



CANAL COMMUNITIES LDATF

# ANNUAL REPORT

## 2016





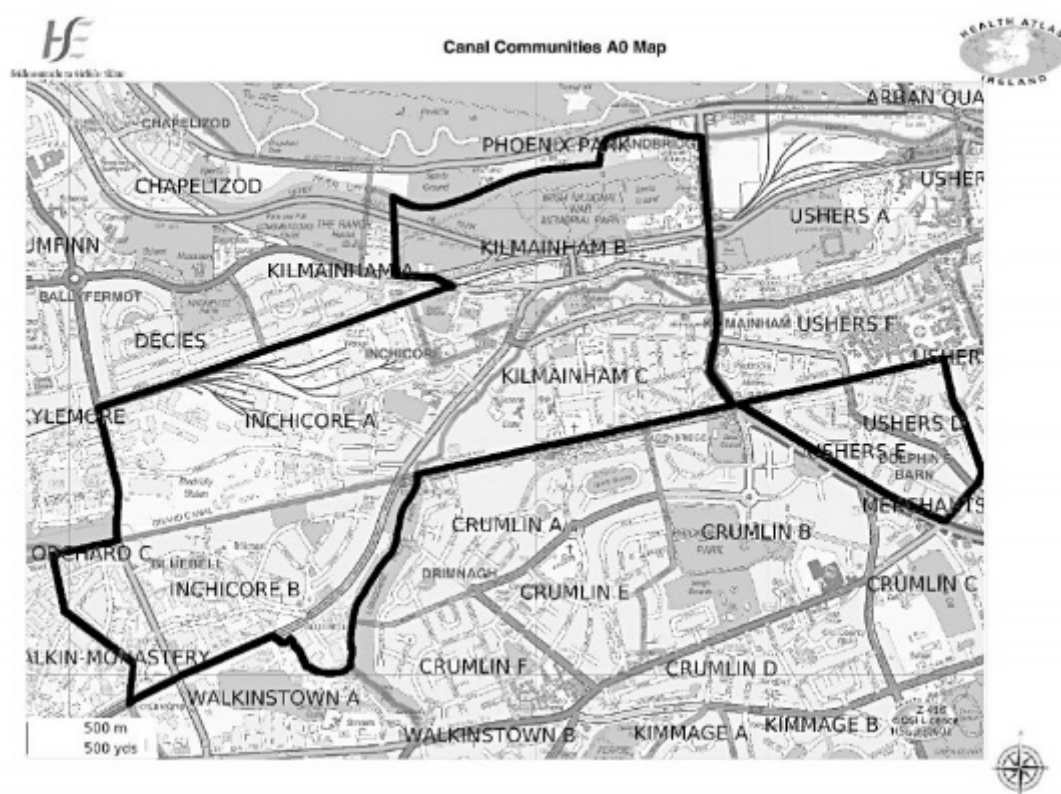
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## Introduction and context

The Canal Communities Local Drugs Task Force (CCLDTF) was set up in 1997 to develop a response to the drugs issue in the Rialto, Bluebell, and Inchicore communities. It was one of fourteen Task Forces set up in 1997 in areas worst affected by drugs, in particular heroin. The Canal Communities Local Drug & Alcohol Task Force brings a multi-agency approach to developing appropriate responses to the drug and alcohol problem at a community level while involving key statutory, voluntary and community groups in the local area. The Canal Communities Local Drug & Alcohol Task Force achieves its goals by implementing action plans that are aligned to the 5 pillars identified in the National Drug Strategy:

- *Supply reduction*
- *Education & Prevention*
- *Treatment*
- *Rehabilitation*
- *Research*



## **Organisational Structures**

The current membership of the Canal Communities Local Drug and Alcohol Task force comprises a balance of community, voluntary and statutory representatives, along with political representatives and a service user representative. The voluntary representatives are from organisations funded directly by the Task Force and the statutory representatives are from education, Dublin City Council (DCC), An Garda Síochána, and the Health Service Executive (HSE). At the end of 2016, the membership had 24 members.

In 2016, the Task Force meet on the last Thursday of every month, for a two-hour meeting, except in the month of April where the Task force met in the F2 Centre in Rialto for a Structures/Planning day, which was facilitated by an external consultant.

The Task Force continues to bring a co-ordinated response to drug and alcohol misuse and the negative impacts that the misuse often brings to a community such as anti-social behaviour, drug intimidation and need for housing.

## **Membership**

In 2016, many changes occurred to the Task Force membership. Our Chair, Fiona Coyle stepped down in April 2016, Bronagh O'Neill from Regional Youth Services/Bluebell Youth Project became acting chairperson. In October, Nat O'Connor joined the Task Force as Independent Chairperson.

A new representative Mr. Tony Smithers joined from Dublin City Council (DCC)

The new principal of City of Dublin Education & Training Board (CDETb), Mr. Donnchadh Clancy became a member of the Task Force.

Political Representative, TD Eric Byrne (Labour) left in February 2016, and Aengus O'Snodaigh (Sinn Féin) became a new member.

There was also a change in the representation from An Garda Síochána. Inspector Paul Cleary left the Task Force in September, and Inspector David Harrington filled that position.

Barney Bowes and Tony May joined our Task Force as Community Representatives.

In keeping with good governance, all new members have undergone an induction process.

**As always, the Task Force are very grateful to its members and would like to thank all members past and present who willingly contribute their time and expertise voluntarily.**

## Members of the Task Force in 2016

Name	Agency
Fiona Coyle (Jan-April) Nat O'Connor (Oct-Dec)	Independent Chair Person
Alan Cleere/Marguerite Woods	Rialto Community Drug Team
Bronagh O'Neill	Regional Youth Services/Bluebell Youth Project Acting Chairperson (April-Oct)
David Harrington (Inspector)	An Garda Síochána
Donnchadh Clancy	City of Dublin Education & Training Board
Eilish Comerford	St.Michael's Family Resource Centre
Eric Byrne	TD - Labour (Political Representative)
Freado Hudson	Service User Representative
Greg Kelly	Councillor (Political Representative) Sinn Finn
Jim Monaghan	Dolphin House (Community Representative)
Joan Collins	TD - People Before Profit (Political Representative)
John Burns	Canal Communities Partnership
Keri Goodlife	Health Service Executive (HSE)
Margaret Lamrami	Community Lynxs Project
Niall O'Connell	Service User Representative
Nicola Perry	Community Response
Pat Gates	Canal Communities Regional Addiction Service (C.C.R.A.S)
Paul Hand	Councillor (Political Representative)
Roisin Ryder	Fatima United Group
Stuart Fraser	Inchicore Bluebell Community Addiction Team
Tommy Coombes	Bluebell Community Development Project
Tony May	Rialto Community Network (Community Representative)
Trevor Keogh	TURAS

In addition to the membership above, five strong subgroups contributed through their valuable work under the Task Force's remit.

## Alcohol Sub Group

Name	Agency
Aishling Holland	Inchicore Bluebell Addictions Team (IBCAT)
Greg Christodoulo	Community Response
Eilish Comerford	St. Michael's Family Resource Centre
Lisa Buckley	Fatima Groups United (FGU)
Lyndsey Connolly	Employed under Dormant Accounts & hosted under Community Response
Nicola Perry	Community Response
Norah Byrne	Canal Communities Regional Addiction Service (C.C.R.A.S)
Roisin Ryder	Fatima Groups United

## Treatment & Rehabilitation Sub Group

Name	Agency
Alan Cleere/Mauguerite Woods	Rialto Community Drug Team (RCDT)
Aishling Holland	Inchicore Bluebell Addictions Team (IBCAT)
Cathy Kerrigan	Local Employment Service (LES)
Christine O'Byrne	Health Service Executive (HSE) (Community Mental Health)
Esther Wolfe	Health Service Executive (HSE) Addiction Service Rep
Margaret Lamrani	Community Lynx Project
Nicola Perry	Community Response
Norah Byrne	Canal Communities Regional Addiction Service (C.C.R.A.S)
Stuart Fraser	Inchicore Bluebell Addictions Team (IBCAT)
Tony Coffey	TURAS
Tony Foley	Probation Service
Trevor Keogh	TURAS

## Service User Representatives Sub Group/Drug Users Fora

Due to the sensitive nature of this group, members are not named.

