



NORTH DUBLIN

Regional Drug & Alcohol Task Force

NORTH DUBLIN REGIONAL
DRUG & ALCOHOL TASK FORCE

ANNUAL REPORT

SUMMARY FOR THE DPU,
Dept of Health. 2022

NORTH DUBLIN REGIONAL DRUG & ALCOHOL TASK FORCE.

ANNUAL REPORT SUMMARY FOR THE DPU, Dept of Health. 2022

It has been a period of change since the last Annual Report. The Task Force operated across its three hubs (one in each of three Community Health Network areas - Balbriggan, Swords and Coastal) providing a full range of frontline services meaning greater access for local people in their own community in line with Sláintecare Health reform agenda.

The Task Force also addressed the need for a gender specific approach to supporting women with multiple needs and submitted an application which was successful for the establishment of its WISE (Women's Inclusion Support & Engagement) service. The first worker was recruited in 2023 and has already made significant progress to address this service gap.

Another gap identified was the need for a structured day programme and an aftercare programme. The task force established a programme development subgroup of its Addiction Continuum network to develop plans for both. The Task Forces aftercare programme opened for referrals in Q3 2023 along with the 1 day a week pre entry group which will feed into its 3 day a week structured day programme beginning in the new year. The task force invited partners in the ETB and the ALDP to support its frontline service (CCS) to deliver the project. The collaboration of these partners will be important in providing expertise and life skills for participants.

Demand for services increased as did treatment demand with HRB NDTRS assessed cases up from 1246 in 2021 to 1610 with Alcohol and Cocaine the most prominent primary drug presentations. To address that need the Task Force team rolled out specific Cocaine Groups and Alcohol Groups which run each week.

The Taskforce is fortunate to have its Parents Under Pressure (PUP) assessor and 3 PUP facilitators on the team. There is an emphasis on hidden harm in the Balbriggan area which the HSE is progressing. The Task Force has offered to facilitate the PUP aspect of this to ensure there is no duplication of service provision and in 2023 continued to offer 5 step groups and one to one along with Mindfulness based stress reduction and drug related intimidation supports.

The Task Forces service user engagement program (SUPPORT) supported a number of very successful initiatives including coproduction groups with the HSE, service user forum meetings, surveys and feedback loops and other really important developments to ensure service users are not only actively involved in their own care but also informing service improvements to enhance care.

The Task Force played an important role in the national Model of Care for Dual Diagnosis, National Oversight Committee on Drugs and a number of other national groups. It also took a leadership role in the DRIVE project as the host task force and through this delivered a range of workshops and briefings to build the capacity of victims and those who support them to reduce the harm caused by drug related intimidation.

It supported the establishment of SAOR training with a staff member now accredited as a Trainer and put in place 2 strategic implementation groups involving multiple partners and agencies to oversee the regional prevention plan which was developed with multiple partners based on data from HRB and the regional Planet youth risk and protective factor survey which captured data from nearly 3000 young people aged 14 to 16 years old in Fingal.

The Task Force continued to take a leadership role in tackling drug related intimidation and violence in the region and nationally and hosting briefings, workshops and a number of capacity building events. It coordinated a follow up session with Dept of Justice Executive program for Organized crime and paramilitarism in N.I. and worked closely with the Garda Inspectorate to increase its understanding of the lived experience of victims of drug related intimidation.

It was not without challenges and difficulties with funding delays and tracking was problematic

however the task force worked very closely with its partners in HSE Social Inclusion to address this. There were a number of changes in the Task Force membership with new statutory representatives coming on board including HSE, Gardai and Fingal Co Council. The loss of the legal expertise from the governance committee in 2020 was addressed in Q3 2023 with the inclusion of a lawyer with expertise on compliance in Q3 2023.

During the year there has been an enormous level of interagency and collaborative working. Our work is possible because of funders in the Dept of Health, the HSE CHO-9 and the really important close partnerships we have with HSE Health and Wellbeing, Fingal CYSPC, An Garda Síochána, Healthy Fingal, SÁMH groups in the community and too many others to name. Our staff team is exceptional. The quality of services that they deliver collectively for such a small team is incredible and supported by a really active and hard working Management Committee. Finally, the many service users and people with lived experience that bring unique insights to ensure our work is defined by their needs.

B.walsh.Regional DATF Coordinator. 20.9.2023

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SECTION 1.

1.1 OVERVIEW OF THE DRUGS PROBLEM IN THE NORTH DUBLIN REGIONAL DATF AREA

INTRODUCTION

The NDRDATF is one of ten Regional Drug & Alcohol Task Forces in Ireland set up in 2003 under the National Drugs Strategy (NDS), to facilitate a more effective response in areas experiencing the highest levels of substance misuse and involve those directly affected by the problem in the development of an area-based strategy. The NDRDATF and its sub-structures bring together members representing the community, voluntary and statutory sectors, public representatives, and key interest groups. Together they co-ordinate a collective and integrated response to substance misuse in the North Dublin region which covers a catchment area North of Dublin City Centre and includes the following towns: Swords, Malahide, Portmarnock, Balbriggan, Skerries, Donabate/Portrane, Lusk, Rush, Oldtown, Naul, Ballyboughal, Garristown, St Margarets, Balrothery, Balcadden, Kilsallaghan, Kinsealy, Howth and Cloghran.

This partnership work is carried out under key goals as identified in the National Drug & Alcohol Strategy, Reducing Harm Supporting Recovery. The Terms of Reference of Drugs and Alcohol Task Forces are:

- To coordinate the implementation of the National Drugs Strategy in the context of the needs of the region/local area
- To implement the actions of the National Drugs Strategy where Task Forces have been assigned a role
- To promote the implementation of evidence-based local/regional drug and alcohol strategies and to exchange best practice
- To support and strengthen community-based responses to drug and alcohol misuse
- To maintain an up-to-date overview on the nature and extent of drug and alcohol misuse in the area/region
- To identify and report on emerging issues and advocate for the development of policies or actions needed to address the
- To monitor, evaluate and assess the impact of the funded projects and their continued relevance to the local/regional drugs task force strategy and to recommend changes in the funding allocations as deemed necessary

To deliver on an area based drug and alcohol strategy, the NDRDATF both delivers and coordinates a range of projects, services and interventions across the North Dublin region. Our current activity in NDRDATF includes



PROTECT & PROMOTE HEALTH AND WELLBEING

We provide advice, information, signposting, and early intervention to delay the onset of use and to help people make more informed choices about drugs and alcohol.



MINIMISE HARM & PROMOTE REHABILITATION AND RECOVERY

We try to ensure seamless access to evidence informed services for people who are impacted by alcohol/drug problems.



REDUCE AVAILABILITY AND DRUG RELATED CRIME

We work with our partners to reduce harm caused by drug related crime and intimidation at county level.



ENGAGEMENT OF FAMILIES, SERVICES AND COMMUNITY.

We work hard to ensure that those most impacted by drugs/alcohol are involved in the response including people with lived experience and their families.



EVIDENCE INFORMED RESPONSES

We constantly monitor data and latest evidence to ensure we are best meeting the needs of our communities.

CATCHMENT AREA OF NORTH DUBLIN REGIONAL DATF Population and Demographics

Operating across the North Dublin region, NDRDATF largely comprises the Fingal Local Government district. This area had a population of approximately 296,020 as of 2016; 49% male and 51% female. According to preliminary 2022 census data, the NDRDATF catchment area has seen extensive population growth since 2016, with Fingal experiencing an 11% population growth and County Dublin as a whole experiencing a 7.7% rise in population.

Population and Demographics¹

Operating across the North Dublin region, NDRDATF covers the following areas highlighted in the table.

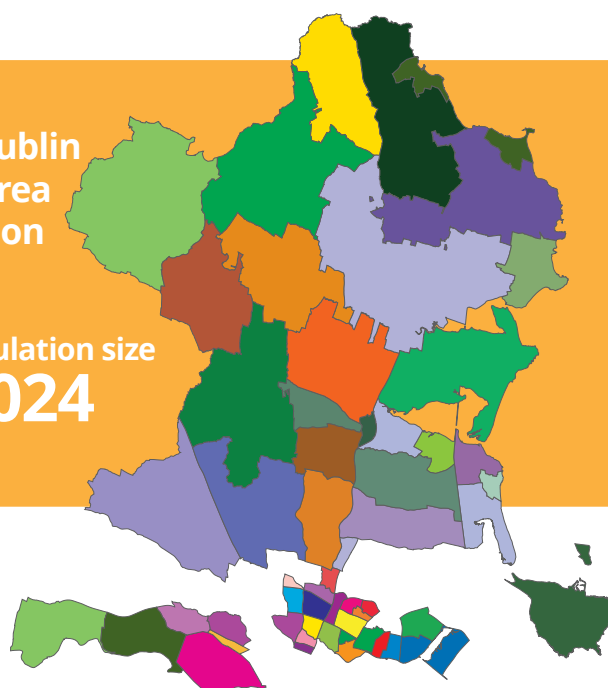
According to preliminary 2022 census data NDRDATF area had a population of approximately 330,204 people.

The NDRDATF catchment area has seen extensive population growth since 2016, with Fingal experiencing an 11% population growth and County Dublin as a whole experiencing a 7.7% rise in population.

The shaded areas represent the official DEDs within the North Dublin Regional DATF catchment area

North Dublin
RDATA Area
Population
2022

Total Population size
330,024





We provide advice, information, signposting, and early intervention to delay the onset of use and to help people make more informed choices about drugs and alcohol.



AND RECOVERY
We try to ensure seamless access to evidence informed services for people who are impacted by alcohol/drug problems.



CRIME
We work with our partners to reduce harm caused by drug related crime and intimidation at county level.



AND COMMUNITY.
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EVIDENCE-INFORMED RESPONSE
We constantly monitor data and latest evidence to ensure we are best meeting the needs of our communities.

Catchment area

Blue shaded areas are covered by 5 local Task Forces.
Peach areas is north-Dublin Regional task force area

Task force centres

- Balbriggan inclusion hub
- Community Care Service
- Fingal Families

Task Force funded Services

- Cookline Social Inclusion Worker
- Balbriggan Youth substance use inclusion team
- Swords Youth substance use inclusion team
- SAMH early intervention counselling

Anna Liffey Crosscare OST clinics

1.2 Overview of Drug problem in the North Dublin Regional DATF area

Capturing the nature and prevalence of drug and alcohol use in North Dublin RDATf area is difficult as there is no accurate prevalence data to refer to and those that are available refer to Fingal or all of CHO-9 and are not available in realtime. The Health Research board data is useful in terms of giving an indication of trends, patterns and risk behaviours but is limited in that it only captures treatment episodes so does not capture people who are having problems associated with their use but have not yet sought treatment or those who are using drugs/alcohol and do not report adverse effects. In an area like North county Dublin without a static drop in service or a well established service infrastructure, the treatment numbers are likely to seriously under report actual use and treatment need. OST data is available through the Central Treatment list for all people living in the area who are receiving methadone or other OST for opiate dependency. However this data is no longer published broken down by Task Force area so the most recent data is recorded by CHO rather than DATF – so includes the 5 neighbouring LDATFs

Central Treatment List full year 2022

The central treatment list is an administrative database to regulate the dispensing of methadone treatment. The Central Treatment List (CTL) was established under Statutory Instrument No. 225 (Minister for Health and Children 1998) and is a complete register of all patients receiving methadone (as treatment for problems with opiate use) in Ireland. When a person is considered suitable for methadone detoxification, stabilisation or maintenance, a unique number is allocated to the client and a treatment card is issued for clients when dispensed in community pharmacies.

The data is not broken down into specific task force areas however it does highlight that CHO-9 (North Dublin City and County) has one of the highest number of people receiving OST

Central Treatment List Summary Report for period 01/01/2022 to 31/12/2022 - Total 2022

Clinics	Total Patients during period	Total Patients at End of Period	Clinics	New (1st Time Patients on CTL)
Clinics (CHO Area 1)	0	0	0	0
Clinics (CHO Area 2)	69	52	1	13
Clinics (CHO Area 3)	286	231	2	25
Clinics (CHO Area 4)	618	500	2	74
Clinics (CHO Area 5)	500	347	8	45
Clinics (CHO Area 6)	499	466	8	10
Clinics (CHO Area 7)	2153	1731	38	117
National Drug Treatment Centre (CHO Area 7)	628	111	1	25
Clinics (CHO Area 8)	533	163	10	36
Clinics (CHO Area 9)	2137	1742	26	92
TOTALS	7423	5976	96	437

Compiled by CTL 19th January 2023

**Central Treatment List Summary Report for period
01/01/2022 to 31/12/2022 - Total 2022**

General Practitioners (L1)	Total Patients during period	Total Patients at End of Period	Clinics	New (1st Time Patients on CTL)
Level ONE GPs (CHO Area 1)	29	27	11	0
Level ONE GPs (CHO Area 2)	76	72	26	2
Level ONE GPs (CHO Area 3)	122	91	18	0
Level ONE GPs (CHO Area 4)	138	126	18	3
Level ONE GPs (CHO Area 5)	219	203	36	1
Level ONE GPs (CHO Area 6)	138	131	27	1
Level ONE GPs (CHO Area 7)	646	613	83	3
Level ONE GPs (CHO Area 8)	154	140	21	0
Level ONE GPs (CHO Area 9)	490	437	54	0
TOTALS	2012	1837	294	10

Compiled by CTL 19th January 2023

North Dublin is well served by level 1 and level 2 GPs and patients rarely have to wait to be initiated into treatment.

The total number of patients on OST is 11832 including prisons which has remained relatively static in general in the country. There may be implications for support needs for the existing and aging population of people who use opiates who have cumulative health needs associated with their use. There are 2 clinics operating for a few hours a week in the North Dublin RDATE area (Balbriggan and Swords) however they are not static clinics and so do not have typical onsite staffing one would expect in a catchment area of this size and population. The review of the CHO-9 HSE. Addiction Services cited the need for more focus on structured care planning and specifically for other drugs including alcohol.

Suboxone Treatment in North Dublin

The buprenorphine in Suboxone helps to reduce withdrawal symptoms and cravings, while the naloxone blocks the effects of opioid drugs. This combination has been reported to help patients feel relief from withdrawal while also providing an extra layer of protection against relapse. It should be noted that suboxone is not suitable for all OST patients but is clinically important in opioid treatment.

**Central Treatment List Summary Report for period
01/01/2022 to 31/12/2022 - Total 2022**

Clinics	Total Patients during period	Total Patients at End of Period	Clinics	New (1st Time Patients on CTL)
Clinics (CHO Area 1)	0	0	0	0
Clinics (CHO Area 2)	14	7	1	9
Clinics (CHO Area 3)	8	6	1	1
Clinics (CHO Area 4)	138	102	2	66
Clinics (CHO Area 5)	74	35	8	26
Clinics (CHO Area 6)	11	8	2	4
Clinics (CHO Area 7)	100	70	19	24
National Drug Treatment Centre (CHO Area 7)	68	52	1	19
Clinics (CHO Area 8)	6	6	4	2
Clinics (CHO Area 9)	142	90	13	44
TOTALS	565	376	51	195

General Practitioners (L1)	Total Patients during period	Total Patients at End of Period	Clinics	New (1st Time Patients on CTL)
Level ONE GPs (CHO Area 1)	10	10	1	1
Level ONE GPs (CHO Area 2)	3	3	2	0
Level ONE GPs (CHO Area 3)	0	0	0	0
Level ONE GPs (CHO Area 4)	8	7	3	0
Level ONE GPs (CHO Area 5)	13	12	4	1
Level ONE GPs (CHO Area 6)	0	0	0	0
Level ONE GPs (CHO Area 7)	10	10	5	0
Level ONE GPs (CHO Area 8)	0	0	0	0
Level ONE GPs (CHO Area 9)	9	9	5	4
TOTALS	53	51	20	6

General Practitioners (L2)	Total Patients during period	Total Patients at End of Period	Clinics	New (1st Time Patients on CTL)
Level TWO GPs (CHO Area 1)	40	21	2	32
Level TWO GPs (CHO Area 2)	61	53	1	11
Level TWO GPs (CHO Area 3)	8	8	2	0
Level TWO GPs (CHO Area 4)	7	6	1	0
Level TWO GPs (CHO Area 5)	10	8	3	2
Level TWO GPs (CHO Area 6)	90	82	6	29
Level TWO GPs (CHO Area 7)	17	13	8	2
Level TWO GPs (CHO Area 8)	37	31	5	7
Level TWO GPs (CHO Area 9)	78	56	17	15
TOTALS	348	278	45	98

All Prisons	Total Patients during period	Total Patients at End of Period	Clinics	New (1st Time Patients on CTL)
Prisons	13	5	4	0
TOTALS	13	5	4	0

GRAND TOTALS	979	710	120	299
Actual Patients Attending	923			

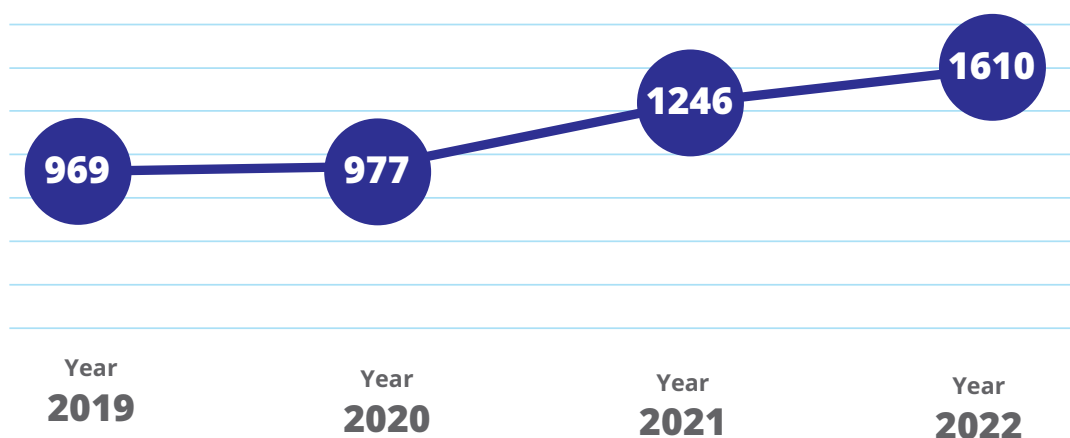
HEALTH RESEARCH BOARD DATA FOR NORTH DUBLIN REGIONAL DRUG & ALCOHOL TASK FORCE

As referenced there are difficulties with capturing prevalence of drug use however data from the Health Research Board, National Drug Treatment Recording System for new treated cases for people living in the catchment area of the North Dublin RDATF area can give an indication of trends. When these are matched against Internal client information systems in local services in the area it gives a reasonably accurate picture of the trends and indicative consumption patterns within the RDATF Area. The HRB National Drug Treatment Recording System captures data on people who live in North Dublin RDATF area and have been assessed for treatment for alcohol or drug use within the specified year. The following data illustrates full year data for 2022. This has been analysed and presented in charts for ease of interpretation.

