

STRATEGIC PLAN

2023 - 2026



SICDATF
South Inner-City
Drug and Alcohol
Task Force



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Glossary

Glossary	
ACE	Adverse Childhood Experiences
AGS	An Garda Síochána
BCR	Building Community Resilience
CADP	Community Alcohol Detox Project
CCIA	Community Crime Impact Assessment
CDYSB	City of Dublin Youth Service Board
CE	Community Employment
CRA	Charities Regulatory Authority
CRO	Companies Registration Office
CHO	Community Health Organisation
CORN	Community Organisations & Residents Network
CSEF	Community Services Enhancement Fund
CSP	Community Safety Plan
DATFs	Drug and Alcohol Task Forces
DCC	Dublin County Council
DC EDIY	Department of Children, Equality, Disability, Integration & Youth
DEASP	Department of Employment Affairs and Social Protection
DoE	Department of Education
DoJ	Department of Justice
DPU	Drugs Policy Unit
DRI	Drug Related Intimidation
DRIVE	Drug Related Intimidation & Violence Engagement
DSP	Department of Social Protection
eCASS	Electronic Comprehensive Addiction Services Solution

Glossary	
EDs	Electoral Divisions
HRB	Health Research Board
IHREC	Irish Human Rights & Equality Commission
JPC	Joint Policing Committee
LDATF	Local Drug & Alcohol Task Force
LGBTI	Lesbian, Gay, Bisexual, Transgender & Intersex
LPF	Local Policing Forum
MLG	Management Liaison Group
MQI	Merchants Quay Ireland
MSYAC	Meath Street Youth Activity Centre
NSSBHC	National Standards for Safer Better Healthcare
NDRF	National Drug Rehabilitation Framework
NDS	National Drug Strategy
NDTRS	National Drug Treatment Reporting System
PFG	Programme for Government
PPFS	Prevention Partnership & Family Support
SA	Small Area
SDRA	Strategic Development Regeneration Areas
SIC	South Inner City
SICODA	South Inner City Community Development Association
SICDATF	South Inner City Drug and Alcohol Task Force
SILC	Surveys on Income & Living Conditions
SPHE	Social Personal Health Education
SWOT	Strengths, Weaknesses, Opportunities, Threats.
TIC	Trauma Informed Care
VFM	Value for Money
WTE	Whole Time Equivalent

Foreword

from the SICDATF Chairperson

Kieran Rose

The SICDATF is committed to a partnership approach with local stakeholders and will continue to work closely with people using services, the community, and statutory and voluntary sectors on action research, training and funding initiatives. Over the last five years, the SIC projects have worked together on several successful interagency action research initiatives. The collaborative work strengthened the relationships between projects; produced action research reports that are service user-focused and informed. The SICDATF will continue to foster interagency work through training, workshops, and partnering on funding applications and information events. All services have experienced the burden of increased costs, and difficulties with staff recruitment and despite partnerships working to manage these issues, there is still a significant need for office space and community rooms. A risk factor for services is resourcing appropriate buildings to operate services and the cost of having to move premises.

Change has been a significant feature in the SICDATF, it has seen growth in a diverse population, new businesses flourish and the beginning of some greening projects with both Weaver Park and Bridgefoot Street Park,

adding to the improvements in the area. The constant changes and developments are welcome, but the SICDATF would like to see more investment into communities inclusive of cultural diversity, creating safe places for people to come together that are beautiful, and welcoming, and honour the area's history. The investments we view as paramount are the development of community centres, and spaces for young people to play and do sports. We would like to see places for people to meet, where they can access support and services and more funding for services the care of our most vulnerable.

The SICDATF area has a high prevalence of homeless services, and drug and alcohol services, not all are well-resourced and are often at capacity. Through the numerous research pieces and the community consultations, the community has always shown great understanding and compassion to everyone using services in the community, this shows the community spirit that exists in the city centre. However, the increase in crime, open drug dealing, and intimidation, all impact the social environment. The SICDATF will work with the stakeholders to plan localised responses and place the needs of the communities and people using the

Addiction Services at the centre of the work, ensuring their voice is heard and advocating for their rights.

The SICDATF would like to thank and acknowledge all the service users and services who worked with us on the Mental Health Research, Assertive Homeless Inreach, Assertive Outreach, New Communities Street Drinking, the Drug Related Intimidation research and the Irish Human Rights and Equality grant, the Youth Needs Analysis and the development of the Peer Videos and Women's service map. The partnership work and engagement with voluntary, community and statutory services have been exceptional. We would not have achieved the Community Alcohol Detox Project without our colleagues in D12, Ballyfermot and Canal Communities or success with the Cocaine and Crack Cocaine Health Related Harms, funding, and the Community Service Enhancement Fund.

I would like to extend thanks to Keri Goodliffe our coordinator for her work and invaluable contribution to the development of the SICDATF in the past five years and also to Sarah Baker who assists with administrative duties. I would also like to take this opportunity to thank the members of the SICDATF, the subcommittee and the working groups who have been active in all the work over the last five years and contributed to the strategic planning process.

Thanks, and acknowledgement to Finbarr Fitzpatrick from Business Improvement Solutions for his professionalism and commitment to working with all the stakeholders and bringing this strategic plan to completion. We would like to recognise the stakeholders who have contributed to our work and shared our ethos, implementing the NDS, and helping us with room space, training, and research. The HSE Addiction service CHO 6 & 7 has supported our work immensely; we appreciate their knowledge, expertise and participation in the Task Force and the Community Alcohol Detox Project management group.

We hope with the new planning developments due to take place in the south inner city we can reinforce the importance of community through high-quality design, green spaces and pedestrianisation. It is encouraging that we can work together in a unified way to see south inner city Dublin be proactive in the continued care for people experiencing addiction, and homelessness and urge everyone to be custodians of the city to enhance the lives of its young people.



The Executive Summary

The SICDATF Strategic Plan establishes the SICDATF vision for 2023-26 and how its objectives are aligned with the six strategic priorities for the national drugs strategy for 2021-2025. It will guide the work of the Task Force for the next three years and inform how it intends to achieve the proposed outcomes. The strategic planning process reflects on the work over the last five years, identifying actions that are fundamental to the role of the Task Force, and building on the success of previous work.

Through consultations with stakeholders and research, the Task Force can develop an understanding of what is happening in the South Inner City and strive to respond effectively to people's needs. The area profile highlights that the SIC has areas which require significant investment. The strategic plan draws on Task Force research, the Programme for Government and the SICCCA Needs Analysis report, to establish themes throughout the SIC and provides context to critically address these themes, exploring the gaps in services and identifying necessary improvements for the sustainability and quality of the current service provision.

Using the Task Force structure

The Task Force structure is intended to facilitate the development of effective, targeted, local responses by utilising the knowledge and experience of all sectors in designing and delivering those services and facilitating the improved coordination of service provision. Encouraging a more diverse stakeholder involvement in the Task Force will shape the development

of quality service provision in line with the NSSBHC, improve support for people using the services, and continue building community partnerships. The Task Force membership needs to be reviewed and expanded to reflect the diverse SIC community and the sector representation to generate the achievable actions under the strategic themes.

Understanding and responding to the existing challenges

There are critical resource issues for services, in terms of staff and funding, which can create a limiting work environment. Safety, human rights, upskilling and supporting staff morale are imperative to the quality and growth of an organisation. Engaging with the people using the services and other stakeholders is essential to service development and warrants the required resources to do this carefully and with sensitivity.

There is a need to highlight the issues facing communities in the SIC and advocate for funding increases. Immediate action needs to take place to address the staffing of the Task Force operations, as the core work is significant. A robust interagency approach

is vital to successfully implement a strategic plan but demands identified personnel to work collectively on the actions. The proliferation of cocaine and crack cocaine and drug-related intimidation has added to the complexity of the work and requires more outreach and out-of-hours services, which are managed under current budget constraints and in buildings that are often not suitable. An increase in the project's core budget is essential for sustainability and attracting skilled people to work in the sector. The investment in strengthening the prevention of drug and alcohol use and the associated harms among children can only be achieved with the resources to operate evidenced-based interventions in suitable settings.

Building on strengths and assets

The Task Force has a strong relationship with the community, statutory and voluntary sectors to deliver coordinated responses through existing services and initiatives. The Task Force has invested the last five years forming a foundation for progressing the strategic themes.

Section:

Introduction



Section 1:

Introduction

South Inner City Drug and Alcohol Task Force (SICDATF) was one of fourteen Local Drug and Alcohol Task Forces (LDATFs) set up in 1997 to facilitate a more effective response in communities experiencing the highest levels of substance misuse. It is in the HSE Community Healthcare Organisation (CHO) 7 area, including Dublin South Central, Dublin Southwest, Dublin West and Kildare / West Wicklow. Since its inception, SICDATF has worked to reduce drug-related harms to individuals, families, and communities by working in partnership with key stakeholders in the community, voluntary and statutory sectors on the coordination and delivery of services in the South Inner City (SIC). The terms of reference for Drug and Alcohol Task Forces (DATF) are To coordinate the implementation of the National Drugs Strategy in the context of the needs of the region/local area. To implement the actions of the NDS where Task Forces have been assigned a role

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

1.1

What the SICDATF does



Vision

A South Inner City, where the harms caused to individuals, families and communities by substance misuse is reduced and public health and safety are protected.



Mission

Coordination of quality services that enable healthy, safe, and resilient communities across the South Inner City.



Values

- | | |
|---------------|---|
| Equality | Partnership |
| Inclusiveness | Working strategically with stakeholders |
| Empathy | |
| Rights Based | |
-





The SICDATF is a multi-sectoral committee responsible for implementing the National Drugs Strategy. The SICDATF strongly emphasises community advocacy, quality standards in service provision, the promotion of a human rights-based approach, helping services be sustainable, support for staff and service user morale, and building robust interagency partnerships with stakeholders in the SIC. The Task Force employs several mechanisms to achieve the above and strives to deliver organisations of quality care in partnership with services and stakeholders.

A significant aspect of the work is the governance and financial oversight of the Task Force vote global budget of €1,963,075. (Inclusive of €10,000 under Strand 1). It is committed to actively monitoring and reviewing the project activity and budget expenditure.

Project Evaluations

As part of the process to recommend annual funding to individual projects, the SICDATF verifies that all expenditure is appropriate and is in accordance with the funding conditions. The DATF Initiative Activity Reporting Template developed by the HSE National Addiction Advisory Governance Group (NAAGG) in conjunction with the Coordinators Networks is used to assist in monitoring the project activity.

Recommending Project Allocations

The SICDATF in recommending individual project allocations identifies priority needs concerning emerging drug trends and patterns in problem alcohol and substance use. All funding must be evidence-based, service user-informed employing models of best practice and in adherence with the principles of Slaintecare and the NSSBHC.

The SICDATF is committed to safeguarding public funding and operates strict financial control and governance procedures before it recommends funding. The need to protect front-line service provision in line with Government policy is core to the strategic objectives and operating a value-for-money approach in tandem with the financial sustainability of the projects.

Monitoring and evaluation during 2023 -26

The monitoring of the annual funding allocation is incorporated into the Task Force's annual work plan. The projects are met with at the funding agreement meetings with the HSE and projects are invited to present their work to the Task Force.

