

East Coast Regional Drugs and Alcohol Task Force



Annual Report 2016

*The **Mission** of the East Coast Regional Drugs and Alcohol Task Force is to work in partnership with statutory, voluntary and community sectors to significantly reduce the harm caused by substance misuse through a concerted focus on supply reduction, education, prevention, treatment, rehabilitation and research.*

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Executive Summary

Overall Drug Usage in the East Coast Region

- Alcohol remains the most widely used drug to those seeking assistance across the region
- Increase in the prevalence of drinking and cannabis use in underage young people is widely reported linked, in many cases, to high levels of continuous drinking in the home
- Continuous use of cannabis weed reported in youth and young adults leading to increased anxiety and stress in all aspects of life
- Still strong demand for equipment for smoking and injecting of opiates primarily
- Cocaine usage has started to increase again in both treatment and crime figures
- Usage of prescription drugs common along with illegal drug usage

Emerging Trends in the East Coast Region

- Increase in behavioural issues linked to drugs and alcohol use in young people and their families
- Increase in those seeking support who have been affected by a family member or partner's alcohol or drug use
- Increase in HIV rates in the East Coast Region
- Use of the internet for ordering of drugs is widely reported
- Some increased reports of the re-emergence of Ecstasy
- Increase in drug related intimidation of both drug users and their families linked to higher levels of direct threats and beatings, in some instances
- Issue of dual diagnosis (mental health and addiction coexisting) having difficulties accessing combined or linked services
- Situated between Dublin and Wexford ports and with proximity to Dublin, reports of larger scale illegal drug activity in the region
- Increase in 'grow houses' with linkage to cannabis herb/weed production in rural areas
- Shortage of homeless shelters and service provision in the region and difficulty, without housing issues addressed, to address any coexisting addiction issues

Specific New Initiatives 2016

- Review of overall Task Force Governance completed
- Focus on interagency and multi-agency delivered initiatives
- Continuous work and development of 3-year Strategic Plan
- Enhanced presence of regional bodies, agencies and groups working in linked services
- Service User Involvement – further development of participant groups in projects
- Continuous work on the needs assessment and proposal for Under 18 drugs and alcohol treatment services
- Redesign and restructuring of Task Force frontline Rehabilitation Service

Overview of the East Coast Region

The **East Coast Regional Drugs and Alcohol Task Force** [ECR DATF] covers the outline area that the HSE now designates as Community Healthcare Organisation Area 6 [CHO-6]. The population in South Dublin and Wicklow has grown 4-5.9% since the population census in 2011 (CSO, 2017). This Task Force crosses some of the local authority areas of Wicklow, South Dublin, Dún Laoghaire-Rathdown and Dublin City County Councils. In 2016, Dublin has a total population of 1,051,339 and Wicklow has now a population of 142,425 but exact numbers for this CHO-6 area are not available at this time. Overall each area has seen an increase in population. Wicklow has increased by 4.2% to 142,425 while South Dublin increased by 5.1% to 278,767; Dún Laoghaire Rathdown increased by 5.7% to 218,018 and Dublin City increased by 5.1% to 554,554 persons (CSO, 2017).

Specific to this region, two Local DATFs have their local areas within this boundary and, thus, this Regional DATF takes responsibility for any and all areas within CHO-6 but outside the remit of these two Local DATFs. So, within this Regional boundary area, Bray Local DATF comprises the town lands of Bray and Kilmacanogue. The Dún Laoghaire-Rathdown Local DATF is also within the boundary but their coverage is mapped against the original areas allocated to the Southside Partnership and comprises 21 neighbourhoods designated disadvantaged across the Dún Laoghaire-Rathdown County Council Area. Data for specific town and areas is not yet available from Census 2016.

The East Coast Regional DATF boundary crosses 4 distinct County Council boundaries, namely South Dublin County Council, Dublin City Council, Dún Laoghaire-Rathdown County Council and Wicklow County Council. Each Council has established their own Council Strategic Plans and Local Economic and Community Plans (LECP) independently.

Three separate and distinct Education and Training Boards [ETBs] all have partially coverage of geographical areas within the ECR DATF boundary. These are designated City of Dublin ETB (CDET); County Dublin and Dún Laoghaire ETB (DDLETB); and Kildare and Wicklow ETB (KWETB).

From a Garda Divisional boundary perspective, the East Coast Regional crosses with parts of 2 Garda Regions, namely the Garda Dublin Metropolitan Region (comprising Dublin City and County) and the Garda Eastern Region (comprising Wicklow, Kildare, Laois/Offaly, Westmeath and Meath).

Tusla, the Child and Family Agency, has a network of Integrated Service Areas (ISA) covering the entire country. It is the dedicated State agency responsible for improving wellbeing and outcomes for children encompassing child protection, early intervention and family support services. The boundaries of Tusla services closely resemble the HSE and thus, an Area Manager oversees all such services in the Integrated Services Area which is aligned to HSE CHO-6.

The East Coast Regional DATF boundary primarily crosses at least 3 distinct Partnership areas namely Bray, Southside and County Wicklow Partnership. Some of the other Dublin Partnerships also geographically cover some of this Task Force Region. As stated, Southside Partnership is aligned to the Dún Laoghaire-Rathdown Local DATF (21 neighbourhoods) but boundaries for Bray and County Wicklow Partnership have been realigned and thus, connections with both need to be maintained. Under SICAP funding, Bray Area Partnership has the remit for 2 Municipal areas and Wicklow Community Partnership the remit for the remaining 3 Municipal areas of County Wicklow.

Drug Related Treatment in the East Coast Region

An exact figure for illicit drug use in any specific region is difficult to source. However, the Task Force is informed in its work by a number of statistical data tables collated by the various agencies. Each source identifies a piece of the whole picture with inherently different capture criteria and limitations. Nonetheless, together, these sources combine to indicate some parameters for the overall illicit drug usage and/or drugs and alcohol related problems in this region.

The **Central Treatment List** [CTL] has been established by legislation to registers all clients in medical drug substitution treatment nationally and the register is administered at the HSE National Drug Treatment Centre [NDTC]. Data from this source (HSE, 2017a) shows that 574 individual patients with addresses in CHO-6 area were treated during 2016 with 502 remaining in treatment at the end of this period and including 12 first time patients in the 9 HSE Treatment Clinics situated in this region. Additionally, there are 35 General Practitioners trained and operating in community practices in this region [26 level-one and 9 level-two trained General Practitioners] and these provide services to an additional 525 patients. As this data is now captured and presented in a different format to the 2015 data, it is not possible to establish what trends are occurring. However, these figures represent 9.6% of the patients nationally and do not include data from the Prisons and the Drug Treatment Centre’s patients. The region has pharmacy dispensing at most of the HSE Treatment centres along with 64 additional community pharmacies which dispense to about 61% of all the clients in the region.

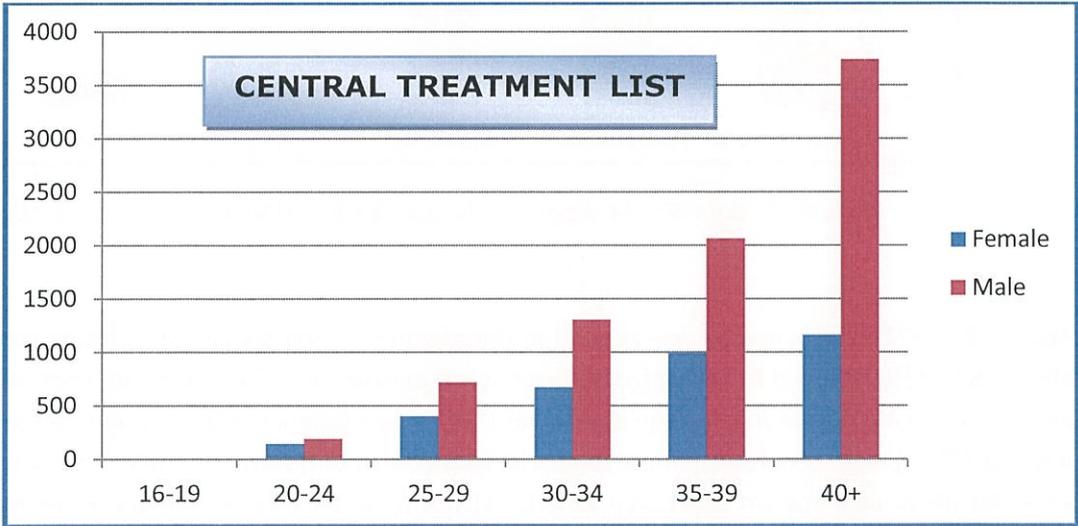


Figure 1: National Drug Treatment Data for 2016

Of the 11,413 patients attending services nationally, the majority (87%) are now over 30 years of age and 97% over the age of 25 which is similar to 2015 data. As in 2015, more males than females are attending services although the ratio has dropped from 75% males in 2015 to 70% of the total in 2016 [see Figure 1]. Within CHO-6, attendance of patients at HSE treatment clinics (52%) is only marginally more than at community General Practitioner surgeries.

The current latest available data from the **National Drug Treatment Reporting System** [NDTRS] compiled by the Health Research Board is for clients assessed and case managed during 2015 (HRB, 2017). From this data it is clear 454 cases were referred for assessment within the East Coast Region who initially declared a home address within this region. Of these, 30 (6.6%) assessments were for concerned persons. Of the remainder, 57% were primarily for drug issues and 36% primarily for alcohol issues. In these cases, over two thirds (287) were then subsequently treated by or referred to services within this region, mostly (69%) by either low threshold or outpatient services, albeit a reduced number from previous years. More than one in four (25.7% or 118) cases were assessed and referred to inpatient services. This presents an increase on previous years. Other clients were in prison (18) or were able to access services at their GP surgeries (3) to meet their needs [per Figure 2 below].

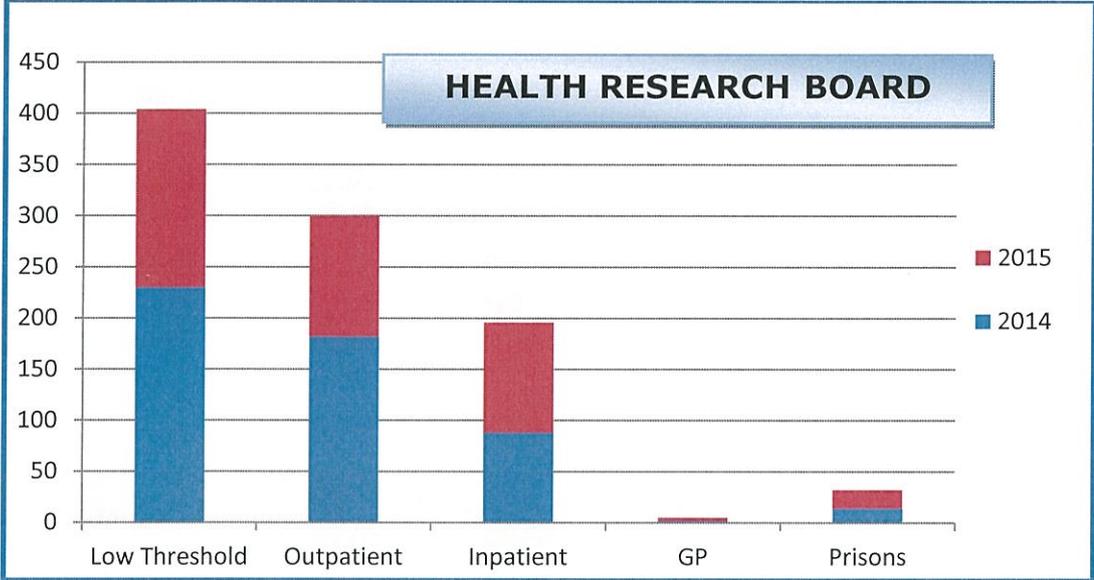


Figure 2: East Coast Region clients assessed into service in 2014 and 2015

About 65% (272) of all clients were treated in the region for their specific presenting condition with about 28% (120) referred to an appropriate service at another site. The remainder receiving minimal assistance mostly due to incomplete assessment or non acceptance of the options presented. Over one third (150) were recorded as new to receiving any form of treatment while 143 clients had been assessed previously and an additional 29% (121) having been treated previously within the same assessment and care planning service.

