann</td>
<td>Wexford PPN</td>
<td>Community Rep, Wexford</td>
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<tr>
<td>MacPartlan, Declan</td>
<td>Co. Wexford Local Drugs and Alcohol Task Force</td>
<td>Wexford County Committee</td>
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<tr>
<td>Maloney, Kate</td>
<td>Waterford PPN</td>
<td>Community Rep, Waterford</td>
</tr>
<tr>
<td>Marnell, Richard</td>
<td>CBDI, Carlow Youth Services</td>
<td>Carlow County Committee</td>
</tr>
<tr>
<td>Mescal, Mary</td>
<td>Ossory Youth Service</td>
<td>Vol Sect E/P</td>
</tr>
<tr>
<td>Murphy, Stephen</td>
<td>Family Resource Centre</td>
<td>Vol Sect E/P</td>
</tr>
<tr>
<td>O’Brien, Paul</td>
<td>Cornmarket Project</td>
<td>Vol Sect T</td>
</tr>
<tr>
<td>Ormonde, Michael</td>
<td>DSP</td>
<td>DSP</td>
</tr>
<tr>
<td>Purnell, Chris</td>
<td>Coordinator</td>
<td>SERDATF</td>
</tr>
<tr>
<td>Weir, Michèle</td>
<td>Probation Service</td>
<td>Probation</td>
</tr>
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<td>VACANT</td>
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</tr>
<tr>
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<td>ETB</td>
</tr>
</tbody>
</table>

During 2014 there were four meetings of the full SERDATF. The meetings are held quarterly. There were no meetings of the SERDATF Executive Committee. The SERDATF have decided not to hold Executive meetings going forward due to the new County Committee structures. The same is true of the other previous SERDTAF subcommittees, such as; Treatment and Rehabilitation, Education and Prevention and Supply Control.
In 2015 the subcommittees met as follows;
  - Regional Drug and Alcohol Task Force – 4 meetings
  - The Regional Financial & Technical Subcommittee – 5 Meetings
  - Carlow National Drug Strategy Action Implementation Team – 4 meetings
  - Kilkenny National Drug Strategy Action Implementation Team – 4 meetings
  - South Tipperary National Drug Strategy Action Implementation Team – 4 meetings
  - Waterford National Drug Strategy Action Implementation Team – 4 meetings
  - Wexford National Drug Strategy Action Implementation Team – 4 meetings
  - Carlow Front Line Workers’ Forum – 4 meetings
  - Kilkenny Front Line Workers’ Forum – 4 meetings
  - South Tipperary Front Line Workers’ Forum – 4 meetings
  - Waterford Front Line Workers’ Forum – 4 meetings
  - Wexford Front Line Workers’ Forum – 4 meetings
  - The Regional Prevention Subcommittee. – No Meetings
  - Treatment and Rehabilitation subcommittee – No Meetings
  - The Regional Supply Control Subcommittee – No meetings

5.2 Audited Accounts
The SERDATF does not produce audited accounts, as no funds are expended directly. All SERDATF funding, including the Operational Budget, is channelled through the HSE.

5.3 List of SERDATF Staff 2015

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Functions</th>
<th>Pay rates</th>
<th>Source of Funding</th>
<th>Employing Authority</th>
</tr>
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<tbody>
<tr>
<td>Co-ordinator</td>
<td>As per job description</td>
<td>Grade VII</td>
<td>HSE</td>
<td>HSE</td>
</tr>
<tr>
<td>Development Worker</td>
<td>As per job description</td>
<td>Project Worker</td>
<td>SERDATF Operational Budget</td>
<td>Waterford Area Partnership</td>
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<tr>
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<td>Grade, Pobal</td>
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</tr>
<tr>
<td>Administrator</td>
<td>As per job description</td>
<td>Clerical Grade,</td>
<td>SERDATF Operational Budget</td>
<td>Waterford Area Partnership</td>
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<td>Pobal</td>
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### DRUGS TASK FORCE: South East Drugs and Alcohol Task Force

**Pillar *:**

<table>
<thead>
<tr>
<th></th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>To undertake brief intervention at level one, two, and three with individuals engaged in, or at risk of, substance misuse.</td>
</tr>
<tr>
<td>2.</td>
<td>To provide needs based key working to service users who require it in line with NDRIC protocols</td>
</tr>
<tr>
<td>3.</td>
<td>To provide holistic interventions to reduce stress and support achievement of individual goals.</td>
</tr>
<tr>
<td>4.</td>
<td>To support provision of a needle syringe programme in partnership with the HSE or other providers.</td>
</tr>
<tr>
<td>5.</td>
<td>To reduce drug and alcohol related harm for those using or at risk of harm through provision of information and development of service user capacities.</td>
</tr>
<tr>
<td>6.</td>
<td>To provide structured drug education to at risk and actively using service users.</td>
</tr>
<tr>
<td>7.</td>
<td>To provide one to one support to family members affected by substance misuse and to refer to other appropriate services including respite and respite provision.</td>
</tr>
<tr>
<td>8.</td>
<td>To provide facilitation support to family support group with the aim of supporting independence of group and the continued support of the group.</td>
</tr>
<tr>
<td>9.</td>
<td>Youth &amp; Community led responses to issues raised by local groups in relation to substance misuse issues. Supports provided in a time limited and evidenced based way. Often responses will be in partnership with other disciplines/ agencies.</td>
</tr>
</tbody>
</table>