This year this subgroup has 3 members in it, two are Service User Representatives and one is the Project Development Worker who administers the group under the initiative, CC2-29. Service User Representatives continue to ensure the development of the forum and the continuing communication with service users within all the community drug teams and rehab projects and CE schemes in the area.

## Local Policing Forum (LPF)

Due to the sensitive nature of this group, members are not named.

The Local Policing Forum (LPF) has strong membership and is well attended by its members. This year, there were 17 members, representing 12 agencies from the Statutory, Community and Voluntary sectors. This year, a Youth Representative and a new representative from An Garda Síochána joined the LPF. The average length of membership is 3 years. The forum is administered by the Project Development Worker under the initiative, CC2-29. The Local Policing Forum focus mainly on safety issues in the community, and are valuable resource for local representatives to be able to report anonymously on the most difficult issues and individuals in their area. This year, the forum met 10 times, with an average of 10 members attending. The Local Policing Forum also engaged in advocating for more presence of the Gardaí in vulnerable areas in the local area with the support of the current Minister for Drugs, Catherine Byrne.

Agency	Number of Members
An Garda Síochána	3
Dublin City Council	1
Local Councillors	2
Local Area Partnership	1
CCLDATF	1
Community Representatives	9

## Working Group

The working group is a permanent subgroup of the Task Force whose primary function is to act as a management committee of the Task Force.

Name	Agency
Fiona Coyle	Chairperson (Jan - April)
Bronagh o'Neill	Acting Chairperson (April - October)
Nat O'Connor	Chairperson (October - December)
Bronagh o'Neill	Regional Youth Services/Bluebell Youth Project
Denis O'Driscoll	Health Service Executive (HSE)
Jim Monaghan	Community Representative
John Bissett	Community Representative Support Worker
Margaret Lamrani	Community Lynx
Mary Ryder	Canal CommunitiesLDTF - Coordinator (Jan - May)

While the Task Force board is strong, there are gaps evident. Having active representation from the



Departments of Social Protection, Education and from Probation and Welfare would strengthen the collaborative working practices which have been the hallmark of Local Drug and Alcohol Task Forces successes, and we would welcome their contribution in the future.

## Projects

Canal Communities Local Drug & Alcohol Task Force currently fund 12 projects which run 24 initiatives aligned to actions in the National Drug Strategy and the National Substance Misuse Strategy. The projects continue to work closely together and have a number of shared practices, which ensure that beneficiaries of the services receive the relevant response to the issue with which they present.

The projects have referrals from agency to agency and are continuously working on collective, collaborative pieces of work such as The National Drug Rehabilitation Committee (NDRIC) and the National Rehabilitation Framework, as well as responding to the many issues in relation to the social and physical regeneration, which directly impact on the service users in the area.

- *Barnardos Rialto Family Centre*
- *Bluebell Youth Project/Regional Youth Services*
- *Canal Communities Regional Addiction Service*
- *Community Lynks Project*
- *Community Response*
- *Dolphin House Community Development Association*
- *Fatima Groups United*
- *Hesed House Family Therapy and Counselling Centre*
- *Inchicore Bluebell Community Addiction Team*
- *Rialto Community Drug Team*
- *St. Michael's Family Resource Centre*
- *St. Michael's Parish Youth Project*

The Task Force would like to acknowledge all the projects continuous hard work and successes in improving the lives of those affected negatively by substance misuse in the Canal Communities area.

## Activities

This year has been a productive one in terms of events and activities that the Task Force and its projects were involved in.

### ***Collaboration & Partnerships***

One of our projects, Inchicore Bluebell Addiction Team (IBCAT) have formed an effective partnership with the Local Community Mental Health Team. That partnership designed an innovative '*Dual Diagnosis Cannabis Group*' working with clients predominately in their late teens and early twenties with mental health issues and associated drug use. The first pilot programme has been a success. The ambition through this collaboration is to provide a new dual diagnosis treatment option in a shared care model to a cohort of clients who have been poorly served in the past.

### ***CAN 2***

CAN2 acts as a networking meeting for various sectoral interests and is used by the National Drug Rehabilitation Committee (NDRIC) as an opportunity for key workers to network and come together to discuss topical issues for raising within the Treatment & Rehabilitation sub group.

During the year, under the CAN2 Initiative three information seminars were held:

*March 2016*

**The Impact of Cannabis** by Dr. Des Corrigan, Former Head of School of Pharmacy, Trinity College Dublin (TCD)

**Treatment Options for Cannabis** by Mark Ward, Inchicore Bluebell Community Addiction Team (IBCAT) & Eimear O'Grady, Community Detox (The Lantern) Peter Mc Verry Trust

In total, there were 48 attendees present at this information exchange seminar.

*July 2016*

**The Dark Net: Ireland's Illicit Drug Market** by Detective Sergeant Brian Roberts, Drugs & Organised Crime Bureau

**Lyrica/Pregablin Misuse, Effects, dangers and harm reduction** by Nicki Killeen & Paul Duff, The Ana Liffey Drug Project

In total, there were 51 attendees present at this information exchange seminar.

*December 2016*

**Women & Addiction** by Gary Broderick, Director of SAOL Project & Dr. Marguertia Woods, Lecturer and Rialto Community Drugs Team Manager.

In total, there were 28 attendees present at this information exchange seminar.

Overall positive feedback was given for this year's CAN2 from key workers via evaluation forms.

### ***Public Meetings***

Three public consultation meetings were held to offer residents who are living and working in the Canal Communities area along with the Alcohol, Treatment and Rehabilitation and Service User Subgroup an opportunity to voice their opinions and contribute to submissions for the new National Drug Strategy that will be formulated next year (2017-2027). The timeline of meetings are below.

*10th October - Bluebell Public Consultation Meeting*

*11th October 2016 - Inchicore Public Consultation Meeting*

*13th October 2016 - Rialto Public Consultation Meeting*

A video from the Community Representatives of Canal Communities area was also submitted.

Video Link available here: <https://www.youtube.com/watch?v=CKCn1EQK1eE>

Many thanks to all who contributed their time, expertise and opinions to the report, the Task force hopes that the information and views that were offered to the Department of Health (DOH) were deemed useful and will be reflected in the New National Drug Strategy.

### ***Structures Meeting***

In April 2016, the Task force conducted a structures review and reviewed all roles and responsibilities. A SWOT analysis was also undertaken to establish the Task Force's strengths and weakness, and if weaknesses were apparent suggest remedies to enable future successes. On the back of the structures review and SWOT analysis an agreed action plan was created.

### ***Restorative Practice & Justice Group***

The Inchicore Bluebell Addiction Team (IBCAT) highlighted a gap in service provision whereby clients on release from prison needed support and guidance to help them with this time of transition. As a result, a structured group was set up in response to recidivism by those on release from prison. The group focuses on how prison affected the clients, their families and the victims of the crime. With an overall goal of helping prisoners through their individual journey, either when they are still in prison or after their released. Since the groups inception some of the clients have gained employment, and others have been accepted onto CE Schemes whilst still being supported by the project. Due to the success of this group it will continue in 2017.

### ***Out of the Box Programme***

A ten week pilot programme was run to explore sustainable local employment solutions for individuals in the area who are risk of partaking in substance misuse.

## **Alcohol**

In December this year, the Task Force submitted an Expression of Interest to be selected as one of the Task Forces to be involved in the National Community Action on Alcohol Programme. This initiative sets out to support communities to identify local alcohol related harm issues and priorities and then through the development of an integrated action plan to address these issues under each of the national priority headings Supply, Prevention, Treatment and Rehabilitation, and Research from a local perspective.