About 70% of those presenting for services in this area were male and mostly aged from 25 to 49 years old (73%) with 17% younger and 10% older. They are mostly either living with parents or in their own family unit (68%) with 85% (356) overall indicating a stable accommodation situation. About two thirds (64.6%) were unemployed, with others on courses or unable to work. However, about 1 in 6 (16.4%) were in paid employment. For those whose data was captured, 70% had left school at aged 15 or over. As the official school leaving age is now 16 years, it is noted that 61 people who left at aged 14 years and younger were definitely below the legal age to do so and 3 people declaring that they never attended school, both findings a drop from 2014 data.

Although drugs other than alcohol were listed as the primary reason for the referral to services, this data is further broken down by illegal drug type under the main drug of concern [see Figure 3 below]. Within the illegal drug usage of the East Coast Region, opiates remain the highest recorded drug type with cannabis and cocaine following in priority. Benzodiazepines and other drugs (including other stimulants and ecstasy) make up the remainder. Cocaine has thus overtaken benzodiazepine use since 2014 and corresponds with the latest national prevalence study (NACDA & DoHNI, 2016). It must be noted that this records the primary drug of concern and many referrals indicate simultaneous problems with a number of substances or poly drug use problems. Self referral remains the primary source indicated at 42.5% of all referrals followed by outreach worker referral (12.4%), general practitioner (10.7%), social services (7.4%) with other drug treatment centre and family/friends both at 6%.

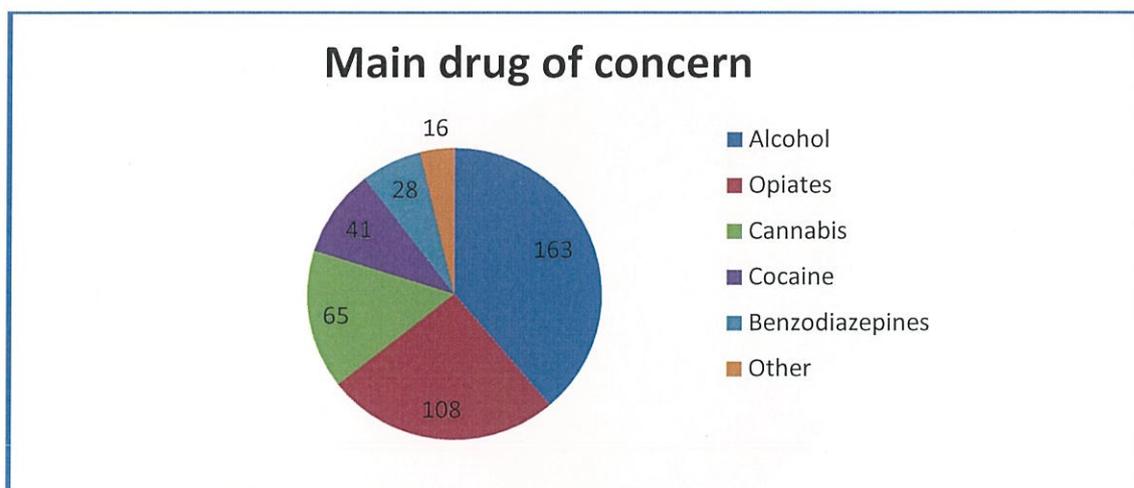


Figure 3: National Drug Treatment Reporting System [NDTRS] data for 2015

Other sources are mental health facility, court/probation/police, prison and hospital although the numbers recorded under each category are small.

Needle Exchange and Drug Equipment Provision encounters and engagements with individuals looking for such equipment across the region are recorded separately by the HSE Outreach Workers and Teams. This data is not recorded on either the CTL or NDTRS capture measures as this activity falls outside the scope of both. At this time, no pharmacy needle exchange programme operates in this Region. Clients for this service are met at agreed locations and teams deliver this service from a mobile unit in more rural communities across the East Coast Region. An annual return for the Arklow/Wicklow area of the East Coast Region for 2016 gives displayed results (see Figure 4).

This represents 187 encounters with separate individuals of which, 29% (44) were female and the rest male. This data shows an 8% increase on activity with a higher percentage of female involved since 2015. Most interactions were carried out in less than 10 minutes (137) with most of the rest within 20 minutes. Additional time may be taken with new clients giving time for advice and addressing of issues raised. As seen on Figure 4, the most commonly requested equipment is the

diabetic syringe. Most people accessing this service are doing so in regard to their Heroin usage (86%) both smoked using the foil provided and injected, primarily, using diabetic syringes. However, around three quarters (72%) indicated regular usage of benzodiazepines simulatneously. As an increase from 2015, 53 of these service users sought equipment in respect of their cocaine usage with an additional 20 receiving crack cocaine pipes. Almost three-quarters (74%) identify a benzodiazepines usage, mostly coexisting with other drug usages. The synthetic drug mephedrone often called ‘snowblow’ was identified by 22 service users and issues addressed. No record was made for anyone seeking equipment for either steroid or tanning usage, a change from 2015.

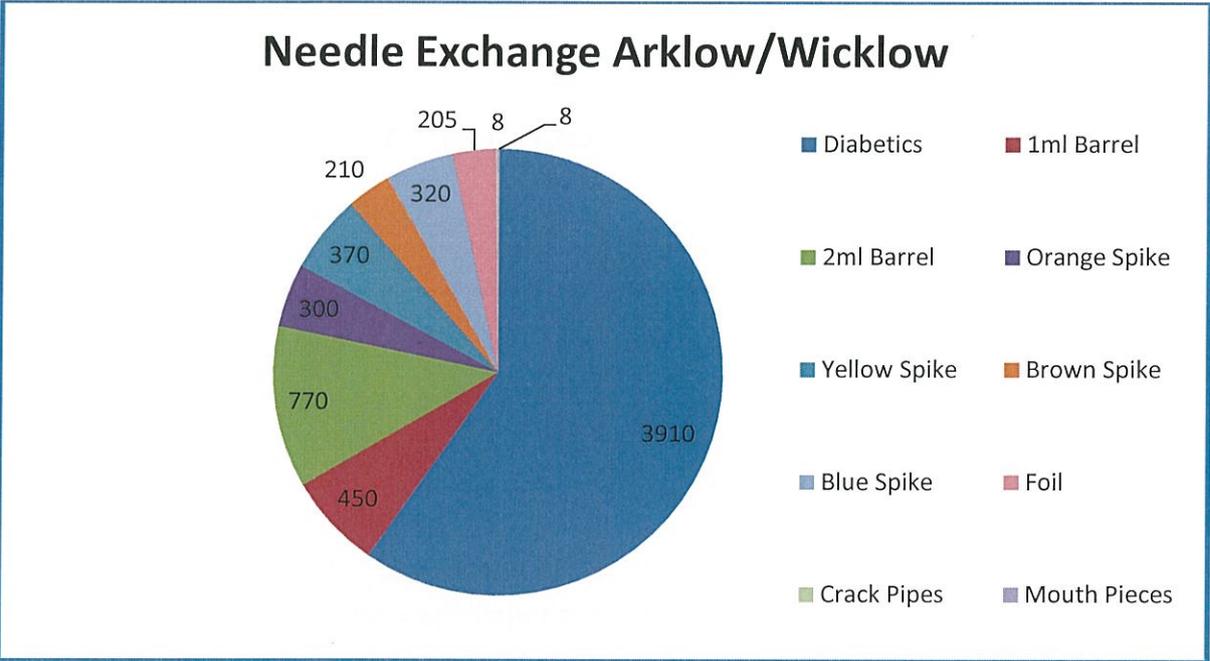


Figure 4: HSE Needle Exchange data January to December 2016

From the compilation of **National Drug Related Death Index [NDRDI]**, there are at least 6,697 recorded deaths by poisoning between 2004 and 2014 although this figure may be updated as further inquests are held (HRB, 2016). Poisonings accounted for 58% of the total with prescription drugs present in 73% of cases including diazepam (a benzodiazepine) in 32% and methadone in 28% with drugs like Zopiclone and Pregabalin showing recent increases. Alcohol was present in 32% of all poisonings, however, poly drug use findings occur in two third of all deaths with an average of 4 different drugs present. More recent trends show the presence of Heroin, Cocaine and Ecstasy/MDMA increasing from 2013 to 2014 particularly. Non-poisoning deaths among drug users has also shown an increase with since 2004 with the most frequent cause recorded as by hanging (27%) where the majority were male (84%) and two out of three had a mental health illness (67%) with a history of heroin and cocaine usage . Other causes were cardiac events (15%) followed by drowning and liver disease. No specific data was available on the geographical location of the persons whose deaths are categorised and analysed in this report.

Drug Related Crime in the East Coast Region

County based drug-related crime data is released by An Garda Síochána to the Wicklow County Council Joint Policing Committee (JPC) on a quarterly basis. It is based on reported crime and operational data taken directly from the Garda PULSE system. The ECRDATF crosses over the Garda Eastern Region (including the Divisions of Wicklow) and the Dublin Metropolitan Region. Extracted data below is only pertinent to the Wicklow Divisional data and it is not possible, at this time, to extract the fuller data covering the whole of the ECR. Clearly, property crime and crime against the person along with criminal damage and social code offences are often committed by persons as an indirect linkage to illegal drugs and drug usage. However, for this report, only drug specific criminal offences are presented. Wicklow Garda Division further divide this region into Baltinglass, Bray and Wicklow subdivisions.

Public order and other social code offences for 2016 shows a year-on-year marked decrease in crime with a 26% drop in offences recorded along with 87% detections made [see Figure 5].