Task Force vote funded projects/ services

There is fourteen HSE (Appendix 1) and four CDYSB Task Force vote funded projects/ services (Appendix 2) across the catchment area. The Task Force holds an operational and targeted intervention budget, which is used to assist communities and projects with grants and training. The majority of the global budget is targeted at treatment and rehabilitation services with some allocated to education and prevention. The Task Force vote funding is for specific posts or partial funding through the two funding channels, and services span Tiers 1-4 of the National Drug Rehabilitation Framework (NDRF) which is illustrated in Figure 1.

Figure 1. National Drug Rehabilitation Framework (NDRF)



1.2 Governance

In November 2013 the Minister for State with Responsibility for the Drugs Strategy announced that given the opportunities for simplifying the funding system, operational responsibility for the funding of drugs initiative projects channelled through the HSE would be transferred to the HSE from 1 January 2014. This was to provide a single accountability framework for the projects; to facilitate more standard governance and monitoring of the projects going forward. In addition to this, the allocations to the projects were to be continued to be based on the recommendations made by the Drugs and Alcohol Task Forces (DATFs).

In 2014 a process was entered into to bring the projects under the HSE Section 39 Governance Framework highlighting the continued importance and role of the DATFs as a partner of the HSE in the oversight and implementation of the drugs strategy at a local level. Changes to the standard set of Section 39 documentation were made, the HSE manages its governance relationship with funded agencies by Section 39 of the Health Act 2004 i.e., while the DATFs assist the HSE in the management of the projects, the statutory provision states that it is the responsibility of the HSE exclusively

to ensure that the funding is appropriately managed.

SICDATF governing structure

The SICDATF and its sub-committee structure bring together members from the community, voluntary and statutory sectors, elected representatives¹, and key interest groups to develop and coordinate a collective inter-agency response to drug and alcohol use in South Inner City. This partnership work is carried out under key goals as identified in the National Drug & Alcohol Strategy, *Reducing Harm Supporting Recovery, A health-led response to drug & alcohol use in Ireland 2017-2025*.

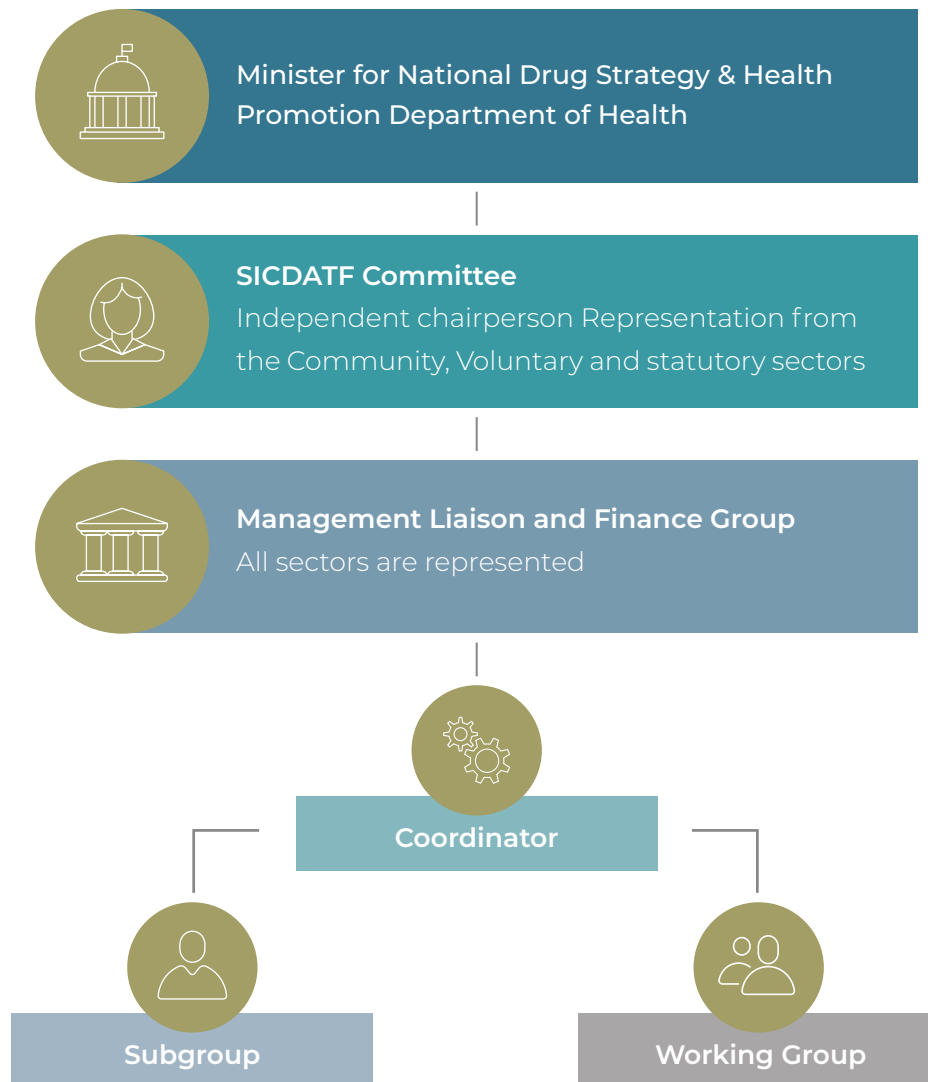
The Minister of State is responsible for Public Health, Wellbeing and the National Drugs Strategy. The role includes the promotion of healthier lifestyles and policies to improve the health of people in Ireland. A National Oversight Committee, chaired by the Minister with responsibility for the national drugs strategy, meets quarterly to support the implementation of the strategy. A Standing Sub-Committee of the National Oversight Committee drives the implementation of the strategy and promotes coordination between national, local and regional levels.

¹ <https://www.gov.ie/en/policy-information/17d32f-drugs-and-alcohol-policy/>

Drug and alcohol task forces comprise representatives from a range of relevant agencies, such as the HSE, the Gardaí, education and training boards, and local

authorities, as well as elected public representatives and voluntary and community sector representatives.²

Figure 2.



² <https://www.gov.ie/en/organisation/department-of-health/>

1.3 Methodology

In February 2022, SICDATF invited submissions to develop their strategic plan for the period 2023-26. The work to develop this strategy took place during the months of April to August 2022, and the methodology adopted by BIS and codesigned with SICDATF to meet the terms of reference included.

- A desk review of existing information and data to develop a deeper understanding of the work of SICDATF and to collate an area profile.
- To frame the strategic plan in terms of current policy and the NDS.
- Design a consultation framework customised to each stakeholder group to explore perspectives grounded in their knowledge and expertise in a local and national context.
- Discussion and analysis of key findings with the SICDATF committee.
- Integration of feedback into the final version of the Strategic Plan.
- Presentation of the final Strategic Plan.

The strategic planning process involved robust consultation with SICDATF representatives and stakeholders over a focused four-month period. Contributions were received from more than forty unique organisations across the SICDATF area reflecting the interagency nature of their work. A mixed-method consultation process was used comprising both focus group discussions and online surveys, to ensure an accessible and inclusive consultation process.

The SICDATF invited stakeholders from the SIC to participate in an open discussion facilitated by BIC , and used the following question to direct and engage the conversation.

- Do we need a SICDATF?
- What is its purpose?
- What are the priorities?
- How can the SCIDATF achieve this?
- What does it need to achieve its objectives?
- What are the challenges?
- How will it deliver the NDS priorities through its strategic plan?

Figure 3.



Section:

Area Profile



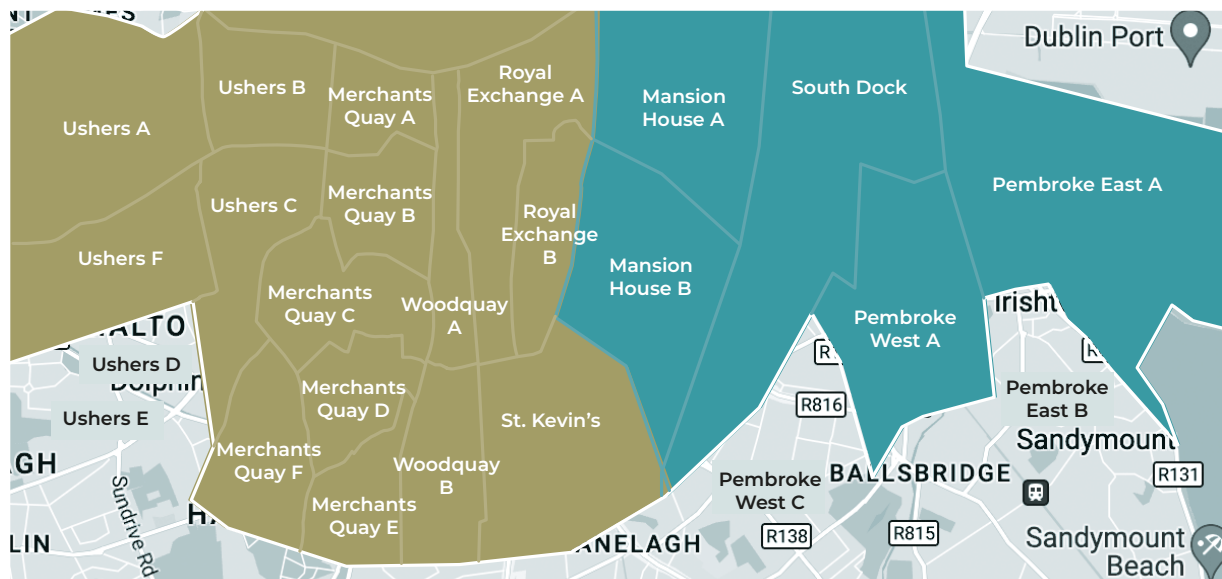
Section 2:

Area Profile

The SICDATF area consists of twenty Electoral Divisions (EDs) and is divided into the South West and South East Quadrants as illustrated in Figure 6. It spans the area from the South Circular Road in the West to Irishtown in the East and is bordered by the

River Liffey and the Grand Canal (excluding Ushers D and E in the Rialto area). It divides naturally with the South East and South West with Dublin's central business district at the very heart of the SICDATF area.

Figure 4: SICDATF Area



2.1 SICDATF Electoral Divisions (EDs) Social Economic Profile

Table 1. It includes information on deprivation, population, age dependency, lone parents, education attainment, gender, and housing.

