



Canal Communities Local Drug and Alcohol Task Force

# **STRATEGIC PLAN**

## **2018-2021**



# Strategic Plan 2018-2021

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## Foreword

The Canal Communities Local Drug and Alcohol Task Force has evolved in the twenty or more years of its existence. One significant change was the welcome recognition of the real harms caused in our communities by alcohol, and the insertion of alcohol into the Task Force's remit. But dealing with alcohol is extremely challenging with little additional funding being made available for initiatives proportionate to the level of alcohol-related harm.

There is much to welcome in the new national strategy—*Reducing Harm, Supporting Recovery*—including the central recognition of community, the language around compassion, respect and inclusion, and the evidence-based acknowledgement that a person's addictive behaviour is primarily a health and social care issue. Welcome too is *Healthy Ireland's* focus on addressing the social determinants of ill-health, given that the Canal Communities area continues to be significantly economically disadvantaged.

I personally welcome the national strategy's commitment under Action 50 to "*strengthen the Drug and Alcohol Task Force model, in consultation with relevant stakeholders and sectors*". The sooner this work begins the better as there has been a breakdown in the coherence of national policy around Task Forces, in terms of leadership and resources.

In terms of leadership, statutory services have been given additional responsibilities in relation to addiction services without any clear framework to clarify the roles and responsibilities of all parties, especially the HSE and Task Forces. National leadership is needed to help rebuilt trust and co-operation at local level where this has broken down, and to ensure all statutory bodies participate fully in the Task Force partnership.

On resources, since the fiscal crisis of 2008, there have been large cuts to the budget available to meet the needs of people suffering from addiction and the harms caused by alcohol and drug misuse. While pay and working conditions have been restored in the public sector, people working in community and voluntary services funded under the national drug and alcohol strategy are still experiencing frozen salaries at a time when the cost of living has risen significantly. This leads to problems retaining workers in existing services and doesn't allow for investment in the development of professional standards (such as DANOS). Rising costs such as rent and insurance are also preventing existing projects from delivering the same level of service, as more resources are being pulled into core overhead costs.

Despite the economic crisis and the growing demand for addiction services, the projects and initiatives in the Canal Communities area have continued to do their utmost to meet the needs of people who are vulnerable and experiencing very challenging health and social care problems. Many people working in addiction services go above and beyond in order to meet the needs of their neighbours and community members who are harmed by drugs and alcohol.

I would like to warmly thank everyone who keeps faith with the effort at local level to work in partnership to reduce and eliminate the many harms associated with drugs and alcohol.

**Nat O'Connor**

Independent Chairperson

## Executive Summary

This report is the result of an extensive consultation with a wide range of stakeholders, including service users. It is a road map to guide the work of the Canal Communities Local Drug and Alcohol Task Force from mid-2018 until the end of 2021.

The mission and vision of the Task Force have been updated while still retaining the same underlying ethos of community, collaboration and leadership that has characterised its work since it was first established.

A total of 36 strategic actions have been identified along with a number of additional items of concern, all of which are grouped under the five goals that the national strategy sets out in *Reducing Harm and Supporting Recovery*. Ten of the actions are national actions that name Task Forces as partners. The strategic plan introduces an additional objective specific to the Canal Communities called 'Collaboration, Partnership and Cross-cutting Issues' to assist with the implementation of the strategy and emphasise the requirement for all stakeholders to work together in a meaningful way.

The report also outlines the role and membership of the Task Force, its geographical boundaries and socioeconomic context. The continuum of care model which underpins the national and local strategy in how the different services can be understood in terms of a four-tier rehabilitation model is presented along with some details on the Task Force funding for each of its initiatives.

No one action in the strategy is to be read as more important than any other and they are not presented in the report in a prioritised list. Each one of the strategic actions and items of concern represent an aspect of the work that one or more of the stakeholders recognise as a necessary input in the development of a comprehensive strategic plan.

The actions will be included in annual work plans by developing SMART goals with lead persons and agencies – mindful of resource capacities.

It is only possible to reduce and alleviate the harms associated with substance misuse if all stakeholders, including the State, work in partnership towards a shared vision.

## Canal Communities Local Drug and Alcohol Task Force Vision

A community free of the harms associated with drug and alcohol use, where everyone can access the help they need, when they need it.

## Canal Communities Local Drug and Alcohol Task Force Mission

**To provide leadership** and **to coordinate** community, voluntary and statutory agencies in the implementation of a collective, collaborative integrated drugs and alcohol strategy for the Canal Communities area.

**To work in partnership** in a transparent, accountable and inclusive way, with the full participation of people who use drugs and alcohol, their families and the wider community.

## Strategy Development Process

This strategy is based on extensive discussion and consultation between Task Force members, a range of stakeholders including service users, and the local community via public engagement meetings, the result of which was submitted for input by the Canal Communities into the new national drug and alcohol strategy. In addition to the submission, two half-day workshops were held (June 2017 and March 2018) with the assistance of an independent facilitator to facilitate discussions on the development of the Task Force's own local strategy.

After the launch of the new national drug and alcohol strategy, briefing sessions and public meetings were held (September 2017) to ascertain the responsibilities that came with the new strategy for Task Forces and how the Task Force's own strategy could be aligned in a meaningful way to the national strategy.

Based on all of the above, as well as the experience and knowledge of the Task Force's members from working directly in the area of addiction and substance misuse, the Task Force has identified a range of issues, concerns and actions which have been translated into priority activities for the Canal Communities area, as reflected in this strategy.



## Reducing Harm, Supporting Recovery

The context for the Task Force's local strategy is the holistic, national strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*.

The national strategy has five overarching goals, underneath which are fifty actions. All of these actions—to a greater or lesser extent—are relevant to the work of all the Local and Regional Drug and Alcohol Task Forces. In addition, Task Forces have been named as active partners—alongside the Health Service Executive (HSE), Department of Education and Skills, and others in the delivery of some of the national actions. All fifty national actions are listed in Annex 1.

### National Vision

“A healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life” (DOH, 2017, p8).