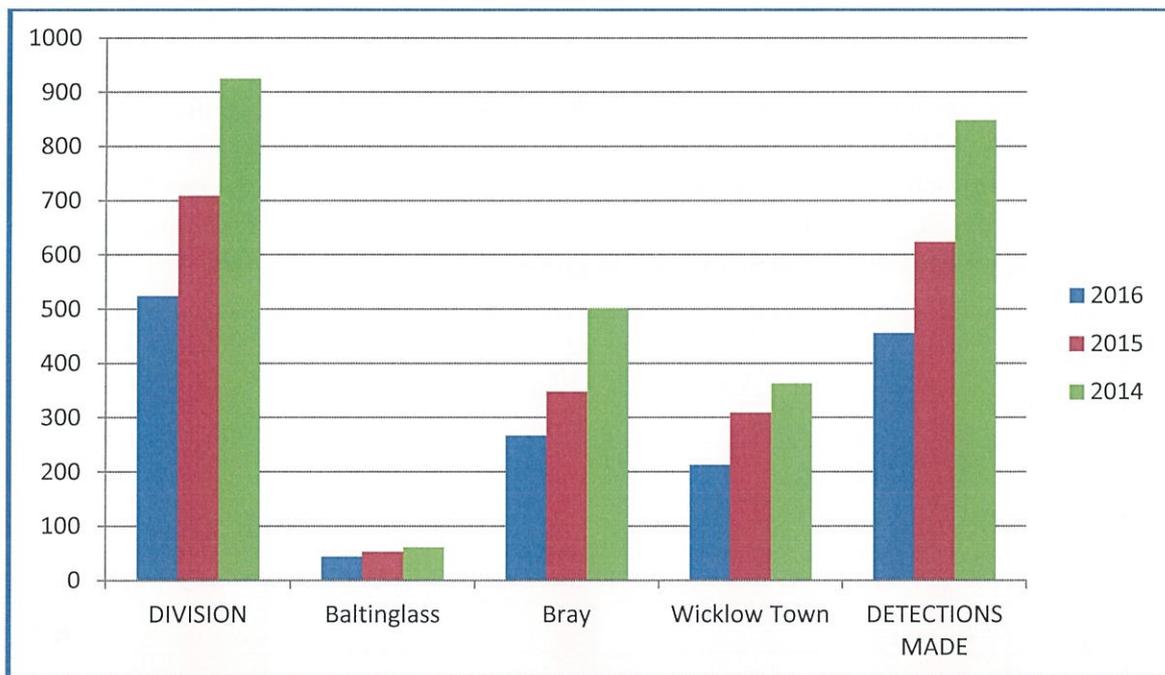


Figure 5: Public Order and other Social Code offences, Wicklow Garda Division

Similarly, Garda detection numbers for the **possession of drugs for personal use** showed a slight increase overall in 2016 [see Figure 6]. As seen, the Wicklow subdivision was the most affected district in 2016 where it had previously been the Bray subdivision (which includes Bray, Greystones, Newtownmountkennedy and Enniskerry towns). In order of towns and their recorded crime data, Bray, Arklow, Wicklow then Greystones are the most affected by this type of crime. Seasonal spikes in many small drug seizures from persons occur at and around local music festivals including the bi-annual Barn Dance at Glendalough House in Annamoe/Roundwood and the Knockanstocken festival in Ballinastocken.

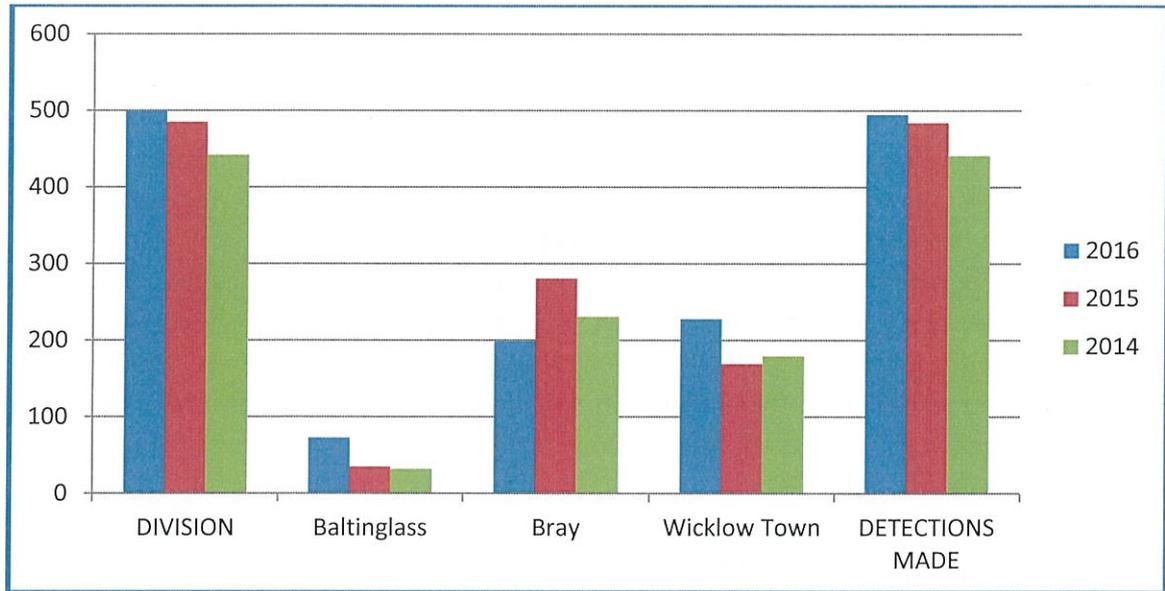


Figure 6: Possession of Drugs for Personal use, Wicklow Garda Division

However, the recorded crime data for **possession of drugs for sale or supply** gives an overall decrease of about 20% in the Wicklow division since 2015. This decrease is across most areas with only the Wicklow sub-district recording an increase from 2015 [see Figure 7] linked to unexpected levels in one specific town. In order of towns and their recorded crime data, Bray, Arklow then Greystones are the most affected by this type of crime

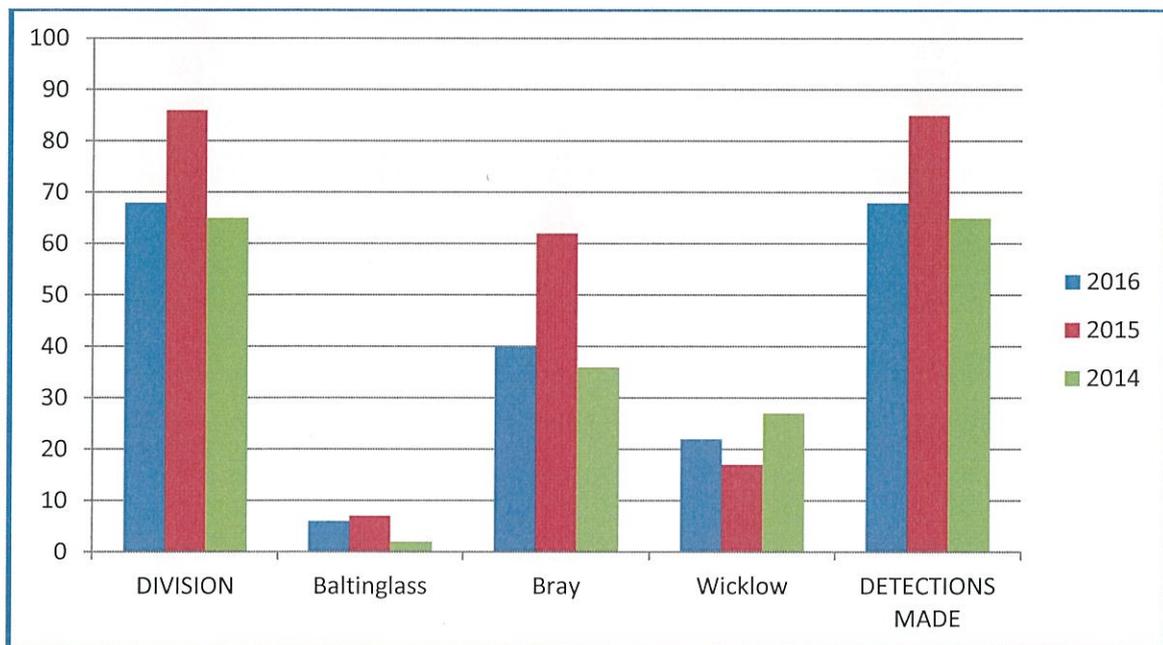


Figure 7: Possession of Drugs for Sale or Supply, Wicklow Garda Division

Garda reports show that illegal drugs are the most commonly seized in each of the districts and cannabis herb is by far the most common of these, accounting for 65% of drugs seized over the past 5 years. Cocaine seizures have again been increasing year on year since 2012 and they accounted for 73 seizures in 2016 or 11% of all drugs seized. Seizures of Heroin/Diamorphine at 5% and Ecstasy/MDMA at 3% have remained almost constant over this period. Gardaí in Wicklow have valued all seizures at €2.33 million in the past 5 years, with 2014 showing the highest value of drugs seized linked to a few large seizures in that period. For example, one incident in a house in Newtownmountkennedy resulted in 51 kilograms of Cannabis Herb seized and valued at €1.02 million. Illegal drug seizures in 2016 were valued at almost €404,000.

Figures for the **cultivation or manufacture of illegal drugs** have increased somewhat with 7 detections made in 2016 compared with 2 detections made in 2015 and 11 made across all sub-districts of the division in 2014. This generally relates to commercial cannabis cultivation also known as 'grow houses' using cannabis plants to produce herb or weed form. The 2016 data is broken down by division into Wicklow (4), Bray (2) and Baltinglass (1).

Drug-Related Intimidation as described in Action 3 of the National Drugs Strategy (DCRGA, 2009) is a linked issue which has seen a great increase in this area, albeit anecdotal. There is an Inspector assigned from An Garda Síochána to be the liaison person in regard to any and all reports under this category. His assistance and advice has been sought and received on a number of cases, mostly by project workers acting as intermediaries. However, as with other regions, the number of cases of persons even willing to engage with the Inspector directly let alone officially report such an occurrence is negligible. As a Task Force, we continue to encourage our workers and also our service users to seriously promote this option. Reports have been presented through some drug project workers of demands of large sums of money being made to both drug users and often family members who were often unaware of any serious drug usage or problem let alone a 'drug debt' being incurred. The contact regarding this debt is often accompanied by threatening or menacing behaviour. Drug workers have engaged with clients too fearful to leave their homes and others who have been physically assaulted in respect of unpaid debts. Reports identify large sums of money being sought with growing interest rates for delays in payment. Family members in more affluent areas are more prone to being targeted to pay this debt. A number of school non-attendances have also been linked with young people living in fear of a direct approach in respect of drug debts and unwilling to leave home as a result.

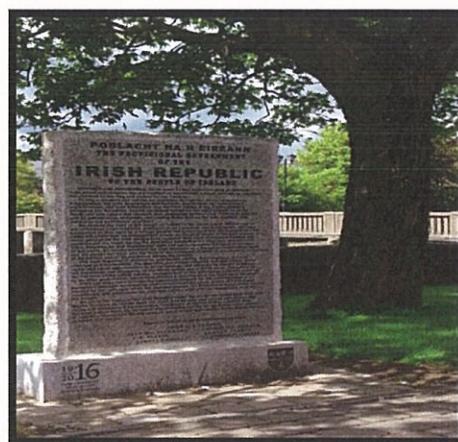


Figure 8: Wicklow Town 1916 Glór na Casca Commemoration

Main Issues addressed by ECR DATF during 2016

During 2016, the ECR DATF utilised a number of courses of action to gather drug related information from a number of sources, highlight the most pressing matters and responding appropriately to drug usage and issues across the communities of the East Coast Region. These new innovations were discussed, designed and agreed by the members and then added to the Task Force agenda as a standard item to keep the focus on the various approaches agreed. All expenses incurred, as always were met through the Task Force Operational Budget and accounted for and audited, as usual (see Appendix I). The methods to address drug usage included:

Provision of Drug and Alcohol Services for Under 18 year olds in the East Coast Region

Following a briefing with the ECRDATF along with Bray and Dún Laoghaire Rathdown Local DATFs, the HSE Addiction Service sent out a request for expressions of interest for projects to apply to it for funding to develop a Level 3 Drug and Alcohol Treatment Service across CHO-6 for Under-18 year olds in November 2014. The project was to be modelled on the YODA project service in existence in CHO-7. Subsequently, in early 2015, the HSE rescinded this offer citing the reason that the funding had been reallocated to another service. However, as a result of this, a number of community activists and workers formed a group to further discuss the need and requirement of drug and alcohol services for young people across the region. The initial core group of a Teacher, Family Support Project Manager and Garda decided to widen the membership and initiate a series of discussions. The Task Force members were all targeted along with other service providers across the region. A number of similar project representative from other regions were invited to the meetings to present and discuss the model of service that they provide and what needs they were meeting.