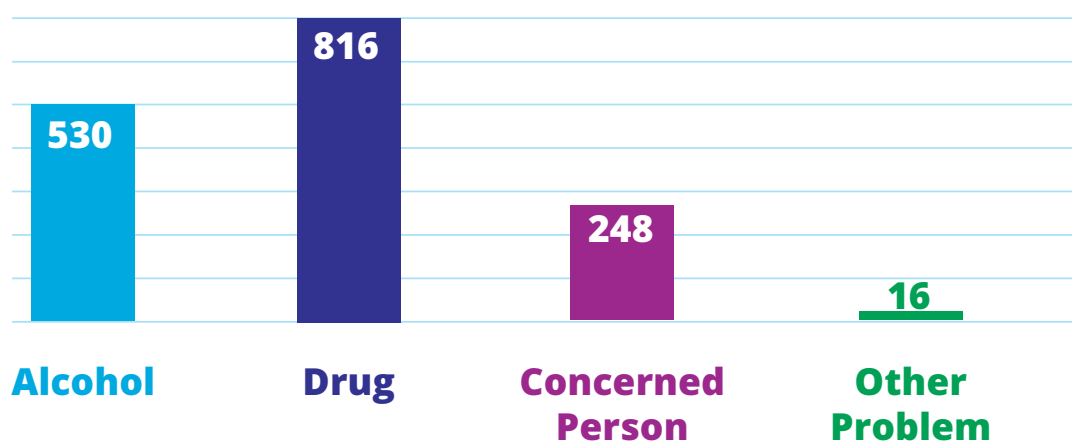
New treated cases from 2019 to 2022 for people living in North Dublin RDATF Area

There has been a marked increase in new treated cases in the North Dublin RDATF area. This may be due to new programmes being offered by the CCS (alcohol and cocaine groups) and more engagement between services along with vacancies with CCS filled (stats source HRB, NDTRS)

New Treatment Cases Living in RDATF Area by Year



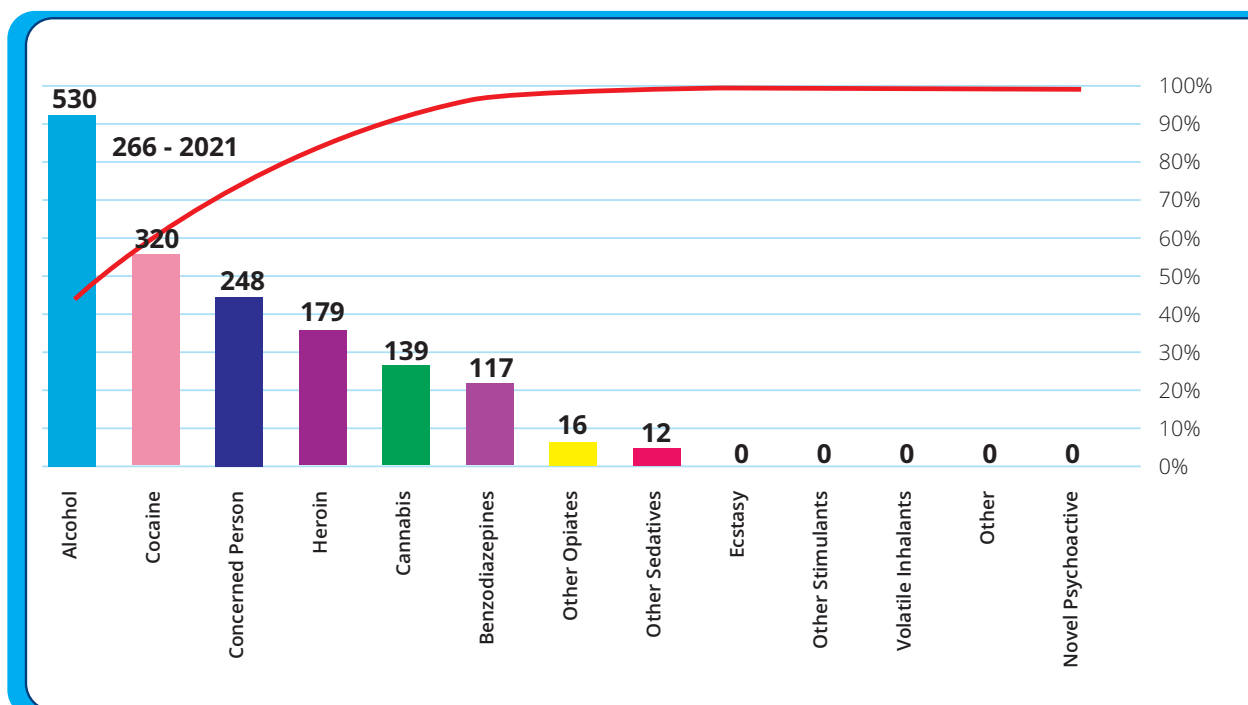
Reason for Referral living in North Dublin RDATF Area 2022



Drug trends in the North Dublin Regional DATF area

When the HRB data for other drugs apart from alcohol is broken down further into specific drug presentation for new treatment cases, cocaine emerges as the primary drug presentation. This is in line with feedback from other areas and intersectoral partners on the RDATF management committee. There was a sharp increase from 266 new treated cases for cocaine in 2021 up to 320 in 2022. The RDATF team in its Community Care service set up new cocaine specific groups which are likely to have had some impact

Primary Drug Presentation New Treated Cases

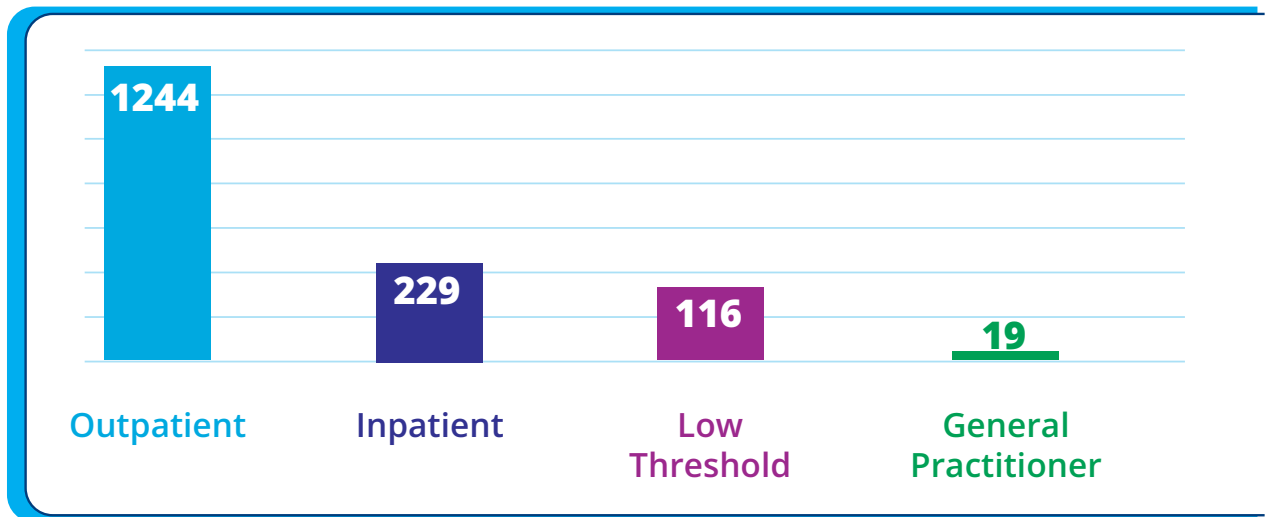


Service provider profile.

In examining the HRB data, it is clear that the last few years of focused implementation of community based drugs services by the RDATF means that more people are receiving support in community areas closer to home and the addition of new assertive outreach team by ALP is likely to have increased referrals into other services and consequently there has been an increase in low threshold assessments.

The RDATAF undertook a significant interagency review process to improve the continuum of care for the area which led to greater networking and interagency referrals.

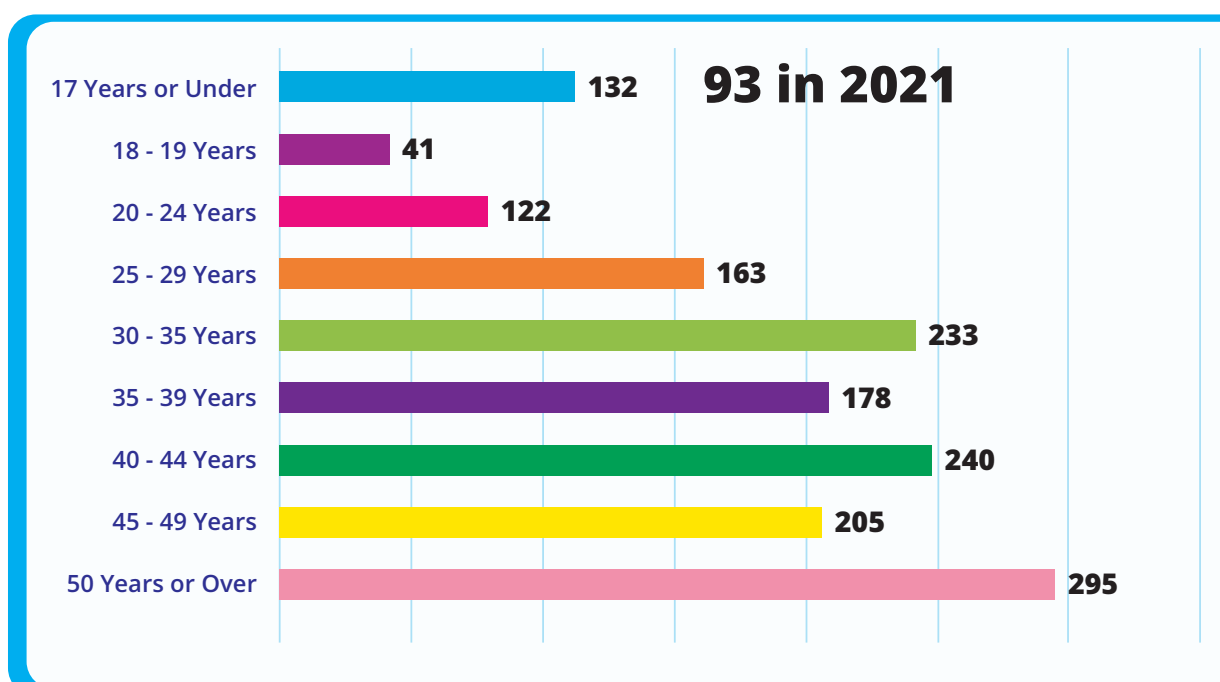
Service Provider Type New Treated Cases Living in the North Dublin RDATAF Area



Age profile of treated cases 2022

The Task Force examined the data for the previous year. There was notable increase in new treated cases for children. The increase from 93 to 132 is of real concern. The Task force has invested heavily in early intervention and prevention and in particular in engaging other agencies in the processes in line with EUPC guidelines. Prevention takes time so the impact of this is unlikely to be seen for some time in the meantime the increase in specialist treatment for children is of real concern.

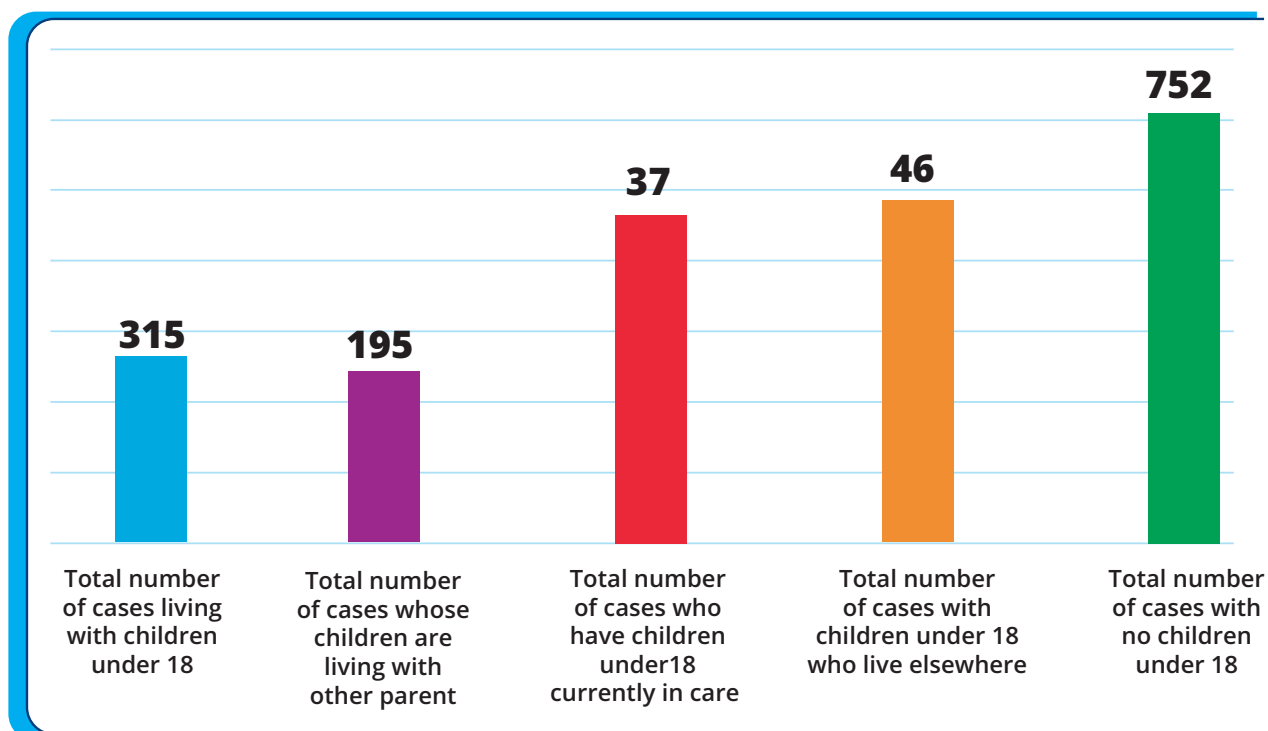
Age Profile of New Treated Cases Living in the North Dublin RDATAF Area 2022



Hidden Harm and Family Support

The HRB also captures information on family living arrangements of new treated cases. This is particularly relevant to identify the needs of impacted family members and specifically hidden harm to children.

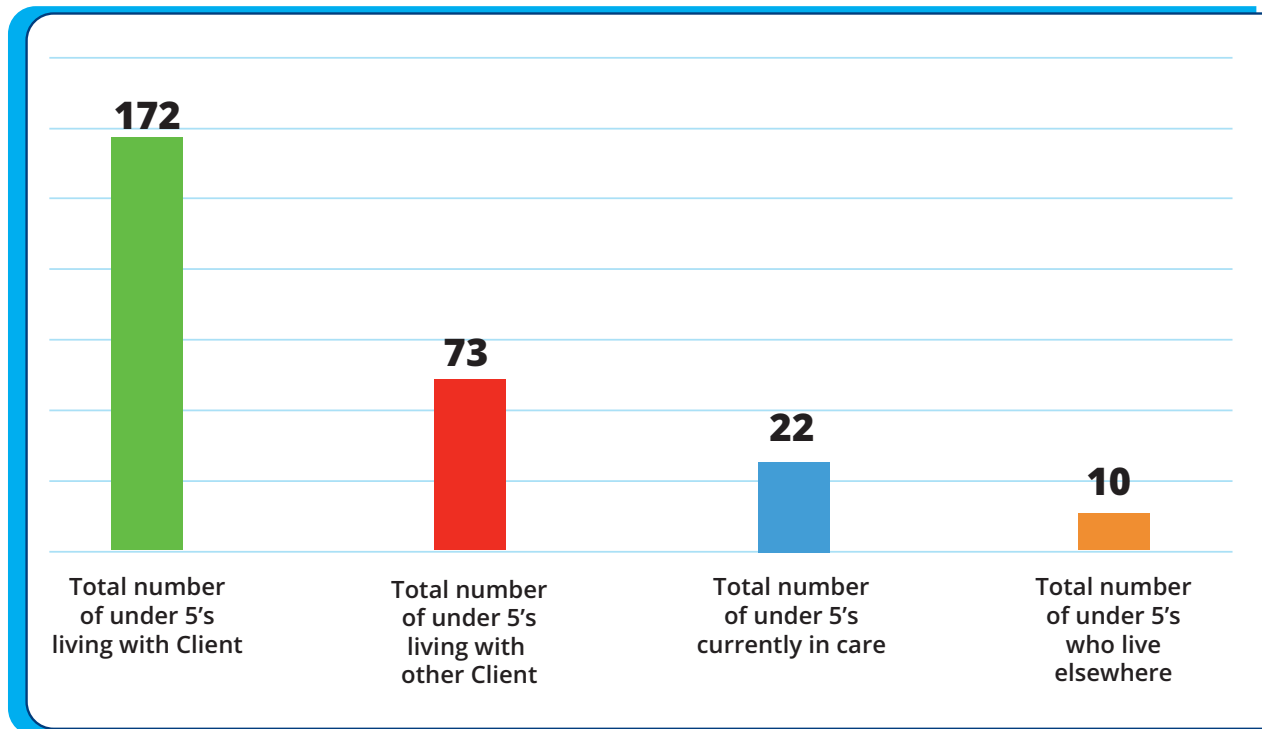
New Treated Cases Living with Children Under 18



New treated cases for substance use with children under the age of 5 years

There are again particular concerns in relation to very young children. There is an opportunity to provide both an early intervention for children and also to increase parental capacity of parents. The RDATA's family support service provides PUP (Parents Under Pressure) an evidence informed parenting intervention for parents with multiple needs. There is an accredited PUP supervisor and 3 PUP facilitators on the staff team to deliver this intervention, along with Triple P.

