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REPORT ON YEAR 2013 FOR DRUGS PROGRAMMES UNIT (DPU)

INTRODUCTION AND AREA PROFILE

The **Strategic Document, 2013-16**, which gives overall direction moving forward, was launched by the Minister of State for Primary Care, Alex White, TD in February 2013. Given the Strategy's wide-ranging aims and proposals, and taking account of the pressure on local drugs task forces arising from expenditure cutbacks, the Task Force decided in November 2012 to initiate a review process to decide funding priorities for 2014 and beyond.

Following on from the launch the Task Force began a review of the interim funded initiatives, bringing in an independent reviewer to produce a report against which the review sub-group could measure its own findings. It entailed the completion of self assessment forms, three visits to the projects, and a public forum. This review will be completed in June 2014.

There were a number of special presentations to the Task Force during the year, Inspector Declan Downey – the Garda Síochána representative on the Task Force presented the overall work of the Local Policing Forum and the general situation of criminal activity in the area. This created lots of debate and discussion and this was fed back to the Local Policing Forum.

The Community Representatives on the Task Force, along with the Service Users representatives made a presentation in relation to the way in which the use of the creation of pieces of art in a less formal setting allows for a greater free flow of ideas and discussion in relation to issues arising in the area.

They presented their book of work and each rep spoke to their piece outlining the issues raised by those they represented. This allowed the reps to bring the issues facing the community to the Task Force table and ensured the issues facing the service users and the community were not forgotten in the new economic climate. The issues included alcohol use and abuse, service users' rights; and the increase in violence and intimidation.

The CCLDTF Ltd also presented during the year to outline the effect of the changes within the company and to look for Task Force support in this.

The Task Force hosted three information meetings – under its CAN 2 initiative - during 2013 on the following subjects:

- Self Care for Service Providers
- Fear and Intimidation – an exploratory seminar



- Family Relations.

These are led by the Project Development Worker and the average attendance is 45 persons. The learning is brought back to the project teams and acted upon, where relevant, in the local setting.

Service Users 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. The service users' reps regularly attend the national SURF meetings and report back to the Task Force on this.

The third edition of their magazine 'Vocaleyze', has just been issued (April 2014). This magazine is written and produced by the Service Users Forum. There were two editions published in 2013. The magazine has proved to be a big success and the numbers of service users participating in its production has risen to four, but the number of contributors is extremely high – ensuring a large amount of copy for future issues.

The Treatment and Rehab sub-group – which include two community drug teams and two rehabilitation projects both of which oversee interim and mainstream initiatives; the local area partnership; the Task Force coordinator ; Polydrug and alcohol worker (CC2b-4); the rehab coordinator of Connect programme (CC2B30-1) . There was still no HSE rep in 2013 but a representative has been promised by mid year in 2014. This has been a drawback for the sub-group as the HSE are a major player and driver of the National Framework. A representative from Probation and Welfare is also coming on board mid 2014.

On the other hand, organisations and agencies were co-opted for individual pieces of work relevant to their expertise and knowledge.

This sub-group oversaw the involvement in NDRIC and the discussions in relation to the new National Framework Review. The relationships being developed through this have begun to bear fruit but it will demand a full buy in from the statutory agencies to ensure that a comprehensive response can be given do those substance misusers who present to any one of the services in the area.

The **Local Policing Forum**, administered by the Project Development Worker (CC2-29) has been dealing with safety issues. There are 18 members on this group and it constitutes a very effective, interagency piece of work.

While a new chairperson was appointed during the year, the work continued apace. This forum has held regular committee meetings with near full attendance and a continued commitment from community, voluntary and statutory sector. The **safety committees** are working well and they allows for local reps to report anonymously on the most difficult issues and individuals in their area.



Three local public meetings were held to allow local residents have their say 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. This has led to increased information being given – not necessarily at the meetings – in relation to anti-social and drug dealing in the area. The public profile of the group has been a very positive step.

Funding

The Task Force had believed that as the National Budget presentation to the Dail was taking place in October this would simplify and speed up the **drawing down of funding** for 2013. This was not the case and there was a lot of confusion and changing goal posts over the period of draw down which was very frustrating for the Task Force, in its bid to support the projects at this difficult time.

Again in 2013, the reality of the full cuts to the projects and to the community did not emerge until later in the year when the trickle down of increased costs and cuts within the mainstream elements of the project kicked in. Some projects found it increasingly difficult to get to year end without bank loans or overdrafts – which in themselves cost extra money. Learning of the proposed annual cuts within the mainstream sector in mid-year continues to raise difficulties for projects in relation to planning and budgeting for the year.

The Task Force has been involved in a number of pieces of work with the Health Research Board.

The coordinator sat on the advisory group which looked at best practices and evidence reviews within international literature in relation to two areas: 1. 'the role of social and/or human capital in recovery from drug and alcohol addiction' Recovery and Social Capital' and 2. 'the efficacy and effectiveness of drug and alcohol abuse prevention programmes delivered in outside school settings'

The Task Force participated in the debt intimidation pilot rolled out in a number of projects across the wider Task Force area. This pilot, along with those run in two other Task Forces, led to the streamlining of issues in relation to the collection of this information, the report forms being used and the best practice in protecting all within the process.