*Reducing Harm, Supporting Recovery* (RHSR) also lists six values that guide and underpin the strategy: Compassion; Respect; Equity; Inclusion; Partnership; and Evidence-informed (DOH, 2017, p16).

## Task Force Membership

The Task Force currently has 25 members (see Annex 2). Membership includes an Independent Chairperson, one Service User Representative, one Partnership Representative, six Community Representatives, five Statutory representatives, seven Voluntary representatives and four Elected Representatives. The Task Force’s Coordinator/Administrative Manager, Administrator and Community Representative Support Worker from the Canal Communities Regional Addiction Service (C.C.R.A.S) are also in attendance at meetings actively supporting the work of the Task Force.

### The Role of Task Forces

The national strategy clearly identifies the central role of Task Forces and it emphasises that partnership is essential for the delivery of the strategy’s goals.

“**Partnership** between the statutory, community and voluntary sectors was a major factor in the success of previous strategies, and will continue to be the cornerstone of the new strategy. **Drug and Alcohol Task Forces (DATFs) will play a key role in coordinating interagency action at local level and supporting evidence-based approaches to problem substance use**, including alcohol and illegal drugs” (DOH, 2017, p7).

Task Forces “have been **key to the development of practical services** such as treatment and rehabilitation facilities through supporting and funding local initiatives. Task Forces have also played a **key role in harnessing the efforts of community groups, families and local**

**residents** and have built partnerships with statutory services and local representatives” (DOH, 2017, p63).

“The **Task Forces are the key bodies to provide needs assessment, local coordination and implementation** and the performance measurement framework will provide Task Forces with the information required to more effectively fulfil these functions. The Minister for Health Promotion and the National Drugs Strategy will convene meetings with the DATFs as required” (DOH, 2017, p80).



## Canal Communities Area

The main urban areas in the Canal Communities Area are Bluebell, Inchicore, Kilmainham, Rialto and part of Dolphin's Barn. The population of the Canal Communities area is approximately 14,000 people in 6,000 households. (Saris, O'Reilly, 2010) However, services in the area are not restricted to serving and supporting residents of these areas, people from further afield can and do make use of services in the canal communities area.

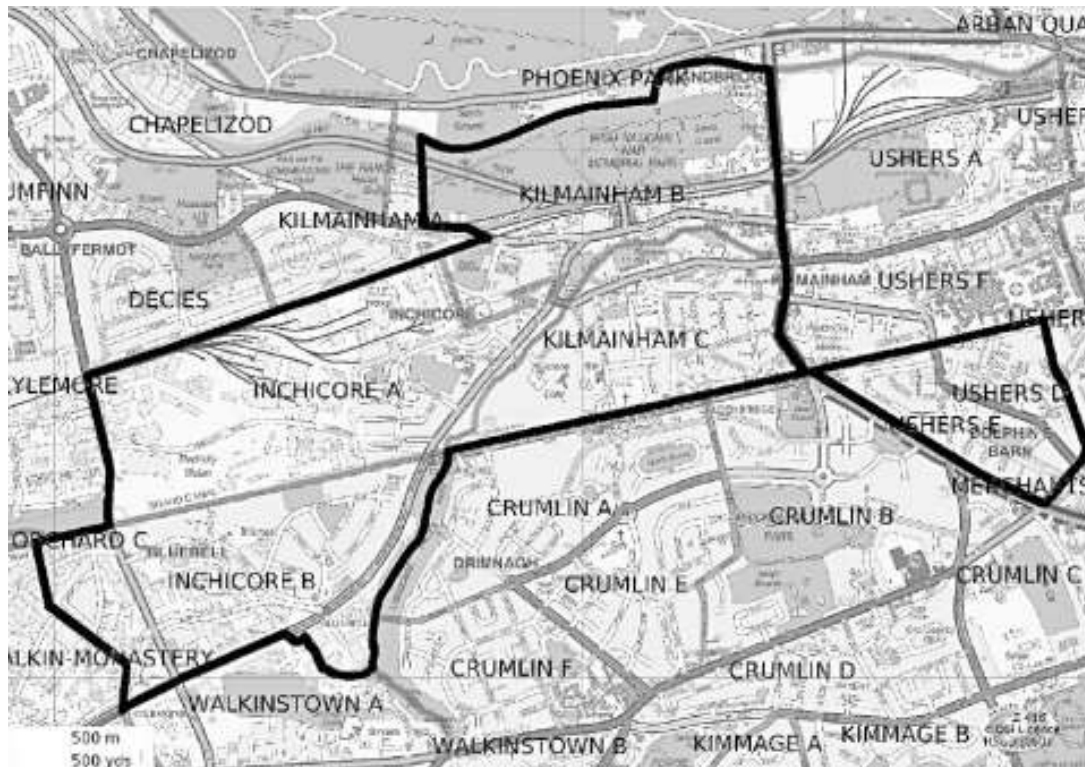


Figure 1. The Canal Communities LDATF Area

The area includes the large local authority flat complexes and housing estates in Bluebell, Dolphin's Barn and Inchicore. According to the Pobal HP Deprivation Index,<sup>1</sup> (which primarily focused on three specific dimensions of affluence/disadvantage, identified as **demographic profile, social class composition and labour market situation**) highlighted that these areas remain among the most deprived areas in Dublin.