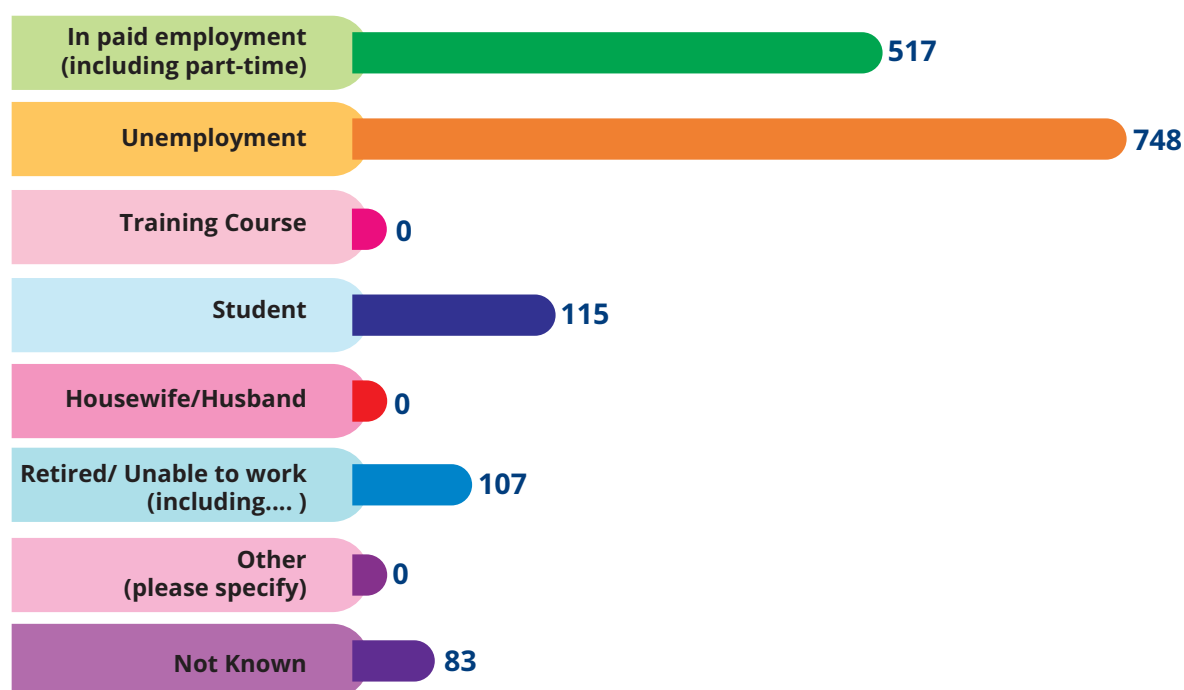
New Treated Cases Living with Children Under 5



Recovery Capital

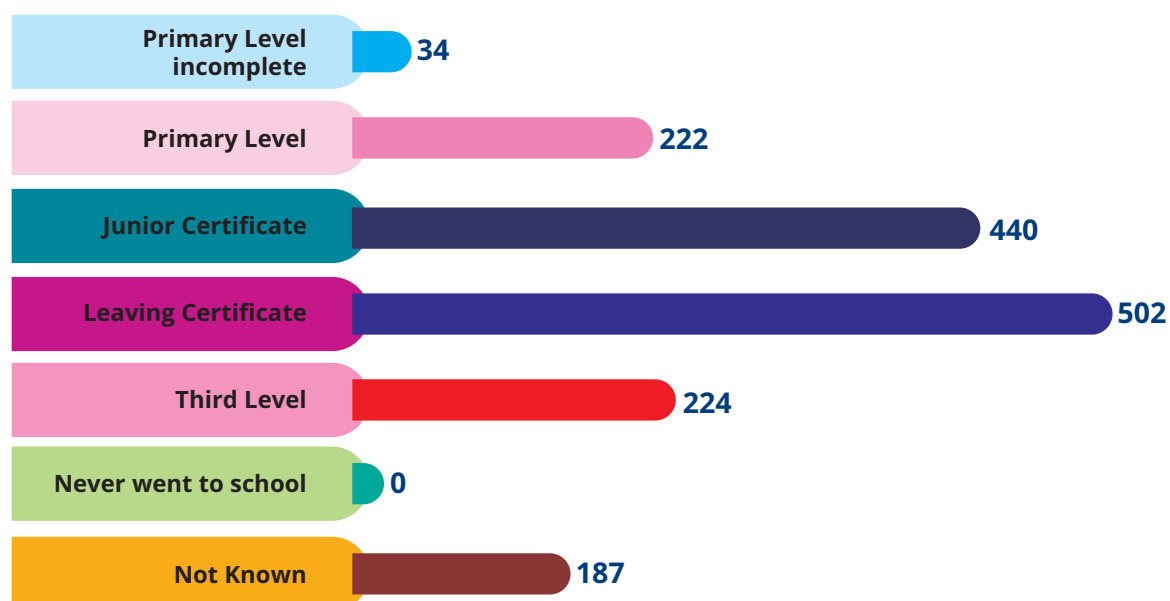
The RDATAF defines recovery capital as the range of resources that a person has to support and maintain their recovery journey. Education, training and employment are key aspects of this. Despite almost full employment in the state there is a disproportionately high rate of unemployment among treated cases living in the region. Linkages with the ETB and other relevant agencies are important to build recovery capital along with the development of a structured day programme in the area.

New Treated Cases Employment Status 2022



Education is another important factor in building recovery capital and has been recognized in literature as central component which should be considered. With lower formal education levels among treated cases significantly lower than mainstream population, this is an other area that the RDATAF will be considering in conjunction with the ETB and other partners.

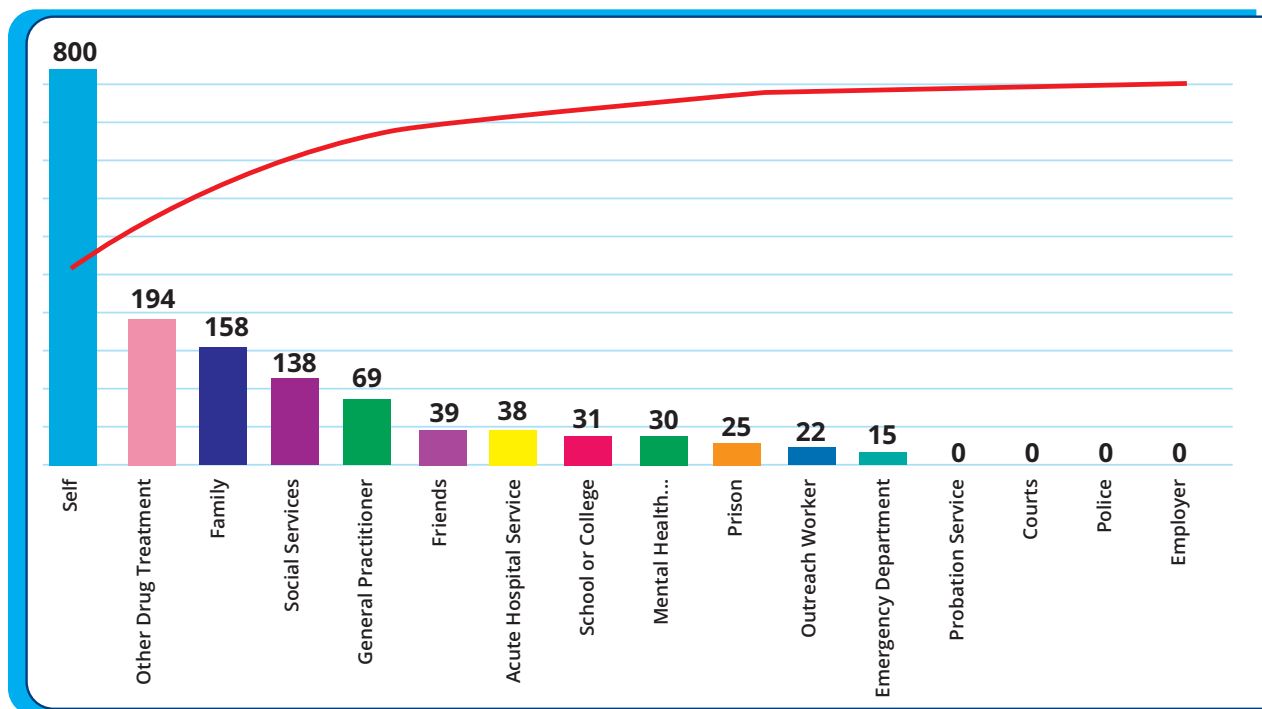
Higher Level of Education 2022



Source of referral to treatment services for people living in the North Dublin Regional DATF area

It is important when interpreting this data, to recognise that where 'self' has been selected as the referral source by practitioners that this is often because the person was signposted by a health practitioner but a formal referral form was not completed. In any case, with the establishment of new services and community connectors, social prescribers and new SAOR practitioner in the area it is expected more formal referrals will feature in the data in the coming years from justice agencies and MECC and the newly trainer SAOR trainer on the RDATAF team will be important factors in promoting referrals.

Source of Referral New Treated Cases 2022



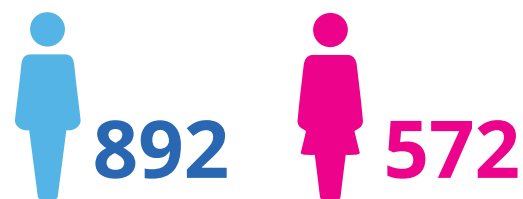
Gender and drug and alcohol treatment in North Dublin RDATAF

There is traditionally a disproportionate low number of women accessing drug and alcohol services compared to men. It is acknowledged that there are particular barriers that make it more difficult for some women to access timely help for addiction. The RDATAF through its service user engagement project and the many consultation processes it has engaged in during the year had feedback that women in the area had challenges with childcare, stigma, trauma, fear of losing children, transport, self stigma and range of other barriers that delayed their access to treatment. To that end the RDATAF has established a WISE service (women's inclusion support and engagement) to work exclusively with women with multiple needs.

The HRB does not report on data sets that are less than 10 which is likely to explain the lack of 'non binary' data the gender category. However, we

have other data captured in the health and wellbeing survey that clearly indicates higher substance use rates among young people who identify as non binary than binary counterparts.

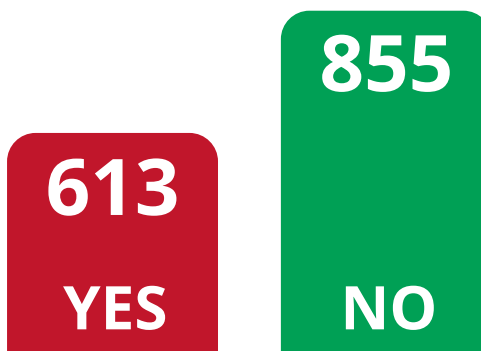
Gender Distribution of New Treated Cases, 2022



Poly drug use for people who accessed drug and alcohol treatment living in nth Dublin RDATAF area.

While not unique to the North Dublin RDATAF area, there is a high level of poly drug use evidenced. People will often seek help because of one drug for eg; alcohol and on further assessment it will become evident that there are other drugs at play that are impacting on their quality of life. We refer to these as additional problems. This is important in terms of developing relevant and appropriate care plans. In relation to strategic planning, it is important not to focus solely on the primary problem drugs to ensure we do not miss obscured emerging trends.

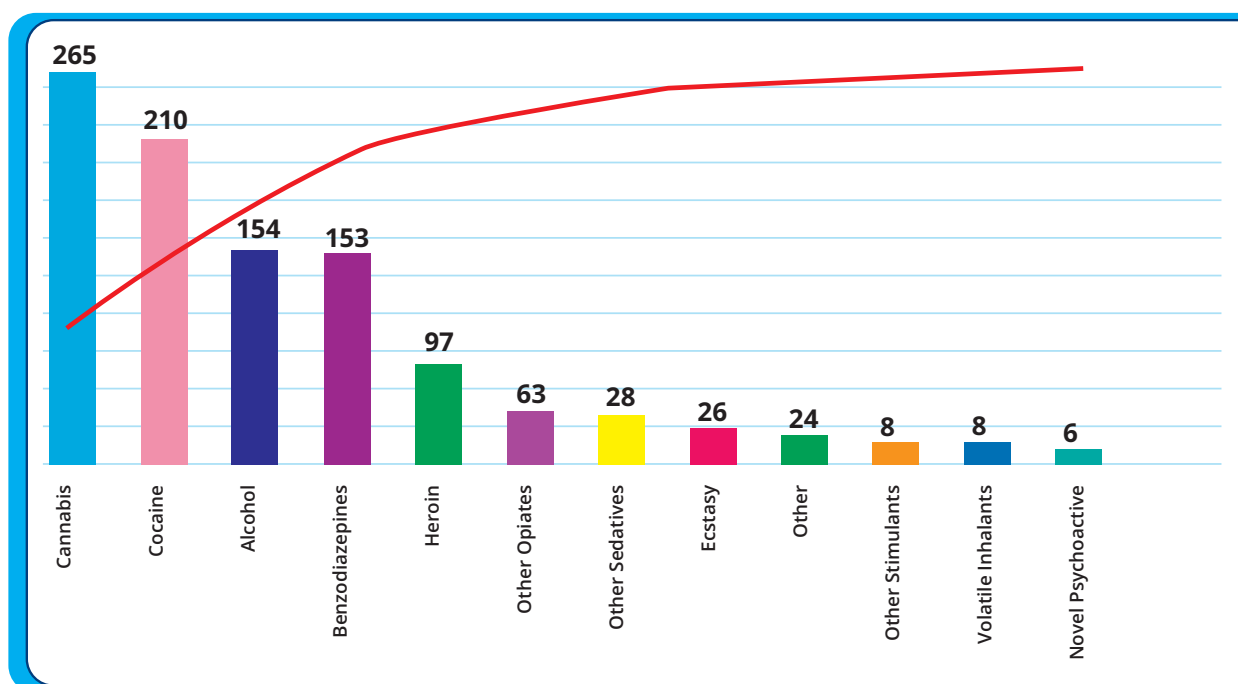
More than one problem drug new treated cases



Prevalence of additional drug problems by specific drug.

As referenced, there is often more than one substance that is impacting on quality of life. As can be seen from the data, cocaine, alcohol and cannabis feature prominently as does benzodiazepine use. Cocaine in particular is revealed often as an additional problem with presentations for primary alcohol use and vice versa.

Additional Drug Problems by Prominence




Alcohol use for treated cases living in North Dublin RDATAF area 2022

Alcohol remains the single most prominent drug of primary presentation for people living in North Dublin. This is partially due to the relatively recent establishment by the RDATAF of community based addiction services in 2014. This meant that there was no preconceived 'opiate' focused concept of the service as has been reported in some areas as a barrier to access. Furthermore the service offers alcohol specific services and liaises closely with the alcohol liaison nurse in Beaumont.

Number of Standard Drinks Consumed in a Session

Number of Standard Drinks Consumed in a Session


MALE



0	65
1-5	19
6-11	67
12-17	56
More than 17	110
Not Recorded	40

Number of Standard Drinks Consumed in a Session

FEMALE



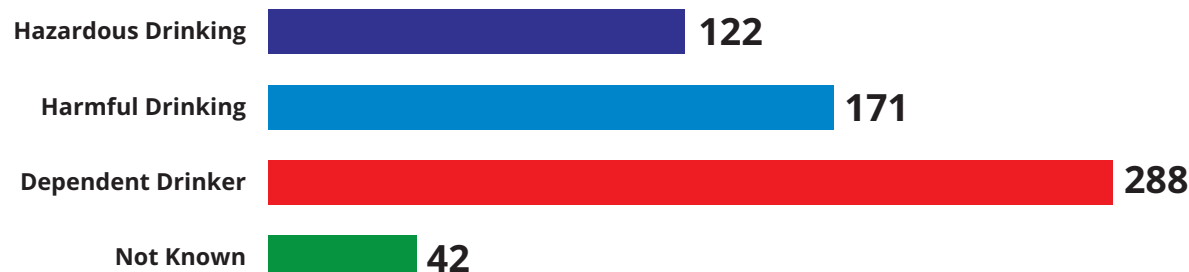
0	45
1-5	18
6-11	59
12-17	40
More than 17	60
Not Recorded	42

There are high rates of binge drinking in both men and women in the North Dublin RDATAF area that presented for treatment.

Severity of drinking among those who presented with alcohol as primary drug presentation 2022.

In terms of the level of alcohol harm it is useful to look at the severity of drinking problem among new treated cases. This reveals high numbers of cases that are dependent. Again, the rollout of MECC in primary care and SAOR across the community should mean an increase in early presentations, brief interventions and referrals for treatment and reduce dependency rates in the longterm.

Severity of Drinking Problem, 2022

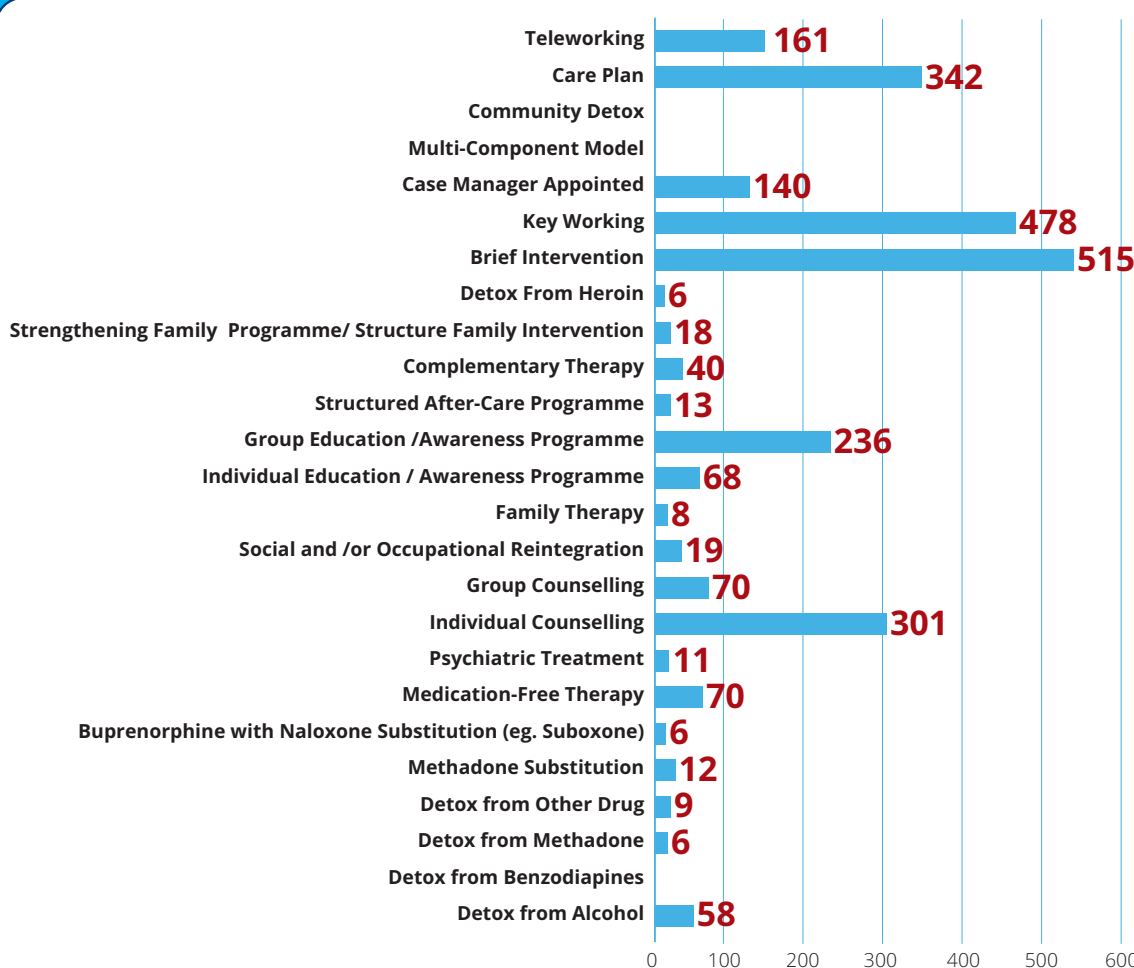


Hazardous Drinking	Drinking over recommended weekly limit -17 men and 11 for women, also binge drinking (more than 6 std drinks in one go)
Harmful Drinking	Drinking over recommended weekly limited and experiencing health problems directly related to alcohol
Dependent Drinking	Dependent means that a person feels that they are unable to function without alcohol and the consumption of alcohol becomes an important - or sometimes the most important - factor in their life. May also experience withdrawals if suddenly stopping

Treatment interventions provided for new treated cases living in North Dublin RDATAF in 2022

In responding to the multiple needs of people who access support for alcohol and other drug problems, a broad range of interventions were offered. Since 2020 teleworking has featured more prominently in this data and although restrictions have been removed the RDATAF services have retained e-health as an option for many service users who have transport, geographical, childcare, mobility, work related or other access challenges with in person treatment.

