

DLR – DATF STRATEGIC PLAN 2023-25



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FOREWORD

The Dun Laoghaire Rathdown Drug and Alcohol Task Force (DLR-DATF) was established in 1997, to coordinate a community response to drug problems (alcohol problems were added in 2013). It is made up of representatives from community, voluntary and statutory bodies, public representatives and independent members. The DATF is a forum for assessing needs and leading out on debates, analysis on drug and alcohol issues in DLR, and more widely as appropriate.

Until October 2019 the DATF was hosted by Southside Partnership, and is now legally incorporated as a CLG. This period of transition has been further complicated as a result of the COVID-19 crisis, which has had considerable impact on the DATF's work going forward.

The DATF operates in accordance with the government's National Drug Strategy. The current strategy, *Reducing Harm Supporting Recovery (RHSR) (2017 – 2025)* was subjected to a mid-term review, during 2021. The main function of the DATF is to oversee and coordinate the local implementation of RHSR in accordance with identified needs in Dun Laoghaire Rathdown (DLR).

During 2021, DATF alongside other, similar bodies, contributed to the mid-term review. Meanwhile, it also undertook a review of its own work. On the basis of both the national and local review it has set out a new Strategic Plan for the period 2023 – 2025.

In order to function, the DATF relies on the active participation of individual members and their respective organisations/agencies. It is deeply indebted to members, as they are relied upon for their shared role in decision-making and a shared commitment to interagency working. It is also indebted to members' parent bodies, across community, voluntary and statutory agencies who provide ongoing support and funding.

In addition, national level inter-departmental structures provide focus and direction to our coordination and other work. The DLR-DATF acknowledges funding supports from the Department of Health, the Department of Children and Youth Affairs, the Health Service Executive, and the Dublin and Dun Laoghaire Education & Training Board.

The Task Force is open to hear your suggestions and recommendations for tackling drug problems and we invite members of the public and various others from government, community and voluntary agencies, and public representatives to contact us and update us on their concerns around contemporary drug problems.

Audry Deane
Chairperson, DLR – DATF

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1) EXECUTIVE SUMMARY

- i. Twenty-five years after the establishment of task forces and national drug strategies, there is evidence that a lot has been achieved in tackling drug problems, but also a lot of indicators that drug and alcohol problems continue to have serious impact on individuals, families and communities. In particular, there is widespread cannabis and cocaine use: cocaine treatment cases, in particular, are increasing and the level of drug-related deaths remains significantly high.
- ii. In its mid-term review of *Reducing Harm Supporting Recovery (RHSR) (2017 – 2025)*¹ the government emphasised the need to strengthen cross-agency collaboration, to focus more on population health-led initiatives, to invest in the Hidden Harm Framework², and to improve the governance and monitoring framework for DATFs.
- iii. At a local level, there is an increased demand for treatment in DLR, as meanwhile there is a need to provide services and other interventions to families and communities affected by these problems.
- iv. During COVID 19, young people were particularly affected by substance misuse, as meanwhile local community organisations have raised concerns about increased levels of drug availability and about the impact of drug dealing on their areas.
- v. COVID 19 brought greater impetus to the need to focus on Hidden Harms to children arising from parental substance misuse and in DLR, the DATF has been to the fore in bringing focus to this issue, and related matters³.
- vi. Hidden Harms was one of the issue requiring attention that was raised in the DATF's Consultation⁴ around its new Strategic Plan. Other issues of importance included:
 - The influence of social media in contributing to drug problems
 - The need for mixed universal and targeted prevention programmes
 - The integration of drug users through better care, education and work opportunities
 - Tailored family programmes where inter-generational addiction-related traumas exist
 - Developing a balanced approach to young people's cannabis use
 - The negative impact of illegal drug use on communities and families
 - The value of a stronger community and neighbourhood response
 - The need to have closer monitoring of changing trends and to promote debate.
- vii. On the basis of its own consultations and its understanding of the government's mid-term review of RHSR, the DLR-DATF has set out a new Strategic Plan, 2023-25, with four clear priorities and seventeen related actions.

¹ <https://www.gov.ie/en/publication/e2ac4-mid-term-review-of-the-national-drug-strategy-reducing-harm-supporting-recovery/>. The National Drug Strategy document RHSR, 2017-25, can be viewed at http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf

² <https://www.tusla.ie/uploads/content/StrategicGuide.pdf>

³ <https://dlrdatf.ie/programmes/hidden-harms/>

⁴ https://dlrdatf.ie/site/assets/files/1002/consultation_report_-_executive_summary.pdf



PRIORITY 1 (Goal 1 — RHSR): Prevention

- viii. Through Actions 1 – 4, the DATF will develop, support and coordinate preventive activities and projects, thereby protecting young people and children from harms arising from and associated with problem drug and alcohol use, with particular attention to increasing resilience, strengthening life-skills and healthy life choices, across a variety of school, community and family settings.

PRIORITY 2 (Goal 2 — RHSR): Treatment, Health Diversion and Interagency

- ix. Through Actions 5 – 8, and in partnership with Community Addiction Team (CAT)⁵, and the Dun Laoghaire Rathdown Outreach Project (DROP)⁶ — joint leads — the DATF will continue to support and collaborate with Health Service Executive (HSE) clinical teams in responding to people with addiction problems and also in assisting the roll-out of health-diversion when this commences⁷. In addition the DATF will continue to promote and support the development of direct intervention services for young people who are affected by substance misuse, in conjunction with the HSE Youth Drug and Alcohol Service (YoDA)⁸ and directly through its support to MY Project (Mounttown)⁹ — lead partner — and CAT (Youth)¹⁰. The DATF also remains committed to supporting the provision of direct services and interventions in families where children have been impacted by substance misuse. The lead

⁵ <https://dlrcat.ie> funded by the DATF

⁶ <http://www.drop.ie> funded by the HSE

⁷ <https://www.drugsandalcohol.ie/31445/>

⁸ <https://www.hse.ie/eng/services/list/5/addiction/yoda/>

⁹ <https://www.myp.ie>

¹⁰ <https://dlrcat.ie/services/youth-programme.html>

project in developing this programme will continue to be Barnardos¹¹, and it is also supported by the MY project (Mounttown).

PRIORITY 3 (Goal 4— RHSR): Disadvantaged communities

- x. The DATF will continue to support communities who have been particularly impacted by substance misuse, especially in instances where these problems contribute to further community alienation, potentially leading to criminality and anti-social behaviour associated with the drug trade. The DATF is committed to developing a greater local presence for its services and in ensuring funded services have outreach capabilities and also through making direct linkages with other relevant services and bodies in order to support this work.

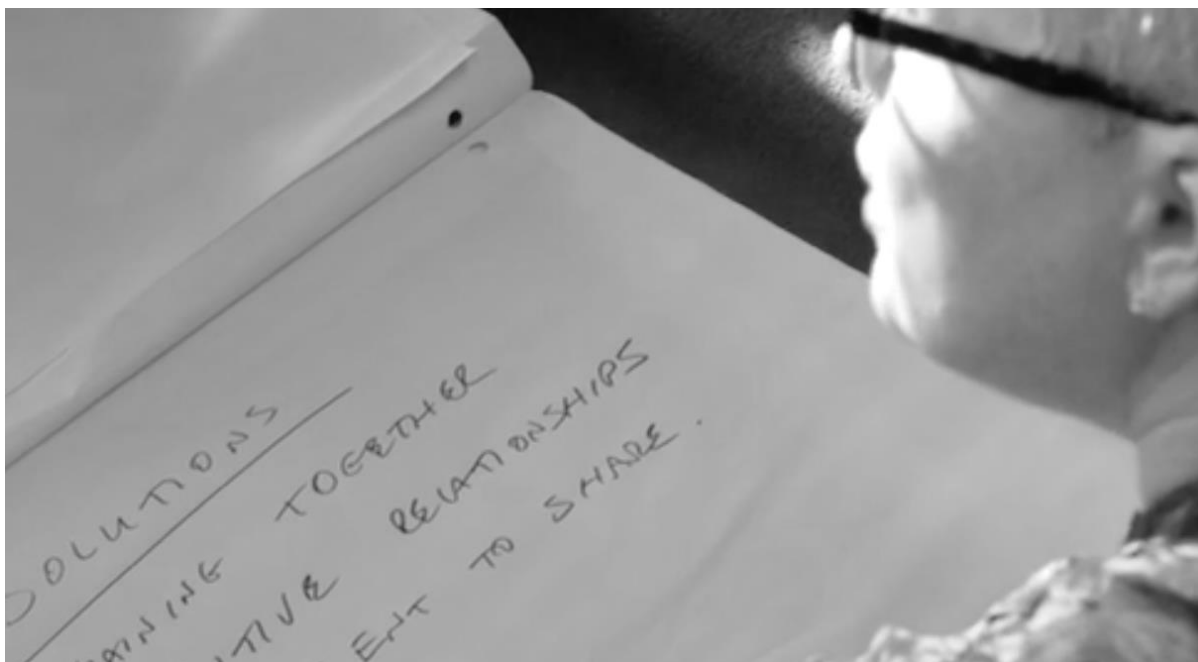
PRIORITY 4 (Ch. 8 — RHSR): Horizontal themes

- xi. The DATF will continue the process of ongoing review and monitoring, towards improving structures, activities and programmes. It has previously used World Café and other participatory mechanisms to draw in new viewpoints and perspectives and will continue to do so in rolling out this new Strategic Plan, a process that will be enhanced by new training initiatives, research and workshops, thereby enhancing capacity-building in the area.