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<sup>1</sup> <https://maps.pobal.ie/WebApps/DeprivationIndices/index.html>

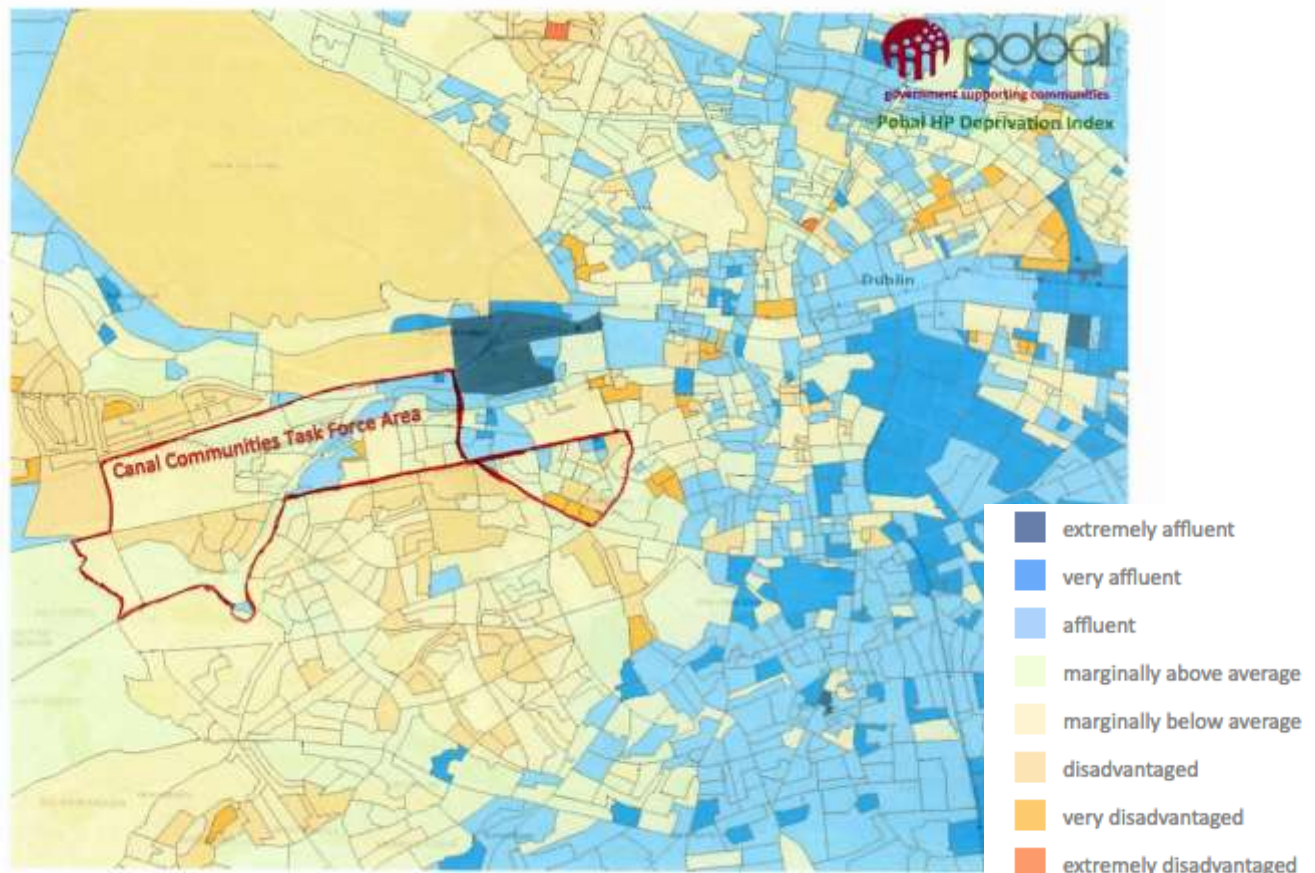


Figure 2. The Pobal HP Deprivation Index (2016 small area data)

*Reducing Harm, Supporting Recovery* is part of Ireland’s national health and wellbeing framework, *Healthy Ireland*, which “aims to support people and communities in making more positive changes, **to address the social determinants of health and thereby reduce health inequalities**, and to influence the wider environment to enable healthier choices by everyone. This strategy aims to protect the public from threats to health and wellbeing related to substance misuse by preventing early use of alcohol and other drugs among young people, influencing behaviour and challenging social norms and attitudes and providing targeted interventions aimed at minimising harm for those who have already started to use substances” (DOH, 2017,p17). How to take meaningful action in response to the wider socio-economic context is therefore an important strategic consideration for our Task Force.

## Strategic Goals

Canal Communities Local Drug and Alcohol Task Force actions are organised under the same **five goals** of *Reducing Harm, Supporting Recovery*. Mindful of the mission of the Task Force, further actions are presented under an **overall objective** to ensure the Task Force is functioning effectively, and promoting collaboration and partnership while also addressing cross-cutting issues that affect the achievement of two or more of those goals.



In full, the Canal Communities Local Drug and Alcohol Task Force's overall objective and five goals are as follows:

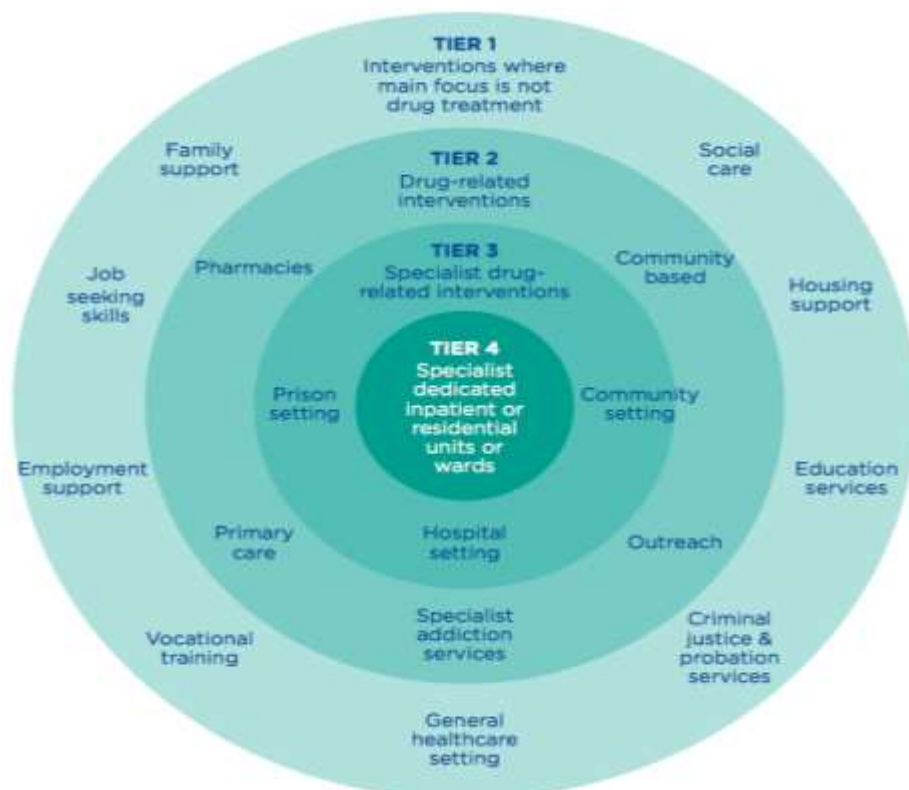
- Objective** Promote **collaboration** and **partnership**, and address **cross-cutting issues**
- Goal 1** Promote and protect **health and wellbeing**
- Goal 2** **Minimise the harms** caused by the use and misuse of substances and promote rehabilitation and recovery
- Goal 3** Address the harms of **drug markets** and reduce access to drugs for harmful use
- Goal 4** **Support participation** of individuals, families and communities
- Goal 5** Develop sound and comprehensive **evidence-informed policies and actions**