### ***Professional Alcohol Seminar***

Set out by the Alcohol Task Group as a result of the findings that were highlighted indicating the urgent need to make more training available in the area of competence in dealing with complex alcohol misuse. A decision was made to host a professional training seminar on Alcohol for the community workers within the canals communities area.

The seminar was held in October 2016 and a variety of workshops on alcohol awareness and how to conduct brief interventions was facilitated. In addition, focus groups were also conducted to ascertain what further training was needed for the community workers and recommendations were given to the Task Force to inform the strategy on alcohol going forward.

The feedback from this seminar was very positive and the seminar was well attended with approximately 50 staff from a variety of projects across the Canal Communities benefitting from the training. It is envisaged on the back of the seminar that an Alcohol Resource Kit will be launched next year as a tool to support and guide staff in their area.

### ***CC2-28 Needs Assessment***

In conjunction with Archways, an independent researcher, a needs assessment of CC2-28 project was conducted to assess the requirement of addiction services for ethnic minorities in the Community Canal areas. In July, the findings on this report were used a clear recommendations for the future of the CC2-28.

### ***Family Support Respite Grant Scheme***

The family support respite grant scheme offers respite to family members, the need for which arises either directly or indirectly from misuse of drugs and alcohol, with a view to renewing their capacity to cope and respond to the continuing difficult situation they are in. These challenging situations can include, but are not limited to, intimidation, drug debt, violence and anti-social behaviour and bereavement as a result of the harm caused by drug or alcohol abuse.

During this year, there have been changes to the scheme's respite panel, two members have left, Michael Challoner retired and John Burns resigned. The current membership consists of: Elaine Whelan - Canal

Communities Local Drug and Alcohol Task Force, Lisa Buckley - Rialto Health Initiative, Sadie Grace - National Family Support Network, Pat Gates - C.C.R.A.S and Cathy Kerrigan - Local Employment Service (LES)

This year, the Task Force received 20 applications with 111 individuals benefitting from the grant (77 females, 34 males).

## Research

### **Analysis of Competence and Knowledge of Community Workers in Alcohol Arena**

After the successful launch of the '*Alcohol Survey - A study of pattern and trend of alcohol use within Canal Communities Drug & Alcohol Task Force areas*' (Bluebell, Inchicore and Rialto), further research was needed to ascertain the knowledge, attitudes, skills and competence of community workers who are dealing with alcohol related issues with various community sectors across the Four Tier Model for the Provision of Treatment and Interventions. Using Dormant accounts funding, an alcohol project worker was recruited to carry out local research and to respond to the emerging needs for training, resources and service delivery.

The findings of the research indicated that community workers (n: 70) highlighted that staff dealing with alcohol issues as part of their overall interventions with community members needed further training, knowledge and skills to support their work.

To meet these needs a professional seminar on alcohol was hosted for community workers in October 2016.

### ***Living with Hepatitis C - Exploring the journey from diagnosis to treatment and beyond***

Developed by Archways and the Hepatitis C Partnership, this report highlights the experiences individuals have of living with Hepatitis C. The experiences shared by clients in this report emphasise the urgent need to raise awareness of the virus particularly amongst service providers, increase the numbers of people being tested and, ultimately, treat more people in order to eliminate Hepatitis C as a public health concern in Ireland. Through qualitative analysis (n:25) people who were either going through treatment or had just completed their treatment participated in focus groups and one-to-one interviews. Both the Hepatitis C Partnership, and the Task Force are very grateful for their honest contribution and valuable time they gave to this report.

## Hepatitis C

In keeping with the Government's commitment to elimination of Hepatitis C (HCV) in Ireland by 2026, one of our organisations held awareness training for other organisations in the Task Force. The aim of the training was to give clear information and raise awareness on the treatment options that are available for people living with Hepatitis C.

## Service Users Involvement

### ***Vocalelyze Newsletter***

The popular magazine Vocalelyze continues to be published. Articles and information for the magazine are

solicited routinely by the Service Users Representatives. Other Service Users participated in the success of its production through photography, editing, layout and writing of stories and poetry.

This year, 52 Service Users from across our services, engaged in the creation of the newsletter, with three editions published.

### ***Service User Engagement Meetings***

To continue engaging the service users, 16 meetings were held with our Service User Representative this year, and 4 meetings with the Service User Forum were held to ensure Service Users were given the opportunity to have their voice heard.

## **Training**

### ***STORM Skills Training (Suicide Prevention)***

The training for trainers has now been completed. Training for frontline staff was conducted throughout the year.

### ***SMART training***

SMART Recovery Training was held in Autumn of the year, SMART offers a science based, non faith based alternative to AA/NA. It is an abstinence based peer support programme that uses tools and techniques grounded in cognitive behavioural principles.

### ***Logic Model Training***

New reporting mechanisms were launched last year and all managers received training to support them in implementing the logic model. This year, all project workers funded by the Task Force attended training run by the Wheel in order to be able to complete their duties for outcomes and outputs.

### ***Governance Training***

In collaboration with Governance Ireland, Inchicore Bluebell Addiction Team held Board training for all managers and board members in the Task Force.

### ***5 Step Family Support Method***

As part of a cross Task Force initiative, staff were supported and guided in achieving a practitioner's accreditation from the Family Support Network. Trainees from Canal Communities Drug and Alcohol Task Force achieved their accreditation.

### ***Service User Involvement Training***

Ongoing work is been done to endeavour to continue to engage the Service Users in a meaningful way. This October, our project developer in conjunction with coordinators from South East and Southern Region Drug and Alcohol Task Forces, held a one day training course to enable staff across projects to learn the skills needed to engage and empower our Service Users. 28 members of staff attended the training session from

our projects.

### ***Ecass Training***

A number of projects this year had eCASS installed on their networks. The staff in those particular projects were given training to ensure the tool can be used to create the most effective method of reporting and data collection.



## Community Canal Area Profile

The Central Statistics Office (CSO) have advised that Census results from 2016 mini census will not be made available until July 2017.

### Education

The educational attainment levels (below) of those presenting continues to reflect the national statistics in relation to those most at risk of drug misuse. Of the **134 referred only 78 have completed – at most – the Junior Certificate level**. This is 58% of the service users presenting and this does not include the 28 ‘not known’ who if they were included in the figure would lead to a figure of 79%.

Age left school	2010	2011	2012	Highest level of education completed	2010	2011	2012
Left school age 14 years or younger	41	39	35	Primary level incomplete	11	12	9
Left school age 15 years or over	54	52	70	Primary level	32	36	29
Never went to school	<5	1	0	Junior Certificate	34	32	40
Still at school	<5	3	3	Leaving Certificate	13	5	19
Age left school not known	26	22	26	Third level	<5	3	4
<b>Total</b>	<b>123</b>	<b>117</b>	<b>134</b>	Never went to school	<5	1	0
				Special needs education	0	0	1
				Still in fulltime education	5	5	4
				Not known	24	23	28
				<b>Total</b>	<b>123</b>	<b>117</b>	<b>134</b>

The YEAH project (CC2B-6) continues to work with young people who are outside the school system, giving individual tutoring hours both for the Junior and Leaving Certificate subjects while supporting other young people with many of the issues which had excluded them from formal education.

## Unemployment

The statistics below are from the local employment office of Cork Street – which covers those who live in the in Canal Communities area. **(NOTE: The Thomas St and Apollo House Offices closed in February 2015.**

**Figures previously provided for these offices are now from the Intreo Centre in Cork Street)**

While the employment office covers a larger area than that of the Task Force, the information in relation to changing trends can be extrapolated from the information.

### **Persons on Live Register (Number) by Social Welfare Office, Sex, Age Group - *Figures as of December 2016***

<b>2016 M12</b>	
Both sexes Under 25 years	493
Male Under 25 years	316
Female Under 25 years	177

<b>2016 M12</b>	
Both sexes Over 25 years	4,876
Male Over 25 years	3,153
Female Over 25 years	1,723

<b>2016 M12</b>	
Both sexes All ages	5,369
Male All ages	3,469
Female All ages	1,900

**The Local Employment Service (LES) in Canal Communities provide the statistics below:**

	2015	2016
Numbers Presenting in LES (Canals Area)	1051	677

## Census Figures

Many thanks to the Local Area Partnership who supplied statistics for this section of the annual report. Note: the statistics only supply information up to 2011, new statistics will be released via the mini census in 2016.