¹¹ <https://www.barnardos.ie/media/1513/barnardos-dun-laoghaire-tivoli.pdf>

2) INTRODUCTION



A. STRUCTURE OF REPORT

1. The DLR-DATF Strategic Plan, 2023-25 is outlined under four headings:
 - a) Introduction (Pars 1–16), which outlines the national and local context of drug and alcohol problems, drawing together relevant treatment data, national and local expenditure and key issues arising for DATFs, especially community issues and children's issues, which have been given greater impetus by government in its 2021 *Mid-Term Review of the National Drug Strategy, Reducing Harm, Supporting Recovery, 2017-25*.
 - b) Background: How the DLR-DATF developed the new Strategic Plan (Pars 17-27), summarises the steps taken, and consultations involved, in developing this plan.
 - c) DLR-DATF Priorities and Actions (Pars 28–58), details the plans actions 1–17, with direct reference to the agencies with responsibility for their implementation.
 - d) Conclusion (Pars 59–68), summarises the next steps in having the plan shared and implemented.
2. In addition to the above, the plan has three Appendices. Appendix 1 summarises acronyms used in the report; Appendix 2 consists of Data tables 1-8, as referred to in Sections B and C below; while Appendix 3 has two tables 9 & 10 that map out the following:
 - a) the Lead (L) and other Partners (P) in implementing each of the actions, 1–17, and
 - b) the linkage between each action and the Priorities as identified in both the Review of RHSR (3.B, Pars 20–2) and in the DATF's own review (3.C, Par 26–27) below.

B. NATIONAL CONTEXT – DATA

3. According to *National Drug and Alcohol Survey, 2019–20¹²*, 7% of Ireland's population overall have used an illegal drug, recently or during the last year, with males more likely (10.2%) to report last year use of illicit drugs as compared to females (4.7%). Of those who had used cannabis in the 'past year' (at time of interview) it was estimated that 19.6% met the criteria for cannabis use disorder, making up 1.2% of respondents (estimate of 45,000 of general population). The prevalence of alcohol use disorder in the general population is estimated at 14.8%
4. According to the *National Drug-Related Deaths Index, 2017¹³* — the last year for which figures are available — 376 individuals died from a drugs overdose, with an additional 410 non-poisoning deaths among people who use drugs.
5. According to *National Drug Treatment Reporting System¹⁴ 2015 – 2021*, there were 17,628 cases of treated problem drug and alcohol use in 2021 (8% increase over the five year period, 2017-2021)¹⁵. There is some variation in the gender ratios over the period: 70.1% highest for males in 2018, while 31.5% in 2021 is highest for females (this is the first year in which non-binary gender data was recorded). The Appendix tables, 1 & 2, provide a breakdown of treatments by age group, and illustrate the variation over the period. The variation is insignificant.
6. The Appendix tables 3 & 4, provide a breakdown of national treatments by drug type, including alcohol. Both 'alcohol' and 'heroin and opioid' treatments show a decrease in the percentage of treatments over the period, while the percentage level of 'cocaine' treatments has doubled from 9.2% to 18.4%, representing a 116.5% increase over the period. Of the 'other' treatments category, amphetamine treatments increased from 40 in 2017 to 77 in 2021, a 92.5% increase, while benzo treatments increased from 868 in 2017 to 1218 in 2021, a 40.3% increase. (These latter figures are not separately specified in the Appendix tables).

C. DLR CONTEXT

7. According to *NDTRS* there were 398 (M70.1%; F 29.9%) cases of treated problem drug and alcohol use in 2021 with addresses in DLR, up from 320 in 2017. This represents an increase of 24.4% over the period, as compared to a national increase of 8%. There is a slight variation in the gender ratios: 61.6% lowest for males in 2019 and highest for females at 38.4% (same year), across the period 2017 – 2021. The Appendix tables, 5 & 6, provide a breakdown of treatments by age group. The variations over the period are small with under 25s showing an increase (as compared to a national decrease over the period) with both other categories decreasing slightly over the period.

¹² <https://www.hrb.ie/publications/publication/the-2019-20-irish-national-drug-and-alcohol-survey-main-findings/returnPage/1/>

¹³ The National Drug-Related Deaths Index (NDRDI) provides information about the number of deaths by drug and alcohol poisoning; and deaths among drug users and people who are alcohol dependent in Ireland. The most recent information was published in December 2019

¹⁴ National Drug Treatment Reporting System (NDTRS) is an epidemiological database of persons in drug and alcohol treatment that is managed by the Health Research Board. The data used here are valid as and from June 30, 2022. <https://www.drugsandalcohol.ie/tables/>

¹⁵ We are presenting here only the tables for the first five years of RHSR 2017–2021. The tables go back to 2004

8. The Appendix tables 7 & 8, provide a breakdown of DLR treatments by drug type, including alcohol. Both 'alcohol' and 'heroin and opioid' treatments show a decrease in their percentages of overall treatments over the period, although the number of 'alcohol' treatments increased by 22.1% from 149 (2017) to 182 (2021). The anomaly here arises because the percentage level of 'cocaine' treatments is so big doubling from 9.2% to 18.4%. As with the national picture the number of 'cocaine' treatments increased substantially over the period, from 34 (2017) to 73 (2021). There is a slight increase in 'cannabis' treatments from 39 (2017) to 44 (2021).

D. COMMUNITY ISSUES

9. In addition to problems of addiction / dependency, the problem of illegal drugs generates increased levels of criminal activity and both alcohol and drug misuse have impacts beyond individuals, especially on children, families and communities.
10. According to *National Drug and Alcohol Survey, 2019–2*, 37% of respondents stated that there was a problem with people using or dealing drugs in their local area; 30.5% of respondents stated that people using or dealing drugs was a 'very big' or 'fairly big' problem, and the problems most commonly reported by these respondents were 'drugs being too easily available' (84.4%), 'people dealing drugs' (64.6%), and 'children and teenagers taking drugs' (53.7%).
11. During the DLR-DATF's last strategic phase, 2020-21, the issue of community problems arising from drug use was continually raised, most especially arising from COVID lockdowns. The DATF has been concerned to strengthen its involvement with these issues.

