



**The Way Forward**  
Second Strategic Plan of the  
Western Region Drugs Task Force  
2011 - 2014



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Produced By:

Orla Irwin (WRDTF Co-ordinator)  
In consultation with the cathaoirleach  
and members of the Western Region Drugs Task Force

January 2011

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# Acknowledgement

The cover for this document is the winning entry in the Suil Aniar Drug & Alcohol Art Project. The artists are fifth year students from Roscommon Community College. Their vision for the piece is as follows: "*The piece was inspired by the art work of American painter Andy Warhol (1928-1987). The focus of this work was on the various side-effects of substance misuse which are depicted on individual canvas'. The effects portrayed include effects such as depression, drug induced highs and hallucination.*" Thanks and congratulation to the participating students and their art teacher Gillian Gannon for an excellent entry.

Sincere thanks to Orla Walshe, WRDTF Project Development Worker and Gary Kyne, WRDTF Office Administrator for all their assistance and support in developing this document. Thanks also to Geraldine Mills for her wonderful editing skills. A special thanks to Martin Lee, Chairperson, Fiona Walsh, Vice Chair and members of the Western Region Drugs Task Force for their continued commitment and support for this document and the actions within it.

The WRDTF look forward to achieving the actions set out in this document over the coming three years and reducing substance misuse within the Western Region.

Orla Irwin  
Co-ordinator  
Western Region Drugs Task Force

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## Foreword by Mr Pat Carey, T.D.

I would like to welcome the second strategic plan of the Western Region Drugs Task Force, “The Way Forward (2011-2014)” and recognise the important work undertaken by the Task Force in the Western Region. This strategic plan provides a framework for services and supports to misusers of drugs and alcohol, their families, and communities in Co. Galway, Co. Mayo and Co. Roscommon. By focusing the strategy on Supply Reduction, Prevention, Treatment, Rehabilitation and Research, the strategy has embraced the five pillars of the National Drugs Strategy.

In this regard, I am glad to see that the Western Region Task Force recognises that no one agency can tackle all drug-related problems on its own. Drug misuse is a cross-cutting issue which requires organisations and individuals from the community, voluntary and statutory sectors to develop an integrated response, based on a partnership approach.

My thanks are extended especially to the members of the Western Region Drugs Task Force for their time, enthusiasm and expertise so readily offered in developing this strategic plan. I also wish to record a special word of gratitude to Orla Irwin, Co-ordinator for producing this document.

I wish the Western Region Drugs Task Force every success as it enters a crucial stage during which the implementation of ‘The Way Forward’ should significantly address drugs misuse in the region. Tackling drugs misuse remains an important issue for the Task Force and an important commitment for the Government.

Pat Carey, T.D.

Minister for Community, Equality and Gaeltacht Affairs



## Cathaoirleach's Foreword

This is the second strategy to be published by the Western Region Drugs Task Force and it seeks to continue on the good work which was achieved during the lifetime of our first strategy, Shared Solutions, which was published in 2005. It is a culmination of an extensive consultation process throughout the region over the past number of months.

The Strategy is set out to incorporate the five pillars of supply reduction, prevention, treatment, rehabilitation and research that underpin the National Drug Strategy. The aims and objectives of this strategy have been informed by wide public consultation and also by the many voluntary, community and statutory organisations that make up the Western Region Drugs Task Force.

The Irish term for Task Force is "meitheal" which was a word used to describe when people would get together to assist someone who needed help. The Western Region Drug Task Force is such a "meitheal" comprising many groups who have combined their energies and expertise to tackle the substance use & misuse in our society.

It is only by such co-operative effort that we as a society can deal with the serious issues that confront us as a result of the prevalence of illicit drugs. The fact that there are so many community and voluntary groups aligned to the Task Force is a source of great optimism. When communities acting together say no to drugs, they can be a powerful force for good. There are many reasons why people fall into drug abuse and consequently the strategy must take cognisance of that in its approach to the problem.

There have been some great achievements by the Task Force since its inception in 2003; however the problem continues to blight many families and communities in our region. In the WRDTF area, alcohol misuse continues to cause serious health and social problems. Both in Shared Solutions and now in The Way Forward, alcohol is recognised as the drug of choice. It is hoped that its inclusion in the National Drugs Strategy will help to focus attention on it especially with our educators and policy makers.

I would like to thank all the members of the Western Region Drugs Task Force for their valuable insights and input into the strategy. I would also like to thank all the people who made submissions and, or attended the Public Consultation days in Galway, Mayo and Roscommon.

A special word of appreciation to Orla Irwin, Co-ordinator of the Western Region Drugs Task Force, and her staff Orla Walshe & Gary Kyne for their tireless efforts in drawing together all the submissions and putting the strategy together.

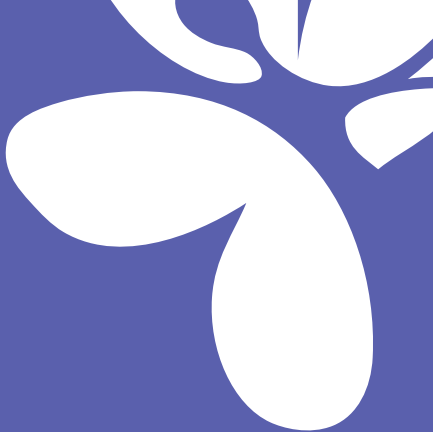
Tackling the drug problem in the western region is going to be a long and difficult task and I wish every success to all involved in it.

Ní neart go cur le chéile.

*Martin Lee*

Cathaoirleach.

November 2010



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# Background and Context



## Background and Context

The Western Region Drugs Task Force (WRDTF) is pleased to present its second strategic plan, *The Way Forward (2011 – 2014)*. It builds on the initiatives developed within its first strategic plan *Shared Solutions*, recognises the achievements over the past three years but also acknowledges that it must broaden its focus in order to address the increasing level of substance use and misuse in the west of Ireland.


The WRDTF is a co-ordinating body established in May 2003 as one of the key recommendations of the National Drugs Strategy (2001-2008). Using a partnership approach, it was established to research, develop and implement a co-ordinated regionally appropriate response to substance misuse.

Its overall aim is to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on: Supply Reduction, Prevention, Treatment, Rehabilitation and Research. Its objectives are to develop an integrated and well managed response to drug and alcohol problems; propose a range of solutions and service interventions based on these five pillars of the National Drugs Strategy and ensure that all responses are monitored and evaluated according to best practice and value for money principles. These aims are in line with the overall aim of the National Drugs Strategy (interim) 2009-2016 “*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*” (NDS, 2009)

*Shared Solutions* is the foundations on which *The Way Forward* is built. It was the first response to substance use and misuse in the west of Ireland by the Western Region Drugs Task Force and was based on the five pillars. One of its strengths was its inclusion of alcohol and its recognition that it is by far the most commonly used substance in the region. The inclusion of alcohol within the strategy was a complex issue as it was (and still is) seen as a major part of the Irish culture and holds social significance. However, acknowledging this fact, alcohol is also often seen as a gateway to illicit drug use, particularly for young people. It is recognised as one of the main substances used in polydrug use. A monumental advancement was made in the aim of reducing substance misuse when at the end of March 2009 the Government agreed (for the first time) to include alcohol in a National Drugs Strategy (interim) 2009-2016.

The primary goal of *Shared Solutions* was to gain funding and resources to develop initiatives that would tackle drug and alcohol misuse within the region. One third of the funding requested was granted by Government and many of the projects were developed; however, a number of front line services were not funded and this still remains a barrier to reducing the harm caused to individuals, families and the community by drugs and alcohol.

*The Way Forward* aims to meet the objectives as set out in both the National Drugs Strategy and *Shared Solutions*. It prioritises local needs and sets out local developments in response to those needs. It builds on the work of the funded projects, acknowledges the difficulty they endured when beginning from a blank canvas, and delivers a strategic plan that will see a significant improvement in the area of substance misuse within the west of Ireland. The strategic plan will endeavour to use the resources available to it in the most beneficial, effective and efficient manner. It will also show the need for additional resources in the area of Supply Reduction, Prevention, Treatment, Rehabilitation and Research that will allow the region to deliver a



more proficient service that will make a substantial difference to those affected by drug and alcohol misuse. The core principal of this strategic plan is to implement an holistic needs-led response to substance misuse within the region, prioritising the client, family and community. This direction is congruent with that of the National Drug Strategy.

In addressing the need to have a clear and coherent approach to reducing the harm caused by substance misuse, the strategic plan prioritises the need for the establishment of a Community Substance Misuse Team (CSMT), additional detoxification beds and extra residential rehabilitation beds for those most marginalised within society.


With combined commitment and effort by all involved at a political, policy and service delivery level from Tier I to IV (see Appendix 1) the WRDTF firmly believes it can reduce substance misuse within the region during the lifetime of this strategy.

This document shows the demographics for the region, including those within the identified at-risk groups (where possible). It gives statistical background information relating to the at-risk groups, showing the significant importance of their inclusion in this document. It shows how an extensive consultation process was undertaken and from it how strategic actions were devised. Finally, the identified actions have been divided into three categories: actions that can be achieved within current resources; actions where the WRDTF plays a role in their delivery but is not the lead agency; and finally actions that require additional resources.

## **Substance Misuse in the Western Region**

It is important to know what the key substance misuse issues within the western region are, as this information will help determine the focus of service provision going forward. When looking at research data in relation to substance misuse rates in Ireland, a number of facts can be noted. Research studies use terminology such as 'prevalence rates', 'lifetime' (ever used a drug); 'last year' (used a drug in the past twelve months); and 'last month' (used a drug in the past 30 days) use. Prior to reading such data it is valuable to know what exactly these terms mean and the reason for this is to give an accurate picture.

So what does the term 'prevalence' mean? It refers to the proportion of a population who has used a drug at a particular time. 'Lifetime prevalence' should not be interpreted as meaning that people have necessarily used a drug over a long period of time or that they will use the drug in the future. It means that the respondents are stating that they at some time in their lifetime have used a drug. 'Last year prevalence' refers to the proportion of the sample that reported using a named drug in the year prior to the survey. For this reason, 'last year prevalence' is often referred to as recent use. 'Last month prevalence' refers to the proportion of the sample that reported using a named drug in the 30 day period prior to the survey. 'Last month prevalence' is often referred to as current use. A proportion of those reporting current use may be occasional (or first-time) users who happen to have used in the period leading up to the survey – it should therefore be appreciated that current use is not synonymous with regular use. (NACD, 2008)



According to the Health Research Board (HRB) National Drug Treatment Research Statistics (NDTRS, 2009), over 1047 individuals were assessed or treated for problem drug or alcohol use in the WRDTF region. Of that figure 612 individuals presented with alcohol problems and 421 for drug misuse. Of the individuals who presented for assessment or treatment 735 were male and 298 female. Four hundred and forty of the above number had previously been treated, and for 480 individuals it was their first presentation at a service. Five hundred and three of those individuals were treated as in-patient; 402 outpatient; 35 were treated through GPs; and 93 within the prison system. Of the above number, 618 individuals resided in Galway; 267 Mayo; and 148 Roscommon. It is important to note that not all treatment providers fill out NDTRS which results in an under-estimation of actual treatment cases.

## Alcohol

Ireland is among the highest consumers of alcohol in the European Union; the average rate of consumption of pure alcohol per adult is 13.36 litres per annum. Rates of consumption figures for the Republic of Ireland are calculated from 'alcohol sales figures' (Hope, 2007). This represents an increase of 17% since 1995. Beer is the most popular alcoholic beverage in Ireland representing 51% of total alcohol consumed. The rise in wine consumption is also significant with an increase of 170% between 1995 and 2006. In addition, binge drinking patterns are common and drunkenness is a usual occurrence on drinking occasions. Rates in Ireland are considerably higher than the European average for binge drinking with 34% reporting five or more drinks per drinking session compared to the European average of 10% (Mongon, 2007). The 2007 SLÁN Survey reports a decrease in the percentage of people consuming six or more standard drinks on one occasion in the week, from 45% in 2002 to 28% in 2007 (Morgan et al., 2008). However, the survey methodology has been changed from postal self-report-questionnaires in 2002 to face-to-face interviews in 2007 and therefore conflicting factors exist. The HBSC data also illustrates that a third of 15 year olds living in Ireland reported being drunk twice or more. (Nic Gabhainn et al., 2007)

The Irish Health Research Board statistics states that the western region consisting of counties Galway, Mayo and Roscommon had the lowest rates of treatment for problem alcohol use among 15-64 year olds in Ireland between 2004 and 2006, contrasting with Sligo which had the highest rates of people seeking treatment (Fanagan et al., 2008). This contrast is significant, with 23 people in Sligo per 100,000 coming forward for treatment compared to 1.3 in Mayo which has the lowest rate in the country (Fanagan et al., 2008). Sligo has the highest number of deaths caused by alcohol abuse in Ireland with 8 per 100,000 deaths related to alcohol (Fanagan et al., 2008) while Galway, Mayo and Roscommon are below the national average with approximately 4.9 alcohol-related deaths per 100,000 annually (Fanagan et al., 2008).

## Tobacco

The 2007 SLÁN Survey reported that 29% of respondents are current smokers (Morgan et al., 2008). Current smoking was higher among younger respondents and those in the lower social classes. In the western region, 61% reported ever smoking tobacco, with 36% reporting having smoked in the previous year and 32% in the previous month. In the 2006 Irish HBSC survey, 15% of participants (aged 10-17 years) reported that they were current smokers (Nic Gabhainn et al., 2007).

