Burtenshaw Kenny Associates

South Western Regional Drugs Task Force
SWRDTF

Service Review and Strategic Plan 2011 to 2014

Final Report

Presented by Burtenshaw Kenny Associates
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Glossary of Terms

Abbey Regional Addiction Service	ARAS
Alcoholics Anonymous	AA
Central Statistics Office	CSO
Central Treatment List	CTL
Community and Voluntary Sectors	C&V
Community Employment	CE
Community Policing Forum	CPF
Delivering Equality of Opportunity in Schools	DEIS
Drug Education Prevention Initiative	DEPI
Drug Education Workers Forum	DEWF
Drugs Task Forces	DTFs
Drugs Strategy Unit	DSU
Drug Treatment Centre Board	DTCB
Early School Leaving	ESL
European Monitoring Centre for Drugs and Drug Addiction	EMCDDA
Foras Aiseanna Saothair	FAS
General Practitioners	GPs
Health Research Board	HRB
Health Service Executive	HSE
Health Service Executive Local Health Office	HSE LHO
Home School Community Liaison Scheme	HSCL
Joint Policing Committees	JPCs
Kildare County Council	KCC
Kildare Leader Partnership	KLP
Kildare Youth Services	KYS
Local Drugs Task Forces	LDTFs
Narcotics Anonymous	NA
National Drugs Rehabilitation Implementation Committee	NDRIC
National Drugs Strategy Team	NDST
National Drug Treatment Reporting System	NDTRS
Office of the Minister for Drugs	OMD
Revitalising Areas by Planning Investment and Development	RAPID
Regional Drugs Task Forces	RDTFs
Social Personal Health Education	SPHE
South West Regional Drugs Task Force	SWRDTF
Vocational Education Committee	VEC

Report Summary

South Western Regional Drugs Task Force (SWRDTF) commissioned Burtenshaw Kenny Associates (BKA) to complete a service review and strategic planning process in late 2010. The focus of the process was in identifying the strategic plan and roadmap of target activities from 2011 to 2014.

SWRDTF is responsible for putting a coordinated strategy in place to respond to substance misuse. This coordination and integration is central to its role. It also has responsibility for identifying and responding to service gaps. While the SWRDTF catchment area stretches from Baggot Street across South Dublin into Kildare and Wicklow, it has prioritised Co. Kildare and West Wicklow. This is largely because six well established Local Drugs Task Forces (LDTF) are in place in Dublin and recognition of the needs for services and supports for drug users in Kildare and West Wicklow.

This priority area has experienced considerable population increase in recent years. Small rural villages and towns have become large towns and there are pockets of social disadvantage across the catchment area. Substance misuse exists and patterns are in line with national experience. A worrying rural heroin pattern is emerging and there are considerable service gaps in relation to methadone provision. The heroin and hard drug misuse problem is a key concern.

The review and planning process took place during a time recession and substantial public sector funding cuts and uncertainty. Funding cuts have impacted implementation of the previous strategy which was formulated in 2005. The Department of Health has recently taken over responsibility for overseeing the role and function of both regional and local task forces, with assignment of a Minister of State to this portfolio.

Some of the key areas of success for SWRDTF over the past five years have included:

- Establishing evidence based education and prevention programmes
- Establishing the Drugs Education Prevention Initiative
- Establishing ARAS - a community addiction team with two location bases in the county
- Establishing the HALO project which is one of a very small number of services nationally working with young drug users (i.e. those under 18 years of age)
- Maintaining resources to these three key services in the current economic climate, with distinct roles and remits
- Developing links and collaborative working relationships with a number of key stakeholders, and
- Establishing a profile for SWRDTF, highlighting drugs issues and the need to respond.

Challenges have been experienced. These have included:

- The wide geographical nature of the catchment area
- Responding to the drugs problem that exists in Athy
- The need to ensure that each service is effectively governed and managed
- Gaps in treatment and rehabilitation services
- Demand for some services exceeding service capability
- Difficulties in measuring the impact of services and demonstrating unit based value for money
- Threat of continued funding cuts
- Supporting collaboration, creating and leading in the development of integrated pathways for clients underpinned by protocols and agreements, and
- Formalising agreements with the LDTFs relating to services that will be provided to drug misusers in areas outside of designated or prioritised areas.

The strategic objectives for 2011 to 2014 are

Area	Strategic Objectives
1. Geographical Focus	To maintain the focus of the SWRDTF work on Kildare and West Wicklow by continuing to develop core services in North Kildare and central Kildare. The expansion of core services in South Kildare needs to be pursued as a priority. These bases act as a hub from which outreach into other parts of the priority area can be developed.
2. Collaboration	To strengthen and develop collaborative relationships with key partners to ensure that a co-ordinated approach underpinned by best practice exists to respond to substance misuse issues in Kildare/West Wicklow.
3. Prevention	To maintain a focus on prevention and education initiatives, retaining services with a specific remit to provide evidence based approaches to information, education and up-skilling.
4. Treatment	To ensure that harm reduction and treatment services are increased and run in accordance with best practice.
5. Rehabilitation	To increase rehabilitation options available for drug misusers to support their rehabilitation progression.
6. Supply Reduction	To continue to work with other key stakeholders to support supply reduction measures.
7. Research	To inform the work of services within the SWRDTF through the provision of high quality data and research.
8. Organisational	To ensure that SWRDTF and funded projects are governed, managed and developed in accordance with best practice standards to meet the needs of those at risk of and engaged in substance misuse in the catchment area.
9. Funding	To maintain funding for current service provision and actively pursue additional resources to increase service delivery in the catchment area.

1. Introduction

The South Western Regional Drugs Task Force (SWRDTF) was established in 2005 to co-ordinate a drug misuse strategy for the region. The role of the SWRTDF is in line with national requirements which are primarily to co-ordinate integrated responses to drug misuse and to identify and address service gaps. While the SWRDTF catchment area stretches from Baggot Street across South Dublin into Kildare and West Wicklow, it has prioritised Co. Kildare and West Wicklow within its catchment area. This is largely because 6 well established Local Drugs Task Forces (LDTF) are in place in Dublin. It is also due to an Eastern Health Board report carried out in 1996 which highlighted the need for service provision to respond to increasing drug misuse in Kildare. This report had large elements which were not enacted. Therefore, the current and future strategy concentrates the SWRDTF on Kildare and West Wicklow.

This report presents a review of services together with a strategic plan for the four years from 2011 to 2014. It is the second SWRDTF strategic plan.

Formulation of vision and objectives for 2011 to 2014 is within the context of ongoing reductions in public expenditure which impacts on the levels of public sector funding available. There has also been a recent change at national level as responsibility for overseeing the role and functions of Drugs Task Forces has moved to the Department of Health from the Department of Community Equality and Gaeltacht Affairs. This uncertain environment has generated a need to focus on sustaining high priority areas.

In this section we set out an outline of the review and needs analysis undertaken as part of the review and planning process. It is structured as follows:

- Terms of reference
- Approach
- Summary of findings and recommendations
- Structure of this report
- Acknowledgements

1.1 Terms of Reference

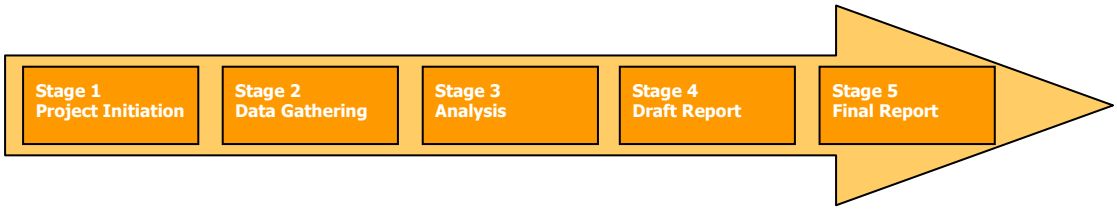
The terms of reference for this strategic review were to:

- Conduct a review of the current plan, including the aspects that were not developed due to changes in the economic climate, and outline an updated needs assessment with regard to substance misuse in the South Western Regional Drugs Task Force
- Conduct and report on consultation process with relevant stakeholders at all levels of involvement within SWRDTF towards informing the review of the current plan and development of the roadmap (strategy)
- Against the backdrop of the needs assessment, the new national Drugs Strategy 2009-2016 and pending substance misuse strategy and the project evaluations, prepare a roadmap for the development of existing and future substance misuse services within the SWRDTF area
- The roadmap is aimed to further enhance the strategic role of SWRDTF, while complementing their original function "to develop and implement a drugs strategy for the area, which co-ordinates all relevant programmes and addresses any gaps in services". It will aim to clearly state the high level objectives of the SWRDTF over the period of the roadmap, the strategic partners (regional and national, statutory and voluntary, feeding into these objectives and defined targets that are considerate of meeting the same.

1.2 Approach

The review and planning work was carried out according to a five stage methodology as illustrated below.

Figure 1: Methodology



The five stages were as follows:

Stage 1: Project initiation
Stage 2: Data gathering
Stage 3: Analysis
Stage 4: Draft report
Stage 5: Final report

Data gathering involved reference to relevant documentation and statistics together with a range of stakeholder consultations.

In terms of documentation, the following national reports were considered:

- The National Drugs Strategy (Interim) 2009 to 2016
- The National Drugs Strategy (Rehabilitation) 2001 to 2008.
- The Introduction of the Opioid Treatment Protocol (HSE)
- Risk and Protection Factors for Substance Use Among Young People (NACD)

This was supplemented with reference to research commissioned by SWRDTF and other local organisations, including:

- Attitudes of Professionals Working with Young People, Towards Clients with Substance Misuse Problem, SWRDTF
- Service User Satisfaction Survey, SWRDTF
- Analysing Need: A Profile of Disadvantage in County Wicklow – Wicklow County Council and Wicklow County Development Board
- Kildare demographic profile – Kildare County Council and Kildare County Development Board
- Our views, anybody listening? –Researching the views and needs of young people in County Kildare- Kildare Youth Services

Reference was made to datasets such as:

- Health Research Board National Drug Treatment Reporting System (HRB NDTRS) data
- Central Treatment List data
- RDTF1 forms and
- Regional and local data which was supplied by the SWRDTF and local projects.

A range of focus groups, one to one interviews and telephone interviews were carried out with the following stakeholders:

- Staff of SWRTDF (focus group and ongoing connection throughout the project)
- Board of SWRTDF (two focus groups)
- Treatment and Rehabilitation sub group of SWRDTF (focus group)
- Prevention and Education sub group of STRDTF (focus group)
- Manager of ARAS (face to face interview)
- Manager of HALO (face to face interview)
- Staff of the Drug Education Prevention Initiative (face to face interview)
- Dr Elma Hedderman , Consultant Child and Adolescent Mental Health Service Team
- David Walshe, HSE LHO Manager
- Justin Parkes, HSE Adult Mental Health Manager
- Ger Brophy, HSE Acting Social Work Manager Kildare/West Wicklow
- Marie Faughey, HSE, Childcare Manager, Kildare/West Wicklow
- Helen Dowling, RAPID Co-ordinator, Athy
- Clodagh O Gorman, Co-ordinator, Integrated Services Manager Kildare Town
- Aidan McKeown, Home School Community Liaison, Kildare Town
- Tommy Lavelle, Acting Regional Director, Kildare Youth Service
- Helen Redmond, Senior Probation Officer
- PJ Dooley, Co-ordinator, Kildare Traveller Action
- Esther Wolfe, HSE Education Officer
- Ann Daly, Community Participation Programme Manager, Co. Kildare Leader Partnership
- Former drug user from Athy.

1.3 Structure of this Report

The structure of this report is as follows:

1. Introduction
2. National Policy Context
3. Environmental Context
4. Nature and Prevalence of Substance Misuse
5. Review of Current Priorities
6. Assessment
7. Strategy and Roadmap

1.4 Acknowledgements

This report has been prepared with the full cooperation and assistance of:

- The board and staff of SWRDTF, and
- Representatives of local stakeholder organisations across the statutory and community voluntary sectors.

There was full willingness to provide information and perspectives which was invaluable to the review and planning process. Particular thanks also to former drug users who provided very clear insights in terms of what works and what is required.

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2. National Policy Context

This section presents a summary of key policy and practice informing this strategic review. It presents an overview of drug misuse in Ireland and a summary of government responses in terms of frameworks and structures. It is within this context that SWRDTF operates.

2.1 Overview of Drug Misuse in Ireland

The term drug misuse can be used to cover a wide range of addictive and potentially addictive substances, including cigarettes, alcohol and the more serious illegal (street) and highly addictive substances such as cannabis, cocaine, benzodiazepines and heroin (opiates). Drug misuse throughout this report, in line with the national strategy concentrates on illegal drugs and alcohol misuse.

Distribution of drugs in Ireland is now managed by a number of large drug gangs with well established links to serious criminal activity. This dynamic has added a new dimension to the drug problem and one which is impacting communities in parts of Ireland.

All the evidence highlights that particular people and groups of people are more at risk of serious drug misuse. Education, income levels, family background and peer groups all play a role in determining the likelihood of engaging in serious drug misuse. There are increasing and serious concerns regarding the growth of drug misuse (heroin, cocaine) amongst Travellers, particularly young Traveller men, and also immigrants to Ireland.

Drug misuse became a significant social issue in Ireland in the 1980s when young people from predominately disadvantaged areas became involved in the use of illegal substances such as cannabis, cocaine, benzodiazepines and heroin (opiates). Many communities across Ireland have been devastated by the impacts of heroin injecting in particular. Heroin use is still a serious problem and continues to devastate communities. The problem is no longer confined to urban housing estates and flat complexes; there are now serious concerns about heroin use outside these areas.