At this point, one local politician agreed to source funding once a specific need was clearly established. A number of Task Force members along with other community representatives and workers worked together to progress this work so that a survey questionnaire was developed and prepared seeking wide consultation and identification of specific needs and gaps in current provision. A professional survey analyst was engaged to assist at the questionnaire stage and compilation of answers from returned data. This data was then presented and re-circulated to the group membership including the public representative seeking progression on the needs identified.

As and from July 2016, this community group presented the findings formally to the full Task Force, stated that they could not progress this further and asked the Task Force to further develop and progress this work to the next stage. Discussions and requests were then made to various groups and organisations to identify specific need and number of young persons who could actually avail of such a service and a Business Case Plan was commenced.

A second similar group had emerged in the Bray area who were also discussing and identifying need in this area separately. It was therefore decided that the two Task Forces together would make an application to the Minister in the Department of Health along with the Minister of State for Communities and National Drugs Strategy to ascertain the level of support and resources that could be sought to address this need. No direct reply had been received by the end of 2016.

Task Force Governance Review

A large amount of time was allocated to organising, tendering and selecting an organisation to conduct a Governance Review of the Task Force to facilitate greater openness and transparency of the work. An organisation called Governance Ireland was selected as the most qualified and appropriate. A large body of documents were compiled by the Chairperson and Coordinator to form the first part of the assessment. Following this, online surveys were set up for each Task Force committee member to answer. This communication was conducted by email in the main. Following analysis of the results of this stage, the Reviewer conducted a series of one to one interviews with a large number of Task Force and other Committee members. This resulted in the production of a draft report. The next stage was the presentation of the report to the Task Force members. This was conducted on two occasions where the results were presented followed by clarifications and questions and answers by members. The final version of the report was subsequently submitted and duly ratified in its entirety by the members at the next Task Force meeting.

The Reviewer identified a number of recommendations that needed urgent attention. Thus, the Task Force were re-directed to review the draft 3-year Strategic Plan and complete the process to adoption stage. This process took a number of further meetings but a document was eventually agreed in November and the Strategic Plan 2017 to 2019 was finalised.

The process of bringing on new and replacement members onto various Task Force committees was suspended during the Review process. This was then looked at again and new members had begun to be identified, given a number of induction sessions and commenced on a number of groups in the Task Force. Obviously, this process has only commenced and further work will be required on this and other specific issues listed in the Governance Review recommendations in 2017.

Restructuring of Task Force Rehabilitation Service

The above project operated across the entire East Coast Region with the resources of two workers providing supports for drug users. The service is designed to support the client during the rehabilitation process using the National Rehabilitation Framework and providing initial and complete assessment, care planning and case management. However, in April 2016, one of the workers resigned giving one month notice. Within the month, the other worker also resigned similarly. Following consultations with the HSE, the Task Force was asked to complete its Governance Review and then assess any issues relating to the workers resigning. Once this was complete, the HSE met again with the Task Force Chairperson and Coordinator and asked for the Task Force to restructure this project taking into account any and all changes made in other services across the East Coast Region to ensure that current needs would be met and that no duplication of services would occur. Also, the HSE asked to be supplied with ideas for the reallocation of unspent monies under specific headings (e.g. training, capital, once off events).

The Task Force then identified a subgroup of members to meet and progress these two issues. A number of ideas were developed and costed and sent to the Task Force for agreement. These were then supplied to the HSE. The group then looked at a number of project proposals and adapted these to meet the current needs of the Region and the resources available. A number of changes and amendments were requested by the HSE which the subgroup had to meet, clarify and then address in this process. This took up considerable time and work for this group. In the interim,

requests for services continued to be received and alternative arrangements and interim arrangements were discussed and proposed for. However, the Task Force members disagreed with any interim arrangement and thus, this could not be progressed. At year end, another draft of the proposal had been submitted to the HSE but no decision had been returned.

Information Hub

Since the success of the Newtownmountkennedy Information Hub in 2015, another one was proposed for 2016 in another area or community. From Task Force meeting discussions, Rathdrum was identified as the next preferred community. A large number of calls and queries regarding venues were made along with some discussions on other possible locations, however, no venue was found to be available on a regular basis which would be fit for the purpose which was required. Thus, this idea was not progressed further in 2016.

Linkages with other Groups and Committees

Further to the issue of 'drugs' becoming a feature of the work of the County Wicklow Childcare Committee, the Coordinator was invited to become a member of the main Wicklow committee and assist with the development of the new strategy running from 2016 to 2018. This group is now called the Wicklow Children and Young Persons Services Committee (CYPSC) with a dedicated Coordinator and plan scheduled to run over the 3 years. Within this role, the Coordinator liaises with the Bray Local and South West Regional Drugs and Alcohol Task Forces to ensure good levels of communication and participation from all. The main Wicklow CYPSC has set up a number of further subgroups in which drug issues can occur e.g. Youth Mental Health and Prevention, Partnership and Family Support. Collectively, this affords the Task Force data regarding other services and resources available in the area dealing with similar issues. It has been found to be of considerable benefit to circulate other resources and events which are available and relevant to the work of the Task Force and the projects it funds.

The Task Force, through the Chairperson and Coordinator, have a national network to draw on in the event that a issue arises that needs more discussion and research in order to make an informed decision. The national networks have been of great importance and assistance with a myriad of issues that have arisen. It was therefore timely that the national networks arranged, coordinated and delivered a national conference for all Task Forces, projects and interested parties in 2016. Each Task Force arranged to feed into the ideas process and local registration of delegates. The event was funded, in the main, from the Dormant Accounts Fund 2016 allocations and was a well attended and received piece of work. A further conference in 2017 would assist with national cooperation and sharing of ideas.

The process of the development of the new National Drugs Strategy took up considerable time in 2016. Members either attended a number of the focus groups or the public consultations or fed into their support network group in order to do so.

As further development of the Wicklow emergency homeless shelter delivering longer term supported housing and follow on supported tenancies, the group running the service [Dublin Simon] agreed to provide ongoing counselling directly to the clients. However, as appropriate counselling space in the centre was proving difficult to access, this Task Force negotiated with a local project to provide off-site counselling facilities for current attendees and those moving on to private housing

arrangements for this very vulnerable group. This has proved to be vital in certain clients transitioning to their own stable tenancies and maintaining those tenancies. This service was further supported and maintained throughout 2016.

All projects funded through the HSE Section 39 process, had project review meetings in 2016. As a result a number had additional documents and policies to supply in order to meet the criteria set by these grants. This work fell to the Task Force Coordinator to progress and provide within strict time criteria so that funding draw-downs and schedules were maintained.

The Task Force Administrator resigned in early 2016, and thus, a process was initiated to secure another administrator to assist with the work of the Task Force. A range of job specifications were reviewed and, from this, a specific job specification, terms and conditions and scoring matrix was designed and agreed. The post was advertised (following agreement of costs with the Task Force) and applicants acknowledged and an interview process, panel and dates established. Interviews were conducted along with a practical examination and the work scored and selection made. All applicants were then written to and arrangements were made with the selected candidate for an induction process and clarification of arrangements and duties.

The term of the Chairperson reached 3 years during 2016, and thus, a process, similar to above, was commenced and arranged for a replacement Chairperson to be sought. Advertisements were placed on Boardmatch, Volunteers Wicklow and Activelink websites to ensure a wide range of applicants were sourced and interviewed. This process had not concluded by year end.

A large amount of other work was conducted by the ECR DATF during the year, which included:

- Development and Progression of the Strategic Plan to sign off
- Monitoring of drug usage and particular issues raised and forwarded to appropriate authorities for decision and actions to occur
- Support to project events and project information days
- Membership by various Task Force members of linked networks and support groups:
 - ◆ Chair as a member of National RDATA Chairs Network
 - ◆ Chair as representative on OFD, NCCDATA, NDS Steering Group, NDS development group
 - ◆ Coordinator as a member of National RDATA Coordinators Network
 - ◆ Coordinator as a representative on Trutz Haase Task Force work monitoring framework development group
 - ◆ Coordinator as a representative on Under 18 service exploratory group
 - ◆ Voluntary representatives as members of Dublin Cluster Network group
- Responses to the large volume of requests from the DPU, HSE, other agencies and organisations along with local projects and services.
- Participation on and submissions to the Wicklow County Council LECP, County Wicklow 6-year Policing Strategic Plan, Regional Family Support Network etc

Work which required additional resources is separately compiled in Appendix II.

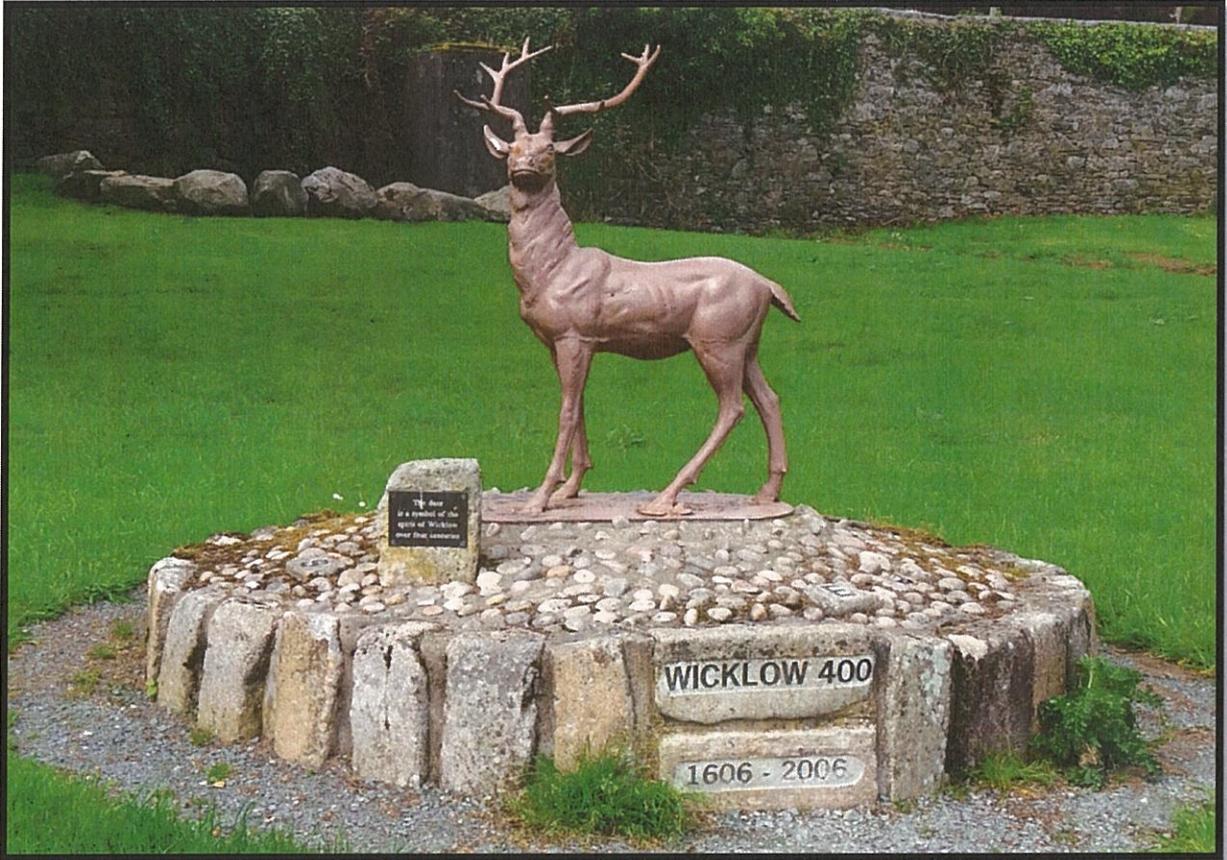


Figure 9: Wicklow Deer, Parnell Park, Rathdrum



Figure 10: Rathdrum 1916 Glór na Casca Commemoration

The Impact of ECR DATF funded projects in 2016

The **Wicklow Child and Family Project** operates under the County Wicklow Community Partnership Ltd company and is funded primarily by Tusla to provide supports and interventions to vulnerable families across the south of County Wicklow. Additional funding from the ECR DATF is provided to identify, assess and deliver additional interventions to adults, families and children who are experiencing difficulties as a result of addiction issues specifically. From the Task Force funding provided, a number of the key services they deliver are:

- ✓ Individual therapeutic interventions to adults experiencing addiction
- ✓ Individual therapeutic interventions to adults affected by another family members addiction
- ✓ Child appropriate interventions where addiction problems exist in the family
- ✓ Child group activities and interventions to build on personal development and self awareness
- ✓ Child group activities to develop communication and teamwork to enhance self-confidence and self-esteem
- ✓ Family activities to strengthen relationships and address issues contribution to poor family dynamics
- ✓ Training for identified drugs and alcohol related needs across the funded projects and agencies to extend supports and networking of regional multiagency groups.
- ✓ Brief Intervention Counselling in two sites (Wicklow town and Arklow) to meet the needs of individuals who are affected by addiction issues
- ✓ Oversee and manage premises used by a variety of funded projects, the Task Force and some other services to make it easier for the client to address their needs
- ✓ Liaise with the Housing services to provide services and facilities as needed.