## Prescription Drugs

A report commissioned by the WRDTF titled *Minor Tranquillisers & Sedatives Use & Misuse in the West of Ireland* states that the prescribing of minor tranquillisers and sedatives within the western region is excessive, with 89,721 individuals in counties Galway, Mayo and Roscommon being prescribed minor tranquillisers and sedatives between 2000-2007. It goes on to state that 58% of the above number was female and 42% male with 80% of the 89,721 being GMS patients. The report also states that over 54% of the individuals who were prescribed minor tranquillisers and sedatives were over the age of 65 years. Of that category, 62% were female and 38% male. More startling is the finding that €168.9 million was spent on the above-named prescriptions between 2000-2007; of which almost €90 million was for drug ingredients, and €79 million professional fees. In summary, the findings of the study indicate that women, older people and people on low incomes are over represented in the averages, while men and people on higher incomes are correspondingly under-represented (Flynn, 2009).

## Drugs

Drug use in Ireland has become a major topic for discussion in recent years. The most recent SLÁN survey, conducted in 2007, reports that 9% of men and 4% of women had taken illicit drugs in the previous 12 months, with cannabis being the most commonly consumed (8% of men and 3% of women) (Morgan et al., 2008). The 2008 NACD Drug Prevalence Survey states that almost one quarter (23.3%) of all respondents in the WRDTF area reported having ever taken any illegal drug, which was an increase from the 2002/3 NACD survey when lifetime prevalence was reported at 12.5%.

In 2006/07, cannabis was the most commonly used illegal drug with 21% reporting lifetime use, which was also a significant increase on 2002/03 rates (12.0%). Prevalence rates for lifetime cannabis use among young adults (15-34 yrs) were at least double those of older adults, 29.1% versus 14.5% respectively. Moreover, lifetime and last month prevalence of cannabis use among young adults had significantly increased since 2002/03 (lifetime: 29.1% versus 14.6%, last month: 7.1% versus 1.5%) (National Advisory Committee on Drugs 2008b).

Lifetime use of ecstasy (4%), cocaine (3%), amphetamines (3%), LSD and solvents (2% each) were also reported for all adult respondents in the WRDTF area. Ten percent of the respondents reported using sedatives, tranquillisers and anti-depressants with 5% doing so in the previous year and 4% in the previous month (National Advisory Committee on Drugs, 2008a). In the western region, the increase in new cases of drug addiction among those under 18 was among the highest in the country (Reynolds et al., 2008a). However, the west has the lowest incidence of treated drug use with 29 cases per 100,000, which may indicate lower problematic drug use rates or lower access to appropriate drug treatment service (Reynolds et al., 2008).



# Supply Reduction

Supply Reduction

Supply Reduction

Supply Reduction

Supply Reduction

Supply Reduction

Supply Reduction



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# Population Demographics

## Population Demographics

This chapter illustrates the population demographics in Galway, Mayo & Roscommon (GMR). It clearly shows that the region has a largely rural population with urban areas being the major towns in Mayo, Roscommon and Galway city. The chapter identifies the age and gender of the population as well as showing the demographics of the identified at-risk groups (Travellers, homeless, LGBT, sex workers, new communities, prisoners) where possible.

The 2006 Central Statistics Office (CSO) Census states that the total population of the WRDTF area (GMR) is 414,277. This figure shows that the CSO's estimated growth rate of over 400,000 by 2011 was reached five years earlier than anticipated. In line with this growth in population it is important to examine if service provision has grown at the same rate. The population increased by 33,980 individuals between 2002-2006.

**Table 1.1** illustrates the actual population size of the three counties within the Western Region Drugs Task Force area. Galway has the highest population with 231,670 inhabitants, Mayo has 123,839 inhabitants and Roscommon has 58,768 individuals residing within the county.

**Table 1.1: Population by County**

County	Population size
Galway	231,670
Mayo	123,839
Roscommon	58,768

\* 2006 Census

**Table 1.2** illustrates the increase in the population within Galway city and county between 2002 and 2006. These figures differ from that of the 1996-2002 Census where there was a 15% increase in the population growth within Galway city and 8.8% increase population growth within the county of Galway. The shift in trends may be due to the increased cost of city living as well as better infrastructure within small towns and villages within close proximity of Galway city.

**Table 1.2: Population within Galway City & County Percentage Increase 2002-2006**

Area	2002 Population	2006 Population	Percentage population increase 2006
Galway City	65,832	72,414	10%
Galway County	143,245	159,256	11.2%
Galway Total	209,077	231,670	10.8%

**Table 1.3** illustrates the population growth within all three counties over a four-year period. Individual inhabitants rose from 209,077 to 231,670 (10.8%) in Galway city & county. County Mayo also saw an increase in population from 117,446 to 123,839 (5.4%) over the same period and finally Roscommon saw an increase in population size from 53,774 to 58,768 (9.3%).

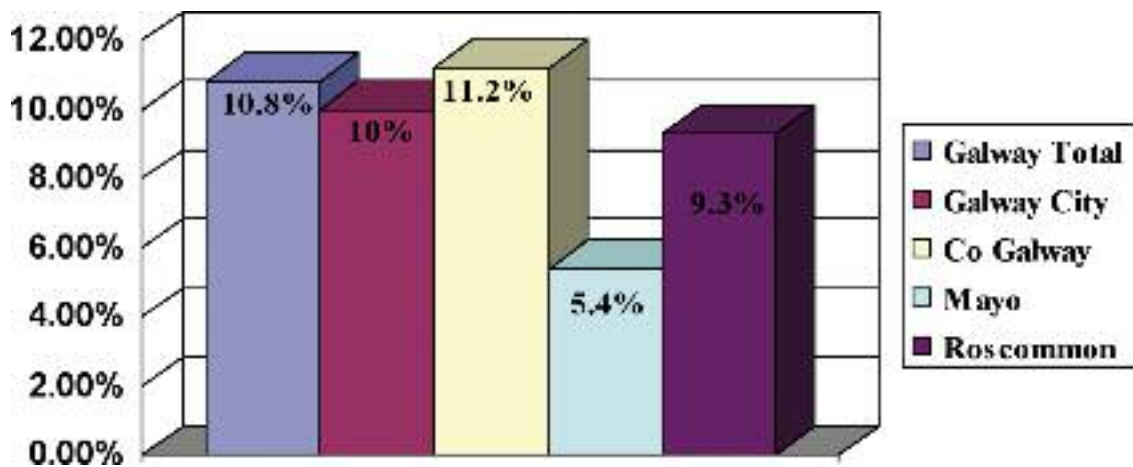
**Table 1.3: Population Growth by County 2002-2006**

County	2002 Population	Population Growth	2006 Population
Galway	209,077	22,593	231,670
Mayo	117,446	6,393	123,839
Roscommon	53,774	4,994	58,768

\* 2006 Census

**Table 1.4** illustrates the increase in population size by percentage in GMR since 2002. When compared to the 2002 Census figures, Roscommon sees the highest growth rate from 3.5% in 2002 to 9.3% in 2006. The rate of growth in Mayo has remained roughly the same at 5.4%. Galway city growth rate has slowed from 15% in 2002 to 10% in 2006; this has been balanced by an increase in population growth in county Galway from 8.8% in 2002 to 11.2% in 2006. When the Galway total (city & county) population growth is compared in both 2002 (10.7%) and 2006 (10.8%) Census the rate remains the same.

**Table 1.4: Population Percentage Changes within the Region 2002-2006 (\*2006 census)**



**Table 1.5** illustrates the rural/urban divide within the region. It is evident from the table below that a high percentage of the inhabitants within GMR reside in rural areas – Roscommon being the most noticeable – with a distribution of 44,434 individuals out of 58,768 living in rural areas. Mayo recorded the second highest rural distribution with some 88,161 individuals out of 123,839 residing in rural areas. Galway’s rural/urban divide is more balanced with 131,914 individuals out of 231,670 residing in rural areas. This may be due to the fact that the city of Galway has a population of 72,414 with two third level academic institutes (NUIG & GMIT). The findings are evidence of the need for targeted interventions, services and support within the rural community.

**Table 1.5: Urban/Rural Divide within the Region**

County	Rural Population	Urban Population
Galway	131,914	99,756
Mayo	88,161	35,678
Roscommon	44,434	14,334

\* 2006 Census

**Table 1.6** illustrates the population by gender. When looking at service provision, population composition must be considered as well as population distribution. One of the more interesting findings from the data is that in all three counties the divide between male and females is relatively equal, with the greatest divide being less than 1,600 in Roscommon. This information indicates the need for equal service provision between the male and female population.

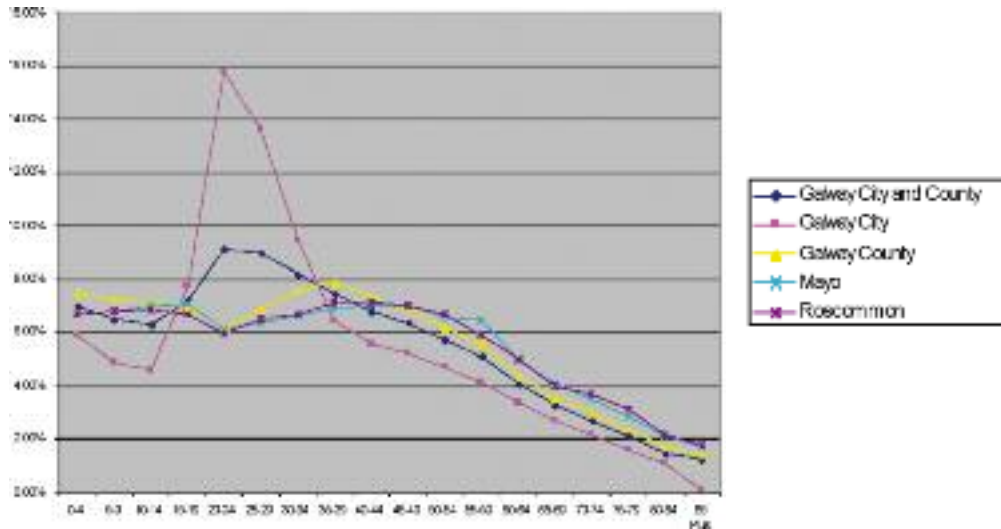
**Table 1.6: Population in Galway, Mayo & Roscommon by Gender**

County	Male	Female
Galway	116,476	115,194
Mayo	62,636	61,203
Roscommon	30,178	28,590

\* 2006 Census

**Table 1.7** illustrates the population age by percentage within each of the three counties. As anticipated, Galway city shows an increase in the numbers within the 15-35 year age group. This can be attributed to the two third-level education institutions and several major employers being situated within the city.

**Table 1.7: Percentage Population by County & Age Group 2006**



## Demographics of Identified At-risk Groups Residing in Galway, Mayo & Roscommon

### Traveller Community

In the 2006 Census, 22,369 people identified themselves as Travellers; of that population 4,359 (1/5) reside within Galway, Mayo & Roscommon. Table 1.8 illustrates the breakdown of inhabitants within each county. Caution should be given when reading these figures due to the nomadic nature of the population.

**Table 1.8: Traveller Population by County**

Galway	Mayo	Roscommon
3,113	938	308

\* 2006 Census

**Table 1.9** illustrates the Traveller population by gender. As with the settled community, both the male and female gender breakdown per county is on average equal.

**Table 1.9: Traveller Population by Gender**

County	Male	Female
Galway	1,488	1,625
Mayo	475	463
Roscommon	170	138

\* 2006 Census

## New Communities

The latest figures from the 2006 Census show that 414,512 non-nationals reside in the Republic of Ireland. Table 2.0 illustrates that of this figure 48,387 non-nationals live in Galway, Mayo and Roscommon with the following distribution: Galway city and county (24,139 non-nationals); Mayo (10,944 non-nationals); and Roscommon (5,415 non-nationals). With 48,387 non-nationals residing in GMR it is vital that service provision for new communities is reviewed and improved where needed

**Table 2.0: New Community Population in Galway, Mayo & Roscommon**

Nationality	Galway	Mayo	Roscommon
EU Countries	16,030	8,796	4,192
Poland	4,153	1,191	668
Lithuania	916	508	234
Germany	716	273	93
Latvia	617	316	151
Rest of Europe	926	283	132
African countries	1,774	332	159
Nigeria	804	112	105
South Africa	181	66	18
Other	789	154	36
Asian countries	1,647	670	303
China	275	83	32
Philippines	224	58	21
India	270	89	56
Pakistan	196	221	149
Malaysia	215	32	13
Other	467	187	32
Americas	2,919	559	513
USA	1,130	449	170
Brazil	1,561	63	329
Canada	151	30	12
Australia	223	68	28
New Zealand	104	23	8
Other nationalities	393	173	71
Multi-nationality	123	40	9
Not stated	2,193	836	486
Total	24,139	10,944	5,415

\* 2006 Census



## People who are Homeless

Gaining accurate figures for the numbers of persons who are homeless is quite a difficult task due to the nature of homelessness. Any person who sleeps rough, lives in emergency accommodation or in inadequate, insecure or unsafe housing is experiencing homelessness (Simon Community, 2008).

In 2008 the survey '*Counted In*' was carried out in Galway city by the Galway City Council in conjunction with the Homeless Agency and SPSS Ireland. This survey was carried out in homeless accommodation and other homeless services over a period of a week in March 2008. One hundred and fifty seven households were identified as homeless in Galway. The vast majority (80%) of adults surveyed were male and there was a 4:1 male to female ratio among service users. The average age of the adults surveyed was 43 years old. Of those surveyed, 6% reported sleeping rough for 4 nights or more out of the previous 7 nights.