The common form of treatment of heroin addiction is based on substance substitution therapy, specially the goal of replacing the street drug heroin with the prescription drug methadone. In theory, this approach is beneficial in that it removes the illegal dimension to the habit thereby reducing involvement in criminal activity associated with securing street drugs. It also reduces the harm associated with injecting behaviour on drug users' health. However, it is increasingly recognised that rehabilitation of drug misuse must be a core goal of all services working with drug misusers through an integrated care pathway.[1] This is to ensure that methadone maintenance is used as part of the rehabilitative process.

Recent drug trends have seen a significant movement towards polydrug use. Drug users take a number of substances, the consequences of which increase risk factors significantly. This trend is a serious issue which has been recognised nationally. It provides a number of complexities for treatment as there are a number of drugs to treat which can include alcohol and illegal drugs.

[1] National drugs rehabilitation framework, HSE, 2010

2.2 Government Responses

Government responses to the drugs problem in Ireland have included the establishment of the following frameworks and structures:

- Office for the Minister for Drugs
- Interim National Drugs Strategy / National Substance Misuse Strategy [more recently referred to as the National Addiction Strategy][2].

These statutory frameworks and structures are outlined in this section. Further background information covering the developmental period from 1997 to 2008 is presented in appendix 3. This includes a description of the National Opioid Treatment Protocol.

2.2.1 Office of the Minister for Drugs

In 2009 the Office of Minister for Drugs (OMD) was established. The Minister with responsibility for Drugs Strategy is currently the Minister for Children (March 2011), however this is likely to be a short term appointment while reconfiguration of departments is taking place.

The OMD was formerly placed under the auspices of the Department of Community, Equality and Gaeltacht Affairs. More recently, responsibility for overseeing the role and functions of Drugs Task Forces has moved to the Department of Health from the Department of Community Equality and Gaeltacht Affairs. The OMD incorporates the work and structures of the former Drugs Strategy Unit (DSU) and the National Drugs Strategy Team (NDST).[3]

2.2.2 Interim National Drugs Strategy / National Substance Misuse Strategy

An interim National Drugs Strategy 2009-2016 was launched in 2009, which will be replaced by a National Substance Misuse Strategy [or National Addiction Strategy], possibly to 2016. This is currently at submission assessment stage. The inclusion of alcohol within the drugs strategy framework was announced in 2009, which expands the remit of national drugs strategies to include responses to alcohol for the first time. However, regional drugs task forces including SWRDTF have always included alcohol in their brief. This commitment is reiterated in the new programme for government – see section 2.2.3.

The overall strategic objective of the interim National Drugs Strategy 2009-2016 is to:

Continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

This strategy is based on five key pillars which are outlined in the table to follow.

[2] Programme for Government March 2011
[3] National Drugs Strategy (interim) 2009-2016.

Table 1: Interim National Drugs Strategy - Key Pillars

Pillar	Objectives
Supply Reduction	• To significantly reduce the volume of illicit drugs available in Ireland; • To prevent the emergence of new markets and the expansion of existing markets for illicit drugs • To disrupt the activities of organised criminal networks involved in the illicit drugs trade in Ireland and internationally and to undermine the structures supporting such networks • To target the income generated through illicit drug trafficking and the wealth generated by individuals involved in the illicit drugs trade • To tackle and reduce community drug problems through a coordinated, inter -agency approach.
Prevention	• To develop a greater understanding of the dangers of problem drug/alcohol use among the general population • To promote healthier lifestyle choices among society generally • To prioritise prevention interventions on those in communities who are at particular risk of problem drug/alcohol use.
Treatment and Rehabilitation	• To develop a national integrated treatment and rehabilitation service that provides drug free and harm reduction approaches for problem substance users • To encourage problem substance users to engage with, and avail of, such services.
Research	• To ensure the availability of data to accurately inform decisions on initiatives to tackle problem substance use • To provide appropriate research to fulfil the information needs of Government in formulating policies to address problem substance use.
Coordination	• To bring greater coherence to the coordination of substance misuse policy in Ireland across all sectors • To maintain and strengthen partnerships with communities to tackle the problems of substance misuse.

(Source: Extracted from Interim National Drugs Strategy)

The objectives above are the guiding structure for the SWRDTF strategy.

2.2.3 Developments Relating to a National Addiction Strategy

The newly formed government have indicated their support for the principles and objectives of the current strategy. This includes integrating drug and alcohol misuse strategies at local level.

In addition to a number of supply reduction measures, there are commitments at rehabilitative and educational levels, including to:

- Target resources to increasing the number of needle exchange programmes and rehabilitation places across the country where it is needed most
- Expand rehabilitation services at local level in line with need and subject to available resources
- Develop compulsory as well as voluntary rehabilitation programmes
- Assist drug users in rehabilitation through participation in suitable local community employment schemes
- Work with local and regional drug task forces to implement effective programmes aimed at preventing addiction in schools
- Require all local and regional drugs taskforces to build on the success of 'Education Prevention Units' in other taskforces
- Update the out-dated drugs awareness programmes in schools to reflect current attitudes and reality of recreational drug use amongst teens.

(Extracted from Fine Gael / Labour Programme for Government Recovery 2011 to 2016, March 201), p. 49-50 - under the heading of a National Addiction Strategy)

The new programme highlights a public commitment by the new government to responding to drug misuse with emphasis on the role of task forces to implement preventative programmes aimed at schools and to increase treatment and rehabilitation options.

3. Environmental Context

This section presents the context within which this strategic review has taken place. It sets out the role of SWRDTF and a profile of the catchment area.

3.1 Role of SWRDFT

A key recommendation of the National Drugs Strategy 2001 to 2008 was to create regionally based drug task forces (RDTFs) corresponding with the then ten regional health board areas. Each RDTF was given responsibility for developing appropriate policies to deal with drug misuse in their areas.

Composition of RDTFs includes key statutory, voluntary and community sector representatives with a range of responsibilities and roles in responding to drug misuse. These representatives work in partnership to develop co-ordinated responses to substance misuse in their catchment areas.

SWRDTF was established in 2005 as a RDTF for the south western regional area of Leinster. This is a very sizeable geographic area, which stretches from Baggot Street in Dublin, across the south inner city taking in Tallaght and Clondalkin and covering all of counties Kildare and West Wicklow. Membership of SWRDTF is presented in appendix 1.

There are six long established local drugs task forces (LDTFs) operating in designated areas within the region, covering each of Dublin 12, Tallaght, Clondalkin, the South Inner City, Canals Community area and Ballyfermot.

RDTFs are required not to duplicate services in LDTF areas. Therefore, while there are relationships with LDTFs in the region, the RDTF does not play a role in determining services and strategies in these areas. It is important that these relationships are in place to ensure that strategies are developed between Task Forces to respond to emerging issues ancillary to their primary catchment area.

Since it was established in 2005, the focus of SWRDTF has been in relation to Co. Kildare and West Wicklow. This is known as the catchment focus area and has been in response to concerns regarding drug misuse and the lack of drugs services in these parts of the region.

3.2 Profile of the Catchment Focus Area

The SWRTDF catchment focus area has been Co. Kildare and West Wicklow. This has been in response to growing drugs problems in these areas and service gaps. As a result these areas have been prioritised by SWRDTF.

The population of this area grew significantly during the Celtic Tiger years of the late 1990s to the mid 2000s following rapid increases in house prices particularly in the Dublin area. Many young families from Dublin moved to towns and villages across Co. Kildare and West Co. Wicklow. Many of these continued to work in nearby Dublin, thereby creating a commuter belt for Dublin across this region.

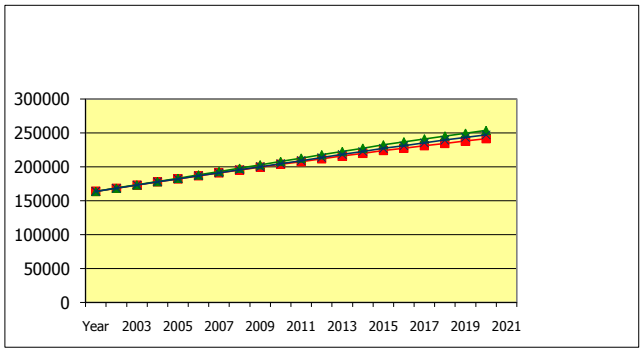
Co. Kildare and West Wicklow are notable in terms of:

- High population growth – 51.9% in Co. Kildare in the 15 years to 2006
- Growing youth population
- Commuter towns for Dublin based workers, combined with large rural areas
- Pockets of severe deprivation, masked by overall affluence at county level
- Increase in unemployment affecting many young families who moved to Kildare and West Wicklow

3.2.1 Population

The CSO census of 2006 recorded a population of 186,335 for Co. Kildare. This is set to grow, potentially to almost 250,000 over the coming 10 years as shown in the figure to follow.

Figure 2: Population Growth Projections for Co. Kildare - CSO M1F2 Scenario[4]



A report commissioned by Teagasc and based on the CSO medium growth scenario projection, notes the anticipated continued population growth for Co. Kildare of in the region of 56% between 2002 and 2021.[5] Some of this projected growth may have already taken place.

Kildare county has grown by 51.9% in the fifteen years from 1991 to 2006, which is significant compared with the national rate of 20.3% for that timeframe. This makes Kildare one of the fastest growing counties in recent years.

Key growth areas within Co. Kildare are Naas, Athy and Celbridge, with some parts of these areas recording growth of between 100% and 230% between 1991 and 2006. In general growth in these towns and also Maynooth, Newbridge and Kildare town have increasingly expanded small towns with many rural characteristics into larger towns, with many of the characteristics and challenges of more urbanised areas. Development of community services and supports within Kildare town are progressing within an integrated service area (ISP) structure and it is planned to replicate this in other areas such as Kilcock and possibly also in Rathangan.

Much of recent growth has been based on migration of young couples and families from Co. Dublin to Co. Kildare for housing. Many have continued to work in Dublin and for this reason Co. Kildare along with other counties such as Co. Wicklow and Co. Meath are described as the Dublin commuter belt.

The population of West Wicklow was 16,992 at the time of the latest CSO census of 2006. This was an increase of 15.71% from the CSO census of 2002 which recorded a population of 14,685. With the exception of the small towns of Blessington, Baltinglass and Dunlavin with populations of between 1,000 and 3,000 people, this is a very rural population spread across 24 electoral areas many with populations of between 200 and 400 people.

Taken together, this brings the total population of the focus catchment area to 203,327, of which 91.6% live in Kildare, with 8.4% living in West Wicklow.

[4] CSO M2F2 scenario relates to medium level assumptions of continuation of recent demographic trends.
[5] Hynes, S. Spatial Modelling for Rural Policy Analysis, Teagasc, 2007

3.2.2 Pockets of Severe Disadvantage

Co. Kildare and Co. Wicklow are not generally associated with poverty and disadvantage. Overall affluence and deprivation figures for these counties such as those provided by Trutz Hasse show a level of relative affluence across these counties. Such overall figures mask the existence of pockets of poverty and disadvantage in parts of Co. Kildare and western Co. Wicklow. This is particularly so in areas such as Athy, Naas[6] and the electoral division of Edenderry.[7]

Many of these pockets of disadvantage occur in estates and villages, and are only captured in very detailed statistics which show small area data, rather than wider regional data. This was not available for the report and is commonly not broken down outside the larger cities.

The economic recession has impacted across the country with many families struggling week to week on social welfare benefits or low incomes. High growth areas nationally, where many families moved and bought houses in the boom, like Kildare and West Wicklow are particularly vulnerable.

To illustrate how poverty and disadvantage in this region is masked, consider the relative affluence and deprivation figures available from Trusse Hasse at each of county, electoral division and electoral areas.

The figures show relative social deprivation on an index from negative to positive, with negative figures showing relative deprivation and positive figures showing relative affluence, based on a number of CSO census socio-economic indicators such as educational status, occupational level, employment and family structure.

At an overall level, Co. Kildare scores +7.6 which indicate a level of social affluence. However at electoral area level the area known as Athy No. 1 Rural scores +1.7 which is close to borderline between affluence and deprivation, in other words some families not at risk, others at risk. Delving deeper to electoral area level reveals worryingly high deprivation scores for pockets such as Killberry (-11.5) and Ballybracken (-7.7).

Nearby, Athy West Urban electoral area scores -12.7, which indicates substantial deprivation. Therefore Athy displays substantial markers of deprivation. This is recognised through the RAPID programme which has designated Athy as a RAPID area (it is noted that Athy is the only such designation in the SWRDTF focus catchment area).

Other areas displaying high levels of deprivation are EDs in Naas and North Kildare. These areas have known pockets of substantial deprivation. While these figures are now 5 years old, it is widely felt that pockets of deprivation exist across all of the towns in Kildare. Kildare Town, for example, established an integrated services project to act as a catalyst for key stakeholders to work more collaboratively to respond to social exclusion and increase service delivery. The changing housing tenure nationally, where increasing welfare recipients are housed in private rented accommodation was highlighted in interviews as of concern in the region, particularly in the larger towns.

This occurs throughout Co. Kildare and is replicated in Co. Wicklow. For example, Co. Wicklow as a whole scores +3.8 and the electoral area of Baltinglass scores +3.3. These figures suggest a reasonable balance in these areas, neither a high level of affluence or deprivation. That is only at a broad level as closer examination reveals pockets of serious deprivation, such as Humewood (-6.1) and Dunlavin (-4.1).

[6] It is noted that other EAs within the Naas No. I rural area in particular have contrasting socio-economic profiles with 2006 figures of high relative affluence ranging up to +17.8 and +19.9 – demonstrating a contrasting area of deprivation and affluence and broader statistics potentially masking the high level of need in pockets of this area.

[7] This is not the town in Offaly commonly known as Edenderry

A listing of deprivation scores for each of the pockets of disadvantage in the SWRDTF focus catchment is presented in appendix 2.

Unemployment

The recession has further impacted disadvantage in Co. Kildare and in parts of West Wicklow. This is demonstrated by live register figures from local social welfare offices (SWLOs)[8] in the area where nearly 20,000 (19,524) were on the live register at the end of 2010.