This data is used to appraise trends across the twenty EDs to present a succinct and accurate view of living standards and identify disadvantaged areas. This area profile of the SICDATF is informed by comparative data from 2011, 2016 and 2022 Census which is presented in:

Electoral District (ED)	HP Index	Status ³	Pop 2011	Pop 2016	Pop 2022	Pop Change % 2011-22	Age Dep Ratio 2016	Lone Parent Ratio 2016	Primary Only 2016	3 rd Level Edu 2016	LA Rented 2016	U/E Male 2016	U/E Female 2016
Ushers A	18.75	A	3089	3930	5090	64.78%	14.57	15.75	5.83	71.58	8.11	11.3	8.14
Ushers B	4.93	MAA3	1292	1312	1858	43.81%	15.98	36.25	9.63	56.59	27.09	18.21	18.56
Ushers C	-1.46	MBA	3730	3983	4143	11.07%	24.29	47.59	18.06	35.91	34.32	20.49	19.46
Ushers F	4.08	MAA	3381	3484	3438	1.69%	23.5	20.25	1.08	60.19	12.46	14.09	9.63
Merchants Quay A	1.08	MAA	2275	2513	2308	1.45%	18.21	48.2	14.3	47.79	36.14	20.04	18.58
Merchants Quay B	9.77	MAA	3822	3966	3958	3.56%	14.47	37.62	9.95	61.6	11.03	15.52	10.93
Merchants Quay C	3.23	MAA	3480	3566	3265	-6.18%	19.98	39.12	17.65	47.36	26.69	18.03	13.86
Merchants Quay D	10.34	A	2024	2185	2604	28.66%	27.57	18.22	14.89	56.77	4.2	8.78	6.08
Merchants Quay E	6.73	MAA	2353	2489	5867	149.34%	14.74	12.67	6.64	59.94	5.01	18.62	19.20
Merchants Quay F	5.4	MAA	2405	2158	2302	-4.28%	21.75	37.25	11.75	49.05	19.41	17.92	19.78
Wood Quay A	-6.2	MBA	2669	2606	2896	8.51%	23.5	51.75	22.92	29.82	39.54	29.5	18.96
Wood Quay B	9.74	MAA	3482	3414	4125	18.47%	20.57	21.89	7.39	67.01	5.08	12.98	8.36

3 VA = Very Affluent, A = Affluent, MAA = Marginally above Average, MBA = Marginally below Average

Electoral District (ED)	HP Index	Status ⁴	Pop 2011	Pop 2016	Pop 2022	Pop Change % 2011-22	Age Dep Ratio 2016	Lone Parent Ratio 2016	Primary Only 2016	3 rd Level Edu 2016	LA Rented 2016	U/E Male 2016	U/E Female 2016
Royal Exchange A	1.68	A	4481	4329	4849	8.21%	12.14	30.20	9.47	65.21	20.32	13.02	9.65
Royal Exchange B	6.35	MAA	1914	2082	2150	12.33%	19.6	49.33	19.33	42.87	51.05	21.54	9.29
St Kevin's	14.54	A	4910	5122	5408	10.14%	13.27	19.7	6.91	65.54	14.04	13.37	9.38
Mansion House A	4.97	MAA	4347	4665	4179	-3.86%	20.81	42.3	16.65	49.02	41.55	19.45	14.02
Mansion House B	22.51	VA	1069	1311	936	-12.44%	15.34	4.25	1.25	81.5	3.44	5.61	3.05
South Dock	15.93	A	7129	7004	8345	17.06%	13.39	22.35	5.19	74.07	11.35	7.66	8.13
Pembroke West A	15.96	A	4673	4992	5139	9.97%	21.47	14.13	8.09	71.07	4.26	6.99	4.6
Pembroke East A	2.15	MAA	4929	5078	5022	1.89%	23.94	35.5	16.35	45.5	23.04	13.85	9.7
Total/Average	7.52		67454	70189	77882	15.46%	18.95	30.21	11.16	56.89	19.9	15.34	11.96

4 VA = Very Affluent, A = Affluent, MAA = Marginally above Average, MBA = Marginally below Average

2.2 Population

Based on preliminary data from the Central Statistics Office (CSO) on the 2022 Census, the population of the SICDATF area in 2022 was 77,882 increasing from 70,189 in 2016. Table 2 presents the population change by age profile in the SICDATF area between 2011 and 2016⁵ demonstrating small population growth in the 25-44, 45-64 and 65+ age groups.

The area's population has an above-national average % in the 15-24 and 25-44 age categories. 48% of its total population (n=33,690) were aged 25-44 in 2016. The SICDATF area is therefore characterised by a higher proportion of residents in early adulthood and in/or approaching mid-life with lower proportions at the younger and older ends of the age spectrum.

2011			2016		
Age Groups (Yrs.)	National Average	Area Average	Age Groups (Yrs.)	National Average	Area Average
0 - 14	21%	10%	0 - 14	21.1%	10%
15 - 24	13%	17%	15 - 24	12.1%	14%
25 - 44	32%	47%	25 - 44	29.5%	48%
45 - 64	23%	17%	45 - 64	23.8%	19%
65+	12%	8%	65+	13.4%	9%

⁵ As of November 2022, this data was not available from the 2022 Census

2.3 One-Parent Families

The relationship between one-parent families and disadvantage has been long established, with children of lone parents being at greater risk of drug and alcohol misuse than those of households sort out not headed by lone parents. The national average for one-parent family households is 24%, in the SICDATF area it was 42% in 2016 which is above the national average and the Dublin City average of 36%.

Twelve of the twenty EDs have higher than average rates of one-parent families, with eight districts being over one and a half times the national average (i.e., 36% or more of lone-parent households) Two of the districts (Merchants Quay A & Wood Quay A) had a lone parents' ratio of over 50% which was a significant improvement from 2011 when there were eight SICDATF EDs with a lone parent ratio more than 50%.

Surveys on Income and Living Conditions⁶ (SILC) showed that one-parent families in Ireland have the second highest rate of income poverty, persistent poverty, and severe deprivation among all EU countries. One-parent families are also disproportionately impacted by homelessness. Despite making up less than one-quarter of total families in Ireland, one-parent families make up 54% of homeless families.

2.4 Education Attainment

The national average of individuals with no formal education or educated to primary level only is 13%. The SICDATF area was below the national average at 10%. Six of the 20 EDs had a higher than the national average of individuals not educated further than the primary level. Wood Quay A recorded the highest proportion of individuals above the national average at 22.9%. A total of 47% of adults in the SICDATF area have third-level level qualifications compared to 41% in Dublin City and 36% in the Republic of Ireland.

Whilst the overall educational attainments figures have improved from both the 2006 and 2011 Census, there are still SICDATF EDs with poor educational attainment levels. 29% of adults in Wood Quay A left school at 15 years or younger whilst only 25% of people in this Electoral Division have a third-level qualification. This is also the ED of the highest disadvantage in the SICDATF area based on the Haase – Prochaska (HP) index.

2.5 Employment

Employment and unemployment levels in the SICDATF area are similar to those for Dublin City and the Republic of Ireland. In relation to people who are 'economically active' (i.e., between 18 and 65 years of age and available for employment), 86.5% are working or economically active in the SICDATF area compared to the Dublin City and Republic of Ireland figure of 87%. There

6 Facts & Figures – One Family Ireland

are pockets of very high unemployment in some EDs (Wood Quay A was 25% and Merchants Quay A and Ushers C had an 18% unemployment rate in 2016). It was considerably higher again within some of the Small Areas (SAs) within much larger EDs

The national average for male unemployment in 2016 was 16%, above the average across the SICDATF area of 15%. In the same year, nine SICDATF Eds had above-average national unemployment rates. The national average of female unemployment in 2016 was 13% again 1% above the equivalent for SICDATF. Eight of the SICDATF EDs had higher than national average female unemployment rates in 2016.

2.6 Ethnicity

The national average of people from non-Irish national groups living in Ireland in 2016 was 13%. In the SICDATF area, 24,500 people (35%) were non-Irish nationals. All twenty EDs have an above-average proportion of residents claiming a nationality other than Irish. 65% of people living in the SICDATF area in 2016 were born in Ireland, significantly lower than for Dublin City (78%) and the Republic of Ireland (83%).

In some SICDATF EDs the number of people born in Ireland is less than 60% (e.g., Merchants Quay B, 54%; Merchants Quay E, 55%; Merchants Quay F, 58%; Ushers B, 56%) There is a significantly higher proportion of people born outside Europe living in the SICDATF area (i.e., 14%) than either in Dublin City (9%) or the Republic of Ireland (5%). The

SICDATF area is therefore one of the most ethnically diverse in the country. Circa 3000 residents in the SICDATF area who are non-Irish nationals report that they do not speak English well.

2.7 Housing

There is a wide disparity between housing ownership and local authority, social and private rented housing across the SICDATF area. In the Liberties which comprises nine of the twenty EDs⁷, 27% of housing units (flats, apartments, and houses) are owner-occupied. In the other eleven SICDATF, EDs the rate of owner-occupation increases significantly to 79% giving an overall SICDATF total for owner-occupation of 53% which is in line with Dublin City but below the national average of 71%.

17% of households (n=4696) in the SICDATF were renting from Dublin City Council in 2016 which is much higher than comparative local authority figures for Dublin City (9%) and the Republic of Ireland (12%). There is a higher proportion of people living in flats and apartments (49%) in the SICDATF area than in Dublin City (35%) and in the Republic of Ireland (12%). The levels of flat/apartment living are very high in Ushers B (97%), Merchants Quay A (96%) and Wood Quay A (86%).

⁷ Wood Quay A, Merchant's Quay A, B, C, D, E, F, Ushers B, C

2.8 Disability

The proportion of people with a disability in the SICDATF area (13%, n=9,124) is slightly below the average for Dublin City (14.7%) and the Republic of Ireland (13.5%). The number of people with disabilities is higher in Electoral Divisions such as Wood Quay A (23%) and Merchants Quay C (16%) and there are much higher levels again within some SAs which form subsets of the larger EDs (with disability rates close to 30%).

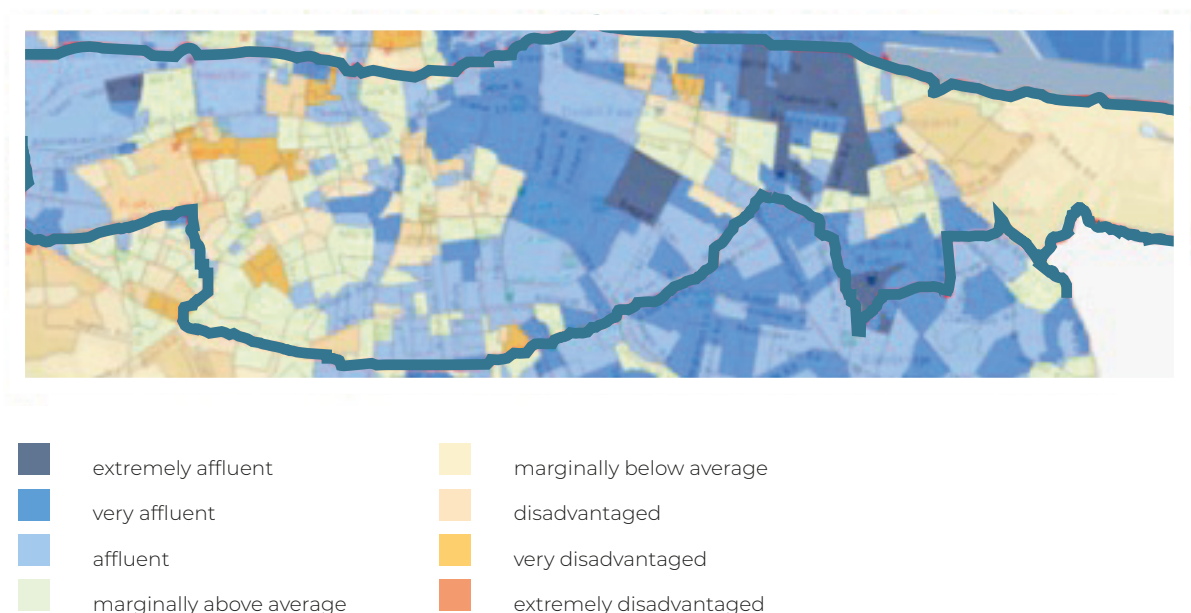
2.9 Deprivation

The Haase – Prochaska (HP) Deprivation Index rates areas as being affluent or disadvantaged based on ten measurements from Census data. Two out of the twenty EDs (Ushers C, Wood Quay A) are marginally disadvantaged while the other eighteen EDs are classified as marginally above average affluence or greater. In 2011, one other ED (Merchant's Quay F) was designated as marginally disadvantaged but this ED by 2016 was marginally above average. The overall finding that eighteen out of twenty EDs in the SICDATF area are marginally above average affluence masks the reality that there are very disadvantaged pockets at the small area (SA⁸) local level. The deprivation indices reveal SAs of disadvantage located alongside areas of affluence as illustrated in Figure 4.