The **Wicklow Travellers' Group Drugs Education Outreach Project** provides a range of services and supports to members of the Traveller community, both settled and non-settled, across the county. Full funding from the ECR DATF is given to deliver outreach interventions to this ethnic group providing drugs and alcohol prevention and education specific programmes and inputs. One full time and one sessional youth worker is funded under this initiative. From the Task Force funding provided, a number of the key services supplied are:

- ✓ Targeting of young Travellers and their families with appropriate alcohol and drug awareness and education programmes suitable to their needs
- ✓ To provide a drugs/alcohol prevention and early intervention approach to this group
- ✓ To provide group diversionary activities to build on personal development and resilience in this group with a specific focus on drugs and alcohol use prevention
- ✓ To deliver evidence based drugs education programmes for Travellers' as agreed with national bodies e.g. Pavee Point Services
- ✓ To provide opportunities to deliver drug and alcohol specific interventions alongside other services and providers to aid the abilities of Travellers to access other services
- ✓ To work with other services and organisations to ensure access to appropriate drug and alcohol services for this group
- ✓ To address underage and excess drinking and behaviours in this group.

The **ISPCC Childhood Support Service** in Wicklow works with children aged between 10 and 18 years old who are at risk of becoming involved in drug and alcohol usage using a prevention and early intervention approach. All funding for this project is provided by the ECR DATF, which is ultimately managed by the national ISPCC services. Outreach services are delivered across all of Wicklow working with young people and their families as appropriate. Two full-time staff members are funded under this initiative with staff supervision and management provided by the national service. From the Task Force funding provided, young people with specific drugs/alcohol issues are provided with a number of the key services, which are:

- ✓ Individual child specific therapeutic interventions targeted at their needs
- ✓ Improving child psychological resilience and developing protective factors
- ✓ Engagement over a period of 6 months to identify and address the presenting issues
- ✓ Engagement with parents and families to support and add to the impact of the intervention
- ✓ Evaluation of all interventions using the *What Works Outcomes Evaluation Tool*.

The **Living Life Counselling Services** provide low-cost affordable and accessible services to those persons in the community affected by addiction and that are in receipt of low incomes. Additional funding from the ECR DATF is provided to assess, match with an appropriate counsellor and provide a series of counselling sessions to adults who are experiencing difficulties as a result of addiction issues. This service is offered in centres in Bray and Arklow. A number of the key services they provide are:

- ✓ Initial assessment to ascertain the need and length of intervention
- ✓ Liaison with other health care providers, as necessary and with client agreement
- ✓ Matching of clients requirements with staff skills
- ✓ Individual counselling as part of a series to address a drug and/or alcohol related issue
- ✓ Provide some under 18, family and couples counselling appropriate to need.

The **Crosscare Drugs Education Outreach Project** provides drugs and alcohol awareness and education programmes to young people in out-of-school settings. The funding from the ECR DATF supports the salary of one youth worker along with programme costs to operate across the whole region to deliver a drugs and alcohol programme to groups and organisations engaging with young people in community settings. Supervision is provided by the Crosscare Youth Service. A number of the key services this project provides are:

- ✓ Delivery of drug and alcohol prevention programmes to different age and gender groups in community settings across the county
- ✓ To provide group diversionary activities to build on personal development and resilience in these groups with a specific focus on drugs and alcohol use prevention
- ✓ To deliver evidence based drugs education programmes
- ✓ To provide opportunities to deliver drug and alcohol specific interventions alongside other interventions and activities
- ✓ To make appropriate referrals to other services and agencies for this age group
- ✓ To address underage and excess drinking and behaviours in this age group.

The **Tiglin Challenge Residential Centre** provides residential facilities and services to persons dependent on drugs and alcohol. It provides a 16 month programme aimed at recovery of the individual from drugs and alcohol. This is provided on two main sites, Devil's Glen and Brittas Bay. The centre in Devil's Glen provides 33 male beds and Brittas Bay the 12 female beds for the initial phase I of the programme (typically 10-12 months) with another centre providing step-down or phase II beds (typically 5-6 months). Additional funding from ECR DATF is given to deliver 5 specific beds to persons from the East Coast Region. Among the key services they offer are:

- ✓ A facility dedicated to a holistic approach to the needs of the individual who wishes to exit addiction and engage in a recovery programme
- ✓ Rehabilitation of individuals from addiction and substance abuse
- ✓ Reducing dependence on substances and improving overall health and well being.
- ✓ Personal development of individuals through a life skills approach
- ✓ Re-entry of individuals into society after the process above
- ✓ Exiting clients are referred to aftercare with other project(s) depending on need.

The **Task Force Rehabilitation Service** works on an outreach basis to connect with, assess needs and make appropriate referrals for persons with addiction and substance issues. All funding for this project is provided by the ECR DATF. The current service workers both resigned in mid-2016 and the project had to be restructured and reconfigures as requested by the HSE, in order to re-establish a service in the area. At the end of 2016, the proposal submitted hadn't yet been agreed by the HSE and the service remained suspended. It is planned that a new Rehabilitation services would be delivered across all of Wicklow working with adults in addiction and their families, as appropriate. Three workers (2.5 WTE) will be funded under this initiative. A number of the key services they will be tasked with providing are:

- ✓ Meetings and consultations with individuals
- ✓ Initial assessment to ascertain the individual's need
- ✓ Comprehensive assessment, discussion and case planning with individuals
- ✓ Liaison with all other projects and agencies to provide appropriate interventions and services
- ✓ Support role for individuals accessing a range of services and transitioning through their agreed care plan.
- ✓ Case management of all clients
- ✓ Rehabilitation Coordination of all services and providers in the East Coast Region

The **Dormant Accounts Fund Special Project 2016** added greatly to the delivery of education and prevention across the East Coast Region. Five communities greatly benefitted from this initiative during the year with funded projects being required to continue this work in 2017 to ensure reinforcement of the messages and ongoing support for the training of volunteers and community leaders in delivery of consistent drug prevention messages. Further details of this project are explained on page 32.

Drugs and Alcohol Service User Involvement

A Service Users Involvement Training piece was developed (by the South and Southeast Regional DATFs) and all Regional DATFs were invited to a workshop run by these areas to explain and train in the approach identified in 2014. A specific manual was also developed and supplied to all attendees. Following this, there were a series of discussions where a number of approaches and developments were considered for this region. It was decided that an external worker would be funded to commence development of service user groups across the region. An advisory group comprising the Task Force, County Wicklow Community Partnership and the HSE was convened to aid and assist the initial contacts with potential group members. It was further decided that service suppliers would be contacted to act as gatekeepers in order to make contact with service users and a number of information sessions were held and conducted to explain the project, the approach and the methods to be used. A number of the funded projects have set up initial Service Users Groups to assist and inform this process. A community development approach is being trialled and this will then be progressed to involve all groups of service users possible. This work is ongoing and service users identified will next be offered personal development inputs to assist them in this process.



Figure 11: Newtownmountkennedy 1916 Commemoration Stone

Form A: NDS Supply Reduction Pillar

DRUGS AND ALCOHOL TASK FORCE:		East Coast Regional
Pillar * :	Supply Reduction	
DATF objective :	Ensure all Task Force members engage in the work of Supply Reduction Support agencies and services which deal directly with supply monitoring Monitor and communicate drug use levels and emerging trends Enhance communication across all areas Monitor and report on unsafe prescribing practices	
Outcomes :	All members are engaged in the 'Dial to Stop Drug Dealing' campaign Engage in regular communication with the Gardaí and Customs Revenue Services to facilitate exchange of relevant information Members attend and report of the work of the local JPCs Letters issued to GPs regarding specific prescribed drugs	
Category **	Project Code	Project Name
Family Support	EC 2	Wicklow Child & Family Project
Treatment & Rehabilitation	EC 2	Wicklow Child & Family Project
Education & Prevention	EC 3	Wicklow Travellers' Group Prevention and Education Outreach Project
Organisation facilitation	EC 4	Operational Budget
Education & Prevention	EC 6	ISPCC Teen Focus Childhood Support Service
Family Support	EC 6	ISPCC Teen Focus Childhood Support Service
Family Support	EC 7	Living Life Counselling
Education & Prevention	EC 12	Crosscare Youth Services
Project changes/ terminations in 2016		
Category **	Project Code	Project Name & Reason

Form A: NDS Prevention Pillar

DRUGS AND ALCOHOL TASK FORCE:		East Coast Regional
Pillar * :	Prevention	
DATF objective :	<p>Strengthen and develop education prevention initiatives for all ages</p> <p>Strengthen interagency collaboration in the interest of the service user</p> <p>Take an active role in the promotion of healthier lifestyle choices</p> <p>Strengthen the links with national and government health strategies</p>	
Outcomes :	<p>Delivery of a large interagency project across 5 identified towns within the area providing a specific alcohol prevention programme to adults and children which is activity based to enhance development of core structures within these areas and support an initial input which can be subsequently sustained over a further period using Dormant Accounts funding.</p> <p>To specifically target areas in the Region who have not previously received direct resources but where drug issues have been identified with innovative prevention programmes.</p>	
Category **	Project Code	Project Name
Education & Prevention	EC 2	Wicklow Child & Family Project
Family Support	EC 2	Wicklow Child & Family Project
Education & Prevention	EC 3	WTG Prevention and Education Outreach Project
Organisation facilitation	EC 4	Operational Budget
Education & Prevention	EC 4	Operational Budget
Education & Prevention	EC 6	ISPCC Teen Focus Childhood Support Service
Family Support	EC 6	ISPCC Teen Focus Childhood Support Service
Family Support	EC 7	Living Life Counselling
Education & Prevention	EC 12	Youth Outreach Worker – Drugs Education
Education & Training of Drugs Workers	EC 12	Youth Outreach Worker – Drugs Education
Education & Prevention	DAF 2016	Alcohol Community Mobilisation Project
Project changes/ terminations in 2016		
Category **	Project Code	Project Name & Reason