Table 2: SWLO Increases

SWLO	End 2010	4 Year Increase
Athy	2,796	202.3%
Maynooth	5,831	284.1%
Newbridge	9,388	242.1%
Baltinglass	1,509	217.0%
State (169 offices)	437,079	181.3%

(Source: CSO)

The table above demonstrates the high impact of unemployment in Co. Kildare, particularly in the Maynooth and surrounding areas where levels are disproportionate to national trends.

Further analysis demonstrates the extent of disproportion of impact to Maynooth. For example:

- Year on year increases at Maynooth SWLO were significantly higher than across the state, e.g. 102.9% compared with 70.2% in 2008 and 60.7% compared with 46.1% in 2009.[9]
- A four year increase of 284.1% in Maynooth compared with 181.3% across the state
- Devastatingly high increases in unemployment in the under 25 age group.

Actual numbers at each of the above SWLOs for the past four years are presented in appendix 3.

[8] The Baltinglass SWLO figure captures a part of the West Wicklow population that are on the live register. If is likely that figures from other SWLOs such as Tallaght capture some of the West Wicklow population, possibly some of those living in Blessington.

[9] The catchment area for the Maynooth social welfare office includes areas outside of Maynooth town

4. Nature and Prevalence of Substance Misuse

In line with the national experience, alcohol and drug misuse, is of increasing concern across Co. Kildare and West Wicklow. This is based on both qualitative and quantitative information gathered as part of this review and strategy planning exercise.

This section presents a profile of presentations, followed by figures relating to treatment type and outcomes.

The following trends relating to the nature and extent of substance misuse in Kildare and West Wicklow have a bearing on the focus of the strategic plan:

- The majority presenting for treatment related to alcohol misuse
- Most self refer
- Just over a quarter are under the age of 25, which is cause for concern
- Many use of more than one drug – which is in line with national trends
- More men than women present for treatment – which is in line with national trends
- Education and employment levels are higher than average – this was validated in interviews
- Accommodation was largely stable
- Large numbers of clients disengage from treatment
- Very small numbers are being screened for HIV or Hep B/C
- Very small numbers are involved in aftercare.

4.1 Data Sources

In terms of quantitative information, there are two main national substance misuse reporting systems:

- The National Drugs Treatment Reporting System (NDTRS), which provides a record of all people who present for their first treatment or clients returning to treatment in the calendar year.[10]
  -It does not include clients who are engaged in non medical treatment.
  - Critically the NDTRS data does not allow for double counting of service users as they move to other services.
  - The data is based on the number of treatments of people who reside in SWRDTF area outside of the 6 LDTF areas (Kildare, West Wicklow and parts of Dublin not in the 6 LDTF areas). These treatments can occur anywhere nationally and
- The Central Treatment List, compiled by the HSE, which provides statistics in relation to the number of people currently on methadone treatment.

[10] Compiled by the HRB.

4.2 Profile of Presentations

The most recent figures available from the HRB NDTRS show that there were 788 presentations[11] for treatment from SWRDTF outside of the 6 LDTF areas in 2009. Of these, 713 (90.5%) received treatment. Of those who received treatment, 480 completed treatment. Of services in Kildare and West Wicklow, these figures include the clients from Cuan Mhuire which is a national service and HSE Addiction Services.[12] However, they do not include clients of ARAS who had not started to submit returns to the NDTRS at this stage.

The following profile provides a description of those presenting according to:

- Nationality
- Gender
- Age
- Accommodation
- Education, and
- Employment.

The vast majority were living in Kildare 504 with 27 living in Wicklow and the remainder 257 living in Dublin. The majority were of Irish nationality (756, i.e. 96%), with the next highest grouping from the UK including Northern Ireland (15, i.e. 1.9%).

This differs from Dublin city trends[13], where large numbers of immigrants are presenting for services – largely resulting from connections with well established services. Interviews carried out as part of this process suggested that there are numbers of immigrants living in Kildare/ West Wicklow with some anecdotal evidence that alcohol misuse in particular is of concern. However this could not be quantified and did not emerge in interviews with addiction specific services in Kildare/West Wicklow.

The majority (69%) of those presenting were male, consistent with national trends.

Table 3: Gender Profile of Those Presenting for Treatment, 2009

Gender	
Male	544 (69%)
Female	240 (30%)
Not recorded	4 (0.5%)
Total	**788 (100%)**

[11] It is possible that the actual figure is lower as there may be some double counting of individuals who presented on more than one occasion. This is not clear.
[12] Cuan Mhuire reported to the HRB that 798 people attended residential detox and treatment in 2009
[13] Dublin City Centre services also note increasing service demands from immigrants many of whom are also presenting as homeless. Merchants Quay highlighted that between January and June 2009, just over one fifth (209 of 1,006, i.e. 21%), of those who accessed needle exchange were migrants to Ireland, mainly from Eastern European countries. Of the 1,727 clients who accessed their homeless services, over one third (618, i.e. 36%) were migrants to Ireland.

Data for each of a number of age groups is presented in the table to follow.

Table 4: Age Profile of Those Presenting for Treatment, 2009

Age Profile	SWRDTF (Kildare, West Wicklow- outside of LDTF)	
	Number	Proportion
17 or under	67	8.5%
18 to 19	38	4.8%
20 to 24	102	12.9%
25 to 30	130	16.4%
30 to 34	139	17.6%
35 to 39	88	11.1%
40 to 44	63	7.9%
45 to 49+	74	9.3%
50 +	86	10.9%
Not recorded	1	.1%
Total	**788**	**100.00%**

As can be seen from the data:

- 105 were under the age of 20
- Just over a quarter 207 (26.2%) were young people under the age of 25.

The vast majority (699 or 88.70%) were living in stable accommodation. This is very positive; however 33 (4%) were in unstable accommodation or were homeless compared with 5.6% nationally in 2008.[14] The remainder were living in institutions or their status was unknown.

[14] HRB, Treated problem drug use in Ireland 2008

Data relating to education is presented in the table to follow.

Table 5: Highest Education Level of Those Presenting for Treatment, 2009

Highest Education Level	SWRDTF (Kildare, West Wicklow- outside of LDTF)	
	Number	**Proportion**
Never Attended School	4	0.5%
Primary Incomplete	17	2.2%
Primary Only	110	14.0%
Junior Cert	250	31.7%
Leaving Cert	214	27.2%
Third Level	65	8.2%
Still in Full Time Education	47	6.0%
Not Known	81	10.3%
Total	**788**	100.0%

Note: numbers who attended special education (5) are included within these numbers.

As can be seen from the table above, 27.2% had reached Leaving Certificate level and a further 8.2% had progressed to third level, which amounts to in excess of one third of those presenting. This observation about the numbers of people with high levels of education presenting for treatment was validated through interviews.

The number of people presenting who are still in full time education reflects young people involved in substance misuse. Other young people are counted in the numbers who have left school early, i.e. prior to completion of Leaving Certificate.

As with national figures, the majority (407 or 51.65%), were unemployed, however a high number 173 (21.9%) were in paid employment.

4.3 Drugs Used

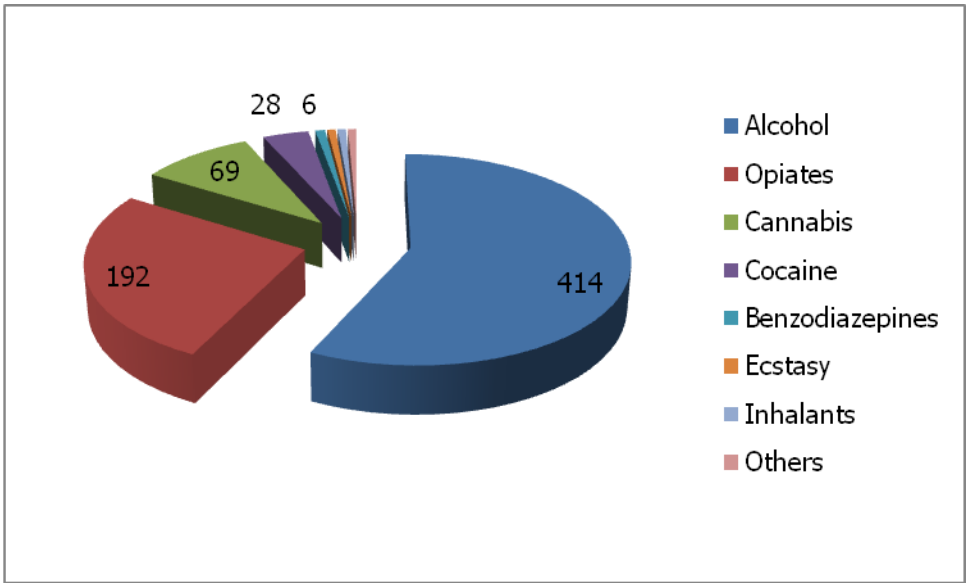
Over half were treated for alcohol misuse and over a quarter for opiate misuse. Figures for each of the substances used are presented in the table to follow:

Table 6: Treatment by Drug Type, 2009

Area	**Kildare / West Wicklow**	
Drug	**Number**	**Proportion**
Alcohol	414	57.4%
Opiates	192	26.6%
Cannabis	69	9.6%
Cocaine	28	3.9%
Benzodiazepines	6	0.8%
Ecstasy	Less than 5	0.6%
Inhalants	Less than 5	0.6%
Others	Less than 5	0.6%
Total		**100.0%**

As can be seen from the table above, the primary reason for referral for treatment was alcohol misuse. This is shown in the figure to follow:

Figure 3: Treatment by Drug Type, 2009



Of the 788 people assessed or treated for problem alcohol or drugs misuse:

- 537 were treated in the south western area of the region
- 487 were treated as outpatients, 258 as inpatients, 6 with GPs and 37 were treated in prison
- 450 used one drug and 263 used more than one (of which 116 used two drugs, 91 used three drugs and 56 used four or more drugs)
- 239 people self referred to services by far the highest source of referral for treatment
- 118 had injected, with 51 indicating that they had shared injecting equipment
- 44 had injected in the past month
- 49 were aged under 19 when they first injected.

Overall, substance misuse trends in SWRDTF (Kildare/West Wicklow and outside of the 6 LDTFs) are in line with national trends of growing heroin use outside of Dublin and a pattern of polydrug use. Stakeholders interviewed as part of this review and planning process highlighted social acceptance of alcohol and cannabis use with growing concerns regarding opiate use.

4.4 Treatment Type and Outcomes

Of the 788 presenting for treatment, 713 received treatment. This amounts to 90.5%. Of these just over 50% (359) had never received treatment in the past.

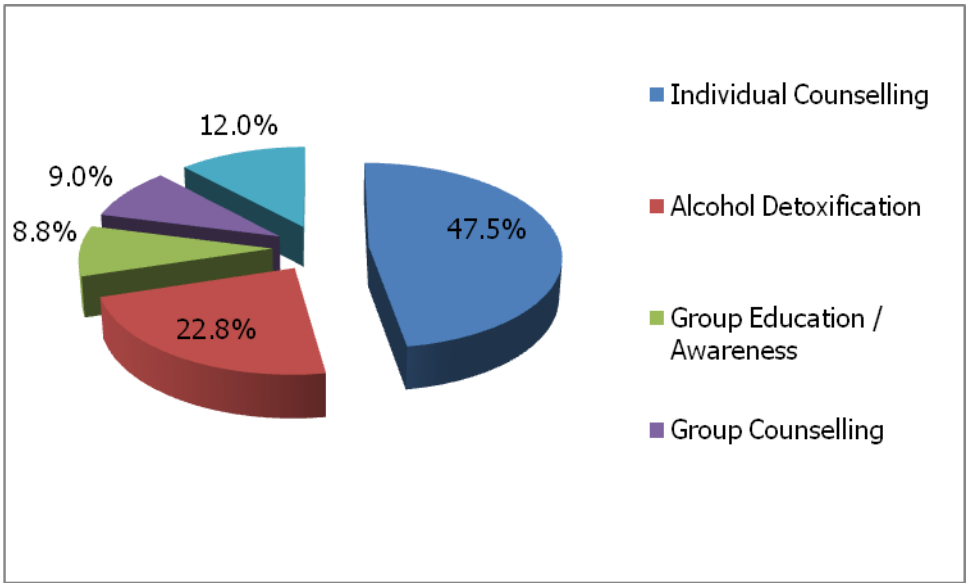
The main treatment types were individual counselling, followed by alcohol detoxification. These accounted for 400 of the 713 cases, as shown in the table to follow.

Table 7: Main Treatment Types, 2009

Treatment Type	Number	Proportion
Individual Counselling	190	47.5%
Alcohol Detoxification	91	22.8%
Methadone Detoxification or Other Substitution	48	12.0%
Group Counselling	36	9.0%
Group Education / Awareness	35	8.8%
Total	**400 of 713 cases**	**100.0%**

This is illustrated in the chart to follow.

Figure 4: Treatment Type, 2009



The outcomes of treatment for the 480 treated cases completed were as follows:

- 160 (20%) treatment was completed
- 19 were transferred as stable with 14 transferred as unstable
- 319 were deemed to be stable
- 113 as unstable with 40 unknown
- 126 clients did not wish to attend further treatment sessions, with an additional 107 refusing to have further sessions
- 81 were progressing to aftercare
- 22 had a viral screening test for HIV or Hepatitis B/C.

4.5 Methadone Maintenance

There is no methadone dispensing clinic in Kildare or West Wicklow, drug misusers who want to avail of methadone must either:

- Access methadone centrally from the Drugs Treatment Centre Board (DTCB) in Pearse Street. (Statistics on the numbers of methadone users from the region accessing methadone from DTCB were not made available)

- Attend a methadone prescribing GP. Under this scheme GPs are contracted to provide treatment on the basis of one or two levels:

  Level 1 GPs treat stabilised opiate dependent people who have been referred from drug treatment centres or from level 2 GPs. A level 1 GP can treat up to a maximum of 15 patients. There are 5 level 1 GPs mainly in north Co. Kildare, on the borders of western parts of Co. Dublin.