8 SA's are defined as areas of 90 houses.

Figure 5: SICDATF Deprivation



There remain several areas of disadvantage in the Ringsend and western part of the SICDATF area while the centre of the area as it moves east has areas of high affluence due primarily to gentrification with many families being relocated outside of the area or displaced by escalating property prices. Within the nine EDs in the Liberties, there are hundred and thirteen small areas with twenty one (19%) classified as disadvantaged or very disadvantaged. The highest levels of disadvantage exist within the local authority flats complexes (e.g., Oliver Bond House, St. Teresa’s Gardens, Basin Lane Flats, Marrowbone Lane) and in homeless services located in The Liberties. Dublin 8 which comprises the Liberties and surrounding areas has the second highest number of people accessing homeless

services of any postcode area in Dublin (after Dublin 1) A report produced by the Dublin Regional Homeless Executive in 2020 estimated that 785 homeless people were being supported by homeless services in Dublin 8. The drug situation is exacerbated by the number of units and centres for homeless people within the SICDATF area and the problems some homeless people have concerning drug use and addiction. Over the past twenty years, the SICDATF area has evolved from widespread poverty to a mix of considerable affluence and disadvantage at a micro level requiring greater resources to identify and target those individuals, families, and communities in greatest need.

2.10 Regeneration

The Dublin City Development Plan⁹ proposes significant regeneration and additional housing for the SICDATF and neighbouring areas notably Strategic Development Regeneration Areas: SDRA 11, St. Teresa's Gardens and Environs, SDRA 12, Dolphin House and SDRA 15, Liberties and Newmarket Square and the Guinness Quarter Masterplan¹⁰.

The Land Development Agency (LDA) has recently published a draft Masterplan¹¹ for over 3.7 hectares of land straddling Thomas Street. Under the working title of *Pear Tree Crossing*, the Masterplan proposes over 550 homes, with a mix of social and affordable housing and new commercial and cultural uses. Most of the housing will be in new apartment blocks, with a smaller number of homes on the upper floors of existing historic buildings, including some fronting on Thomas Street.

There are concerns that the increased student population and people coming into the area at weekends will increase substance misuse in the SIC. The new hotels and student accommodation are viewed in the main as a positive for the area as they now

occupy what were long-time derelict and vacant sites. They provide local employment and ground floor commercial space for cafes, shops and exhibition space bringing more spending to the area.

⁹ <https://www.dublincity.ie/residential/planning/strategic-planning/dublin-city-development-plan/development-plan-2022-2028/chapter-13-strategic-development-regeneration-areas>

¹⁰ Guinness-Quarter-Masterplan-Update-29-July-2022.pdf (libertiesdublin.ie)

¹¹ 550 Homes for Digital Hub Site | News | The Liberties Dublin

Section:

Strategic Context

This section provides a high-level summary of the strategic structures and policy context which informs the work of SICDATF and its funded services.



Section 3:

Strategic Context

3.1 National Drugs Strategy (NDS)

The current national drug strategy for 2017-2025¹² is the first integrated drug and alcohol strategy. It is structured around five key goals, with a vision of creating a healthier and safer Ireland, where public health and safety are protected, and the harms caused to individuals, families and communities by substance misuse are reduced.

Under its goals and objectives, the NDS identified a set of key actions to be delivered between 2017 and 2020 and provides an opportunity to develop further actions from 2021-2025 to address the needs that may emerge later in the lifetime of the strategy. These emerging needs were addressed in the recent mid-term review which identified six priority areas to strengthen the implementation of the national drugs strategy for the period 2021-2025.

National Drugs Strategy (NDS)

1. Strengthen the prevention of drug and alcohol use and the associated harms

2. Enhance access to and delivery of drug and alcohol services in the community.
3. Develop integrated care pathways for high-risk drug users to achieve better health outcomes.
4. Address the social determinants and consequences of drug use in disadvantaged communities.
5. Promote alternatives to coercive sanctions for drug-related offences.
6. Strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation.

The six priorities reflect the lessons and stakeholder feedback from the mid-term review and capture the commitments in the Programme for Government (PFG). They are designed to reinforce the health-led approach to drug and alcohol use. They are consistent with the Sláintecare Implementation Strategy and Action Plan 2021-2023 and the Healthy Ireland Strategic Action Plan 2021-2025. They also align with the relevant areas in the EU Drugs Strategy and Action Plan and UN policies on drugs, children, and sustainable development.

¹² Department of Health (2017). Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 – 2025

3.2 Early Intervention

In areas of higher deprivation, the need for early intervention i.e., identifying and providing effective early support to children and young people who are at risk of poor outcomes is most profound. It is increasingly recognised that the greatest impact on socio-economic indicators such as health, education and employment will be delivered through early intervention.

Tusla's Prevention Partnership and Family Support (PPFS) mainstreaming programme includes transformational measures about family needs assessment (Meitheal) and Parenting Support. The parenting strand of PPFS has five main projects which seek to help the improvement of family well-being and outcomes for children. International research on child development shows that good quality, evidenced-based parenting education and support contributes significantly to improved child protection by supporting vulnerable families and children; improved childhood resilience, health, school readiness, and educational outcomes; enhanced infant and child mental health and well-being and reduced incidences of youth delinquency and violence.

Tusla's new Child Protection & Welfare Strategy 2017-22 emanated from their core child protection responsibility under the Child Care Act 1991 and the Children First Act 2015. The Strategy sets out six interconnected elements to transform child protection in Ireland, the first of which is the adoption of "Signs of Safety" as the national approach to

best practice. This is an innovative strengths-based method of child protection casework grounded in partnership and collaboration with children, families, and their wider networks of support.

Adverse Childhood Experiences (ACE), Hidden Harm¹³, other traumas, and the lack of understanding of their impact on individuals, can create difficulties in relationships between service users and service providers. It is most likely to be manifest in families where there are key risk factors in relation to addiction mental health and domestic violence. Safe and nurturing relationships between staff and service users are fundamental to recovery from trauma and positive engagement in services.

3.3 Joint Policing Committees (JPCs)

Joint Policing Committees are provided for in legislation¹⁴ and are overseen by the Department of Justice. JPCs are in each local authority area and function as a forum for consultation and cooperation on policing and crime issues between the public, community officials, the community and voluntary sector, elected officials and AGS. JPCs are responsible for reviewing levels and patterns of crime and anti-social behaviour, any underlying factors contributing to crime,

¹³ Hidden Harm describes the situation of many children and young people affected by parental alcohol and drug misuse

¹⁴ Section 35 Garda Síochána Act 2005 - <http://www.irishstatutebook.ie/eli/2005/act/20/enacted/en/print#sec35>

and advising AGS on how best to perform their functions. There are two JPCs in the SICDATF area.

Community Safety Partnerships¹⁵ are being piloted in Dublin's North Inner City, Longford, and Waterford. The Partnerships were developed to recognise that there is a role for Government agencies other than An Garda Síochána in community safety and funding is channelled from the Department of Justice. With the overall goal of safer communities, the CSPs will develop a Local Community Safety Plan to determine how the community wants to respond to crime, reflecting community priorities and local concerns. The CSPs will provide a forum for State Agencies and local community representatives to work together to act on community concerns. They will have a broader remit and membership than the JPCs.

Local Policing Forums (LPFs) were established under the Garda Síochána Act 2005. LPFs provide a platform for the Community, An Garda Síochána and the Local Authority to work in partnership on community safety issues. In 2022 Dublin South Central's four LPFs came together and renamed them Community Safety Forums to reflect a more inclusive representation of a whole community approach to Community Safety. There are also three LPFs in the South East Area; Ringsend/Irishtown, which is working well, and work is actively progressing to reconstitute the LPFs in Pearse Street and Charlemont/Whitefriar.

¹⁵ Community Safety Partnerships - <http://www.justice.ie/en/JELR/Pages/PR20000261>

3.4 Community Crime Impact Assessment (CCIA)

The Community Crime Impact Assessment (CCIA) stems from the Building Community Resilience (BCR) Strategy¹⁶. It enables front-line community workers to collate data on crime based on what they have witnessed through their community work. An integral part of the CCIA is the designation of a local forum where the representative agencies explore what to do to address the issues identified in the CCIA. SICDATF commissioned community consultations to discuss the impact of drug and alcohol-related issues, drug related intimidation, and anti-social behaviour, this work was carried out in tandem with the CCIA tool¹⁷.

3.5 SICCDA Needs Analysis

The 2019 South Inner City Community Development Association (SICCDA) commissioned research on the "Community Profile and Needs Assessment of the Liberties and Surrounding Areas¹⁸". The research indicated that there was "a fairly strong view that the drugs trade is the root cause of many of the issues concerning criminality and anti-social behaviour which are affecting the Liberties, with a particularly strong negative impact on the more socio-

¹⁶ Connolly, Johnny and Mulcahy, Jane (2019) Building community resilience. Responding to criminal and anti-social behaviour networks across Dublin South Central: a research study. Dublin: Four Forum Network and Dublin City Council

¹⁷ <https://youtu.be/9IDiikQFzCw>

¹⁸ Stephen Rourke – October 2019

economically disadvantaged parts of the area (such as some of the local authority flats complexes)".

The report highlighted that the situation in the Liberties is compounded by the fact that a large number of non-local residents are accessing homelessness and drug services in the area. This situation has exacerbated drug-related issues in the Liberties over the last 10-20 years. The Dublin Central District Metropolitan Region of An Garda Síochána has the second worst crime rate in Ireland and the highest rate for robberies and burglaries (Source: An Garda Síochána, October 2019).

The SICCCA needs analysis recommended the allocation of additional resources to the Liberties and the wider Dublin 8 and South Inner City area to enable groups and organisations to do more work around drug education and prevention. It also recommended additional investment in community based drug services, initiatives to reduce the supply of drugs in the area and family support for relatives of drug users.

The research highlighted that addressing substance misuse requires a multi-faceted and multi-agency approach and demands effective responses since it is an issue which has the potential to derail the re-development and regeneration of The Liberties over the next 10 years (i.e. people will be reluctant to invest in the area if there is a rampant and out-of-control drugs problem).

3.6 Programme for Government (PFG) Our Shared Future

The SICDATF Strategic Plan must also reflect the priorities within the PFG relating to substance misuse.

- Examine the regulations and legislation that apply to cannabis use for medical conditions and palliative care having regard to the experience in Northern Ireland and Great Britain.
- Convene a Citizens' Assembly to consider matters relating to drug use.
- Build on recent initiatives at junior and senior cycle and support secondary schools in introducing drug and alcohol awareness programmes, particularly in relation to the hazards of casual drug use.
- Recognising the additional risk faced by people who use drugs, specific actions have been taken to support increased and improved access to opioid substitution services during COVID-19. We will seek to retain these measures to reduce waiting times in accessing these services.
- Examine approaches to identifying at-risk young people and vulnerable groups to interrupt their potential trajectory into problem drug and alcohol misuse.