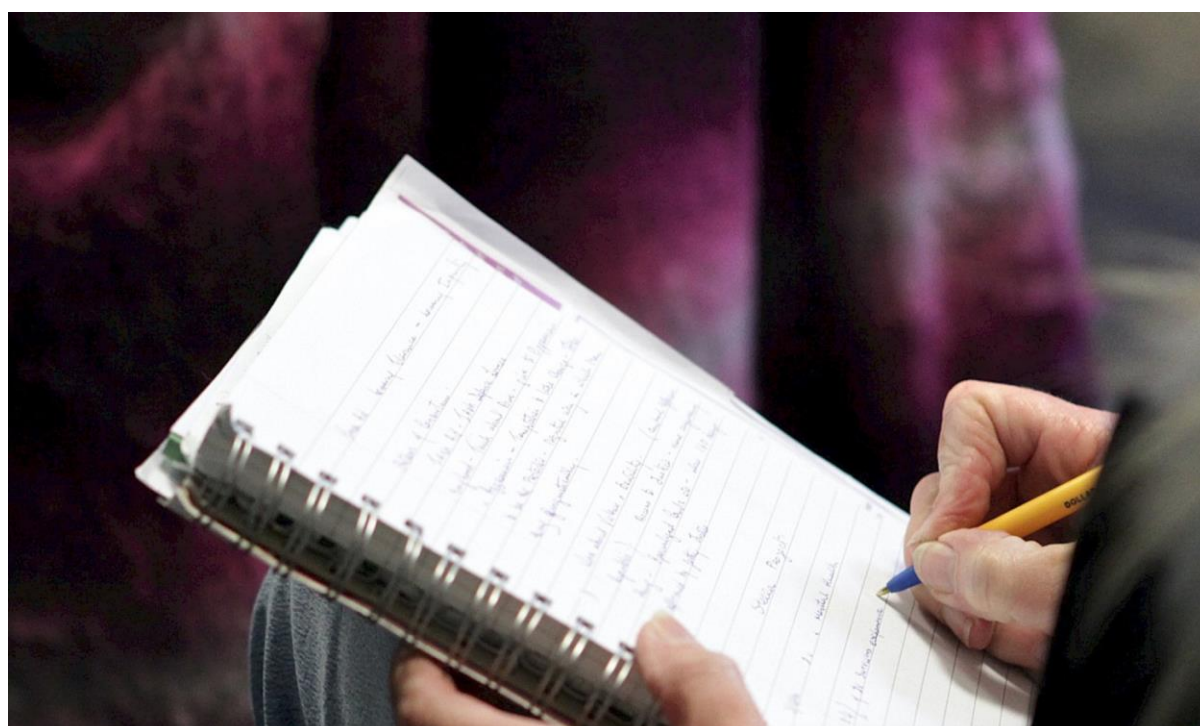
E. CHILDREN'S ISSUES

12. In 2021, 21% of national cases treated for alcohol (16% of cases treated for drugs) were, at the time of treatment, living with children aged 17 years or younger and a further 21% (25% for drugs) had children aged 17 years or younger not living with them at the time of treatment (NDTRS).
13. Arising from concerns about potential impact of parental substance misuse on children, the HSE and the Child and Family Agency (TUSLA) have collaboratively developed and published the *Hidden Harm Strategic Statement* and the *Hidden Harm Practice Guide* in January 2019, which set out how the HSE and Tusla intend to bridge the gap between adult and children's services, in favour of a more family-focused approach that more comprehensively focuses on the needs of dependent children and other family members.
14. In addition, an e-learning programme was developed for respective practitioner personnel. Under the hidden harms strategy, a national family prevention and support programme is currently under development.
15. Following the publication of the hidden harm documents, the DATF undertook a number of specific actions around this topic, which included:

- a) strengthening its support for services that work with children affected by parental substance misuse
- b) developing inter-agency relationships among front line practitioners in coordinating their response to children at risk of drug and alcohol-related harms
- c) awareness-raising initiatives in relation to Hidden Harms, including a webinar on the impact of COVID 19 on hidden harms to children.

F. EXPENDITURE

16. The Irish government estimates 'addiction' labelled expenditure in excess of €200m *per annum*— which includes €136m from Department of Health, with unlabelled expenditure and opportunity costs together estimated at a further €650m. The full level of addiction labelled income / expenditure in DLR is unavailable and thus the following figures provide only a partial estimate. The current level of projected annual income for DATF recommended projects (Barnardos, CAT, MYP and the DATF itself) is €820,000 (total €2.5m over the period 2023-24). An additional €230,00 (circa €76,000 p.a.) has been assigned by the HSE to the DATF to operate a Practice Liaison Project across three Task Force areas (Bray, DLR and East Coast). In addition, the HSE also separately assigns €208,000 to Barnardos to provide family support services for children impacted by parental substance misuse in Dun Laoghaire (this is in addition to the DATF supported project in Ballyogan). DROP is separately funded by HSE Addiction Services (€264,000 in 2021) and it is also funded by Department of Social Protection, Community Employment Scheme, (€102,000 in 2021).



3) BACKGROUND: HOW STRATEGIC PLAN WAS DEVELOPED



A. PLANNING CONTEXT

17. Under RHSR, each DATF draws up its own periodic plan, setting out its aims and priorities over a 3-5-year period based on its own local needs, and drawing from the National Drug Strategy, and its mid-term review.
18. In tandem with the RHSR mid-term review, the DLR-DATF reviewed its strategic direction, during the same period, in accordance with the three headings below:
 - Assess RHSR's reviewed priorities
 - Assess main issues arising in public consultation
 - Engage with stakeholder projects in two phases (1) individual submissions, and (2) interactive consultations
19. This current document represents the outcome of this review and identifies our priorities and actions for the period 2022-25.

B. ASSESS RHSR'S REVIEWED PRIORITIES

20. The *National Drug Strategy, Reducing Harm, Supporting Recovery, 2017-25 (RHSR)* (see footnote[fn] 1), provides an overall framework for the government's response to drug problems, a response that includes the work of twenty-five local and regional drug and alcohol task forces (DATFs).
21. RHSR is the third National Drug Strategy since 2001, and each of these were developed in consultation with prevention, treatment and other stakeholders and also with the support and input of DATFs, which were established in 1996. Each National Drug Strategy has allowed for a mid-term review process, and so too with RHSR.

22. In reviewing RHSR, the government has brought more focus on the need to:
- a) Strengthen cross-agency collaboration, particularly building on coordination achievements experienced during COVID 19.
 - b) Bring a stronger emphasis to the health-led approach in RHSR and ensure its aims and actions are enhanced through a closer alignment with *Sláintecare*, particularly in terms of population-based service provision.
 - c) Invest further in advancing the Hidden Harm Framework.
 - d) Improving governance structures and monitoring framework for DATFs.
23. Arising from the 2020 review, there has been a slight alteration to RHSR's key priorities (goals), which are now stated as follows:

RHSR'S STATEMENT OF PRIORITIES, 2021-25

- The first priority focuses on protecting children and young people from drug use and the associated harms, based on the UN Convention on the Rights of the Child.
 - The second priority is to enhance access and delivery of drug and alcohol services in the community. This includes both HSE addiction services and community-based services.
 - The third priority is about harm reduction and integrated care pathways for high-risk drug users.
 - The fourth priority addresses the social determinants and consequences of drug use in disadvantaged communities.
 - The fifth priority is to promote alternatives to coercive sanctions for drug-related offences, which is a litmus test for the achievement of a health-led approach.
 - The sixth priority is to strengthen the performance of the strategy by promoting evidence-informed and outcomes-focused practice and policies.
 - RHSR also underlines horizontal themes which are best considered as a set of supports and inputs that improve RHSR's deliver across all themes.
24. In addition to its statement of priorities, RHSR provides more focus on measuring the strategy's impact overall, and is in the process of developing outcome indicators, such as:
- Cannabis use among young people,
 - The number of people receiving treatment,
 - The number of drug-related deaths,
 - Experiences of drug-related violence and intimidation and convictions for possession of drugs.
25. The RHSR values, roles and aims, as set out below, continue to guide the work of the DATF.

VISION

The DLR Drug and Alcohol Task Force supports the vision and values of the National Drug Strategy

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

VALUES

This Vision is seen as underpinned by the following six values:

- *Compassion*: A humane, compassionate approach focused on harm reduction which recognises that substance misuse is a health care issue.
- *Respect*: Respect for the right of each individual to receive person-centred care based on his or her specific needs and to be involved in the development of their care plan.
- *Equity*: A commitment to ensuring people have access to high quality services and support regardless of where they live or who they are.
- *Diversity*: Diversity is valued, the needs of particular groups are accommodated and wide-ranging participation is promoted.
- *Partnership Approach*: Support for maintaining a partnership approach between statutory, community and voluntary bodies and wider society to address drug and alcohol issues.
- *Evidence Informed Practice*: Support for the use of high quality evidence to inform effective policies and actions to address drug and alcohol problems.