  Level 2 GPs undergo more training and can initiate treatment of opiate dependent persons. level 2 GP can treat up to a maximum of 35 patients or 50 in a partnership with 2 or more doctors in their practice. There is 1 level 2 GP in Naas.

The recently circulated Central Treatment List figures show that 446 people from the SWRDTF (excluding the 6 LDTF areas) received methadone treatment in 2010 to treat opiate misuse. This was an increase of 30 people since 2009. The numbers of people from SWRDTF in receipt of methadone in 2010 was the same as the numbers in Ballyfermot LDTF area (446), higher than a number of established LDTFS Blanchardstown (302), and Canal Communities (264) and broadly similar to areas such as Dublin 12 (460) and Ballymun (451). 4.1% of clients in treatment nationally were from the SWRDTF. In comparison with the 10 other RDTF areas, the SWRDTF has the second highest rate of clients in receipt of methadone treatment after North Dublin RDTF.[15] This is despite substantial difficulties in accessing methadone within Kildare and West Wicklow.

In 2010, 77 drug misusers received methadone from methadone prescribing level 1 and 2 GPs in Kildare. None were new patients on the Central Treatment List in 2010. This implies that all are receiving methadone through these GPs for over one year.

The table to follow provides the number of people receiving methadone treatment through GPs in Co. Kildare last year.

Table 8: Methadone Treatment at GP Level in Kildare, 2010

Location	Methadone Patients During 2010	Methadone Patients End 2010	GP Level
Naas	9	9	Level 1
Monasterevin	7	6	Level 1
Lucan	3	3	Level 1
Leixlip	38	38	Level 2
Celbridge	14	13	Level 1
Celbridge	6	6	Level 1

[15] SWRDTF statistics excludes the 6 LDTF areas

5. Review of Work Completed

This section presents a brief review of the work of SWRDTF to date. It provides the baseline for the needs assessment and formulation of future strategic priorities. It establishes progress to date, and summarises strengths and challenges, but is not intended as an in-depth evaluation of services.

It is structured as follows:

- Structure
- Priorities, and
- Mapping and Profile of Key Services

5.1 Structure

As with other RDTFs, SWRDTF acts as a co-ordinating body for the relevant statutory, voluntary, community sector and other stakeholder groups in the prioritised catchment area of Co. Kildare and western parts of Co. Wicklow. It is governed by a task force committee who meets on a monthly basis, and is in turn who are supported by prevention/education and treatment/rehabilitation sub groups who also meet on a monthly basis. The committee is responsible for the overall strategic development and running of SWRDTF while the role of the sub-committees is to inform and implement strategy on behalf of SWRDT.

SWRDTF is not a limited company and has an agreement with the County Kildare Leader Partnership, which acts as a host organisation to employ staff.

There are three staff roles within SWRDTF:

- A co-ordinator who is employed by the HSE
- A development worker employed by County Kildare Leader Partnership, on behalf of SWRDTF
- An administrator, also employed by County Kildare Leader Partnership, on behalf of SWRDTF.

5.2 Priorities

Since its establishment, SWRDTF has concentrated its resources on the establishment and ongoing development of three core services under two of the pillars of the Interim National Drugs Strategy. 81% of the budget 2011 concentrated on the three key services within these two pillars. This is shown in the table to follow:

Table 9: Prioritisation of Services

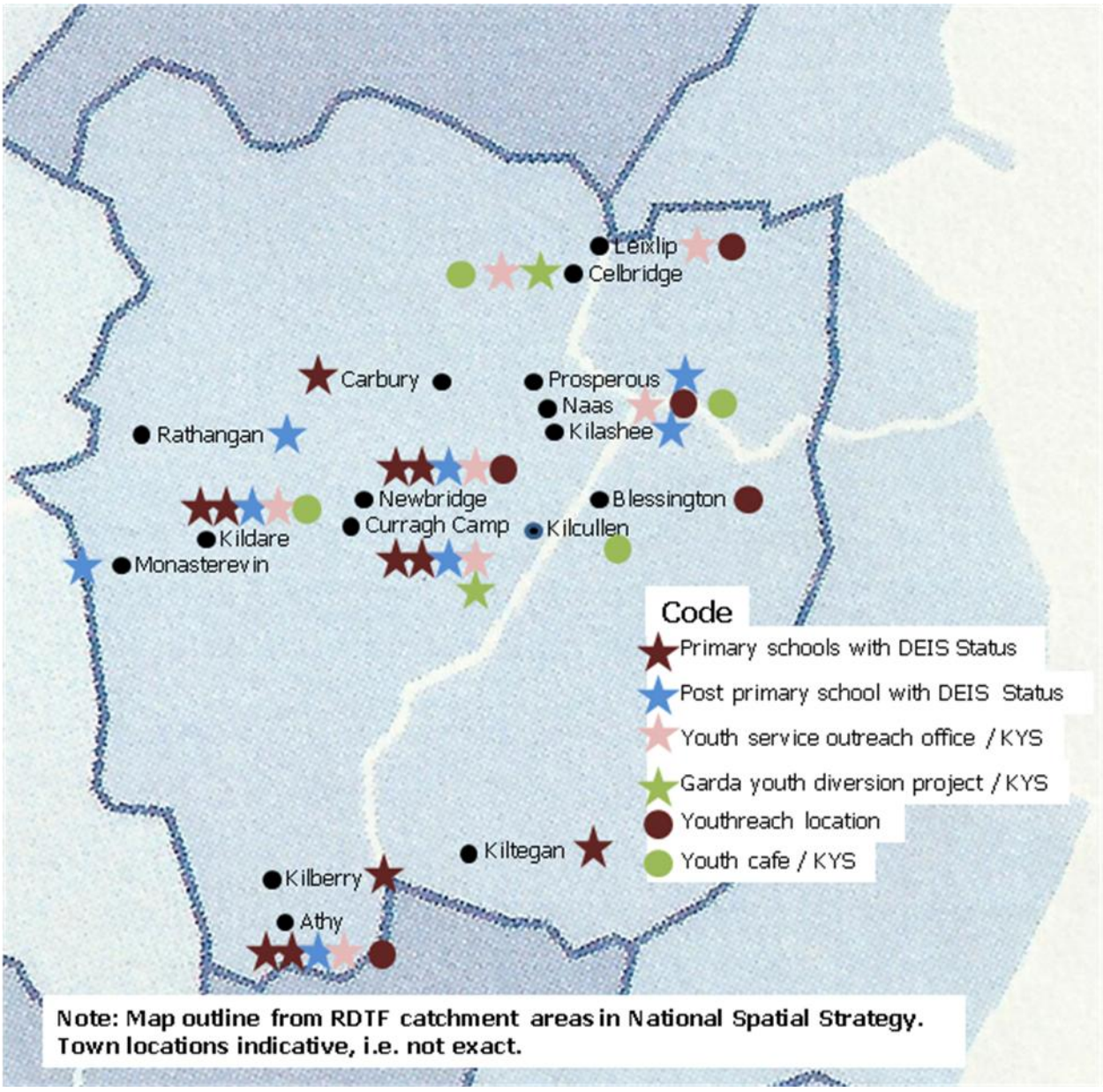
Pillar	Service	2011 Budget Allocation
Prevention	Drugs Prevention Education Initiative (DPEI)	12%
Treatment and Rehabilitation	Abbey Regional Addiction Service (ARAS)	48%
Treatment and Rehabilitation	HALO Project	21%

Prioritisation of services has also taken place at a geographic level to reflect the focus catchment area which is the areas within the region that are not covered by LDTFs, i.e. Co. Kildare and the western part of Co. Wicklow.

5.3 Mapping and Profile of Key Services – Prevention

The following map of the catchment area demonstrates where SWRDTF prevention related activity has taken place. It shows existing formal and informal education services. A listing is also provided in appendix 6.

Figure 5: SWRDTF Prevention Services



Notes: The map shows services identified though the review and planning process.
The youth cafe in Kildare is in the process of being established.

As can be seen from the map:

- DEIS schools and services are concentrated around main towns and the areas with highest indicators of social exclusion.
- There is well established and widespread youth service outreach coverage.

The role of task forces in supporting and promoting prevention is clearly named in the new programme for government.

To date, prevention has been targeted at three levels:

a) Primary prevention- providing drugs education to the general population
b) Secondary prevention—providing education and training supports to young people and families who are at risk of drug taking and
c) Tertiary prevention- providing education and training supports to young people and families who have started to use drugs more frequently.

The HSE Education Officer historically played a key role in working with local schools to develop substance misuse policies, teacher training and parent awareness. This focussed mainly on the primary prevention. In this region substantial work took place, involving development of a handbook for teachers which served as a comprehensive tool to supplement SPHE programmes. Collaborative working relationships between schools and the HSE were very strong.

However in recent years, directives outlining that SPHE are solely responsible for drug prevention education within schools has impacted on local collaborations. Corresponding to this was the closing of the national SPHE programme at primary school level 'Walk Tall' and severe staffing limitations which currently mean that the SPHE manager for the region covers seven and a half counties. Given the youth demographic, pressures on schools and resource constraints within the SPHE programmes, delivering supports to schools has become major challenge. This is linked to the reduction in public expenditure, where key posts are not replaced and amalgamation of roles and functions in commonplace.

SWRDTF recently met with the SPHE regional manager to discuss concerns and to explore how work together could continue to progress. This was very positive, however unless the national policy context changes to support local collaboration, this will be challenging to progress. The new programme for government places a strong emphasis on drugs education within schools, which provides opportunities to re-examine the current schools based drug education programme in the region.

5.3.1 Drugs Prevention Education Initiative (DPEI)

The Drugs Prevention Education Initiative (DPEI) was established in 2006. It is based in Naas. Foroige, through Tallaght Youth Service are contracted to manage the service. A local steering group informs the workplan. The DPEI initially provided a range of both direct services and training to promote and support drugs education prevention and had one staff member who commenced work to promote drugs education/prevention through:

- Parent Drug Awareness Programmes
- Working with young people
- Secondary Prevention Programme
- Training staff and volunteers
- Supporting organisations to develop and implement substance misuse policies
- Pilot Strengthening Families Programme (SFP)
- Develop a network of regional and local workers
- Policy review and development
- Promoting quality standards with local organisations.

In 2007 a co-ordinator and project worker position was put in place. The Western Regional Drugs Task Force produced a comprehensive training and resource pack *Putting the Pieces Together* in 2009 which is used by DPEI in its work.

At this point the focus of the work was aimed at:

a) Primary prevention- providing drugs education to the general population
b) Secondary prevention—providing education and training supports to young people and families who are at risk of drug taking and
c) Tertiary prevention- providing education and training supports to young people and families who have started to use drugs more frequently.

Through the work of DPEI a wide range of supports and services have been on offer to a broad range of stakeholders- from parents, children, local community voluntary organisations. The core services are listed above.

Due to funding constraints, the co-ordinator post was no longer continued in 2010. The work was re-focussed and it was agreed that the future focus of the service would be in relation to training, capacity building and support for volunteers, staff and organisations from voluntary, community and statutory agencies. Work continued with young people who are most at risk/involved with drug misuse. A second project worker was employed in June 2010 to focus on training.

A summary of DPEI activity from 2010 is presented in the table to follow.

Table 10: Summary of DPEI Activity, 2010

Area	Activity	Participant Numbers
Training and Policy Development	Putting the pieces together drug awareness and activity training	54 participants in 4 training sessions
	Drugs information, awareness and activity training with volunteers	39 participants in 3 sessions
	Drugs Education Workers Forum- training in use of quality standards in drug education	13 participants in 1 session
	Policy development workshops	20 participants in 3 workshops
Programmes	Strengthening Families	41 participants (13 parents, 17 teens and 11 children) in 2 programmes
	Secondary Drug Prevention Programme	48 participants in 6 programmes
Co-ordination, consultancy and referral	Information talks	185 local participants in 6 events, 150 participants at UK based conference

The services of DPEI are in high demand. Recent training targeting volunteers resulted in two extra training sessions being organised to meet demand. DEPI is well known to key stakeholders, working closely with Kildare Youth Service, Family Resource centres, local FAS and Youthreach training centres, CAMHS, Gardai, Social workers and other related services. Relationships with some HSCL and SCP teachers is strong however as the focus of the work is not to support the formal sector, this has not been a core focus of the work. Increasing and building relationships with sporting organisations is emerging through 2011 as demands for education and support programmes for those involved in sports increases. There are also possibilities for DEPI to input into the Maynooth youth work programme. The current strategy of training the trainer is working well and provides a platform of skilled practitioners who can provide education prevention within their core work/role with young people.

The budget allocation through interim funding is €108,000 for 2011. This is a slight reduction of €724 from 2010. In 2009 €144,524 was allocated to DPEI.

Assessment

Overall, the DPEI programme provides a strong basis to continue roll out substance misuse education and prevention work. However, challenges have been experienced, particularly in relation to reaching rural communities. A summary of strengths and challenges is presented in the table to follow.

Table 11: Assessment of DPEI Services

Strengths	Challenges
• Well established and very positive relationships with key stakeholders • Evidence based programmes such as Strengthening Families Programme • High demand for programmes • Programmes targeting those most vulnerable and using drugs • Emergence of new opportunities e.g. through sports groups, • Training the trainers approach working well • Managed and governed as part of a national organisation, structures, systems in place to manage staff • Local steering group to input into the work • Data collection systems are in place.	• Sustaining the service. Budgets have been reduced substantially. • Low profile of education prevention nationally (However, it is hoped that the new programme for government may redress this) • Youth training and education long waiting lists • Urban / rural balance.