### Population

	2006	2011
<b>Total</b>	13,332	14,684

An increase in population seems to reflect the availability of lower cost housing within this area at the height of the economic boom. Where this increase occurred is reflected in the partial analysis nationality census figures below and in the household composition table below.

### Nationality (Partial Analysis does not include all nationalities from census)

	2006	2011	% Change
<b>Irish</b>	10,716	11,260	5
<b>UK</b>	238	258	8
<b>Poland</b>	523	695	33
<b>Other EU</b>	363	688	90
<b>Rest of World</b>	992	1,183	19

### Households

	2006	2011	% Change
<b>Total</b>	5,683	6,475	+14

### Household Composition (Partial Analysis not including all categories within the census 2011)

	2006	2011	% Change
<b>One Person</b>	-	2,246	
<b>Couples with Children</b>	2,014	2,161	+7
<b>Lone Parents with Children</b>	991	1,003	+1

What is highlighted here is the main increase has been within the couples with children. This can be indicative of a more settled population, but at the same time the actual numbers of lone parents has not

decreased in the same period. Statistically, lone parents are more at risk of poverty, marginalisation and their children present more frequently within the 'at risk' category.

**Highest Education Completed (15+) (Partial Analysis all categories listed in census 2011)**

	<b>2006</b>	<b>2011</b>	<b>% Change</b>
<b>No Formal/Primary</b>	2,341	1,997	-15
<b>2<sup>nd</sup> Level Lower</b>	1,612	1,401	-13
<b>2<sup>nd</sup> Level Higher</b>	1,236	1,471	+19
<b>3<sup>rd</sup> Level</b>	2,988	3,160	+6

These figures are heartening in that there is a decrease in the numbers leaving school before the age of 15 and this reflects some of the work being done by particular youth initiatives within the area through supporting students in transition between primary and secondary and also offering subjects in formal examinations outside the school setting.

### **Profile of Drug Use**

Drug related offences reported in 2016 for Kevin Street/Kilmainham District are not available at present. On receipt of submission they will be forward on to the Drugs Protection Unit (DPU).

## Treatment Statistics

The following page is the information provided by the Health Service Executive, Dublin Mid Leinster (HSE/DML) and the Health Research Board (HRB) in relation to those presenting for services for the Canal Communities area.

HSE Region	Task Force Area	Number of Clients in Treatment (During Period)	Regional % of clients in Treatment	National % of clients in Treatment	Number of Clients in Treatment (At end of Period)	Regional % of clients in Treatment	National % of clients in Treatment
		Jan. to Dec 2016 (During Period)			Dec. 2016 (At end of Period)		
2016	Canal Communities Task Force	225		2.0	200		2.0
		Jan. to Dec 2015 (During Period)			Dec. 2015 (At end of Period)		
2015	Canal Communities LDATF	238		2.1	215		2.2
2014		Jan. to Dec. 14 (During Period)			Dec. 14 (At end of Period)		
	Canal Communities LDTF	245	4.7	2.2	219	4.7	2.3

HSE Region	Task Force Area	Number of Clients in Treatment (During Period)	Regional % of clients in Treatment	National % of clients in Treatment	Number of Clients in Treatment (At end of Period)	Regional % of clients in Treatment	National % of clients in Treatment
2013	Canal Communities LDTF	Jan. to Dec. 13 (During Period)			Dec. 13 (At end of Period)		
		258	4.9	2.4	232	4.9	2.4
2012	Canal Communities LDTF	Jan. to Dec. 12 (During Period)			Dec. 12 (At end of Period)		
		270	5.0	2.5	247	5.1	2.6
2011	Canal Communities LDTF	Jan. to Dec. 11 (During Period)			Dec. 11 (At end of Period)		
		276	5.1	2.6	248	5.1	2.7

There has again been a slight decrease in the numbers in treatment overall from and the numbers of clients in treatment at year-end are down from the previous year. This is reflected on a national basis and reflects the ageing of the population of service users accessing treatment.

As mentioned in previous report, the numbers are not shifting hugely in relation to those persons on methadone treatment programmes and in treatment. This can suggest a stabilisation of those in treatment but can also indicate the dependency on methadone and the need for more suitable options for this cohort.

### Gender and Treatment location of Clients from the Canal Communities area

HSE Dublin Mid Leinster	Task Force Area	Gender & Treatment Location (During Period Jan to Dec '16)						Gender & Treatment Location (as of 31 <sup>st</sup> December '16)					
		Gender	Clinic	Trinity	GP	Prison	TOTAL	Gender	Clinic	Trinity	GP	Prison	TOTAL
		Male	65	<10	74	15	<b>155</b>	Male	54	<10	70	10	<b>135</b>
	Canal Communities	Female	34	<10	33	<10	<b>70</b>	Female	30	<10	32	<10	<b>65</b>
	LDTAF 2016												

HSE Dublin Mid Leinster	Task Force Area	Gender & Treatment Location (During Period Jan to Dec '15)						Gender & Treatment Location (as of 31 <sup>st</sup> December '15)					
		Gender	Clinic	Trinity	GP	Prison	TOTAL	Gender	Clinic	Trinity	GP	Prison	TOTAL
		Male	69	<10	78	19	<b>169</b>	Male	63	<10	72	15	<b>153</b>
	Canal Communities	Female	35	<10	33	0	<b>69</b>	Female	29	<10	32	0	<b>62</b>
	LDTAF 2015												

HSE Dublin Mid Leinster	Task Force Area	Gender & Treatment Location (During Period Jan to Dec '14)						Gender & Treatment Location (as of 31 <sup>st</sup> December '14)					
		Gender	Clinic	Trinity	GP	Prison	TOTAL	Gender	Clinic	Trinity	GP	Prison	TOTAL
		Male	76	<10	71	17	<b>169</b>	Male	69	<10	71	11	<b>154</b>
	Canal Communities	Female	40	<10	35	0	<b>76</b>	Female	30	<10	34	0	<b>65</b>
	LDTF 2014												

HSE Dublin Mid Leinster	Task Force Area	Gender & Treatment Location (During Period Jan to Dec '13)						Gender & Treatment Location (as of 31 <sup>st</sup> December '13)					
		Gender	Clinic	Trinity	GP	Prison	TOTAL	Gender	Clinic	Trinity	GP	Prison	TOTAL
	Canal Communities LDTF 2013	Male	77	<10	80	18	181	Male	67	<10	77	12	162
		Female	38	<10	36	<10	77	Female	33	<10	35	<10	70

HSE Dublin Mid Leinster	Task Force Area	Gender & Treatment Location (During Period Jan to Dec '12)						Gender & Treatment Location (as of 31 <sup>st</sup> December '12)					
		Gender	Clinic	Trinity	GP	Prison	TOTAL	Gender	Clinic	Trinity	GP	Prison	TOTAL
	Canal Communities LDTF 2012	Male	81	<10	71	25	185	Male	75	<10	69	18	168
		Female	49	<10	32	<10	85	Female	44	<10	32	<10	79
		Gender	Clinic	Trinity	GP	Prison	Total	Gender	Clinic	Trinity	GP	Prison	Total
HSE Dublin Mid Leinster	Canal Communities LDTF 2011	Male	88	<10	69	22	186	Male	83	<10	63	16	169
		Female	50	<10	38	<10	90	Female	44	<10	33	<10	79