On another date in the same time period a street count took place. A total of 15 people were observed sleeping rough on the night of the count (March 12th 2008). Evidence was also gathered about 16 other areas where people may have been sleeping rough but no one was observed in those locations on that particular night.

Services working in the area of homelessness in the region believe that this is not a true reflection and is under representative of the actual number of homeless persons in Galway city.

## LGBT Community

In Ireland the census does not gather data on individuals' sexual orientation. However it does record the number of same sex cohabiting couples. The 2006 Census recorded 2,090 same sex couples. This compares to just 150 couples recorded in the 1996 Census . A range of constraints in data collection however coupled with the reluctance of some LGBT people to identify themselves in the census means that these numbers are likely to be a considerable under-estimate of the actual population.

Due to the lack of Irish demographics for the LGBT population GLEN (Gay, Lesbian Equality Network) advised the WRDTF to apply the United Kingdom model where the UK Government has estimated the number of LGBT to be between 5% and 7% of the general population. These estimates are based on a range of data sources, including national survey data . Applying these percentages to the population of Galway, Roscommon and Mayo would suggest an LGBT population in these counties of between 20'713 and 28'999 people (Full Regulatory Impact Assessment, UK Department of Trade and Industry, 2003). GLEN also stated that there is very significant anecdotal and research evidence to show that LGBT individuals experience significant isolation and social exclusion in rural Ireland. As a result they are less visible generally in rural communities and service providers need to take proactive steps to communicate with LGBT individuals and service users.



## Sex Workers

No statistics in relation to demographics of sex workers were available for the west of Ireland at the time of publication of this document. As stated in the 2009 NACD report: Drug Use, Sex Work & the Risk Environment in Dublin, “researching problem drug users and involvement in sex work is difficult because both groups represent hidden populations and both activities are illegal and highly stigmatised”.

*“Due to the clandestine, illegal nature of prostitution, there is no accurate or reliable estimate of the number of sex workers in Ireland. This is true internationally; sex workers are reluctant to admit their involvement in sex work due to stigma, shame, embarrassment and fear of exposure. Additionally, many sex workers work occasionally, opportunistically or part-time, and may never come to the attention of services i.e. Gardaí, health, social welfare”* (NACD, 2009).

## Prisoners

Castlerea Prison is the only prison in the Western Region. It is a closed, medium security prison for adult males. It is the committal prison for remand and sentenced prisoners in Connaught and also takes committals from counties Cavan, Donegal and Longford. The operational capacity of the prison increased to 351 during 2009. The 2009 Irish Prison Service Annual Report states that the daily average number in custody in Castlerea Prison in 2009 was 306.

According to the Dept. of Justice, Equality and Law Reform on 14th April 2009, there were 3,849 prisoners in custody as compared to a bed capacity of 3,636. This represents an occupancy level of 106%. Of that figure, Castlerea Prison had 269 inmates with a bed capacity of 228. Table 2.1 provides a breakdown of the population of each prison/place of detention on April 14th, 2009 (Dept. of Justice, Equality and Law Reform, 2009).

According to a 2006 report by the Irish Prisons Inspectorate “*Castlerea prison is not entirely “drug free”. However they are not experiencing the same illicit drug problems as other prisons and it is a relatively drug-free prison*”. The report also goes on to say “*The project “you’re equal” is very much welcomed and hopefully will be successful. Great praise is due to all concerned in getting it into the prison. It is disappointing that there is no psychology service, no librarian, no additional Probation and Welfare officer and that the computer workshop is idle at present. Such gaps in the service leave a void for prisoners’ regimes or rehabilitation*” (IRISH PRISONS INSPECTORATE, 2006).

We are aware that since the report, changes have been made within the prison system. Merchants Quay Ireland now provide the addiction counselling service within the prison.

**Table 2.1: Population within Irish Prisons on April 14th 2009.**

Prison/Place of Detention	Bed Capacity	No. in Custody
Arbour Hill Prison	148	157
Castlerea Prison	228	269
Cloverhill Prison	431	468
Cork Prison	272	300
Dóchas Centre	85	105
Limerick Prison (male)	275	303
Limerick Prison (female)	20	19
Loughan House	150	111
Midlands Prison	469	520
Mountjoy Prison (male)	540	635
Portlaoise Prison	210	108
Shelton Abbey	95	98
St. Patrick's Institution	216	222
Training Unit	107	113
Wheatfield Prison	390	421
Totals	3,636	3,849

*“The prison system is, of course, subject to peaks and troughs. Numbers are particularly high when the courts are at their busiest, giving rise to a high number of committals. There has been a consistent increase in the total prisoner population over recent years. This situation is particularly apparent over the past 12 months, where we have seen dramatic increases in the number of sentenced prisoners, those being committed on remand and a trend towards longer sentences” (Department of Justice, Equality and Law Reform, 2009).*



# Prevention & Education

Prevention & Education

Prevention & Education

Prevention & Education

Prevention & Education

Prevention & Education

Prevention & Education



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3

Identified  
Target Groups



## Identified Target Groups

As stated in the National Drugs Strategy (interim) 2009-2016, one of its priorities is to “*further develop the engagement with and the provision of services for specific at-risk groups: Travellers, sex workers, new communities, LGBT and prisoners*”. The Western Region Drugs Task Force has over the past number of years engaged with a number of the above identified at-risk groups on specific initiatives and from reading the ‘Actions’ chapter of this strategic plan you will see the continued commitment of the WRDTF to improved service provision for each of the at-risk groups.

### Travellers

The WRDTF research report *Substance Misuse in the Traveller Community; A Regional Needs Assessment* points out that the Traveller community may be at risk of problematic drug use due to their experiences of marginalisation, poverty, poor mental health, discrimination within wider society and increased fragmentation of their culture within their own community. An exploratory study of an overview of the nature and extent of illicit drug use amongst the Traveller Community Fountain (2006) identified the following: “*As in the general population, cannabis, sedatives, tranquillisers and anti-depressants are the drugs reported to be most widely used in the Travelling Community*”.

After these, cocaine and ecstasy were stated as being the next most commonly used substance. There seems to be little evidence of amphetamines and magic mushrooms while the use of poppers was limited to a very small number of Travellers. Heroin, crack cocaine, LSD and solvents are the drugs least frequently used within the Travelling community.


Fountain (2006) states that there is a perception that many more males than females use drugs. However, it was perceived that certain drugs were used mainly by female Travellers which include sedatives, tranquillisers and anti-depressants. A wide age range of Travellers were perceived to be using illicit drugs; although the age range from adolescence to the early thirties was mentioned most frequently. Prevalence of injecting drug use is relatively low among travellers (Fountain 2006). This information was supported by the WRDTF research report.

*Substance Misuse in the Traveller Community; A Regional Needs Assessment (2009)* identifies a number of key recommendations that should be implemented to reduce substance misuse. They include: peer-led drug education and awareness for Travellers; a dedicated Traveller outreach worker; the use of a community development model to deliver outreach services; the promotion of Traveller culture; family support; integrated education; training and recreational youth programmes. The report also recommends the need for anti-discrimination training for community, law enforcement, health, and addiction services staff along with improved links with the prisons’ service.

### New Communities

As outlined in Chapter Two, the latest figures from the 2006 Census show that 414,512 non-nationals reside in the Republic of Ireland; of this figure 48,387 non-nationals are living in Galway, Mayo and Roscommon. With 48,387 non-nationals residing in the region it is vital that service provision for new communities is reviewed and improved where needed.

The WRDTF Research report: *Substance Use in New Communities (2009)* found that reviews of substance



use issues among immigrant communities or among ethnic minority groups tend to draw very similar conclusions despite originating in different countries, focusing on different 'non-native' groups and using very different research methods. For example, Carrasco-Garrido et al. (2007) report lower levels of alcohol and tobacco among immigrants than among the native population.

In the western region we face a situation where the risk factors for substance use that have been identified elsewhere exist or are emerging among new communities and thus the opportunity now presents itself for co-ordinated preventive action. Such actions must operate side-by-side with other preventive activities designed to promote health in the widest sense. The WRDTF research report recommends a number of measures that will assist in the area of substance misuse, samples of which are: service providers should develop a multidisciplinary, cross-sectoral forum, under the auspices of the WRDTF, which can engage in the planning process to render all services equitable. It also goes on to state that members of new communities need to be involved in all aspects of the service planning and delivery, thus appropriate representatives need to be identified and trained. Furthermore, it states that educational programmes for new communities which focus on drug issues and increasing service awareness should be delivered multilingually and need to be developed in conjunction with new community members, bearing in mind potential differences between population sub-groups.


It is relevant to point out that many of the recommendations in Substance Use in New Communities are consistent with those in the 2008 Intercultural Health Strategy (Health Service Executive, 2008b). Although consistent, this should not be misinterpreted as being dependent; the recommendations may inform local implementation of both a Regional and National Drugs Strategy, but should also be considered as appropriate in their own right.

### **People who are Homeless**

In *Counted In*, a study carried out by the Galway City Council, Homeless Agencies and SPSS Ireland, we see that 157 households were identified as being homeless. Of these, 80% were male and 20% female. Of the men surveyed, the average age was 44 whereas the women had an average age of 38. The majority of people surveyed and their partners were Irish. EU citizens included 11 people from the UK and 5 from Poland.

There exists a range of structural and individual factors which can be attributed to homelessness. These include unemployment, poverty, housing shortages, alcohol and drug use, mental illness, anti-social behaviour, poor health, relationship breakdown, and previous experience of institutional care, including psychiatric care and prison (O'Gorman, 2002). However, no Irish study on homelessness has used drug use as the main focus of the research.

Studies have argued that drug use and homelessness are interdependent and have described the relationship as a cyclical pattern with each reinforcing the other (Hutson and Liddiard, 1994); a web of causation, (Lloyd, 1998); or an interactive meeting point (McCormack, 1997). Regardless of whether homelessness or drug use comes first, numerous research studies have consistently found that the proportion of homeless people who use drugs is significantly higher than in the general population (taken from the study: Drug Use among Homeless, 2005).



Attempts to estimate an overall prevalence rate of alcohol and drug use among the homeless population is likely to result in an underestimation as rates can vary across homeless accommodation types and client profiles (Horn, 2001). Within the areas of homelessness and drug use, there exists research on two distinct groups: members of the homeless population who engage in drug-using behaviour and drug users who are homeless. The difference lies in the manner in which the issue is perceived and approached from a service perspective. For example, if a person presents at a drug service, he/she is primarily viewed as a drug user, whereby their homeless status becomes ancillary to their drug-using profile. However, presentation at a homeless service suggests the reverse (taken from the study: *Drug Use among Homeless*, 2005).

In the *Drug Use the Homeless Population in Ireland* study, homeless agency staff reported that the most chaotic drug users were least likely to get re-housed and most likely to have their tenancies discontinued. Homeless drug users are also unlikely to find suitable accommodation to match their high support needs (Rutter, 1998). Finally, Henkel (1999:3) argues that to control or reduce the drug use of homeless individuals is 100 times more difficult than when they are safely housed.

### **Lesbian, Gay, Bisexual and Transgender (LGBT)**

Research commissioned by LGBT West; *A needs analysis of the Lesbian, Gay, Bisexual and Transgender Population in Galway, Mayo and Roscommon* (2008) found that levels of smoking, alcohol and drugs use appear to be significantly higher in the LGBT population. It stated that higher prevalence of smoking, alcohol consumption and use of recreational drugs (over lifetime, past year and past month) was reported by the online survey respondents when compared with current national prevalence studies (Kelleher et al 2003, NACD 2008). These findings are consistent with other LGBT studies for smoking and drugs. The report goes on to suggest that provision of targeted services to the LGBT population should not be dependent on elevated levels of consumption but should be consistent with the delivery of services which meet the needs of the LGBT population.

A report published by BeLonGTo entitled *Drug Use amongst Lesbian, Gay, Bisexual and Transgender Young Adults in Ireland Overview* (2006) states that 'drug use amongst Ireland's teenage and young adult population has emerged as a growing concern for those involved in health, education, social welfare and criminal justice areas'. The report states that these findings would tend to suggest that drug use is widespread amongst LGBT young people and is more prevalent than recorded in comparable studies investigating drug-taking within the youth population generally. Overall this research suggests that the problem is significant, impacts on young people in very real and often very negative ways, and is growing more serious in extent and nature.

Those working with young lesbian, gay, bisexual and transgender (LGBT) individuals, in particular, are concerned that anecdotal evidence points to particularly high levels of recreational drug-taking amongst this section of the community deriving from an array of psychological, environmental, social and experiential risk factors. A considerable amount of research has been conducted abroad that probes levels of drug-taking and routes into drug use amongst the LGBT community, yet there is a complete absence of comparable research in Ireland.



## Sex Workers

Researching problem drug users and involvement in sex work is difficult because both groups represent hidden populations and both activities are illegal and highly stigmatised.

A recent research study, *Drug Use, Sex Work and the Risk Environment in Dublin*, (NACD, 2009) drew on data from 35 drug-using sex workers and 40 service (drug treatment, homeless, health, welfare) providers. The study explored the risk environment of drug-using sex workers in Dublin. The key findings of this report were that drug-using sex workers are exposed to multiple risks and harms in their living and working lives. The report made recommendations in relation to housing, access to methadone treatment, needle exchange, condoms, lubricant, etc, and importantly it indicated the need for access to drug and specialist (sex work) outreach services in particular in the evenings, at night and at weekends.