## Continuum of Care Model

The national strategy includes “a 4-tier person-centred model of rehabilitation based on the principle of a ‘continuum of care’ that allows the individual to access the range of supports they need to achieve their personal recovery goals in line with their needs and aspirations.

This model of care is designed to enable people to receive the support they need as close to home as possible, and at the level of complexity that best corresponds to their needs and specific circumstances” (DOH, 2017 p33).

The continuum of care model shows the importance of community, social housing, educational, vocational and other supports as part of a holistic response to people’s needs. It also highlights that mainstream and specialist health and social care services need to work collaboratively, in an integrated and coherent way. It is critically important to recognise that the Canal Communities Local Drug and Alcohol Task Force has a range of services, which operate to deliver many aspects of the 4-tier rehabilitation model. Beyond services funded directly by the Task Force, other community and voluntary organisations also collaborate as



part of the local response to drugs and alcohol.

**Tier 1** includes information, advice and referral; social reintegration and rehabilitation support

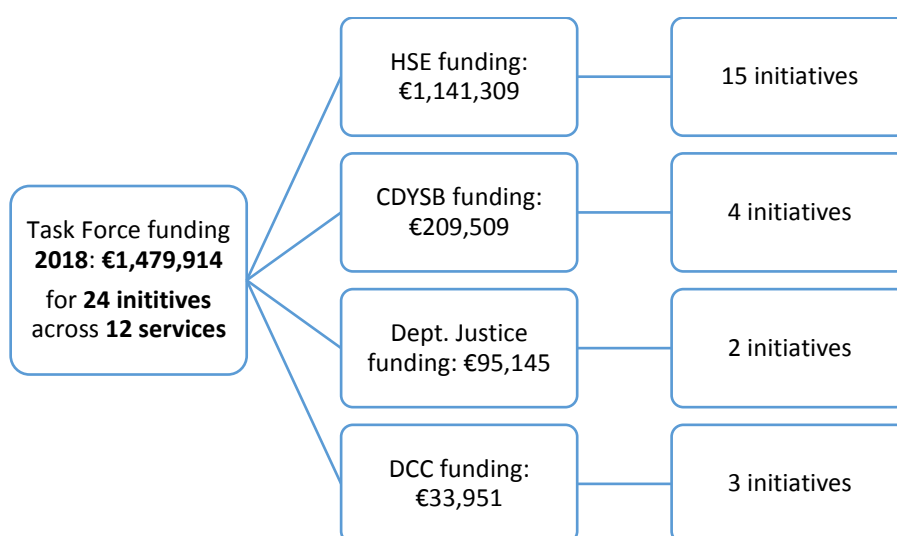
**Tier 2** is harm reduction support, often based on a low threshold approach

**Tier 3** includes specialist treatment and rehabilitation services in dedicated settings

**Tier 4** are specialised and dedicated inpatient or residential units or wards

## Task Force Resources

The Task Force makes recommendations on allocations of funding which come from the Health Service Executive (HSE), City of Dublin Youth Services Board (CDYSB), Department of Justice and Equality and Dublin City Council (DCC). These resources (€1,479,914 in 2018) are allocated to the funded initiatives described below. The funding allocation was severely reduced post-2008, with pay cuts and pay freezes that still remain in place today. Most services report increasing pressure on their resources—such as rent increases and insurance costs. A strategic challenge for the Task Force is how to maintain and sustain the work of existing initiatives, as a priority, alongside continuing to effectively respond to emerging needs with limited resources. Resources are needed for new initiatives to urgently address the ever-changing world of drugs and alcohol.



## Task Force Funded Initiatives

Project Promoter	Initiative
Barnardos Rialto Family Centre	○ Child & Family Worker & Programme Development
Bluebell Youth Project / Canal Communities Regional Youth Service	○ Community Youth Worker ○ Education and Family Worker
Canal Communities Regional Addiction Service	○ Community Representative Support Worker ○ Treatment Projects ( <i>consists of Drug Free Worker, Polydrug &amp; Alcohol Project Worker, CC/D12 Harm Reduction / Health Promotion Coordinator, CCLDATF Family Support Respite Grant</i> ) ○ Administrator & Project Development Worker ( <i>Also includes CCLDATF Development Budget</i> )
Community Response	○ Hep C/HIV



<b>Core Youth Service</b>	<ul style="list-style-type: none"> <li>○ Skills Based Coordinator</li> </ul>
<b>Dolphin House Community Development Association</b>	<ul style="list-style-type: none"> <li>○ Community Development Worker</li> </ul>
<b>Fatima Groups United</b>	<ul style="list-style-type: none"> <li>○ Fatima Children’s Day Care Worker</li> <li>○ Community Development Worker</li> </ul>
<b>Hesed House Psychotherapy and Family Therapy Centre</b>	<ul style="list-style-type: none"> <li>○ Family Therapy and Teen Counsellor, Hesed House</li> <li>○ Counsellor for Young People at Risk</li> <li>○ Team Leader part-time</li> </ul>
<b>Inchicore Bluebell Community Addiction Team</b>	<ul style="list-style-type: none"> <li>○ Treatment Projects (<i>consists of Project Worker, Child Development Workers, Men’s Group</i>)</li> <li>○ Administrator part-time</li> <li>○ Development Worker Bluebell, Bluebell Drugs Worker</li> <li>○ Connect Programme &amp; Rehab Support Worker</li> <li>○ Community Prison Links Worker</li> </ul>
<b>Rialto Community Drug Team</b>	<ul style="list-style-type: none"> <li>○ Treatment Projects (<i>consists of Drop In Worker, Child Development Worker, Men’s Health Group, Health Promotion/Harm Reduction Programme</i>)</li> <li>○ Prison Outreach Worker</li> </ul>
<b>St. Michael’s Family Resource Centre</b>	<ul style="list-style-type: none"> <li>○ Regeneration Worker</li> <li>○ Community Development Post</li> <li>○ Domestic Violence Support Worker</li> </ul>