### Age of Clients in Treatment for the Canal Communities LDTF area

HSE Dublin Mid Leinster	Task Force Area	Age of Clients in Treatment (During Period Jan to Dec.)									Age of Clients in Treatment as of 31st of Dec.								
		0-15	16-19	20-24	25-29	30-34	35-39	40-44	45+	TOTAL	0-15	16-19	20-24	25-29	30-34	35-39	40-44	45+	TOTAL
<b>2016</b>	Canal Communities LDTF	0	0	<10	10	30	64	54	66	<b>225</b>	0	0	<10	<10	18	53	58	63	<b>200</b>
<b>2015</b>	Canal Communities LDTF	0	0	<10	14	34	71	64	54	<b>238</b>	0	0	<10	12	23	69	57	53	<b>215</b>
<b>2014</b>	Canal Communities LDTF	0	0	<10	19	50	71	58	45	<b>245</b>	0	0	<10	14	42	64	54	44	
<b>2013</b>	Canal Communities LDTF	0	0	<10	25	59	74	55	43	<b>258</b>	0	0	<10	20	52	69	52	37	<b>232</b>
<b>2012</b>	Canal Communities LDTF	0	0	<10	35	67	73	51	38	<b>270</b>	0	0	<10	29	61	68	49	36	<b>247</b>
<b>2011</b>	Canal Communities LDTF	0	0	<10	37	86	70	45	29	<b>276</b>	0	0	<10	32	79	63	42	26	<b>248</b>

## National Drug Treatment Reporting System (NDTRS) Statistics

Below are the statistics provided by the Health Research Board (HRB) for Canal Communities which relate to those who presented for treatment in 2014. The Health Research Board (HRB) have advised our Task Force the data will not be available until the summer period.

### Reason for Referral Area L5 Canal Communities

	2014	2013	2012	2011	2010
Alcohol	36	38	43	26	33
Drug	118	147	91	91	90
Eating Disorder	0	0	0	0	0
Gambling	0	≤5	2	1	0
Spending	0	0	0	0	0
Concerned Person	<5	≤5	5	3	5
Missing	0	0	0	0	0
<b>Total</b>	<b>156</b>	<b>192</b>	<b>141</b>	<b>121</b>	<b>128</b>

- Since 2010 (128 referrals), there has been an increase of 64 in the overall numbers to 2013 when gambling, spending and concerned persons are included in the reason for referral.
- The year 2013 saw a very sharp increase of 56 people (+62%) compared to the 2012 statistics for drug referral. This is exceptionally high. The total number presenting for opiates in 2013 (94) is greater than the total number presenting for all drugs in 2012.
- There has been a drop in those presenting with alcohol issues which may indicate an increased awareness of services being offered in the community (such as the Glen Abbey programme) or that the community detox programmes were beginning to be set up.
- This decrease is surprising given that most projects and initiatives within the area continue to report ever increasing under-age drinking; under-age selling of alcohol; high availability of low cost alcohol and much anti-social behaviour, particularly over the summer months, which appears very clearly to be caused by alcohol consumption.

What is most striking is the increase in the use of opiates in 2013. This jumped from 57 in 2012 to 94 in 2013. While the Task Force is aware from our Harm Reduction Coordinator, through the increased demand for foil, that there was an increase in the smoking of heroin, the level of increase (just under 65%) is indicative possibly of younger people using opiates but not necessarily injecting.

<b>Reason for Referral - Detail</b>	<b>Total 2012</b>	<b>Total 2013</b>	<b>Total 2014</b>
Opiates	57	86	69
Ecstasy	0	0	<5
Cocaine	9	7	11
Other stimulants	<5	<5	<5
Benzodiazepines	12	6	9
Volatile inhalants	0	0	0
Cannabis	12	27	24
Alcohol	43	35	36
Others	<5	<5	<5
<b>Total</b>	<b>134</b>	<b>163</b>	<b>154</b>

It would appear that this is largely due to the startling increase in opiates and cannabis in 2013 in the NDTRS data. Local reports indicate that this combination is particular to a younger cohort of users who were clear that they did not wish to go down the opiate route. The difficulty is that with the strong THC component in the cannabis “weed” currently being sold this can lead to psychosis from a drug that had originally been deemed to be relatively “safe”. The youth projects in the area work closely with young people in areas of prevention and education.

The tables below indicate clearly that there is an increase in the numbers using one single drug with numbers increasing from 35 in 2009 up to 63 in 2012. This could be seen as positive if the statistics relating to polydrug use had not increased so strongly in the year end 2012 to year end 2013.

Unfortunately, the breakdown for 2013 has bucked this trend with an increased numbers indicated presenting for polydrug use and those using more than one drug, up from 74 in 2011 to 100 in 2013. Even more striking within that figure is the breakdown of the increase in those using two drugs – up from 30 to 44 persons and those using three drugs – up from 25 to 41 persons.

This is clear evidence of the way in which funded initiatives have needed to respond to those presenting but also for the need for the evidence to be shared widespread.

#### **Individuals presenting involved in using 'one' drug**

<b>Uses more than one drug</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Yes	58	63	74	69	100	73
No	47	47	35	58	63	62
<b>Total</b>	<b>105</b>	<b>110</b>	<b>109</b>	<b>127</b>	<b>163</b>	<b>135</b>

### Individuals presenting involved in 'polydrug' use

Number of problem drugs	2009	2010	2011	2012	2013	2014
One	47	47	35	58	63	62
Two	19	25	33	30	44	32
Three	25	27	26	25	41	23
Four	14	11	15	14	15	18
<b>Total</b>	<b>105</b>	<b>110</b>	<b>109</b>	<b>127</b>	<b>163</b>	<b>135</b>

Despite the decrease in the numbers presenting for opiate treatment overall, it is still worrying that in the under age 19 category from the table below there is again an increase in numbers in those first injecting from 39 in 2011 to 61 in 2013. Equally the number of those who were under 19 in the category 'age first injected' category has increased from 20 in 2011 to 28 in 2013. This appears to indicate new presenters at a later stage in life.

Ever injected	2011	2012	2013	2014	Age first injected	2011	2012	2013	2014
Yes	39	42	61	51	less than 19	20	19	28	24
No	65	76	88	67	20-24	9	6	16	12
Not known	5	9	14	17	25-70	4	6	5	9
<b>Total</b>	<b>109</b>	<b>127</b>	<b>163</b>	135	Not Known	11	20	26	23
					<b>TOTAL</b>	<b>44</b>	<b>51</b>	<b>75</b>	<b>68</b>

Finally it is worth noting the school attainment level and employment status of those presenting which clearly indicates again that early school leaving and unemployment appear both appear to be a factors in drug misuse.

Educational Attainment	Total	Age left School	Total
Primary level incomplete	10	14 years or younger	43
Primary level	42	15 years or over	77
Junior Cert	42	Age left school not known	30
Leaving Cert	24	Still at school	<5
Third Level	<5		
Never went to school	0		
Special Needs education	0		
Still in fulltime education	5		
Not known	28		

**We would like to thank the Health Research Board (HRB) for supplying these NDTRS statistics below in relation to the LDTF (L5) of the Canal Communities LDTF.**

## **Progress of Local Drug Strategy**

Canal Communities Local Drug and Alcohol Task Force progress in implementing the Local Drugs Strategy under each of the five pillars identified in the National Drugs Strategy:

- Supply Reduction
- Prevention
- Treatment
- Rehabilitation
- Research

<b>Supply Reduction</b>	To build on the previous year's collaborative working between community, statutory and voluntary organisations & agencies to respond to issues locally	Ad hoc meetings to responds to single issues within the area i.e. extreme violence, anti-social, public and underage drinking; and racism have improved communication between all sectors
	To continue to hold public meetings to promote the Local Policing Forum (LPF)	Two public meetings held in 2016 in Inchicore and Rialto. According to local crime reports, crime has decreased in local areas.
	To improve membership of safety committee in all areas	Greater support and buy in from local community members and good reporting procedures through LPFs and the local Safety Committees
	To continue to develop the collaboration with the Probation and the prison service	Connections with the Probation and Prison service continue to strengthen leading to referrals from Probation and Welfare to a number of projects in the area in relation to alcohol, drug free and training programmes and CE rehabilitation programmes.
	To be actively involved in regeneration programmes	Supporting the local residents and communities of St. Michael's Parish area, Tyrone Road and Emmet Road in relation to the proposed changes in the coming years. Working in line with the regeneration team and board, with

