

Canal Communities Local Drug and Alcohol Task Force *Strategic Plan 2023 - 2026*



September 2023

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Foreword

Over the last few years, the Canal Communities Local Drug and Alcohol Task Force has undergone significant changes in terms of its structures, fostering stronger relationships with State bodies and within the network of local organisations. In the preceding years, the Task Force membership fought tirelessly to place the communities they work and live in at the forefront of the State mind regarding the heaving weight of austerity measures, and the lasting impacts they have had on services and the communities who depend on them. The commitment to that struggle for adequate resource has continued, now amid issues with staff pay, pensions and retention, but the Task Force has also strengthened the partnership between community voluntary and statutory bodies. Through its structures and sub-groups, the partners in the Task Force have continued to collaborate to share knowledge, research, and resources in order to develop cross-discipline, innovative, interagency approaches to drug and alcohol use.

The areas served by the Task Force are diverse. The populations are increasing, the cost-of-living crisis is reaching the majority of their homes, and addiction, in many cases, is a symptom of the complex and unmet needs of the local communities. With those complex and unmet needs come many other issues, such as intimidation, increased crime, and poor mental and physical health outcomes. All of this was at the forefront of the minds of the Task Force as we developed our Strategic Plan. This is evident in the goals set out in the plan. Reaching those goals hinges on support and resources beyond what any Task Force can do alone; the implementation of this Strategic Plan will depend on the support that the State bodies and the Government provide in working alongside communities to build better infrastructure and quality, accessible services. We are committed to working together to make that happen, because we are acutely aware that addiction is not a random phenomenon but is rooted in our communities in the way it has been from decades of neglect. As asked by Gabor Maté, “Not why the addiction but why the pain?” Our strategic plan addresses this reality with a renewed focus on areas such as outreach, therapeutic intervention, advocacy, and research and trends, knowing that we need to go deeper and reach further into all corners of the communities that may not receive the support or voice they need. The Canal Communities Task Force has always led with heart, fight, and justice. It will continue now with directed energy, and with an ambitious strategic plan as its template.