- Increase and support drug quality-testing services, particularly at festivals.
- Recognising that women can face barriers to accessing and sustaining addiction treatment arising from an absence of childcare or the presence of domestic violence, develop targeted interventions aimed at responding to their needs.
- Expand services for pregnant and post-natal women affected by substance use, and their children
- Examine the potential for an information campaign on the health impacts of steroid use, particularly on young men.
- Create a path for people in rehabilitation from drug addiction to access education and training facilities in their local areas.
- Re-establish the Galway City Community-Based Alcohol Treatment Service.
- Progress the National Clinical Programme for Dual Diagnosis and work to develop joint protocols and referral pathways.
- Support the Drug Related Intimidation Reporting Programme, developed by the National Family Support Network, in partnership with An Garda Síochána, to respond to the needs of drug users and families facing the threat of drug-related intimidation.
- Establish a 24-hour helpline based on the FRANK helpline in the U.K., providing advice and assistance to people who use drugs and their family members.
- Develop health and social interventions based on an inclusion-health approach to target people who are homeless and in addiction.
- Ensure in-reach support and pathways to access treatment for people experiencing homelessness.
- Ensure in-reach supports and pathways to access treatment for people experiencing Traveller and new communities.
- Increase the number of residential treatment beds for those stabilising, detoxing and/or seeking drug-free services.

Section:

Stakeholder
Engagement
Comments



Section 4:

Stakeholder Engagement Comments

A total of forty contributors from the SICDATF committees, their funded projects, statutory agencies, community organisations, colleges of further education and elected representatives participated in a mixed method consultation comprising semi-structured interviews, focus group discussions and questionnaire survey. This section sets out a summary overview of the themes that contributors felt should be included or addressed in the SICDATF strategic plan. Interspersed throughout are verbatim quotations to reinforce the findings.

4.1 Current Situation in relation to Substance Misuse

As seeking to address the harms of substance misuse is at the core of SICDATF's work, the starting point for the consultation was to garner views on the current situation in the area. Most contributors felt that substance misuse and associated impacts had worsened over the past three years. Cocaine (including crack) cannabis and alcohol were identified by respondents as the three main problem drugs.

There was a definite sense that crack cocaine had become much more prevalent in recent years. The normalisation of daily

cannabis use especially among young people was highlighted as was the trend of edible jellies to replace smoking. Nitrous Oxide was described as being "everywhere." Polydrug use has also become embedded with services indicating that most of those presenting are using two or more drugs.



Young people discuss cocaine use in the area openly and confidently and are tuned into this drug and can access it very easily. From working with vulnerable families, it is very often alcohol misuse in the family home as well as young people drinking alcohol with their peers on the streets. The use of cannabis in the area is extremely high. It is normal for the community to smell this in the area, young people in our service as young as 10 are seeing young people in the flats selling and smoking this

My perception that drug-related impacts have worsened is based on community reporting of organised persistent drug dealing within housing complexes and related violence and intimidation

4.1.1 Drug Treatment Statistics

Publicly available interactive tables¹⁹ indicate that for the 646 people resident in the SICDATF area who accessed drug treatment in 2021²⁰, heroin was the main problem drug followed by alcohol and cocaine. Services believe that the full extent of the need is not captured as those attending sporadically for brief interventions or who are chaotic are unable to be assessed and consequently cannot be recorded.

Based on HSE data included in the Central Treatments List, the SICDATF had in 2019 the second-highest number of clients (621) on methadone treatment across all the Local and Regional DATF areas. Only the North Inner City DATF had more clients engaging in methadone programmes. In 2021, the second highest numbers accessing drug treatment nationwide resided in the HSE CHO 7 area (including Dublin South Inner City) which also had the second highest presentation of new cases²¹.

4.2 Impact on the SICDATF Community

The expansion of the drug economy was reported to have a destabilising effect in many parts of the SICDATF area and this section highlights how it is manifesting.

4.2.1 Visibility and Normalisation

The visibility of drug dealing and consumption, anti-social behaviour, intimidation and violence from drug debt and feuds is accelerating, not fuelling fear across the communities of the South Inner City. Contributors highlighted that vulnerable young people are being lured by the money, status, and lifestyle of the drug economy. Persistent organised and open drug dealing in residential areas is according to respondents the most serious community safety issue in the SICDATF area. Proximity to the City Centre was highlighted as a “honey pot” for dealing, with intimidating behaviour and discarded drug paraphernalia.



Drug dealing is so commonplace in our local flat complex that it is almost the norm. The impact of protest is intimidation. Unfortunately, the over-saturation of addiction services in this area has led to high levels of drug dealing outside these services.

This transient population contributes to the perception that the visibility of substance misuse and its impact is most profound in the Thomas Street/Cathedral Lane/Castle

¹⁹ Available from <https://www.drugsandalcohol.ie/treatment-data>

²⁰ Including new and previously treated cases

²¹ Kelleher C, Condon I, and Lyons S (2022) Drug Treatment in Ireland 2015 to 2021. HRB StatLink Series 8. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/36071> and at www.hrb.ie/publications.

Street/Liberties areas with Merchants Quay the epicentre of the problem.



The visibility of open dealing in Merchant's Quay and the Liberties and the associated normalisation must be addressed in conjunction with An Garda Síochána and DCC.

However, contributors also highlighted that drug dealing is visible and tolerated in Temple Bar and around City Hall and that such activity is not seen so openly on the North side of the Liffey. Addressing this issue according to one respondent requires an inter-agency approach comprising all relevant agencies on the southside. The stigmatisation attached to living in or being from certain areas was highlighted.

Most of our students come from a flat complex which has huge anti-social and intimidating behaviour problems, widely publicised and stigmatising their environment and community.

4.2.2 Mental Health

Concerns about mental health issues were highlighted including increased anxiety seen in young people who take recreational drugs; erratic behaviour and poor mental health in crack cocaine users and the emotional burden on families caused by the impact of poverty and substance misuse. Turning to Benzodiazepines and prescription medication to ease anxiety is seen as 'normal and commonplace' while the delays in

assessment and diagnosis for young people with poor mental health are becoming more pronounced.

4.3 Prevalent issues

The normalisation, visibility, easy access, choice and a lack of education and awareness around the effects were among the causes identified for the escalation of substance misuse in the SICDATF area. Inter-generational problems with drugs are embedded in the community and are passed through the generations. Inadequate enforcement of rules and laws "enabling local authority tenants for example to use, abuse and sell drugs in defiance of tenancy obligations and the law" was highlighted. *Children are living in the SICDATF area with their childhood corrupted due to the prevalence and normalisation of substance misuse in their families.*

4.3.1 Poverty and Deprivation

Living in areas with high levels of poverty and deprivation increases vulnerability to addiction, stress, poor mental health, and crime. Disadvantaged communities in the SICDATF area do not have the resources to respond to substance misuse in the way that more affluent communities can and consequently the impacts are entrenched in areas of high deprivation.

The absence of positive role models, deficits in resilience and the perceived lack of opportunities make it very difficult for a young person raised in poverty to resist the lure of the drug economy. Many felt

that years of underinvestment in the area resulting in poverty and deprivation were among the causes of the escalation of drug-related problems.

4.4 Gaps in Services

This section will explore stakeholders' views on gaps in services that they felt should be addressed in the SICDATF 2023-26 Strategic Plan. It is not exhaustive rather it highlights those most frequently raised during the consultations.

4.4.1 Education and Prevention

No Department of Education approved drug education and awareness programme exists in schools. Different programmes and approaches are delivered by schools through the Social Personal Health Education (SPHE) curriculum by teachers who may have no experience with the subject of drugs and alcohol. Contributors felt that there was a need to discuss substance misuse from a younger age instead of waiting until later in adolescence, with one suggesting creating a community space to facilitate this. Closer engagement with schools could be pursued in partnership with CDYSB and consideration for collaborative work. The lack of facilities for young people and meeting spaces for community activities are major deficits that impact community resilience.



Many structured programmes for young people around this subject start at 15+. If we created a community space, especially around this subject where we could share resources, events and opportunities for young people and their families within the local community. This space could involve all services dealing with these issues e.g.: youth services, garda, family centres etc

4.4.2 Under 18 and Family Support

Gaps in service for under 18s with substance misuse issues or impacted by a family member's addiction were frequently raised. Youth services can do capacity building and focus on personal development and self-esteem but are limited in what they can offer for those directly impacted by substance misuse as they do not have the specialist experience. Additional counselling, family support, early intervention and outreach were also highlighted as needs.

4.4.3 Additional investment in the SICDATF services

Respondents acknowledged the positive impact that services had, adding that the priority should be additional investment in the SICDATF and services. A highlighted need to strengthen recovery capital in the community through education, training, peer support and employment opportunities would be areas for investment.



The gaps are closing as the services and funding from SICDATF are helping to fight the problems that our people are dealing with daily. If they had additional funding, they could support more people.

4.4.4 Dual Diagnosis

Challenges remain where people present with co-occurring addiction and mental health issues. The GP referral into HSE community mental health services can be a block for those who do not have GP. It is hoped that the National Dual Diagnosis Clinical Programme and accompanying framework will strengthen collaboration between mental health and addiction services.

4.4.5 Residential Treatment & Detox Beds

A lack of residential treatment & detox beds locally and nationally was a recurring theme throughout the consultations though it was acknowledged that this was outside the remit of the SICDATF. To access a HSE funded treatment episode in a Tier 4 service, it is essential that the following be undertaken.

1. A comprehensive assessment has been undertaken by competent staff or a multi-disciplinary team within a HSE Tier 3 addiction service or a HSE funded Tier 3 addiction service, which includes the minimum standard domains outlined in the National Drug Rehabilitation Framework.

2. The outcome of this assessment shows that the referral is appropriate, and the individual meets the criteria for Tier 4 service provision.
3. The referring agency has confirmed with the named contact person for funding requests (see contact details below for CHO 6 & 7) that a HSE funded bed is available.
4. A pre-treatment and post-treatment care plan is agreed upon between the client, the referring agency, and the Tier 4 residential service.
5. The Tier 3 referring service contacts the HSE named contact person when a client is admitted and discharged from the Tier 4 service.

4.5 Priorities 2023-26

This section summarises the priorities proposed for the next three years during the stakeholder consultation. It is not exhaustive and we acknowledge that the SICDATF is already progressing with actions against many of the listed priorities.

4.5.1 Funded Services

Continuing to fund effective services to address substance misuse in line with the National Drug Strategy must be the main priority of the SICDATF. Several themes emerged from the stakeholder consultation relevant to the sustainability of funded services.