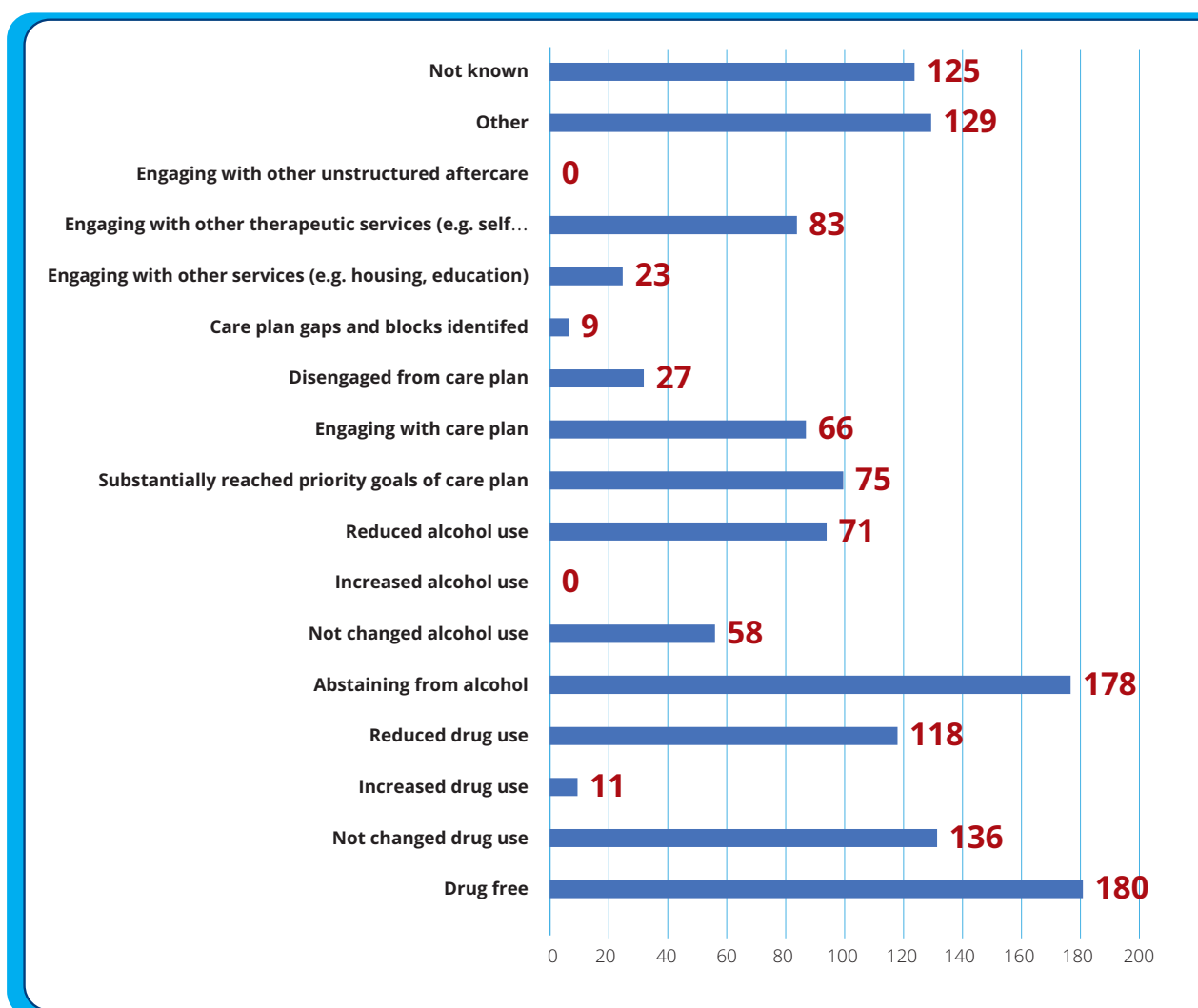
Treatment Interventions Provided



Outcomes for new treated cases living in Nth Dublin RDATEF at point of discharge from services in 2022

It is important to recognise that different services have different expected outcomes and the expectation is not always to become drug or alcohol free. For instance low threshold services may consider reconnection with family, structure, set goals and/or reduction in problematic use as a successful outcome. In examining this data for the area, we are looking instead at the overall collective status of those who left treatment in 2022. The categorization of status on discharge is also open to interpretation. The RDATEF has requested refresher training from the HRB to ensure consistency of reporting

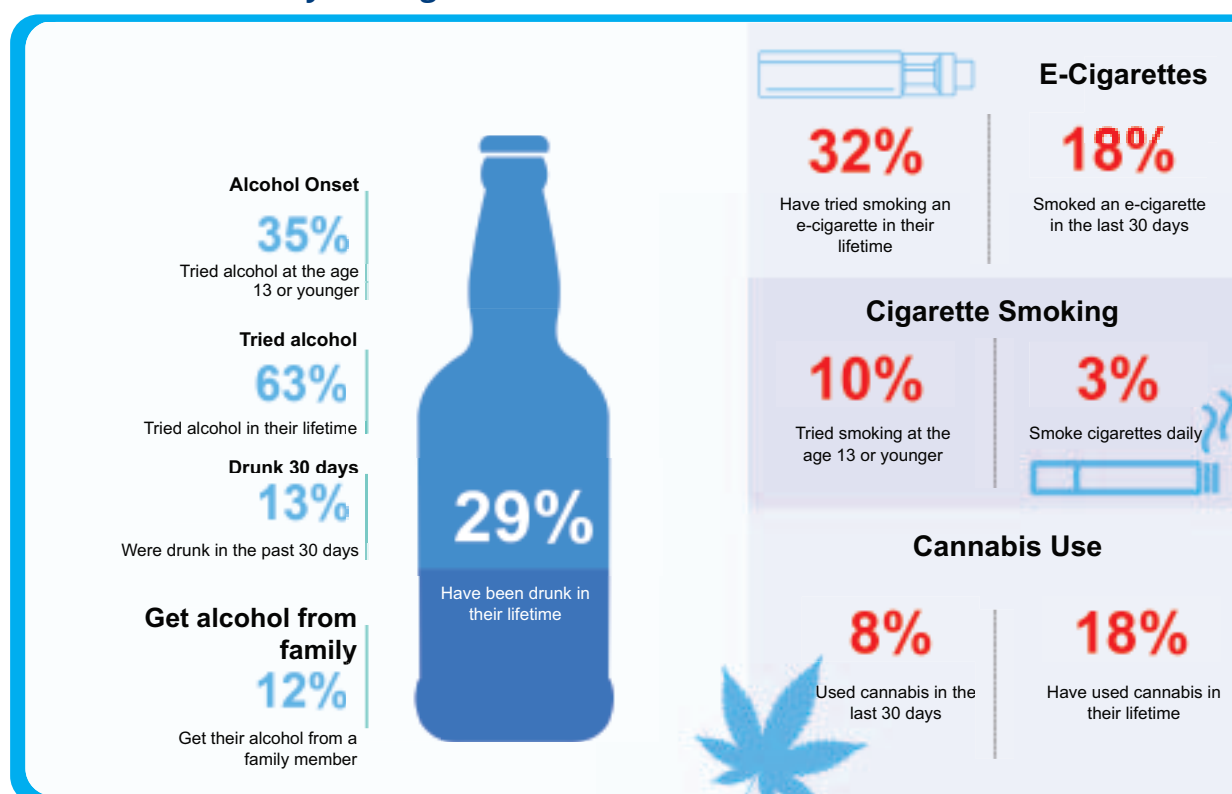
Condition on Discharge of New Treated Cases



Young people and Drug/alcohol use

Data was collected in Q4 2021 from nearly 3000 young people aged 14 – 16years old living in the area which looked at a range of protective and risk factors in their lives with a focus on substance use. Analysis of the data in early 2022 meant the task force had Realtime data to inform its prevention plan. It also revealed patterns of behaviour.

Substance Use - Key Findings



Alcohol emerged as the most commonly consumed substance, with 25% reporting use in the past year and 13% in the past month. Cannabis followed closely, with 14% reporting use in the past year and 8% in the past month. Daily nicotine consumption for cigarettes and vapes remained low, at 3% and 4%, respectively, while other illicit drug use was infrequent.

Substance use, risk and mental health among young people in Nth Dublin area

Cannabis use and young people in living in North Dublin

RCSI conducted further analysis of the data extrapolated from the survey which revealed: The odds of cannabis use were higher among adolescents who were:

- ▶ current alcohol users (aOR 2.68, CI: 1.79-4.02, $p < 0.001$)
- ▶ current smokers (aOR 3.17, CI: 2.18-4.60, $p < 0.001$)
- ▶ current e-cigarette users (aOR 2.72, CI: 1.87-3.96, $p < 0.001$).

The odds of cannabis use were higher among adolescents who:

- ▶ did not perceive cannabis use as harmful compared to those who did (aOR 2.24, CI: 1.51-3.32, $p < 0.001$)

The odds of cannabis use were higher among adolescents who:

- ▶ felt their parents were not against cannabis compared to those who felt their parents were against it (aOR 3.71, CI: 2.43-5.66, $p < 0.001$)

- Were less supervised by their parents (the odds of cannabis use increased by 11% for each unit increase on a scale where a higher score represented less parental supervision)

This indicates a clear need for the RDATAF to work with partners to build capacity of parents to model healthy behaviours around substance use and recognise their own role in building protective factors.

Peer factors and substance use

The odds of cannabis use were higher among adolescents who:

- had peers that use cannabis compared to those who did not (aOR 9.81, CI: 5.76-16.71, $p < 0.001$)
 - felt peer pressure to use cannabis compared to those who did not (aOR 1.91, CI: 1.09-3.33, $p = 0.024$)
- some key conclusions can be made from the deeper analysis of the data: notably:

Five risk factors (smoking, alcohol use, vaping, peer cannabis use and peer pressure) and

Three protective factors (parental supervision, parental reaction to drug use and perception of cannabis-related harm) were identified that were independently associated with cannabis use.

Importantly for the RDATAF, these factors are modifiable and there are linked interventions included in the RDATAFs multi agency prevention plan

1.3 MAIN ISSUES THE RDATAF ADDRESSED ARISING FROM THIS PATTERN OF DRUG USE

The RDATAF engaged in a range of activities to address the changing drug landscape in the region which can be broadly summarised below

1. **Continuum of Care Review:** the task force brought together nearly 60 frontline workers and service managers from its addiction continuum network of drug treatment providers in the area in an all day event.

At the meeting the data for the area was shared and each service gave an overview of its role in addressing the issues. The second half of the session looked at continuum of care and gaps and was followed by consultation with Professor Jo-hanna Ivers in relation to alcohol treatment as the primary drug that is consistently appearing in data and an input from Programme Manager from the Dual Diagnosis National Model of Care again linked to trends in the area

Following this extensive workshop there were a number of actions

- The RDATAF established a programme development group (subgroup of the task forces Addiction Continuum Network) to set up (1) a Day programme for people in the region who are currently using drugs and/or alcohol and need some support with improving their quality and life and building recovery capital and (2) an aftercare programme to support people who have completed an episode of treatment and would benefit from post treatment supports to maintain and sustain their recovery.
- The RDATAF is currently updating the North Dublin Continuum of Care Network directory of alcohol and other drug services. This is version 3 of this important resource which is used by GPS and other referral sources in the region. With the new services available in the area with the addition of Anna Liffey Outreach team and the Integrated alcohol service and the TASK Forces Womens Inclusion Support and Engagement service (WISE) up to date information will be important.

2. **Gender specific services:** the Task Force developed and submitted a proposal for the development of a new gender specific service for women with multiple needs in the area which was approved at the end of 2022 and is now operational and making a significant impact in terms of improving health inequities for women who use drug and/or alcohol in the region. The first Womens Inclusion Support and Engagement (WISE) Worker is in place now and has forged close relationships with TUSLA, Aoibhneass (domestic violence ngo) and is an important referral link into the task forces family support service that provides PUP (Parents Under Pressure), Triple P and a range of other supports

3. **Substance use specific groups:** the task force set up new groups specially for alcohol and also for cocaine. These ran all year. a second alcohol group had to be established to run parallel with the other during the week because of the huge demand which exceeded capacity.
4. **Recovery café:** the task force established a safe sober space for people who are trying to work towards or maintain their recovery in Balbriggan. Although the numbers attending were low initially, it proved a very important engagement strategy for many people using drugs in the area that were unaware of or reluctant to access services. there were many new referrals into services as a direct result from attendance at the recovery café. The task force aftercare programme will feed into the recovery café which is being rebranded as a sober social club for anyone trying to work towards or maintain recovery.
5. **Interagency-** the task force set up a range of interagency group to progress treatment needs and also to address the prevention needs of the area. these are outlined later in the document.
6. **Dual diagnosis** – the task force through its Community Care service team captured lived experience of people with dual diagnosis to inform the model of care. It also engaged in the working group, chaired the recovery capacity building group and developed a video for the launch of the MOC. The expert by experience rep on the task force management committee and the TF coordinator are members of the implementation group
7. **Service user engagement to improve services.** the task forces SUPPORT coordinator, facilitated a range of serie user engagement and co production activities to identify service needs which were followed up and acted on.
8. **Alcohol research** – the task force commissioned a large scale alcohol research project which is the most compfhresenive ever in this region. It will launch this later in the year.
9. **Strategic plan** – the taskforce commissioned a review of its strategy and development of new action plan. this involved consultation process and will be launched later in the year.
10. **Community action on alcohol-** the task force team partnered with hse health promotion teams ot deliver signposting and awareness events including at health open days, shopping centres, events for older people – 2 weeks of concerts and other settings



NORTH DUBLIN

Regional Drug & Alcohol Task Force

SECTION 2.

Progress made in implementing the drug strategy under the 5 goals of the NDS

SECTION 2:

Progress made in implementing the drug strategy under the 5 goals of the NDS

The goals of the current national drug strategy are outlined below

1. Promote and protect health and wellbeing
2. Minimize the harms caused by the use and misuse of substance and promote rehabilitation and recovery
3. Address the harms of drug markets and reduce access to drugs for harmful use
4. Support participation of individuals, families and communities
5. Develop sound and comprehensive evidence-informed policies and actions

For ease of reading there is a brief summary of the key progress made in relation to the specific goals

GOALS	
GOAL 1 Promote & protect health and wellbeing	<p>Community Action on Alcohol: Community engagement in alcohol at public events to engage public in discussions re alcohol harm and modelling. This included Alcohol awareness stands in public forums to highlight alcohol related public harm.</p> <p>Parental engagement: a programme called Parents comhra: to engage with parents about alcohol harm including parental modelling and attitudes to alcohol and other drugs.</p> <p>SAOR : Task Force staff member trained as SAOR trainer and delivered 4 x SAOR trainers with 60 participants to build capacity of community to have helpful conversations with others whose alcohol or drug use they may be concerned about and screen, deliver brief intervention and onward referral.</p> <p>Schools: in line with best practise Task Force via its prevention strategy delivered capacity building for teachers and parents and developed a transition year programme to be delivered by teachers and youth services over a number of weeks in the school setting. A parents resource signposting to evidence informed HSE and local resources and supports was developed *we work very closely with HSE health and wellbeing to deliver these interventions and usually in partnership with the HP workers.</p>

GOALS

GOAL 2 Minimize the harms caused by the use and misuse of substance and promote rehabilitation and recovery

Cocaine and alcohol services: the task force set up new groups specially for alcohol and also for cocaine. These ran all year. a second alcohol group had to be established to run parallel with the other during the week because of the huge demand which exceeded capacity.

Naloxone training: the task force has a naloxone trainer on the staff team who delivered naloxone training in Balbriggan to service user and family support representatives and frontline staff.

Gender specific services: the task force set up its Womens Inclusion Support and Engagement Service in Balbriggan for women who use drugs including alcohol that have multiple needs.

Recovery café: the task force set up a Recovery Café in Balbriggan to provide a safe sober space for people to connect socially with peers and be signposted to services Mindfulness based stress relief: the task force set up a new group which runs out of balbriggan one day a week.

Continuum of care: the task force through an extensive review process has shared clarity on referral processes with other new services in the area to create a seamless transition from one stage of the continuum to the next and engaged in the integrated alcohol service.

Dual diagnosis; the taskforce actively contributed to the development of the national model of care for dual diagnosis

GOALS

GOAL 3 Address the harms of drug markets and reduce access to drugs for harmful use

The Task Force recruited a DRIVE Coordinator to lead the community implementation of the DRIVE model. it hosted a number of drug related intimidation reporting programme briefings and engaged closely with the nominated inspector for drug related intimidation in the area to interrupt the trajectory of young people engaged in drug use into further criminality and drug dealing in the region. This collaboration contributed to a number of arrests, cases and sentences. Furthermore it provided an early intervention support.

The Task Force engaged with the National Garda Inspectorate to include lived experience of Victims of drug related intimidation and violence in the.

The inclusion of experts by experience has created an information pathway in terms of local knowledge in the area around drug markets between the community and the AGS.

GOALS**GOAL 4
Support
participation of
individuals,
families and
communities**

-The task force has an entire project focussed (SUPPORT) on service user engagement which was very active during the year with coproduction groups, consultations and service user surveys, forums and feedback sessions. This led to a number of informed services improvements.

-The taskforce also engaged in a process to include people with lived experience and family members in the lived experience consultation for the national dual diagnosis model of care to ensure their voices and insights were incorporated into the new MOC.

-The task force held a number of SAMH groups meetings over the course of the year in which key community activists and services work together at local level in smaller areas of the region to address local needs. Through this a number of service signposting days were held led by the local community.

The task force commissioned alcohol research which was delivered by dept of public health in trinity college. A key aspect of this was the collective intelligence input by people with lived experience of alcohol use and families directly impacted.

GOALS**GOAL 5
Develop sound
and
comprehensive
evidence-
informed
policies and
actions**

The work is aligned to the National drug strategy, connecting for life, slaintecare and healthy Ireland national policy frameworks, The task force has developed two critical reports to inform the evidence base for its work.

(1) the most comprehensive alcohol research on nature and extent in the region ever completed by Trinity college dept of public health and

(2) strategy review and action plan completed by S3 solutions

-All staff are trained in the relevant interventions required for their specific role and there are preset minimum competency standards for their work
-The Task force uses data to inform every aspect of its work including HRB, CTL, in service data and Planet Youth data to ensure it is meeting evidenced need -Each aspect of the service delivery by the task force is underpinned by the best available evidence. For eg: frontline services use M.I., CBT, CRA, 5 step, PUP, Triple P, Mindfulness based relapse prevention, SMART recovery. Staff also use Janus resonance for which there is dearth of robust evidence as yet to indicate the efficacy of the model but team members cite effectiveness in their practise.

SECTION 3.