It is necessary to repeat what was mentioned in last year's report that the **cuts to the statutory sector** as a whole impacted directly on the work of all projects in the area and the work of the Task Force. These cuts include: longer waiting lists for our clients for medical services; longer waiting lists for psychiatric support; difficulty in accessing social worker support and interventions – particularly in relation to childcare.

As reported in the report last year, the **change in the broader economy** has meant that organisations like St Vincent de Paul, Simon were unable to assist families in the same way as in the past; the Community Welfare Officers had little 'discretionary' power in allocations of supplementary one off payments; grant schemes through local and national organisations were substantially reduced. This had an overall impact on many of the ancillary supports provided to the clients within this area.



As a result of the financial constraints, many projects have now to spend periods fundraising to ensure the continuation of certain aspects of their service. This can sometimes impact on the work being done.

In last year's report, the **building of the new social and affordable housing** in the area of St Michaels Estate was reported as being expected to be completed in 2012, and then was postponed until June 2013. It is regrettable that this did not happen within 2013. The handing over of the keys to the new tenants is not now expected to happen until July 2014. The collapse of the economy and the developer has meant that this project has lasted over 13 years. The result of this has been enormous difficulties not alone for the individual tenants involved but for the community as a whole, having to live with derelict and semi-derelict spaces, many of which were used for anti-social behaviour and drug dealing.

A new community representative joined the Task Force representing the social housing complex, Dolphin House, in Rialto. Regeneration of the complex has begun with some residents moved out to neighbouring Fatima and Herberton. The community have been surveyed and the issues raised are being brought to the local forum. This housing complex has been the subject of major drug dealing and anti-social behaviour in the recent past and the local community, and all those active in the regeneration are looking to reverse this by ensuring there will be social as well as physical regeneration.

Task Force members – all of whom are voluntary - give willingly and regular of their time both at the meetings and on the sub-groups. While this has become increasingly demanding, this Task Force is fortunate to have committed members with knowledge and skills which support the broad work of the local initiatives which carry out the decisions of the Task Force body.



The educational attainment levels (below) of those presenting continues to reflect the national statistic 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%.

With the continued reduction in financial support, staff and other necessary supports within the formal education sector, the community and voluntary organisations will again have to try and pick up the slack which will put even more pressure on the funded and the voluntary services being offered in a local context.

Age left school				Highest level of education completed			
	2010	2011	2012		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
Total	123	117	134	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
				Total	123	117	134

We believe that the collaborative efforts active under the Local Policing Forum and the local Safety committees which have been very active and effective in the area, are working well to develop approaches in which the issues are looked at in a more holistic way. Both the Local Policing Forum and the Safety committees are supported by the LDTF Project Development Worker.

Employment

The statistics below are from the local employment office of Thomas Street (CSO LRM07) – which covers those who live in the Canal Communities area. 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.



Thomas Street Office Department of Social Protection – unemployment figures

Thomas Street	April 2012	April 2013	April 2014
Both sexes			
Under 25 years	738	686	556
25 years and over	3,792	3,856	3749
All ages	4,530	4,542	4305
Male			
Under 25 years	456	411	332
25 years and over	2,685	2,727	2637
All ages	3,141	3,138	2969
Female			
Under 25 years	282	275	224
25 years and over	1,107	1,129	1112
All ages	1,389	1,404	1136

In the 12 months since April 2013 there has been a 19% decrease in the numbers presenting to the local employment exchange. This, on the surface, needs to be welcomed. Unfortunately, the Task Force is aware that the reasons for this can range from emigration, to those returning to some education or for those economic migrants who came here when the economy was booming, they have now returned home or moved to where employment is available.

Meanwhile, the LES offices in the Canal Communities Partnership area reflect a high level of new presenters to their services. Many of the unemployed are now obliged to take part in internship, jobbridge and other employment support programmes. This is to be welcomed as according to the local Canal Communities Partnership, employers are increasingly looking for those with 'active' CVs.

It is worrying that of those 1030 new presenting to the LES in 2013, again just under 30% defined themselves as unskilled. This can lead to being open to more poverty and marginalisation than that experienced by the broader community and generally make up many of those presenting to the LDTF projects.

What is more surprising and indeed shocking from the figures is that of the total number of clients presenting (1756) only 36 took up Jobbridge, TUS or CE and only 210 actually secured employment. This means a total of 86% were not successful in attaining a training course, internship or employment. The LES report that this is mainly due to the lack of skills of those who present.

The information below is the general statistics from the census 2011 which relate to this area and was reported on in the previous report. No further updates will be due on this until 2016.



There were **changes in the local area** over the last number of years which are reflected in the census 2011 figures circulated by the Canal Communities Partnership. Some of these changes may require adaptation by some projects in the area and this will be looked out in the role out of the Strategic Document mentioned above. The relevant statistics and comments are included below.

Census Figures for the Canal Communities area

(Statistics supplied by the Local Area Partnership from Census 2011)

Population

	2006	2011	% Change
Total	13332	14684	10

This increase in population seems to reflect the availability of lower cost housing that existed 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
Irish	10716	11260	5
UK	238	258	8
Poland	523	695	33
Other EU	(25) 363	(27) 688	90
Rest of World	992	1183	19

Households

	2006	2011	% Change
Total	5683	6475	14

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

	2006	2011	% Change
One Person	-	2246	
Couples with Children	2014	2161	7
Lone Parents with Children	991	1003	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
No Formal/Primary	2341	1997	-15
2 nd Level Lower	1612	1401	-13



2 nd Level Higher	1236	1471	19
3 rd Level	2988	3160	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.