C. ASSESS MAIN ISSUES ARISING IN PUBLIC CONSULTATION

26. A unique feature of the DLR-DATF's review process is that it engaged in a DLR wide online consultation that involved five separate consultation meetings held through Zoom and utilising a World Café method. A full report and executive summary of this consultation is available on our website (fn 4). Below is a summary of these discussions:

- There is a major challenge in reducing the influence of social media in glamourising alcohol and drug use and in enhancing access to supply chains.
- There was considerable support towards developing a universal prevention initiative for schoolchildren during the 6th class to 1st year school transition phase.
- We need to focus more on the changing needs of people who use drugs and re-aligning services with presenting issues.
- Issues were also raised around dual diagnosis, social integration of people who are on long-term methadone treatment, the impact of stigma and the lack of visibility of primary care in service provision.
- The need to ensure that a workable integration plan is in place for everyone for individuals who has an addiction and other problems arising from drugs, was also raised.

- Tailored family programmes was identified as a priority, particularly for those families that have experienced inter-generational traumas arising from addiction and substance misuse.
- Young people's cannabis use raises issues and challenges for new service design.
- The negative impact of drug use on communities, drug-related debt and intimidation, anti-social behaviour relating to drug and alcohol use and the impact of gang violence and drug-related feuding, were all identified as issues of concern.
- A stronger neighbourhood approach to community-based programmes and service developments was advocated, to improve pathways into harm reduction and treatment and to improve social integration.
- The neighbourhood approach also potentially offered opportunities for:
 - protecting families from members' drug use.
 - protecting children from hidden harms
 - protecting young people from risks via outreach
 - addressing issues of supply, access, and distribution, including via social media.
- Need to address the implications of increasing evidence of normalisation of drug and alcohol misuse, which was particularly evident during COVID lockdowns.
- It was articulated that Irish policy, and some services, are behind the curve of changing trends, and that policy needs to reflect service users' needs and that the DLR-DATF potentially has a role in generating debate and discussion on the wider issue of drugs in society

D. ENGAGE WITH STAKEHOLDER PROJECTS IN TWO PHASES (1) INDIVIDUAL SUBMISSIONS, AND (2) INTERACTIVE CONSULTATIONS

27. Following our public consultation, the DATF engaged in a series of stakeholder consultations with prospective service providers. Initially, these involved submissions by individual providers and these were followed by interactive discussions organised by independent consultant, Gráinne O'Kane. Specific proposed actions for the plan came out of this process. These actions were further refined through consultant, Barry Cullen's engagement with DATF Coordinator, Geraldine Fitzpatrick, in drafting this plan.



4) DLR-DATF 2023-25 PRIORITIES AND ACTIONS



28. For the coming period, 2023-25, the DATF, based on an assessment of our reviews and consultations, and in conjunction with our service partners, has decided on four strategic priorities. These priorities, and their associated actions, are outlined below with reference to respective RHSR Goals (Appendix Table 9 identifies and cross references the partnership linkages between different actions, while Table 10 illustrates the association between DATF priorities and actions and RHSR):

PRIORITY 1 (Goal 1 — RHSR): Prevention

PRIORITY 2 (Goal 2 — RHSR): Treatment, Health Diversion and Interagency

PRIORITY 3 (Goal 4— RHSR): Disadvantaged communities

PRIORITY 4 (Ch 8 — RHSR): Horizontal themes

PRIORITY 1 (Goal 1 — RHSR): Prevention

29. The DATF will develop, support and coordinate preventive activities and projects, thereby protecting young people and children from harms arising from and associated with problem drug and alcohol use, with particular attention to increasing resilience, strengthening life-skills and healthy life choices, across a variety of school, community and family settings.
30. The Task Force intends to enhance its preventive work with four key actions, as follows:

Action 1 — Coordinating structure

31. Building on the work we have supported to date, particularly through the Youth-At-Risk Network workshops, we will establish, in conjunction with our partners, Crosscare, CYPSC and Southside Partnership, a new coordinating structure specifically for Youth and Prevention. In addition to planning Youth At-Risk Network events, we will work to ensure that this coordinating structure, brings more focus on the need for once-off preventive activities alongside developing the skills and capacities of front-line personnel working with this target group. During 2023 we will convene a conference on the topic of Youth At-Risk that will allow us to promote and show case the achievements of this network to date, and to discuss and decide future work priorities under this theme.

Action 2 — Prevention, targeted¹⁶

32. We value the use of arts and creative activities and following through on the success of the *Choices* video¹⁷ we plan to nurture and develop this work further, initially with the intention of building our profile, and that of preventive activities. We will reach out to targeted schools and youth and community bodies in order to develop further materials and resources that can be used with young people in specific settings.

Action 3 — Prevention, universal

33. We will renew previous plans to explore a universal prevention programme, particularly through developing a collaboration with larger county-level bodies, and CYPSC (Children and Young People Services Committee¹⁸). In this regard, we will revive our proposal from our last Strategic Plan, to conduct a feasibility study and we will engage specifically with Southside Partnership¹⁹ and CYPSC to bring this forward.

¹⁶Drug prevention approaches are varied ranging from those that target society as a whole (environmental prevention) to interventions focusing on at-risk individuals (indicated prevention). The main challenges are in matching these different strategies to target groups and contexts and ensuring that they are evidence-based and have sufficient population coverage. Most prevention strategies focus on substance use in general, some also consider associated problems, such as violence and sexual risk behaviour; a limited number focus on specific substances e.g. alcohol, tobacco or cannabis.

Environmental prevention strategies aim to change the cultural, social, physical and economic environments in which people make choices about drug use. They include measures such as alcohol pricing and bans on specific drugs, and on tobacco advertising and smoking in certain settings or locations.

Universal prevention addresses entire populations, usually in school and community settings, with the aim of giving young people the social competences to avoid or delay initiation of substance use.

Selective prevention intervenes with specific groups, families or communities who are more likely to develop drug use or dependence because they have fewer social ties and resources.

Indicated prevention identifies individuals with behavioural or psychological problems that predict a higher risk of substance use problems later in life and intervenes with these individuals.

¹⁷This is a DATF education video undertaken in partnership with Cabinteely Community School, 2022.

<https://www.youtube.com/watch?v=2aB6rvR2Iz8>

¹⁸<https://www.cypsc.ie/your-county-cypsc/dun-laoghaire-rathdown.232.html>

¹⁹<https://southsidepartnership.ie/service/youth/>

Action 4 — Hidden Harms, general

34. The DATF has already supported information dissemination and training work with the main service providers dealing with children and families on the one hand and drug and alcohol on the other. We plan to continue developing this work under Actions 7 and 14 (see below). Alongside these developments, we also envisage initiating a learning and development exercise with mainstream agencies across health and social services. In this regard, alongside HSE and Tusla (joint leads CHO 6 / Dublin South East / West Wicklow) we will develop a wider base of agencies to acquire knowledge of and insight into the National Hidden Harm Framework (see fn 2 & 3). We hope that this will encourage a greater identification of children and young people who are directly impacted by parental substance misuse, and also developing mechanisms whereby these young people can be referred into services, as appropriate.

PRIORITY 2 (Goal 2 — RHSR): Treatment, Health Diversion and Interagency

35. We acknowledge the role of the HSE in leading out on developing area/regional community service/treatment plans for both adults and under 18s, and diversion treatment for people caught in possession of drugs for personal use. We will continue to support and collaborate with HSE clinical leads in their inter-agency work, their various efforts to respond to people with complex needs, arising from homelessness, injecting drug use and dual diagnosis, and also in assisting the roll-out of health-diversion when this commences. We consider the Task Force funded project, Community Addiction Team (CAT) (fn 5), and the HSE funded project DROP (Dun Laoghaire Rathdown Outreach Project) (fn 6), as leaders in developing a comprehensive, community service in this field.
36. We also acknowledge the joint role of HSE and Tusla in ensuring that an appropriate range of supports for families and children who are directly impacted by parental substance misuse, with particular attention to the Hidden Harm Framework, will be delivered.
37. We will ensure stigma associated with drug use and addiction is addressed in an ongoing manner throughout all relevant programmes. Our funding role, under this priority, is to continue recommending funding supports for projects, services and activities that complement mainstream service operations. We will also monitor, review and adjust these recommendations, as appropriate. Furthermore, under Priority 4 (Action 16, Par 57), both managerial and frontline staff in funded and other relevant services will access additional information, training and inter-agency support, which should enhance and add value to the work in this field.
38. The DATF will enhance and complement treatment, health diversion and interagency work with four key actions, as follows:

Action 5— Treatment and rehabilitation (T&R), Adults

39. The DATF will ensure the continuation of community-based addiction service for adults in DLR who are either referred, or self-refer for a service, through continued support to the CAT, and occasional support, where required to the separately funded DROP project.