Challenges in respect of staff recruitment, retention and morale are commonplace. The frustrations of staff being in post for a

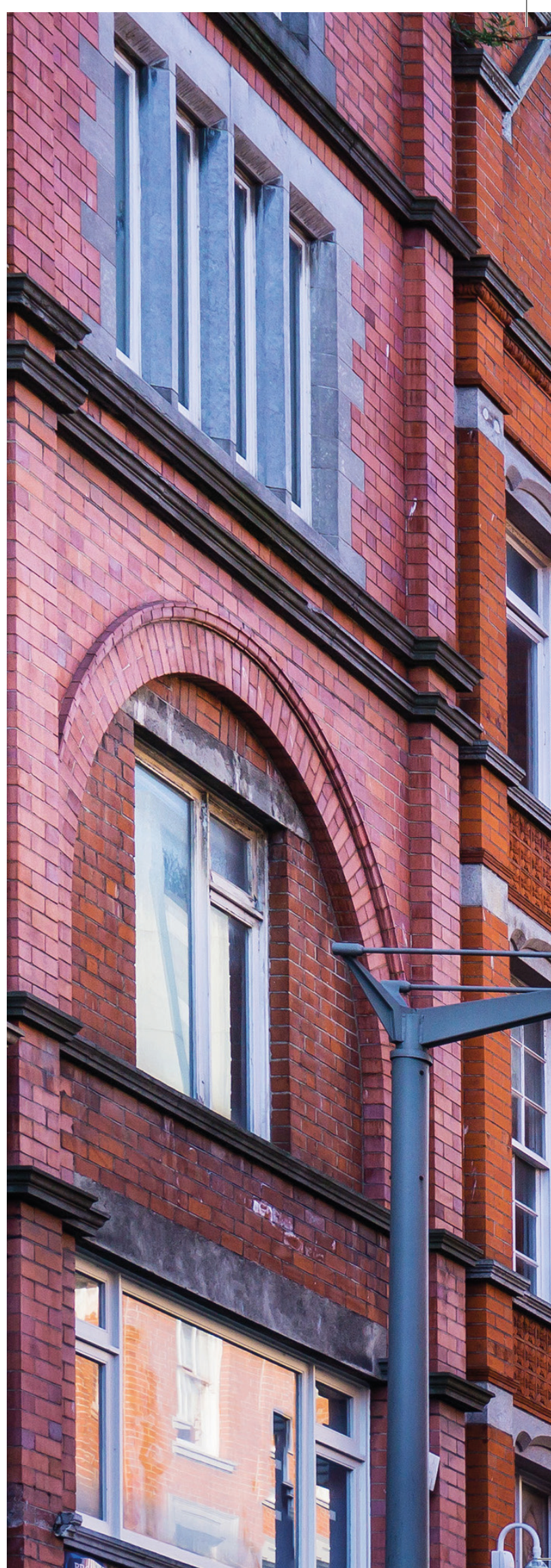
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considerable time with no pay increases and services not being able to recruit new staff are evident.

It was also highlighted that not all services are ready or want to evolve or adapt to new approaches at an organisational level. There has been resistance to the change in the governance of section 39s. The SICDATF has funded sustainability, quality framework and governance mentoring and support, yet in some cases, a cultural malaise prevails perhaps due to the discontent from funding cuts that services have experienced over the past decade. Despite this, the SICDATF needs to keep encouraging improvement and change.

Some of the SICDATF funded projects manage Special Category Rehabilitation Community Employment (CE) Schemes which have been effective in building employability skills to sustain recovery. Projects have become reliant on CE participants and the reduced government incentivisation has made it more challenging to attract participants to CE Schemes. However, given that relapse is part of the recovery process, the punitive nature of the CE schemes for non-attendance has been a barrier to service user participation in CE Schemes.

There has been a significant increase in administrative work to meet compliance and governance requirements and this has placed a huge burden on the smaller projects who do not have a centralised human resource or quality departments to oversee this function. The work involved





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with meeting the funding obligations can draw on the project's resources and often detract from front-line delivery. The projects/ services that receive funding from other statutory agencies such as the Department of Justice (DoJ) Department of Employment Affairs and Social Protection (DEASP) or the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) must complete different funding returns to each. A universal reporting template for all statutory-funded services would reduce the considerable administrative and monitoring workload.

SICDATF has two national organisations in its area (Coolmine and Merchants Quay Ireland) that do not require the same level of support as smaller organisations and therefore the focus should be on collaboration with these organisations on quality, research, and policy development. Services were genuine in their appreciation of the support and leadership provided by the SICDATF coordinator during the pandemic.

The SICDATF funded services employ the HRB link system to input service user data to the NDTRS which is overseen by the Health Research Board. Only service users who have undergone an assessment can be recorded on the HRB link system, therefore those that engage with services for brief interventions and harm reduction may not be recorded by services on the HRB link system. This remains one of the challenges of establishing an accurate picture of the number of people receiving treatment for drug and alcohol use in the SICDATF area. Services highlighted the data collection burden of input to both

the HRB link and electronic Comprehensive Addiction Services Solution eCASS systems.

4.5.2 SICDATF staffing

A prevalent theme throughout the consultations was the huge workload and responsibility of the SICDATF Coordinator and strategic and annual work plans must be cognisant of this. Administrative and coordination support is needed to ease the burden; many other DATFs have development officers and/or administrative staff to support the coordinator. There is also an urgency for administration and finance cover to ensure the continuity of operations.

The coordinator job specification does not reflect the volume of work that the current post holder delivers, it exceeds the scope of the work plan and the job specification and will be unsustainable for the future.

All external work must be procured for, an evaluation panel and project management committee set up²² and the quality of the work monitored. Consultancy costs are increasing, and it is difficult to find the right people. A development officer's role could include, coordinating training, delivering workshops, reflection groups and supporting the projects. The SICDATF need a succession plan in place in the event of the coordinator moving on, working reduced hours or being absent for an extended period.

The recruitment of a development officer role would need to be funded from the

SICDATF operational budget which for 2022 was €94,561 of which €10,000 is assigned to operational costs. As the SICDATF is not an incorporated entity, it cannot be an employer so this role would need to be hosted by an organisation of similar purpose and ethos. While there are challenges and barriers to recruiting for such a role, the coordinator's workload is not sustainable and therefore this needs to be addressed immediately.

4.5.3 Continuation of existing priorities

Contributors highlighted that SICDATF's work in recent years was focused on, responding to drug and alcohol impact in the community, quality standards in service provision, human rights-based initiatives²³, service user involvement, helping services be sustainable, supporting staff and service user morale, and community advocacy. It was felt that these priorities remain relevant and should continue to be a focus in this strategic plan cycle.

4.5.4 Profile and Influence

Increasing SICDATF's profile locally and its influence at the policy and strategic level was deemed a priority. Developing a communications strategy which optimises technology to promote the work of the SICDATF and involving service users in the design and delivery of this strategy will be integral to increasing the awareness and influence of the SICDATF. The service users who were consulted for the strategic plan highlighted the need for the projects to

²² This is reliant on Task Force members being available which is not always the case

²³ SIC ENG.mov (dropbox.com)

have more information available about their service provision and support.

Using existing collaborative platforms such as the Community Organisations & Residents Network (CORN) as a conduit to share information about the SICDATF, the funding initiatives and the projects.

4.5.5 Improving Access to Services

The work of the SICDATF funded projects in increasing access to services for women, new communities and the travelling community was acknowledged, and it was felt that this should continue during this strategic plan period. The pandemic changed how services operated and it required services to enhance access, and many can now be reached remotely. Needle exchange and hotspot initiatives continue to engage the “hard to reach” and this improves people’s access to health services. The SICDATF is currently progressing with an initiative to design a map of services that are available to women in the area in partnership with women in SIC using the Jane’s Place service.

The National Family Support Network (NFSN) ceased operations on Monday, 26 April 2021. The SICDATF carried out a survey and consultation with the SICDATF projects to determine the needs of family support services and groups funded by the SICDATF. The family members and services will determine how they would like to make the support more accessible through ongoing consultation, training and workshops.

The SICDATF and Community Response were successful in an IHREC grant application and *produced A Good Practice*



in Service Provision to Ethnically and Linguistically Diverse Populations in Irish Drugs, Alcohol and homeless services and have offered workshops to all services in the SIC to explore how to implement the recommendations and improve access for ethnic minorities.

4.5.6 Youth Services

Youth services highlighted the lack of investment by state agencies in this sector across the SIC in comparison to other areas of Dublin²⁴. SICDATF has commissioned research on “Understanding the needs of young people in relation to substance misuse and service provision for these young people in the area” The research outputs will include a range of potential actions for SICDATF to undertake based on identified gaps which may require the development of new partnerships, training and supports for universal service providers and specific service provision for young people. Contributors thought that there was a high likelihood that the need for, education and awareness programmes in schools and community settings, drug awareness campaigns and more training for staff and volunteers working with young people will emerge from this research.

4.5.7 Drug Related Intimidation (DRI)

The need for collaboration to address drug dealing and intimidation in local flat complexes was a recurring theme

with calls for a “compassionate yet strong-willed community, multi-agency and garda response” to address it. A working group, involving the SICDATF Coordinator, a community development consultant, the DRI Inspector for the area and the Building Community Resilience (BCR) Coordinator was convened to launch the DRI research report and consider appropriate responses based on the research findings.

The commissioned research is intended to inform an information pack for community-based services responding to DRI and anti-social behaviour. It has identified training for people working in the sector and people living in communities experiencing the impact of drugs and alcohol. One contributor highlighted the importance of the proposed information sharing on drug-related intimidation.



The problem of drug debt intimidation is not effectively addressed by current measures and will only be addressed by greater community engagement. If the awareness and information sharing currently being planned is resourced and provided on a realistic scale that would be a major step forward.

²⁴ This is a general point raised in the consultation and it is not in the remit of the SICDATF to fund youth services.

4.5.8 Response to Cocaine and Crack Cocaine

Contributors stated that cocaine and crack cocaine had become much more prevalent in recent years. A tailored response was proposed as the physical and emotional impacts of its use are devastating. The SICDATF and partners made a successful submission to the *HSE-led Initiative to Reduce the Health-related Harms from Cocaine and 'Crack'* and received €60,000 to deliver the Resonance Factor programme (MQI, Coolmine and Ruhama) and to develop community-based training and learning experiences. The project commenced in 2022 and runs for three years, subject to funding.

4.5.9 Strategic Connectivity

Working collaboratively with other Local Drug and Alcohol Task Forces (LDATFs) in Dublin should continue. LDATFs face many common issues such as the visibility and normalisation of drug dealing on the streets, pressures on staff resources, the lack of available space for services to rent and the lack of sustainable funding to address the cost of living. It was felt that one collective voice on these issues would be more impactful than working individually.

There are growing concerns about mental health issues in the SICDATF area²⁵, including increasing numbers of suicides and self-harm; increased anxiety in young people who take recreational drugs; increasingly

²⁵ RICCS Community Newsdesk 24 by RICC Radio (anchor. FM)

erratic behaviour and a huge emotional burden on families caused by the impact of poverty and substance misuse in families. The delay in the assessment and diagnosis of young people with poor mental health is a major concern. It was highlighted that SICDATF should strive to ensure greater connectivity with HSE Health Promotion and Mental Health services, particularly regarding rehabilitation and recovery.

4.5.10 SICDATF Membership and meeting venues

Contributors to the strategic plan felt that SICDATF membership should include representation from agencies in the South Inner City that are involved in responding to the issues associated with substance use. This should include schools and other HSE services, such as mental health services. It was suggested that prominent businesses in the area such as Diageo should be invited as members²⁶, as businesses have strategic influence on the proposed development and changes for the SIC.

Access to venues for meetings and training can be a challenge for SICDATF and the coordinator is looking at different venues and costs. SICDATF currently use Meath Street Youth Activity Centre (MSYAC) and for €8,000 per annum has space for meetings and light administrative duties.