It is important to note that many of the above organisations provide additional programmes and services beyond what is directly funded by the Task Force, including other public funding directed towards addiction (such as HSE Section 39 Mainstream Funding). Other services and initiatives also play a vital role in the Continuum of Care within the Canal Communities area, such as Drug Rehabilitation Projects, Youth Services, Children’s Projects and Schools who play a role through nominating Task Force members, sitting on sub groups or contributing to programmes of work.

## Overall Objective: Collaboration, Partnership and Cross-Cutting Issues

### Issues of Concern Identified by the Task Force

In its submission to the consultation that preceded the new national strategy, the Canal Communities Local Drug & Alcohol Task Force submitted a wide range of concerns, which remain salient. During the consultation processes and discussions leading up to this stage, the Task Force, other stakeholders and members of the public identified the following issues as current pressing concerns:

- A. The relatively new remit of Task Forces to address alcohol and the inclusion of alcohol in the national strategy for the first time. Resources are required to deliver an appropriate and effective alcohol strategy in the Canal Communities area.
- B. Housing needs to be taken into account as a major factor that impinges upon addiction in many different ways.
- C. There needs to be an adequate response to socio-economic inequalities that are negatively impacting the local community (including poverty, multigenerational poverty, trauma, inadequate social housing, limited employment opportunities for at-risk groups and inadequate income supports).
- D. CE (Community Employment) schemes need to be repurposed to allow a focus on providing for meaningful personal and community development and progression.

## Task Force Actions

#	Action
1	<b>Identify the gaps in existing services and emerging needs of people</b> in the Canal Communities area, with respect to drugs and alcohol, and respond to these needs and gaps collectively and collaboratively.
2	<b>Promote best practice to achieve best outcomes</b> across the continuum of services in the Canal Communities area. Continue to support and monitor (through logic models, reports, DATF1 Forms and site visits, etc.) the activities of existing initiatives in the Task Force area, as part of coordinating available resources.
3	<b>Review the sustainability of all initiatives and projects</b> involved in delivering the Task Force's strategy.

- 4 Strengthen Task Force **mechanisms for making funding recommendations**.
- 5 Advocate strongly for **restoration of funding and further increases in resources**, which are necessary to maintain existing services and to expand the capacity of the Task Force to support new initiatives (not least activities linked to alcohol). There is likewise a need to improve terms and conditions for staff within initiatives and services, where these have worsened in recent years.
- 6 **Actively engage with local and national networks and forums**, including the networks of Task Force Chairs and Coordinators, Citywide, FIT (Framework Implementation Team) and DEWF (Drug and Education Workers Forum) and national committees have been established under *Reducing Harm, Supporting Recovery*.
- 7 Ensure **a regular information flow to the Task Force** from national structures and agencies about the processes put in place to advance all 50 national actions in *Reducing Harm, Supporting Recovery*, and progress on those actions.
- 8 **Strengthen the Task Force's capacity to advocate** on the full range of local concerns with public authorities, political leaders and the national structures established under *Reducing Harm, Supporting Recovery*. Be responsive, as appropriate, to calls from Task Force members, service users and communities for advocacy by the Task Force.
- 9 Ensure that the Task Force retains **sufficient participation and buy-in from all key stakeholders** (e.g. service users, statutory agencies, voluntary groups, community representatives and politicians) in all its processes. Actively promote cooperation and partnership between all stakeholders involved in the Task Force and prevent/manage any conflicts that may arise.
- 10 Seek **clarity at national level about the role and authority of the HSE** with respect to Task Forces. For example, clarity about its relationship with services in relation to funding, governance, recruitment processes, decision making, reporting and monitoring.



- 11**     **Strengthen the Task Force’s governance** and ability to implement its strategy and work plans, including through written policies and procedures as well as terms of reference and reporting requirements for its subgroups and memoranda of understanding with relevant organisations. Ensure strong, bidirectional information flows between each subgroup and other groups which the Task Force are represented on (for example; Alcohol, Treatment and Rehabilitation, Local Policing Forum, Framework Implementation Team etc.)
- 12**     The Chair and Coordinator to **conduct and implement the findings of a review of the structure, role and composition of the Task Force including subgroups/working groups**, in order to build on what is working well and strengthen areas that are underperforming.
- 13**     Advocate for a reduction or elimination of unnecessary or excessive bureaucracy and where possible **reduce the administrative burden** on projects.
- 14**     Develop and implement a **work plan** in consultation with Task Force members.
- 15**     **Review and revise this strategy** within three months of the publication of a revised national strategy or before the end of 2021, whichever is sooner. The new National Drug and Alcohol Strategy, *Reducing Harm, Supporting Recovery* 2017-25 is to be reviewed at national level every three or four years.

## Goal 1: Promote and Protect Health and Wellbeing

### Issues of Concern Identified by the Task Force

In the consultation processes and discussions leading up to this stage, the Task Force, other stakeholders and members of the public identified the following issues as concerns:

- A. Ensure schools information includes primary schools (e.g. sixth class).
- B. Ensure there is a joined up approach by schools, HSE and Local Drug & Alcohol Task Force to create an integrated “wrap around” approach to schools, community and youth services; i.e. a coherent integrated approach to child and young people’s services.
- C. Ensure there is engagement with school leaders and school influencers.
- D. Get more information to families to help them identify issues of addiction and respond at an early stage to issues arising in the family.
- E. Ensure a more strategic and joined up thinking and approach by the Task Force; e.g. link in childcare, youth work, counselling and family support.
- F. Divert young people away from drug and alcohol misuse.