40. CAT has operated a service in the area since 1995. It has a team of keyworkers who are fully-trained up in this approach and who also have acquired additional, associated skills through further training. The team continues to use care planning, goal setting, and key working utilizing Community Reinforcement Approach (CRA), whilst operating under the NDRIC²⁰ Framework. The service will continue to offer a face-to-face, 12 week programme, as it has done since its last major review in 2015-16. Additional components to CAT's adult treatment service offering, 2022-25 include:
- a) Embedding four project workers within community settings - Sallynoggin, Ballybrack, Ballyogan and Dundrum. - thereby improving the service's availability and accessibility to those people who are most in need of services.
 - b) Providing alternative supports, such as phone support, video support, email support and in the current climate social distance walks. These alternative supports, developed during the COVID-19 Pandemic are capturing a new cohort of service users, such as people in full time employment and education and clients that may not have the ability to attend.
 - c) Facilitating, short-term harm reduction sessions with the group of people who continue to use drugs.
 - d) Ensuring stigma associated with drug use and drug addiction is addressed in service provision overall and working with other services in addressing co-related issues and problems, in particular addiction and mental health.
41. DROP is a dedicated drug rehabilitation programme, this service is funded through the HSE offering a comprehensive pathway for persons seeking direct assistance with drug-related problems, including individual support, a pre-entry group, a stabilisation group programme, group -training and employment support, after-care and family support, including:
- a) DROP offers a Pre-entry Programme of 2 x 1 hour weekly groups and weekly keyworker session for persons wishing to gain access to, and assessment for more formal stabilization and rehabilitation supports.
 - b) The Stabilisation Programme involves weekday, daily attendance and includes modules focused on rehabilitation, social & personal development, health & wellbeing and education. It is operated in conjunction with a community employment scheme and lasts for 12 months.
 - c) On completion of the Stabilisation Programme, people who have become drug free can move onto DROP's Drug Free Programme where the focus moves towards reintegration and movement away from rehabilitation towards community reintegration. The Drug Free Programme (12-18 months) focuses on relapse prevention, work-place experience, social & personal development, health & well-being and education. Participants are provided with keyworker support.
 - d) For those who do not wish to participate on group programmes, DROP offers Assessment and Keyworker Support particularly for those who are seeking support in community-based detoxification (with GP support).
- DROP is not funded by the DLRDATF but have asked to be Included in the plan as the other Adult Treatment & Rehabilitation programme in the area who also work closely with the current funded projects.

²⁰National Drug Rehabilitation Implementation Committee.
<https://www.hse.ie/eng/services/publications/socialinclusion/ndric/>

Action 6 — Treatment & Rehabilitation (T&R), young people

42. The DATF will continue to promote and support the development of direct intervention services for young people who are affected by substance misuse, in conjunction with YODA and directly through our support to MY Project (Mounttown) and CAT (Youth). MY Project will lead out on this service and where appropriate, addiction assessments and short-term key-worker plans will be developed through CAT who have assigned a youth specialist addiction worker for this task. This service will undertake outreach to schools and clubs, building relationships, and encouraging young people, where appropriate, to get involved in other programmes and services, whilst developing an overall picture of the situation of young people at-risk. More specifically, the following will be actioned:
- a) Continue low-threshold group work supports to young people (under 23) who have been impacted by their own substance misuse and remain vulnerable and through developing a life-skills rehabilitation.
 - b) Provide mixed, individual and group supports to young people (<18) who are experimenting with drugs and/or high-risk of alcohol. This will involve considerable outreach with young people in their own places and networks, such as schools, clubs and on building relationships

Action 7 — Family service, adult family members

43. Since CAT's formation, the Task Force has supported it to operate a programme for adults — parents, grandparents, siblings and other close relatives — who are negatively impacted by a family member's substance misuse, irrespective of whether that person is attending a treatment programme. The programme consists of mixed individual and group supports and is operated by a CAT project worker. The programme is targeted at parents, adult siblings, partners / spouses, grand-parents and aunts / uncles.

Action 8 — Children and families

44. The Task Force will continue to support a programme to provide direct services and interventions in families where children have been impacted by substance misuse. The lead project in developing this programme is Barnardos, and it is also supported by the MY project (Mounttown). Barnardos has developed a base for this programme in the Samuel Beckett Civic Campus, Ballyogan, where it operates other intensive family intervention programmes, supported separately through Tusla. Referrals onto the programme are accepted from HSE, Tusla and addiction services. It also takes self-referrals. Currently, the programme is addressing improvements in the referral pathways from drug and alcohol treatment services (both voluntary and statutory). The programme's main focus is intensive trauma informed family support to increase resilience, strengthen life skills and healthy life choices. The service operates through both individual and group supports:

Individual supports

45. Each family is assigned a key worker, who draws from a select package of individual interventions (Barnardos Family Care Plan and Sensory Attachment Intervention, SAI²¹) — in

²¹ <https://www.sensoryattachmentintervention.com>

home and school settings, and in the programme's base in either Ballyogan or Mounttown. This key work involves open conversations and engagement with all parties in order to:

- reduce stigma associated with substance misuse
- explore — and refer into — treatment and rehabilitation pathways
- Increase resilience, strengthen life skills and facilitate healthy life choices.

Group supports

46. The programme also operates a range of family group supports and will also continue to deliver at least 6 evidenced based group work programmes per year to children and parents referred. The following group support programmes will operate:

- Creative mindfulness²²
- Just right (SAI)²³
- Seasons for growth²⁴
- Real U²⁵
- Odyssey²⁶
- Circles of security²⁷

PRIORITY 3 (Goal 4— RHSR): Disadvantaged communities

47. The DATF acknowledges the roles of Southside Partnership, DLR Ethnic Minority Integration Forum (NCP)²⁸ and Southside Travellers (STAG)²⁹, in addressing — on a cross-agency basis — the additional challenges that arise for implementing social programmes where underlying socio-economic problems prevail. It recognises that vulnerable communities present particular challenges for tackling drug problems. The DATF is aware that when there is a lack of attention to underlying social issues that some communities become even more vulnerable. They are at-risk of further community alienation, potentially leading to criminality and anti-social behaviour associated with the drug trade. The DATF is committed to playing a role in disadvantaged communities and groups particularly through developing a local presence and in ensuring funded services have outreach capabilities and also through making direct linkages with other relevant services and bodies in order to support this work. More specifically, we will achieve this through the following actions:

Action 9 — Target areas

48. The DATF will engage with the Southside Partnership and relevant services towards to identify particular groups and neighbourhoods of greatest need and associated

²² <https://www.creative-mindfulness.com/home>

²³ <https://www.sensoryattachmentintervention.com/copy-of-training-2>

²⁴ <http://seasonsforgrowth.co.uk>

²⁵ <https://www.foroige.ie/our-work/real-u-programme>

²⁶ <https://www.odysseyparenting.ie>

²⁷ <https://www.preparingforlife.ie/parenting-programmes-2/circle-of-security/>

²⁸ <https://www.integratingdublin.ie/participation/dunlaoghairerat.html>

²⁹ <https://www.southsidetravellers.org>

risks relating to substance misuse, with the aim of developing a model for adaptation in accordance with changing needs and circumstances in different communities and groups.

Action 10 — Outreach, neighbourhood

49. The DATF will ensure that all funded programmes will have an Outreach component, and that youth, preventive and family work all have a viable and visible community presence — integrated with other relevant community services. Currently we have a presence through funded activities in Ballyogan, Mounttown and Sandyford. In addition, a presence is also being developed in Ballybrack, Dundrum and Sallynoggin. The DATF will ensure that there is one-stop information at each of these locations, and will also train and build staff capacity so that they can refer enquiries on to other locations / programmes, as appropriate.

Action 11 — Outreach, communities of interest

50. The DATF will engage with Traveller, New Communities' support organisations and other relevant support organisations, to identify and quantify drug and alcohol-related needs. In these communities, we will also develop plans for improving service access and availability, for these groups. A new focus to this outreach work will be developed jointly with Bray and East Coast Task Forces, through Community Services Enhancement Fund (CSEF)³⁰, whereby a cross task force Practice Liaison Worker will be assigned to support the integration of minority group families into task force supported family and addiction services, where appropriate.