²⁶ This would raise an ethical question which would need to be addressed by SICDATF in advance of any invitation to Diageo

4.5.11 Voice of the Service User

Eight people currently supported by SICDATF funded services participated in the consultation through a mix of focus groups and one-to-one discussions. Participants highlighted the benefit they get from peer support groups augmented by one-to-one counselling and indicated that there should be more resources invested in these types of supports.

Greater access to further education courses and employability programmes to increase independence and empowerment is needed according to the service user sample. For many in recovery, CE schemes are unsuitable and tailored courses such as those offered by Ruhama²⁷ would be more beneficial. Education and training programmes should also reflect the National Adult Literacy Agency's (NALA) literacy friendly quality standards.

Having someone with a lived experience of substance misuse is important for service users. For those in the early stages of recovery *having something to fill their day* was a priority as many were living in hostels. Participants indicated that there was still a lack of awareness of the supports available for those in recovery and felt that a booklet containing all statutory and community supports in the SIC would be useful. There was consensus that wraparound services including housing, welfare, counselling, and family support were essential to assist long-term recovery.

Participants felt valued and included in the services they access which facilitates greater involvement and buy-in from service users in the groups. Not feeling judged or dismissed by services was critical for their participation.

4.6 What the SICDATF is doing well

This section explores what contributors felt that SICDATF were doing well.

4.6.1 Being Strategic

Taking a strategic approach to support long-term solutions to issues often responded to by short-term measures was highlighted as a SICDATF strength. Examples offered included mental health co-production groups and research, working with groups of street drinkers and providing information to support communities suffering from drug debt intimidation. The SICDATF facilitated three workshops in 2022 to support projects to implement human rights standards and enable greater access to services using a quality standards-based approach for people from cultural minority communities, and for those for whom English is a second language.

As a result of strategic and human rights-based initiatives, people who are at increased risk of poor health outcomes due to their substance misuse such as, those who are homeless, heroin users, HIV, HEP C, women impacted by domestic violence and exploitation and members of the Traveller community are being supported.

²⁷ <https://www.ruhama.ie/get-support/>

4.6.2 Supporting the Services

Assisting local community groups and services to build capacity can be very time-consuming and is appreciated by groups and services. The SICDATF grants and the coordinated training for services to enable them to deliver their mission were referenced as beneficial. The SICDATF coordinator's communication and responsiveness were also highlighted as strengths.

4.6.3 Partnership and Collaboration

Fostering partnership and collaboration was perceived to be a significant strength of SICDATF. There are many recent successful examples such as the Assertive Homeless In reach initiative, the Irish Human Rights and Equality (IHREC) initiative and the Community Alcohol Detox Project (CADP) with three other Local Drug and Alcohol Task Forces. The SICDATF is effective in getting all the key agencies to fully engage and this will continue to be crucial to its success in the coming years.

4.6.4 Governance

Governance was perceived as one of the SICDATF's strengths. All members have confidence that SICDATF is compliant with governance best practices. The Management Liaison Group (MLG) ensures that all financial decisions adhere to the National Financial Regulations and that funding and operational decisions are transparent and in line with HSE policy.

4.6.5 Availing of Funding Opportunities

Despite the pressures of workload, the SICDATF through its coordinator continues to avail of funding opportunities and assists projects with making applications to HSE and non-HSE funding streams. The SICDATF was successful in a recent application to the Community Services Enhancement Fund (CSEF) for HSE Community Healthcare Organisations and Drug & Alcohol Task Forces. CSEF supports the strategic priority to enhance access to and delivery of drug and alcohol services in the community, under the national drugs strategy mid-term review priorities for 2021-2025. The successful MQI application encompassed:

- Women's health focuses on the impact of alcohol use and access to drug treatment that is safe and focused specifically on women's needs.

Section:

SWOT Analysis



Section 5:

SWOT Analysis

The SWOT Analysis is based on desk research and stakeholder engagement findings.



Strengths

Connection with the local community and the work on the ground.

Inter-agency work and collaborations.

Matrix of reports and collated research.

SICDATF coordinator.

Relationship with services.

Evidence-based work.

Commitment to service user involvement.

Services across Tiers 1-4.



Weaknesses

Coordinators workload is unsustainable.

The administrative burden due to the paperwork requirements for governance and funding.

No increase in Task Force funding.

No room or dedicated space for meetings, training, and workshops.

Influence on policy.

Political support.

Areas of affluence alongside high deprivation make it difficult to target services.



Opportunities

To be more accessible to those impacted by substance misuse.

To develop existing and new revenue streams.

To raise awareness of SICDATF through PR, Marketing & Digital platforms.

To work with DCC Community Team to ensure that investment in SIC infrastructure reflects the complex needs of the area in relation to substance misuse.

Area based approach.

Work with Prisons.

To strengthen interagency working with all key influencers in the SIC.



Threats

SICDATF members not fully engaging.

A high number of people come into the SICDATF area to access drug markets.

Lack of progression from drugs programmes.

Retention of staff in funded projects.

Insufficient funding and capacity to deliver the Strategic Plan 2023-26.

Services being resistant to change.

Challenges such as anti-social behaviour and normalisation of drug use.

The continued shortage of residential treatment beds.

Sustainability of services.

No emerging needs funding, that is flexible and transferable.

Section:

Conclusion,
Strategic Plan
2023-26



Section 6:

Conclusion, Strategic Plan 2023-26

Having analysed the findings from the area profile, strategic context, stakeholder engagement and SWOT Analysis, this section will set out SICDATF's strategic plan for the period 2023-26.

6.1 2021-23 Strategic Objectives

The SICDATF developed a strategic work plan for 2021-23 with six strategic objectives;

1. **Strategic Leadership**
2. **Strategic Coordination and Support of Services**
3. **Community Safety and Developing Service Responses**
4. **Stakeholder Engagement and Interagency Work**
5. **Supporting Communities**
6. **Service Users and Advocacy**

To demonstrate alignment, we recommend that for the period 2023-26, SICDATF adopt the six priorities which emerged from the mid-term review of the National Drug

Strategy as the headings under which their future work is planned, delivered, and reviewed. The 2021-23 strategic work plan objectives remain relevant to the work of the SICDATF and are integrated within the relevant NDS priority in the subsequent sections. The SICDATF work plans should be configured against the six priorities. Each priority will have a set of strategic objectives, and the relevant actions and the proposed KPIs and outcomes will be developed through the Task Force and the subcommittee.

Thirty-three strategic objectives have been identified to deliver the six strategic priorities. Many of the recommendations are a continuation of the Task Force's current work plan and stakeholders acknowledged that these actions were working well. The actions and initiatives which are new reflect the aspiration to make the SICDATF more sustainable, influential, and accessible for its communities. The proposed outcomes that will be achieved through the successful implementation of the actions are listed. It must be acknowledged that the extent to which these actions can be realistically achieved will be on the participation of the members, and contingent upon recruiting additional staff resources to reduce the workload on the SICDATF coordinator.

6.2 NDS Priority One

Strengthen the prevention of drug and alcohol use and the associated harms among children and young people

	Strategic theme to inform the annual work plan actions	Lead/ Partner	Timeline	Proposed Outcomes
1	Review SICDATF membership to maximise influence in prevention policy and strategy.	SICDATF	Beginning in 2023, and annually thereafter.	<ul style="list-style-type: none"> ■ Increased influence in key policy forums. ■ SICDATF to have increased insights into wider strategy and policy development. ■ Greater awareness of SICDATF across their area.
2	Promote access to parenting and family programmes for services engaging with high-risk families.	SICDATF	Ongoing	<ul style="list-style-type: none"> ■ Increased access to Strengthening Family, Parents Under Pressure (PUP) and Triple P programmes. ■ More information is available to families on enhanced prevention.

Strategic theme to inform the annual work plan actions	Lead/ Partner	Timeline	Proposed Outcomes	
3	Review the recommendation from the Needs Analysis for Young People the research on the supports available to young people in the area and seek the resources to implement the findings.	SICDATF	2023	<ul style="list-style-type: none"> ■ Active support for Young People. ■ Enhanced under 18 inter-agency work integrating addiction and services.
4	Continue to work collaboratively with CDYSB to advocate for resources for young people in the SIC.	SICDATF	On-going	<ul style="list-style-type: none"> ■ More funding for Youth Services. ■ Improved targeting of young people at risk. ■ Greater engagement with Schools.
5	Promote the rollout of the Trauma Informed Care across the funded services and the community.	SICDATF	23-26	<ul style="list-style-type: none"> ■ A greater understanding of the trauma-informed care model of practice across all services supporting children and young people.

6	Support awareness-raising campaigns to enhance drug education and prevention.	SICDATF	Ongoing	<ul style="list-style-type: none"> Increased awareness of Drug and Alcohol issues across the SIC.
7	The SICDATF website is to be used as an effective platform for drug education and prevention and e-learning links and information.	SICDATF	2023	<ul style="list-style-type: none"> Greater access to information on drug prevention and education across the SICDATF area.

6.3 NDS Priority Two

Enhance access to and delivery of drug and alcohol services in the community

Strategic theme to inform the annual work plan actions	Lead/ Partners	Timeline	Proposed Outcomes
8 Fund effective drug and alcohol services in the South Inner City to address the needs of adults affected by drug and alcohol misuse.	SICDATF funded services.	Ongoing	<ul style="list-style-type: none"> Greater access for people to SICDATF funded services. Increased knowledge of programmes and options.

9	Enhance supports to assist families to deal with substance misuse issues.	SICDATF funded services.	Ongoing	<ul style="list-style-type: none"> ■ Increased understanding of the impact of substance misuse. ■ Training, workshops and learning events as identified by family support groups.
10	Support projects through training and information on how to progress people to residential treatment and the funding process.	SICDATF	Ongoing	<ul style="list-style-type: none"> ■ Improved access to Residential Treatment Services.
11	Increase meaningful progression opportunities for people in recovery.	SICDATF funded services.	Ongoing	<ul style="list-style-type: none"> ■ More recovery options. ■ Increase Recovery Capital resources. ■ Increase rehabilitation options. ■ Increased access to educational opportunities.

Strategic theme to inform the annual work plan actions	Lead/ Partners	Timeline	Proposed Outcomes
12	Continue building the Community Alcohol Detox Project through the Alcohol Link worker.	SICDATF funded services / Alcohol link worker.	<ul style="list-style-type: none"> ■ Improved knowledge of community based alcohol programmes. ■ Improved access for people requiring support for alcohol misuse. ■ Sustainability of the Community Alcohol Detox Project.
13	Continue to identify gaps in provision within Tier 1, 2, 3 and 4 services and work with services to address blocks and challenges.	SICDATF funded services.	<ul style="list-style-type: none"> ■ Enhanced insight into the need presented in the SICDATF area.
14	Explore alternatives to the Community Grants Scheme to address the impact of drugs and alcohol in the community through targeted responses.	SICDATF funded services.	<ul style="list-style-type: none"> ■ Services which can offer increased access and reach.

6.4 NDS Priority Three

Develop integrated care pathways for high-risk drug users to achieve better health outcomes

	Strategic theme to inform the annual work plan actions	Lead/ Partners	Timeline	Proposed Outcomes
15	Guarantee integrated care pathways for high-risk service users through the SICDATF funded services.	SICDATF and their funded services.	Ongoing	<ul style="list-style-type: none"> ■ Effective Integrated care pathways for high-risk drug users in the SICDATF area. ■ Increased access to hard-to-reach people impacted by substance misuse. ■ Improved engagement with the Travelling community and ethnic minorities.