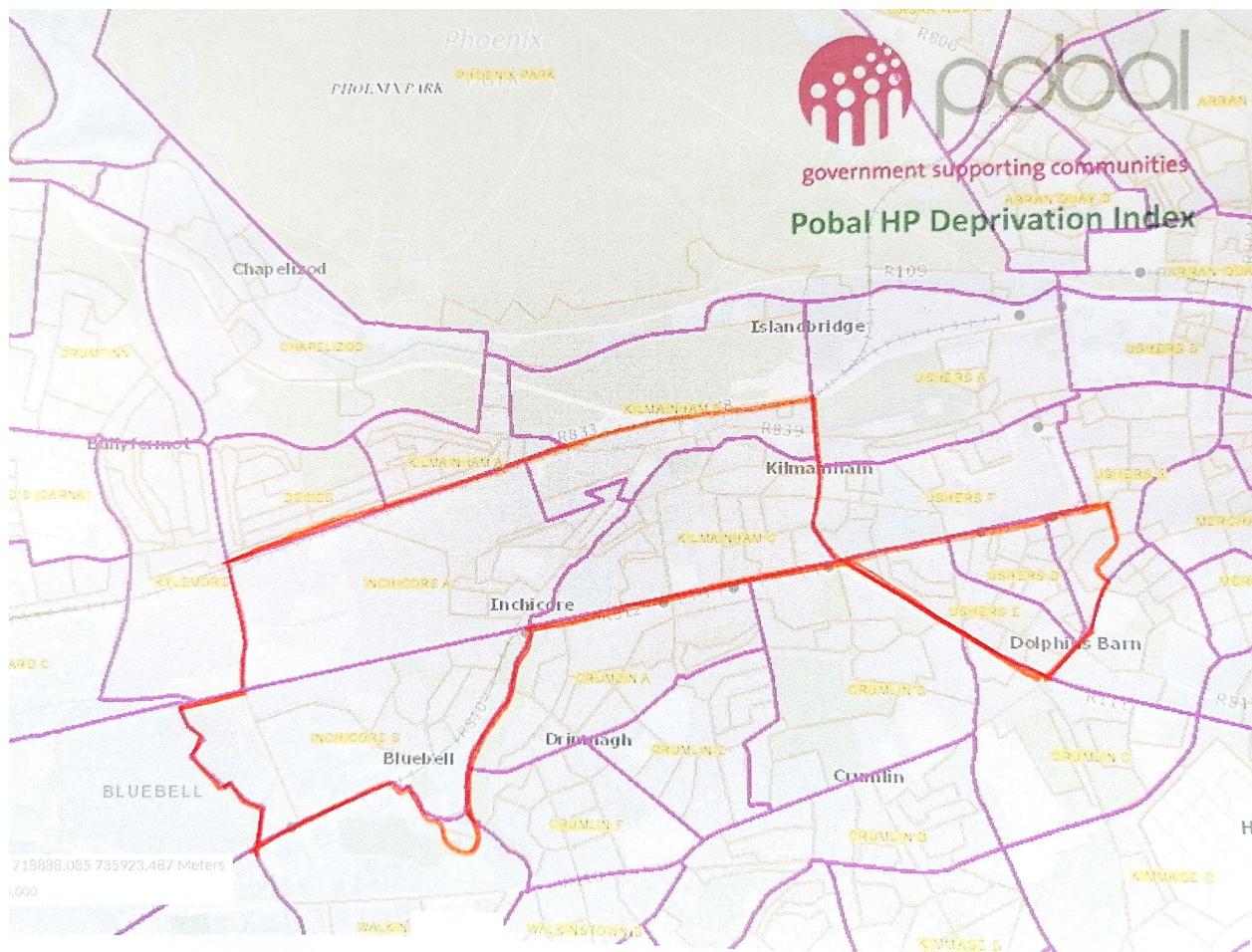


Senator Lynn Ruane,
Chairperson, Canal Communities Local Drug and Alcohol Task Force August 2023

1. Who we are and what we do

Who we are

The Canal Communities Local Drug and Alcohol Task Force (CCLDATF) is a collaboration of local community, voluntary and statutory organisations working together to reduce drug and alcohol-related harm in the Canal Communities area of Dublin. The CCLDATF coordinates the local implementation of the national drugs strategy “Reducing Harm, Supporting Recovery” and its review, based on the specific needs of the Canal Communities Bluebell, Inchicore, and Rialto. These neighbourhoods have experienced high levels of drug and alcohol use, as well as related issues such as poverty, crime, and social exclusion.



The CCLDATF was first set up in 1997 as a response to heroin use in the area, as part of the Irish government's National Drugs Strategy. The Task Force has since widened its responsibilities to address drug misuse in general and in 2013 alcohol was added to the remit of the organisation, along with all other Task Forces in the country.

The CCLDATF works with local communities, agencies, and organisations to develop and implement a range of initiatives aimed at reducing drug and alcohol-related harm. These initiatives include support services for individuals and families affected by drug and alcohol use, education and awareness-raising campaigns and community development projects.

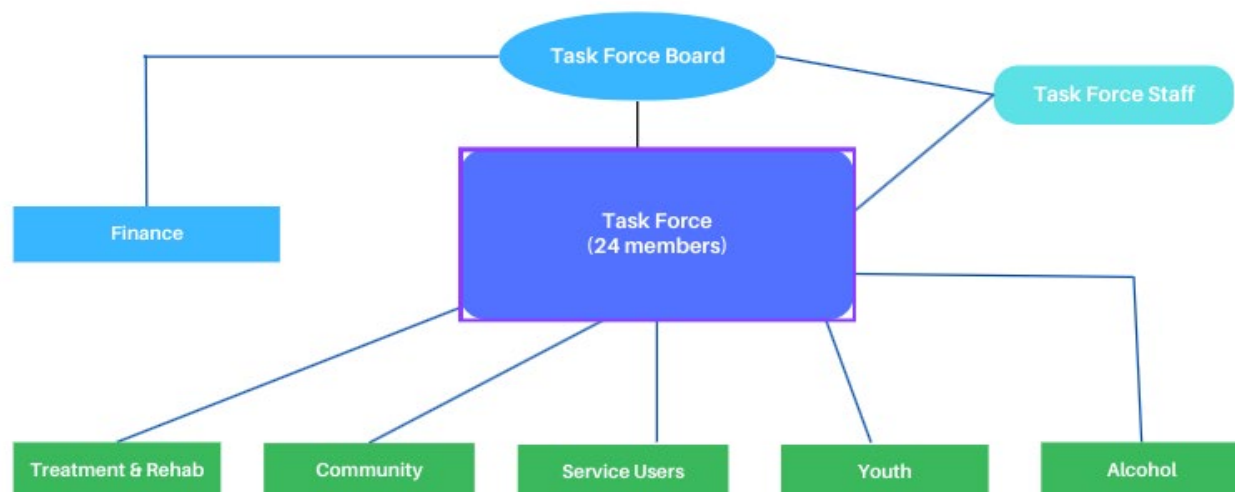
The CCDLATF is guided in the work by the following Vision, Mission, and Values:

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|---|--|
|  VISION A flourishing community free from the harms associated with drugs and alcohol use, where people can access the help they need, when they need it. |  MISSION To lead and coordinate community, voluntary and statutory agencies in the development and implementation of an effective, integrated strategy to address the causes and consequences of drugs and alcohol misuse in the Canal Communities area. |
| VALUES We are committed to work: <ul style="list-style-type: none"> • collaboratively, in partnership and with the active participation of all relevant people, groups and organisations in the area, including people who use drugs and alcohol, their families and the wider communities; • in transparent and accountable ways; • based on community development principles and guided by person-centred, trauma informed and evidence-based approaches to services. | |

The Task Force has recently reverted to being an independent company. It is governed by a board of directors, which includes representatives from local community groups, statutory agencies, and service providers. The board is legally and financially responsible for the organisation and its activities, for developing and implementing the task force's strategic plan and for ensuring that its activities are aligned with the goals of the National Drugs Strategy. The members of the Board are listed in Appendix 1.

The Task Force currently has 20 members and four vacant positions. A list of the members is included in Appendix 2. The work of the Task Force is carried out by the members, supported by a Coordinator (vacancy) and an Administrator.

The CCLDATF has several subcommittees with specialised and specific tasks and responsibilities. The structure of the organisation can be visualised like this:



What we do

The Canal Communities Local Drug and Alcohol Task Force works to ensure that effective services are available to people, families and communities impacted by the use of drugs and alcohol in the Bluebell, Inchicore and Rialto areas of Dublin City. National policies in relation to drugs and health, especially “Reducing Harm, Supporting Recovery”¹ and “SláinteCare”², provide the framework for our activities. The work of the Task Force is funded by the Irish Government through the Department of Health, the HSE, the Department of Justice, Dublin City Council, Department of Employment Affairs and Social Protection and the City of Dublin Education and Training Board.

The members of the Task Force meet monthly to discuss the work of their organisations and develop joint initiatives, research projects and advocacy activities.

¹ <https://www.gov.ie/en/publication/4e5630-reducing-harm-supporting-recovery-2017-2025/>

² <https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy/#>

The activities are organised around six themes:



Examples of the Task Force's activities are:

- Research and evaluation activities to assess the effectiveness of its initiatives and to inform future programming. The task force is also involved in advocacy and lobbying efforts to promote policy changes aimed at reducing drug and alcohol-related harm.
- Support services for people and families affected by drug and alcohol use, including counselling, detox programmes, harm reduction initiatives and parent and family supports.
- Activities with local communities to address the underlying factors that contribute to drug and alcohol-related harm, focusing on issues such as housing, education, and social, economic, and developmental needs.
- Campaigns and projects to raise awareness about the dangers of drug and alcohol use and to promote healthy lifestyle choices, for instance in schools and community settings.

Section 2 of this document describes the planned activities of the Task Force for the next period in more detail.

2. Consultation findings

In the Spring of 2023, an interactive consultation process took place, consisting of a series of interviews with stakeholders within and outside of the Task Force, planning sessions with the members of the Task Force and its subcommittees and interviews with people living in the three communities.

Through this process, the vision, mission, and values of the organisation were redefined, and an in-depth picture has emerged of the strengths and weaknesses of the organisation and of the issues that require attention in the next three-year period. These can be visualised in a SWOT analysis format:



For each of the six themes or work areas of the CCLDATF key findings from the consultation process will be described below. They provide more background information to the planned actions for the period 2023 to 2026 which are set out in Section 3 of this document. Several comments and ideas are relevant for more than one theme, so there may be some duplication.

1. Organisational Effectiveness

All stakeholders identified the [commitment and passion of its members](#) as a core strength of the Task Force. The dedication to work together and to tackle often difficult issues is undisputed, leading to good attendance and active participation at meetings. The members are led by social justice and community development values and approaches to the work and bring a wide range of skills to the table.

The focus on [social justice and a critical analysis of society](#) which underpins the work of the Task Force is an approach which in the last decades has become increasingly rare. Several people mentioned the importance of maintaining this community development ethos and the creative methods that the Task Force uses to involve the local community.

While the members are very engaged, there is a recognition that the [membership needs to be reviewed](#) and may be ready for some rejuvenation, both in terms of replacing members who have been at the table a long time and to add specialist areas that are currently missing. Members from a service user background, new community reps and staff from certain local projects were mentioned in this context.

There is broad agreement that there has been a significant [improvement in the relationship between the Task Force and State bodies, notably the HSE](#), with a genuine desire to build on the achievements to date. The role of the current chair has been instrumental in the success of this process. Several Task Force members voiced their concern about the imminent succession and the [ability to find a new chair](#) with similar skills, experience and standing.