2. Profile of drug use within the Canal Communities area

The Garda statistics for the broader area are listed below.

These statistics and information were supplied by Inspector Downey, the Garda representative on the LDTF.

The detection of the crime of drug supply has virtually doubled between 2012 and 2013. This reflects on the work of the Garda but also reflects significantly on the collaborative work of the Local Policing Forum and of the Safety Committees who have a broad range of members who can bring the immediate local knowledge to the attention of the Garda.

The crime of drug possession have increased but while this indicates a greater evidenced use of illegal drugs, it must also be noted there is a higher level of personal and building searches.

There has been an increase in intoxicated driving for drugs and alcohol but there is no breakdown of the split in 2013. This increase can again be attributed to the increase in the use of the Anti-Social Behaviour code by the Garda and the increase in road spot checks across the area.

Crime	2011	2012	2013
Drug Supply	53	55	106
Drug Possession	112	142	173
Drug Cultivation	3	0	6
Drug Searches (Person / Building)	566/113	674/124	887
Intoxicated Driving (Alcohol & Drugs)	107/25	76/14	101



The major drugs seized for the year 2013 are as follows:

Drugs (Seizures)	2013
Cannabis	31
Cannabis Resin	7
Diamorphine	32
Cocaine / Crack	11 / 9
Ecstasy	7
Amphetamines	1
Prescription Drugs (Benzo's)	1
LSD	-
Methadone	-
Other	-
Totals:	99

There were 3 murders in the area in 2013, one of which was high profile and drew attention to the overall level of violence and anti-social behaviour within the broader community. There is no information available to the Task Force if they are directly connected to drug misuse.

In the report presented to the Task Force, the main 'drug turfs' for the broader Kevin Street/Kilmainham area were listed.

When the list of 'drugs turf' areas, supplied by the Garda, are broken down and those which come within the area under the aegis of the Canal Communities Local Drugs Task Force are isolated, it is obvious that the 'drugs turfs' cover the whole of this Task Force area. This clearly indicates that the drug market continues to operate throughout the whole area. More than anything this indicates the continued high profile of drug dealing and drug misuse within the geographical area covered by this Task Force

Canal Communities Local Drugs Task Force areas highlighted in red.

- **Dolphin House / Seagull House (200 metres from Dolphin House) / Drimnagh**
- **Fatima / Herberton / St Anthony's Road**
- **Basin Street (300 metres from Fatima and Herberton)**
- **Inchicore / St Michael's / Tyrone Place**
- **Bluebell**
- **St Teresa's Gardens / Donore / Coombe**
- **Immigrants & 'Grow Houses**

It is welcome news that the Drugs Unit has been re-instated from April 2014 with one sergeant and three gardai. A full complement of one sergeant and six gardai is expected to be in place by the end of 2014.



Already in a period of just under three weeks from their commencement of work, there have been eight drug supply and one grow-house detections, along with 12 searches under the MDA.

The funded initiatives reported the following changes in the drug use profile in the area.

2013 saw the return of 'rave' events – organised through Facebook and twitter which bring large numbers of young people to particular open spaces or abandoned buildings within the area. These events are accompanied by the abuse of alcohol and the use of amphetamines – either bought on line or through local dealers.

The return of ecstasy and MDMA has been noted by the youth projects in the area through their outreach work and the Harm Reduction worker has noted the same across both the Canal Communities and Dublin 12 Local Drugs Task Forces.

The outreach report that much of the amphetamines used are mixed with mephedrone which have caused problems for those using during the following days. As the events are extremely mobile in their nature, working with this cohort has proved difficult. This has not yet been reflected in the amount of seizures.

The Task Force through its members and its funded projects, responded through its safety committees, under the Local Policing Forum by ensuring the information was given to the Gardai at a very early stage. They in turn responded by increasing the community policing to the areas affected to deter the events from happening and to raid the events, if the information was available in time. The local youth projects and the CDP also worked with youths locally who were known to be involved through outreach work and referrals where necessary to the appropriate services.

The advent of the grow houses has led to an increase in the amount of cannabis available in the area. The strength of what is grown has changed dramatically over the last number of years. As there has been an increase in the THC which has been seized or which has been reported to the outreach workers, the effects of the use is no longer the euphoria for which cannabis was sought after. The weed available is now as much as four times stronger than original hash.

The grow houses are also spraying the plant for faster growth and increased THC and users have reported side effects in relation to this.

The outreach workers report that many are growing for their own personal use and selling on any small surplus to friends.

The Task Force relies on the work of the youth initiatives and the outreach workers from the community drug projects to respond to this advent. Ballyfermot LDTF has produced information in relation to weed and this has been distributed and used by projects in the area.



The most common public drug use is without doubt alcohol. As it is a legal drug, it continues to prove to be difficult to respond to in the broader population cohort. This has to be approached on the national level with a coordinated approach. The Task Force is keen to be active in responding locally in line with the national strategy.

The Task Force runs through its funded projects a number of alcohol specific programmes. There are 12 week programmes running in three areas based on Glen Abbey model, and this has brought in a much broader cohort of people.