### Task Force Actions

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| 16 | Identify the Task Force's role and contribute to national Action 1: Ensure that the commitment to an <b>integrated public health approach</b> to drugs and alcohol is delivered as a key priority.   |
| 17 | Identify the Task Force's role and contribute to national Action 3, part (a): <b>Support the SPHE (Social, Personal and Health Education) Programme</b> . This should include setting up a working group specifically for all partners on SPHE Action, to include Drug Education Workers. The outcomes should be that young people’s understanding of alcohol and drug related harms is improved, and their attitudes changed. |
| 18 | Identify the Task Force's role and contribute to national Action 8: Improve <b>services for young people at risk</b> of substance misuse in socially and economically disadvantaged communities. This should ensure a tailored approach is taken to meet the needs of young people at risk.  |
| 19 | Develop initiatives to <b>raise public awareness</b> of the scale and changing challenges  |

relating to abuse of drugs and alcohol and the negative effects on communities. Also, raise community awareness of available services and supports. Improve the Task Force's communication and awareness raising activity, including designing a new Canal Communities Local Drug & Alcohol Task Force website, and regular use of social media channels (Twitter, Facebook). Host an annual Drug and Alcohol Awareness Week exploring a specific agreed theme.

## Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

### Issues of Concern Identified by the Task Force

In the consultation processes and discussions leading up to this stage, the Task Force, other stakeholders and members of the public identified the following issues as concerns:

- A. Ensure there is an expansion in the scope and nature of treatment services.
- B. Greater treatment options for under-18s is an urgent priority.
- C. Address the need for dual diagnosis services for under-18s.
- D. Develop new strategies to reach those not engaging in physical services.
- E. Respond to the hidden harm to children and families.
- F. There is a need to improve the capacity of services to respond to polydrug use.
- G. More supports are needed for individuals engaged in the probation and prison services.
- H. Provide greater supports to especially vulnerable and at-risk groups; including individuals with mental health issues, at-risk young men, vulnerable children, individuals involved in sex work or sex for drugs exchanges, individuals with HIV or Hepatitis C, individuals that are homeless or with accommodation issues.
- I. There is a need for training and standards for addiction practitioners.

### Task Force Actions

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| 20 | Identify the Task Force's role and contribute to national Action 13: Expand the <b>availability and geographical spread</b> of relevant quality <b>drug and alcohol services</b> and improve the range of services available, based on identified need. |
| 21 | Identify the Task Force's role and contribute to national Action 21: Respond to <b>the needs of women</b> who are using drugs and/or alcohol in a harmful manner.   |
| 22 | Identify the Task Force's role and contribute to national Action 22: Expand the range, availability and geographical spread of problem drug and alcohol <b>services for those under the age of 18</b> .   |
| 23 | Identify the Task Force's role and contribute to national Action 23: Improve the  |

response to the **needs of older people with long term substance use issues**.

- 24** Identify the Task Force's role and contribute to national Action 30, part (b): Continue to target a **reduction in drug-related deaths and non-fatal overdoses**. This action must ensure that the distribution of relevant information (e.g. Naloxone) is targeted and specific on interventions.
  
- 25** Conduct an analysis to **map all existing services in the Canal Communities area onto the national 4-tier model** based on the principal of continuum of care. This will contribute to a strategy that ensures an effective delivery infrastructure that includes both Task Force funded and non-Task Force funded initiatives.
  
- 26** Collaborate with the local authority and other agencies to ensure there is an adequate response in places across the Canal Communities area to deal with **drug related litter**.
  
- 27** Support and guide the Alcohol Subgroup in resourcing and implementing the Community Action on Alcohol Plan for Canal Communities.

## Goal 3: Address the harms of drug markets and reduce access to drugs for harmful use

### Issues of Concern Identified by the Task Force

In the consultation processes and discussions leading up to this stage, the Task Force, other stakeholders and members of the public identified the following issues as concerns:

- A. A greater presence of Community Gardaí are needed, including a reinstatement of Community Gardaí and Sergeants that have been relocated to different areas in the last few years.
- B. Ensure a greater level of discussion between the Gardaí and the community (e.g. linking in with youth projects and the Task Force).
- C. Encourage that Gardaí during their training are sent into the community to develop their understanding and compassion in a community context.
- D. More support is needed for ex-prisoners and those who are coming out of prison; especially help is needed in those getting housed by local authorities.
- E. There is a need for greater emphasis on restorative practice.

### Task Force Actions

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| 28 | Continue to strengthen <b>the formal link between the Task Force and the Local Policing Forum</b> (LPF), with greater accountability from the Local Policing Forum to the Task Force. |
| 29 | <b>Advocate for a restoration of Community Gardaí</b> to previous levels and actively engage to develop greater community awareness within An Garda Síochána.                         |

## Goal 4: Support participation of individuals, families and communities

### Issues of Concern Identified by the Task Force

In the consultation processes and discussions leading up to this stage, the Task Force, other stakeholders and members of the public identified the following issues as concerns:

- A. More community outreach is needed.
- B. Seek more voluntary input from communities.
- C. Have more emphasis on a client-led process/service provision.

