



# ANNUAL REPORT

# 2015

c/o Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10  
tel:016206455/620641





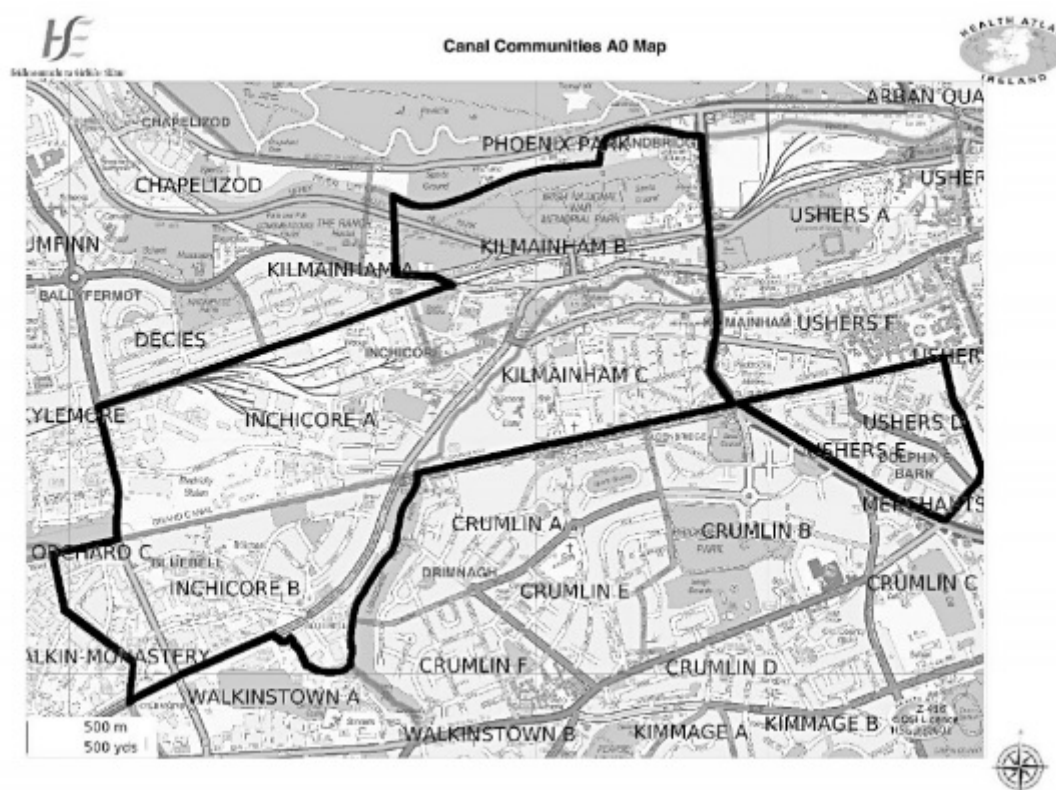
## Table of Contents

Introduction and context.....	4
Organisational Structures.....	5
Projects.....	7
Activities.....	8
CAN 2.....	8
Public Meetings.....	8
Policy Meetings.....	8
Commissioned Research.....	9
Family Support Respite Grant Scheme.....	9
Taskforces Seminar.....	9
Probation Service.....	9
Training.....	11
STORM Skills Training (Suicide Prevention).....	11
SMART training.....	11
Logic Model Training.....	11
Naloxone Training.....	11
Training was run by the HSE in relation to Naloxone for service users. Community Canal Area Profile.....	11
Community Canal Area Profile.....	12
Unemployment.....	13
Census Figures.....	14
Profile of Drug Use.....	16
Treatment Statistics.....	18
National Drug Treatment Reporting System (NDTRS) Statistics.....	23
Progress of Local Drug Strategy.....	26
Funders.....	34
Acknowledgements.....	34

## 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 Taskforce 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 Taskforce 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 Taskforce comprises of representatives from organisations who are funded directly from the Taskforce and from organisations representing Education, Dublin City Council (DCC), An Garda Síochána and the Health Service Executive (HSE)

This year the membership has undergone several changes to its membership. A new representative from Dublin City Council (DCC), Mr. Gareth Rowan, came on board in July 2015, but due to a new appointment within Dublin City Council (DCC) Mr. Rowan resigned in November 2015.