A cross task force initiative CTF-2, interim funded by the Task Force, has re-focussed to concentrate part of their work on alcohol – not alone with those with Hepatitis C and HIV but also to the broader population. This consists of a four week education programme and is followed up by weekly support – to help maintain sobriety, manage consumption or those who relapse. This interagency work with Dublin Simon, Probation Services and the HSE has proven to be very successful in the first year of this pilot. Referrals come from the agencies above and from the projects and agencies in the area to these initiatives.

All projects, whether community drug teams, youth projects, CE schemes or community development projects have noted the increase in alcohol use and have local internal responses to the cohort who present. The Task Force has supported the work done through all these mechanisms – whether internally within projects as part of the NDRIC protocols with which the Task Force Treatment and Rehab group was actively involved; Workshops to local project workers and to CE participants on Alcohol – Facts and Myths; Foetal Alcohol Syndrome; Harm reduction for the Men's Health groups; Health and wellbeing programmes; Operation transformation, the Men's shed; the roll out of the drama dealing with alcohol – Men at Work

Two 'Responsible serving of alcohol' workshops were run in conjunction with the Dublin 12 Local Drugs task Force. These are targetted at staff of pubs, bars and off licences to highlight the issues of alcohol related harm and how to deal with issues that arise with the abuse of alcohol.

The Drug and alcohol free social runs weekly throughout the year for those who wish to socialise in a drug free setting. The average attendance at this social is 20 people. At times of public holidays the numbers increase.

One of the biggest issues in relation to drug use across the Task Force area is the anti-social behaviour. This at times has impacted very heavily on the local communities. There are a number of 'hot spots' which are regularly policed to dissuade the drug dealing and public drug use. In 2013, there were difficulties for local communities using public amenities, due to the level of intimidation of the anti-social behaviour.

In 2013, the HRB ran a pilot programme in relation to drug debt intimidation with a number of projects in this and other Task Force areas. This pilot has led to changes in the questionnaire being used and has particularly highlighted how to report and where to report, safely, in relation to this form of intimidation.



The initiatives report the increase in the level of aggression and violence as a result of substance misuse and drug dealing in the community. This has been attributed to the rise of polysubstance misuse and the unexpected reactions that users experience. This increase in polysubstance misuse is reflected in the statistics below.



The following is the information provided by the HSE and HRB in relation to those presenting for services for the Canal Communities area. We would like to thank the HSE Addiction Services (DML) for supplying the following statistics.

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. 13 (During Period)			Dec. 13 (At end of Period)		
2013	Canal Communities LDTF	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		Jan. to Dec. 11 (During Period)			Dec. 11 (At end of Period)		
	Canal Communities LDTF 2011	276	5.1	2.6	248	5.1	2.7

There has been a slight decrease in the numbers in treatment overall from 2012 (12), and the numbers of clients in treatment at year end 2013 at 232 – down 15 from 2012. This is reflected on a national basis and reflects the ‘greying’ of the population of service users accessing treatment.

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. The Task Force and the Treatment and Rehabilitation sub group will look to work under the National Rehabilitation Framework to provide a response to this need.



Gender and Treatment location of Clients from the Canal Communities area

HSE Region	Task Force Area	Gender & Treatment Location (During Period Jan to Dec '13)						Gender & Treatment Location (as of 31 st 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 Region	Task Force Area	Gender & Treatment Location (During Period Jan to Dec '12)						Gender & Treatment Location (as of 31 st 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

It is interesting to note that the ratio of male to female has changed over the period 2011 to 2013. In 2011 47% of those in treatment were women. Whereas in 2013 it was 43%. While the drop in numbers is small it will be interesting to see the coming years and if it develops into a trend – and for what reason.



Age of Clients in Treatment for the Canal Communities LDTF area

HSE Region	Task Force Area	Age of Clients in Treatment (During Period Jan to Dec. '12)									Age of Clients in Treatment as of 31st of Dec. '12							
		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+
2013	Canal Communities LDTF	0	0	<10	25	59	74	55	43	258	0	0	<10	20	52	69	52	37
2012	Canal Communities LDTF	0	0	<10	35	67	73	51	38	270	0	0	<10	29	61	68	49	36
2011	Canal Communities LDTF	0	0	<10	37	86	70	45	29	276	0	0	<10	32	79	63	42	26

As has been the trend in the past number of years – the age profile of those on methadone continues to increase. Males now account for just over 57% of those presenting – up from 53% in 2012. This suggests that some females have been successful in coming off methadone which is to be welcomed.

It is worth noting that the numbers in the 30-34 age group have dropped by over 30% and yet the overall numbers have only dropped by 6%. The comparative figures for the periods from 2011 to 2012 were 20% and 3%.

The increase in the 40 + age bracket reflects the age profile mentioned at the outset. This would suggest that there is a substantial cohort of long term clients in treatment who remain on the treatment programme and are not moving on.



As mentioned in last year's report, as many of the older cohort tend to be in the 'high risk' category for Hepatitis C. As many of the service users report that they combine alcohol with methadone, they will also be at high risk of illnesses related to the kidney and liver. One of the projects under the aegis of the Task Force is funded to respond particularly to this cohort in collaboration with the HSE. Public events and workshops are organised targeting this cohort to highlight the issue and to encourage them to present to services.