### Task Force Actions

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| 30 | Identify the Task Force's role and contribute to national Action 39: Support and promote <b>community participation</b> in all local, regional and national structures. This should ensure the Task Force maintains a full complement of community, voluntary, statutory representatives and service users on the Task Force. This should also include effective evaluative measures to capture community members' experience to feed into the Task Force. |
| 31 | Identify the Task Force's role and contribute to national Action 44: Promote <b>the participation of service users and their families</b> , including those in recovery, in local, regional and national decision making structures and networks in order to facilitate their involvement in the design, planning and development of services and policies.  |
| 32 | Develop <b>meaningful procedures and protocols for engaging with service users, families and communities</b> .   |

## **Goal 5: Develop sound and comprehensive evidence-informed policies and actions**

### **Issues of Concern Identified by the Task Force**

In the consultation processes and discussions leading up to this stage, the Task Force, other stakeholders and members of the public identified the following issues as concerns:

- A.** The Task Force needs to have better operational information on our area (e.g. the number of people using services, service activities and outputs, outcome data, etc.)
- B.** A greater volume of research needs to be commissioned from universities and other research institutes to fill gaps in knowledge about addiction.
- C.** There is a need for information about changes to the profile of communities in the Canal Communities area (e.g. following regeneration projects).
- D.** There is a need for better data to allow the identification of numbers, patterns, trends, etc.
- E.** There is a need for more analysis to identify the generative causes of addiction and problematic substance use.



## Task Force Actions

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|----|--|
| 33 | Establish a <b>research network</b> , initially at Task Force level but with the potential to expand as a shared resource over a larger area, to develop longer-term research with the aim of understanding the root causes and potential solutions to drug and alcohol harms.   |
| 34 | Develop an initiative to <b>pool resources with other Task Forces and other organisations to commission research</b> (similar to ' <i>A Dizzying Array of Substances - An Ethnographic study of drug use in the Canal Communities Area</i> ').) to address gaps in both national and local Task Force knowledge about addiction and harm caused by alcohol and drug misuse.  |
| 35 | <b>Commission a socio-economic analysis that can be communicated to the wider community</b> to explain the context and conditions (the who / what / where / when / why) and identify the root causes of the drug and alcohol harm and how to address these issues.   |
| 36 | <b>Review, strengthen and enforce reporting mechanisms</b> from all initiatives and services in the area and likewise from working groups of the Task Force. Ensure frequent reports are received by the Task Force. This should include completion of the analysis of data currently collected by services. Also, strengthen the use of eCASS and administrative data in support of this action. Develop the Task Force's processes to ensure the problem areas of drug and alcohol misuse in each community are being continually analysed to identify what is driving people there to drug use and locking them into addiction. |
| 37 | Source and disseminate <b>good practice models and national standards in relation to data collection</b> among all services in the area.   |

## Annual Work Plan

There are 37 Task Force Actions identified in this strategic plan for the Canal Communities Local Drug and Alcohol Task Force, ten of which are contributions to national actions under *Reducing Harm, Supporting Recovery* that specifically name Task Forces as a partner (see Annex for a list of all fifty national actions). All of the Task Force Actions will be included in an annual work plan for the Task Force. In each case, actions underneath the priority activities will aim to be SMART (Specific, Measurable, Achievable, Relevant and Time bound). Each action will identify a lead person or agency, or a lead role for a subgroup of the Task Force. Additional actions taken on by the Task Force over time are to be included in the strategy and work plan alongside other commitments to ensure fair allocation of resources and responsibility across all Task Force activities.

Effective delivery of this strategic plan requires funded initiatives and relevant stakeholders to align their own strategies and annual work plans accordingly.

## Cooperation and Partnership

As identified in the national strategy, it is only possible to reduce and alleviate the many harms associated with drug and alcohol use if all relevant agencies and organisations including the State work in partnership towards this shared vision.

The Task Force's resources, in isolation, are limited (in terms of human resources and finances). The successful implementation of this strategy requires the full engagement of all stakeholders to make it happen. The members of the Canal Communities Local Drug and Alcohol Task Force are very grateful to everyone who gives their time and effort towards the achievement of our vision.

## Ratification

This strategy was officially ratified by Task Force members at the Task Force Meeting, 26th June 2018.

**Proposed:** Trevor Keogh

**Seconded:** Roisin Ryder

## **Annex 1: Actions from Reducing Harm, Supporting Recovery**

### **Goal 1: Promote and Protect Health and Wellbeing**

- 1.** Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority.\*
- 2.** Improve the delivery of substance use education across all sectors, including youth services, services for people using substances and other relevant sectors.
- 3.** Support the SPHE programme.\*
- 4.** Promote a health promotion approach to addressing substance misuse.
- 5.** Improve supports for young people at risk of early substance use.
- 6.** Ensure those who do not seem to thrive in a traditional academic setting complete their education.
- 7.** Facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities.
- 8.** Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities.\*
- 9.** Mitigate the risk and reduce the impact of parental substance misuse on babies and young children.
- 10.** Strengthen the life-skills of young people leaving care in order to reduce their risk of developing substance use problems.
- 11.** Strengthen early harm reduction responses to current and emerging trends and patterns of drug use.

### **Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery**

- 12.** Strengthen the implementation of the National Drugs Rehabilitation Framework.
- 13.** Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available, based on identified need.\*
- 14.** Improve the availability of Opioid Substitution Treatments (OSTs).
- 15.** Enhance the quality and safety of care in the delivery of Opioid Substitution Treatments (OSTs).
- 16.** Improve relapse prevention and aftercare services.
- 17.** Further strengthen services to support families affected by substance misuse.
- 18.** Help individuals affected by substance misuse to build their recovery capital.
- 19.** Increase the range of progression options for recovering drug users and develop a new programme of supported care and employment.
- 20.** Expand addiction services for pregnant and postnatal women.
- 21.** Respond to the needs of women who are using drugs and/or alcohol in a harmful manner.\*
- 22.** Expand the range, availability and geographical spread of problem drug and alcohol services for those under the age of 18.\*

- 23.** Improve the response to the needs of older people with long term substance use issues.\*
- 24.** Improve outcomes for people with co-morbid severe mental illness and substance misuse problems.
- 25.** In line with Rebuilding Ireland, improve the range of problem substance use services and rehabilitation supports for people with high support needs who are homeless.
- 26.** Intervene early with at risk groups in criminal justice settings.
- 27.** Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the Traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers and homeless people.
- 28.** Continue to expand Harm Reduction Initiatives focused on people who inject drugs.
- 29.** Provide enhanced clinical support to people who inject drugs and mitigate the issue of public injecting.
- 30.** Continue to target a reduction in drug-related deaths and non-fatal overdoses.\*

### Goal 3: Address the harms of drug markets and reduce access to drugs for harmful use

- 31.** Keep legislation up-to-date to deal with emerging trends in the drugs situation.
- 32.** Reduce rates of driving under the influence of drugs.
- 33.** Reduce drug offending behaviour and promote rehabilitation.
- 34.** Map the future direction and objectives of the Drug Treatment Court.
- 35.** Consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use with a view to making recommendations on policy options to the relevant Minister within 12 months.
- 36.** Support the role of law enforcement authorities in monitoring drug markets, in particular new drug markets, surface web and darknet drug markets.
- 37.** Consider the case for the use of Community Impact Statements within the Criminal Justice System in Ireland.
- 38.** Strengthen the response to the illegal drug market, including the changing nature of new psychoactive substances.