Overall the research found that as a client group, 'drug-using sex workers have multiple, interlocking needs that span health, social and legal issues'. With this in mind, measures to address these should incorporate 'their wider social and situational needs such as poverty, housing, educational needs and employment prospects as they are as fundamental to reducing their risk of harm as addressing their drug use'.

Due to the nature of this target group and the lack of an identified service working with it in the west, accessing regional data has proved difficult. However, it has been well established that drug-using sex workers are a particularly at-risk group due to dangers/risks associated with their working environment. In recent years the sex work industry has changed considerably with reduced visibility on the street and an increase in the use of technology in the industry.

As it has not been possible to establish an accurate number of sex workers in the western region (or estimate same), it does not mean that this population is not in existence in the area.



**Treatment**

Treatment

Treatment

Treatment

Treatment

Treatment

Treatment



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4

Consultation  
Process



## Consultation Process

The Western Region Drugs Task Force began the journey of writing its second Regional Substance Misuse Strategy Plan in February 2010. Following discussion, the Task Force decided to take the following steps in order to develop a comprehensive document that illustrated the concerns of the community, the current provision of this service both at a statutory, voluntary and community level, and display the commitment of all sectors in working with the Task Force to provide a range of services within current economic constraints.

A time frame was developed and it was envisaged that it would take four months to complete the work. This time frame included carrying out a literature review of relevant documentation and reports that would feed into the development of the new WRDTF Regional Substance Misuse Strategic Plan 2011-2014. The initial document revisited was *Shared Solutions*, the WRDTF's first Drug & Alcohol Strategy published in 2006 to ascertain if it had achieved its aims and objectives. The Task Force also reviewed the WRDTF research reports (see Appendix 4): In addition, The National Drugs Strategy (interim) 2009-2016, the Report of the Working Group on Drugs Rehabilitation 2007 along with other relevant documents and reports were reviewed to provide a key foundation on which to base the new WRDTF strategic plan.

As the WRDTF values the expertise of those who work on the front line of addictions, it held specific consultations with statutory and voluntary treatment, rehabilitation and prevention service providers. Consultations were also held with Traveller representatives, youth representatives (one hundred teenagers through Súil Aniar Project), and LGBT representatives.

The WRDTF also held three facilitated Public Consultations (Galway, Mayo & Roscommon); a full-day facilitated consultation with WRDTF members; and finally, both Treatment & Rehabilitation, and Prevention & Education sub-groups of the WRDTF were consulted.

## **This chapter reports on the key findings of those consultations:**

### **WRDTF**

As mentioned above, the process of developing a new Regional Substance Misuse Strategic Plan for the western region began by reviewing *Shared Solutions*, the WRDTF first Drug & Alcohol Strategy. The Task Force reviewed the actions set out in the document and ascertained if they were achieved over the lifetime of the strategy. It concluded that a high percentage of the actions were brought to fruition and those that were not were due to funding constraints, many of which will be carried forward to this document if still presenting as a need from service providers and community alike (see Appendix 1). The Task Force also looked at the future challenges that face all agencies and organisations over the coming years and in doing so recognised yet again the importance of a multi-agency partnership approach of working together to achieve its aim and objectives (see Appendix 2).

#### **Key findings from the WRDTF consultation process are as follows:**

- Recognition that a lot has been achieved but acknowledgement that there's yet a lot to be done
- The consultation showed the growing need (as per *Shared Solutions*) for community detoxification within a supported structured
- The issue of dual diagnosis and the availability/accessibility of appropriate treatment
- The importance of specific service provision for persons with addiction issues who are homeless
- Importance of multi-agency working in order to reduce substance use
- Need for drug and alcohol services provision for under 18s
- Need for alternative activities for young people
- Drinking culture among youth and the adult population
- Provision of housing for people with addictions
- Head shops
- Education & awareness – positive alternatives
- Continued support for Strengthening Families Programme
- Funding resources
- Availability and accessibility of appropriate treatment
- Lack of detoxification beds in the west
- Dual diagnosis rehabilitation

### **Treatment & Rehabilitation**

A consultation took place with members of the WRDTF Treatment & Rehabilitation sub-group. The group reviewed the progress made to date, acknowledged what the Task Force had accomplished. It was agreed that the WRDTF should focus on all substances i.e. illegal drugs, alcohol, over-the-counter medication, head shop products, prescribed drugs etc. and their related problems.

#### **Key findings from the treatment & rehabilitation consultation are as follows:**

- Lack of detoxification beds
- Suggested different approaches to detoxification
- Research the need for a low threshold, high support unit for persons who are homeless who have substance misuse issues
- Use an evidence-base model for service provision for persons who are homeless
- Establish a community substance misuse team (investigate models of best practice)
- Education/up-skilling is needed for workers and management in relation to new substances on the market



## Prevention & Education

A consultation took place with the members of the Prevention & Education sub-group of the WRDTF. They reflected on the achievements to date under the Prevention & Education Pillar (as per the national structure) and explored possible ways in which the Task Force could work towards reducing the harm caused by substance misuse through prevention and education measures over the coming years:

### Key findings from the prevention & education consultation are as follows:

- Continue to deliver Putting The Pieces Together training resource manual at both a regional and national level
- Secure funding for prevention & education initiatives
- Document successful community-based initiatives
- Evaluate and review all programmes
- Encourage a multi-agency partnership approach of working together on prevention projects
- Deliver prevention & education initiatives to identified groups (Traveller community, new communities, persons who are homeless, LGBT community and sex workers).

## Front Line Addiction Workers

As part of the consultation process the WRDTF felt one of the most important voices that needed to be heard was that of the front line workers. Nurses, doctors, counsellors, outreach workers, community liaison workers, drug & alcohol education workers, etc. were invited to share their views and concerns on the current situation and what they felt, from their experience, needed to be done to reduce substance misuse within the region.

### Key findings from the front line workers consultation are as follows:

- Cultural attitudes – media & advertising
- Awareness re-emerging drugs/trends
- Lobby for implementation of strategic alcohol plan
- Co-ordinated culturally appropriate campaigns to create awareness around attitude to substances and providing alternatives
- Increase supports for communities, families and individuals affected by substance misuse (family support groups needed)
- Evidence-based approaches to reducing use/reducing harm
- In-service training (including research) for service providers
- Examine existing community detoxification
- Link with GP, community nurses, counsellors, families, alternative therapies to plan the detoxification (Community Detox)
- Implement structured & supported community-based detoxification team
- SUST support – practical support for people in recovery
- Information available for people wishing to access detoxification (and professionals)

- Develop community substance misuse teams
- Facilitate key people to ensure community teams take off locally
- Audit existing services to see if they are working effectively
- Open a low threshold, high support hostel for people with addictions
- Provision for street drinkers
- Offer relapse prevention groups
- Accessible drop-in service/centre offering meals and other services
- Gather service providers to discuss their different approaches to create awareness towards a global/holistic model
- Continue to develop and expand the service users' forums
- Offer a choice of treatment models – utilise evidence-based research as to the effectiveness of different treatment approaches particularly in respect to residential treatment

### **Traveller Consultation**

The Western Region Drugs Task Force carried out research into substance misuse within the Traveller community. Its findings and recommendations were the foundation for the consultation that took place with Traveller Organisations and the Traveller Health Unit that represents counties Galway, Mayo and Roscommon. During the consultation the group members were asked if the findings from the research report represented the true nature of the problem from both a Traveller's and agency worker's perspective. Both agency workers and Traveller representatives agreed that it did. The consultation focused on the issues of concern but also came up with practical solutions that are achievable at both a local and regional level over the period of the new strategic plan (see 'Actions' chapter).

#### **Key findings from the Traveller consultation are as follows:**

- Discrimination was reported by Travellers to be widespread across all services. These issues are widely regarded as encouragement of early onset of substance use and exacerbating current problematic drug use
- Education and awareness around substance misuse is vital though it should be delivered on a gender and age-specific basis
- Community development and an outreach approach is vital and it was suggested that the primary health care workers have a role to play in providing information on services to others within the community
- Traveller culture needs to be recognised and more importantly acknowledged
- There is a need for dedicated Traveller outreach workers with a specific remit for drugs and alcohol
- Improved links with prisons with regard to Traveller prisoners, and increased family support for Travellers experiencing difficulties



## Youth Consultation

As part of the Súil Aniar Drug & Alcohol Art Project, over one hundred participating teenagers from Galway, Mayo and Roscommon were consulted in relation to substance misuse. They were asked to name their concerns and suggest possible practical solutions to address those concerns.

### Key findings from the youth consultation are as follows:

- Teens believed that “community & parents” should take more responsibility around underage drinking
- They suggested increasing the penalties in relation to substance misuse
- They felt it was vital to support the development of alternative activities/facilities for young people
- Suggested alternative methods of education in the area of drugs & alcohol (i.e. art, media etc.)
- Suggested increasing the price of alcohol
- Ban advertising of alcohol
- Suggested more projects like Súil Aniar
- Lower the age of drinking alcohol to 16 years
- Educate parents about the effects of drugs
- Put funding into all sports grants
- Develop school drug awareness programmes
- Legalise cannabis
- Produce a true life documentary on the affects of substance misuse

## Public Consultation – Galway

A facilitated consultation took place in Galway to establish what the concerns of the community and service providers are in the area of drugs & alcohol. A presentation was given in relation to the WRDTF structure and its work to date. Following on from this, the participants were asked to express their concerns in relation to substance misuse and to suggest possible practical actions that the Task Force can take to reduce substance misuse within the community. A wide variety of service providers were represented (see Appendix 3).

### Key findings from the Galway consultation are as follows:

- Concerns around substance misuse among LGBT youth
- The lack of follow-up aftercare treatment
- The need for more family support groups
- Lack of support for addiction issues and the need for a new approach
- Mental health and its link to substance misuse
- Over-the-counter medication
- Red tape when trying to access services
- Dual diagnosis – lack of joint, up-service provision
- Drinking culture of youth and adult population
- Education around substance misuse for youth, parents & schools
- Head shops – under 18s’ use of such products
- Stigma around substance misuse
- Lack of treatment centres
- Need for more holistic approach to addiction
- The need for alternatives for young people

- Urban/rural divide, rural community has biggest increase in drug use
- Asylum seekers – lack of activity leads to substance misuse
- Funding for research & education is needed, leading to best practice and evidence-based practice

### **Public Consultation - Mayo**

All three Public Consultations were facilitated and a presentation was given in relation to WRDTF structure and activity to date. Following on from this, the service providers and members of the public were asked to express their concerns and suggest possible solutions that may be taken to reduce the harm caused by substance misuse.

#### **Key findings from the Mayo consultation are as follows:**

- Concern over the delivery of education programmes (SPHE, RSE)
- Drinking culture at home/parental drinking
- Lack of accessible and affordable treatment
- Increase in alcohol use and lack of support for families
- Debt and families feeling powerless
- Closure of Harristown House (Probation Treatment Ctr.)
- Lack of engagement – service users/families
- Lack of community engagement
- Head shops
- Lack of urine analysis – regularly sought from the courts but not available
- Anti-social behaviour
- Vulnerable groups – new communities, Traveller community

### **Public Consultation – Roscommon**

The third in a series of public consultations took place in Roscommon. It was attended by both the community and service providers who wished to express their concerns over the issue of substance misuse within the county. Like the other two public consultations, a presentation was given in relation to the structure of the WRDTF and progress to date.

#### **Key findings from the Roscommon consultation are as follows:**

- A gap in treatment service provision – there is not equal access for everyone in residential treatment. When treatment is available it is not individualised
- Binge drinking – increase in A&E presentations, no link person to liaise with individual missed by treatment services
- Need for awareness and education
- Attitude of “alcohol is better than drugs”
- Rehabilitation service is needed in Roscommon
- Fear experienced by parents
- Focus on minority groups – Traveller community, new communities, sex workers, LGBT community
- The impact of alcohol and drugs on mental health
- Dual diagnosis
- Head shops
- Solvents and street drugs




## Submissions:

As part of the consultation process, the Western Region Drugs Task Force invited submissions for the new WRDTF Strategic Plan 2011-2014 from the general public, community organisations, voluntary and statutory agencies. Through written invitation, the Task Force also requested agencies providing services to the identified groups (homeless, sex workers, LGBT, Travellers, new communities, prisoners) to make submissions. A wide variety of responses were received under the five pillars – Supply Reduction, Prevention & Education, Treatment, Rehabilitation and Research. Below is a list of key findings from the documentation that was received. (See Appendix 5 for a summary of submissions)

### Key findings from submissions are as follows:

- In the area of addiction and domestic violence – clear guidelines are required
- Address the needs of people who are homeless and have addictions
- Training and up-skilling of staff and professionals focusing on a harm reduction model when working with people who are homeless and have addictions
- Accessible detox and rehabilitation services for people who are homeless
- Rapid access to residential detox
- Ensure the ethos of services is inclusive and based on clinical best practice
- There should be gender-sensitive services and responses for people who are homeless
- Relapse prevention with specific focus on those who are marginalised
- Support drug & alcohol initiatives within the LGBT community
- Need for structured & supported community detox
- Development of community substance misuse teams
- Support LGBT organisations to participate in community addiction courses
- Develop formal and appropriate referral systems for the LGBT community to designated services
- Support the LGBT Community to develop information, education, awareness and prevention message
- Acknowledge Attention Deficit Hyperactivity Disorder (ADHD) and its association to substance misuse
- Appropriate residential rehabilitation for those who suffer from ADHD & substance misuse
- Research the link between ADHD and substance misuse
- Provide drug education and awareness initiatives for the Traveller community
- Community development and an outreach approach within the Traveller community is vital to the success of any programme
- Increase visibility of treatment services within the Traveller community
- Promote Traveller culture
- There is a need for Traveller-trained addiction counsellors
- Peer-led education drug & alcohol programmes within the Traveller community
- There is a need for dedicated Traveller outreach workers with a brief of substance misuse
- Commit to work with Traveller organisations within the region to implement appropriate supports for the Traveller community around the area of substance misuse
- Improve links with prisons
- Multi-agency approach to substance misuse
- Dedicated funding of residential rehab beds is required
- Assess how best the tiered treatment model can be delivered for under 18 year olds
- Prioritise family support needs within the strategy
- Research and evaluation is needed as an integral part of the strategy

- 
- Reduction in the number, density and hours of operation of outlets selling alcohol
  - Set up of national register for off-licences
  - Restrict hours and days of retail sale of alcohol in off-licences
  - Refine national ID card – give it more credibility
  - RSA programme
  - Ban the advertising and promotion of alcohol

### **In summary**

Nine consultations and multiple submissions were received. The review of this documentation and discussions with service providers guided the development of the 'Actions' chapter within the new WRDTF Strategic Plan. Clear evidence of the above concerns and suggestions for the improvement of services provision is mirrored in the following chapter. The actions also marry those of the National Drugs Strategy, 2009-2016 to the Report of the Working Group on Drug Rehabilitation, 2007.