5.3.2 Other Prevention Services

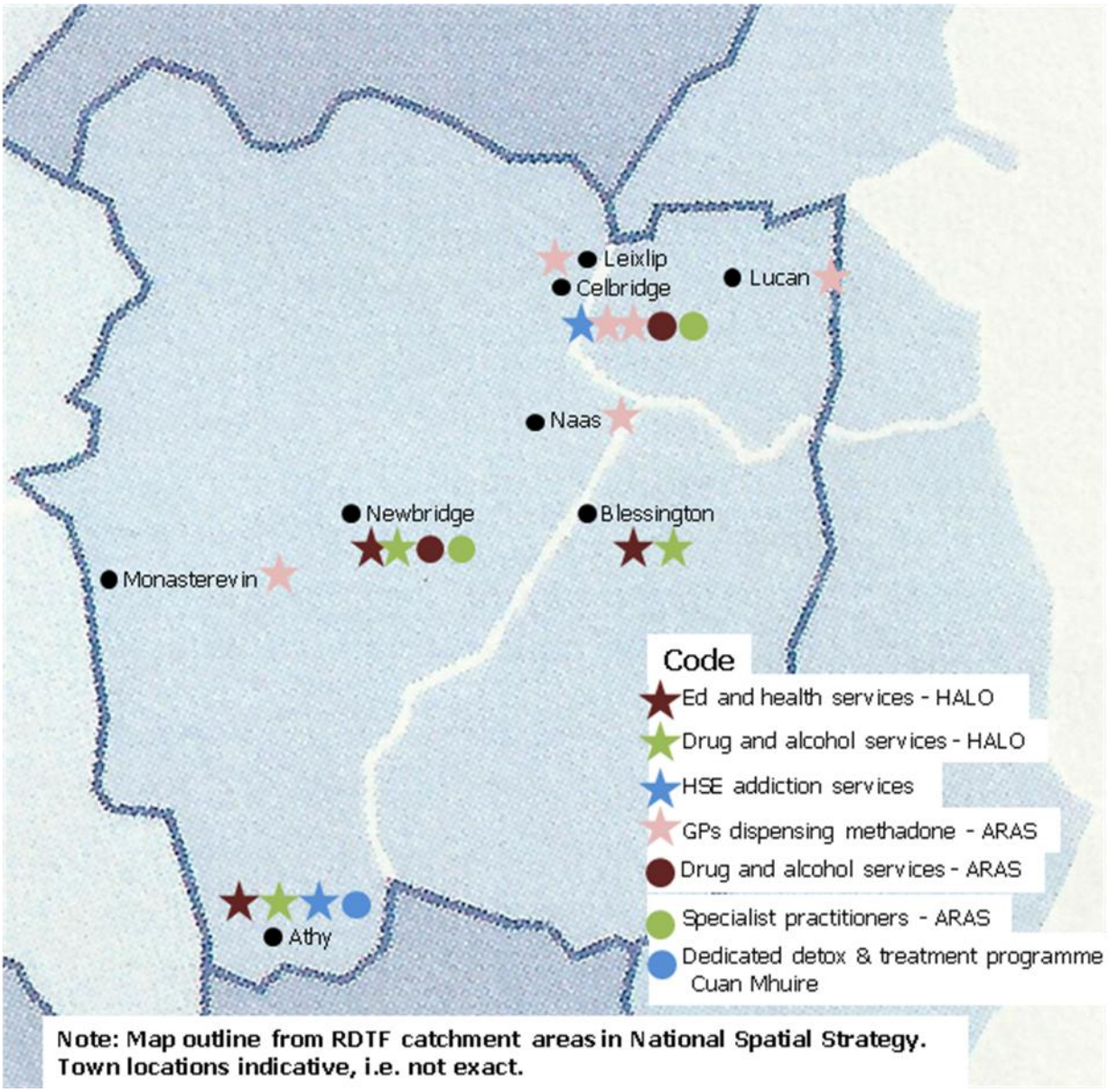
In addition to DPEI, there are other prevention education initiatives that were funded and supported by the SWRDTF. For example:

- A counselling service as part of Kildare Youth Service outreach programme. The funding to run this service was discontinued in 2011.
- Counselling services funded as part of the counselling pool e.g. through school completion programme.
- Services and supports offered through Kildare Youth Service.

5.4 Mapping and Profile of Key Services – Treatment and Rehabilitation

The following map of the catchment area demonstrates where SWRDTF treatment and rehabilitation related activity has taken place. A listing of services is also provided in appendix 5.

Figure 6: SWRDTF Treatment and Rehabilitation Services



Note: The map shows services identified though the review and planning process.

As the map above shows, concentration of services is in the urban towns of Co. Kildare, limited harm reduction service are available in Athy and an absence of services in rural Co. Kildare areas and across the western part of Co. Wicklow.

There is a HSE Addiction team for Kildare/West Wicklow which operates from Newbridge and consists of an education officer, three addiction counsellors and two outreach workers. Counselling services are available from health centres in Athy, Newbridge, Kilcullen, Celbridge and Maynooth. The HSE outreach team provide needle exchange in Celbridge, Newbridge and through a backpack service.

Primary care teams are planned, and have been established across the region. The Education officer

participates in the Primary Care Implementation Group representing the addiction team. This presents opportunities for the inclusion of drugs services as part of the role out of primary care which is in line with the national strategy.

5.4.1 The ARAS Service

The Abbey Regional Addiction Service (ARAS) was established in December 2007, resulting from work carried out by a sub group of the SWRDTF to form a community addiction team for the catchment area.[16] While Kildare West Wicklow Community Addiction Services Ltd, is the official company name, it is widely known as ARAS.

The initial SWRDTF plan prioritised the establishment of a community drugs team for Kildare/West Wicklow. This was due to the identification of drug use in these areas with inadequate services, particularly in relation to drug treatment. It was intended that this service would expand and complement existing responses to the drugs issue in the catchment area primarily provided by the HSE Addiction Team. It would also provide additional treatment places and ancillary services related to treatment.

This service was aimed primarily at drug users. However responding to the needs of young people at an early stage of drug misuse and broader family concerns were also to be considered. This service was established to use community development methodologies to inform its work and it was intended that it would be established as an independent company.

The Abbey Regional Addiction Service (ARAS) was established following a merger process of Kildare West Wicklow Community Addiction Team (KWWCAT) and the Abbey Project Celbridge in December 2007. In the past three and a half years, the service has been established in Kildare with offices in Newbridge and Celbridge. Prior to this KWWCAT operated a service from Naas. There are six staff in total employed to manage and run the ARAS service with two projects workers each for Newbridge and Celbridge, a manager and administrator. Part time sessional staff including counsellors are also contracted to supplement the work of core staff.

The service works with drug misusers at all points of drug misuse. It mainly works with people who are addicted to opiates such as heroin and alcohol. However, as with national trends, a large proportion of clients are polydrug users which makes treatment more challenging. Clients have a dedicated key worker and care plan which is agreed by the client and informs the rehabilitative pathway.

The key objectives of ARAS are to:

a) Provide a community based service that offers a range of services within a confidential and supportive setting
b) Maintain a management structure that is committed to the overall ethos of ARAS and operates within an open and transparent system committed to ongoing development and evaluation
c) Provide information to the wider community on the work of ARAS and be open to further evaluation, development and planning

It does this through a range of services which are outlined in the table to follow.

[16] ARAS is the trading name of Kildare West Wicklow Community Addiction Services

Table 12: ARAS Service Offerings

Service	Activity
Outreach work	ARAS works closely with other services and organisations to identify and respond to drug user needs. In 2010 a part time outreach service in Athy was piloted for 12 weeks. This service wasn't continued. Clients worked with as part of this pilot transferred to Newbridge.
Drop in services	ARAS operates a drop in service where drug users, their families, siblings can access information, advice and make appointments to meet a staff member.
Needle exchange	Needle exchange is currently administered by the HSE outreach team in Celbridge. There are plans to administer this service from the ARAS offices in Celbridge and Newbridge in the near future. ARAS staff has undertaken training to enable them to run needle exchange clinics, however they are not currently administering this service.
One to one counselling	Counselling is available for clients as part of their care plan
Group therapy	A range of groups are in place to support drug users and their families. A reduce the use programme to support drug misusers to safely reduce their drug use has anecdotally been very successful. This has led to clients stabilising their heroin use preparing them for detoxification in services such as Keltoi. Narcotics Anonymous meetings also take place every week
Holistic complimentary therapies	A range of holistic therapies are available for clients of ARAS.
Family support groups	A family support group is run in Newbridge to support family members who have drug misuse issues within their families.

The core target group of the service are adult drug users. The numbers attending ARAS in 2009 based on figures submitted to the SWRTDF through the RDTF1 forms were 427 with 12,891 consultations/visits. There were 37 cases closed in 2009. Interviews indicated that in 2010 approximately 240 new clients accessed ARAS services; however no reports are available to clarify this. Interviews also highlighted that ARAS clients have relatively high levels of education with recognised qualifications such as leaving certificate and in some instances have started or completed third level studies. They also have reasonably high levels of family support.

ARAS is well known to other stakeholders and has established close working relationships with the Probation and Welfare Service and HSE Social Services. However, issues have arisen arising from the complexities of a voluntary organisation responding to requests made by statutory services for urine testing, attendance reports, etc. Most of such issues are in the process of resolution.

ARAS is established as a company limited by guarantee, governed by a board of management. It currently employs HALO staff. The board are currently assessing their governance and management roles and functions.

The budget allocation through interim funding is €415,000 for 2011. This is slightly lower than the drawdown of €415,747 in 2010. It marks a €45,223 reduction in the allocation of 2009. ARAS is highly dependent on interim funding to run its service.

Assessment

The overall assessment of the ARAS service is that while there are a range of critical services available from two locations, challenges have been experienced, some of which are under review within SWRDTF at present.

Table 13: Assessment of the ARAS Service

Strengths	Challenges
• Service established and operates from 2 locations • Range of services on offer • High level of awareness amongst other stakeholders • Use of innovative programmes- Reduce the Use which is non medical	• Ensuring governance and management according to recognised best practice. • Establishing a response in Athy • Establishing needle exchange as part of ARAS services • Lack of treatment and rehabilitation options to support client progression in Kildare/West Wicklow • Staffing constraints-operating outside of the 2 established bases • Responding to stakeholder needs e.g. urine testing and how this fits with ARAS • Gaps in data collection, reports, documents • Clarity of the model that the service is operating to

5.4.2 HALO Project

The HALO Project is an adolescent community based drug project which is client centred and family focused. It works with young people and their families, living in the Kildare and West Wicklow region. HALO is a voluntary, therapeutic service that centres on the substance misuse needs of the young person and their family.

The project operates according to a psycho-social- educational model, responding to each case in a holistic and respectful manner. It aims to work with under-18s who are actively using drugs, who don't fit with traditional adult based services but are extremely at risk of becoming actively engaged in serious drug misuse. It is largely based on the established Youth Drug and Alcohol Service (YODA) which is operating in the Tallaght LDTF area. HALO works closely with Dr Bobby Smith in YODA to inform the projects development. It centres on the concept of multi disciplinary teams with complementary skills sets that work to support young people who are using drugs. HALO uses a mental health tool (Beck's Inventory) as part of the assessment. This tool is understood by child adolescent services so it makes it easier to collaborate with them. It is linked to early prevention services and aims to address issues before they escalate.

In 2010, HALO worked with 100 clients. 52 were new referrals and their families with 8 clients from 2009. There is short waiting list to access the service with all referrals engaged in working with HALO 3-4 weeks after initial referral. HALO works with clients over a 4 month period and works with approximately 16 cases per week. The work includes one to one work with young people, significant carers- therefore using holistic approaches. Clients self refer or are referred from other agencies - Probation/JLO, CAMHS. The main drug issues emerging are: widespread cannabis, alcohol and benzodiazepines. Small numbers of young people are also using opiates. In the main, young people are very open to engage with HALO. In many instances they want to engage, reach out and address their issues.

HALO works with clients on an agreed care plan which young people agree and keep a short copy of. Complex family cases are divided between workers and due to the number of cases the HALO Manager also works directly with young people/families. After the four month intensive working period, clients are met with 6 weeks later, to check on progress. All clients are offered 3 appointments over the next 6 months that they can use if they wish. A very small number of clients are worked with on a more long term basis. For a number of clients the interventions made do not warrant any further interventions. While the outcomes of the work are difficult to quantify, the interviews conducted highlighted that the majority of young people successfully reduce their drug use with approximately 20% drug free on completion of the work with HALO. HALO is working with Youthreach in Newbridge with a small group of participants and this is working very positively. Interviews highlighted that the demand and potential for referral is far greater than the service can respond to. Interviews noted that the majority of young people have very supportive family environments that are willing to engage and address drug issues together. While this is very positive, interviews highlighted that it is likely that there are young people who are more vulnerable and excluded who are currently not accessing HALO services.

HALO is a not an incorporated body and is hosted by ARAS and governed by its board. A steering group in place to inform the HALO plan. HALO has recently moved to new premises in Naas which is shared with DPEI. In addition HALO works on an outreach basis in Blessington (Wednesday mornings) and Athy (Wednesday afternoons). The Athy outreach service is proving more challenging to run as it is not currently well used. In contrast the outreach service in Blessington is working very well as there is a close working relationship with Youthreach and the local parish centre who are supporting young people and their families to access HALO services.

A manager and two part time workers are employed to run the service. They have a number of years experience working with drug using and socially excluded clients and have a range of related therapeutic qualifications. The Manager is currently completing accreditation in ACRA an internationally recognized method of working with adolescent drug users. Staff regularly attend clinical supervision provided through YODA.

It had been initially budgeted that €300,000 would be required to run the service. This was based on having core clinical expertise available such as a Counselling Psychologist, therapist, family counsellor on the team. However research carried out to inform service development could not evidence the numbers of young people who might access the service, therefore initial budget projections were reduced. Interviews for this report across disciplines indicate that the demand for HALO cannot be met within the current resource allocation which is €180,000 for 2011, an increase from 2010 during which €132,830 was drawn down from SWRDTF. This is due to current demands on the service. Therefore the initial budget anticipated to run the service is likely to be more in line with the experience of the service since its establishment.