In the City of Dublin Education & Training Board, Mr. Michael Challoner retired & Mr. Donnchadh Clancy was appointed. Alan Cleere, a new voluntary rep from Rialto Community Drug Team (RCDT) joined.

TDs Eric Byrne (Labour) and Joan Collins (People Before Profit) became Task Force representatives in 2015.

Finally, two Community Representatives, Debbie Lynch and Liz Fagan joined our taskforce.

The taskforce would like to thank all members past and present who willingly contribute their time and expertise.

## Members of the Task Force in 2015

Name	Agency
Fiona Coyle	Independent Chair Person
Alan Cleere	Rialto Community Drug Team
Bronagh O'Neill	Regional Youth Services/Bluebell Youth Project
Donnchadh Clancy	City of Dublin Education & Training Board
Eilish Comerford	St.Michael's Family Resource Centre
Eric Byrne	TD - Labour (Political Rep)
Freado Hudson	Service User Rep
Gareth Rowan	Dublin City Council
Greg Kelly	Councillor (Political Rep) Sinn Finn
Jim Monaghan	Dolphin House (Community Rep)
Joan Collins	TD - People Before Profit (Political Rep)
John Burns	Canal Communities Partnership
Keri Goodlife	Health Service Executive (HSE)
Liz Fagan	Bernard Curtis House (Community Rep)
Margaret Lamrami	Community Lynxs Project
Niall O'Connell	Service User Rep
Nicola Perry	Community Response
Paul Cleary (Inspector)	An Garda Síochána
Paul Hand	Councillor (Political Rep)
Roisin Ryder	Fatima United Group
Stuart Fraser	Inchicore Bluebell Community Addiction Team
Tommy Coombes	Bluebell Community Development Project
Trevor Keogh	TURAS

While the Taskforce board is strong, there are gaps evident. Having active representation from the Department of Social Protection, Education and from the Department of 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 Taskforce currently fund 15 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*
- *Canal Communities Training Programme - TURAS*
- *Community Lynks Project*
- *Community Response*
- *Dolphin House Community Development Association*
- *Fatima Groups United*
- *Fatima Day Care*
- *Hesed House Family Therapy and Counselling Centre*
- *Inchicore Bluebell Community Addiction Team*
- *Rialto Community Drug Team*
- *Rialto Youth Project*
- *St. Michael's Family Resource Centre*
- *St. Michael's Parish Youth Project*

The taskforce 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 Community Canals area.

## **Activities**

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

## **CAN 2**

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

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

In May 2015 - **Post Traumatic Stress Disorder & Substance Misuse**, by Prof. Jim Lucey, Medical Director St Patrick's University Hospital, and Marion Rackard, Project Manager, Substance Misuse Strategy.

November 2015 - **Alcohol Related Brain Injury** by Dr Claire McMoreland, Clinical Psychologist, Headway, and **How Alcohol Reacts with Other Drugs** by Denis O'Driscoll, Head Pharmacist, HSE Addiction Services.

## ***Public Meetings***

Two local public meetings were held to allow local residents voice their opinions to the service providers in relation to local issues including anti-social behaviour arising from drug misuse. There was an average attendance of 40 at each meeting. The public profile of this group has been a very positive step.

## ***Policy Meetings***

The Taskforce met with Aodhán O'Ríordáin TD, Minister for State with Responsibility for the National Drugs Strategy, in July to submit issues that the Taskforce wished to see included in the National Substance Misuse Strategy. (appendix:1)



## ***Commissioned Research***

In February 2015, the Canal Communities Local Drug & Alcohol Task Force officially adopted alcohol into its remit. To ascertain the patterns and behaviours of alcohol consumption across the Canal Communities and understand the extent of harm that was being caused by alcohol misuse a piece of research was commissioned. (*Appendix: 2 Alcohol Survey - A study of pattern and trend of alcohol use within Canal Communities Drug & Alcohol Task Force areas (Bluebell, Inchicore and Rialto)*)

While much of the findings reinforces the information gathered in national studies, this research gives specific insights into the alcohol consumption patterns in the Canal Communities area. Through quantitative analysis, targeting the areas of highest need within the Community Canals area, the findings of the research found that of those surveyed (n=250) 87% classified as harmful drinkers which highlights the continuous need for services and supports.

## ***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, 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.

This year, the Taskforce received 18 applications with over 100 individuals benefitting from the scheme.