The recurring themes throughout the consultation process and submissions demonstrate the need for community detoxification services, community substance misuse teams, supports for persons who are homeless, Travellers and or LGBT. The consultation process also showed the need for greater prevention measures, evidence-based service provision and better access to services, family support and alternatives for youth.



**Rehabilitation**

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5

Current  
Resources



## Current Resources

The WRDTF current resources are funded projects that can support and assist in the implementation of the new WRDTF Strategic Plan on a cost-neutral basis. They are as a result of the first strategy '*Shared Solutions*' and have been in operation since 2006/2007. Each project (worker) is employed by a Project Promoter and works within the ethos of that organisation. In 2009, all 11 WRDTF projects underwent a rigorous three-year review and as a result of this process Project Steering Committees were established to assist funded projects achieve their optimum potential going forward. The following are a list of WRDTF projects/current resources:

**Three Community Liaison Workers (CLW):** the role of the Community Liaison Worker is to assist the community develop its individual responses to substance misuse; forge inter-agency collaborations and joint initiatives to tackle the local problems; help drive initiatives and co-ordinate developments in line with the NDS and regional policies; identify the local impact of substance misuse and local service needs; help groups prioritise needs; and finally assist in drug & alcohol policy development at a local level.

**Two Drug & Alcohol Education Support Workers:** the role of the Education Supports Workers is to support the implementation of the drug & alcohol training resource manual, Putting The Pieces Together (PTPT), both regionally and nationally. This training resource was developed by the WRDTF, and with the endorsement by Minister Curran is being implemented nationally through Regional and Local Drugs Task Forces, Foróige and the National Youth Council. The Drug & Alcohol Education Support Workers have also forged inter-agency collaboration with An Garda Síochána, SPHE, and the HSE Addiction Service to develop a drugs & alcohol parenting information event and parenting programme that is currently being rolled out throughout the counties of Galway, Mayo & Roscommon. The Education Support Workers also develop and deliver local drug & alcohol programmes that respond to the needs of a group or community.

**GP/Pharmacy Liaison Nurse:** the role of the GP/Pharmacy Liaison Nurse is to work with GPs, pharmacies and the Methadone Clinic to establish a clinical care pathway for clients who are on methadone. This post is the first of its kind in Ireland and has led to the western region having one of the shortest waiting lists for the Methadone Clinic and one of the highest numbers of clients in the community. The GP/Pharmacy Liaison Nurse also offers training and support to GPs & pharmacies. As of June 2010 the funding of this post has been taken over by the HSE.

**Jigsaw Practice Nurse:** the role of the practice nurse within the Jigsaw Project is to provide individual support to young people between the ages of 15-25 who access the Project; linking young people in with the appropriate services and supports within their own communities for continued ongoing support if needed; provide a drop-in service; engage with young people who have drug/alcohol concerns; and work directly with substance misuse counsellors.

**Addiction Counsellor for People who are Homeless:** the role of the Addiction Counsellor for people who are homeless is to provide a drop-in counselling service within the Day Centre; offer one-to-one counselling; refer clients to appropriate services; act as a client advocate; and raise awareness of the



current substance misuse issues within the homeless population.

**Two x .5 Family Support Counsellors:** the WRDTF has co-funded two Family Support Counsellors within Hope House Treatment Centre. Their role is to provide support to families affected by substance misuse. This is done through outpatient counselling; assessment/brief interventions; family education & support; family members support groups; and telephone counselling. As of August 2010 the funding of these posts has been taken over by Hope House.

**One x .5 Addiction Counsellor:** the WRDTF has co-funded an Addiction Counsellor within Hope House Treatment Centre. His role is to co-facilitate daily group therapy sessions; conduct daily counselling; act as a case manager; facilitate weekly continuing care groups; and prepare treatment plans for residents. Since August 2010, the funding of this post has been taken over by Hope House.

**One x .5 Addiction Counsellor for Third Level Students:** the WRDTF co-funds an Addiction Counsellor for third level students within NUIG. The role of this post is to provide one-to-one addiction counselling for the student population; provide group support for those who are affected by a family member's alcohol addiction; and provide complementary therapies to students who are engaging with the drug & alcohol counselling service. The project also raises awareness of drug & alcohol addiction services available to the students and is currently working on developing a substance misuse policy for NUIG. As of early 2011 this post will cease to exist as NUIG is no longer in a position to match fund the position. The WRDTF will endeavor to fund a limited amount of Sessional Addiction Counselling hours within the University going forward.

**Service Users Support Team (SUST):** the role of SUST is to offer support to ex, stabilising and current users of drugs & alcohol; advocate on their behalf; accompany service users to appointments if required; drive for change in services; offer information on services and supports available and advice on how to access them. This project is funded in association with FÁS.

Additional current resources are the core WRDTF team which comprises a Task Force Co-ordinator, Project Development Worker and an Office Administrator. Their role is to co-ordinate all functions of the WRDTF and support funded projects throughout the region.



**Research**

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## Actions & Solutions The Way Forward



## Actions & Solutions: The Way Forward

At a time when substance misuse is on the increase and resources are limited, all service providers must reflect on the best way of providing evidence based client-centred services. The job of the WRDTF is to “take a co-ordinating role in the development of projects that are specifically designed to prevent or tackle substance misuse” (*Shared Solutions*, 2006) and as part of that remit the Task Force has developed the following ‘Actions’ chapter.

The proposed actions from the nine consultations along with the recommendations from the WRDTF regional research, and submissions received have been drawn together and prioritised to formulate the actions within the WRDTF Substance Misuse Strategic Plan, 2011-2014. They are divided into three categories and set out under the five pillars of the National Drugs Strategy (Interim) 2009-2016 (Supply Reduction, Prevention, Treatment, Rehabilitation & Research).

### Three categories include:

- WRDTF Actions from within current resources
- Substance Misuse Actions – “Other-Lead Agency”
- WRDTF Actions – additional resources are required

**Note Lead agency:** The lead agency is the responsible organisation/agency that drives the action. Within this chapter, such actions have been included where the WRDTF is not the lead but may act as a partner agency for the action as they are identified in the National Drug Strategy. In this instance the appropriate statutory or voluntary agency will be named as the ‘lead agency’ and the WRDTF will be named as ‘other’. This will be reflected in a number of the proposed actions as they echo the National Drugs Strategy 2009-2016.

## WRDTF Actions from within Current Resources

### PREVENTION AND EDUCATION ACTIONS

Action No:	Action	Lead	Other	Time scale	Resources required
1.	Develop substance use community-based initiatives within all three counties	WRDTF	City & County Forums	On-going	Existing resources
2.	Continue to deliver Putting The Pieces Together on a regional and national level	WRDTF	RDTFs & LDTFs Foróige, NYC	2011-2014	Existing resources
3.	Work with INCADDS to provide training for front line addiction service providers around Attention Deficit Hyperactivity Disorder; specific focus should be placed on the 14 – 25 year category. Acknowledge the risk that this condition (and co-existing conditions) poses for these young people regarding early school leaving/low attainment/expulsion; anti-social behaviour; substance misuse involvement in crime; incarceration; self-harm and/or suicide risk	WRDTF/ INCADDS	Jigsaw/ HSE	2011 - 2014	Existing resources
4.	Facilitate a regional seminar for front line addiction workers on “The Impact of Dual Diagnosis” (ref: action 5 in T&R section)	WRDTF	Relevant Service Providers	2011 - 2014	Existing resources
5.	Support and encourage delivery of SPHE within post primary schools through the Regional SPHE Service. Lobbying where appropriate to ensure the success of its implementation	WRDTF/SPHE	Dept of Education	2011-2014	Existing resources
6.	Expand the existing drug & alcohol parenting programmes to the wider community	WRDTF	FRCs/ Community Forums etc.	2011-2014	Existing resources
7.	Further develop the WRDTF website to act as an information resource for the community	WRDTF		On-going	Existing resources
8.	Lobby for legislation change around media advertising of alcohol	WRDTF		On-going	Existing resources
9.	Support LGBT Community Projects to develop drug & alcohol education and prevention measures which focus on a harm- reduction approach	WRDTF	LGBT organisations	2011-2014	Existing resources

Action No:	Action	Lead	Other	Time scale	Resources required
10.	From a substance-use perspective, support the development of LGBT youth groups within the WRDTF area	WRDTF	LGBT organisations/ Community Services	On-going	Existing resources
11.	Establish links with direct provision hostels and new communities with an aim to reducing substance misuse	WRDTF	Direct Provision Hostels/HSE	2011-2014	Existing resources
12.	Continue the progress of working with the statutory agencies around the implementation of the NDS actions and report bi-annually to the Oversight Forum on Drugs	WRDTF	All relevant statutory agencies	On-going	Existing resources
13.	Engage with front line domestic abuse services around the area of substance misuse	WRDTF	MWSS/Cope/ other relevant services	2011-2014	Existing resources
14.	Following on from a "Research into the needs for a low threshold, high support service in Galway City" facilitate a seminar around its findings	WRDTF	Homeless Services	2011-2014	Existing resources
15.	Review and evaluate the on-going drug & alcohol awareness parents initiative	WRDTF	An Garda Síochána/ HSE/ D/E&S (SPHE)	2011-2014	Existing resources

## TREATMENT ACTIONS

Action No:	Action	Lead	Other	Time scale	Resources required
16.	Develop family support groups throughout the region for families affected by substance misuse	WRDTF/HSE	Family Resource Centres/FSN	2011-2014	Existing resources
17.	Lobby for the establishment of state funded, in-patient treatment services at both a regional and national level	WRDTF	Other relevant agencies	2011-2014	Existing resources
18.	Lobby for a number of detoxification beds to be allocated in general hospitals within the region	WRDTF	HSE	On-going	Existing resources
19.	Progress the National Rehabilitation Framework	WRDTF	NDRIC & other relevant agencies	On-going	Existing resources

## REHABILITATION ACTIONS

Action No:	Action	Lead	Other	Time scale	Resources required
20.	In consultation with local service providers, develop and enhance a framework of transition for individuals with substance use issues being released from Castlerea Prison into communities within the Western Region	WRDTF	RIDC/SUST/MQI	2011 - 2014	Existing resources
21.	Link with prison and probation services to ascertain what supports are available for the Traveller community upon release. Circulate this information to all Traveller development projects within the region	WRDTF	Prison Services/ Probation Services/THU	2011-2014	Existing resources
22.	Support the establishment of relapse prevention groups for people with addictions	WRDTF	HSE/Other relevant services	On-going	Existing resources

## SUPPLY REDUCTION ACTIONS

Action No:	Action	Lead	Other	Time scale	Resources required
23.	Foster community engagement in areas most affected by the drug problem through the establishment and support of appropriate drug networks	WRDTF	OMD/ Community & Voluntary Sector	On-going	Existing resources
24.	Lobby for a reduction in the number, density and hours of operation for outlets selling alcohol	WRDTF	Other relevant service providers	On-going	Existing resources

## RESEARCH ACTIONS

Action No:	Action	Lead	Other	Time scale	Resources required
25.	Investigate models of best practice for the establishment of community substance misuse teams	WRDTF	HSE & all other relevant service providers	2011-2014	Existing resources

## Substance Misuse Actions – “Other-Lead Agency”

*The WRDTF will endeavour to work with the identified agency to progress each individual action*