Profile of DATF Funded Projects

SECTION 3

Profile of DATF funded projects

The Task Force funds and delivers a number of projects which are listed below along with a short summary of their role

1. **N6: Operational budget:** this relates to the main task force operations and includes the head office, work programmes, community engagement, and family support services including the Family Support Specialist, Family Support worker, rent for Community Care Service and all non rent overheads for family support service, drugs task force and the Community Care Service, half salary for Addiction Counsellor.
2. **N25: Community Care Service:** this relates to the frontline drug and alcohol service delivered by the task force in swords (salary only).
3. **N12: Travellers & new communities:** this relates to a one worker service which is funded by the task force within coolmine (following a tender process – salary only).
4. **N2: Swords Youth SUIT:** previously channelled via the ETB – now part of ringfenced RDATAF budget and channelled via HSE – youth drug team in swords – salary and programme inc rent. Salaries are for 1 x youth substance use counsellor and 1 x Youth Case Manager.
5. **N22- Child & Family Programme:** previously channelled via the ETB – now part of ringfenced RDATAF budget and channelled via the HSE – includes Balbriggan Inclusion Hub rent, Balbriggan Youth SUIT (delivered by Crosscare 1 x youth substance use counsellor & 1 x Youth Case Manager), SAMH youth counselling, family counselling.
6. **HP –Prevention Coordinator** - to support SAMH & lead the Prevention Strategy at community level – (salary only)
7. **Fingal families service** – for family members and hidden harm to children (rent only).

Other projects delivered by the Task Force but funded via new funding.

8. **Ministers strand 1:** Prevention strategy. large scale prevention strategy with multiple agencies and data collection and linked interagency planning groups and prevention plan.
9. **CSEF: (Previously Ministers Strand 2:** SUPPORT – service user engagement – 1 x Coordinator and 2 x p/time peer workers.
10. **Estimates: (previously Ministers strand 3:** DRIVE; drug related intimidation and violence – salary and part programme costs. 1 x coordinator, 1 xproject worker, 1 x Research & Data Coordinator & programme costs.
11. **CSEF: WISE -Womens Inclusion Support & Engagement service** -womens specific Case Workers to support women who use alcohol and/or other drugs with multiple needs

RELEVANCE OF TASK FORCE SERVICES IN THE DELIVERY OF THE STRATEGY IN THE REGION

The area remains under resourced in terms of drug and alcohol and associated services. Similar to many regional DATFs, the area is very large with a diverse mix of urban, suburban and rural populations which have grown exponentially since the establishment of the Task Force. This means there is not the service infrastructure one would typically find in the longer established DATFs areas. For RDATFs this has not been addressed at national level in terms of correlating budgets. This has culminated in an over reliance on core RDATF budgets for frontline services which has made it challenging to progress developmental and strategic priorities at times. It also means that the budget had to be focussed on service delivery that was likely to have the most significant measurable outcome at the expense of other necessary services. The Task Force has submitted proposals through various new once off funding streams and has been successful in some of these which has allowed it to expand its service delivery but these are usually time limited. In 2022/23, there was some progress with the HSE funding ALDP 2 outreach workers in the Balbriggan area which helped address the gap in low threshold service but again it is restricted to Balbriggan so there remains a gap in the wider more populated areas.

Current Drug Service provision in North Dublin RDATF Area

CURRENT DRUG SERVICE PROVISION IN NORTH DUBLIN RDATF AREA		
Name	Description	Funding/staffing
North Dublin Community Care Service	Drug & alcohol service based in Swords for adults. Operates out of 3 task force hubs in Balbriggan, Swords and Coastal Hubs Over 18 Living in Nth Dublin RDATF area People Seeking support for Self identified problem with alcohol/drugs Can engage in goal orientated work	Delivered by Task Force staff directly 1x Client Service coordinator 0.5 client administrator 3.2 case workers 1 addiction counsellor 1 WISE Worker
Balbriggan Youth SUIT	Drug and alcohol service for young people based in Balbriggan. Criteria Aged between 12 – 25 years old Living in Balbriggan and surrounding area Young people seeking support for alcohol/drug use	Funded by the Task Force 1 x Youth Substance Use Counsellor 1x Youth Case Worker
Swords Youth SUIT	Drug and alcohol service for young people based in Swords Criteria Aged between 12 – 25 years old Living in Balbriggan and surrounding area Young people Seeking support for alcohol/drug use	Funded by Task Force 1 x Youth Substance Use Counsellor 1x Youth Case Worker
Fingal Families	Family Support Service for families impacted by someone else alcohol/drug use operates out of 3 Task Force hubs (Balbriggan, Swords and Coastal Hub in Malahide) Seeking support for impact of someone else's alcohol/drug use	Delivered by Task Force staff 1 x Family Support Specialist 0.5 Family Support Worker

CURRENT DRUG SERVICE PROVISION IN NORTH DUBLIN RDATA AREA		
Name	Description	Funding/staffing
Traveller Service	Substance use service specifically for Travellers based in Balbriggan; Adults who identify as Travellers and self identify a need for support for their alcohol/drug use	Funded by the Task Force 1 x 0.8 Inclusion Case Work
HSE Addiction Service	Addiction Service based in Balbriggan Primary Healthcare centre. Criteria Live in CHO-9 and require support for alcohol/drug use SASSY: under 18 and require support for drug/alcohol use Operates out of Task Force hubs in Balbriggan, Swords & Coastal CHN areas	Provided by HSE Social Inclusion SASSY Counsellors 1 x Adult addiction Counsellor
OST Clinic	Opiate substitution service provided 2 evenings per week (1 out of Swords and 1 out of Balbriggan)	No static staff 1 x p/time Outreach Worker & staff on site for clinic hours)
Anna Liffey Drug Project	Low threshold assertive outreach service	Funded by HSE Social Inclusion 2 x Case Managers

COLLABORATIVE ADVANTAGE

Despite the challenges each of the projects contributed to increased access to treatment at local level, increased access to early intervention for young people and a greater emphasis on multi agency working. The combined efforts of these projects has had a measurable impact in the region.

1. COMMUNITY CARE SERVICE

The North Dublin Community Care Service is funded via the Task Force Operational Budget and CCS budget(N6 and N25). It was established by the task force in 2014 as part of a large change management process to address the lack of a community based service across the whole region despite the huge population. It is delivered directly by Task Force staff all of whom have to have minimum competency level. 1 It operates as a Tier 3 service offering specialist treatment interventions for adults who seek help for their own substance use.

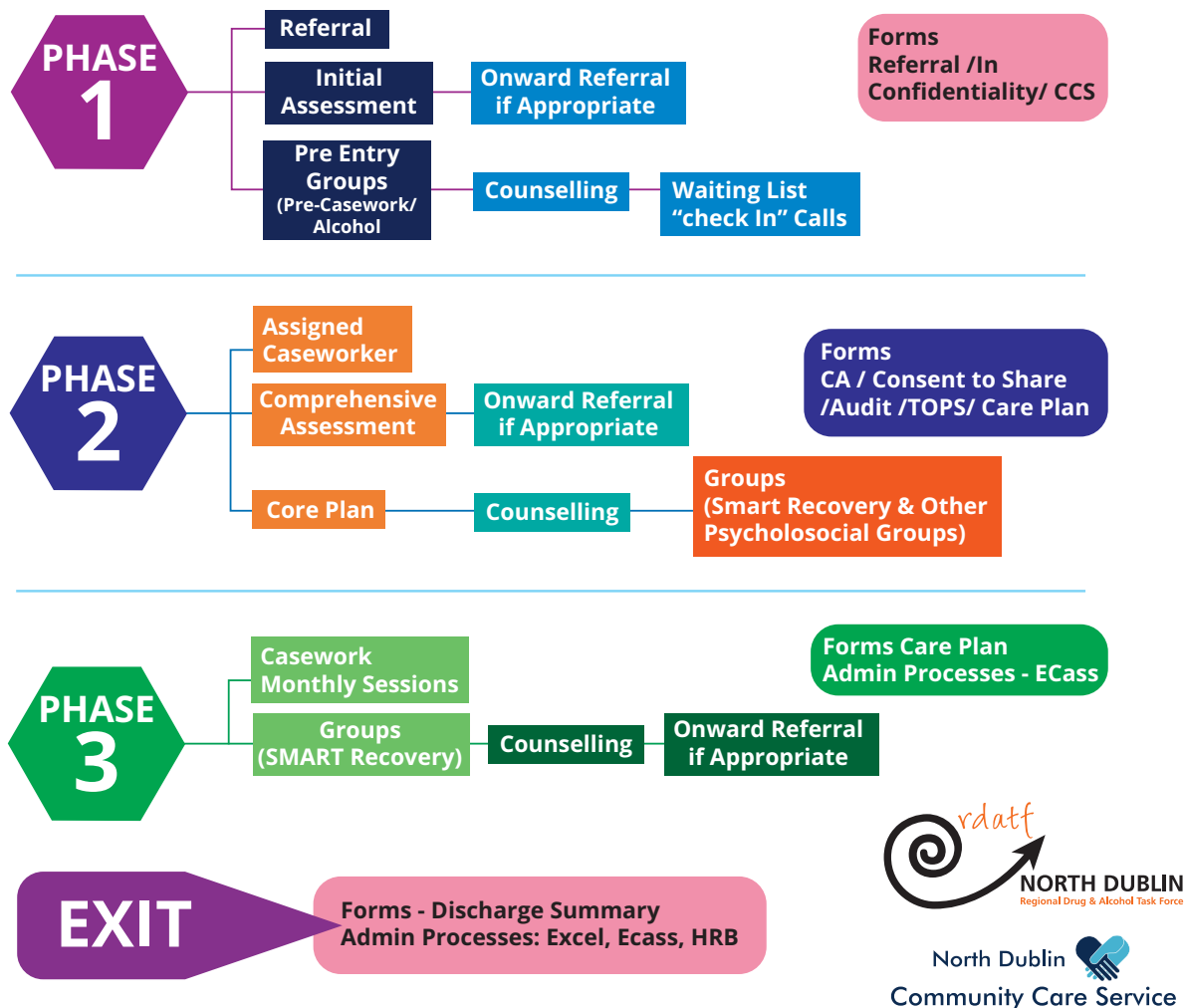
Team: 1 x Team Leader reporting to RDATA Coordinator, 4 x Case Workers, 1 x WISE Worker, 1 x Addiction Counsellor, 1 x p/time administrator.

Models used: the team use MI (Motivational Interviewing), CRA (staff are accredited), CBT, SMART Recovery, Reduce the Use among others including the more recent use of Resonance factor by some staff

Location: the team operate across all 3 x Task Force hubs (Balbriggan, Swords and Malahide) which means they can provide services across the 3 CHN areas in the catchment of the Task Force.

Treatment Approach: it operates a bio-psychosocial model in line with the National Drug Rehabilitation Framework (2010). The system of care is outlined in the diagram below Community care service

CCS Progression Path



¹ 3rd level qualification in addiction, 3 years +experience, training in evidence informed practise

CASE MANAGEMENT 2022 DATA

Below is a snapshot from the internal Case management activity reports the team in the CCS complete

CUMULATIVE CASE MGT. FIGURES 2022	January - March	April - May	June - September	October - December	Total Year 2022
Current caseload	78	56	33	63	63 - end of yr caseload
No of Discharges	42	36	45	39	162
New clients assigned	52	42	45	62	201
No of DNAs in week	89	66	67	110	332
Of that number DNAs for IA	12	9	7	13	41
Comp Ass completed	35	28	32	31	126
Brief Interventions	207	144	127	136	614
3-way meetings	12	6	0	1	19
Referral to Tier 4	1	1	0	3	5
Referral to Day Prog	12	7	4	8	31
Referral to counselling	16	16	12	9	53
Referral to Mental Health	7	5	1	3	16
Referral to opiate substitute	2	2	3	0	7
Referral to Training, education /employment supports	12	6	4	0	22
Referral to Housing	5	8	5	1	19
Referral to STRONG/ Family Support	13	10	7	2	32
Groups delivered	33	32	18	17	100
1-1 keyworking sessions	476	430	300	280	1486
1-1 Counselling Sessions	104	120	68	68	360

2022 Group Individual Attendances	January - March	April - May	June - September	October - December
Acupuncture (not running during pandemic)	-	-	-	-
Alcohol Specific Recovery Group	21	10	28	29
CRA Group	-	-	-	-
Mindfulness for Recovery Group	-	36	-	-
Recover Me /Addiction Recovery Group	-	-	10	-
SMART (open meeting, Tuesday night)	37	46	-	-
COCAINE-specific (HSE)	-	-	-	51
Pre-Case Work Group	41	41	17	10
TOTAL individual group attendance:	99	133	55	90

2. SUBSTANCE USE SOCIAL INCLUSION SERVICE (SUSI) Balbriggan- Delivered by coolmine funded by RDATAF

The SUSI is delivered by Coolmine TC and funded by the Task Force. It is a case management service specifically for members of the Traveller community

Team: 1 x Social inclusion case worker reporting to the Day Services Manager, Coolmine. (4 days per week)

Interventions used: MI, CRA (staff in role have been accredited) and others including Resonance Factor

Location: delivered from Matt Lane and the Task Force inclusion hub in Balbriggan aswell as outreach

Treatment Approach: bio-pyschosocial model.

Progress report – extracted from update submitted by SUSI Worker.

Referrals: Most of the referrals are coming from family members and outreach.

Case Load: 40 service users had comprehensive assessments completed in 2022..Genders: 29 Male 11 Female

NDTRS: All 40 recorded as living in the Balbriggan area. feedback that using balbriggan address to use service but travel between Navan, Bray, Finglas, Coolock and Swords areas.

Dual Diagnosis and Mental Health: reports of Clients lack of awareness about mental diagnosis not taking medication regularly because of the stigma attached to it. clients in ongoing psychotherapy for suspected PTSD. Huge stigma with Mental Health and dual diagnosis. Feedback that clients were more open to seek counselling than see a psychiatrist. Feedback from service users about not seeing benefit in short term medical treatment.

Drug use and trends: Most prevalent substance of choice was Alcohol 15, Cocaine 11, Weed 3, Crack Cocaine 2, Heroin 1, Zimovane 1, Benzo 1, Lyrica 1, Morphine 1, Tylex 1 and 3 had no addiction issues and were looking for support with housing.

Progressions: Two new halting sites where identified and visited in Balbriggan, Bog of the Ring and Gardiners Hill.

Interagency and Collaboration: linkages with Balbriggan Traveller Primary Care Team, Adult Literacy Organiser in Balbriggan and Primary Health Care Project Coordinator, community gardai. Local TD, Domestic abuse Coordinator for Balbriggan and Local Intreo offices to promote service along with new Alcohol and drug coordinator with Pavee point. Two couples referred to couples counselling and two Mothers referred for Family support with the Task force family support service.

Blocks and Barriers: Many Travellers still have trust issues with services. Travellers reluctant to visit the office in Balbriggan preferring home visits. There is some fear of reports to the Social Welfare or Gardai and acute paranoia with reporting to Tusla.

3. Fingal Families

Fingal Families was set up by the Task Force at the end of 2016 following review of data that revealed 19% of all referrals were for family members seeking support for the stress and strain of familial drug use in their own right.

Team: 1 x Family Support Specialist and 1 p/time Family Support Worker.

Interventions used: 5 step (fully accredited), PUP (accredited), Triple P (accredited), Mindfulness based stress relief (Accredited), Meitheal (trained), CRAFT (accredited).

Location: the team operate across all 3 x Task Force hubs (Balbriggan, Swords and Malahide) which means they can provide services across the 3 CHN areas in the catchment of the Task Force.

Treatment Approach: it operates a bio-psychosocial model in line with the National Drug Rehabilitation Framework (2010). New referrals are assessed (recorded on HRB LINK) and then appropriate interventions are addressed to meet their needs.

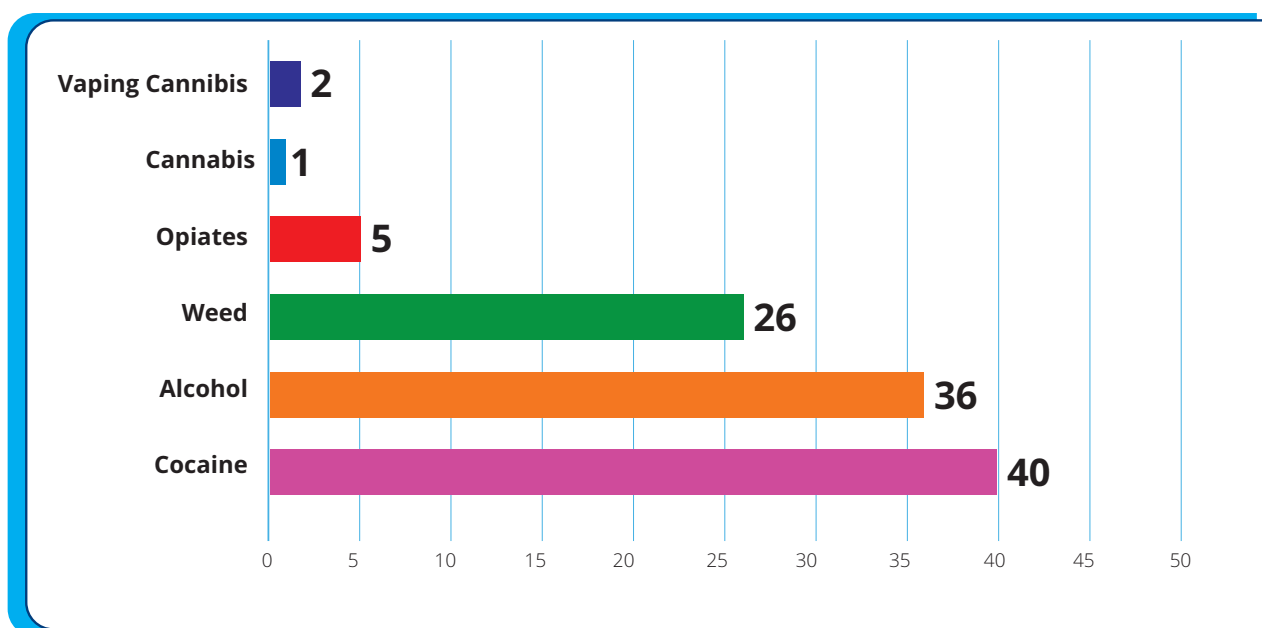
Break - Down of Groups ytd

- Jan—July 2023- Total enrolment 103 Family members for 5 STEP groups. There have been 6 x 5 step groups in total. Each group is for 5 weeks.
- Family support Groups Every Thursday 2-3.30 Total of 14 family members attend weekly
- 8 weeks Mindfulness Stress Reduction/ Acupuncture each week 12 participants x 3 programmes ytd.
- 90% of referrals received are linked in with different Groups to date.
- 20% are 121 supports.