Form A: NDS Treatment Pillar

DRUGS AND ALCOHOL TASK FORCE:		East Coast Regional
Pillar * :	Treatment	
DATF objective :	<p>Liaise and link with all appropriate treatment services in place in the East Coast Region which respond to the diverse requirements of drug and alcohol service users to offer the widest range of options to service users</p> <p>To be familiar with all services and changes so that resources are directed to unique gaps and blocks which meet the identified needs of drugs and alcohol service users in the East Coast Region</p> <p>Monitor and evaluate treatment in the East Coast Region</p> <p>Strengthen interagency collaboration to provide the service user with a continuum of care plan to meet his/her needs</p> <p>Develop and support service users participation</p>	
Outcomes :	<p>Ongoing monitoring of new trends/behaviours/emerging needs</p> <p>Continuous identification of needs of services and service users</p> <p>Sourcing sound evidence based data e.g. HRB data</p> <p>Engagement of increased numbers accessing services</p> <p>Further development process to engage with services users across all services</p>	
Category **	Project Code	Project Name
Treatment & Rehabilitation	EC 2	Wicklow Child & Family Project
Family Support	EC 2	Wicklow Child & Family Project
Treatment & Rehabilitation	EC 4	Operational Budget
Treatment & Rehabilitation	EC 7	Living Life Counselling
Family Support	EC 7	Living Life Counselling
Treatment & Rehabilitation	EC 13	Tiglin Challenge Residential Centre
Treatment & Rehabilitation	EC 14	Rehabilitation Integration Service
Project changes/ terminations in 2016		
Category **	Project Code	Project Name & Reason
Treatment & Rehabilitation	EC 14	Rehabilitation Integration Service Resignation of both workers in quick succession and requirement from HSE to review and revise project specifications before funding release

Form A: NDS Rehabilitation Pillar

DRUGS AND ALCOHOL TASK FORCE:		East Coast Regional
Pillar * :	Rehabilitation	
DATF objective :	<p>Liaise and link with all appropriate rehabilitation services in place in the East Coast Region which respond to the diverse requirements of drug and alcohol service users to offer the widest range of options to service users</p> <p>To be familiar with all services and changes so that resources are directed to unique gaps and blocks which meet the identified needs of drugs and alcohol service users in the East Coast Region</p> <p>Strengthen interagency collaboration to provide the service user with a continuum of care plan to meet his/her needs using the National Drug Rehabilitation Framework</p> <p>Develop and support service users forums</p> <p>Strengthen the links to 'wrap around' services in the interests of all service users</p>	
Outcomes :	<p>Ongoing monitoring of new trends/behaviours/emerging needs</p> <p>Continuous identification of needs of services and service users</p> <p>Sourcing sound evidence based data e.g. HRB data</p> <p>Engagement of increased numbers accessing services</p> <p>Further development process to engage with services users across all services</p>	
Category **	Project Code	Project Name
Treatment & Rehabilitation	EC 2	Wicklow Child & Family Project
Treatment & Rehabilitation	EC 4	Operational Budget
Treatment & Rehabilitation	EC 7	Living Life Counselling
Treatment & Rehabilitation	EC 13	Tiglin Challenge Residential Centre
Treatment & Rehabilitation	EC 14	Rehabilitation Integration Service
Project changes/ terminations in 2016		
Category **	Project Code	Project Name & Reason
Treatment & Rehabilitation	EC 14	Rehabilitation Integration Service Resignation of both workers in quick succession and requirement from HSE to review and revise project specifications before funding release

Form A: NDS Research Pillar

DRUGS AND ALCOHOL TASK FORCE:		East Coast Regional
Pillar * :	Research	
DATF objective :	<p>To increase the availability and dissemination of local and national data on the issues affecting service users, existing services and trends affecting drug and alcohol use Ensure that data supplied and compiled is readily available and reviewed Participate in local and national research Identify and commission, if necessary, research that will add value and help inform service developments</p>	
Outcomes :	<p>Identification and review of gaps and blocks affecting service users Participation of a large number of projects and Task Force members in consultations regarding the next National Drugs Strategy Identification of relevant data from a range of reliable sources Assistance with local research regarding needs of under 18 drug/alcohol users and progression of this initiative with the Minister</p>	
Category **	Project Code	Project Name
Research	EC 4	Operational Budget
Project changes/ terminations in 2016		
Category **	Project Code	Project Name & Reason

Form A: NDS Coordination Pillar

DRUGS AND ALCOHOL TASK FORCE:			East Coast Regional		
Pillar * :		Coordination			
DATF objective :		Complete and endorse a Governance Review Begin implementation on above Complete and endorse an East Coast Regional 3-year Strategy Begin implementation on above Agree a workplan 2016 Appoint membership as required and indicated in plans			
Outcomes :		Delivery and endorsement of a Governance Review Delivery and endorsement of a 3-year Strategic Plan Delivery on the specific actions of the Work plan 2016 Meet the request for information from other services and agencies e.g. DPU, HSE, Projects, PQs Replace Administrator and commence call for new Chairperson			
Category **		Project Code		Project Name	
Research		EC 4		Operational Budget	
Coordination		EC 4		Operational Budget	
Project changes/ terminations in 2015					
Category **		Project Code		Project Name & Reason	

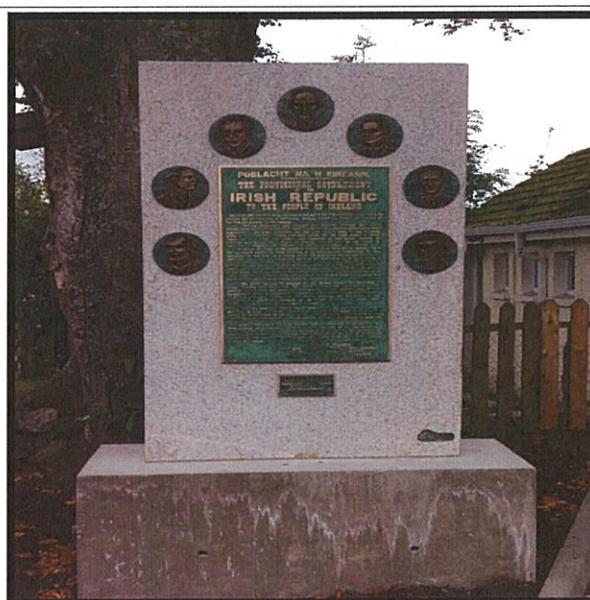


Figure 12: Roundwood 1916 Commemoration Stone

Governance of the ECR DATF

Ten regular meetings of the East Coast Regional Drugs and Alcohol Task Force (ECR DATF) were held during 2016. The dates were January 25, March 2, April 5, May 3, July 5, August 9, September 25, October 14, November 14 and December 15. A quorum was achieved at all meetings. In addition to this, Task Force members were invited to attend one of two similar presentations of the Operational Review which were held on June 9 and 23, a Strategic Planning meeting on November 3, two emergency issue meetings called on May 13 and August 25 and two special finance approval meetings on August 25 and September 7. No new members were appointed during the Operational Review period, by agreement, and thus, replacement of some positions only commenced at the end of the year. This is recorded below:

<i>Name</i>	<i>Sector</i>	<i>Agency</i>	<i>No. of meetings</i>
Anthony Dunne¹		<i>Chairperson</i>	16
John Craven	Statutory	HSE Addiction Services	8
Andrew Doyle TD, MoS	Elected	Oireachtas	4
Pat Fitzgerald, Cllr²	Elected	Wicklow County Council	0
Alison Fox	Statutory	Kildare and Wicklow ETB	10
Delores Goucher	Community	Wicklow town and environs	9
Kirsty Harper³	Statutory	Tusla Child and Family Agency	1
Eamonn McCann	Voluntary	Wicklow Travellers' Group	12
Mary Millett	Other	Co Wicklow Community Partnership	11
Daire Nolan, Cllr	Elected	Wicklow County Council	5
Brian O'Keeffe, Insp	Statutory	An Garda Síochána	9
John Snell, Cllr	Elected	Wicklow County Council	12
Gerry Walsh, Cllr⁴	Elected	Wicklow County Council	1
Maeve Shanley		<i>Coordinator</i>	16
Una Reynolds⁵		<i>Administrator</i>	1
Rebekah Van Kan⁶		<i>Administrator</i>	2
Ruth Graham⁷		<i>Administrator</i>	9

In addition, seven project review meetings were held between March and May 2016 where the projects funded through the new HSE Service Level Agreements process (HSE Section 39 Grant Aid Agreements and Service Arrangements) presented jointly to Task Force representatives and HSE representatives and a guided review process was conducted in regard to the funding and activities of each. Oversight and governance of each was discussed and identified with full financial reporting and all policies and procedures requested. Projects were also asked to identify any new emerging issues, needs and gaps in service provision.

¹ Anthony Dunne resigned as Chairperson after the December 2016 meeting

² Cllr Pat Fitzgerald resigned in April 2016 and Cllr Gerry Walsh was later nominated to replace him

³ Kirsty Harper was nominated by Tusla and commenced in December 2016

⁴ Cllr. Gerry Walsh was nominated by Wicklow County Council and commenced in December 2016

⁵ Una Reynolds resigned as Administrator in February 2016 and was replaced by Rebekah Van Kan

⁶ Rebekah Van Kan resigned as Administrator in May 2016 and was replaced by Ruth Graham

⁷ Ruth Graham was appointed as Administrator from June 2016

A long and detailed Review was conducted into the **Operations and Governance** of the Task Force during the first few months of 2016. Members of all committees were contacted to take part in a series of online survey questionnaires and these were followed up by one to one interviews with all Task Force members and a random selection of the members from other committees. The Task Force Coordinator and Administrator worked with the Reviewer to support this and organised venues and schedules to assist these meetings. Subsequent to this, a full report was prepared by the Reviewer. Task Force members were then invited to attend one of two presentations on separate dates in June of the results of the work and the recommendations which emanated from this. These were discussed and clarified to the satisfaction of all present on both occasions. The report was duly received and endorsed fully by the membership at the next Task Force meeting.

Agreement and endorsement of a **Task Force Strategic Plan** continued to be difficult to achieve despite it being an urgent recommendation of the Governance Review, which had been endorsed. Finally, at a meeting in November, a Strategic Plan was endorsed by the membership with the proviso that it operates from January 2017 to December 2019. In the absence of agreement on an overall Strategy, a work plan for 2016 was written and agreed to present some structure and focus to the work of this Task Force [see Appendix III].

The **Treatment and Rehabilitation Committee** of the ECRDATF held two meetings in January and May but then suspended meetings subject to the completion of the Governance Review and direction from the Task Force. In the interim, members participated in the recording of information for the researcher via online surveys and some individual meetings. The group was reconvened in October to review and rewrite its Terms of Reference. Attendance at meetings was as follows:

Name	Sector	Agency	No. of meetings
Aubrey McCarthy		<i>Chairperson/Task Force member</i>	2
Martina Deasy	Voluntary	Arklow Springboard	2
Vicky Harris⁸	Voluntary	Dublin Simon Regional Manager	0
Christine Keegan	Voluntary	Wicklow Child & Family Project	3
Kirsty Kirkwood	Voluntary	Living Life Counselling	3
Mary O'Carolan	Voluntary	Local Employment Services Bray	1
Phil Thompson	Voluntary	Tiglin Challenge Ltd	3
Angela Tierney	Statutory	HSE Rehabilitation Manager	2
Maeve Shanley		<i>Coordinator</i>	3
Una Reynolds		<i>Administrator</i>	1
Rebekah van Kan		<i>Administrator</i>	1
Ruth Graham		<i>Administrator</i>	1

A **Finance Subgroup** was convened on four occasions throughout the year. On each occasion, the books and accounts of the ECR DATF operations budget (project EC 4) were opened and subject to close scrutiny by the members with the Coordinator being questioned regarding any and all queries. The finances were found to be in order on all occasions. All financial requests and

⁸ Vicky Harris resigned in June 2016 and is to nominate a replacement

proposals were circulated and discussed at length by this group. As with all meetings, minutes were recorded, circulated to attendees and kept on file. A report from this group was made to the main Task Force membership at the following such meeting. Initial recommendations from this group were presented to the Task Force for a discussion and decision. Accounts were sent to an outside Accountancy Firm for Financial Statements to be prepared comprising Income and Expenditure Sheet and Balance Sheet as at 31st December 2016.