	<p>To coordinate and expand the existing Harm Reduction service through partnership with HSE and local CDTs.</p> <p>To continue to have increased presence of local Gardaí in vulnerable areas.</p>	<p>special emphasis on sustainable and safe communities.</p> <p>Provide workshops on safer drug use, detox and ways to cope with mental health issues leading to a reduction in harmful practices by drug users. Up to 22 workshops have been run this year to support reduction strategies.</p> <p>Advocating took place to get extra support from An Garda Síochána in local areas, as a result, 3 extra guards are present in local areas at risk.</p>
<b>Prevention</b>	<p>To continue to raise the issue of alcohol misuse as a priority within community area.</p> <p>To support projects to provide up to date and relevant information and training</p> <p>To support early intervention programmes</p>	<p>Offer educational and therapeutic groups for people who have concerns about alcohol misuse.</p> <p>Relevant projects and TF members were actively implementing the agreed NEYAI programmes in the two designated areas. This continues to impact most positively on the children of service users in the area who are included in the programme.</p> <p>Increased collaborative outreach street work with youth projects and addiction teams across the area. Practical skills based programmes drawing in young people to youth projects Success in formal education for early school leavers presenting to education programmes in out of school setting, leading to less at risk and/or anti social behaviour. Health and fitness programmes have led to the integration of young men most at risk into the broader services on offer.</p> <p>The continued support for social and physical regeneration programmes in two local areas by Task Force members and</p>

	<p>Awareness of Drug and Alcohol and Tertiary Prevention workshops for at risk cohort</p>	<p>funded initiatives which include advocacy for tenants and service users with statutory agencies leading to fewer evictions and closer collaborative interagency work</p> <p>Separate Men &amp; Women Support Groups which included alcohol awareness &amp; harm reduction strategies. Participants stated that they have made significant positive changes in their lifestyles as a result of the courses.</p>
<b>Treatment</b>	<p>To continue to operate a broad range of community treatment initiatives and services</p> <p>To support projects to include a response to alcohol in their remit</p> <p>To expand the membership of the Treatment and Rehab sub group</p>	<p>Ongoing - including extension of the provision of needle exchange in collaboration with HSE outreach service and methadone dispensing within community setting.</p> <p>Task Force survey of range of alcohol programmes in the area circulated. Programmes currently ad hoc. Plan to carry out research to ascertain how best to respond to alcohol in the Task Force remit.</p> <p>Recruitment of a new member, Christine O'Byrne (Senior Occupation Therapist) joined the T&amp;R subgroup this year. Christine expertise lies in Dual Diagnosis.</p>
<b>Rehabilitation</b>	<p>To actively participate in roll out of NDRIC protocols across the area</p> <p>To continue to support Service Users forum and Service Users representation</p>	<p>T&amp;R sub group rolling out implementation of protocols in relevant projects – ongoing</p> <p>Gaps and Blocks for service users being brought to NDRIC which has proved problematic as the turnaround in response is too long for those in need.</p> <p>Two active Service Users representatives on the Task Force</p>

	<p>To support the Community Employment Schemes to facilitate progression for service users</p>	<p>continue to contribute to Task Force issues.</p> <p>They are also representatives on the national body SURF and active in the Human Rights forum for service users – which presented to the UN commissioner for Human Rights. Service Users Forum continues to produce the Vocalyeze magazine with contributions for a variety of local projects and service users.</p> <p>Task Force support in discussions with DSP in relation to issues of access to CE programmes, changes in the funding criteria to support the projects to continue their work. Low threshold programme continues to support the less stable service users in committing to specialised programmes</p> <p>Through the T&amp;R sub group support is given to CE schemes to work more closely with local LES and businesses for work placements and jobs</p> <p>Task Force members involved with the Graduation of service users in a broad range of Fetac accredited subjects offered within CE Rehab schemes</p>
<b>Research</b>	<p>Progression of research in alcohol landscape across community.</p>	<p>Conduct research to ascertain the knowledge, attitudes, skills and competence of community workers who are dealing with alcohol related issues with various community sectors across the Four Tier Model for the Provision of Treatment and Interventions.</p> <p>Carry out qualitative analysis on clients experience of living with Hepatitis C.</p>



## Interim Funded Employee Details

CANAL COMMUNITIES LOCAL DRUGS TASK FORCE – INTERIM FUNDED EMPLOYEE DETAILS				
Position	Functions	Pay Rate – all are <u>aligned</u> to scales listed but <u>not</u> equivalent	Source of Funding	Employing Authority
<b>NOTE</b> <ul style="list-style-type: none"> <li>Salaries are <u>aligned</u> but are not equivalent to HSE scales. They are therefore no longer in line with the pay grades of their peers in the statutory agency</li> <li>No increments have been paid since 2009 and all staff took at 5.5% pay cut at that time</li> <li>There are no pension entitlements and all are subject to annual funding being available</li> </ul>				
Job Title	Functions	Pay Rate	Funder	Employing Authority
Project Development Worker (Part-time position)	To support the projects in - <ul style="list-style-type: none"> <li>Administration and funding applications</li> <li>Implementation of the NDS with particular responsibility for the Coordination of LPF and safety committees; Developing and supporting Service User Forum</li> </ul>	POINT 2 HSE Project Worker Scale	HSE	Canal Communities Regional Addiction Service (formerly Canal Communities LDTF Ltd)
Administrator (4 days)	<ul style="list-style-type: none"> <li>To support the Co-ordinator in the day to day running of the Task Force, providing a full range of clerical / administrative duties and the administration of the Task Force Accounts.</li> <li>Dissemination of information both from the Task Force and Office of the Minister for Drugs to projects, Task Force members and other relevant bodies</li> <li>Assist the Co-ordinator with twice yearly government funding applications</li> </ul>	POINT 5 HSE Grade IV Clerical Scale	HSE	Canal Communities Regional Addiction Service (formerly Canal Communities LDTF Ltd)

## Work Plan 2017

		Time period	Key Players
<b>Service Users</b>			
Further support Service Users	Conduct field visits to each project to establish a standardised approach to developing a culture that supports Service User involvement in a meaningful way across all services.	1st - 4th Quarter	Task Force Service User Representatives/Project Development Worker
<b>Alcohol</b>			

Expand on capacity of Task Force overall strategic direction on Alcohol	Publication of 'Alcohol Resource Kit' for staff to use as a practical resource to assist staff in supporting individuals who present experiencing difficulties due to alcohol misuse.	2nd Quarter	Task Force Alcohol Subgroup
	Provide Training Workshops on SAOR for HSE staff.	1st - 4th Quarter	Polydrug and Alcohol Worker
	Successful applicant in bid for CCLDATF involvement in National Community Action on Alcohol Programme (CAAP), as a result continue to strengthen the strategic direction of alcohol in our Task Force by building the capacity of communities to identify local alcohol issues and priorities and subsequently aid the development of action plans at local level.	1st - 4th Quarter	Task Force Alcohol Subgroup
	Active membership in National Network for Alcohol.	1st - 4th Quarter	Task Force Alcohol Subgroup
<b>Strategy</b>			
Canal Communities Local	Through Task Force consensus (via	2nd Quarter	Task Force members and Chair.

Drug & Alcohol Task force Strategy.	qualitative and quantitative analysis) develop a strategy that is congruent with the imminent National Drug Strategy 2017.		
<b>Governance</b>			
Compliance	<p>Ensure Task Force is in compliance with effective governance practices by conducting internal audit.</p> <p>Through participation on board training ensure board is fulfilling roles and responsibilities.</p> <p>Through operational governance training, support projects in facilitating smooth transition from QUADS to Better Safer Healthcare Guidelines.</p>	1st - 4th Quarter	<p>Task Force Working Group</p> <p>Task Force Board members &amp; Project Board Members that are funded via the Task Force</p> <p>Task Force Coordinator/Task Force Funded Projects</p>
Reporting Mechanisms	Develop a standardised approach for reporting methodology throughout services.	1st - 4th Quarter	Task Force Coordinator/Task Force Funded Projects/External Consultant
<b>Recruitment</b>			
Review staffing levels	Recruit Task Force Coordinator.	1st - 4th Quarter	Task Force Working Group
<b>Conflict Resolution</b>			
Resolve Internal Conflict	Implement a conflict resolution process and develop a policy to resolve internal	1st - 4th Quarter	Task Force Coordinator/Chair All Stakeholders involved in Task Force.