Action 12 — Community safety

51. The DATF will continue to engage with DLR County Council, the Gardaí and all relevant local and other bodies to improve community safety in the context of the illegal drug trade. We will also participate in the DRIVE³¹ project and other actions designed to reduce drug-related intimidation and drug-related debt.

PRIORITY 4 (Ch 8 — RHSR): Horizontal themes³²

³⁰ <https://www.gov.ie/en/press-release/cao88-minister-for-public-health-wellbeing-and-the-national-drugs-strategy-announces-2-million-community-services-enhancement-fund-for-drug-and-alcohol-services/>

³¹ <https://ndublinrdtf.ie/wp-content/uploads/2021/11/DRIVE-Model-Executive-Summary-1.pdf>

³² In the government's review of RHSR, in addition to specifying key goals and actions, it also identified 'horizontal themes' which are best considered as a set of supports and inputs that improve RHSR's delivery across all other themes. In this regard the Review specified the need for actions around DATF structures and governance. In the DLR-DATF's *Strategic Plan 2023-25*, 'horizontal themes' have been bundled along with 'research' 'training' and other 'developmental' actions as specified elsewhere in the RHSR Review and as arising in our own reviews and consultations.

52. The DLR-DATF has always been conscious of the need for ongoing review and monitoring, and the need to constantly improve structures, activities and programmes through capacity-building, training, research and ongoing consultation. It has endeavoured to use World Café³³ and other ways of drawing in new viewpoints and perspectives and indeed — as outlined in the introduction — the use of a modified, online World Café approach was particularly evident in the initial stages of developing this Strategic Plan. We also used innovative consultations in renewing our structures, developing and making submissions prior to the launch of RHSR (2017-25), and also in developing training and other programmes. In conjunction with the Southside Partnership, we have consistently developed and operated training programmes and in recent years we commissioned two substantial pieces of research. At the outset of the COVID-19 pandemic, we were just about to engage in a new innovative programme for service-user involvement and we very much hope to get back to this work in the coming period. We will continue to develop these capacity-building activities.
53. The following five actions will enhance and complement our programme, build capacities at all levels, and also help to inform our work as we move through the period of the new strategic plan.

Action 13 — DATF structures and governance

54. The DLR-DATF is conscious of the need for a robust structure to support our work and we are also conscious of the need to continually review and renew DATF membership, and the work of sub-groups. In 2020, the DATF went through the process of becoming an independent entity. We also established a separate staffing structure, office and facilities. Moving forward we will continue to develop and improve our structures. As specified in Priority 1, we will, in consultation with other bodies, develop a new coordination structure for youth and prevention with a view to formalising it as a Task Force sub-committee. During the next phase we will also be addressing the following:
- a) A new ongoing sub-structure — meeting no more than twice a year — to review and process policies, priorities and funding decisions and to develop charitable status and to ensure adherence to the governance code for charities.
 - b) Begin and continue a process for improving community and service user representation in DATF structures.
 - c) Set up a sub-committee consisting the managers/leaders of funded projects, thereby ensuring a better flow of information between the Task Force and the work on the ground.

Action 14 — NDTRS & Research

55. DLR-DATF is conscious of the role and value of epidemiological data in tracking trends and developments over time. Although, there are shortcoming in the NDTRS we are aware that its greatest weakness arises from the non-participation of key services and activities both in DLR and elsewhere. We have previously commissioned research on people who were long-term on Methadone Maintenance, and we are proud that this research had impact on the issue of stigma and on developing policies to address stigma in drug and addiction services.

³³World Café is a simple, effective and flexible method for conducting large group consultations and dialogue.
<https://theworldcafe.com/key-concepts-resources/world-cafe-method/>

We also commissioned research on young people and similarly we plan to share the results of this research in key policy spaces to influence how services are designed and delivered. Under this action we will also:

- a) Provide training, monitoring and other supports to ensure compliance of funded projects with NDTRS and to also explore its roll out with non-funded bodies and services.
- b) Assess and select key topics for research through developing a focus group / forum for developing research further.

Action 15 — Hidden Harms Communities of Practice

56. Arising from the DATF's work in the area of Hidden Harms there is now a CHO6 evolving structure — jointly chaired by HSE and Tusla management representatives — to provide direction and bring about greater collaboration across drug and alcohol services on the one hand and services to children and families on the other. As per Actions 4 and 8 above, we will undertake both preventive and direct service programmes that contribute directly to mitigating harms to children arising from parental substance misuse. We are also taking additional actions to enhance this work and in particular the following actions, on a cross project basis are being developed for this purpose:

- a) We will support and contribute to a Community of Practice (Hidden Harm) by integrating HH protocols in all our funded organisations.
- b) We will seek to demonstrate evidence of the model through data collection, analysis and dissemination to wider services and audiences.
- c) We will develop a Practice Leader's Group, for complex cases with both a child/family and an addiction service involvement across all of CHO6/Tusla, supported services through a CSEF funded Practice Liaison Worker, as per Action 11 (Par 51) above.

Action 16 — Training

57. DLR-DATF, alongside Southside Partnership, has operated several training programmes over the last two decades. This training has focused on improving the opportunities and capacities of community personnel to participate in DATF structures and programmes, enhancing the knowledge and skills of front-line personnel, and developing the potential for collaborations and inter-agency practices. Our programme of training going forward will include the following:
- Motivational interviewing
 - SAOR³⁴
 - DLR specific case management
 - DLR NDTRS mentoring
 - Managers' change management
 - Service users' participation
 - Human rights in service planning, development and provision
 - National standards for better health and social care]
 - Trauma informed care
 - Hidden harms protocols and practice
 - Models for community-based services
 - Building resilience with under 18teenagers
 - Psychotherapeutics to support families and children
 - The task force family support model of practice

Action 17 — Service user involvement

58. DLR-DATF will renew its service users' participation project which was paused in March 2020. This project involved a series of workshops that were initially focused on exploring the issue of stigma as represented in the research report, "Just Maintaining the Status Quo?" Following this initial series of workshops, it was envisaged that more formal training arrangements would evolve to facilitate participation. In addition, we will also develop other elements for supporting service user involvement, including feedback, evaluation and monitoring forms, focus groups, and particular measures for tackling the issue of stigma across all service platforms.

³⁴ SAOR - Screening and Brief Intervention Project for Alcohol and Substance Use, delivered directly from within the HSE with services and other local bodies in the field
<https://www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/national-addiction-training/alcohol-and-substance-use-saor/>



5) CONCLUSION

59. A Strategic Plan is a useful tool in helping an organisation achieve its goals over a defined period, and in setting out and monitoring the actions to help deliver on these goals. A Strategic Plan also provides a good opportunity to review and renew organisational priorities. In developing DLR-DATF's Strategic Plan, 2022-25 — a process that commenced in the midst of the COVID pandemic — we engaged in extensive consultation, using online meetings and other methods to ensure the engagement of individuals and groups across DLR in the planning process. We have also engaged in an internal process of refinement, thus ensuring our priorities and actions going forward have been well developed and are achievable.
60. We are conscious that the last three years, 2020-22, the best laid plans of even the most strategic organisations were set aside and undermined by the disruption caused by COVID-19. In our case, we made a lot of adjustments in order to continue delivering quality services, and as we plan the next three years, we are conscious that some of these changes have become normalised and will continue. In particular, we will continue to offer a mixed blend of online and in-person activities, and will have the capacity to go completely online at short notice should the need arise.
61. There is always the possibility of new, unanticipated changes or disruptions that also have potential impact on our plans and activities. In this regard, we are conscious that our organisational communications, at all levels, have improved, and we are now in a better place to respond to new challenges, as these arise. We will also be reviving our services users' participation project thereby establishing a new communication line between services and the people who use them.
62. The Strategic Plan, 2023-25, includes some of the key actions that were already well-established. As before, we will rely greatly on Barnardos, CAT and MY Project to deliver these and we will also rely on our collaborations with CYPSC, DROP, HSE, Southside Partnership and Tusla to enhance and improve service provision.
63. In addition, the front-line services have all committed to new developments, particularly with more focus on outreach and to ensure there is a local service presence in the localities for those in greatest need, and also to prioritise tackling stigma.
64. Front-line services have also committed to greater cooperation across service types, 'addiction services' and 'family support services'. We will continue to support service collaborations in relation to hidden harms to children and families, and as well as existing supports, we will be developing a new project across the whole of CHO6 to help facilitate the involvement of minority groups in all these services. In this way we hope to improve the

service experience for service users and also improve their integration into the community and into society. We are particularly pleased that services will contribute to a practice leaders' forum and long-term will commit to developing a 'communities of practice' around the hidden harm project.