Drug trends causing the need for family support

In line with reports in other task forces and within Regional drug services, family members cited the cocaine use of family members the most when seeking help for the impact of a family members drug use

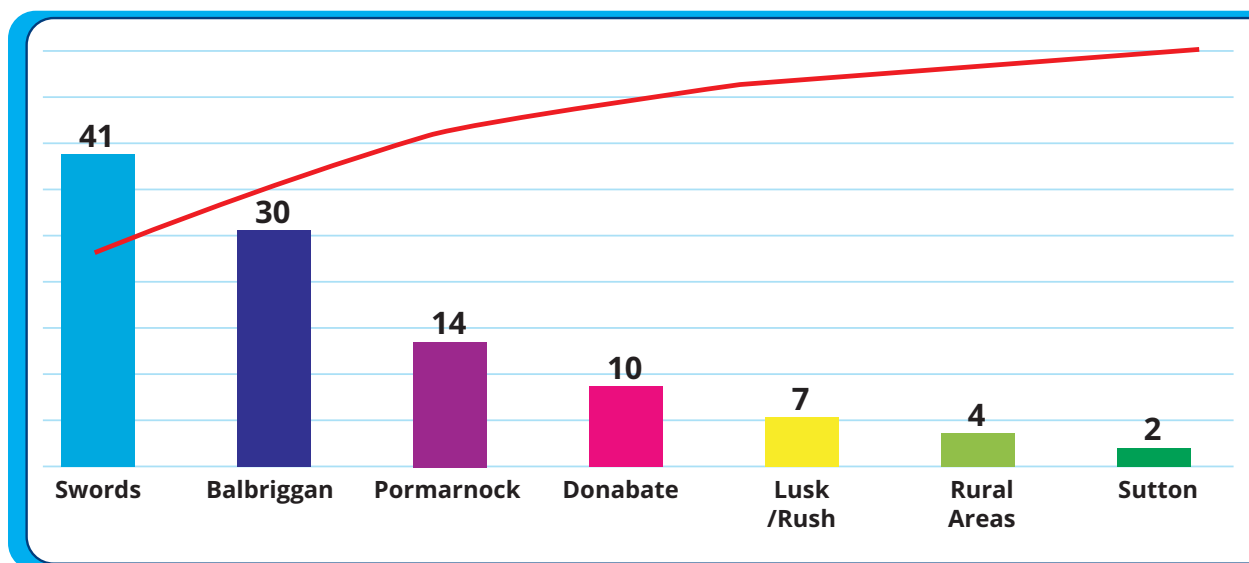
Primary Drug Impacting Person with Family 2022



Geographic location of service users who accessed family support service in Task Force in 2023 ytd

With the population of Swords it is not surprising that Swords has the highest number of residents seeking help, closely followed by Balbriggan. This was helped by the establishment of family support in Balbriggan and is expected to increase over time as the service builds more profile and with the establishment of the task force WISE service for women.

Area of Residence Family Support Cases 2023 ytd



4. YOUTH SUBSTANCE USE INCLUSION TEAMS IN BALBRIGGAN AND SWORDS

funded by the task force delivered by Crossare

These are drug specific service operating out of Swords and Balbriggan for young people aged 12 and older. They are important mechanisms for supporting case management, treatment planning and preparation and access to prosocial activities as they are housed in mainstream youth services provided by Crosscare. For specialist supports they work closely with SASSY in HSE and refer to the Fingal Families (RDATF family support Service) for family support to ensure a wrap around service. Services provide:

1. Initial and comprehensive assessment
2. Engagement
3. Case management
4. ACRA (adolescent Community Reinforcement Approach)
5. Pre and post planning for treatment including Tier 4 detox and rehab where appropriate
6. Young Person Support Programme
7. Relapse prevention and transition planning into mainstream services

Staffing: Balbriggan: 1 x Youth Substance Use counsellor & 1 x Youth Inclusion Case Worker
Funded by the North Dublin Regional DATF and delivered by Crosscare operating out of Balbriggan village.

Staffing : Swords: 1 x Youth Substance Use counsellor 1 x Youth Inclusion Case Worker
Funded by the North Dublin Regional DATF and delivered by Crosscare operating out of Swords village.

Progress 2022; Balbriggan SUIT:

54 new referrals + 20 on caseload,

41 white irish, 4 x Traveller, 6 black african, 10 any other.

Interventions offered: ACRA: 41 clients, Counselling: 38 clients

Progress 2022: Swords SUIT

New referrals: 63, with 158 on caseload in total

105 cases for 1 to 1 keyworking 81 referrals for ACRA and areas covered Swords(89), Balbriggan (5), Ballyboughal (4), Donabate (5), Kinsealy (2), Rush/Lusk (22), Malahide/Portmarnock (21), skerries (4)

ADDRESSING DRUG RELATED INTIMIDATION

The North Dublin Regional DATF is the host agency for the DRIVE project and is responsible for oversight of the budget, staff and management of the project. DRIVE (Drug Related Intimidation & Violence Engagement) is an interagency project which outlines systems and structures to respond to drug related intimidation and associated violence (DRIV) in Ireland. Victim support is a key aspect of the approach. It is overseen by the National DRIVE Oversight Committee which has members from the Garda National Drugs & Organised Crime Bureau, the Regional and Local Drug & Alcohol Task Force Coordinators Networks, HSE National Addiction Advisory Governance Group, National Voluntary Drug & Alcohol Sector, Probation Service, the Health Research Board and the Department of Justice. (appendix 1 membership) Its key objective is to build the capacity of communities around Ireland to respond to drug-related intimidation and violence (DRIV) and reduce the harm to individuals, families and wider community.

MILESTONES AND CHALLENGES TO DATE

Theme	Progress
National coordination	National DRIVE Oversight Committee has been established with key partners to provide strategic oversight and a linkage to community structures (Appendix 1)
Governance	The North Dublin Regional Drug & Alcohol Task Force has been agreed as the host agency to oversee the budget and manage the staff of DRIVE (appendix 2. roles & responsibilities)
Staffing	A number of staff are required to support aspects of the DRIVE model. Recruitment Status DRIVE Coordinator: in place. DRIVE Coordinator recruited to support the work of the DRIVE liaison Network and the dissemination of DRIVE training and capacity building resources in Ireland including train the trainer programme and promotion of drug related intimidation reporting programme Data and Research Coordinator; Currently being recruited to lead on the data collection, analysis reporting and evaluation of DRIVE outcomes and examine evidence base for DRI programmes and practises within Ireland. The approved funding approved in the business case submitted to the DOH and released to the HSE was not received by Task Force until oct 2023 DRIVE Project Worker: currently being recruited approved funding approved in the business case submitted to the DOH and released to the HSE was not transferred until oct 2023 which delayed process.

MILESTONES AND CHALLENGES TO DATE

Theme	Progress
Community structures	The DRIVE Liaison Network has been established with DRIVE Leads and liaisons across Ireland to be a focal point for dissemination of capacity building resources and build interagency networks at local level. This will provide an important peer forum to share best practice. Members of the DRIVE Liaison Network will disseminate the training/capacity building resources to their communities.
National Data collection	Questions for the data collection module have been piloted and finalised. The specification document to develop and integrate the DRIVE data collection module in the HRB on-line data entry system [LINK] has been finalised and costed. The development of the data collection module has not yet started as the HRB is awaiting an official request to schedule the work, payment for the first phase with confirmation of funds for the whole project from the DOH.
Training/capacity building	The development of a suite of resources to support services, families and communities to respond to DRI including toolkits for community based services and a train the trainer programme to be disseminated into communities via the DRIVE liaisons. The development and rollout of the training and capacity building resources including the train the trainer programme has not yet started as the approved funding in the business case submitted to the DOH and released to the HSE has not been transferred to the host agency yet.
Awareness campaign	A large scale communication campaign to inform the public and potential referral sources of the supports that are available to victims of DRI and dispel the stigma associated with seeking help. The development and rollout of the Campaign has not yet started as the approved funding approved in the business case submitted to the DOH and released to the HSE was not transferred to rdatf until Q4.
Annual DRI conference	This is scheduled for the 23rd November Radisson Blu hotel in November will focus on Policy, Practise and programmes to address DRI in Ireland
Website	www.driveproject.ie is now live and place with some information however the new resources are yet to be developed that will be housed on the website

Progress review of DRIVE Community Implementation

DRIVE workshops held	12 roadshow events in person / 2 online events
Number of attendees at workshops	678 x participants
DRIRP* Briefings held	7 online / 1 in person *DRIRP-Drug Related Intimidation Reporting programme
Number of attendees at DRIRP briefings	494 x participants
Task Forces engaged in DLN	20 out of 24 Drug & Alcohol Task Forces
DRIVE Liaison network	3 xDRIVE liaison meetings in 2023. Work has begun on a mapping exercise to audit services offered throughout the country to support victims of DRI. Also to examine interventions are being offered to support victims of DRI by these services.
Task Forces engaged in DLN	Status
Northeast RDATAF	Interim DRIVE liaison
Cork/Kerry RDATAF/Cork City LDATAF	DRIVE lead (dedicated paid position)
Clondalkin LDATAF	DRIVE liaison
North Dublin RDATAF	DRIVE liaison
Ballymun LDATAF	Interim DRIVE liaison (placeholder)
Dun Laoghaire Rathdown LDATAF	Interim DRIVE liaison (placeholder)
Blanchardstown LDATAF	DRIVE liaison
Dublin Northeast LDATAF	DRIVE liaison
Finglas Cabra LDATAF	DRIVE liaison
Northeast Inner City	Not nominated
Ballyfermot LDATAF	Not nominated
Canal Communities LDATAF	DRIVE liaison
Dublin 12 LDATAF	Interim DRIVE liaison (Placeholder)
South Inner City LDATAF	Not nominated
Tallaght LDATAF	DRIVE liaison
Bray LDATAF	Not nominated
Eastcoast RDATAF	DRIVE liaison
Midwest RDATAF Interim	DRIVE liaison (Placeholder)
Midlands RDATAF	DRIVE liaison
Northwest RDATAF	DRIVE liaison
Southeast RDATAF	DRIVE liaison
Southwest RDATAF	DRIVE liaison
Western RDATAF	DRIVE liaison

NEXT STEPS (high level)

- Development of the first ever national data collection tool to capture data on the nature and extent of drug related intimidation in Ireland.
- Development of national suite of standardised resources on DRI to support communities and victims.
- Train the trainer programme to be disseminated via DRIVE liaison Network to all agencies likely to come into contact with victims of DRI.
- National awareness resources and campaign to reduce stigma and signpost to supports.

NORTH DUBLIN REGIONAL DRUG & ALCOHOL TASK FORCE PREVENTION STRATEGY

1.1. BACKGROUND TO THE NORTH DUBLIN PREVENTION PLAN

Communities play a key role in protecting adolescents. Evidence shows that prevention efforts can be implemented by building coalitions and comprehensive strategies to reduce risk factors and increase protective factors. In October 2021, the Task Force conducted a whole population data collection in schools and alternative education centres in the region. This captured a comprehensive range of data on risk and protective factors and new data in relation to impact of covid 19. of 76% of all young people aged 14-16 years old in the region. After data cleaning and removal of spoiled returns N=2777 which represented 76% of the total population of 14-16 year olds. It will collect this data again in 2023 with additional schools so the total representative sample is expected to be over 80%. With ethical approval from the RCPI (overseen by Professor Mary Cannon & Dr Emmet Power) data included but was not limited to: mental health, self harm and suicide, physical health, engagement in prosocial activities, perceptions of harm in relation to drugs and alcohol, parental perceptions of harm in relation to drugs and alcohol, substance use, sources of drugs, sources of alcohol, experience of drug related intimidation, bullying, parental engagement, perceptions of community, online practises etc

1.2 ENGAGING PARTNERS IN A WHOLE OF COMMUNITY PREVENTION APPROACH

The data was returned in q1 2022 and for the following months it was extracted into various subsets and disseminated widely among all stakeholders including but not limited to: HSE Health and Wellbeing, HSE Mental Health, HSE Social Inclusion, Local Authority, An Garda Síochána, Local government, Academia, schools, Parents associations, Non Government agencies involved in the delivery of youth, health, addiction, mental health, family support, education and other interventions at local level and a range of other stakeholders. This was in targeted thematic meetings and other multi sectoral partnerships such as the CYPSC (Children Young Persons and Services Committee), the LCDC (Local Community Development Committee), the JPC (County Joint Policing Committee) and each of the local SÁMH groups (Substance Abuse & Mental Health Groups) After many months of cross agency consultations the Planet Youth Team examined the findings from the Planet Youth data under themes and matched those that required a response against the evidence base for the interventions proposed by key stakeholders during the consultation process. The actions proposed by partners that were evidence informed and so represented the most likelihood of achieving positive change were included in an area based 'Prevention Plan'. Furthermore there are a number of high level actions which should have broad overarching outcomes across pillars. Outcomes will be measured over time through the Planet Youth health and wellbeing data collection process which happens every two years. Prevention takes time. All needs will not be addressed within two years. The plan provides a baseline which will be measured incrementally over the coming years with dynamic actions that can be adjusted as needs emerge.

1.3 EVIDENCE BASED APPROACHES

The EUPC Prevention manual² cites the need for three important aspects of prevention interventions; (1)structure, (2)content and (3)delivery. Furthermore it stresses collaborative work of prevention scientists and prevention practitioners, using their collective skills and particular expertise. This collaborative approach is the central focus of the North Dublin Prevention Plan

1.4 MAJOR TASKS & MILESTONES

The Task Force has already completed a number of steps in this project.

1. 2020 Review of existing data (HRB NDTRS, ESPAD, CTL, census and other area specific data) recognised relatively high numbers of new treatment episodes for young people. Identified gap in realtime data on risk and protective factors.
2. 2020: established high level expert group to oversee the prevention strategy (appendix1)
3. 2021: established an implementation team of prevention advocates from key frontline services
4. 2021: established a cluster group of schools (broken into 3 groups based on geographic location)
5. 2021: conducted a whole population data collection with young people aged 14-16years old in the region using schools and alternative education centres. Achieved 76% (n=2777) after spoiled returns
6. 2022: received raw data in feb 2022. RCSI extrapolated reports for dissemination with key partners.
7. 2022; each school received an aggregate report on their students risk and protective factors to inform their health and wellbeing plans and the team reviewed the regionwide data
8. 2022: a number of well attended multi stakeholder events were held to examine the data (including other data sources already referenced) and targeted consultations were held with statutory partners in relation to emerging issues (Eg; HSE Health & wellbeing in relation to high levels of vaping/e cigarette use. In summer, 2022 nearly 100 stakeholders from all sectors were convened to agree draft actions for an interagency Prevention Plan to respond to notable risk factors.
9. Presentations were made to a number of government mandated cross sectoral structures including Fingal CYPSC, Fingal Joint Policing Committee, Fingal Local Community Development Committee,
10. 2022. A set of actions were developed on the foot of this work with commitment from multiple partners and circulated for feedback and sign off
11. 2023; the completed prevention plan is the baseline that will be used to measure change over time. In 2023 the Task Force will once again conduct the population data collection. It is expected there will be adjustments to the 3 year plan (2022 to 2025) within the period based on findings

SUSTAINABILITY

In line with EUPC guidance and best practise, it is important that there are clear structures in place to ensure sustainability and buy in of all partners. The structure will need to remain even as new data is collected and actions are adjusted accordingly for long term prevention outcomes. Ensuring that the right people and agencies are involved in the right delivery structures will be important to achieve this.

2.2. OVERSIGHT AND GOVERNANCE

The Oversight Committee has a wide range of clinical, project management, public health, local development, local government, educational and change management experience along with addiction specific and health promotion expertise. The governance and oversight lead is the Regional DATF Coordinator with an independent chairperson from the Education Training Board and supported by the operational lead (Prevention Coordinator with the North Dublin RDATF) who coordinates interventions at community level. This group meets quarterly and is responsible for the strategic oversight and governance of the Project. key areas including Ethics, strategic partnerships, funding, implementation barriers, policy implications, risk management, public health issues, data dissemination and strategic priorities are dealt with in this forum.

MEMBERSHIP OF THE PLANET YOUTH OVERSIGHT COMMITTEE

Name	Role/ Organisation
Simon McCabe	DDETLB - Chairperson (Education Training Board)
Brid Walsh	HSE Regional DATF Coordinator, North Dublin
David Creed	Prevention Coordinator, North Dublin RDATF
Minister Joe O'Brien	Oireachtas member, Minister of State with special responsibility for Community Development and charities
Ellen O'Dea	HSE, Head of Service, Health & Wellbeing, Dublin North City and County
Dr Emmet Power	Adolescent Psychiatrist & research fellow (Academic Partner)
Professor Mary Cannon	Consultant Psychiatrist, RCSI Medicine & Health Sciences, (Academic Partner)
Dr Gerry McCarney	HSE Consultant Psychiatrist Addictions (Adolescent Addiction & Mental Health specialist)
Dr Bobby Smyth	HSE Consultant Psychiatrist Addictions (Adolescent Addiction & Mental Health Specialist)
Rafe Costigan	Senior Community Officer, Fingal County Council (Local Authority Representative)
Nicola Garvey	Deputy Principal, (Planet Youth Schools liaison)
Sandra Moore	JIGSAW – Regional Manager, Balbriggan, North Dublin (Youth Mental Health)
Eilish Harrington	CEO, Fingal Leader Partnership (funding partner and local development company)
Seána Kelly	Community Representative, North Dublin Regional DATF (teacher)
Una Caffrey	Coordinator, Fingal CYPSC (TUSLA) (link to County CYPSC)
Aoife Heffernan	DDETLB Education Training Board
Irene Griffin	HSE Youth Mental Health Coordinator, Dublin North City and County
Brenda Kelly	Belong To Senior Youth Drug & Alcohol Worker (LGBTQ++ representative) to be confirmed

3.1 PREVENTION PLAN STRUCTURES

A structure has been established to deliver the North Dublin Prevention Plan. Inter agency actions have been grouped into two Strategic Implementation Groups. There are leads in place for the two Strategy Groups. Leads were identified based on their area of expertise/remit for the specific strategy area. This is important to ensure continuity, commitment and relevance for partner agencies. The two strategy areas are:

- 1. COMMUNITY** community development, places, spaces, settings and safety, availability and supply
- 2. HEALTH AND WELLBEING:** includes Mental & physical health, families and schools

3.2 ROLE OF STRATEGIC GROUP LEAD

1. Provide leadership for the Strategic Group
2. Build a strong network of key partners under the relevant strategy area
3. lead quarterly meetings of members
4. Monitor progress of strategic group actions in context of emerging evidence from data collection
5. Provide guidance on gaps, blocks and opportunities including policy

3.3. STRATEGIC GROUP(SG) membership

SG 1. COMMUNITY STRATEGIC GROUP LEAD: MINISTER JOE O BRIEN	
Member	Names of reps
North Dublin Regional Drug & Alcohol Task Force	Brid Walsh / David Creed
HSE Health and Wellbeing	Gail Robertson
Fingal Co Council - community Fingal sports partnership Volunteer	Rafe Costigan / Leah Walsh tba
Nominated Garda Inspector	Detective Inspector John Moroney
DRIVE(Drug Related Intimidation Engagement) lead	Siobhan Maher
Empower	Felix Gallagher
Fingal Co Co Healthy Fingal Coordinator	Niall McQuirke
Drug Unit Garda Síochána	Sgt Cillian Murphy
Fingal Families	Katie Murphy
Foroige Eamonn.mullen@foroige.ie	Eamon mullen
Jigsaw	Sandra Moore
Aster	Louise O neill
ETB	Simon McKenna
Fingal Leader Partnership	tba

SG 2. HEALTH AND WELLBEING – STRATEGIC GROUP LEAD: ROSÍN LOWRY HSE HEALTH PROMOTION & IMPROVEMENT/HEALTH & WELLBEING MANAGER, DNCC

Member	Names of reps
North Dublin Regional Drug & Alcohol Task Force	Brid Walsh / David Creed
HSE Health and Wellbeing	Roisin lowry (Chairperson)
HSE Suicide Prevention Officer (NOSP)	John Duffy
HSE health Promotion & SAOR	Gail Nicolson
HSE Youth Mental health Coordinator	Irene Griffin
Foroige	Aine McGuinness
HSE SASSY (substance Abuse Service Specific to Youth)	Anne Marie Bourke / Rachel
Jigsaw Alexandra.moore@jigsaw.ie	Sandra Moore
Crosscare	Aimee Sweetman
Fingal Families	Katie Murphy
Community Care Service	John Sullivan
CYPSC	Una Caffrey
Schools	Nicola Garvey
TUSLA	Nora Flannagan
Belong To	Brenda Kelly
Healthy Fingal Coordinator	Niall McQuirke

3.4 TERMS OF REFERENCE STRATEGIC GROUPS

Function	To bring key stakeholders together in an interagency partnership approach to collaborate on specific actions of the North Dublin Prevention Plan to reduce risk factors and increase protective factors for young people.
Leadership	Each SG will have a named Lead with a particular remit or expertise in their area and linkages to relevant stakeholders
Secretariat	The Nth Dublin RDATAF will provide support in convening meetings, taking notes printing materials and organising venues including costs associated with same.
Membership	The membership will be constituted by partners with specific actions within the North Dublin Prevention Plan.