	Task Force conflicts.		
<b>CAN 2 Events</b>			
Hold Presentations to inform on topical issues via CAN2 Initiative.	Present 3 times a year via CAN2 Initiative for project workers across services funded by Task Force.	1st - 4nd Quarter	CAN2 via Development Worker & Experts in field of issue that is being presented.
<b>Service Level Agreements &amp; Grant Aid Agreements</b>			
Service Level Agreements & Grant Aid Agreements	Ensure all SLA & GAs are conducted in timeframe allotted. Support and visit funded projects during this period.	1st -2nd Quarter	Task Force Coordinator/Funded Projects/Health Service Executive (HSE)
<b>Capacity Training</b>			
Governance Board Training	Organise training for project leads and board of management members on principals and elements of best Governance practice(for example; key roles of board, strategic leadership, risk and compliance, sustainability etc)	4th Quarter	Task Force Board Members/Funded Projects and their board members.
Operational Governance	Training in migration from QUADS to Better Safer Healthcare Guidelines.		Funded Projects
Storm Training	To continue developing competence in STORM. (Suicide Prevention)	Year End	Administrator to liaise with D12 Administrator.

## Form A

<b>DRUGS TASK FORCE:</b>	<b>Canal Communities 2016</b>
<b>Pillar* :</b>	<b>Rehabilitation</b>
<b>Relevant NDS Actions:</b>	33 /34 /39 / 42
<b>DTF Objective:</b>	<ul style="list-style-type: none"> <li>- To further roll out the pilot under NDRIC</li> <li>- Build the capacity of Service Users and their families to participate meaningfully in the DTF</li> <li>- To support Community Employment Schemes to facilitate the progression for service users</li> <li>- To promote cross agency collaboration in community voluntary and statutory sector</li> </ul>
<b>Outcomes:</b>	<ul style="list-style-type: none"> <li>• NDRIC Protocols were agreed, disseminated and are being implemented which has led to greater collaboration</li> <li>• Key workers actively used the protocols during 2013 for the benefit of service users leading to better support for service users</li> <li>• No success in recruiting statutory reps to the T&amp;R sub group despite requests to agencies</li> <li>• Involvement of Service Users in Human Rights approach to rehabilitation in conjunction with local health programme giving them a clear voice for their issues and concerns</li> <li>• Continuation of Service Users magazine</li> <li>• Increase in holistic treatments for service users and their families through local health projects – supported by voluntary practitioners leading to buy in from local community and better health outcomes for all allowing to continue to support the substance misuse in their recovery</li> <li>• Four commemorative events during the year with large attendance from the wider community reflecting the community wide support for the LDTF</li> <li>• Weekly Drug Free social extended to include full day activities and outings allowing the re-development of social skills and interaction with the broader community for this cohort</li> <li>• Drug Free drug and alcohol community events leading to greater support of need for drug and alcohol free events for all in the community</li> </ul>

	<ul style="list-style-type: none"> <li>• Drug Free peer support further developed delivering fitness classes, facilitating health groups, aftercare groups, therapeutic groups, dance nights, social nights, meditation classes leading to greater confidence leading to progression to employment, education and community participation</li> <li>• Continued referral to the low threshold, NPR programme allowing less stabilised service users entry into regular programmes</li> <li>• Continued referrals of those from NPR to special CE; education and employment while developing broad skills for future employment</li> <li>• Launch of the new alcohol users support at year end as a joint interagency piece of work bringing in alcohol-only users to the services in the area</li> <li>• Continued support of the development of Men's sheds with the Local Area Partnership and Health projects</li> <li>• Three Mental health awareness programmes supported</li> <li>• Community holistic health programmes developed through the community development workers</li> </ul>
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<b>Category**:</b>	<b>Project Code</b>	<b>Project Name</b>
Rehabilitation	CC2-3	Rialto Community Drug Team – Drop-In Worker /Health Promotion/Harm Reduction Programme/ Men's Support Group
Rehabilitation Family Support	CC2-5	Rialto Community Drug Team – Prison Outreach Worker
Rehabilitation & Family Support	CC2-7	Inchicore & Bluebell Community Addiction Team – Project Worker/ Childcare Manager
Rehabilitation & Supply Control	CC2-9	Inchicore & Bluebell Community Addiction Team – Prison Outreach Worker
Rehabilitation	CC2-13	Inchicore & Bluebell Community Addiction Team Drugs Development Worker / Drugs Project Worker
Family Support	CC2-14	CCLDTF Ltd –Respite Grant/ Polydrug & Alcohol Worker/ Drug Free Worker/ CC/D12 Initiative on Harm Reduction
Rehabilitation Family Support	CC2-20	St. Michael's Family Resource Centre - Domestic Violence Support Worker

Rehabilitation Family Support	CC2-21	Hesed House - Family Therapists
Rehabilitation Family Support	CC2-25	Rialto Family Centre - Child and Family Worker & Outreach Programme
Rehabilitation	CC2-30 RI	Connect Pre-induction Programme and Rehab Resource Worker  Note: At the end of 2016, CC2-30 Ri was transferred from Canal Communities Training Program - TURAS to Inchicore Bluebell Addiction Team.

<b>DRUGS TASK FORCE:</b>	<b>Canal Communities</b>
<b>Pillar* :</b>	<b>Treatment 2016</b>
<b>Relevant NDS Actions:</b>	34 / 37 / 39 / 42/ 47
<b>DTF Objective:</b>	<ul style="list-style-type: none"> <li>• To continue to operate a broad range of community treatment initiatives and services</li> <li>• To support projects to include a response to alcohol in their remit</li> <li>• To develop a third alcohol programme within the community</li> <li>• Develop support for those entering Hep C treatment</li> <li>• To develop further information access to Hep C and HIV for easier access</li> <li>• To further develop harm reduction programmes and the provision of needle exchange</li> <li>• To work toward greater collaboration with HSE in relation to the Harm Reduction programme in order to fill the gaps</li> </ul>
<b>Outcomes:</b>	<ul style="list-style-type: none"> <li>• Continuation of community based methadone dispensing clinics in collaboration with the HSE allowing for easy access and support for service users</li> <li>• Continued community needle exchange in collaboration with HSE across the area leading to greater involvement with hard to reach cohort</li> <li>• Continued provision of crack pipes and foil on outreach programmes – part of the Cross Task Force initiative with Dublin 12</li> </ul>



	<p>leading to increased outreach work and engagement with hard to reach cohort</p> <ul style="list-style-type: none"> <li>• Reduce the use programme run for adolescents allowing them to address their weed use and develop interpersonal skills</li> <li>• Alcohol programme with seniors in conjunction with the local CDP resulting in increased awareness within the area</li> <li>• Alcohol programmes with CE participants with evaluation showing a better understanding of issues around alcohol</li> <li>• Interagency work and good buy in strengthened through the year on this pilot.</li> <li>• Fun run 'Leg it for your liver' to raise awareness of Hepatitis C</li> <li>• An increased number of clients were provided with Health Promotion advice, ongoing referral, drug paraphernalia, ongoing support and crisis intervention</li> <li>• Human Rights questionnaire developed with local group in relation to the Methadone Protocol.</li> </ul>	
<b>Category**:</b>	<b>Project Code</b>	<b>Project Name</b>
Treatment	CC2-3	Rialto Community Drug Team – Drop-In Worker/ Health Promotion/Harm Reduction Programme
Treatment & Family Support	CC2-7	Inchicore & Bluebell Community Addiction Team – Project Worker/ Childcare Worker
Treatment and Family Support	CC2-13	Inchicore & Bluebell Community Addiction Team – Addiction Project Workers
Treatment	CC2-14	CCLDTF Ltd - Polydrug and Alcohol Worker/ Project Development Worker/ Harm Reduction Coordinator
Treatment and Family Support	CTF-2	Community Response – Hep C/HIV and Alcohol