65. In extending our remit into local communities, we are also committing to more community consultation and engagement particularly on issues such as drug-related debt and intimidation and improving community leadership and capabilities as in the DRIVE project and other initiatives.
66. We will be giving more attention to young people, particularly those who have become involved with cannabis use and cocaine use, and here again, we are assured of greater integration across services in responding to the needs of this group. We also expect that this work will be informed by the forthcoming report on research on young people's drug use.
67. During the next Strategic Plan, 2022-25, there will be more focus on improved monitoring and we are committed to ensuring all funded bodies use the NDTRS database, thus ensuring we have the data to track changes and developments over the period, and to have informed debate on emerging issues and to promote research.
68. Finally, in setting out this Strategic Plan, 2023-25 in this document, we will be inviting our stakeholders and others from within the community to come and engage with us, to participate in ongoing consultations and to contribute to refining and improving the plan as we move forward.

Appendix 1 — Acronyms

(RHSR)	Reducing Harm Supporting Recovery
(CAT)	Dun Laoghaire Rathdown Community Addiction Team
(CRA)	Community Reinforcement Approach
(CYPSC)	Children and Young People Services Committee
(DDLETB)	Dublin and Dun Laoghaire Education and Training Board
(DLR)	Dun Laoghaire Rathdown
(DLRDATAF)	Dun Laoghaire Rathdown Local Drug and Alcohol Task Force
(DROP)	Dun Laoghaire Rathdown Outreach Project
(FN)	Footnote
(HSE)	Health Service Executive
(MYP)	Mounttown Youth (MY) Project
(NDRIC)	National Drug Rehabilitation Implementing Committee
(NDTRS)	National Drug Treatment Reporting System
(RHSR)	Reducing Harm Supporting Recovery
(SSP)	Southside Partnership
(STAG)	Southside Travellers Action Group
(TUSLA)	Child and Family Agency
(YODA)	Youth Drugs and Alcohol Service

APPENDIX 2 - DATA TABLES³⁵

Table 1: National treatments: number by age group, 2017–2021

Table 2: National treatments: percentage of total by age group, 2017–2021

Table 3: National treatments: number by age group, 2017–2021

Table 4: National treatments: percentage of total by drug type, 2017–2021

Table 5: DLR Treatments - number by age group, 2017–2021

Table 6: DLR Treatments - percentage of total by age group, 2017–2021

Table 7: DLR Treatments - number by drug type, 2017–2021

Table 8: DLR Treatments - percentage of total by drug type, 2017–2021

³⁵ Source: <https://www.drugsandalcohol.ie/tables/> NDTRS interactive tables allow report downloads based on chosen parameters, in this case: national & DLR; drugs (including alcohol), are groupings and drug types, for each of the years 2017 and 2021, were downloaded for further analysis.

Table 1: National treatments: number by age group, 2017–2021

	2017	2018	2019	2020	2021
<18	703	846	929	773	704
18-24	2,504	2,714	2,666	2,277	2,396
25-34	4,738	5,162	5,284	4,766	5,237
35-44	4,518	4,964	5,189	4,375	5,116
45-64	3,370	3,511	3,685	3,026	3,794
65+	353	411	395	267	351
Unknown	86	130	62	42	30
Total	16,272	17,738	18,210	15,526	17,628

Table 2: National treatments: percentage of total by age group, 2017–2021

	2017	2018	2019	2020	2021
<18	4.3%	4.8%	5.1%	5.0%	4.0%
18-24	15.4%	15.3%	14.6%	14.7%	13.6%
25-34	29.1%	29.1%	29.0%	30.7%	29.7%
35-44	27.8%	28.0%	28.5%	28.2%	29.0%
45-64	20.7%	19.8%	20.2%	19.5%	21.5%
65+	2.2%	2.3%	2.2%	1.7%	2.0%
Unknown	0.5%	0.7%	0.3%	0.3%	0.2%
Total	100%	100%	100%	100%	100%

Table 3: National treatments: number by drug type, 2017–2021

	2017	2018	2019	2020	2021
Alcohol	7,350	7,464	7,546	5,824	6,859
Heroin + opioids	4,016	4,349	4,133	3,559	3,629
Cocaine	1,500	2,254	2,560	2,619	3,248
Cannabis	2,200	2,358	2,502	2,120	2,299
Other	1,206	1,313	1,469	1,404	1,593
Total	16,272	17,738	18,210	15,526	17,628

Table 4: National treatments: percentage of total by drug type, 2017–2021

	2017	2018	2019	2020	2021
Alcohol	45.2%	42.1%	41.4%	37.5%	38.9%
Heroin + opioids	24.7%	24.5%	22.7%	22.9%	20.6%
Cocaine	9.2%	12.7%	14.1%	16.9%	18.4%
Cannabis	13.5%	13.3%	13.7%	13.7%	13.0%
Other	7.4%	7.4%	8.1%	9.0%	9.0%
Total	100%	100%	100%	100%	100%

Table 5: DLR Treatments - number by age group, 2017–2021

	2017	2018	2019	2020	2021
<18	6	17	20	28	28
18-24	42	41	33	43	57
25-34	88	103	83	80	99
35-44	84	105	119	99	107
45-64	84	78	91	85	98
65+	13	12	8	5	8
NK	3	5	0	0	1
	320	361	354	340	398

Table 6: DLR Treatments - percentage of total by age group, 2017–2021

	2017	2018	2019	2020	2021
<18	1.9%	4.7%	5.6%	8.2%	7.0%
18-24	13.1%	11.4%	9.3%	12.6%	14.3%
25-34	27.5%	28.5%	23.4%	23.5%	24.9%
35-44	26.3%	29.1%	33.6%	29.1%	26.9%
45-64	26.3%	21.6%	25.7%	25.0%	24.6%
65+	4.1%	3.3%	2.3%	1.5%	2.0%
NK	0.9%	1.4%	0.0%	0.0%	0.3%
	100%	100%	100%	100%	100%

Table 7: DLR Treatments - number by drug type, 2017–2021

	2017	2018	2019	2020	2021
Alcohol	149	164	169	145	182
Heroin + opioids	75	72	77	57	67
Cocaine	34	55	46	68	73
Cannabis	39	37	32	41	44
Other	23	33	30	29	32
Total	320	361	354	340	398

Table 8: DLR Treatments - percentage of total by drug type, 2017–2021

	2017	2018	2019	2020	2021
Alcohol	46.6%	45.4%	47.7%	42.6%	45.7%
Heroin + opioids	23.4%	19.9%	21.8%	16.8%	16.8%
Cocaine	10.6%	15.2%	13.0%	20.0%	18.3%
Cannabis	12.2%	10.2%	9.0%	12.1%	11.1%
Other	7.2%	9.1%	8.5%	8.5%	8.0%
Total	100%	100%	100%	100%	100%

APPENDIX 3 – IMPLEMENTATION TABLES

Table 9: Implementation Projects & Partners for DATF Priorities and Actions, 2022-25

Table 10: DLRDATF Priorities and Actions in Context of RHSR Revised Goals (2022 – 25)

Table 9: Implementation Projects & Partners for DATF Priorities and Actions, 2022-25

PRIORITY 1 (Goal 1 — RHSR) Prevention <i>Develop, support and coordinate substance misuse preventive activities and projects</i>			DATF-funded Lead Partner (L); Partners (P); Additional Partners in (Brackets)			
Paragraphs	ACTIONS	DESCRIPTION	<i>DATF</i>	<i>Barnardos</i>	<i>CAT</i>	<i>MYP</i>
31	Coordinating structure (Action 1)	Develop an integrated Youth At-Risk and Substance Misuse Prevention Sub-committee for DLR	L (CYPSC / Crosscare / SSP)	P	P	P
32	Prevention targeted (Action 2)	Develop cross task force substance misuse prevention activities building on the work undertaken in producing the Choices video.	L (CYPSC / Crosscare / Targeted Schools / SSP, etc.)	P	P	P
33	Prevention – universal Planet Youth or similar (Action 3)	Develop and support a general/universal substance misuse prevention strategy preferably on a cross task force basis (Bray / DLR) - CSEF	L (Bray, councils and ETBs)	P	P	P
34	Hidden harms – General (Action 4)	To develop broad strategies towards reducing hidden harms through information, awareness and inter-agency workshops on a cross task force basis (within CHO 6 and Tusla Area)	L (Tusla / HSE / Bray & EC TFs)	P	P	P

Table 9 contd.