The **Prevention and Education Committee** of the ECRDATF met in February but then suspended meetings subject to the completion of the Governance Review and direction from the Task Force. In the interim, members participated in the recording of information for the researcher via online surveys and some individual meetings. The group was reconvened in October to review and rewrite its Terms of Reference. Attendance at meetings was as follows:

Name	Sector	Agency	No. of meetings
Mary Millett		<i>Chairperson/Task Force Member</i>	3
Fiona Creedon	Voluntary	Crosscare Youth Services	3
Dolores Goucher	Community	Wicklow Town and environs	3
Andrew Jackson	Voluntary	ISPCC Teen Focus Childhood Support Project	1
Peter O'Reilly	Voluntary	Wicklow Travellers' Group	3
Síobhan Quinn	Voluntary	The WAY Project, Foróige	2
Maeve Shanley		<i>Coordinator</i>	3
Una Reynolds		<i>Administrator</i>	1
Ruth Graham		<i>Administrator</i>	2

Project Reallocation and Redesign Group: Further to a suspension of the Rehabilitation Integration Service Project and the resignation of both workers employed in this project, the HSE requested a review of the project and its current need in the context of the overall Governance Review of the Task Force. A group was therefore convened to review all similar and connected services in the area and to redirect and reform any aspect of the service in light of changes in the provision of other services and the current need of the region. As there was a gap in provision, the funding which was unexpended during this period would need to be considered and requests for redirection supplied to the HSE for their final decision. A sub-group of the Task Force was therefore convened to address these issues. The group comprising six members met on three occasions in 2016 to develop both these issues and supply same to the HSE for approval and progression. This process was not completed at year end.

Dormants Accounts Fund 2016

Further to the application made for funding in 2015, the Task Force received approval in late 2015 for €46,000 issued by Pobal under the Dormant Accounts Fund Scheme. Of this amount, €2,000 was paid directly to one RDATAF (North Dublin) to enable a National Conference to take place. Since this Task Force is not a limited company, County Wicklow Community Partnership agreed to accept the Region funding on its behalf. Of the remaining €44,000 allocated, Pobal issued 90% at the initial stage to deliver on the proposal which was submitted and agreed.

The project then proceeded to initiate a community mobilisation action opportunity to raise awareness of the levels of harmful alcohol consumption and resultant behaviours and to highlight the visibility of this to the young people of the community on a regular basis. The project was run over a number of stages to clearly address the National Drugs Strategy actions 28 (DoCRGA, 2009) along with the National Substance Misuse Strategy actions 1 and 2 (DoH, 2012) which deliver clear achievable goals under the Health Ireland framework (DoH, 2013). The Project was then broken down into a number of clear stages and actions to build on the overall aim and deliver inputs to all identified groups across the community.

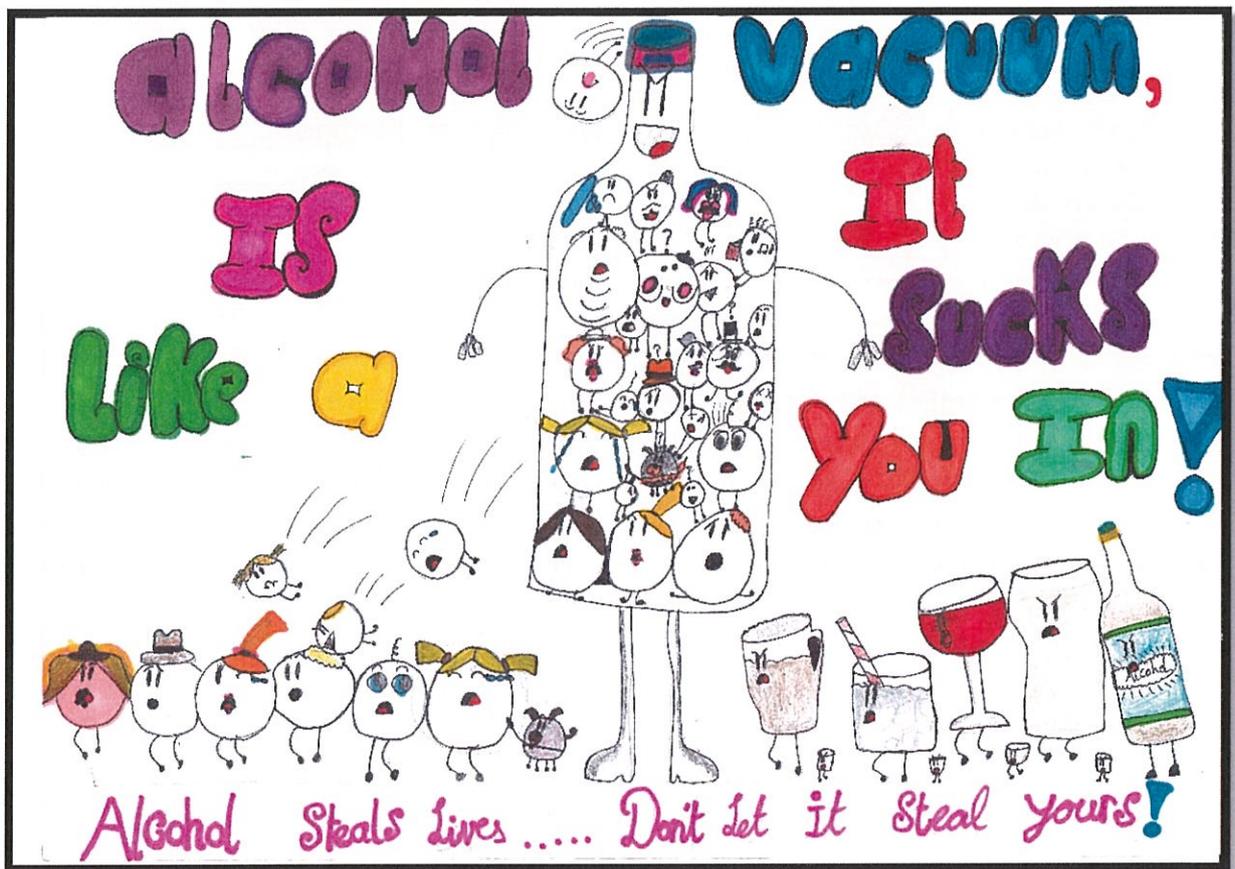


Figure 13: Alcohol Poster Competition Winner

A specific Project Coordinator was selected to drive the whole programme and a Steering Group was convened to assist. Five communities were selected across the Region and each was targeted by the project worker. Volunteers and community leaders were selected for initial training in each community. After this, groups of young people were selected and brought through a series of

exercises and activities to deliver a clear alcohol message to this group. The message was then reinforced with a poster competition where they demonstrated the messages learnt. A prize giving event was organised and the parents who accompanied each child was targeted with a similar alcohol message for reinforcement and adoption in the home.

Dormant Account Fund Expenditure Summary Statement

<i>Service</i>	<i>Core Duties/Responsibilities</i>	<i>Costs</i>
Project Coordinator	Advertising for position. Key driver of campaign in 5 areas to deliver on all objectives in proposal.	€24,954.00
Adult Training Events (2)	Two separate training events for 29 adult workers and volunteers working specifically with youth groups in the five selected areas across the county	€1,956.65
Youth Alcohol Awareness Events (5 Communities)	Alcohol Awareness courses with 8 separate groups comprising 148 young people in the five identified communities across the county. Costs include venue rental, additional youth work support, equipment and resources required.	€3,594.86
Poster Competition to reinforce the Alcohol Messages given	Collection and judging of all entrants. Agreed prize giving to all winners. Cloth bag to all entrants with Alcohol Awareness booklet and messages included.	€3,436.27
Advertising of winning Alcohol Awareness message in the communities	Poster display in outdoor advertising across the county with specific promotions in each of the five communities chosen for the campaign. Newspaper coverage in local press which is freely delivered to each household.	€5,050.38
Parents information event with Alcohol reinforcement messages for the home	As a culmination of the work, parents were specifically invited to attend a drugs awareness event with speakers invited to engage with parents regarding alcohol in the home specifically. The young people were also in attendance for the prize giving piece of the evening.	€799.00
	Total	€39,791.16

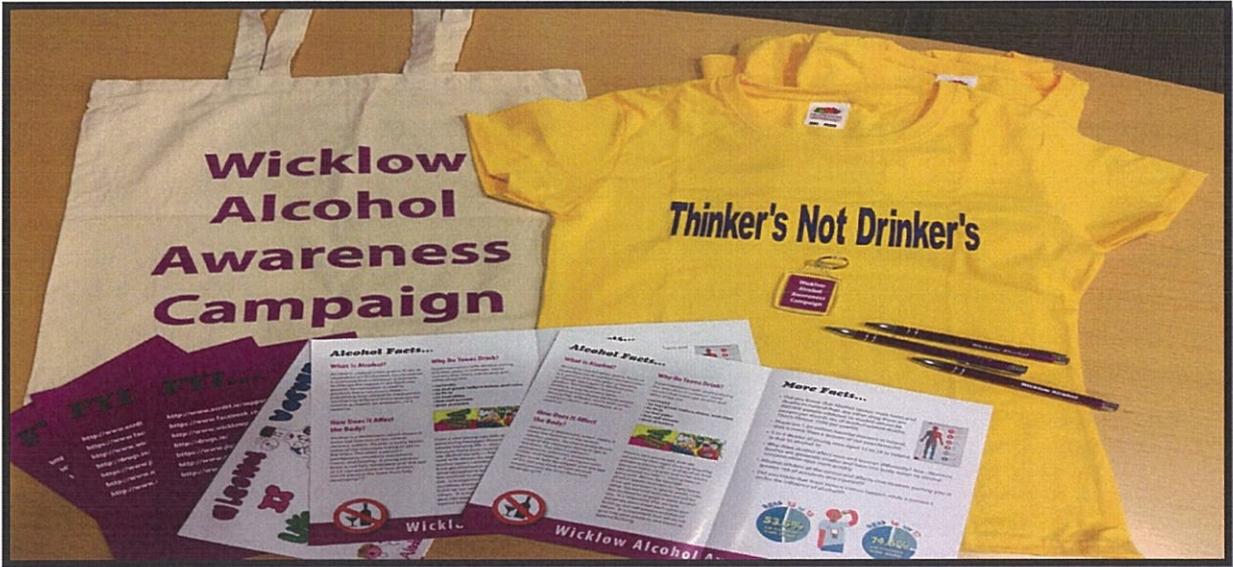


Figure 14: Young Persons Alcohol Information Pack

Staff of the ECR DATF

There were some changes in support staff available to the ECRDATF during 2016. At year end, the following positions were in post

ECRDATF Coordinator	Maeve Shanley
ECRDATF Administrator	Ruth Graham [part time position]
ECRDATF Education Worker	no post in place
ECRDATF Development Worker	no post in place
ECRDATF Rehabilitation Coordinator	no post in place

The **Administrator** position is funded through the Operational Budget of the ECRDATF [Project Code EC-4] and is hosted by the Dún Laoghaire Rathdown Community Addiction Team (DLRCAT) through a Memorandum of Understanding. A specific desk and equipment is sited at their premises in Sandyford Industrial Estate and the position requires that the holder travels to meetings and other events to provide administration services for the Task Force and its many groups. The Administrator position is to provide 19.5 hours support per week to the Task Force and is paid at the rate of the first point of the Grade IV pay scale.