### PREVENTION AND EDUCATION ACTIONS

Action No:	Action	Lead	Other	Time scale	Resources required
26.	Develop a substance misuse module within youth leadership courses	VEC	WRDTF	2011- 2014 (VEC)	Resources required
27.	Provide brief intervention & relapse intervention training for GPs, social workers, nurses, doctors, Gardaí, teachers and voluntary agency workers	HSE	WRDTF/ Community Services	2011-2014	Resources required
28.	Develop selective prevention measures aimed at reducing underage and binge drinking (NDS)	HSE HSE	D/H&C; WRDTF and Service Providers	2011-2014	Resources required
29.	Develop a framework for the future design of targeted prevention and education interventions in relations to drugs and alcohol, using a tiered or graduated approach (NDS)	OMD	HSE;D/E&S; OMCYA; An Garda Síochána; WRDTF and service providers	2011-2014	Existing resources
30.	Develop a sustained range of awareness campaigns: target 3rd level education institutions, workplaces and recreational venues; at-risk groups (Traveller, new communities, LGBTs, homeless people, prisoners & sex workers) and education awareness among drug users to minimise the level of usage and to promote harm reduction measures (NDS)	HSE	WRDTF and other relevant agencies	2011-2014	Resources required
31.	Develop a series of prevention measures that focus on the family under the following programme headings (NDS) <ul style="list-style-type: none"> <li>• Support for families experiencing difficulties due to drug/alcohol use</li> <li>• Parenting skills</li> <li>• Target measures focusing on the children of problem drug and/or alcohol users aimed at breaking the cycle and safeguarding the next generation</li> </ul>	HSE ad D/E&S (joint lead)	OMCYA; D/SDA; WRDTF and Service Providers	2011-2014	Resources required

Action No:	Action	Lead	Other	Time scale	Resources required
32.	Examine the possibility of establishing community employment schemes for individuals at risk of substance misuse (target rural areas)	FÁS	WRDTF/SUST	Ongoing	(FAS)
33.	Deliver Putting The Pieces Together drug & alcohol resource training to staff in all Youthreach organisations, back-to-education centres & Traveller organisations within the region	VEC/ WRDTF	Youthreach/ back-to- education centres/ THU/ Traveller organisations	2011 - 2014	Existing resources
34.	Train Traveller Primary Health Care Workers in the area of drug & alcohol education, risk assessment, brief intervention and harm reduction so they can signpost individuals to the relevant services	THU/ WRDTF	Traveller organisations	2011-2014	Existing resources
35.	Assist regional Traveller organisations to develop a training module on Traveller culture that will be delivered at third level institutes in departments such as MA in Community Development, Health Promotion, Family Support & Social Care, Medical School, and Nursing Dept.	THU/ WRDTF	Traveller organisations/ NUIG	2011-2014	Existing resources

### TREATMENT ACTIONS

Action No:	Action	Lead	Other	Time scale	Resources required
36.	Increase support services for those under 25 years of age	HSE	WRDTF/Jigsaw	2011-2014	Resources required
37.	Advocate that the admission/access criteria of detoxification and rehabilitation services are sufficiently flexible so as to ensure that people who are homeless and living in unstable and chaotic situations are able to access services.	WRDTF Homeless services Homeless Forum	HSE/treatment providers	Ongoing	Existing resources

**Note:** Where you see (NDS) this means the action is one of the National Drugs Strategy actions.

## TREATMENT ACTIONS Cont...

Action No:	Action	Lead	Other	Time scale	Resources required
	Furthermore there is a need to ensure that the ethos of services are inclusive and based on clinical best practice in the interest of ensuring that there are no barriers to people accessing and utilising these services				
38.	Establish an Hospital Liaison Nurse (CNMII) for the general hospitals – this post would liaise with community substance misuse teams	HSE	WRDTF	2011-2014	Resources required
39.	Establish stronger links with mental health services around dual diagnosis as part of a care pathway (National Rehab Framework)	HSE	Others	2011-2014	Existing resources
40.	Lobby for the development of a standard assessment protocol in the A&E Departments and a standard admission criteria for in-patient alcohol detoxification (National Rehab Framework)	HSE	WRDTF	Ongoing	Existing resources
41.	Provide training for GPs and practice nurses around alcohol withdrawal and appropriate pharmacologic treatment of withdrawal, taking into consideration international best practice	HSE	WRDTF	2011-2014	Resources required
42.	Ensure that existing out-of-hour services (i.e. Westdoc and A&E) have staff trained in culturally appropriate drug & alcohol risk assessment tools and brief interventions for the Traveller community	HSE/ WRDTF/ THU	Traveller Organisations	Ongoing	Existing resources

## REHABILITATION ACTIONS

Action No:	Action	Lead	Other	Time scale	Resources required
43.	Engage with services providers to ensure BTEI programme training for persons leaving treatment are priorities as part of rehabilitation	VEC/ WRDTF	Treatment Ctrs, HSE, FAS/SUST	2011 - 2014	Existing resources
44.	Identify Rehabilitation FÁS Community Employment Schemes for substance users	FÁS	WRDTF/SUST	2011 - 2014	Existing resources
45.	Assist the HSE establish care pathways for individuals accessing treatment (as per the National Rehabilitation Report)	HSE	WRDTF/Service Providers/FÁS/VEC /SUST etc.	2011-2014	Existing resources
46.	Continue to develop the Service Users Support Team	SUST	WRDTF/FÁS	2011-2014	Existing resources

## SUPPLY REDUCTION ACTIONS

Action No:	Action	Lead	Other scale	Time required	Resources
47.	Develop community-based initiatives that are led by the community to reduce substance misuse	Community forums	WRDTF, An Garda Síochána LIDC, HSE, VEC	Ongoing	Existing resources
48.	Work with An Garda Síochána around new substances coming on the market through head shops and other establishments	An Garda Síochána	WRDTF/HSE	Ongoing	Existing resources
49.	Enforce the law regarding under 18s drinking	An Garda Síochána	WRDTF/VFI	Ongoing	Existing resources
50.	Ensure drugs issues are included in a central way in the work of joint policing committees within the region (NDS)	D/EHLG	D/JELR; Local authorities; An Garda Síochána & WRDTF	Ongoing	Existing resources

## RESEARCH ACTIONS

Action No:	Action	Lead	Other	Time scale	Resources required
51.	Explore the need for a local urine analysis services for the western area as part of court recommendations	HSE	WRDTF/Probation Services	2011 - 2014	Resources required
52.	Identify an evidence base for Treatment & Support Services required for homeless persons in the western region	Galway City Homeless Forum	WRDTF	2011 - 2014	Resources required
53.	Carry out an independent evaluation of the delivery and impact of Putting The Pieces Together both within the region and nationally	WRDTF	Other relevant agencies	2011 - 2014	Resources required

## WRDTF Actions

### Where Additional Resources are Required

Action No:	Action	Lead	Other	Resources required
54.	<b>Prevention:</b> Develop educational pathways for people who wish to train in the area of addictions, prioritising marginalized groups	WRDTF	HSE/THU/other relevant organisations	Resources required
55.	<b>Prevention:</b> Prioritise the re-appointment of a Community Liaison Worker for Co. Roscommon. This post was frozen due to budgetary cuts in 2008	WRDTF		Resources required
56.	<b>Research:</b> Research the need for a low threshold, high support facility for persons who are homeless with substance misuse issues in Galway City	WRDTF	Homeless Services	Resources required

Action No:	Action	Lead	Other	Resources required
57.	<b>Research:</b> Research the need for community detoxification services in Galway, Mayo & Roscommon	WRDTF	HSE & all other relevant service providers	Resources required
58.	<b>Research:</b> Post delivery of the Strengthening Families Programme – carry out an independent impact analysis of its success	WRDTF	SFP sites and steering committees	Resources required
59.	<b>Research:</b> Investigate the needs of families affected by substance misuse – involve families in the development of this research piece	WRDTF	Family Support Groups/FRCs HSE	Resources required
60.	<b>Research:</b> Carry out a study into the prevalence of ADHD among substance users	WRDTF	INCADDS/HSE	Resources required
61.	<b>Research:</b> Carry out a feasibility study to identify barriers to accessing services	WRDTF	Other relevant service providers	Resources required
62.	<b>Research:</b> Explore the reasons behind the high increase in polydrug use in the west of Ireland	WRDTF	HSE/Other relevant service provider	Resources required
63.	<b>Treatment:</b> A priority for the WRDTF is the establishment of a Community Substance Misuse Team which should include a Community Detox Nurse, Hospital Liaison Nurse, Case Co-ordinator, outreach workers, FÁS, VEC, and Addictions Counsellors. Etc.	WRDTF/ HSE	FÁS/VEC and other relevant service providers	Substantial resources required
64.	<b>Treatment:</b> Allocate funding for residential drug & alcohol detoxification & treatment beds within accredited treatment agencies	WRDTF	HSE/service provider	Resources required



Action No:	Action	Lead	Other	Resources required
65.	<b>Rehabilitation:</b> Establish Alternative Therapy Services for those in rehabilitation and their families	HSE/ WRDTF	Family Support Groups/SUST/ FRCs treatment providers	Resources required
66.	<b>Rehabilitation:</b> Establish Relapse Prevention Services prioritizing marginalised communities	WRDTF	Homeless Services & Other relevant agencies	

### Summary:

To summarise the needs of a region is a difficult task as it is hard to quantify what may happen in the area of substance misuse within the coming months and years. We have seen how rapidly substance misuse can change with the emergence of head shops and how a swift response to such problems can have a positive effect on the nation. However, acknowledging that fact, there are specific developments the Western Region Drugs Task Force believes require advancement in order to tackle the substance misuse problem that is emerging in the urban and rural communities in the west of Ireland.

An evidence-based approach should be taken when tackling substance misuse. For that reason the WRDTF has stated the need for research into the area of polydrug use; barriers to accessing services; the association between ADHD and substance misuse; family support and community detoxification.

In the area of service delivery, a priority for the Western Region Drugs Task Force is the establishment of Community Substance Misuse Teams. Rehabilitation begins the moment a client presents to any service provider within the community requiring treatment. Without the establishment of the above structure, services provision will always struggle to meet the needs of the client, families and communities affected by substance misuse. Evidence has shown that many individuals can rehabilitate successfully within the community setting if the correct supports are in place. However, for those clients who need in-patient detoxification & treatment, greater access to beds is required prioritising marginalised groups such as people who are homeless.



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## Proposed Costing for New Developments

## Proposed Costing for New Developments

Proposed developments	NDS Pillar	Cost year 1	Cost year 2	Cost year 3
Establish Community Substance Misuse Teams which will include funding for a Community Detox Nurse, Hospital Liaison Nurse & Case Co-ordinator.	Treatment	225,000	225,000	225,000
Residential drug & alcohol detoxification & rehabilitation beds	Treatment	100,000	100,000	100,000
Establish a Relapse Prevention Service prioritizing marginalised communities	Rehabilitation	35,000	35,000	35,000
Establish Alternative Therapy Services for those in rehabilitation and their families	Rehabilitation	25,000	25,000	25,000
Develop educational pathways for people who wish to train in the area of addictions, prioritising marginalized groups.	Prevention	30,000	30,000	30,000
Re-instate Co. Roscommon Community Liaison Worker	Prevention	70,000	70,000	70,000
Research the need for a low threshold, high support facility for persons who are homeless with substance misuse issues in Galway city	Research		25,000	
Research models of best practice for developing community detoxification services in Galway, Mayo & Roscommon	Research	25,000		
Carry out an Independent longitudinal impact analysis of SFP post-delivery	Research			30,000
Investigate the needs of families affected by substance misuse	Research		20,000	

## Proposed Costing for New Developments cont...

Proposed developments	NDS Pillar	Cost year 1	Cost year 2	Cost year 3
Carry out a study into the prevalence of ADHD among substance users and make recommendation for appropriate treatment provision around the area of addictions	Research	30,000		
Carry out a feasibility study to identify barriers to accessing services	Research		30,000	
Investigate reasons behind the high increase in polydrug use in the west of Ireland	Research			30,000
<b>Total Funding required</b>		<b>555,000</b>	<b>570,000</b>	<b>555,000</b>



# Family Support

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**Western Region**  
drugs task force

Meitheal Drugaí an Iarthair



# 9

# Appendices

## Appendix 1:

### The Rehabilitation Four-Tier Model:

The four-tier model of care will act as the overarching framework for the provision of rehabilitation pathways. These tier interventions are described as follows:

**Tier 1 interventions** include the provision of drug-related information and advice, screening and referral to specialised drug treatment services. They are delivered in general healthcare settings (emergency departments, liver units, antenatal clinics, pharmacies, or in social care, education or criminal justice settings i.e. probation, courts, prisons).

**Tier 2 interventions** are delivered through outreach, primary care, pharmacies, and the criminal justice settings, as well as by specialist drug treatment services, which are community or hospital based. The interventions include information and advice, triage, referral to structured drug treatment, brief interventions and harm reduction i.e. needle exchange programmes.

**Tier 3 interventions** are mainly delivered in specialised structured community addiction services, but can also be sited in primary care settings such as level 1 or level 2 GPs, pharmacies, prisons, and the probation services. Typically, the interventions consist of community-based specialised drug assessment and co-ordinated care-planned treatment which include psychotherapeutic interventions, methadone maintenance detoxification and day care.

Tier 4 interventions are provided by specialised and dedicated in-patient or residential units or wards, which provide in-patient detoxification (IPD) or assisted withdrawal and/or stabilisation. Some service users will require in-patient treatment in general psychiatric wards. Acute hospital provision with specialist “addiction” support will be needed for those with complex needs, i.e. pregnancy, liver and HIV related problems. Others will need IPD linked to residential rehabilitation units to ensure seamless care (National Rehabilitation Framework Report, 2010).