### Goal 4: Support participation of individuals, families and communities

- 39.** Support and promote community participation in all local, regional and national structures.
- 40.** Measure the impact of drug related crime and wider public nuisance issues on communities.
- 41.** Enhance the relationship between An Garda Síochána and local communities in relation to the impact of the drugs trade.
- 42.** Strengthen the effectiveness of the Drug Related Intimidation Reporting Programme.

- 43.** Build capacity within drug and alcohol services to develop a patient safety approach in line with the HIQA National Standards for Safer Better Healthcare.
- 44.** Promote the participation of service users and their families, including those in recovery, in local, regional and national decision making structures and networks in order to facilitate their involvement in the design, planning and development of services and policies.

#### Goal 5: Develop sound and comprehensive evidence-informed policies and actions

- 45.** Strengthen Ireland's drug monitoring system.
- 46.** Support evidence informed practice and service provision.
- 47.** Strengthen the National Drug Treatment Reporting System (NDTRS).
- 48.** Develop a prioritised programme of drug and alcohol related research on an annual basis.
- 49.** Improve knowledge of rehabilitation outcomes.

#### Overall Actions

- 50.** Develop an implementation plan to operationalise a Performance Measurement System by 2020 which will support *Reducing Harm, Supporting Recovery*, improve accountability across the statutory, community and voluntary sectors and strengthen the Drug and Alcohol Task Force model, in consultation with relevant stakeholders and sectors.

\* While Task Forces have an interest in all of these actions, Task Forces have a special role as named partners for marked actions 1, 3, 8, 13, 21, 22, 23, 30, 39 and 44. Task Forces are also central to 50.

## Annex 2: Members of the Task Force (April 2018)

<b>INDEPENDENT CHAIRPERSON</b>	
<i>Organisation</i>	<i>Name</i>
Canal Communities Local Drug & Alcohol Task Force	Nat O' Connor
<b>COMMUNITY SECTOR</b>	
<i>Organisation</i>	<i>Name</i>
Bluebell Community Development Project	Tommy Coombes
Community Representative Dolphin House	Jim Monaghan
Community Representative for Rialto	Tony May
Community Representative Inchicore (Tyrone Place)	Nicola Quinn
Fatima Groups United	Roisin Ryder
St. Michael's Family Resource Centre	Eilish Comerford
<b>ELECTED REPRESENTATIVES</b>	
<i>Party / Electoral Area</i>	<i>Name</i>
Independent (Ballyfermot-Drimnagh)	Paul Hand Cllr
Irish Independents 4 Change (Ballyfermot-Drimnagh)	Joan Collins TD
Sinn Féin (Ballyfermot-Drimnagh)	Aengus Ó Snodaigh TD
Sinn Féin (Ballyfermot-Drimnagh)	Greg Kelly Cllr
<b>PARTNERSHIP</b>	
<i>Organisation</i>	<i>Name</i>
Dublin South City Partnership	John Burns
<b>SERVICE USER REPRESENTATIVE</b>	
<i>Organisation</i>	<i>Name</i>
Service User Representative	Alan Finn
<b>STATUTORY SECTOR</b>	
<i>Organisation</i>	<i>Name</i>
An Garda Síochána	Dave Harrington, Insp.
Department of Social Protection	Sally Shovelin
Dublin City Council	Paul White
Health Service Executive	Denis O' Driscoll
Inchicore Further College of Education	Donnchadh Clancy
<b>VOLUNTARY SECTOR</b>	

<b>Organisation</b>	<b>Name</b>
Bluebell Youth Project / Canal Communities Regional Youth Service	Bronagh O' Neill
Canal Communities Regional Addiction Service	Patrick Gates
Community Lynks	Margaret Lamrani
Community Response	Nicola Perry
Inchicore Bluebell Community Addiction Team	Stuart Fraser
Rialto Community Drug Team	Alan Cleere
TURAS Training	Trevor Keogh
<b>IN ATTENDANCE</b>	
<b>Organisation</b>	<b>Name</b>
Canal Communities Local Drug and Alcohol Task Force <i>(Administration Manager)</i>	Joanne Dunne
Canal Communities Local Drug and Alcohol Task Force / Canal Communities Regional Addiction Service <i>(Administrator)</i>	Elaine Whelan
Canal Communities Regional Addiction Service (C.C.R.A.S) <i>(Community Representative Support Worker)</i>	John Bissett

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Department of Health (2017) *Reducing Harm, Supporting Recovery, A health-led response to drug and alcohol use in Ireland 2017-2025* [online] Available at <https://health.gov.ie/wp-content/uploads/2017/07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf> [Accessed June 2018].

Haase T, Pratschke J (2016) *Pobal HP Deprivation Index* [online] Available at <https://maps.pobal.ie/WebApps/DeprivationIndices/index.html> [Accessed June 2018].

Figure 1. The Canals Communities Local Drug and Alcohol Task Force Map [online] (Saris, J., O'Reilly, R., 2010) Available at <https://www.drugsandalcohol.ie/13503/>

Figure 2. The Pobal HP Deprivation Index [online] Available at <https://maps.pobal.ie/WebApps/DeprivationIndices/index.html> [Accessed June 2018].

## References

Saris, J., O'Reilly, R., 2010 *A Dizzying Array of Substances - An Ethnographic Study of Drug Use in the Canal Communities Area* [online]. Available at <https://www.drugsandalcohol.ie/13503/>