The **Coordinator** position is funded by the HSE with a permanent staff member who is under the HSE line management of Ms. Louise Devlin, Acting/Area Operations Manager, HSE Addiction Services, Bridge House, Cherry Orchard Hospital, Dublin 10. The HSE Addiction Service remains a regional service straddling across the new Community Healthcare Organisation (CHO) areas now denoted CHO-6 and CHO-7. Thus, at this time, the Coordinator is line managed through CHO-7 but is situated within the geographical area of CHO-6. All HSE Section 39 funded projects are funded through CHO-7 while the Chief Officer for CHO-6 is kept informed of this but does not currently direct the administration and disbursement of these funds.

A **Rehabilitation Coordinator** position for each Task Force area forms part of the HSE Service Plans for this year and this Task Force position awaits the complete delivery on this plan.

Task Force Membership

The Task Force membership comprise community, voluntary, statutory and elected representatives along with an Independent Chairperson who give freely of their time and expertise to the ongoing support and development of a range of local plans and strategies to best address the problem of drugs including alcohol in the Dublin South, Dublin Southeast and Wicklow areas within the resources available.

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APPENDIX I: ECR DATF Operational Budget Accounts

East Coast Regional Drugs Task Force

**Financial Statements for the
Year ended 31st December 2016**

I N D E X

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East Coast Regional Drugs Task Force

Financial Statements for the
Year ended 31st December 2016

M. V. McGuire & Co
CHARTERED ACCOUNTANTS

**2 BURNABY PARK
GREYSTONES
CO WICKLOW
IRELAND**

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Your Ref.

Our Ref.

2/.

S108/A1

28th March 2016

East Coast Regional Drugs Task Force
Accountants' Report

We have prepared without carrying out an audit, the annexed financial statements from the books and records of the business and from information and explanations supplied to us by the Co-ordinator and they are in agreement therewith

M. V. McGuire & Co.,
Chartered Accountants
Registered Auditors

2 Burnaby Park
Greystones
Co. Wicklow

Accounting Policies

The significant accounting policies adopted are as follows:-

a) Basis of Financial Statements

The financial statements have been prepared under the historical cost convention and in accordance with financial reporting standards promulgated in Ireland by Chartered Accountants Ireland.

b) Grant Income

Grants towards revenue and expenditure are released to the profit and loss account as the related expenditure is incurred.

Income and Expenditure Account for the year ended 31st December 2016

	€	€	€
		31/12/16	31/12/15
INCOME		63,998	63,998
EXPENDITURE			
Direct Costs	25,300		31,015
Travelling	3,272		447
Staff Training	368		-
Strategic Plan	-		2,503
Printing, Postage & Stationery	915		330
The Hub	-		4,484
Administration support charges	19,665		22,769
Accountancy Fees	615		984
Bank Charges	90		111
Professional Fees - Governance	11,070		-
Computer Costs	2,071		640
	-----	63,366	63,283
Excess of Income over Expenditure for year		----- 632	----- 715
Accumulated reserves at beginning of year		6,061	5,346
Accumulated reserves at end of year		----- 6,693	----- 6,061
		=====	=====

 Balance Sheet as at 31st December 2016

	Notes	€	31/12/16 €	31/12/15 €
Current Assets				
Debtors	1,	-	-	-
Cash at Bank		7,308		7,045
		-----		-----
		7,308		7,045
		-----		-----
Current Liabilities				
Accruals & Creditors		615		(984)
		-----		-----
Net Current Assets				
			6,693	6,061
			-----	-----
Represented By:				
Accumulated reserves			6,693	6,061
			=====	=====

Notes to the accounts for the year ended 31st December 2016

1/. DEBTORS	2016	2015
	€	€
Grant under-spend	-	-
Sundry Debtor	-	-
	-----	-----
	-	-
	=====	=====

2/. CREDITORS	2016	2015
	€	€
Accruals & Creditors	615	984
	=====	=====

3/. CONTINGENT LIABILITY

The Task Force Committee believe they may incur further costs in relation to project EC1 which has now ceased. They believe these costs will be in the region of €500

4/. APPROVAL OF ACCOUNTS

The accounts were approved by East Coast Regional Drugs Task Force on 28th March 2017

APPENDIX II: Funded work and new Pilot Initiatives

East Coast Regional Drugs and Alcohol Task Force

Grant-aided Additional Work 2016

<i>Code</i>	<i>Agencies Involved</i>	<i>Purpose/Outcome</i>	<i>Grant</i>
01/16	Hillview Resource Centre County Wicklow Partnership Ballyrogan Equestrian Centre	To compliment a substance misuse course with young children (20) identified as being at high risk of use and family concerns with substance use in this high density Social Housing area. Payment for transport only with other costs covered by CWP. Pilot project final payment to be mainstreamed by CWP.	€1,600.00
02/16	Wicklow Child and Family Project Arklow Springboard	Specific Family Members Intervention Delivery of Family Programme with components for both parents and children with participants identified as being at high risk in regard to substance use by both projects. Family Therapist delivered. To progress to mainstreaming by project.	€3,885.00
03/16	Wicklow Child and Family Project CEART WTG Ltd Living Life Counselling Rehabilitation Integration Service	Provision and installation of defibrillators in 4 separate premises used by Task Force projects and service users along with training of the personnel sited in each premises. To support interagency usage of a number of facilities and building across County Wicklow.	€8,747.76
04/16	An Garda Síochána The Foróige WAY Project	Provision of computer equipment for use by this high risk group of teenagers to facilitate further drugs education and substance use work in the region. Progressed to delivery of Community Leadership course with NUIG for this cohort of young people referred by the Gardai of the area.	€6,666.77
05/16	County Wicklow Partnership Ltd Crosscare Youth Service 5 communities and leaders across ECR	Per Dormant Accounts Fund 2016 and criteria as described on www. Pobal.ie An alcohol awareness campaign engaging 5 separate communities with aspects for leader training, drugs education for young persons and their parents and carers. To be progressed with funded workers in projects EC3 and EC12.	€39,791.16
		Total	€60,690.69

APPENDIX III: ECR DATF Work Plan 2016

	<i>Objective</i>	<i>Key Performance Indicators</i>	<i>Specific Actions to achieve</i>
1	To coordinate the implementation of the National Drugs Strategy in the context of the needs of the region/local areas.	The number of Task Force meetings and subgroup meetings held; broad-based representation from statutory, community, elected and voluntary sectors	8 Task Force meetings to be held in 2015 [with additional meetings] 4 Finance Subgroup meetings to be held [with additional meetings] 6 Prevention & Education group meetings to be held with additional meetings as required 6 Treatment & Rehabilitation group meetings to be held with additional meetings as required Review of membership to be held [see point 8] Focus on NDRIC developments and NDRF [see point 10]
2	To implement the actions in the National Drugs Strategy where Task Forces have been assigned a role (Action Nos. 3, 4, 19, 28, 29, 30, 41, 42).	The number of assigned NDS actions that are implemented either partly or completely	NDS-3: To request representation on the local JPC (again) NDS-4: To request representation on the local LCDC (again) NDS-19: To be addressed through the P&E group NDS-28: To be addressed through the P&E group NDS-29: To be addressed through the P&E group NDS-30: To be addressed through the P&E group NDS-41: To be addressed through the T&R group NDS-42: To be addressed through individual project liaison
3	To promote the implementation of evidence-based regional drug and alcohol strategies and to exchange best practice	Regional drug strategies developed through a co-ordinated approach, utilising a sound evidence base; regular information sharing with other bodies	To progress our current Local Strategy To promote interagency cooperation through attendance and participation in work within the JPC and LCDC structures [see 2] To participate in local childcare committees and other similar structures
4	To support and strengthen community based responses to drug and alcohol misuse	Communities have been engaged in information gathering, planning and establishment of responses to drug misuse; the Task Force has an appropriate number of community representatives	Review of membership to be held [see point 8] To enhance communication on how all agencies are currently working in relation to drug issues in the area
5	To maintain an up-to-date overview on the nature and extent of drug misuse in	Existing information sources used to monitor trends in the nature and	To prepare and agree a template for notification of emerging issues and trends to ensure the Task Force is informed in a timely

	the region	extent of drug misuse in the region	manner
6	To identify and report on emerging issues and advocate for the development of policies or actions needed to address them	Annual plan in place containing strategic objectives and actions to address emerging issues, including a procedure for reporting gaps and blocks and a procedure for reporting to the NCC via Network representatives	To review community consultation on issues relating to the work of the Task Force [see point 4] To prepare and agree a template for notification of emerging issues and trends to ensure the Task Force is informed in a timely manner To draft a plan to address issues as they arise
7	To monitor, evaluate and assess the impact of the funded projects and their continued relevance to the regional drugs task force strategy and to recommend changes in the funding allocations as deemed necessary	Projects recommended for funding are relevant to the regional drugs task force strategy and are evaluated annually	To monitor monthly spend for all funded projects and address issues as they arise To assess all new proposals submitted in respect of the area plan and resource requirements
8	To complete a Governance Review	Sign off on all policies and procedures. Sign off on Terms of Reference New members and new ideas are brought to the meetings and the work of the Task Force continues to be relevant to the Region.	To review current membership and its capacity/commitment to progressing the work of the Task Force To review role adequacy, role legitimacy and role support for all Task Force members To expand membership to ensure as diverse a representation as possible To review adherence to all policies and procedures and terms of the Task Force To convene a Governance Group to oversee this work and report to the Task Force
9	To address Gaps and Blocks in Service provision	Progress the need for an under-18 treatment service Progress on capturing the provision of alcohol specific services Progress interagency cooperation and specific joint initiatives	Set up a working committee to assess needs of the U-18 group Set up a committee to assess alcohol provision in the area Offer additional resources to encourage greater interagency initiatives [see point 10]
10	To enhance Interagency Cooperation	Membership of JPC and LCDC groups	To work in these forums to record issues and responses between

	and Initiatives	in this area [per point 2] Membership of other relevant groups in this area Support of projects and agencies working on initiatives in this area Progress of the rollout of the National Drug Rehabilitation Framework across the services in this area	the Task Force and the JPC and LCDC To assist with broader community responses within the forum of relevant area action groups To offer incentivised resources to all projects to deliver additional/enhanced services in this way To invite a Rehabilitation Coordinator from another area to explain the role To assess if an existing worker in this area could take on this role and/or to apply for additional funding to progress this To progress all rehabilitation work under the NDRIC protocols and policies as they are circulated within the resources available to the Task Force
11	To manage an efficient Reporting Mechanism	Consultation and submission of replies to all enquiries	To reply to all reasonable information requested by the Minister or his representatives To reply to all reasonable information requested by the Department of Health Drug Policy Unit Principal Officer or her representatives To reply to all reasonable information requested by the HSE Addiction Services Manager or her representatives
12	To assist in the development of the New National Drug Strategy [2017 onwards]	Consultation and submission of collective view	To avail of each and every opportunity to contribute to and assist with the development of a new and enhanced National Drug Strategy
13	To address Special Issues	Progress achieved in identifying emerging issues and addressing	To progress the inclusion of alcohol in our brief To progress the lack of coordinated services in North Wicklow. To monitor the recording of use of prescription drugs particularly those with the possibility of habit formation e.g. Pregabolin To identify alternative pathways where service provision has broken down
14	To monitor the Workplan	Progress achieved	To review per quarter



Figure 15: Greystones 1916 Glór na Casca Commemoration

This report was compiled by Maeve Shanley, Coordinator, East Coast Regional Drugs and Alcohol Task Force as a reflection and review of the work of this Task Force during 2016. This is a report produced using records and materials available along with recollected events. Any errors and omissions are entirely inadvertent and the Coordinator takes responsibility for these.