## ***Taskforces Seminar***

A seminar was held, where 90 people in attendance from across all the Local Drug and Alcohol Task Forces met to ascertain how collectively the taskforces could support the Public Health Alcohol Bill and what might be needed in a local context for its implementation. It was also the first step in looking at how best Task Forces can contribute to the development and roll out of the new National Substance Misuse Strategy.

## ***Probation Service***

The Probation Services fund the two Prison Links Workers in this area. The remit of the service is to carry out 'an examination of the governance of funding and management of work of Prison Links Workers'. This is part of a broader review of the 'pathway for the improved alcohol and addiction services for offenders'.

## **Hepatitis C Partnership**

It has been recognised that Hepatitis C is a major cause of chronic liver disease and death throughout the world. The issue of Hep C among those on treatment programmes is being addressed as they are in the 'high risk' category. Hepatitis C infection is caused by a virus that was first identified in 1989. The group that has the highest prevalence rate in Ireland is former and current individuals who inject drugs. As a result of this, the initiative (CTF-2) has held a series of Dublin wide events for World Hepatitis C day. One of our managers from Community Response and other key stakeholders set up a partnership, with the terms of reference to promote a public health agenda around Hepatitis C, and to highlight responsibilities for the service user and offer advice and treatment options. The partnership was launched on World Hepatitis Day 2015. For more information, please see their website at [www.hepinfo.ie](http://www.hepinfo.ie)

## **Action on Alcohol Week – 20<sup>th</sup> to 24<sup>th</sup> of April 2015**

A number of our projects held events to raise alcohol awareness during *Action on Alcohol Week* in April. Dolphin House Community Development Association held a seminar on Parental Information On Teenage Drinking and Raising Awareness Of Foetal Alcohol Syndrome.

Community Response distributed information and advice on alcohol and the local services that are available in the local community projects in local shopping centres and on streets in the Dublin 8 area.

Inchicore Bluebell Community Addiction Team & Canal Communities Regional Addiction Service held an Alcohol Awareness Day.

Canal Communities Regional Addiction Team & Rialto Community Drug Team held a Community Alcohol Awareness Event - Reducing the Harm of Alcohol & Understanding Alcohol Foetal Syndrome'

## **ABC Community Centre**

The Task Force continue to support the retention of the old ABC community centre for community use. This has been an ongoing discussion with Dublin City Council (DCC) for over three years. It is hoped that 2015 will see the centre re-open and local groups and organisations will be able to use it to its full capacity alongside the development of allotments.

## **Service Users Newsletter**

The popular magazine *Vocaleyze* continues to be published. Articles and information for the magazine are solicited

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

## ***Training***

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

The training for trainers has now been completed. The trainers are meeting shortly with the supervisors and Taskforce coordinators to plan the roll out dates for the coming year. It is expected that six groups will be trained during the current 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 this year. All managers in projects funded by the Taskforce attended training run by the Wheel in order to be able to complete their duties for outcomes and outputs. The next phase of training will be held next year and will be extended for project workers.

### ***Naloxone Training***

Training was run by the HSE in relation to Naloxone for service users.

## Community Canal Area Profile

### 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.

<b>Thomas Street / Cork Street</b>	<b>April 2012</b>	<b>April 2013</b>	<b>April 2014</b>	<b>January 2015</b>	<b>December 2015</b>
<b>Both sexes</b>					
Under 25 years	738	686	556	460	611
25 years and over	3,792	3,856	3749	3538	5,178
All ages	4,530	4,542	4305	3998	5,789
<b>Male</b>					
Under 25 years	456	411	332	287	376
25 years and over	2,685	2,727	2637	2412	3,367
All ages	3,141	3,138	2969	2699	3,743
<b>Female</b>					
Under 25 years	282	275	224	173	235
25 years and over	1,107	1,129	1112	1126	1,811
All ages	1,389	1,404	1336	1299	2,046

The Local Employment Service (LES) in Community Canals provide the statistics below:

	2015
Numbers Presenting in LES (Canals Area)	1051

## 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)

	2006	2011	% Change
<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 2015 for Kevin Street/Kilmainham District are presented below.