As can be seen there continues to be negligible numbers presenting in the under-25 year old age group. This appears to suggest that those in treatment are in general those who have already presented to services and continue to re-present over the years.

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

Below are the statistics, which relate to those who presented for treatment in **2012**. Please note these statistics are one year behind the current report and the 2013 statistics will not be available until September 2014.

Reason for Referral Area L5	TOTAL 2012	TOTAL 2011	TOTAL 2010
Alcohol	43	26	33
Drug	91	91	90
Eating Disorder	0	0	0
Gambling	2	1	0
Spending	0	0	0
Concerned Person	5	3	5
Missing	0	0	0
Total	141	121	128

- Since 2010 (128 referrals), there has been an increase of 13 in the overall numbers for 2013 when gambling, spending and concerned persons are included in the reason for referral.
- When these are excluded there is an overall increase of eleven - from 123 in 2010 to 134 in 2011. This represents an increase of just over 8%. As can be seen the increase is entirely within the area of those presenting with alcohol – up 17 from 26 in 201, to 43 in 2012.
- Surprise had been expressed last year in the decrease in the numbers of referrals for alcohol between 2010 and 2011 given that most projects and initiatives within the area 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 to be caused by alcohol consumption. This is now borne out by the statistics this year and reflects the response nationally to include alcohol within the National Substance Misuse Strategy.
- The numbers referred for substance misuse has remained stable since the previous year. This was reflected in the CTL statistics listed above.



- In the NDTRS statistics provided, there is also an increase in those NEW presenting for treatment – up from 38 in 2011 to 49 in 2012. This is an increase of 23% on the previous year. It is hoped that this will be an upward trend as those needing supports will continue to be referred or self refer to the available services as the public profile of the services continues to be promoted.

The tables indicate clearly that there is an increase in those presenting using only one drug – up from 35 in 2011 to 58 in 2012. Equally, there is an increase in the numbers using two drugs which has gone from 19 in 2009 up to 30 in 2012.

This is largely due to alcohol being included in these figures and in the increase in those presenting for alcohol abuse. While it is positive that there is a reliance on one drug only, it does indicate the rise of issues relating to alcohol abuse that are now coming to the attention of service providers.

The corollary is the slight decrease in those presenting with polydrug use using two and three drugs as part of their drug misuse. There is such a slight difference in the number of those presenting with problem use with three or more drugs that it would appear to have stabilised. This is reflected in the four years of statistics listed below. This is to be welcomed.

Uses more than one drug	2009	2010	2011	2012
Yes	58	63	74	69
No	47	47	35	58
Total	105	110	109	127

Number of problem drugs	2009	2010	2011	2012
One	47	47	35	58
Two	19	25	33	30
Three	25	27	26	25
Four	14	11	15	14
Total	105	110	109	127

Despite the decrease in the numbers presenting for opiate treatment overall, it is still worrying that in the under age 19 category there is an increase in numbers in those first injecting from 39 in 2011 to 42 in 2012. Equally the number of those in the category in the 'age first injected' category has increased from 11 in 2011 to 20 in 2012. This is a large cohort of those not reporting and could bear some questioning.

Ever injected	2010	2011	2012	Age first injected	2010	2011	2012
Yes	46	39	42	less than 19	22	20	19
No	59	65	76	20-24	13	9	6
Not known	5	5	9	25-70	5	4	6
Total	110	109	127	Not Known	11	11	20
				TOTAL	51	44	51



2. Progress made in 2013 in implementing your local drugs strategy under each of the five headings below (i.e. the five pillars of the National Drugs Strategy):
(see also section 3 below)

- Supply Reduction
- Prevention
- Treatment
- Rehabilitation
- Research

<p>Supply Reduction</p>	<p>To build on the previous year's collaborative working between community, statutory and voluntary organisations & agencies to respond to issues locally</p> <p>To hold public meetings</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>Ad hoc meetings to responds to single issues within the area i.e. extreme violence, anti-social, public and under age drinking; and racism have improved communication between all sectors</p> <p>Two public meetings held</p> <p>Greater support and buy in from local community members and good reporting procedures</p> <p>Referrals from Probation and Welfare to a number of projects in the area in relation to alcohol, drug free and training 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> <p>The social regeneration and have ensure that social regeneration advocated for beneficiaries of services within the regeneration programmes</p>
<p>Prevention</p>	<p>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>To support early intervention programmes</p>	<p>Short programmes running in a number of projects for those wishing to address their alcohol issues</p> <p>Continued working with local publicans and shops to promote sensible alcohol use by running two 'Responsible service of alcohol training' to bar and off licence staff</p> <p>Dissemination of all training opportunities continues. Lack of funding is the main issue.</p> <p>Task Force hosting of three seminars for information and learning purposes for all project workers</p> <p>Relevant projects and TF members actively implementing the agreed NEYAI programmes in the two designated areas. These impact most positively on the children of service users in the area who are included in the programme.</p>