Assessment

Overall, the interviews highlighted that the HALO service has been effective in working in a collaborative manner to address the needs of young people under-18 that are at risk of or involved in substance misuse. However, challenges have been experienced particularly in relation to the high demand for services, especially the absence of an outreach service to Athy where a significant demand exists, but engagement with services has not followed.

Table 14: Assessment of the HALO Service

Strengths	Challenges
• A service for under-18s who are using drugs. Nationally there are major gaps in provision for this age group. The HALO project is playing a leading role in providing services for this age group • Working with young people and broader family to address drug misuse • Clear model of practice • Link with established practice in YODA • Outreach service in Athy and Blessington • Links with key stakeholders- CAMHS, Youthreach, Probation, Social Work etc • Positive profile of the service • Developing and expanding the service despite budget constraints • Possibility to consider replicating of the HALO model nationally • Emphasis and ability to collate data which is used to inform service delivery. While this still requires work, this project is very proactive in gathering and analyzing data trends of clients.	• Ensure that the relationship between HALO and ARAS is clearly agreed and understood • Meeting demand for the service. • Key agencies limiting referrals due to awareness of the constraints of the service • Limited profiling as service struggles to meet current demand • Responding to the need in Athy • Expanding the potential groupwork element of the work with stakeholders such as Youthreach due to resource constraints • Increasing the numbers of young people accessing HALO are the most socially excluded and at risk within current budgets • Maintaining the quality of the service with increasing demands • The challenge of training/education progression options for young people who have leaving certificate qualifications

5.4.3 Other Services

Other treatment and rehabilitation initiatives funded and supported by SWRTDF include:

- Counselling Pool- funding is available to organisations who wish to access counselling support for service users who are experiencing addiction issues. The budget available for 2011 is €10,000 which has been substantially reduced from €62,539 in 2010. There has also been changes to the criteria to apply for the fund in 2011.
- Service Users Forum- a forum for service users across Kildare/West Wicklow has been established. The voice of service users in planning and delivering services is actively supported by SWRTDF and a representative of this group is involved on the treatment and rehabilitation sub group. However, the forum is experiencing difficulty in maintaining continuity and the challenges of maintaining a regionally based forum have emerged
- Funding initially in place for rehabilitation mentor posts (€300,000) to support clients across the rehabilitation progression paths through one to one mentoring was withdrawn.

5.4.4 Overall Challenges

The following overall challenges have been experienced:

- Lack of availability of treatment, particularly methadone – with dispensing of methadone through private GP services only in the priority region. Heroin users therefore must initially attend and register with the DTCB in Pearse Street and the daily commitments required are often not feasible and very demanding.
- The small numbers of Level 1 and 2 GPs, their ability to take on clients, and location. There is only one level 2 GP in the priority catchment area.
- There are no formalised collaborative agreements between all stakeholders- statutory and community who are currently providing treatment in line with the national rehabilitation strategy. There is no agreed approach to integrated care pathways or protocols to underpin service delivery/working.
- The need to work with the Primary Care Implementation Team to agree how drugs services fit with establishing primary care teams across the priority region
- Need to maximise skills and expertise across the statutory and community/voluntary sector organisations to run existing services and to respond to issues such as working with people who have dual diagnosis (mental health and drug issues).
- Very limited rehabilitation supports e.g. no supported education and training programmes.
- No formalised strategic links with the national detoxification and rehabilitation service Cuan Mhuire largely accessed by people from outside Kildare/West Wicklow.
- Coverage of the county is poor, with community based harm reduction and support services Athy in particular of major concern and highlighted consistently throughout the planning process.

5.5 Supply Reduction

Garda statistics available, show that 739 drug offences were recorded in 2010. This was a slight decrease on 2009 where 774 such incidents occurred. The vast majority 409 (55.34%) were through the Naas station, with the next highest 80 at the Newbridge station.

SWRDTF was involved in the establishment of Joint Policing Committees in Kildare and is actively involved in the anti social behaviour and drugs sub group.

SWRDTF has engaged in the national pilot Dial to Stop Drug Dealing campaign. This national campaign aims to combat drug dealing through an anonymous local drug reporting system.

In recent years SWRDTF has played a visible and increasing role at some of Ireland's largest festivals, through an on-site presence at the music festival Oxygen, which takes place in Kildare every summer and the Kildare ploughing championships.

5.6 Other Activities

Activities in relation to the other pillars from the Interim National Drugs Strategy are presented in this section.

5.6.1 Research

SWRDTF has commissioned and been involved in a number of research projects in recent years. These include:

- The social inclusion needs of prisoners, ex prisoners and their families in County Kildare

- Attitudes of County Kildare GPs towards patients with substance misuse problems
- Research with youth groups
- The investment in an IT system, PIMs which will help data gathering into the future.

Research is currently taking place to identify issues relating to substance misuse in Athy.

5.6.2 Collaboration

SWRDTF is a key vehicle for promoting and supporting collaboration with stakeholders to address drug misuse issues across the region. Since its establishment, key relationships have been developed with a range of stakeholders. Interviews highlighted that collaborations with a number of additional stakeholders could be strengthened and formalised to include:

- HSE addiction team (counsellors, outreach workers)
- GPs
- HSE Child and adult mental health services (CAMHS)
- HSE Social work team
- FAS (to become the new National Employment and Entitlements Service)
- VEC and other education providers
- Traveller representative groups.

6. Funding

This section sets out an analysis of SWRDTF funding levels over recent years. It also discusses concerns relating to the impact of the current economic environment on public funding.

6.1 Funding Levels

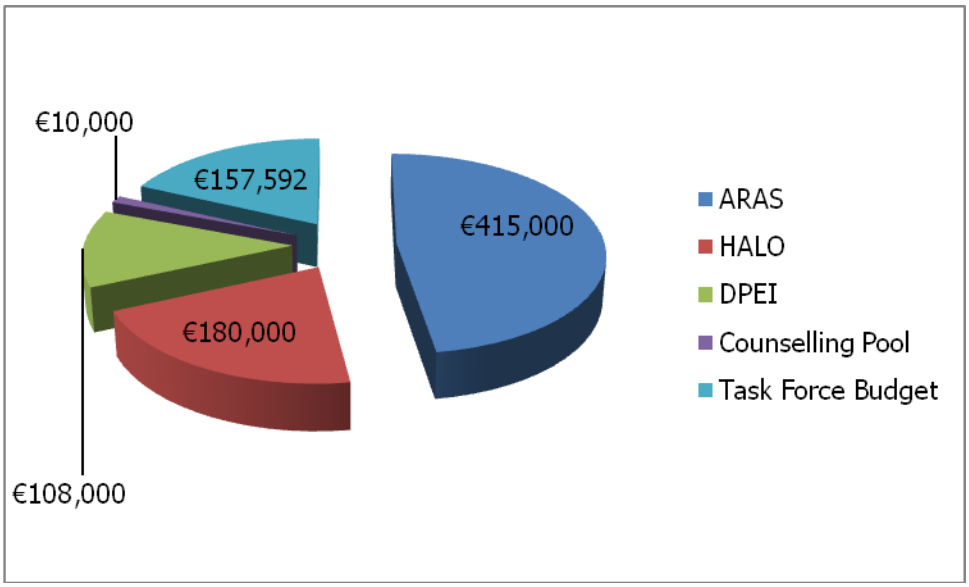
SWRTDF receives its funding through the Office of the Minister for Drugs. Overall allocation for 2011 is €870,592. This is further allocated to five cost areas as follows:

Table 15: Funding Allocation 2011 - Amounts

Project	Funding	Proportion
ARAS	€415,000	47.67%
HALO	€180,000	20.68%
DPEI	€108,000	12.41%
Counselling Pool	€10,000	1.15%
Task Force Budget	€157,592	18.10%
Innovation Fund	nil	0%
Total	**€870,592**	**100.00%**

This allocation is illustrated in the figure to follow:

Figure 7: Funding Allocations 2011 - Proportions



As can be seen from the funding allocations:

- The greatest proportion of funding is allocated to the ARAS project, which accounts for almost half of SWRDTF activity.
- This is followed by the Task Force administrative budget.

Funding in previous years included amounts for an innovation fund, this was not continued in 2011.

Overall funding has decreased for two consecutive years as follows:

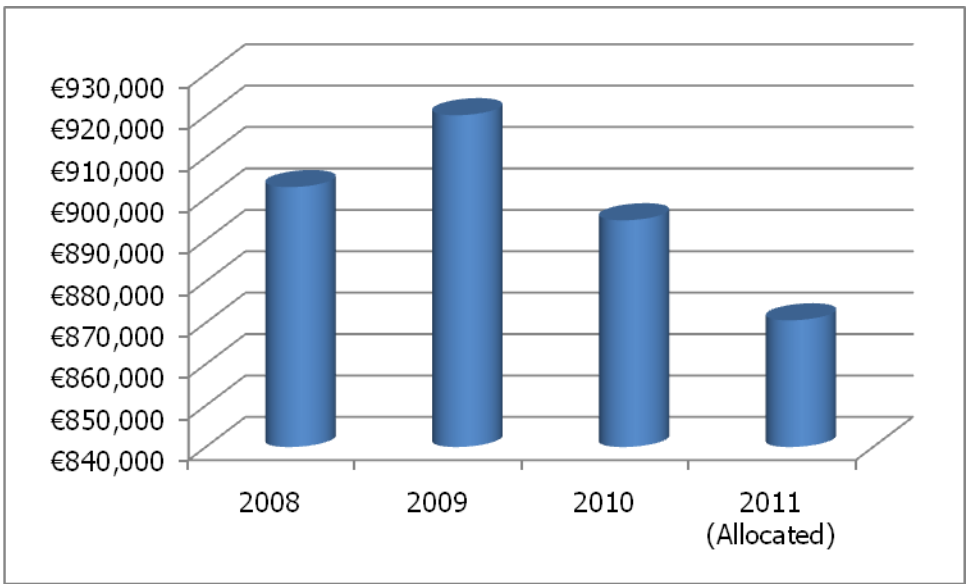
Table 16: Funding 2008 to 2011

Project	2008	2009	2010	2011
Total	€902,768	€920,122	€894,750	€870,592
Difference		1.92%	-2.76%	-2.70%

Note: Figures for 2008, 2009 and 2010 are drawdown figures. The figure for 2011 is the allocation figure.

This is shown in the figure to follow:

Figure 8: Funding 2008 to 2011 - Differences



(Note: Bar chart above shows funding differences within a 10% range and not absolute differences from a zero base)

This funding reduction over two years is consistent with public sector funding cuts across the wider social inclusion sector. This is particularly difficult as it means a reduction in the resource available to prevent and treat substance misuse at a time when substance misuse is increasing, particularly outside of Dublin. It is not clear if this difficult funding situation will be reversed with the new Programme for Government Recovery 2011 to 2016.

Detailed breakdowns of funding amounts, allocations and differences by project for each of the above years are presented in appendix 8. This analysis shows:

- Allocation of funding to ARAS has remained relatively consistent 2010-2011, however it received 50.02% of the SWRDTF budget in 2009
- Allocation of funding to the HALO project has increased year on year, however it started from a low funding base
- Allocation of funding to DPEI reduced substantially in 2009 and in subsequent years. Since 2008 the budget available through the SWRDTF has reduced by 26%
- Allocation of funding to the Task Force budget increase very slightly in 2011 and has largely remained consistent between 17-18% of the overall budget, and
- Allocation of funds to the counselling pool has varied from year to year. This impacts the SWRDTF core funded projects ARAS and HALO and also other stakeholders who are working in education and prevention services such as Kildare Youth Services.

6.2 Ongoing Funding Considerations

The Irish state is currently experiencing a very difficult and extended economic recession resulting in ongoing cuts to public service funding. It is also resulting in ongoing hardship to individuals and families as unemployment continues to increase and opportunities diminish further. There are increasing demands for second chance education, training and access to lower paid jobs.

Young people and adults already at risk of or involved in drug misuse are particularly experiencing the affects of the economic decline. People not previously at risk of developing serious drug misuse issues are also now more at risk as they experience difficulties with self esteem, daily structure and a sense of hopelessness arising from extended periods of unemployment. There are real concerns that this group can be vulnerable to the short term appeal of drug supply as a means to source immediate and significant amounts of money, thereby exasperating the drugs problem at both individual and community levels.

There is uncertainty relating to levels of public expenditure in 2011 arising from the early stage of definition of the Programme for Government Recovery 2011 to 2016. All indicators are that Ireland will endure further public expenditure cuts.

This uncertainty poses huge challenges for statutory, voluntary and community organisations across Ireland. This includes services who work to prevent and respond to substance misuse. In the SWRDTF region this is particularly acute as:

a) Services are recently established, therefore demand levels have not yet been fully established or met and service growth could be severely curtailed.
b) Services to respond to gaps have not yet all been put in place; therefore their establishment may be at risk.
c) Associated services and supports which play a key role in working to address substance misuse (such as schools, primary care and social work services) are all experiencing challenges in maintaining service levels.
d) The infrastructure required to respond to the demands of this region is not in place. Despite Co. Kildare being one of the youngest, fastest growing counties over the last fifteen to twenty years, many services such as the required number of primary care teams are not in place. The timing of the current recession impacts on planned broader service development.

It is within this context of funding uncertainty that this strategic plan has been formulated.

7. Overall Assessment

This section presents an overall assessment of SWRDTF work to date:

- Summary of achievements and challenges
- Analysis, and
- Service needs.

7.1 Summary of Achievements and Challenges

SWRDTF has been successful in the following areas:

- Establishing evidence based education and prevention programmes
- Establishing Drugs Education Prevention Initiative
- Establishing ARAS a community drugs team with two location bases in the county
- Establishing the HALO project which is one of a very small number of services nationally working with young drug users (i.e. those under 18 years of age)
- Maintaining resources to these three key services in the current economic climate, with distinct roles and remits
- Developing links and collaborative working relationships with a number of key stakeholders, and
- Establishing a profile for SWRDTF, highlighting drugs issues and the need to respond.