PRIORITY 2 (Goal 2 — RHSR) Treatment, Health Diversion and Interagency <i>Supports and interventions to individuals and families who are directly impacted by substance misuse</i>			Partners Funded partners with additional partners in (brackets)							
			DATF-funded Lead Partner (L); Partners (P)			Partners in collaboration				
Paragraphs	ACTIONS	DESCRIPTION	DATF	Barnardos	CAT	MYP	Barnardos / CAT	Barnardos / MYP	CAT / MYP	Barnardos / CAT / MYP
39–41	Treatment & Rehabilitation (T&R) – Adults (Action 5)	Assessment, care planning, goal setting, and key working — utilising CRA - to adults			L					(HSE, DROP)
		To operate attendance group programmes and other supports			DROP					
42	T&R – Youth (Action 6)	To provide Low Threshold Group work to young adults (< 23) who are impacted by substance misuse and remain vulnerable and through developing a life-skills rehabilitation programme			P	L			(YODA)	
		Mixed, individual and group supports to young people (<18) who are experimenting with drugs and/or high-risk of alcohol misuse.		P	P	L			(YODA)	
43	Family Service (Adults) (Action 7)	Mixed, individual and group work service to adult family members who have been impacted by another family member's substance misuse.		L	P	P				
44–46	Children & families (Action 8)	Individual psycho-social interventions to children (<18) and families who have been		L	P	P		(Tusla)		(Tusla/ YODA)

		impacted by parental / carer's substance misuse								
		Group work interventions to children (<18) and families who have been impacted by parental / carer's substance misuse		L	P	P		(Tusla)		(Tusla / YODA)

Table 9 contd.

PRIORITY 3 (Goal 4 — RHSR) Disadvantaged communities <i>Addressing the additional challenges arising from drug use in disadvantaged communities</i>			DATF-funded Lead Partner (L); Partners (P); Additional Partners in (Brackets)			
Paragraphs	ACTIONS	DESCRIPTION	DATF	Barnardos	CAT	MYP
48	Target areas (Action 9)	To engage with Southside Partnership and relevant services towards using their data to identify areas and groups of greatest need.	L (SSP)	P	P	P
49	Outreach, neighbourhoods (Action 10)	To engage with all funded services towards an ongoing roll-out of outreach capabilities into local targeted areas and target groups	L (SSP)	P	P	P
50	Outreach communities of interest (Action 11)	To engage with Traveller and New Communities support organisations towards improving service access and availability	L (SSP; STAG; NCP)	P	P	P
51	Community safety (Action 12)	Engaging with DLR COCO, the Gardaí and all relevant local and other bodies towards improving community safety in the context of the illegal drug trade.	L (DLR CoCo, Gardaí, Community Orgs)	P	P	P

Table 9 contd.

PRIORITY 4 (Ch 8 — RHSR) Horizontal themes <i>Enhance the overall programme through improved structures and additional information & training supports</i>			DATF-funded Lead Partner (L); Partners (P); Additional Partners in (Brackets); Collaborating partners				
Parag raphs	ACTIONS	DESCRIPTION	<i>DATF</i>	<i>Barnardos</i>	<i>CAT</i>	<i>MYP</i>	<i>Barnardos / CAT /MYP</i>
54	DATF structures and Governance (Action 13)	A new ongoing sub-structure — meeting no more than twice a year — to process policies, priorities and funding decisions and to develop charitable status and adherence to charity code.	L	P	P	P	
		We will initiate a process for improving community and service user representation in Task Force structures	L				
		We will establish a sub-committee consisting the managers/leaders of funded projects, thereby ensuring a better flow of information between the Task Force and the work on the ground	L				
55	NDTRS & research (Action 14)	Ensure compliance of funded projects with NDTRS and to also explore its roll out with non-funded bodies and services	L	P	P	P	
		We will be assessing key topics for research through developing a focus group / forum for addressing this matter.	L	P	P	P	
576	Communiti es of Practice (Action 15)	We will support and contribute to a Community of Practice (Hidden Harm) by integrating HH protocols in all our funded organisations.	L	P	P	P	
		We will seek to demonstrate evidence of the model through data collection, analysis and dissemination to wider services / community	L				P
		We will develop a Practice Leader's Group, for complex cases with both a child/family and an addiction service involvement across all of CHO6/Tusla, supported through a Practice Liaison professional (for which we will seek funding from CSHF)	L				P
57	Training (Action 16)	To develop a Cross Agency collaborative training to support project practitioners	L				P

58	Service user involvement (Action 17)	Task Force will be renewing its service user workshops and also developing other elements for supporting service user involve, including feedback, evaluation and monitoring forms, focus groups, and particular measures for tackling the issue of stigma across all service platforms.	P					P
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Table 10: DLRDATF Priorities and Actions in Context of RHSR Revised Goals (2022 – 25)

1 RHSR Goal Number (Revised)	2 RHSR priorities (Revised Goals) under mid-term review	3 DLR-DATF priorities	4 DATF actions (paragraphs)	5 Headline issues arising from Area-wide & stakeholder consultations
1	Strengthen the prevention of drug and alcohol use and the associated harms among children and young people	PRIORITY 1: Prevention <i>Develop, support and coordinate substance misuse preventive activities and projects (Pars 29–34)</i>	Targeted Action 1 (Par 32) Universal Action 2 (Par 33) Hidden harms Action 3 (Par 34)	Reduce influence of social media in facilitating substance misuse. Support universal prevention Protecting children from hidden harms
2	Enhance access to and delivery of drug and alcohol services in the community	PRIORITY 2 Treatment, Health Diversion and Interagency: <i>Supports and interventions to individuals and families who are directly impacted by substance misuse</i>	Adults Action 5 (Pars 39–41)	More focus on the changing needs, and re-aligning services with presenting issues. Dual diagnosis, social integration of persons who are on methadone treatment, reducing stigma, and ensuring integration care plans for individuals.
3	Develop integrated care pathways for high-risk drug users to achieve better health outcomes	<i>Amalgamating Revised RHSR 2 and 3 (Pars 35–46)</i>	Young people Action 6 (Par 42) Families	Young people's cannabis use raises issues and challenges for new service design.

			Actions 7–8 (Pars 43–46)	Tailored family programmes required particularly taking into account that some families have experienced inter-generational traumas arising from addiction and substance misuse.
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Table 10 contd

1 RHSR Goal	2 RHSR priorities (Revised Goals)	3 DLR-DATF priorities	4 DATF actions (Paragraphs)	5 Headline issues
4	Address the social determinants and consequences of drug use in disadvantaged communities	PRIORITY 3 Disadvantaged communities <i>Addressing the additional challenges arising from drug use in disadvantaged communities</i> (Pars 47 – 51)	Outreach Actions 9 (Par 49) Communities of Interest Action 10 (Par 50) Community safety Action 11 (Par 51)	Tackling negative impacts on communities: drug-related debt and intimidation, anti- social behaviour, impact of gang violence and feuding A need neighbourhood approach to service provision Protecting families and young people through outreach, hidden harms projects and addressing issues of supply, access and distribution
5	Coercive sanctions alternatives	<i>No Priority actions</i>		
6	Strengthen evidence-informed and outcomes-focused practice, services,	PRIORITY 4	Structures Action 13 (Par 54)	Changing needs and community engagement

	policies and strategy implementation.	<i>Horizontal themes, amalgamating Revised RHSR 6 and 7</i>	Research Action 14 (Par 55)	Seek evidence of changes / generate debate
7	Horizontal themes: service user-involvement, civil society participation, improved governance, cross sectoral funding, public sectoral equality.	<i>(Pars 52 – 58)</i>	Hidden harms Action 15 (Par 56) Training Action 16 (Par 57) SU Involvement Action 17 (Par 58)	Protect children & families Ensure services are not behind the curve of new developments Ensuring policies reflect service user needs

COORDINATING

THE DLR RESPONSE TO DRUG AND ALCOHOL PROBLEMS, 2023–25



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