	<p>To continue to provide 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>Increased collaborative outreach street work with youth projects across the area. Practical skills based programmes drawing in young people to youth projects Fetac accredited Kayaking Instructor training programme for ten young people Drug education programmes along with sporting and cultural opportunities have proved successful in drawing in many of those most at risk 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>Social and physical regeneration programmes supported in two local areas including advocacy for tenants and service users with statutory agencies leading to fewer evictions and closer collaborative interagency work</p>
<p>Treatment</p>	<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 provision of needle exchange and methadone dispensing within community setting. Extended evening opening hours within two community drug teams</p> <p>Programmes being run in a number of projects (see above). One initiative now mainly alcohol focused. This was run as a pilot throughout 2013 with a broad advisory group. The evaluation proved successful.</p> <p>This has been the most difficult and most unsuccessful in 2013. The only new member was from the local LES. In 2013 no other statutory agency was involved. We are happy that in mid-2014 both HSE and Probation & Welfare will send representatives.</p>
<p>Rehabilitation</p>	<p>To complete the pilot under NDRIC and the National Rehabilitation Framework</p> <p>To continue to support Service Users forum and service users representation</p>	<p>T&R sub group rolling out implementation of protocols in relevant projects – ongoing Gaps and Blocks for service users being brought to NDRIC</p> <p>Service Users Forum now running and two editions of the magazine – Vocalyeze – have been produced. Two active Service Users representatives on the Task Force who are also on the national body SURF.</p>



	To support the Community Employment Schemes to facilitate progression for service users	<p>Low threshold programme continues to develop to respond to those most in need of support. CE schemes working closely with local LES and businesses for work placements and jobs</p> <p>Graduation of service users in a broad range of Fetac accredited subjects offered within CE Rehab schemes</p>
Research	No research planned by Task Force itself for the year but Task Force members involved in research done by HRB	<p>Active participation in pilot by HRB on reporting drug debt intimidation which led to adaptation of reporting mechanism</p> <p>Involvement in advisory group within HRB in relation to assist Task Forces in relation to international evidenced outcomes in relation to a) social and/or human capital in recovery from drug and alcohol addiction b) efficacy and effectiveness of drug and alcohol programmes delivered outside of school settings</p>

3. Profile of DTF funded projects to include the following:

An analysis of the impact of DTF projects, as a group, in addressing the drugs problem in your area and their continued relevance to your local drugs strategy.

The DTF projects in the Canal Communities area 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. This has led to referrals from agency to agency and to close working on collective, collaborative pieces of work such as NDRIC and the National Rehabilitation Framework as well as responding to the many issues in relation to the social and physical regeneration which directly impacts on the service users in the area.

The Task Force carried out a review, which is due to be completed in mid-2014 to look at how best to work together and more effectively into the future. The outcomes of this review will impact on the work by late 2014.

The safety committees and the local policing forum have again had a particularly successful year in interagency collaboration. The relevant initiatives and project promoters have been actively involved depending on the issue at hand and the area in which a response is needed. This work is extremely relevant to the local drugs strategy, in that it is embedded in the local community and therefore ensures that the knowledge and information is forthcoming in relation to issues of supply and demand.

This work has led to rapid responses to serious anti-social behaviour, local drug dealing, street drinking and under age drinking. There is one local policing forum for the area which oversees the work with three safety committees under its remit.

The active participation of the local projects in the NDRIC pilot and the reviewing and initial implementation of the protocols is ongoing. This work is driven by the Treatment and Rehab sub-group with active involvement of many local projects. This work is ongoing and it is hoped with the involvement in the near future of some statutory agencies the response for service users will be more efficient and successful.

The projects and the Task Force members worked closely firstly to ensure the preparation of the Strategic Planning Document and then to implement the relevant sections to them. There is a plan to review the document in summer 2014.

The projects with a regional remit ensure that the information and knowledge in relation to new drugs or drug trends is disseminated across all the project workers in the area. Equally, there are regular informational



sessions with service users to ensure the most up to date information is available to them on which they can base any choices they need to make.

Those funded under the CDETb are at the front line in dealing with the young people most at risk and those who while possibly using drugs have not yet presented to services for this issue. They have responded to the issue of early school leaving by working together to support and to refer to the Task Force initiative which provides education to those who have already left school. This interproject collaboration has responded well to the needs of targetted early school leavers and has a high profile among young people in the area.

The projects as a whole have very good relationship with the local community and are seen as the first port of call for issues in relation to substance misuse.

The project promoters work very closely with and within the LDTF strategy and each project supports the implementation of the broader actions under the NDS within a local context.

DRUGS TASK FORCE:	Canal Communities 2012
Pillar* :	Rehabilitation
Relevant NDS Actions:	33 /34 /39 / 42
DTF Objective:	<ul style="list-style-type: none"> - To further roll out the pilot under NDRIC - Build the capacity of Service Users and their families to participate meaningfully in the DTF - To support Community Employment Schemes to facilitate the progression for service users - To promote cross agency collaboration in community voluntary and statutory sector
Outcomes:	<ul style="list-style-type: none"> • NDRIC Protocols were agreed, disseminated and are being implemented which has led to greater collaboration • Key workers actively used the protocols during 2013 for the benefit of service users leading to better support for service users • No success in recruiting statutory reps to the T&R sub group despite requests to agencies • 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 • Two editions of the Service Users magazine published in 2013 –giving skills to those involved • 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 misuser in their recovery • Four commemorative events during the year with large attendance from the wider community reflecting the community wide support for the LDTF • 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 • Drug Free drug and alcohol community event with 80+ in attendance leading to greater support of need for drug and alcohol free events for