Challenges have been experienced. These include:

- The wide geographical nature of the catchment area
- The lack of service options in the Athy area
- The need to ensure that each service is effectively governed and managed
- Gaps in treatment and rehabilitation services
- Demand for some services exceeding service capacity
- Difficulties in measuring the impact of services and demonstrating unit based value for money
- Threat of continued funding cuts, and
- Supporting collaboration, creating and leading in the development of integrated pathways for clients underpinned by protocols and agreements
- Formalising agreements with the LDTFS on services will be provided to drug misusers in areas outside of designated or prioritised areas.

7.2 Analysis

This planning process highlighted that the prioritised areas of Kildare / West Wicklow are experiencing substance misuse issues in line with national trends. The young demographic, rapid expansion of towns and the impact of the recession make this a very vulnerable region for serious drug misuse to continue to escalate in the coming years.

Substance misuse also exists in parts of the region outside of the prioritised catchment area of Kildare / West Wicklow and not part of the six LDTF areas. While anecdotally it is felt that services are provided by LDTFs or Dublin based services to this cohort, this needs to be clarified and agreed with LDTFs.

All of the interviews carried out highlighted a growing concern for the acceptance and use of substances such alcohol, cannabis and a range of tablets such as benzodiazepines. Heroin misuse, as with national trends has also become more widespread and is a key concern. Particularly acute challenges in this regard were discussed in relation to Athy. Rural drug use was also highlighted particularly in North Kildare.

There are serious concerns in the region relating to retention of existing services in the context of the economic recession and threats of continued public sector funding cuts.

There is generally a positive sense amongst stakeholders regarding the progress that SWRTDF has made in the five years that it has been in existence. However, it is recognised that there is a need at this stage to re-focus and review the membership, role and work of the sub groups, committee and staff in line with this strategic plan.

7.2.1 Prevention

Preventing increasing drug misuse is of primary importance in this area, particularly given the young demographic and the increasing availability of drugs (which was highlighted through interviews). Since its establishment, SWRDTF has played a key role in informing young people, parents, youth and community leaders and other stakeholders about drugs and their effects. This has been carried out primarily through the DPEI programme, but also through with other partners such as the HSE education officer and Kildare Youth Services. It is crucial that this is continued as high quality, evidence based information and support programmes are positively linked with prevention of substance misuse.

While all young people require education and support, there are many high risk young people who are particularly vulnerable to becoming involved in drug misuse. They need to be targeted and prioritised. Particularly mentioned throughout the consultation were children of current substance misusers who also require strategies to integrate into other educational and youth work supports.

SWRDTF has invested in promoting and implementing the evidence based 'Strengthening Families Programme' which has been very successful. The importance of retaining programmes such as these in the region cannot be underestimated.

7.2.2 Rehabilitation and Treatment

Additional support for young people and adults who are actively involved in substance misuse are in place. The HALO and ARAS projects provide a range of services and supports to help clients on their rehabilitation pathways. These services need to be fully supported to reach their potential and to operate as high quality, best practice services across the counties.

There are substantial gaps in relation to the treatment and rehabilitation services available. Methadone is not widely available, there are no supported education/training initiatives and there are substantial after-care gaps. Stakeholder relationships are developing; however there are stakeholders that could become more central to the development and expansion of treatment and rehabilitation services. More formalised relationships could also be developed to ensure continuity of services and to ensure that service users have integrated rehabilitation pathways in line with the national rehabilitation strategy which is being progressed through the national drugs rehabilitation implementation committee.

It is important that drug misusers have easy access to high quality, needs based services to support their rehabilitation progression. In the absence of this, Kildare and West Wicklow will become more vulnerable to increasing and escalating drug misuse and its consequences. The devastating impact of drug misuse within parts of Dublin, Cork and Limerick act as a reminders of how drugs can impact on young people, families and broader communities in ways that are very challenging to address.

7.2.3 Supply Reduction

The establishment of joint policing committees are an important opportunity to ensure that drug dealing and drug related crime are responded to appropriately. SWRDTF can play a role to ensure that issues are dealt with appropriately and people engaged in anti social behaviour as a result of their addiction are made aware of and supported to access services. The continued role of the SWRDTF is important in this regard.

7.2.4 Collaboration

There is a need to enhance and develop current collaborations with services such as the HSE Addiction team and Kildare Youth Services. There is also a need to expand collaborative initiatives to include other key players- GPs, Mental Health Services, Social Services, Primary Health Care. A more formalised, approach would help all players to a) agree on service delivery, b) roles, c) connectivity. It would also strengthen a shared analysis of service gaps, difficulties and blocks which SWRTDF could play a lead role in highlighting at local, regional and national levels.

7.2.5 Research

Finally the absence of quantitative data to assess levels of needs, service outcomes urgently needs to be addressed. There needs to be a national and local commitment to gathering, analysing and sharing data to help support services and SWRDTF to plan, amend and adjust services according to need.

7.3 Service Needs

The service needs across Co. Kildare and West Wicklow span the range of preventative and treatment /rehabilitative services to cater to young people and adults at risk, active substance misusers and families impacted by substance misuse. There is also the need to work in relation to supply reduction.

These areas are consistent with three of the five pillars of the Interim National Drugs Strategy:

- Prevention
- Treatment / rehabilitation
- Supply reduction

The relevant groups are:

- Young people and adults at risk (including former substance misusers)
- Substance misusers
- Families impacted by substance misuse

These groups are located in:

- The larger towns – particularly in Athy
- Small towns, and
- Rural areas, particularly in north Co. Kildare

8. Strategy and Roadmap

This section presents the strategic plan for SWRDTF for the four years from 2011 to 2014. It sets out the vision, key objectives and target actions under each objective. Where the term drugs are used, it is, in the main, used to describe a range of drugs including alcohol.

8.1 Strategic Objectives

The nine key strategic objectives for SWRDTF are:

Area	Strategic Objectives
Geographical Focus	To maintain the focus of SWRDTF work on Kildare and West Wicklow by continuing to develop core services in North Kildare and central Kildare. The expansion of core services in South Kildare needs to be pursued as a priority. These bases act as a hub from which outreach into other parts of the priority area can be developed.
Collaboration	To strengthen and develop collaborative relationships with key partners to ensure that a co-ordinated approach underpinned by best practice exists to respond to substance misuse issues in Kildare/West Wicklow.
Prevention	To maintain a focus on prevention and education initiatives, retaining services with a specific remit to provide evidence based approaches to information, education and up-skilling.
Treatment	To ensure that harm reduction and treatment services are increased and run in accordance with best practice.
Rehabilitation	To increase rehabilitation options available for drug misusers to support their rehabilitation progression.
Supply Reduction	To continue to work with other key stakeholders to support supply reduction measures.
Research	To inform the work of services within the SWRDTF through the provision of high quality data and research.
Organisational	To ensure that SWRDTF and funded projects are governed, managed and developed in accordance with best practice standards to meet the needs of those at risk of and engaged in substance misuse in the catchment area.
Funding	To maintain funding for current service provision and actively pursue additional resources to increase service delivery in the catchment area.

1. Geographical Focus	
Strategic Objective **To maintain the focus of SWRDTF work on Kildare and West Wicklow by continuing to develop core services in North Kildare and central Kildare. The expansion of core services in South Kildare needs to be pursued as a priority. These bases act as a hub from which outreach into other parts of the priority area can be developed.**	
1	• Retain services in North and South Kildare as core hub services from which outreach can take place.
2	• Complete research in Athy as a priority to inform service provision • Develop a plan with key stakeholders to ensure that a range of education prevention, treatment and rehabilitation services and supports are available in Athy • Roll out this plan as a hub for the South Kildare area
3	• Work with the Integrated Services Projects in Kildare town and Kilcock to explore and develop services through their plans e.g. youth cafe
4	• Work with 6 LDTF in the region to agree how clients from the region who live in close proximity to LDTF services have access to them • Assess service gaps and develop a plan to respond to these gaps • Work with neighbouring RDTFs to create synergies and alliances re service provision for bordering parts of the region (e.g. Carlow, Offaly).
Key stakeholders: HSE addiction team, Aras, HALO, RAPID Co-ordinator, Cuan Mhuire, ISP Co-ordinator those involved SWRDTF board, service users, 6 LDTFs in the region.	

2. Collaboration	
Strategic Objective **To strengthen and develop collaborative relationships with key partners to ensure that a co-ordinated approach underpinned by best practice exists to respond to substance misuse issues in Kildare/West Wicklow.**	
1	• Work collaboratively with stakeholders involved in drugs education prevention (e.g. schools, SPHE, HSE Education Officer, Kildare Youth Services, DPEI etc), to strengthen a more collaborative approach to drugs education prevention
2	• Work collaboratively with stakeholders involved in treatment and rehabilitation (e.g. GPs, DTCB, HSE Addiction Team, ARAS, Cuan Mhuire), to retain, increase and maximize service provision. Lead on initiating agreements on how clients will be referred and work with on their integrated rehabilitation care plan
3	• Work collaboratively with primary care teams to integrate drugs services into existing and planned primary care teams
4	• Develop and strengthen collaborative relationships with other key service providers (mental health, social services, Gardaí) to agree how integrated services are delivered.
5	• Continue to support service user input into informing service design and delivery
Key stakeholders: HSE, Kildare Youth Services, SPHE, DPEI, GPs, DTCB, ARAS, Cuan Mhuire, Gardai	

3. Prevention and Education	
Strategic Objective **To maintain a focus on prevention and education initiatives, retaining services with a specific remit to provide evidence based approaches to information, education and up skilling.**	
1	• Support DPEI to continue to run and develop its service particularly targeting parents, volunteers and young people who are/work with the most at risk • Continue to roll out train the trainers strategy
2	• Develop a plan to work with DEIS schools to ensure that young people, parents and teachers are fully aware of the effects of drug misuse and the services that are in place
3	• Promote the ongoing roll out of the Strengthening Families programme. Work with stakeholders to access resources to run this programme
4	• Develop strategies to link the children of drug using or former drug using parents into prevention education initiatives. These can be mainstream youth activities alongside more targeted interventions
5	• Fully utilise the opportunities that exist in newly establishing youth Cafes to roll out prevention and education programmes
6	• Continue family support programmes as preventative and early intervention strategies.
Key stakeholders: DEIS schools, Kildare Youth Services, HSE Education Officer, DPEI, Family Resource Centres, Integrated Services Projects, Community and Voluntary organisations, Youth and Sports Leaders, Sports Partnerships, Youthreach and training centres.	

4. Treatment	
Strategic Objective **To ensure that harm reduction and treatment options are increased and run in accordance with best practice**	
1	• Retain and support the development of ARAS to provide a range of needs based, high quality services to drug misusers in collaboration with other stakeholders.
2	Increase the availability of methadone locally through: • Working with planned primary care centre's to plan for the inclusion of drug treatment services • Liaising with GPs to increase the numbers of level 1 and level 2 GPs • Ensuring that methadone provision is one part of the integrated care pathway plan for clients and not the sole answer to drug misuse
3	• Retain and support the development of HALO to build on its work to date with young people in Kildare/West Wicklow.
4	• Work with the DTCB to make them aware of and link strategically with services and supports in the region.
Key stakeholders: GP Co-ordinator, DTCB, HALO, ARAS, HSE Addiction Service, Primary Care Co-ordinator, Service Users Forum, Cuan Mhuire, service users.	

5. Rehabilitation	
Strategic Objective **To increase rehabilitation options available for drug misusers to support their rehabilitation progression**	
1	• Ensure that all clients have an integrated pathway plan, in line with national expectations (NDRIC)
2	• Support greater collaboration amongst services in Kildare West Wicklow to maximise existing services, collaborative working and identify service gaps to support clients in their rehabilitation progression
3	• Plan to establish locally based supports and services to support client rehabilitation
4	• Increase supported education and training options available to support recovery
5	• Ensure aftercare supports are in place to support drug free clients to continue to rehabilitate and maintain drug free status
Key stakeholders: HSE Addiction team, ARAS, HALO, Cuan Mhuire, FAS, VEC, Maynooth College, NA, AA, service users	

6. Supply Reduction	
Strategic Objective **To continue to work with key stakeholders to support supply reduction measures**	
1	• SWRDTF should continue to play a lead role in the JPC anti social behaviour and drugs sub group to ensure that it effectively responds to issues of drug supply
2	• Continue to promote and lead the roll out of the Dial to Stop drug awareness campaign while dovetailing with the Road Safety Authority drug awareness campaigns
Key stakeholders: Gardai, JPCs, Local Authorities,	

7. Research and data	
Strategic Objective **To inform the work of services within the SWRDTF through the provision of high quality data and research**	
1	• Finalise research commissioned in Athy
2	• Gain access to the numbers of people from Kildare/ West Wicklow who access methadone through the Drugs Treatment Centre Board on a monthly basis
3	• Finalise the PIMS monitoring system
4	• Promote and support SWTDF funded services to have recognised, high quality data systems in place to monitor client progression and compile local data (e.g. DTCB EPS system,)
5	• Lobby national recording systems to adapt their systems to fit the needs of SWRDTF
6	• Work with statutory, community and voluntary sector agencies to share data
Key Stakeholders: DTCB, HRB, HSE, Gardai, Foroige, Kildare Youth Services	

8. Organisational Development	
Strategic Objective **To ensure that SWRDTF and funded projects are governed, managed and developed in accordance with best practice standards to meet the needs of those at risk of and engaged in substance misuse in the catchment area.**	
1	• Review the role and functions of the staff of SWRTDF in the next phase of development
2	• Review the role and functions of the task force sub committees
3	• Ensure that all task force sub groups have a yearly plan based on the strategic plan which is reviewed and adjusted on a yearly basis
4	• Promote and work with stakeholders to offer up-skilling and development opportunities for staff working with service users through accredited training
5	• Ensure that all organisations funded through SWRDTF have strong governance structures and operate in accordance with best practice.
6	• Continue a strong and open relationship between SWRDTF, County Kildare Leader Partnership, HSE and Foroige, underpinned by written agreements.
7	• Assess the advantages/disadvantages of SWRDTF becoming a limited company, to inform the decision about the future organisational structure of SWRDTF.
Key Stakeholders: SWRDTF, KLP, universities/3rd level colleges, HSE	