2015 Drug Related Offences: Kevin Street/Kilmainham District	
PULSE Incident Type	Number
Cultivate or Manufacture of Drugs	4
Intoxicated Driving a Vehicle	73
Possession of Drugs for Sale or supply	175
Simple Possession	205
Search under Drugs Acts 1977/1984	1473

2015 Drug Seizures: Kevin Street/Kilmainham District	
Category	Number
Benzodiazepines	8
Cannabis Herb	55
Cannabis Plants	6
Cannabis Resin	10
Cathinones	4
Cocaine	40
Diamorphine	69
Hallucinogens	4
Mixing agents	2
Phenethylamines	23
Piperazine	2
Sleeping Tablet	5
<b>TOTAL</b>	<b>228</b>

• **GARDA ONLY** seizures

\*\*Phenethylamines include ecstasy (MDMA) and other similar related drugs

All figures are provisional, operational and subject to change as of 14/04/2016.





## 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 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
2013	Canal Communities	Jan. to Dec. 13 (During Period)			Dec. 13 (At end of Period)		
		258	4.9	2.4	232	4.9	2.4

	LDTF						
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. Conversely, the numbers of seizures of Diamorphine by the Gardai during 2014 increased from 32 seizures to 52 seizures.

As mentioned in last year's 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 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 '15)						Gender & Treatment Location (as of 31 <sup>st</sup> December '15)					
		Gender	Clinic	Trinity	GP	Prison	TOTAL	Gender	Clinic	Trinity	GP	Prison	TOTAL
	Canal Communities LDTAF 2015	Male	69	<10	78	19	169	Male	63	<10	72	15	153
		Female	35	<10	33	0	69	Female	29	<10	32	0	62

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
	Canal Communities LDTF 2014	Male	76	<10	71	17	169	Male	69	<10	71	11	154
		Female	40	<10	35	0	76	Female	30	<10	34	0	65

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
		Male	77	<10	80	18	<b>181</b>	Male	67	<10	77	12	<b>162</b>
	Canal Communities LDTF 2013	Female	38	<10	36	<10	<b>77</b>	Female	33	<10	35	<10	<b>70</b>

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
		Male	81	<10	71	25	<b>185</b>	Male	75	<10	69	18	<b>168</b>
	Canal Communities LDTF 2012	Female	49	<10	32	<10	<b>85</b>	Female	44	<10	32	<10	<b>79</b>
		<b>Gender</b>	<b>Clinic</b>	<b>Trinity</b>	<b>GP</b>	<b>Prison</b>	<b>Total</b>	<b>Gender</b>	<b>Clinic</b>	<b>Trinity</b>	<b>GP</b>	<b>Prison</b>	<b>Total</b>
HSE Dublin Mid Leinster	Canal Communities LDTF 2011	Male	88	<10	69	22	<b>186</b>	Male	83	<10	63	16	<b>169</b>
		Female	50	<10	38	<10	<b>90</b>	Female	44	<10	33	<10	<b>79</b>

## 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>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 for Community Canals which relate to those who presented for treatment in 2014.

### 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 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

Uses more than one drug	2009	2010	2011	2012	2013	2014
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 for supplying these NDTRS statistics below in relation to the LDTF (L5) of the Canal Communities LDTF.

## Progress of Local Drug Strategy

Community Canals Local Drug and Alcohol Taskforce progress in implementing the local drugs strategy under each of the five pillars of the National Drugs Strategy:

- Supply Reduction
- Prevention
- Treatment
- Rehabilitation
- Research

<b>Supply</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	Two public meetings held in 2015 Along with meetings with local TDs and Minister for Justice

<b>Reduction</b>	<p>Policing Forum (LPF)</p> <p>To improve membership of safety committee in all areas</p> <p>To continue to develop the collaboration with the Probation and the prison service</p> <p>To be actively involved in regeneration programmes</p>	<p>Greater support and buy in from local community members and good reporting procedures through LPFs and the local Safety Committees</p> <p>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.</p> <p>TF members sitting on regeneration boards ensure the NDS and the LDTF remit is on the agenda. Advocacy for service users within this context is an essential part</p>
<b>Prevention</b>	<p>To continue to raise the issue of alcohol misuse as a priority within the TF area</p> <p>To support projects to provide up to date and relevant information and training</p>	<p>Extension of the number of short programmes running in a number of projects for those wishing to address their alcohol issues</p> <p>Funding accessed to begin small research piece in relation to alcohol for 2015.</p> <p>Dissemination of all training opportunities continues. Lack of funding is still the main issue.</p> <p>Task Force hosting of two seminars under CAN2 initiative. (See section related to activities)</p>