	<p>all in the community</p> <ul style="list-style-type: none"> • 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 • Continued referral to the low threshold, NPR programme allowing less stabilised service users entry into regular programmes • Continued referrals of those from NPR to special CE; education and employment while developing broad skills for future employment • 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 • Continued support of the development of Men's sheds with the Local Area Partnership and Health projects • Three Mental health awareness programmes supported • Community holistic health programmes developed through the community development workers
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Category**:	Project Code	Project Name
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	TURAS – Connect Pre-induction Programme and Rehab Resource Worker



Project changes / terminations in 2011 - N/A		
Category**:	Project Code	Project Name & Reason
NOTE:		The new codes where some initiatives were combined from January 2013 are now represented here.

DRUGS TASK FORCE:	Canal Communities	
Pillar* :	Treatment	2012
Relevant NDS Actions:	34 / 37 / 39 / 42/ 47	
DTF Objective:	<ul style="list-style-type: none"> • To continue to operate a broad range of community treatment initiatives and services • To support projects to include a response to alcohol in their remit • To develop a third alcohol programme within the community • Develop support for those entering Hep C treatment • To develop further information access to Hep C and HIV for easier access • To further develop harm reduction programmes and the provision of needle exchange • To work toward greater collaboration with HSE in relation to the Harm Reduction programme in order to fill the gaps 	
Outcomes:	<ul style="list-style-type: none"> • Continuation of community based methadone dispensing clinics in collaboration with the HSE allowing for easy access and support for service users • Continued community needle exchange in collaboration with HSE across the area leading to greater involvement with hard to reach cohort • Continued provision of crack pipes and foil on outreach programmes – part of the Cross Task Force initiative with Dublin 12 leading to increased outreach work and engagement with hard to reach cohort • Reduce the use programme run for adolescents allowing them to address their weed use and develop interpersonal skills • Alcohol programme with seniors in conjunction with the local CDP resulting in increased awareness within the area • Alcohol programmes with CE participants with evaluation showing a better understanding of issues around alcohol • Pilot alcohol programme, including detox, completed end of 2013 with successful evaluation. • Interagency work and good buy in strengthened through the year on this pilot. • Three 6 week programme run to support those entering Hep C treatment leading to greater participation and completion of treatment . 130 clients attending for assessment with 46 continuing on to group sessions • Fun run ‘Leg it for your liver’ to raise awareness of Hepatitis C with 145 participants. • Participation in World Hep C Day with 65 attendees and publicity in the Guinness Book of Records 	



	<ul style="list-style-type: none"> An increased number of clients were provided with Health Promotion advice, ongoing referral, drug paraphernalia, ongoing support and crisis intervention Human Rights questionnaire developed with local group in relation to the Methadone Protocol and 105 returned. Main issues raised will be followed up in 2014 	
Category**:	Project Code	Project Name
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

Project changes / terminations in 2012 - N/A

Category**:	Project Code	Project Name & Reason
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DRUGS TASK FORCE: Canal Communities 2013

Pillar* :	Supply Reduction
Relevant NDS Actions:	2 / 3 / 4
DTF Objective:	<ul style="list-style-type: none"> Develop more collaborative approach to reporting local issues including drug dealing; drug using and anti-social behaviour To recruit new members to the Local Policing Forum when relevant To support greater collaboration with the Prison service To be actively involved in regeneration programmes Continued participation on Regeneration boards to ensure social regeneration is kept on the agenda
Outcomes:	<ul style="list-style-type: none"> Increased number of Local Policing Forum and community safety meetings leading to greater inroads into local issues Safety committee and Local Policing Forum recruited new members from the community and HSE leading to better interagency collaboration, understanding and support Two open public events (90 in attendance) held in relation to community safety where new issues were brought to the attention of the LPF. Issues were responded to over the year. 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



	<ul style="list-style-type: none"> • Increased involvement of residents in local meetings showing the reduction in fear to attend such events • 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. • Increased public role for community policing which has led to increased confidence in reporting to the Garda • Referral by Probation Service to local educational and health programmes which has further supported the clients' re-integration into the community. • Regeneration of one housing complex – Dolphin House – has commenced and resident participation has supported the Local Policing Forum and 	
Category**:	Project Code	Project Name
Supply Control	CC2-29	Canal Communities LDTF – Administration & <u>Project Development Worker</u>
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

DRUGS TASK FORCE:	Canal Communities 2012
Pillar* :	Prevention
Relevant NDS Actions	19 ; 22; 29; 30
DTF Objective:	<ul style="list-style-type: none"> • To continue to raise the issue of alcohol misuse as a priority within the TF area • To organise workshop and where possible, training, for projects and the community on a range of issues • To support projects to provide up to date and relevant information and training • Further develop outreach programmes for drug using and at risk youth not presenting to the services • To continue to support the two early learning initiatives in the area and to further develop the cross collaboration which this has brought about • To further target early school leavers to return to academic system • To work to promote the services offered by organisation in the area
Outcomes:	<ul style="list-style-type: none"> • 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 • Alcohol programme for those on parole referred by Probation and Welfare • Alcohol programmes for targetted groups run throughout the year