**DTF objective:**

- **Outcomes:**
  - a) Increased motivation to address issues
  - b) Increased awareness / knowledge of options
  - c) Improvements in engagement
  - d) Improvements in state of mind
  - e) Care plan actions achieved
  - a) Increased awareness / knowledge of options
  - b) Increased motivation
  - c) Engagement with the key worker
  - a) better ability to engage with services
  - b) stress reduction
  - a) Increased access to clean needles for service users
  - b) Increased access to harm reduction information and service information
  - a) Increase in knowledge of risky drug using behaviour
  - b) Increase in knowledge of appropriate services (including BBV screening services)
  - a) Increased knowledge of substances and associated risk in line with identified needs
- b) Increased knowledge of local services including addiction and other services
- c) Increased engagement with services
- d) Reduction in social isolation

- a) Increased motivation to address issues
- b) Increased awareness / knowledge of options
- c) Improvements in engagement
- e) Improvements in state of mind (coping)
- f) Care plan actions achieved

- a) New members are welcomed and given information about options and about how the group works.
- b) Groups have improvements in functioning and ability to self-facilitate and organize.

- a) Objectives of intervention are met
- b) Increased knowledge of local services and supports
- c) Increased engagement with services
- d) Increased knowledge of substances and associated risk in line with identified needs

<table>
<thead>
<tr>
<th>Category **</th>
<th>Project Code</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Prevention</td>
<td>SE 10</td>
<td>Co Waterford CBDI</td>
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<tr>
<td>Education and Prevention</td>
<td>SE 11</td>
<td>Inner City - Ferrybank CBDI</td>
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<tr>
<td>Education and Prevention</td>
<td>SE 15</td>
<td>Carlow CBDI Worker</td>
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<tr>
<td>Education and Prevention</td>
<td>SE 18</td>
<td>Ossory Youth Programme</td>
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<table>
<thead>
<tr>
<th>Category **</th>
<th>Project Code</th>
<th>Project Name &amp; Reason</th>
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</thead>
</table>

**Project changes/ terminations in 2015**
**DRUGS TASK FORCE: South East Drug and Alcohol**
**Task Force**

**Pillar * :**

<table>
<thead>
<tr>
<th>DTF objective :</th>
<th>Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide 1-2-1 counselling once a week</td>
<td></td>
</tr>
<tr>
<td>2. Provide 3 therapeutic group work a week</td>
<td></td>
</tr>
<tr>
<td>3. Provide 1-2-1 Key working / Care planning</td>
<td></td>
</tr>
<tr>
<td>4. To provide vocational assessment, education and training which is individually tailored to the ability of each individual resident</td>
<td></td>
</tr>
<tr>
<td>5. To provide aftercare to former residents of rehabilitation programme</td>
<td></td>
</tr>
</tbody>
</table>

**Outcomes :**

| a) Counselling goals identified | a) Increased engagement / participation with peers in the group. |
| b) Counselling goals progressed | b) Improved communication skills. |
| c) Increased engagement with counsellor / service | c) Increased self –esteem / confidence. |
| d) Increased self -esteem / self-efficacy and sense of wellbeing | d) Maintenance of drug / alcohol free status |
| e) Maintenance of drug / alcohol free status | |

**Category **

<table>
<thead>
<tr>
<th>Project Code</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE 2</td>
<td>St Francis Farm</td>
</tr>
<tr>
<td>SE 3</td>
<td>Céim Éile (Aiséiri)</td>
</tr>
</tbody>
</table>

**Project changes/ terminations in 2014**

**Category **

<table>
<thead>
<tr>
<th>Project Code</th>
<th>Project Name &amp; Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Pillar * :</td>
<td>Treatment</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| **DTF objective :** | 1. To provide an open access drop in service with brief intervention and key working in order to support positive behavioural change in relation to harm reduction and progression.  
2. To provide needs based brief intervention and key working to service users who require it in line with NDRIC protocols.  
3. To reduce drug and alcohol related harm for those using or at risk of harm through provision of information and development of service user capacities.  
4. To provide a needle syringe programme in partnership with the HSE.  
5. In partnership with the Substance Misuse Team to ensure initial assessment or comprehensive assessment, as relevant, facilitating referral to the relevant service and/or development of a care plan  
6. To provide counselling services to service users in 6 week blocks, working on specific issues as identified by the service user and reviewing progress on these next steps every 6 weeks.  
7. To develop and support family support groups in the South East region, and identify, recruit and train volunteer facilitators |

| Outcomes : | a) Increased motivation to address issues  
b) Reduction of harm and increased access to services  
c) Increased awareness / knowledge of options  
d) Reduction in ambivalence  
a) Increased motivation to address issues  
b) Increased awareness / knowledge of options  
c) Improvements in engagement  
d) Improvements in state of mind  
e) Care plans actions achieved  
a) Increase in knowledge of risky drug using behaviour  
b) Increase in knowledge of appropriate services (including BBV screening services)  
a) Increased access to clean needles for service users  
b) Increased access to harm reduction information and service information  
a) Increased knowledge of options and key work / care planning / case management.  
b) Assessment as to whether individual requires KW or CM and referral to appropriate service  
c) Increased motivation to engage  
a) Clients have the process and confidentiality explained to them in a way they understand.  
b) Clients have developed a productive working relationship with the councillor.  
c) Any other issues are referred on to key worker/other.  
a) Family support groups are facilitated by trained Volunteer facilitators  
b) Facilitators feel competent to run groups |
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*Project changes/ terminations in 2014*