	<p>To support early intervention programmes</p> <p>To continue to support the provision of prevention and outreach programmes for young people</p> <p>Promote interagency responses to the health, housing and employment needs of service users and their families</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.</p> <p>Practical skills based programmes drawing in young people to youth projects</p> <p>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.</p> <p>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 funded initiatives which include advocacy for tenants and service users with statutory agencies leading to fewer evictions and closer collaborative interagency work</p>
<b>Treatment</b>	<p>To continue to operate a broad range of community treatment initiatives and services</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>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>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>To support the Community Employment Schemes to facilitate progression for service users</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 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.</p> <p>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.</p> <p>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</p>

		<p>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>	Alcohol Survey	Commissioned research on alcohol consumption and behaviours in Community Canal areas.

#### 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
<p><b><u>NOTE</u></b></p> <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>				
Position			Funder	
Project Development Worker	To support the projects in -	POINT 2 HSE	HSE	Canal Communities

(Part-time position)	<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; supporting and Service User Forum</li> </ul>	Project Worker Scale		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 2015

		Time period	Key Players
<b>Service Users</b>			
To further support Service Users representatives to fully participate on the Task Force	<p>Identify Methodology to engage service users participation and engagement</p> <p>Task Force to confirm budget and resources available – following service user representatives needs</p> <p>Build on the existing structure to</p>	Ongoing	<p>Service User Representatives on the Task Force</p> <p>Project Development Worker</p> <p>Task Force members</p>

	develop more engagement, support and trust		
<b>Alcohol</b>			
To carry out research on alcohol use in the CCLDATF	Recruit researchers Organise meetings for oversight	First stage: September 2015 Second Stage: 2016	Coordinator Polydrug and Alcohol Worker Relevant TF members
Education and Prevention Understanding Dangerous Drinking	Intervention in schools – particularly transition year and youth projects To include peer education pieces Training of relevant service providers All above to de-normalise role of alcohol and outline the role of the drinks industry and how it functions in youth culture	Ongoing	Voluntary members from youth sectors
Lobbying	Damage Limitation information sessions for adults  Submissions, promotions and using public events to highlight the activities of the drinks industry within the youth and sports sector  Submissions to be made when relevant in relation to tax breaks for sports sponsorship  Supporting AAI	Ongoing      Ongoing	Working Group and relevant project workers  Task Force members and Working Group  Treatment & Rehab Sub Group
Treatment and Detox	Plan for the extension of current alcohol programmes across the Task Force area	Long-term	



	<p>Lobby for provision of Nurse/GP in relation to alcohol</p> <p>Establish community broker network</p>		
<b>Communications</b>			
Develop a communications policy (internal, external, media)	<p>Project promoters come together annual to present update on their work, achievements etc</p> <p>Hold at least one 'creative' awareness event annually</p> <p>Use pre existing events to highlight the work of the Task Force</p> <p>Task Force meetings – regular presentation by local organisations, project promoters etc.</p> <p>Update website – train relevant staff</p> <p>Expand on the Service Users newsletter</p>	Year end	<p>Communications group from Task Force planning day</p> <p>Working Group</p>
<b>Data Collection</b>			
To improve data collection across the projects funded by the LDATF	<p>Review data currently being collected</p> <p>Review mechanisms and systems exist to collect data</p> <p>Identify use of data and how used</p> <p>Identify initiative relevant data collection mechanisms which include outcome identification</p>	September 2015	Data Information group of from Task Force planning day
Logic Model Training	To train all projects in the Logic Model as a collective	By year end	Coordinator with Working Group
<b>Governance</b>			

Governance	Workshops for Boards of Management in relation to changing legislation Workshops for project managers	By Year end	Working Group
------------	--	-------------	---------------

## Funders

The following organisations fund our projects. Community Canals Local Drug and Alcohol Taskforce would like to acknowledge and thank them. It However, that an annual emerging needs funding stream is very much needed to allow the taskforce have the potential to respond effectively to arising issues.

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

## Acknowledgements

Many thanks for all the external organisations who contributed to this report.

- An Garda Síochána
- Central Statistics Office (CSO)
- 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