3.4 TERMS OF REFERENCE STRATEGIC GROUPS

Decision making	Decisions are by consensus. The core function of the group is to review actions so it is important that members are of sufficient seniority within their organisation that they can make decisions or have access to decision makers should actions need to be changed or adjusted in line with emerging needs, budget considerations for eg.
Activities	Review of actions specific to the specific strategic group Review new data from data collection when available and explore any changes that need to be made to actions to reflect emerging needs or trends Review progress of each partner with responsibility in Prevention Plan Identify opportunities for collaboration Inform of any external or new developments that may impact on Plan Provide update to Prevention strategy Oversight Committee

HIGH LEVEL STRATEGIC ACTIONS

These actions are cross pillar and will underpin the Prevention plan throughout its lifetime. These actions will be overseen by the North Dublin Prevention Strategy Oversight Committee.

	Action
1	Disseminate risk and protective factor data widely to decision opinion and policy makers to inform all planning that impacts on young people including but not limited to LCDC, JPC, CYPSC, Healthy Fingal
2	Secure resources for the mining of data for extended public health use to improve outcomes for young people in Fingal
3	Establish a sustainable structure for longitudinal monitoring and reviewing of prevention plan actions over time with expert leads for strategy groups
4	Ensure that the Prevention Plan has meaningful engagement of young people and parents
5	Engage prevention advocates across the region for collaborative advantage and a community of practise in relation to prevention work in North Dublin
6	Work towards whole population data collection by increasing participation of schools and alternative education centres

STRATEGIC GROUP 1: COMMUNITY – LEAD MINISTER JOE O'BRIEN

The planet youth process is centred on a whole community approach recognising the collaborative advantage when all stakeholders who have involvement in young peoples lives are involved in prevention efforts. The planet youth data highlighted a number of key areas that required a response in relation to the environment that young people live in. The Community Strategy group lead is an Oireachtas member with a long history in community development and engagement in local government. This will ensure that there is engagement by local government and alignment to county priorities. The actions are broadly grouped below:

1. Pro-social activities: Places, spaces and things to do – engaging in sports and other pro social activities within their community is recognised as a key protective factor in reducing likelihood of engaging in future problematic substance use for young people.
2. Creating Safety and connection within the Community for young people – feeling connected and safe within their own community is recognised as an important protective factor for young people to prevent and interrupt trajectory into future substance use problems and associated drug related criminal activity

3. Access, availability and supply of harmful substances to young people –delaying consumption of alcohol and/or drugs as long as possible is proven to be an effective prevention strategy to reduce future substance use problems

STRATEGIC GROUP 2. HEALTH AND WELLBEING. LEAD: ROSÍN LOWRY; HSE HEALTH PROMOTION & WELLBEING MANAGER, DNCC CH09;

This strategy group is concerned with specific findings under health and wellbeing. The actions are linked directly to those area where there were concerns or opportunities for improving outcomes. It is a very broad area that encompasses physical and mental health along with other area that impact on health and wellbeing. To that end the lead for this strategy group was sought from the HSE to ensure that actions are evidence informed and supported by national policy guidelines. The actions can be summarised under key themes below:

1. Mental health and wellbeing
2. Physical health and wellbeing
3. Substance use
4. Parents/schools

FORM A - 1. Outlining fit of North Dublin RDATF Funded Services

DRUGS TASK FORCE: NORTH DUBLIN REGIONAL DATF

Goal * :1 DATF objective :	Promote & protect health and wellbeing 1.1.1.Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority 1.2.3 Support the SPHE programme 1.2.8 Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities	
Outcomes:	1.1.1.RDATF staff member Trained as SAOR trainer. trained 60+ SAOR participants in CHO-9. Engaged in large scale Prevention strategy with multiple partners. Delivered community awareness & signposting in multiple public events 1.2.3.as Part of Prevention Strategy, developed TY programme and manual. 8 week programme delivered by teachers to teach students to critically analyse messages about drugs, alcohol and related risk and protective factors and undertake projects to explore the evidence. Used in participating schools across region 1.2.8 Balbriggan and Swords SUIIT increased capacity and worked closely with RDATF family support service (Fingal Families) to support young people. RDATF early intervention counselling service supported over 40 children and young people at risk. Majority were living in Balbriggan. Provided location for HSE SASSY specialist service for young people across its 3 hubs and for full time Pieta service in Balbriggan. Through Family support service engaged with young people at early stage of drug use and criminality working closely with Tusla.	
Category **	Project Code	Project Name
	N6	Operational budget
	N22	Child & Family Programme (inc Balbriggan SUIIT)
	HP*	*funded by CHO-9. Prevention Coordinator
	N2	Swords Youth Substance Use Inclusion Team
Project changes/ terminations in 2022		
Category **	Project Code	Project Name & Reason
<p>* A separate form should be completed for each goal</p> <p>** Category should be as per Section 7 of the L/RDTF 1 form</p>		

FORM A - 2.

Outlining fit of North Dublin RDATF Funded Services

DRUGS TASK FORCE: NORTH DUBLIN Regional DAT

Goal * 2	minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery	
DATF objective :	2.1.13 Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available, based on identified need. 2.1.21 Respond to the needs of women who are using drugs and/or alcohol in a harmful manner 2.1.23 Improve the response to the needs of older people with long term substance use issues 2.1.30 Continue to target a reduction in drug-related deaths and non-fatal overdoses	
Outcomes:	Balbriggan. Cocaine and alcohol programmes developed. Travellers supported to access services in Balbriggan in RDATF Hub 2.1.21: new Gender Specific service for women in balbriggan 2.1.12: operating across 3 hubs matching CHNs in RDATf area and providing location for SASSY under 18s specialist service 2.1.23: alcohol program older cohort & collaboration with healthy fingal for signposting to services for 'vintage ' event for over 55years old 2.1.30: delivered Naloxone training to s.user reps, staff & family reps via N6 & SÁMH early intervention counselling via N22	
Category **	Project Code	Project Name
2.1.13	N25 & N6	Community Care Service
2.1.21	N25 & CSEF	WISE – Womens Inclusion Support & Engagement Service (within CCS)
2.1.12	N22 & N6	Operational budget – 3 x hubs
2.1.23	N25	Community Care Service
2.1.30	N6 & N22	N6Operational budget – naloxone training & advertising safetalk via SÁMH groups Provision of early intervention counselling via n22
2.1.13	N12	Traveller Social Use Social inclusion service
Project changes/ terminations in 2022		
Category **	Project Code	Project Name & Reason
<p>* A separate form should be completed for each goal</p> <p>** Category should be as per Section 7 of the L/RDTF 1 form</p>		

FORM A - 3.
Outlining fit of North Dublin RDATA Funded Services

DRUGS TASK FORCE:

Goal * 3	address the harms of drug markets and reduce access to drugs for harmful use	
DATF objective :		
Outcomes:	Close referral pathways developed between the RDATA Family Support Service and the nominated drug related Inspector in the area to interrupt trajectory of people and particularly young people into further criminality associated with their drug use and to improve flow of information between AGS and community partners regarding drug markets and activities in the region Linked the National Garda Inspectorate with victims of Drug related Intimidation and crime to inform recommendations for improvements in Garda systems and processes in relation to drug crime	
Category **	Project Code	Project Name
	N6	Operational
Project changes/ terminations in 2022		
Category **	Project Code	Project Name & Reason
<p>* A separate form should be completed for each goal</p> <p>** Category should be as per Section 7 of the L/RDATA 1 form</p>		

FORM A - 4.

Outlining fit of North Dublin RDATA Funded Services

DRUGS TASK FORCE:

Goal * 4	support participation of individuals, families and communities	
DATF objective :	4.1: Strengthen the resilience of communities and build their capacity to respond 4.2: Enable participation of both users of services and their families	
Outcomes:	4.1.39: establishment of SÁMH groups to engage in RDATA work, community consultations. Prevention strategy engaging all sectors. Engagement of RDATA Expert by Experience in national Dual Diagnosis MOC Implementation group & WHO alcohol labelling workshops Hosted large scale event on drug related intimidation and crime attended by over 100 key stakeholders from the area to build capacity within communities 4.2.44: establishment of Recovery Café, Expert by Experience Network, SUPPORT service user programme, co production feedback acted on	
Category **	Project Code	Project Name
	N6	Operational
	N22 & CSEF	Child and family programme & SUPPORT
Project changes/ terminations in 2022		
Category **	Project Code	Project Name & Reason
<p>* A separate form should be completed for each goal</p> <p>** Category should be as per Section 7 of the L/RDATA 1 form</p>		

FORM A - 5. Outlining fit of North Dublin RDATA Funded Services

DRUGS TASK FORCE:

Goal * 5	Develop sound and and comprehensive evidence informed policies and actions	
DATF objective :	5.1. Support high quality monitoring, evaluation and research to ensure evidence-informed policies and practice	
Outcomes:	All staff trained/accredited in evidence based interventions relevant to role. For eg: CCS: MI, CRA, CBT, Smart Recovery. Family Support: 5 step, PUP, Triple P, M.I.. Policies aligned to SBHC, Prevention Strategy aligned to best practice outlined in EUPC. HRB, CTL and PY data used for data informed strategy planning.	
Category **	Project Code	Project Name
	N6	Operational
Project changes/ terminations in 2022		
Category **	Project Code	Project Name & Reason
<p>* A separate form should be completed for each goal</p> <p>** Category should be as per Section 7 of the L/RDTF 1 form</p>		

SECTION 4:

Progress so far in relation to NDS Actions

SECTION 4

PROGRESS SO FAR IN RELATION TO NDS ACTIONS

The following is a summary analysis of the RDATAF progress in relation to actions in the NDS where DATFS are named as partners or leads

1.1.1	Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority.	<p>The RDATAF is an implementation site for community action on alcohol and active member of ICAAN. To progress this action the RDATAF actions included</p> <ol style="list-style-type: none"> 1. Community engagement in alcohol at public events including large scale concerts x 6. Vintage picnic x 1, where staff signposted the public to supports. 2. Alcohol awareness stands in public forums to highlight alcohol related public harm. 3. Parents comhra: to engage with parents about alcohol harm including parental modelling and attitudes to alcohol. 4. SAOR: staff member trained as SAOR trainer and delivered 4 x SAOR trainers with 60 participants to build capacity of community to screen for alcohol use, deliver brief intervention and onward referral <p>*we work very closely with HSE health and wellbeing to deliver these interventions and usually in partnership with the HP workers.</p>
1.2.3	Support the SPHE programme	<p>The RDATAF works very closely with schools in the RDATAF area. the primary actions undertaken to meet this action include</p> <ol style="list-style-type: none"> 1. Development of a parents resource for distribution in schools signposting to supports and links to HSE approved evidence informed information. 2. Inclusion of school leads in development of resources for health and wellbeing in their schools. 3. The development of a transition year programme in conjunction with schools and HSE Health and Wellbeing team delivered by SPHE teachers to teach young people who to critically analyse information they get about drugs/alcohol and how to access evidence informed information. It takes 8 weeks and each TY project team select a particular theme to work on within their school

1.2.8	Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities	<p>The RDATAF improved services for young people at risk in target areas (and specifically Balbriggan) by</p> <ol style="list-style-type: none"> 1. RDATAF worked closely with local partners to establish a range of integrated services to operate out of its inclusion hub in Balbriggan including Early Intervention Counselling funded by the RDATAF. There was an immediate increase in demand. It also provides space for external agencies including Pieta, Foroige and Young Persons Probation service to ensure a wrap around service for young people. 2. The RDATAF provides satellite clinics for the SASSY team in (3 x CHN areas in RDATAF catchment) including Balbriggan. 3. The RDATAF funds 2 Substance use inclusion Teams to provide targeted substance use supports for young people aged 12-25 years old in Balbriggan and Swords.
2.1.13	Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available, based on identified need.	<p>The Task Force increased capacity withinght ecatchment area by developing new services to meet the demand including</p> <ol style="list-style-type: none"> 1. The development of cocaine specific programmes (funded va DOH as part of new cocaine initiative). These groups now operate on a rolling basis due to demand. 2. To meet demand for alcohol supports the RDATAF rolls out 2 alcohol programmes a week for people who are trying to reduce or cease their alcohol use. 3. The RDATAF set up a new WISE (Womens Inclusion Support and Engagement) service to address the need for gender specific services in the area. Despite only being in place for several months the service is extremely busy with full caseloads and shared care planning with Tusla Social work team. 4. The RDATAF has established an aftercare programme which includes weekly SMART recovery group, one to one supports if required and access to a weekly sober social club. 5. The RDATAF through its Regional Addiction Continuum Network has established a programme development subgroups and has invited ALDP, ETB to partner with its CCS frontline team to deliver a DAY programme to address the stabilisation gap in the area.
2.1.21	Respond to the needs of women who are using drugs and/or alcohol in a harmful manner	<p>The RDATAF has addressed the needs of women who use substances in a harmful way through</p> <ol style="list-style-type: none"> 1. The RDATAF developed a new service in 2022 called WISE and received funding to set it up in 2023. The Women's Inclusion Support and Engagement service provides a gender specific service for women with multiple needs including but not limited to: trauma, domestic violence, mental health, parental capacity etc. WISE has built close relationships with TUSLA, AOIBHNEASS domestic violence

2.1.21 cont		<p>supports and other key services in a shared care planning process.</p> <p>2. The RDATAF through its family support service delivers PUP – Parents under pressure</p>
2.1.22		<p>The RDATAF funds two youth substance use inclusion teams across the region one in balbriggan and the other in swords. each of the services provides a dedicated counsellor who works alongside a youth case worker. While the team works with young people between the age of 12 and 25 years old. The RDATAF also works closely with the HSE lead SASSY service clinically managed by Dr Gerry McCarney. To expand the range and availability of this service the task force provides clinical rooms in each of its three hubs matching 3 CHNs in the region (Balbriggan, Swords and Coastal CHN based in Malahide). Prior to this young people had to travel to the city to access this support.</p>
	Improve the response to the needs of older people with long term substance use issues	<p>The task force front line service provides a case mangmeent service for all service user where indicated and has seen an increase in referrals for older people both for opiate use and also alcohol. It has engaged with the HSE service for older people to increase shared working between the services.</p>
2.2.3		<p>The taskforce has a naloxone trainer on the staff team and regularly offers naloxone training to groups. it has also become a requisite of all new staff now as part of their induction into the organsiation. Naloxone training was offered to service user representatives from the SUPPORT expert by experience network The taskforce promotes suicide prevention training in conjunction with the NOSP suicide resource officers in the region who sit on the taskforces SAMH groups.</p>
4.1.39	Support and promote community participation in all local, regional and national structures.	<p>The RDATAF has a number of community engagement structures across the region including but not limited to: 6 x SÁMH groups (5 operational – 1 in development), 3 schools cluster groups, 1 x Expert by Experience Network and has representatives from Disability, Travellers, Expert by Experience on its management committee. it established a Disability and substance use Network. it held a community consultation to support its submission to the Citizens Assembly on Drug use and has expert by experience reps to joining national groups. it also supported the inclusion of victims of drug related intimidation from its services to engage with the garda inspectorate to improve the experience for other victims in the future.</p>

4.2.44	<p>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.</p>	<p>Lived experience rep from the task force was also supported to engage in the national WHO review of alcohol warning labels workshops, the Addiction Continuum Network for the Region and is an active member of the national Dual Diagnosis MOC implementation group.</p> <p>Furthermore, in conjunction with the Dual Diagnosis working group and RECB group it supported the inclusion of the lived experience of people with Dual Diagnosis and family members in the national consultation to inform the MOC.</p> <p>In addition to the afore mentioned, the RDATAF has an entire project (SUPPORT) dedicated to the inclusion of service users and family members including those in recovery in the design delivery and review of its services. full details provided elsewhere in document. This included coproduction groups, survey and survey feedback meetings a range of other methods and the design of a guidebook for service user engagement for use in services to help build their capacity.</p>
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NORTH DUBLIN

Regional Drug & Alcohol Task Force

SECTION 5:

Progress report in relation to Service user engagement

SECTION 5:

Progress report in relation to Service user engagement

In 2019 the RDATAF submitted a proposal to the Ministers initiative outlining a process for Service user engagement called SUPPORT. although a North Dublin Regional DATAF specific initiative the proposal included support for the whole of CHO-9 in line with a focus on Slainte care and whole population approaches. The Project outlined sustainable systems and structures within Cho-9 to support service user involvement- and the recruitment of a SUPPORT coordinator in 2020 to lead on the operational aspect of the work.

The SUPPORT work is Overseen by a multi agency steering group

SUPPORT OVERSIGHT COMMITTEE. Quarterly meetings

NAME	ORGANISATION
Brid Walsh	North Dublin Regional DATAF Chairperson
Joe Buckley	SUPPORT Coordinator (staff lead)
Coordinator	Finglas/Cabra Local DATAF
Shane Brennan	North East Local DATAF
Jim Doherty	Blanchardstown Local DATAF
Bernadette Rooney	HSE CHO-9 Social Inclusion
Stefano Donati	HSE CHO-9 Clinical Team
Coordinator	North Inner City local DATAF
Hugh Greaves	Ballymun Local DATAF

Key role

- To support people who use addiction and associated family support services to engage in building capacity through their direct participation."
- To build the capacity of services to involve People who use services more meaningfully in their own care.
- To support DATAFs and the HSE in CHO-9 in the development of PWUS Fora and meaningful engagement processes.
- To build on models of good practise already in place to support services in CHO-9 where PWUS involvement is less developed.
- To develop a simple SUPPORT framework with clear guidelines that is easily understood and can be used in substance use2 services across the region

Staff: in 2020 the North Dublin Regional DATAF recruited a SUPPORT Coordinator to coordinate the activities on the ground within services. This became very onerous as the work progressed and more services came on board. In 2022 the Task Force applied for funding via the CSEF for 2 x p/time Peer Workers to help the SUPPORT Coordinator with the work across CHO-9. This was successful and recruitment is currently underway.