	<ul style="list-style-type: none"> • Three workshops held during the year on 1. Fear and Intimidation 2. Family Relations – looking at healing family anxieties 3. Self Care for service providers. • There was an average of 45 in attendance • Increased number of targetted 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. • Increased number of children accessing the childcare elements of the projects • Active continued involvement by a broad range of statutory and voluntary agencies with Task Force initiatives in early learning programmes • Further development of websites by a number of organisations leading to greater access to information for the community
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Category**:	Project Code	Project Name
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	CC2-4	Rialto Community Drug Team – Child Development Worker
Prevention & Family Support	CC2-8	Inchicore Community Drug Team - Childcare Leader
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 Creche)
Prevention & Family Support	CC2-28	Drug Use Among Ethnic Minorities & Foreign Nationals (Development Worker)
Prevention	CC2B-4	Polydrug and Alcohol Worker
Prevention	CC2B-6	Bluebell Youth Project – YEAH Project
Project changes/ terminations in 2012		
Category **	Project Code	Project Name & Reason

* A separate form should be completed for each Pillar

** Category should be as per Section 7 of the L/RDTF 1 form



DRUGS TASK FORCE: Canal Communities 2012		
Pillar* :	Research	
Relevant NDS Actions:	98 – Research	
DTF Objective:	The Task Force had no plans for 2013 in relation to research but participated in research organised by HRB	
Outcomes:	<ul style="list-style-type: none"> • Active participation in pilot by HRB on reporting drug debt intimidation which led to adaptation of reporting mechanism and clarity of reporting to the Local Policing Forum • Involvement in advisory group within HRB in relation to assist Task Forces in relation to international evidenced outcomes in relation to a) social and/or human capital in recovery from drug and alcohol addiction b) efficacy and effectiveness of drug and alcohol programmes delivered outside of school settings <p>The outcomes from this last piece will not be seen until late 2014 when the results are published</p>	
Category:	Project Code	Project Name
Research	CC-15	Community Rep Support Worker

* A separate form should be completed for each Pillar

** Category should be as per Section 7 of the L/RDTF 1 form

4. Action 42 of the NDS – development and expansion of Service User Fora

Under Action 42, the Task Force allocated this work to the Project Development Worker.

As will be seen from the LDTF1 form (CC2-29) the role of the Project Development Worker is to:

To facilitate and support the Service User Fora – organise regular meetings with and for Service Users; admin and other support between meetings for Service Users

2013 was a very good year for the Service Users' Forum. The difficulty of getting individuals to regular meetings proved difficult – particularly getting the same individuals to attend regularly so it was decided to approach the issue in a different way. The two service user representatives on the Task Force now regularly call to the drop-ins within the treatment and rehab project and to any fora where service users present. A magazine – Vocaleyze – was established in 2013 and brought out two issues. Articles and information for the magazine was solicited during these conversations. There is now enough material to complete more than two more editions of the magazine.



The two Task Force representatives are now active members of the national organisation (SURF) and it is hoped that this will give greater support to the Task Force representatives and to the development of the forum.

Ongoing support for the Service Users representatives on the Task Force is given in the community representatives' forum which they attend. Also the Project Development worker meets with them on a weekly basis to oversee any issues that might arise for them in relation to their attendance at the projects and agencies in the area.

The following was carried out in 2013:

- Continued to work with a large numbers of organisations in the area – to encourage increased involvement from service users.
- 18 Meetings were held throughout the year including for planning carry promoting users participation and involvement and also in relation to the production, editing and publishing of the magazine Vocaleyze.
- The steering committee which was developed in 2012 comprising of three workers and three service users has continued to meet. This has not been as successful as they would have liked but there is continued work being done under its aegis.
- The members of the forum are continuing to discuss the Methadone protocol under the umbrella of a human rights approach. This is being facilitated by the Project Development Worker and the Health Project in Rialto.
- The two service users' representatives continue to be active participants in the Task Force structure and bring a broad range of issues and concerns to the broader debates that occur.



CANAL COMMUNITIES LOCAL DRUGS TASK FORCE – INTERIM FUNDED EMPLOYEE DETAILS (As of May 2014)

Position	Functions	Pay Rate – all are <u>aligned to scales listed but <u>not</u> equivalent</u>	Source of Funding	Employing Authority
<p><u>NOTE:</u> <u>Salaries are aligned but are not equivalent to HSE scales.</u> <u>No increments have been paid since 2009 and all staff took at 5.5% pay cut at that time.</u> <u>There are no pension entitlements and all are subject to annual funding being available.</u> <u>They are no longer in line with the pay grades of their peers within the statutory agency</u></p>				
Project Development Worker Part time position	To support the projects in - <ul style="list-style-type: none"> ➤ Administration and funding applications ➤ Implementation of the NDS with particular responsibility for the Coordination of LPF and safety committees; supporting and Service User Forum 	POINT 2 HSE Project Worker Scale	HSE	Canal Communities LDTF Ltd
Administrator Job-share (4 days)	<ul style="list-style-type: none"> ➤ 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. ➤ Dissemination of information both from the Task Force and Office of the Minister for Drugs to projects, Task Force members and other relevant bodies ➤ Assist the Co-ordinator with twice yearly government funding applications 	POINT 5 HSE Grade IV Clerical Scale	HSE	Canal Communities LDTF Ltd