## Appendix 2:

### Taskforce Members in 2010

NAME	ORGANISATION	ROLE IN TASK FORCE
<b>Martin Lee</b>	Western RDTF	Cathaoirleach
<b>Ger Kirby</b>	Drug Advisory Group (DAG)	Drug Advisory Group Liason
<b>Bridget Wing</b>	Service User Support Team	Service Users Representative
<b>Stephen Kay</b>	Service User Support Team	Service Users Representative
<b>Tommy Griffin</b>	Service User Support Team	Service Users Representative
<b>Mary Hester</b>	Co. Roscommon Community Forum	Community Representative Co. Roscommon
<b>Edith Geraghty</b>	Co. Mayo Community Forum	Community Representative Co. Mayo
<b>Rose Kavanagh</b>	Galway City Community Forum	Community Representative Galway City
<b>Tom Madden</b>	Co. Galway Community Forum	Community Representative Co. Galway
<b>Mary G Duffy</b>	Co. Mayo Community Forum	Community Representative Co. Mayo
<b>David Collins</b>	Traveller Health Unit	Traveller Representative (Traveller Health Unit)
<b>Trish Murphy Byrne</b>	Roscommon Integrated Development Company	LIDC Representative Mayo/Roscommon
<b>Cllr. Eugene McCormack</b>	Mayo County Council	Public Representative
<b>Cllr. Michael McGreal</b>	Roscommon County Council	Public Representative
<b>Cllr. Terry O' Flaherty</b>	Galway City Council	Public Representative
<b>John Coll</b>	Mayo County Development Board	Mayo CDB Representative
<b>Una Doyle</b>	Probation Services	Probation Service Representative
<b>Det. Insp. Tom Fitzmaurice</b>	An Garda Síochána	An Garda Síochána Representative
<b>Liam Hanrahan</b>	Galway City Council	Galway City Manager's Representative
<b>Frank Kelly</b>	FÁS	FÁS Representative
<b>Judy Minihan</b>	Customs & Excise	Customs & Excise Representative

NAME	ORGANISATION	ROLE IN SUB-GROUP
<b>Eithne Nic Dhonnchadha</b>	Vocational Education Committee	VEC Representative for Galway, Mayo & Roscommon
<b>Fiona Walsh</b>	HSE	HSE West Representative
<b>Fr. Sean Cassin</b>	Hope House	Voluntary Representative
<b>Mary Falvey</b>	Cuan Mhuire	Voluntary Representative
<b>Kathrina Kelly</b>	Galway Simon Community	Voluntary Representative
<b>Annemarie Hourigan</b>	Youth Work Ireland, Roscommon	Voluntary Representative
<b>Michelle Reynolds</b>	Foróige	Voluntary Representative
<b>Brendan Murphy</b>	GAA	Voluntary Representative
<b>Orla Irwin</b>	WRDTF Co-ordinator	Task Force Support Team
<b>Orla Walshe</b>	WRDTF Project Development Worker	Task Force Support Team
<b>Gary Kyne</b>	WRDTF Administrator	Task Force Support Team

### Prevention Education Sub-Group Members in 2010

NAME	ORGANISATION	ROLE IN SUB-GROUP
<b>Eithne Nic Dhonnchadha</b>	Vocational Education Committee	VEC Representative for Galway, Mayo & Roscommon
<b>Dick O' Donovan</b>	Foróige	Voluntary Representative
<b>Fiona O' Loughlin</b>	Galway City VEC	VEC Representative for Galway City
<b>Brendan Murphy</b>	GAA	Voluntary Representative
<b>Rose Kavanagh</b>	Galway City Community Forum	Community Representative Galway
<b>Det. Insp. Gerry Roche</b>	An Garda Síochána	An Garda Síochána Representative
<b>Neil Wilson</b>	AIDS West	AIDS West Representative
<b>Trish Murphy Byrne</b>	Roscommon Integrated Development Company	LIDC Representative Mayo/Roscommon

NAME	ORGANISATION	ROLE IN SUB-GROUP
<b>Stephen Kay</b>	Service User Support Team	Service Users Representative
<b>Tommy Griffin</b>	Service User Support Team	Service Users Representative
<b>Orla Irwin</b>	WRDTF Co-ordinator	Task Force Support Team
<b>Orla Walshe</b>	WRDTF Project Development Worker	Task Force Support Team
<b>Gary Kyne</b>	WRDTF Administrator	Task Force Support Team

### Treatment/Rehab Sub-Group Members in 2010

NAME	ORGANISATION	ROLE IN SUB-GROUP
<b>Fiona Walsh</b>	HSE	HSE West Representative
<b>Liam O' Loughlin</b>	Galway City VEC	VEC Representative Galway City
<b>Gerard Harrison</b>	HSE West	HSE West Representative
<b>Mark Campbell</b>	NUIG	NUIG Representative
<b>John Flannery</b>	AIDS West	Voluntary Representative
<b>Michael Maloney</b>	Cuan Mhuire	Voluntary Representative
<b>Kathrina Kelly</b>	Galway Simon Community	Voluntary Representative
<b>Fr. Sean Cassin</b>	Hope House	Voluntary Representative
<b>Margaret Nash</b>	Bushypark Treatment Centre	Voluntary Representative
<b>Mary Falvey</b>	Cuan Mhuire	Voluntary Representative
<b>Bridget Wing</b>	Service User Support Team	Service Users Representative
<b>Orla Irwin</b>	WRDTF Co-ordinator	Task Force Support Team
<b>Orla Walshe</b>	WRDTF Project Development Worker	Task Force Support Team
<b>Gary Kyne</b>	WRDTF Administrator	Task Force Support Team

## Admin/Finance Sub-Group Members in 2010

NAME	ORGANISATION	ROLE IN SUB-GROUP
<b>Martin Lee</b>	Western RDTF	Cathaoirleach
<b>Det. Insp. Tom Fitzmaurice</b>	An Garda Síochána	An Garda Síochána Representative
<b>Judy Minihan</b>	Customs & Excise	Customs & Excise Representative
<b>Ger Kirby</b>	Drug Advisory Group (DAG)	Representing Drug Advisory Group (DAG)
<b>Annemarie Hourigan</b>	Youth Work Ireland, Roscommon	Voluntary Representative,
<b>Con Moynihan</b>	HSE West	HSE West Representative
<b>John Flannery</b>	AIDS West	Voluntary Representative
<b>Orla Irwin</b>	WRDTF Co-ordinator	Task Force Support Team
<b>Gary Kyne</b>	WRDTF Administrator	Task Force Support Team

## Research/ Evaluation Sub-Group Members in 2010

NAME	ORGANISATION	ROLE IN SUB-GROUP
<b>Kathrina Kelly</b>	Galway Simon Community	Voluntary Representative
<b>Fiona Walsh</b>	HSE	HSE West Representative
<b>Michelle Reynolds</b>	Foróige	Voluntary Representative
<b>Dr. Brian McGrath</b>	NUI Galway	Research Representative
<b>Dr. Saoirse Nic Gabhainn</b>	NUI Galway	Research Representative
<b>Orla Irwin</b>	WRDTF Co-ordinator	Task Force Support Team
<b>Orla Walshe</b>	WRDTF Project Development Worker	Task Force Support Team

## Appendix 3:

### WRDTF Achievements

#### Prevention and Education Initiative

- Putting The Pieces Together (National Drug & Alcohol training source manual)
- Regional Drug awareness campaign – Fact or Fiction
- National Cinema & Media Cocaine Campaign
- Súil Aniar (youth drug & alcohol art project)
- Three Community Liaison Workers
- Two Education Support Workers
- Jigsaw Nurse
- Strengthening Families Programme delivery x 6
- Small Grant Scheme
- DEWF Training

#### Supply Reduction Initiatives

- Links with Gardaí to support their supply reduction programme
- Regional Head Shop campaign
- National Head Shop Conference
- Submission to Galway City Development Plan in relation to head shops
- Dial To Stop Drug Dealing (Fact or Fiction) awareness campaign
- Presentations at JPCs

#### Treatment & Rehabilitation Initiatives

- GP Pharmacy Liaison Nurse
- 1x .5 Addiction Counsellor for 3rd level students
- Service Users Support Team
- 3 x .5 Family Support Counsellors
- Addiction Counsellor for people who are homeless

#### Research Initiatives

- Research reports published:
  - Minor Tranquilisers and Sedative Use and Misuse in the West of Ireland
  - Substance Misuse in the Traveller Community: A Region Needs Assessment
  - Substance Use in New Communities: A Way Forward
- Funded research into substance misuse within LGBT population in Galway, Mayo & Roscommon
- SFP research ( Final document to be published in May 2011)
- A comprehensive three year review of all funded projects – leading to recommendation for future delivery of services

## Appendix 4

### List of agencies that attended the consultation process

SECTOR	NAME
<b>Youth</b>	Clann Resource Centre Youth Group
	Dochas Don Oige
	Ballygar Youth Project
	Bohermore Youth Development Project
	Galway Community Circus
	Roscommon Community College
	Kilkelly Youth Project
	Kiltimagh Foróige Club
	Ballinrobe Community School
	GAF Youth Café
	Foróige (NYP's & Big Brother Big Sister Programme)
<b>Statutory</b>	Galway City VEC
	NUIG
	County Galway VEC
	Co. Mayo VEC
	HSE Drug Service
	HSE Methadone Clinic
	HSE Alcohol Service
	Galway County VEC Youthreach
	GMIT
	Probation Service
	HSE Addiction Service
	Mental Health Ireland
	Roscommon County Council
<b>Voluntary/Community</b>	AIDS West
	Cuan Mhuire
	Galway Simon Community
	Clann Resource Centre
	Youth Work Ireland SPARK

SECTOR	NAME
	Aonad Family Resource Centre
	Gort FRC
	Westport FRC
	Ballyhaunis FRC
	Tochar Valley Rural Community Network
<b>Community of Interest</b>	AA
	SUST ( Service User Support Team)
	Galway City School of Dudo
	Galway City Partnership
	NA
	Amach, Galway
	Shout, LGBT Youth Group
	Olympic Boxing Club

## Appendix 5 Summary of Submissions Received:

### Prevention & Education

Submission	Submitted By
<i>Domestic Violence:</i> Where domestic violence is identified as an issue, clear guidelines on recognising, responding and referral should be in place, in line with the recommendations in the HSE Policy on Domestic Violence 2010.	Cope
<i>Increased focus on addressing the needs of people who are homeless:</i> COPE Galway considers that the new strategy should include specific objectives and actions relating to addressing the needs of people with addictions who are homeless and at-risk of homelessness. These include an increased focus on providing training for staff of both voluntary and statutory agencies working with people who are homeless and at-risk of homelessness. Such training should include a focus on the Harm Minimisation Model with a view to facilitating engagement with those 'hard to reach' with addictions.	Cope
Name and commit to prioritising the LGBT community Support awareness-raising activities within the LGBT community on drugs and alcohol issues Support awareness-raising activities within mainstream service providers Address conditions in 2nd and 3rd level educational institutions which contribute to increased LGBT drugs and alcohol use Support LGBT community groups to develop information, education, awareness and prevention measures	Amach/Glen
Acknowledge the condition Attention Deficit Hyperactivity Disorder and the risk that this condition (and co-existing conditions) poses for these young people regarding school dropout/failure/expulsion; anti-social behaviour; substance abuse; involvement in crime; incarceration and suicide risk.	INCADDS
Congratulations on the consultation day on 6th May. My submission will mainly focus on preventative/education. The WRDTF Education Programme should emphasise the giftedness, talents and potentials of children and young people; elaborate how these can be developed and used in a positive, creative way. Expand how these God-given talents can also be partially ruined or sometimes almost completely destroyed by the usage of drugs and/or abuse of alcohol. This should be done with sensitivity of course but also with CLARITY and HONESTY. Examples of youths/people who endeavoured to develop their talents with all the positive aspects and results should be given. Examples of youths/people who used drugs and/or abused alcohol and the detrimental effects on themselves, their families, their relationships, their friends, their neighbourhood and society. (This is often misconstrued as scare tactics, but the truth is important.) Their actions and example sustain the present culture from which gangs/drug-related criminality has emerged. The above strategy may sound a little "raw" in an era where political correctness and delicate packaging of the topic/lesson is widespread. While an acceptable presentation is needed it should never be allowed to dilute the content, which is truth. The above strategy will require courage as the age of self-indulgence is promoted directly and indirectly and this fudges real values. The value of self-restraint should be promoted. People's/youth's abilities rather than their inabilities should be concentrated	Individual submission



Submission	Submitted By
<p>on. Underrating is not desirable or productive. The above strategy could be adapted according to age (maybe location in cases) but without losing the core/truth.</p>	
<p><i>Education</i></p> <p>Continue to support the implementation of the SPHE programme in schools and to assist schools in this task by working and lobbying where appropriate to ensure the following conditions for success of implementation are evident:</p> <p>The intervention is substantial over several school years and relevant to changes in young people's social &amp; cognitive development</p> <p>Adequate attention is given to capacity building through teacher training and provision of resources</p> <p>Programmes are comprehensive and holistic, linking the school with agencies dealing with health and based on evidence of effectiveness</p> <p>The Dept of Education monitors and evaluates the implementation of SPHE Programmes</p> <p>There is a whole school approach based on the Health Promoting School concept (IUHPE 2000)</p> <p>The effects of programmes like Social Personal and Health Education are likely to be small unless accompanied by regulatory and environmental changes which themselves enter into people's experiences and unless the conditions for success as outline above are present.</p>	<p>HSE Health Promotion</p>
<p><i>Community Action</i></p> <p>Community-based programmes that are multi-faceted can have an impact. However they can be costly and difficult to implement and sustain. The effects of community approaches on different groups of the population need investigation. It is particularly important to consider the extent to which programmes reach or include identified at-risk groups, vulnerable groups and people in lower socio-economic groups</p> <p>Provide support for parents to enable them to develop their parenting skills – including problem-solving and communication skills, and advice on setting boundaries for their children and teaching them how to resist peer pressure. Programmes should be shown to have evidence of effectiveness</p> <p>Raising Awareness and Political Commitment</p> <p>Information and education needs to be re-framed to encourage and advocate support for alcohol policy. The evidence shows that information and education programmes do not reduce alcohol-related harm; nevertheless, they have a role in providing information, reframing alcohol-related problems and increasing attention to alcohol on the political and public agendas</p>	<p>HSE Health Promotion</p>
<p>R/LDTFs support LGBT Community Projects to develop education and prevention measures.</p> <p>Mainstream drugs prevention and harm reduction targeting LGBT communities.</p> <p>R/LDTFs support the development of LGBT youth groups in their areas.</p> <p>R/LDTFs support LGBT organisations to participate in community addition courses</p>	<p>Glen</p>