	Strategic theme to inform the annual work plan actions	Lead/ Partners	Timeline	Proposed Outcomes
16	Coordinate research on women accessing services to improve and promote this.			<ul style="list-style-type: none"> ■ A greater understanding of the need presenting for women. ■ Safe and accessible services for women; led by women’s understanding of women’s needs. ■ Reduced mortality due to substance misuse. ■ Reduce the risk of homelessness for service users. ■ Improved services and information to reduce the exploitation of women. ■ Improved health & well-being for at risk. ■ Generate practical collaboration mechanisms between Addiction and Mental Health Services.

Strategic theme to inform the annual work plan actions		Lead/ Partners	Timeline	Proposed Outcomes
17	To work with the SIC services to advocate for community spaces; rooms for services to avail of for one-to-one work, workshops and training; additional office spaces.	SICDATF services	Ongoing	<ul style="list-style-type: none"> ■ To have increased budgets for renting appropriate premises. ■ To have more allocated community space through the LDA developments.
18	Deliver the community engagement project “Reduce the Health-related Harms from Cocaine and ‘Crack’ Cocaine in the South Inner City”.	SICDTAF and projects	ongoing	<ul style="list-style-type: none"> ■ Improved understanding of the prevalence and impact of crack cocaine.

6.5 NDS Priority Four

Address the social determinants and consequences of drug use in disadvantaged communities

	Strategic objective to inform the annual work plan actions	Lead/ Partners	Timeline	Proposed Outcomes
19	Strengthen the voice of the community by ensuring the representation of community reps from across the SIC on SICDATF committees.	SICDATF	Ongoing	<ul style="list-style-type: none"> ■ Stronger community voice on social determinants and consequences.
20	Continue to champion service user involvement and a rights-based approach in the SICDATF funded services and initiative.	SICDATF and funded projects.	Ongoing	<ul style="list-style-type: none"> ■ Greater service user participation in services. ■ A better understanding of service user needs. ■ More effective services through co-design. ■ Enhanced collaboration between projects.

Strategic objective to inform the annual work plan actions		Lead/ Partners	Timeline	Proposed Outcomes
21	<p>Facilitate a renewed commitment to the DATF model of community-based partnership through active participation on SICDATF committees.</p> <p>Develop mechanisms to improve participation in the TF and subgroup/ working groups.</p>	SICDATF and its members	Ongoing	<ul style="list-style-type: none"> ■ Increased stakeholders' representation on the SICDATF committees. ■ Meaningful involvement in strategy development and review.
22	<p>Work with stakeholders in the South Inner City to support the delivery of the Drug Related Intimidation and Violence Engagement (DRIVE) Programme.</p>	SICDATF	Ongoing	<ul style="list-style-type: none"> ■ Implementation of the DRIVE framework. ■ Increased community safety initiatives.

6.6 NDS Priority Five

Promote alternatives to coercive sanctions for drug-related offences

	Strategic objective to inform the annual work plan action	Lead/ Partners	Timeline	Proposed Outcomes
23	Engage all SICDATF stakeholders in the decriminalisation debate.	SICDATF	2024-26	<ul style="list-style-type: none"> ■ Increased community involvement. ■ Shared understanding of the issues. ■ Cohesive approach to policy. ■ Greater stakeholder engagement.
24	Provide information on policy and policy changes.			<ul style="list-style-type: none"> ■ Increase knowledge and awareness of the policy.

6.7 NDS Priority Six

Strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation

	Strategic objective to inform the annual work plan actions	Lead/ Partners	Timeline	Proposed Outcomes
25	Recruit the requisite staff resource to deliver the 2023-26 SICDATF plan.	SICDATF	2023	<ul style="list-style-type: none"> ■ To have a productive and efficient SICDATF.
26	Produce an annual report for SICDATF.	SICDATF	Annually ¹	<ul style="list-style-type: none"> ■ Increased awareness of the impact and achievements of SICDATF.
27	Work with all funded services to address data collection challenges.	SICDATF and funded services	Ongoing	<ul style="list-style-type: none"> ■ Data collection templates that can be used by all services and can demonstrate: ■ Stronger evidence of the needs in SIC ■ Capacity to demonstrate value for money ■ Capture the work of projects

¹ Given the current workload of the SICDATF coordinator, this assignment could be procured externally in 2022 and by 2023 with additional staff resource in place, it can be done in-house

Strategic objective to inform the annual work plan actions		Lead/ Partners	Timeline	Proposed Outcomes
28	Conduct regular independent external reviews of financial controls.	SICDATF	Ongoing	<ul style="list-style-type: none"> ■ Reduced inaccuracies. ■ Greater efficiencies. ■ Uniform standard operating procedures.
29	Support funded services to achieve compliance with relevant regulatory bodies (CRA, CRO, HSE).	SICDATF	Ongoing	<ul style="list-style-type: none"> ■ Improved compliance against regulatory and statutory standards. ■ Have an up-to-date suite of best practice policies and procedures.
30	Support funded services with the implementation of the National Standards for Safer Better Healthcare through the Quality Framework Project.	SICDATF	Ongoing	<ul style="list-style-type: none"> ■ Improved compliance against regulatory and statutory standards. ■ Best practice policies and procedures.

Strategic objective to inform the annual work plan actions	Lead/ Partners	Timeline	Proposed Outcomes	
31	Oversee the creation of a Quality Framework Manual which services can access to facilitate compliance against regulatory and national standards.	SICDATF and external consultant.	2023	<ul style="list-style-type: none"> ■ Improved partnerships among all SICDATF funded services. ■ Improved compliance against regulatory and statutory standards.
32	Appraise the future likelihood of mandatory registration of LDATFs as limited companies and the implications for SICDATF.	SICDATF	2023	<ul style="list-style-type: none"> ■ Increased capacity to attract additional funding. ■ Improved funding processes. ■ Stronger Governance.
33	Set out research and evaluation requirements for the period 2023-26. a. Complete current commissioned and ongoing research (Women, Young People, Families, Mental Health, Crack Cocaine).	SICDATF	Annually	<ul style="list-style-type: none"> ■ Increased production of high-quality research and evaluation. ■ Expanded inter-agency working. ■ More effective targeting of at-risk young people. ■ Improved access to and understanding of high-risk groups.

Strategic objective to inform the annual work plan actions	Lead/ Partners	Timeline	Proposed Outcomes
33	<p>b. Explore new and emerging trends annually (including drug of choice, high-risk groups, socio-economic profiles, population changes, and ethnic origin)</p> <p>c. Continue to highlight the vulnerability of young people to manipulation by criminal gangs and involvement in the drugs economy</p> <p>d. Update the Matrix of Reports to capture the shared themes and recommendations from all research reports focussed on the SIC</p>	<p>SICDATF</p>	<p>Annually commencing 2023</p> <p>Ongoing</p> <p>Baseline template in place by 2023</p> <p>Ongoing</p> <p>Annually</p> <ul style="list-style-type: none"> ■ Enhanced understanding of the need in the SICDATF area. ■ Improved understanding of the social determinants of drug use in the SICDATF area ■ Increased understanding of future population growth in SICDATF. ■ An interagency business case for future funding. ■ A stronger evidence base to inform the decriminalisation debate. ■ Improved understanding among policymakers and judiciary in relation to the vulnerability of young people.

Appendices

Appendix 1: HSE Funded Services

Appendix 2: CDYSB Funded Services

Appendix 3: Bibliography & References



Appendix 1:

HSE Funded Services

Organisation	Tier ¹	Brief Description of Service/Funding provided through the HSE channel
Casadh	1-3	Casadh offers a Stabilisation group, Progression Group, Drug Free Aftercare and Family Support. Funding is for programme costs, one full-time manager, one rehabilitation worker and one part-time family support worker.
CKU Counselling	1-3	CKU provide Counselling, Group work and Education groups for the Polish community and other nationalities. Funding covers a manager, counselling hours and 0.5 Grade IV administrator.
Coolmine Therapeutic Community	1-4	Coolmine offers a Residential Therapeutic Community for women, expectant mothers/mothers with young children to help them with the recovery they need to live a drug-free life. Funding is for running costs, one service manager, one counsellor, one case manager and seven project workers.
Community Response	1-3	Project for individuals, families, and the community offering interventions, support, and training for alcohol and liver health issues. Funding covers programmes, one full-time team leader and one full-time project worker.

¹ The four-tier model of care acts as the overarching framework for the provision of rehabilitation pathways

Organisation	Tier	Brief Description of Service/Funding provided through the HSE channel
Donore Community Drug Team	1-2	DCDT offers intervention and programmes, a drop-in, counselling, and targeted family support service. Funding covers one manager, one project worker, one Counsellor and two half-time project workers.
Exchange House Ireland	1-3	Exchange House provides front-line and support services to Travellers. Funding covers two addiction counsellors and associated running costs.
Merchants Quay Ireland	1-3	MQI provides Assertive Homeless Inreach to engage with homeless service users who require support and information on treatment options and care planning is offered for complex cases. Funding covers salary and administration costs for the Assertive In-Reach Case Worker.
Organisation	Tier	Brief Description of Service/Funding
RADE	1-2	Relapse prevention workshops are offered daily with participants engaging in Drama, Dance, Film, Creative Writing, Art, Tai Chi, Relapse Prevention and Yoga. Funding covers one Project Coordinator, and 1.5 project workers. group facilitation, key working, relapse prevention and running costs.
Ringsend District Response to Drugs (RDRD)	1-2	RDRD offers a range of treatment services and interventions, for individuals and family members. Funding is for one project worker WTE, one family support worker and apportionment toward three WTE workers.

Organisation	Tier	Brief Description of Service/Funding
Ringsend Community Services Forum (RCSF)	1	RCSF coordinate information for voluntary and community groups in the area and seek to bring about social cohesion and integration. Funding covers one coordinator and programme and running costs.
Ruhama	1-2	Ruhama provides support services to women affected by prostitution and other forms of commercial sexual exploitation. Funding covers two project workers and running costs.
Tiglin Rehabilitation	1-4	Tiglin provides residential treatment intervention programmes, various life skills and training opportunities needed to live safely and successfully. Funding covers five project workers and running costs.
Whitefriar Aungier Area Community Council (WAACC)	1	WAACC runs a community development programme, promoting the economic and cultural welfare of the area and empowering marginalised individuals and groups to effectively participate in a programme of personal development & growth. Funding covers one family support worker.

St Andrews Resource Centre's	1	Funding is for one Drug Education Worker who delivers drug and alcohol awareness programmes and targeted youth work to over 200 people in the greater Pearse Street area.
SICDATF		Operational and targeted intervention budget.
DPU Strand 2		Task Force governance and service user involvement mechanisms.

Appendix 2:

CDYSB Funded Services

Project Promoter & Name	Description
Westland Row CBS Westland Row CBS Afterschool Project	Afterschool project supporting children and young people with education and social engagement
Poolbeg Training Ltd Poolbeg Training	Poolbeg offers the Rinn Voyager sailing boat to community groups for education and rehabilitation programmes through the medium of sail training.
Whitefriar Aikido Club Whitefriar Aikido Club Juniors	Provides opportunities for children and young people to participate in Aikido
School Street and Thomas Court Bawn Family Resource Centre, School St Youth Project	School street youth project offers sports and recreational outings for children and young people

Appendix 3:

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