ROLES AND RESPONSIBILITIES	
SUPPORT Structure/role	Brief summary of roles and responsibility
SUPPORT oversight Committee	Provide link into area of responsibility (DATF or HSE) Help address barriers within DATFs or HSE services to SUPPORT engagement Provide guidance and access to relevant partners Guide the strategic progress of SUPPORT Forum for identifying and responding to opportunities and challenges with rollout
SUPPORT Coordinator	Engage directly with task force coordinators in each area to develop coordinated SUPPORT enagmeent across section 39 services in their area Engage with services to support with the set up and imbedding of service user engagement processes. Produce reports for oversight committee and others on feedback from processes Line manager Peer SUPPORT workers when recruited Keep log of SUPPORT requests and common themes to inform planning Point of contact for operational aspects of SUPPORT project
North Dublin Regional DATF	Governance and oversight of SUPPORT Budget and resources including staff Line Management & supervision of the SUPPORT Coordinator Report on progress of the SUPPORT project to funders and other bodies Point of communication for governance and oversight of the SUPPORT project.
Department of Health	Funding (CSEF) and previously the Ministers fund strand 3 (now expired)
HSE	Channel of funding and member of Oversight Committee

Progress update:

There is an overall consensus that the SUPPORT framework offers service users valuable opportunities to enhance their engagement with service providers to improve their care. In 2022 the Task Force was asked by the HSE to host a series of consultations with service users to help identify challenges in the care pathways they have experienced while using a variety of social inclusion services. Representatives were recruited and trained to develop surveys & co-facilitate the consultations. This work continued into March 2023 & was deemed valuable by the HSE in their effort to streamline & integrate care pathways. There continues to be engagement around agreeing outcomes from this process. During 2023 we continued to use this model of inviting service users & non service users who are on a recovery pathway to participate in giving feedback about how the task forces can support recovery at a local level.

The workplan for these consultations was to host 1 in each task force area in 2023 we have completed 2, are in progress with 2 others which are planned to complete by the end of 2023.

In 2023 the Task Force collaborated with the HSE OST service through its SUPPORT programme to help gather service user feedback on OST clinics. There had been a previous project in 2021 with Clinical quality & Standards Committee(CQSC) that was successful in engaging service users to give feedback. As part of the process 4 service user representatives are being trained to co-produce a survey, interview peer members, analyze the data & create recommendations based on the feedback collected. The final objective will be to identify 1 person from this group to sit on the CQSC as the service user representative. Our aim is to gather a significant amount of feedback by utilizing the extra people for the in-person interview element.

Challenges and opportunities:

Embedding the use of the guidebook developed in 2022 as the primary tool has been useful for service users who may be new to being representatives. Ongoing and scheduled use of service user Fora using this tool to inform service improvement needs to be embedded further to enable to full potential of service user engagement.

Capacity building with staff members to lead service user engagement within their respective services has featured throughout the year, with training in using online resources and service user representative group development taking place. This has had mixed results with the movement of nominated staff members to other organizations.

Online surveys continue to feature as a method of service user engagement. Although there are limits to gathering richer feedback compared to in person meetings, it still provides a mechanism for people to give feedback & will continue to be used.

At a local level outcomes remain largely confined to individual services due to the limited scope of feedback received. In 2023, the oversight committee reviewed the volume of work and the need to reduce silo projects and agreed that future SUPPORT work would be coordinated via the Task Force in the relevant area to ensure a coordinated approach. It also agreed a mechanism for request the services of the SUPPORT programme not only to reduce duplication but also to ensure the work is prioritized, in line with objectives of SUPPORT and there are clear expected outcomes and sufficient support by the applicants. This means there will also be a realtime log of requests and progress on same.

Staffing: SUPPORT is a programme of the North Dublin Regional DATF but provides services across CHO-9. The task forces outline and proposal for SUPPORT in 2019 included the recruitment of a SUPPORT coordinator to provide the on the ground development work with services and task forces. Given the size of the area and the volume of the work it became very clear in time that more support was required. To address this the task force applied for funding via the CSEF for 2 x part time Peer workers who will work with the coordinator. One to focus on the Inner city and surrounding areas and the other the North Dublin Region and surrounding areas. This will see a new staff structure.

Staff: 1 x DRIVE Coordinator (aligned to Grade VI)

2 x part time Peer Workers (aligned to Peer Support Worker salary scale)

In the 3rd quarter of 2023 funding for 2 SUPPORT workers was received. We are currently recruiting for these roles.

Outcomes.

Feedback continues to be overwhelmingly positive in these instances. Creating opportunities where service users can contribute to service improvement that is not just confined to where they may be receiving their primary care/treatment. This is being supported strongly through task forces & their influence with multiple stakeholders in the community. Key areas that were progressed

- Enhanced education supports. Programme content changes
- Access to additional counselling services
- Development of gender specific groups
- Sober social spaces
- Aftercare groups
- Additional services / low threshold day programme -balbriggan
- Additional collaboration with community partners
- More outreach

- Information regarding Drug related intimidation DRIVE
- Signposting additional community supports
- Service user representation at NEIC subgroup 5, Integrated Alcohol Programme steering committee.

In terms of service user participation, 270 have participated in a mix of online surveys & in person meetings in 2023.

The number of participants will rise significantly before the end of the year with some of the bigger projects with the HSE CQSC & Task force's commencing late October & early November.



NORTH DUBLIN

Regional Drug & Alcohol Task Force



SECTION 6:

Governance of the North Dublin Regional DATF

The North Dublin Regional DATF is one of 10 Regional Task Forces that bring key stakeholders from the Statutory, Political, Community and social sector together to develop, implement and oversee a strategy to reduce substance use related harm for children, adults, families and the wider community of North Dublin.

It brings local government and non-government services together with the local community to work in partnership to deliver a health led approach to drug and alcohol problems in our region. It is currently operating against the framework of the current National Drugs Strategy 'Reducing Harm, Supporting Recovery 2017-2025'.

The current NDS outlines a 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 well being and quality of life".

6.1 Membership

Our Partners: There are a number of structures in place to help the Task Force achieve its goals and ensure it maintains the fundamental ethos of participative democracy in its work. The work is overseen by the North Dublin Regional DATF Management Committee which reflects this partnership.

Membership below

NAME OF MEMBER	ORGANISATION/SECTOR
Darragh O'Brien TC / Minister	Independently elected chairperson
Brid Walsh	Regional DATF Co-ordinator (HSE employee)
Ruth McLoughlin	Senior Probation Officer, North Dublin STATUTORY
Det Superintendent David Kennedy	Statutory: Gardai
Sgt Domhnaill O'Connell	Statutory: Gardai
Sgt Cillian Duffy	Statutory: Gardai, Drugs Unit, Balbriggan
Insp John Moroney	Inspector Statutory; Gardai with special responsibility for drug related intimidation
Vicky Doyle	Grade VII Social Inclusion HSE Statutory
Annamarie Keogh	Customs Enforcement Officer Profiling Unit. Investigation Prosecution & Frontier Management
Una Caffrey	Coordinator of Fingal CYPSC, TUSLA Statutory
Aine Donlon	Housing senior , Fingal Co Council Statutory
Nicola Smith	Community (Expert by lived Experience, SAMH member, Swords)
JP Browne	Community- SAMH Lawyer and Chairperson Governance Group Director

NAME OF MEMBER	ORGANISATION/SECTOR
Margaret McDonagh	Community, Traveller Community (Balbriggan)
Damien Darcy	Community, SAMH Portmarnock (ADON Intellectual Disability)
Cllr Brigid Manton	Public Representative: Swords - Fine Fail (SAMH member)
Cllr Anne Greaves	Public Representative: Swords - Sinn Fein (SAMH member)
Cllr Dean Mulligan	Public Representative: Swords - Independents 4 change (SAMH member)
Cllr Brendan Ryan	Public Representative: Skerries/Balbriggan- Labour party
Cllr Grainne Maguire	Public Representative: Balbriggan Independent (SAMH Chairperson)
Cllr Tony Murphy	Public Representative: Balbriggan Independent (SAMH member)
Cllr Rob O'Donoghue	Public Representative: Rush/Lusk- Labour party (SAMH Chairperson)

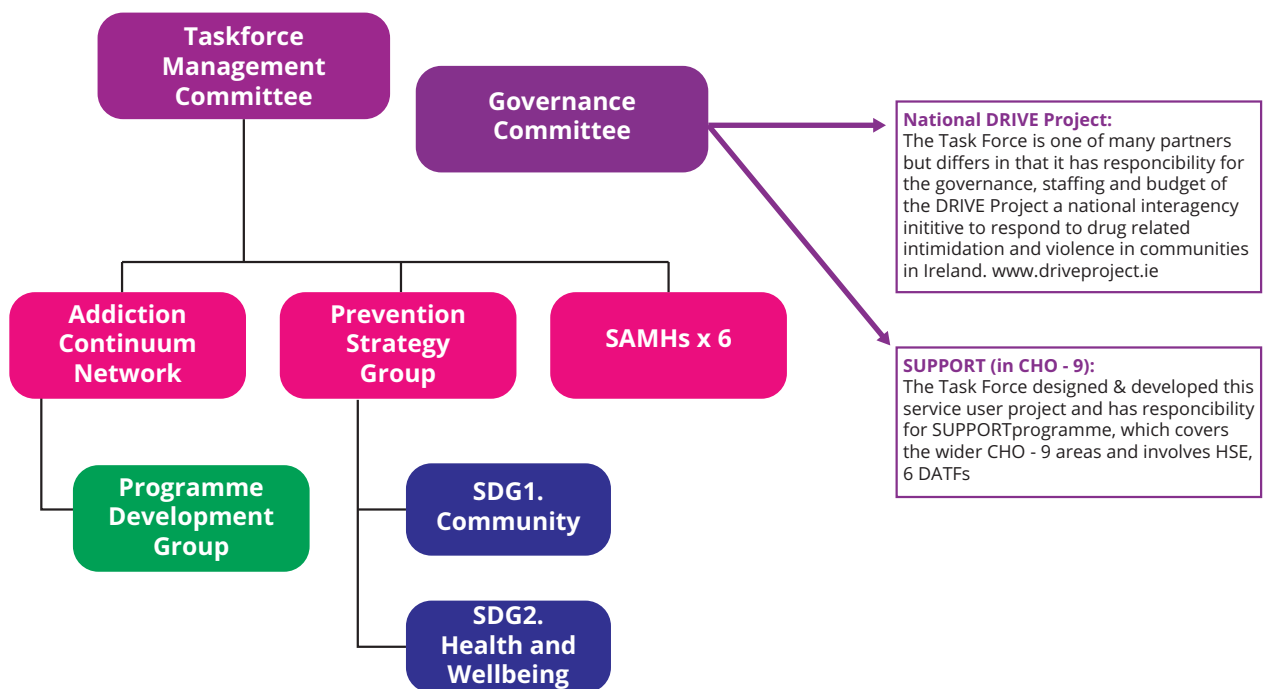
6.2 . Meetings and substructures

The Task Force Management committee is supported by a Governance Committee which provides guidance in relation to the corporate, HR, fiduciary, and legislative governance. It is made up of the Directors of the registered charity, HSE along with the Chairperson of the Task Force and the Coordinator. The group is intentionally small and has a specific brief in relation to risk management and corporate governance to ensure that the Task Force conducts its business in line with national legislation and other legal requirements such as the Charities governance code and HSE SA requirements (the Task Force is funded by the Department of Health and it channels the budget through the HSE).

Meeting regularity. The Task Force meets 6 times a year and alternate months with the Governance Meetings so this means the directors meet every month. There is one AGM every year.

The Task Force has a number of subgroups some of which are more traditional structures with a clear reporting line to the task force and are focussed exclusively in the North Dublin Regional DATF area. There are 2 outliers. (1) although the SUPPORT initiative was designed, developed in 2019 by the Task Force and is delivered by the North Dublin RDATF it has a wider geographical remit and covers all of CHO-9. To ensure a collective approach and consistency across the region, the task force set up a steering group and invited members from HSE social inclusion, HSE clinical team and the coordinators of the other 5 task forces. (2) DRIVE is different in that it was developed by a small interagency group including the North Dublin Regional DATF but not solely the Nth Dublin RDATF. It has a national brief but following 2 failed EOI requests sent to all 24 DATFs in the country the North Dublin RDATF was asked to lead the project. It now has responsibility for the Governance oversight, budget and staff of DRIVE –

SUBGROUP STRUCTURES



6.3. corporate structure of the task force

In 2014 the Task Force was incorporated as a limited company (without Share Capital) in Dublin, Number 544852, and Task Force remits were extended to include alcohol. The Task Force subsequently changed its name to the North Dublin Regional Drug & Alcohol Task Force. The North Dublin Regional Drug & Alcohol Task then sought charity status and received notification on the 31st July – it is now a registered charity, registered number 20204652.

6.4. Staffing of the Task Force

The structure of the team is aligned with the goals of the NDS. Each workstream has a programme lead with responsibility for one specific aspect of the strategy. While the workstreams are interlinked it means that there is specific expertise within the team to progress actions under their programme area of responsibility. All programme leads have direct interaction with service users and the local community. The Family Support Specialist and Client Service Coordinator both have caseloads and provide support directly to service users. The SUPPORT Coordinator engages directly with users of drug and alcohol services and family support services to support their direct involvement in their own care. The Prevention Coordinator actively engages in youth engagement strategies through education and youth centres and the wider community through the SAMH groups.



Staff structure

This Task force staff team are primarily frontline worker due to a significant change management process from 2013 onwards to address the lack of frontline services in the area. There was no service infrastructure to build on and insufficient budget or time to commission services. To address this the Task Force set up the community care service in 2014 to provide assessment, key working, care planning and case management for people who required support with alcohol and/or drug use.

There was a very tight clinical governance structure in place with external and internal supervision and clinical advisory group headed up by the Clinical Operations Manager and the Senior Psychologist of the National Drug Treatment Centre board. It began with only 2 case workers. Case workers are required to have third level qualifications in addiction, training and accreditation in evidence informed models and at least 3 years' experience. at that time there was an embargo on recruitment and no SASSY counsellor in the region.

The Task Force engaged with the HSE management at the time and employed a SASSY counsellor with supervision from Addiction Psychiatrist in HSE. this close collaboration with clinical colleagues in the DTCB and the HSE clinical team in the HSE was very important. Over the coming years the service expanded and the family support service was established.

TITLE	GRADE ALIGNMENT
Prevention Coordinator Not funded by DATF. HSE funded	VI
DRIVE Coordinator Strand 3	VI
SUPPORT Coordinator CSEF funded (originally Strand 2)	VI

The staff below are all frontline workers working out of the Community Care Service

TITLE	GRADE ALIGNMENT
Team lead	VI
Case worker 1	V
Case Worker 2	V
Case Worker 3	V
Case worker 4	V
Inservice administrator	III
WISE worker (Womens Inclusion Support & engagement worker CSEF funded)	V
Addiction Counsellor	HSE Substance use counsellor scale

The staff below are all frontline workers working out of the Community Care Service

TITLE	GRADE ALIGNMENT
Family Support Specialist	VI
Family support worker	V

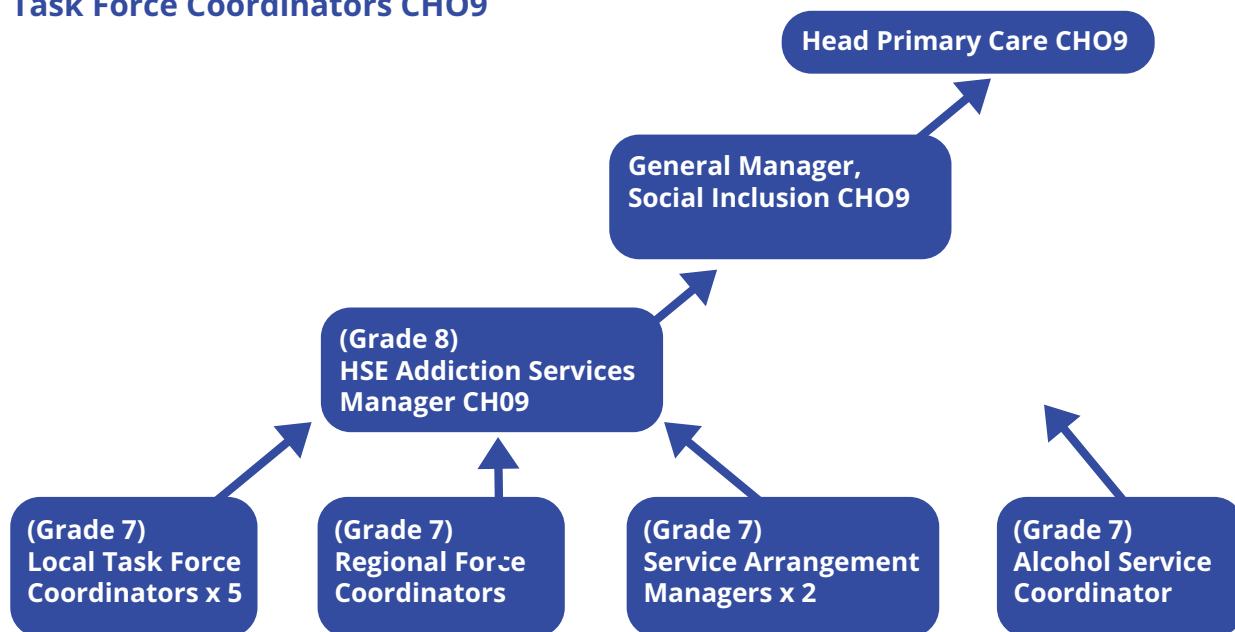
Considerations: the outcomes of this process were extremely positive however it does mean that the North Dublin Regional DATF had to prioritise frontline services. as a result, despite having 3 service delivery hubs and a population of over a third of a million people the task force does not have a 'backroom team' that features in other task forces and is without administrative, financial and development staff. These functions are provided by the task force coordinator.

Employment and reporting arrangements of the Task Force coordinator

The Coordinator is employed by the HSE and is the link into the wider HSE Social Inclusion Team in CHO-9 to ensure good governance and alignment of strategic priorities between the HSE and the task force. It is essential to reduce duplication and ensure region wide coordination that the wider HSE social inclusion team engages very closely with the Task Force coordinator before planning new services and strategy decisions in the region and vice versa.

Communication and collaboration within this team is central to avoid silo working and ensure value for money.

Employment and Reporting Structure of Task Force Coordinators CH09



NOTES



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