9. Funding	
Strategic Objective **To maintain funding for current service provision and actively pursue additional resources to increase service delivery in the catchment area**	
1	• To lobby statutory funders in relation to the vulnerability of communities in Co. Kildare to the impact of serious drugs misuse and the need to address service gaps in line with the Interim National Drugs Strategy.
2	• Work with other Task Force Coordinators to highlight the impact of budget cuts on service users
3	• Ensure that all funding allocated is maximised
4	• Develop a funding plan which considers other sources of funding to retain and expand current service delivery
Key Stakeholders: HSE and other funders, funded projects, LDTF/RDTF networks,	

Appendices

1. SWRDTF Membership
2. Trutz Haase Relative Deprivation Scores for parts of Co. Kildare and western Co. Wicklow
3. SWLO Live Register Figures
4. National Policy Context – Supplementary Material
5. Listing of Treatment and Rehabilitation Services
6. Listing of Prevention (Education) Services
7. Funding Analysis

Appendix 1: SWRDTF Membership

Niall Bradley	Chairperson
George Perry	Vice Chair - Kildare County Council
Mick MacTague	VDTN
Tommy Lavelle	Voluntary sector representative
Ger McHugh	DEWF
Esther Wolfe	HSE – Addiction
Jerry Keohane	Gardai
Paul Noyes	Fás
Cllr Mick Duff	South Dublin County Council
Anne Daly	County Kildare Leader Partnership
Paul McPartlin	Revenue/Customs
Margaret Clince	Kildare VEC
Helen Redmond	Probation Service
Cllr Paddy Kennedy	Newbridge TC & Kildare County Council
Caroline Hamill	Family Support
Majella Darcy	SW Cluster
Michael O'Sullivan	Drug Programme Unit - Liaison

Appendix 2: Trutz Haase Relative Deprivation Scores

Covers parts of Co. Kildare and western Co. Wicklow

Table 17: Trutz Haase Relative Deprivation Scores

Area	Electoral Areas	Relative Deprivation Score
Athy Urban (Co. Kildare)	Athy West Urban	-12.7
Athy No 1 Rural (Co. Kildare)	Kilberry	-11.5
	Ballybrackan	-7.7
	Ballitore	-6.2
	Kilkea	-5.7
	Bert	-5.7
	Monasterevin	-4.2
Naas No 1 Rural (Co. Kildare)	Robertstown	-5.2
	Ballysax West	-4.3
	Oldconnell	-3.6
	Newbridge Urban	-3.4
Edenderry No 2 Rural (Co. Kildare)	Kilpatrick	-12.5
	Lullymore	-4.8
	Rathangan	-4.4
	Kilriany	-3.7
	Ballynadrumny	-3.5
	Carburry	-3.3
Baltinglass (Co. Wicklow)	Humewood	-6.1
	Dunlavin	-4.1
	Baltinglass	-2.7
	Stratford	-2.0

Appendix 3: SWLO Live Register Figures

Table 18: Year on Year Live Register Numbers

SWLO	Age Group	End 2006	End 2007	End 2008	End 2009	End 2010
Kildare County	Under 25 years	872	1,135	2,424	3,321	3,123
	All ages	5,187	6,061	11,517	17,229	18,015
Athy	Under 25 years	172	227	372	490	468
	All ages	925	1,072	1,748	2,589	2,796
Maynooth	Under 25 years	242	298	751	1,150	1,004
	All ages	1,518	1,767	3,585	5,760	5,831
Newbridge	Under 25 years	458	610	1,301	1,681	1,651
	All ages	2,744	3,222	6,184	8,880	9,388
Wicklow County	Under 25 years	722	848	1,543	2,061	2,170
	All ages	4,224	4,611	8,079	11,771	12,458
Baltinglass	Under 25 years	103	134	183	270	284
	All ages	476	530	902	1,331	1,509
Wicklow	Under 25 years	137	177	281	382	386
	All ages	798	915	1,470	2,154	2,219
State	Under 25 years	29,114	33,289	61,998	84,398	81,280
	All ages	155,389	170,376	290,018	423,595	437,079

Table 19: Year on Year SWLO Live Register Increases

SWLO	Age Group	Increase in 2007	Increase in 2008	Increase in 2009	Increase in 2010	4 Year Increase
Kildare County	Under 25 years	30.2%	113.6%	37.0%	-6.0%	258.1%
	All ages	16.8%	90.0%	49.6%	4.6%	247.3%
Athy	Under 25 years	32.0%	63.9%	31.7%	-4.5%	172.1%
	All ages	15.9%	63.1%	48.1%	8.0%	202.3%
Maynooth	Under 25 years	23.1%	152.0%	53.1%	-12.7%	314.9%
	All ages	16.4%	102.9%	60.7%	1.2%	284.1%
Newbridge	Under 25 years	33.2%	113.3%	29.2%	-1.8%	260.5%
	All ages	17.4%	91.9%	43.6%	5.7%	242.1%
Wicklow County	Under 25 years	17.5%	82.0%	33.6%	5.3%	200.6%
	All ages	9.2%	75.2%	45.7%	5.8%	194.9%
Baltinglass	Under 25 years	30.1%	36.6%	47.5%	5.2%	175.7%
	All ages	11.3%	70.2%	47.6%	13.4%	217.0%
Wicklow	Under 25 years	29.2%	58.8%	35.9%	1.0%	181.8%
	All ages	14.7%	60.7%	46.5%	3.0%	178.1%
State	Under 25 years	14.3%	86.2%	36.1%	-3.7%	179.2%
	All ages	9.6%	70.2%	46.1%	3.2%	181.3%

Appendix 4: National Policy Context – Supplementary Material

National Drugs Strategy

In 1997 the Government launched a National Drugs Strategy to respond to drugs issues. This prompted the establishment of local and more recently regional drugs task forces of which SWRDTF is one. Task forces provide local and regional platforms to co-ordinate a multi agency response to different aspects of the drugs problem, ranging from supply reduction to preventative education initiatives, treatment and rehabilitative programmes.

National Drugs Rehabilitation Strategy 2001-2008

In May 2007, the report of the working group on drugs rehabilitation was launched. This strategy encompasses interventions aimed at a) stopping, b) stabilising and/or reducing the harm associated with a persons' drug use as well as c) addressing a persons' broader health and social needs. This strategy also clearly states that the process of drug rehabilitation should begin at the first point of contact a drug users makes to a drug related service. This is an important statement as it takes a clear stance to define rehabilitation in a field where there are differing views.

The National Drugs Rehabilitation Strategy names a number of specific high risk drug using groups who should be targeted by services to support progression. These are: a) Homeless people, b) Ex prisoners, c) Children of drug using parents, d) Prostitutes, e) Travellers, f) Mental health and g) Ethnic minorities. It also states that the main funding bodies to fund rehabilitation are LDTFs, FAS, HSE and Probation services.

National Methadone Treatment Protocol

Following from the National Drugs Strategy recommendation of a review of the 1998 methadone treatment protocol, the HSE undertook a review of opiate dependence and treatment processes. This is known as the National Methadone Treatment Protocol (MTP).[17]

One of the key recommendations of the MTP is to maximise detoxification, stabilisation and rehabilitation services and to review the effectiveness of referral pathways. Within this, concern about availability of services in rural areas was expressed:

There is a need for a service model outside of Dublin that has a clear focus on rural aspects of service delivery. The range and scale of problems outside the Dublin area makes the development of services in other areas an urgent priority. (p. 24)

The Methadone Treatment Protocol also speaks of the different roles of general medical practitioners (GPs) in the treatment cycle, distinguishing between level 1 and level 2 GPs and the supporting GP coordinator function. Level 1 competence in relation to methadone treatment and progression is to be expected of all newly trained GPs, however level 2 competences requires more comprehensive training and experience which is intended to maximise treatment efficiency and outcomes and is central to the success of the MTP. The report calls for an increase in the number of level 2 GPs outside of Dublin which is of relevance to the SWRDTF rural areas, many of which do not have level 2 GPs:

[17] It was published under the title: The Introduction of the Opioid Treatment Protocol.

"One of the important aims of the MTP was to promote responsible and good GP involvement in this form of treatment.. There is however a smaller growth and some more problems with the training of level 2 GPs in that it requires a period of time managing a small case load of patients, and this has resulted in a very limited number of level 2 GPs outside Dublin. There is a need to expand the number of level 2 general practitioners." (p. 28).

Prevention of Involvement in Substance Abuse

A comprehensive survey of substance misuse and correlating environmental factors was commissioned by the National Advisory Council on Drugs (NACD). This survey confirmed the positive and protective role of positive family (parental involvement, behaviour and concern) and school / education centre experiences, specifically teacher relationships and support for study. The report also confirmed the strong influence of the peer group on young people's choices in relation to substances and the pattern of progression from one substance to another over time. One of the main conclusions of the survey was that:

"substance-use behaviour can be linked quite clearly and unequivocally to a set of underlying risk and protective factors, many of which can be influenced by appropriate policies. As far as policy-makers are concerned, equal weight should be accorded to parents (and the home environment) on the one hand, and ensuring that all students have the possibility to experience positive and satisfying relationships and challenges at school." (p. 17)[18]

International Comparisons of Addiction Levels

A recent report from the European Monitoring Centre for Drugs and Drugs Addiction noted that:

"The countries reporting the highest well-documented estimates of problem opioid use are Ireland, Malta, Italy and Luxembourg."[19] (page 73)

Worryingly, Ireland was listed as the country with the highest number of opioid users with 7 users per thousand population. The regional nature of this trend was captured in a further point in this report:

"Ireland reported an increase between 2001 and 2006, which was less marked in Dublin (21 %) than outside the capital (164 %).[20] (p. 74)

[18]Risk and Protection Factors for Substance Use Among Young People: A Comparative Study of Early School-Leavers and School-Attending Students". Trutz Haase and Dr. Jonathan Pratschke, October 2010.
[19]The state of the drugs problem in Europe, 2010. (Based on 2006 data).
[20] Ibid

Appendix 5: Listing of Treatment and Rehabilitation Services

(Corresponds to mapping of services in section 4)

Treatment and Rehabilitation Services
Grouped by Level within the 4 Tier Model of Service Provision

HSE Addiction Services

- Celbridge (Needle Exchange)
- Athy (Outreach)

GPs Dispensing Methadone

- Naas
- Monasterevin
- Lucan
- Celbridge x2
- Leixlip

ARAS Services

- Newbridge
- Celbridge

HALO Services

- Naas
- Athy (outreach)
- Blessington (outreach)

Dedicated Stabilisation and Rehabilitation Services

- Athy (Cuan Mhuire - national detoxification and rehabilitation service)

Appendix 6: Listing of Education and Youth Services (Under Prevention Pillar)

(Corresponds to mapping of services in section 4)

Primary Schools with DEIS Status

- 2 Curragh Camp
- 2 Athy
- 2 Newbridge
- 2 Kildare Town
- 1 Kilberry (near Athy)
- 1 Carburry (near Athy)
- 1 Kiltegan (Co. Wicklow)

Secondary Schools with DEIS Status

- 1 Kildare town
- 1 Monasterevin
- 1 Athy
- 1 Curragh Camp
- 1 Newbridge
- 1 Kilashee (Naas)
- 1 Prosperous
- 1 Rathangan

Kildare Youth Service (KYS)

- Athy
- Kildare Town,
- The Curragh
- Newbridge
- Naas
- Celbridge
- Leixlip

Garda Diversion Projects

- Curragh/Newbridge
- Celbridge

KYS special projects for youth

- Athy
- Kildare Town
- The Curragh
- Newbridge
- Naas
- Clane
- Leixlip

Youth Cafes

- Naas
- Kilcullen
- Celbridge

- Planned Kildare Town
- Planned Maynooth

Youthreach

- Blessington
- Leixlip
- Naas-
- Athy
- Newbridge (Youth Training Centre)

Appendix 7: Funding Analysis

Table 20: Funding Drawdown Amounts by Year

Project	2008	2009	2010	2011 (Allocated)
ARAS	€340,112	€460,223	€415,747	€415,000
HALO	€58,221	€104,459	€132,830	€180,000
DPEI	€146,634	€105,954	€108,724	€108,000
Counselling Pool	€137,500	€38,570	€62,539	€10,000
Innovation Fund	€50,000	€51,200	€14,910	€0
Task Force Budget	€104,000	€159,716	€160,000	€157,592
Other	€66,301	€0	€0	€0
Total Funding	**€902,768**	**€920,122**	**€894,750**	**€870,592**

Table 21: Funding Drawdown Proportions by Year

Project	2008	2009	2010	2011 (Allocated)
ARAS	37.67%	50.02%	46.47%	47.67%
HALO	6.45%	11.35%	14.85%	20.68%
DPEI	16.24%	11.52%	12.15%	12.41%
Counselling Pool	15.23%	4.19%	6.99%	1.15%
Innovation Fund	5.54%	5.56%	1.67%	0.00%
Task Force Budget	11.52%	17.36%	17.88%	18.10%
Other	7.34%	0.00%	0.00%	0.00%
Total Proportion	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Table 22: Funding Drawdown Difference From Previous Years

Project	2009	2010	2011 (Allocated)
ARAS	35.32%	-9.66%	-0.18%
HALO	79.42%	27.16%	35.51%
DPEI	-27.74%	2.61%	-0.67%
Counselling Pool	-71.95%	62.14%	-84.01%
Innovation Fund	2.40%	-70.88%	-100.00%
Task Force Budget	53.57%	0.18%	-1.51%
Total Difference	**1.92%**	**-2.76%**	**-2.70%**