<b>DRUGS TASK FORCE: Canal Communities 2016</b>	
<b>Pillar* :</b>	<b>Supply Reduction</b>
<b>Relevant NDS Actions:</b>	2 / 3 / 4
	<ul style="list-style-type: none"> <li>• Develop more collaborative approach to reporting local issues</li> </ul>

<b>DTF Objective:</b>	<p>including drug dealing; drug using and anti-social behaviour</p> <ul style="list-style-type: none"> <li>• To recruit new members to the Local Policing Forum when relevant</li> <li>• To support greater collaboration with the Prison service</li> <li>• To be actively involved in regeneration programmes</li> <li>• Continued participation on Regeneration boards to ensure social regeneration is kept on the agenda</li> </ul>	
<b>Outcomes:</b>	<ul style="list-style-type: none"> <li>• Increased number of Local Policing Forum and community safety meetings leading to greater inroads into local issues</li> <li>• Safety committee and Local Policing Forum recruited new members from the community and HSE leading to better interagency collaboration, understanding and support</li> <li>• Two open public events in relation to community safety where new issues were brought to the attention of the LPF. Issues were responded to over the year. According to local crime reports, crime has decreased. 3 Garda have been placed in the area.</li> <li>• Garda presentation at Task Force meeting on behalf of the Local Policing Forum to ensure understanding of issues in the area giving insight into broader crimes affecting the local community</li> <li>• Increased involvement of residents in local meetings showing the reduction in fear to attend such events</li> <li>• The team of Community Prison Links Workers across all Task Forces workers continue to work in a coordinated way and which has led to increased referrals from one area to another. Community Prison Links workers continue to develop the integrated case management in relation to sentencing on behalf of the clients.</li> <li>• Increased public role for community policing which has led to increased confidence in reporting to the Garda</li> <li>• Referral by Probation Service to local educational and health programmes which has further supported the clients' re-integration into the community.</li> <li>• Regeneration of one housing complex – Dolphin House – has commenced and resident participation has supported the Local Policing Forum and</li> </ul>	
<b>Category**:</b>	<b>Project Code</b>	<b>Project Name</b>

Supply Control	CC2-29	Canal Communities LDTF – Administration & Project Development Worker
Supply Control	CC-15	Community Rep Support Worker
Supply Control	CC2-5	Community Drug Team – Prison Outreach Worker
Supply Control & Rehabilitation	CC2-9	Inchicore Community Drug Team – Prison Outreach Worker

<b>DRUGS TASK FORCE:</b>	<b>Canal Communities 2016</b>
<b>Pillar* :</b>	<b>Prevention</b>
<b>Relevant NDS Actions</b>	19 ; 22; 29; 30
<b>DTF Objective:</b>	<ul style="list-style-type: none"> <li>• To continue to raise the issue of alcohol misuse as a priority within the TF area</li> <li>• To organise workshop and where possible, training, for projects and the community on a range of issues</li> <li>• To support projects to provide up to date and relevant information and training</li> <li>• Further develop outreach programmes for drug using and at risk youth not presenting to the services</li> <li>• To continue to support the two early learning initiatives in the area and to further develop the cross collaboration which this has brought about</li> <li>• To further target early school leavers to return to academic system</li> <li>• To work to promote the services offered by organisation in the area</li> </ul>
<b>Outcomes:</b>	<ul style="list-style-type: none"> <li>• A series of workshops for CE scheme participants in relation to alcohol were organised with good attendance and satisfaction at the understanding of both immediate and long term issues in relation to alcohol</li> <li>• Alcohol programme for those on parole referred by Probation and Welfare</li> <li>• Alcohol programmes for targeted groups run throughout the year</li> <li>• Increased number of targeted early school leavers presenting for subjects in both Junior and Leaving Certificate examinations offering them the skills to continue in education or progress into employment.</li> </ul>

	<ul style="list-style-type: none"> <li>Increased number of children accessing the childcare elements of the projects</li> <li>Active continued involvement by a broad range of statutory and voluntary agencies with Task Force initiatives in early learning programmes</li> <li>Further development of websites by a number of organisations leading to greater access to information for the community</li> </ul>	
<b>Category**:</b>	<b>Project Code</b>	<b>Project Name</b>
Prevention	CTF-2	Community Response - Hepatitis C/HIV Community Health
Prevention	CC-15	Community Representative Support Worker
Prevention	CC2-1	St. Michael's Parish Youth Project – Programme for Young Drug Users
Prevention	CC2-2	Bluebell Youth Project
Prevention & Family Support	CC2-20	St. Michael's Family Resource Centre - Domestic Violence Resource Worker
Prevention	CC2-24	Regeneration Worker to Address Drug Issues
Prevention & Family Support	CC2-26	Fatima Groups United – Assistant Childcare Worker (Fatima Crèche )
Prevention	CC2B-6	Bluebell Youth Project – YEAH Project
<b>Project changes/ terminations in 2016</b>		
<b>Category **</b>	<b>Project Code</b>	<b>Project Name &amp; Reason</b>
Prevention & Family Support	CC2-28	<p>Drug Use Among Ethnic Minorities &amp; Foreign Nationals (Development Worker)</p> <p>The findings from research conducted by Archways (2016) <i>The use of drugs and alcohol services by new communities in the Canal Communities Local Drug and Alcohol Task Force Area</i> final recommendation was that a culturally specific worker to address drug and alcohol needs within the Task Force area cannot be substantiated at this present time.</p> <p>As the research highlighted there was not a need for services in the Community Canal Area for ethnic minorities the decision was</p>

		taken to close down the service.
<i>* A separate form should be completed for each Pillar</i> <i>** Category should be as per Section 7 of the L/RDTF 1 form</i>		

DRUGS TASK FORCE: Canal Communities 2016	
Pillar* :	Research
Relevant NDS Actions:	98 – Research
DTF Objective:	Continuing supporting national/local evidence of drug and alcohol issues.
Outcomes:	<p><b>Analysis of Competence &amp; Knowledge of Community Workers in Alcohol Arena</b></p> <p>After the successful launch of the '<i>Alcohol Survey - A study of pattern and trend of alcohol use within Canal Communities Drug &amp; Alcohol Task Force areas</i>' (Bluebell, Inchicore and Rialto), further research was needed to ascertain the knowledge, attitudes, skills and competence of community workers who are dealing with alcohol related issues with various community sectors across the Four Tier Model for the Provision of Treatment and Interventions.</p> <p>The findings of the research indicated that community workers (n:70) highlighted that staff dealing with alcohol issues as part of their overall interventions with community members needed further training, knowledge and skills to support their work.</p> <p>To meet these needs a professional seminar on alcohol was hosted for community workers in October 2016.</p> <p><b><i>Living with Hepatitis C - Exploring the journey from diagnosis to treatment and beyond</i></b></p> <p>Developed by Archways and the Hepatitis C Partnership, the reports highlighted the experiences individuals have of living with Hepatitis C. The experiences shared by clients in this report emphasise the urgent need to raise awareness of the virus particularly amongst service providers, increase the numbers of people being tested and, ultimately, treat more people in order to eliminate Hepatitis C as a public health concern in Ireland.</p> <p>Through qualitative analysis (n:25) people who were either going through treatment or had just completed their treatment participated in focus groups and one-to-one interviews.</p>

<b>Category:</b>	<b>Project Code</b>	<b>Project Name</b>
Research	CTF-2	Community Response

## Funders

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- City of Dublin Youth Service Board (CDYSB)
- Department of Justice (DOJ)
- Dublin City Council (DCC)
- Health Service Executive (HSE)

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- Health Research Board (HRB)
- Health Service Executive (HSE) /Dublin Mid Leinster (DML)
- Local Area Partnership
- Local Employment Service (LES)





c/o Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10