## Treatment/Rehab

Submission	Submitted By
<p><i>Accessible de-tox and rehabilitation services for people who are homeless and those who are most marginalised and disadvantaged:</i> The new strategy should, in the view of COPE Galway, include objectives and actions which will help ensure that the admission/ access criteria of de-tox and rehabilitation services are sufficiently flexible so as to ensure that people who are homeless and living in unstable and chaotic situations are able to access services. Furthermore there is a need to ensure that the ethos of services are inclusive and based on clinical best practice in the interest of ensuring that there are no barriers to people accessing and utilising these services.</p>	Cope
<p><i>Gender sensitive services and responses:</i> COPE Galway considers that the new strategy should include objectives and actions in relation to ensuring that addiction services and supports are gender specific. This is especially important in the case of women who may feel vulnerable and uncomfortable discussing personal issues in a mixed setting. Consideration should also be given to cultural sensitivities whereby women may not consider that they can utilise services and supports where there are men also present.</p>	Cope
<p><i>Life cycle appropriate addiction services:</i> an objective around ensuring that addiction services are appropriate and accessible to all age ranges should be considered for inclusion in the new strategy. The needs of older people living in isolation in the community should be taken account of, both in terms of supporting measures to counter isolation, and interventions to address problem alcohol and drug use including prescribed medication.</p>	Cope
<p><i>Relapse prevention:</i> the new strategy should, in the view of COPE Galway, have an increased focus on relapse prevention including specific and targeted actions in relation to more marginalised and disadvantaged people in the community. Relapse specific training could be made available to both staff and service users.</p>	Cope
<p>Develop formal and appropriate referral systems for the LGBT community to designated services.</p>	Amach
<p>It has become apparent that detoxification has fallen between two stools. In the past alcohol detoxification was facilitated in our Psychiatric Facilities. However, since the publication of Vision for Change and the introduction of the Mental Health Act 2001 this facility is no longer available, unless the person has a co-existing co-morbid presentation. GP practices do facilitate detoxification and in most cases where withdrawal symptoms are mild to moderate, outpatient detoxification is safe and costs less than in-patient treatments. Anecdotally it is alleged that appropriate supports are not offered on a daily basis.</p> <p>Unfortunately when a patient presents for an in-patient detoxification regime the criteria for acceptance varies. Anecdotally it is alleged that in UHG the person has to be 24hrs alcohol free before they are admitted, whereas in Portiuncula Hospital, Ballinasloe if the person presents with no trace of ethanol in their blood and are not showing symptoms of withdrawal they are not admitted, even if they have a GP letter requesting an In-patient</p>	Community Addiction Counselling Service

Submission	Submitted By
<p>Detoxification Regime as they have not successively completed a detoxification regime in the community. This person was eventually facilitated in a private hospital.</p>	
<p>Appropriate residential rehabilitation centres for those who suffer with ADHD and substance abuse. This is an option which needs to be explored as a matter of urgency. Recognise that drug treatment programmes for those suffering from ADHD are doomed to fail unless the underlying conditions are first treated.</p>	INCADDS
<p>Galway Traveller Movement wishes to recommend that the new Western Region Drug Strategy 2011-2014:–Include and implement the “4.7 Recommendations for improved service provision in the West” (WRDTF 2009 pg 30-31)</p> <p>Include key recommendations from the Traveller Specific Drugs Initiatives Submission to the National Substance Misuse Strategy 2010 with specific reference to alcohol misuse. In addition to full support for the TSDI submission and the inclusion of recommendations from the 2009 WRDTF Report, GTM would like to make the following recommendations from a regional perspective:</p> <p><i>Commitment to resources:</i></p> <p>Work with Traveller Projects to identify resources needed in the region to implement effective outcomes, such as the possibilities of funding Traveller specific Drug prevention workers within projects etc.</p> <p><i>Explore models of good practice and possibilities of usage in this region:</i></p> <p>Motivational Interviewing  Brief Intervention  Family Group Conferencing  Community Reinforcement (<a href="http://www.robertjmeyers.phd.com/index.html">http://www.robertjmeyers.phd.com/index.html</a>)  Adolescent CRA (ACRA)  CRA and Family Training (CRAFT)  And straight forward CRA (this is currently being used in Cardiff in Wales in conjunction with the Strengthening Families Programme)</p> <p>QuADS – Quality Standards in Alcohol &amp; Drugs Services  Agree a time frame within which all organisations should be QuADS compliant.  As the HSE has agreed to adopt QuADS as the quality standards for all alcohol and drugs services in Ireland, it is important to put in place a time frame for completion so that it does not remain as simply an aim, but has outcomes and can be reviewed as necessary.</p>	Galway Traveller Movement
<p>On the rehabilitative front: why is there a fear of requesting a person who uses drugs and/ or abuses alcohol to look at their position and the effects it has on themselves and others with a view to consider and self-correct? If they are not reminded and asked.....</p>	Independent
<p>The region needs rapid access to residential detox for alcohol and drug issues. These could be provided by existing voluntary residential services or by statutory.</p> <p>The Report of the Working Group on Treatment of Under 18 Year Olds published by the Dept of Health and the HSE in Sept 2005 requires that the Regional Drug Task Force should assess for their areas how best the tiered treatment model could be delivered in their areas as part of their development of strategies for their areas.</p>	Voluntary Cluster



Submission	Submitted By
Dedicated funding is required across the region for residential rehabilitation beds.	
From a health care perspective brief intervention is shown to be effective. Specialist services are needed for the care of severe cases of alcohol-related disorders with evidence for the effectiveness of cognitive behavioural and pharmacological therapies	HSE Health Promotion
<p><i>Family Support:</i></p> <p>We request that the Western Regional Drugs Task Force recognises the needs of families living with drug use in the area and respond to these needs by prioritising family support in their strategic plan and supporting families both with financial and professional support. The work that has been completed thus far by representatives from the group with little or no support is remarkable and we have no doubt that this could develop from strength to strength with support from the Western Region Drugs Task Force.</p>	Family Support Regional Network

## Research

Submission	Submitted By
Carry out, in collaboration with the LGBT community, an in-depth research project on the levels of drug and alcohol use in the Galway area and the impacts on the general and mental health and well-being of LGBTpeople in Galway.	Amach
INCADDS recommends that a study into the prevalence of ADHD among substance users; to establish the number of people with ADHD who are involved in substance abuse and initiate intervention and treatment programmes to treat both their ADHD symptoms, co-existing conditions and their substance abuse	INCADDS
Research and evaluation needs to be an integral part of the strategy. There is a need to carry out adequate evaluation of interventions aimed at young people targeting hard-to-reach groups and vulnerable groups.	HSE Health Promotion

## Supply Reduction

Submission	Submitted By
<p><i>Head shops and legal highs:</i> lobbying national government for the introduction and enforcement of legislation and regulations for 'head shops' should be considered for inclusion as a specific objective in the new strategy. Awareness raising of the risks of use of products available through these 'head shops' and training for the range of services (e.g. Hospital Emergency Depts, Ambulance services staff, Gardaí and other front line workers in services) should be strongly promoted as they work to address the consequent problems for individuals.</p>	Cope



Submission	Submitted By
<p><i>Alcohol Availability:</i> A reduction in the number, density and hours of operation for outlets selling alcohol. This use of environmental and health impact assessment should be used in this regard.</p> <p>The setting up of a National register for off-licences</p> <p>Restrict hours and days of retail sale for alcohol in off-licences.</p> <p>Restrict the amount of space within retail outlets and ensure that measures are put in place to stock alcohol in designated areas away from other products and to the back of the store</p> <p><i>Age:</i> Minimum drinking/purchasing age – refining of national ID card system to give it more credibility.</p> <p>Enforce alcohol outlet compliance in avoiding youth sales, e.g. using underage volunteers in compliance checks with sufficient punishment/deterrence.</p> <p>Recommends an increase in the minimum age for the purchase of strong alcoholic beverage in off-licences</p> <p><i>Drink Environments:</i> Programme for responsible beverage services can also effectively reduce problems</p> <p>if they are combined with active enforcement by Gardaí and the licensing authorities.</p> <p>Responsible beverage service (training for bar staff), backed up with written policies, e.g. as a condition of bar licence, all bar staff have to undertake the Responsible Serving of Alcohol (RSA) training, backed up with written policies. This has the potential to be developed into something similar to the SAFE PASS card. RSA needs to be run on a regular basis, and should be adapted and provided to supermarkets and other outlets serving alcohol.</p> <p><i>Drink Driving:</i> In respect to drink driving, lowering of the blood alcohol concentration levels coupled with local enforcement and random breath testing</p> <p><i>Pricing:</i> Recommend the introduction of minimum drink prices for both the on-premise and off-premise trade</p> <p><i>Advertising and Promotion:</i> Implement strict controls on direct and indirect advertising of alcohol specifically Comprehensive measures to control drinks promotions both in the off-licence and on premise trade</p>	<p>HSE Health Promotion</p>

**Other**

Submission	Submitted By
<p>The Voluntary Cluster needs an executive to represent it nationally and locally. There are growing demands on the Cluster that exceed the original requirement to input to the Task Force. Recently there are requests to attend multiple steering groups for projects, assist with and attend the Treatment and Rehab, Finance, Research and Evaluation, and Education and Prevention Sub Committees. These are in addition to the Cluster meeting itself and its representation nationally.</p> <p>The post could be part-time and serve the administrative and organisational needs of the cluster. They would consolidate existing education &amp; prevention voluntary services and help initiate and develop treatment and rehab services which are lacking in the area.</p>	<p>WRDTF Voluntary Cluster</p>

**Submission****Submitted By**

HSE formulated SLAs need to be revised to protect Task Force funding and ensure it remains within the remit of the Task Force in the event of the termination or completion of a project.

The WRDTF proposed Steering Group terms of reference need to consult with voluntary organisations about content and resource implications for the sector to be able to implement them. The voluntary sector needs to discuss, amend and agree to the sign off on these at Task Force level. As they stand, these proposed terms of reference constitute an unnecessary management function by the Task Force in the affairs of independent voluntary agencies.

They require levels of time and multiples of meetings that are not necessary. A simpler quarterly reporting template needs to be designed and delivered. Membership of the proposed steering groups needs to reflect the professional competencies of the services being delivered.

WRDTF Voluntary Cluster

**Appendix 6: Abbreviations**

<b>ADHD</b>	Attention Deficit Hyperactivity Disorder	<b>LIDC</b>	Local Integrated Development Company
<b>A&amp;E</b>	Accident and Emergency	<b>MWSS</b>	Mayo Women's Support Service
<b>CLW</b>	Community Liaison Worker	<b>NACD</b>	National Advisory Committee on Drugs
<b>CSMT</b>	Community Substance Misuse Team	<b>NDS</b>	National Drugs Strategy
<b>CSO</b>	Central Statistics Office	<b>NDTRS</b>	National Drug Treatment Reporting System
<b>DAG</b>	Drugs Advisory Group	<b>NUIG</b>	National University Ireland, Galway
<b>D/H&amp;C</b>	Department of Health & Children	<b>NYC</b>	National Youth Council
<b>D/E&amp;S</b>	Department of Education & Skills	<b>OMD</b>	Office of the Minister for Drugs
<b>D/EHLG</b>	Department of Environment, Heritage & Local Government	<b>OMCYA</b>	Office of the Minister for Children and Youth Affairs
<b>D/SFA</b>	Department of Social & Family Affairs	<b>PTPT</b>	Putting the Pieces Together
<b>FSN</b>	Family Support Network	<b>RIDC</b>	Roscommon Integrated Development Company
<b>FRC</b>	Family Resource Centre	<b>RSE</b>	Relationship Sexuality Education
<b>GLEN</b>	Gay Lesbian Equality Network	<b>SFP</b>	Strengthening Families Programme
<b>GMIT</b>	Galway Mayo Institute of Technology	<b>SLÁN</b>	National Health and Lifestyle Survey
<b>G.M.R.</b>	Galway Mayo and Roscommon	<b>SPHE</b>	Social, Personal and Health Education
<b>HBSC</b>	Health Behaviour in School – Aged Children Survey	<b>SUST</b>	Service User Support Team
<b>HRB</b>	Health Research Board	<b>THU</b>	Traveller Health Unit
<b>HSE</b>	Health Service Executive	<b>VEC</b>	Vocational Education Committee
<b>INCADDS</b>	The Irish National Council of AD/HD Support Groups	<b>VFI</b>	Vintners Federation of Ireland
<b>LDTF</b>	Local Drugs Task Force	<b>MQI</b>	Merchants Quay Ireland
<b>LGBT</b>	Lesbian, Gay, Bisexual, Transgender		
<b>LSD</b>	Lysergic Acid Diethylamide		





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