Some [key statutory players are not currently represented](#) on the Task Force, for instance DEASP, the ETB and Tusla and it would be useful to try and link with these organisations. In light of the increased emphasis on family support and young people, a connection with Tusla is especially important. A formal connection with the Children and Young People's Services Committee of Dublin City Council may also be useful. A suggestion was also made that a representative from the HSE Mental Health Services might be of interest, especially in the context of a need for increased counselling services.

Several members mention that the [induction of new Task Force members](#) is important to make sure people understand the complex structures of the organisation and the key functions of each member organisation.

Although the health services experience serious (Covid-exacerbated) resource issues, there is currently [no indication that local drug and alcohol services are under imminent threats of funding cuts](#). There is however a need to ensure that the funding is used for the right services in an area where trends in drug and alcohol use change constantly. Furthermore, there was a consensus that there should be deeper collaboration between the mental health services and the Task Force.

[Organisational structures](#)

The CCLDATF has recently changed its organisational footing. For the first time since 2015 the organisation exists as a legal entity, a company limited by guarantee. This new structure brings benefits and also a range of new [governance and financial oversight requirements](#), which have been agreed, but which will need to be strengthened and embedded in the Task Force's practice. The Charitable status (which has been applied for) will bring additional reporting and governance responsibilities, such as the policies included in the Charities Governance Code.

There is a stated commitment from the Board to share the decision-making as much as is practical with the wider Task Force. It is important to keep in mind that the legal and financial responsibilities ultimately rest with the named members of the Board. One of the strengths of the organisation is having the current experienced Administrator, who has looked after many of these responsibilities for the Canal Communities Regional Addiction Service (referred to as 'CCRAS' below) and can support the Coordinator and Board of the Task Force with the reporting and filing of documents.

In the course of the consultation process, it was mentioned that the [relationship with CCRAS](#), including employment of certain staff members, requires some further clarification. The recruitment of a Task Force Coordinator, employed by the Task Force, should make delineating these matters easier.

[Apart from the ability to employ staff, one of the benefits of the new organisational status](#) mentioned is that the Task Force can offer a collaborative space to develop a more independent stance on difficult issues. There is an expectation that the Task Force will be able to deliberate effectively and make decisions about complex topics with potential funding implications. Examples of this are a discussion about the need to offer specialist services for "new" addictions such as gambling and an analysis of the types of services that are currently offered.

The [structures, decision-making and internal information-sharing](#) of the Task Force may require some further work, or at least some additional communications. There is for instance a lack of clarity amongst several members about which subgroups that exist are actual sub-committees, with minuted meetings, formal reporting to

the Task Force and agreed Terms of Reference outlining their role, membership etc. For instance, there are groupings which were possibly established to carry out specific projects or tasks whose status and reporting structures are not clear (the CAN-2 training initiative mentioned on page 11 below may be an example of this).

It may be useful to revisit the structures and for instance establish a sub-committee for each of the themes. Some of the existing sub-committees, most notably Finance, Treatment and Rehab and the Community subgroup, can easily be slotted into such a division of responsibilities.

A [review of substructures](#) could also be helpful to clarify the internal influencing / decision-making processes. Some members of the Task Force express that they are not always clear about the way decisions are made and about what information is / should be shared with whom. This lack of clarity could potentially cause some disengagement over time. A formal review of the Task Force structures and subcommittees, their remit, membership, and reporting mechanisms could solve this.

[Communications](#)

The absence of a dedicated Coordinator for the Task Force is perhaps most keenly felt in the area of communications, both internally with members and with the wider community. At several moments during the consultation process people mentioned areas for improvement that are linked to the communications of the Task Force. Examples are a website which brings all key information about the Task Force and its members and their services together in one place; social media to reach (new) target groups, information about trends and emerging needs in relation to drug and alcohol use to share with the wider community.

Some members mentioned that they don't really know what other member organisations actually do. They also think that other members may not be sufficiently aware of their own organisations' activities. They feel that potential opportunities for referrals and collaboration /synergy are missed because of this. Examples mentioned are training courses for clients and staff and community events, especially those with a health and wellbeing focus. This is related to the induction of new Task Force members as well.

To structure the work of identifying different audiences, messages / information and communicating in a range of different media, it would be useful for the new Coordinator to develop and implement a comprehensive communications plan for both internal and external communications.

Training

The Task Force plays an important role in coordinating training for members and the staff in their member organisations, to ensure people are kept up to date with emerging trends, new drugs, approaches etc. 'Community Agencies Networking Together' (CAN-2) is a Canal Communities Local Drug & Alcohol Task Force funded initiative for the up-skilling and professional development of staff from Task Force funded projects. The CAN-2 training initiative was recognised as being very useful and people expressed a wish to rejuvenate this area of work. Training also offers useful opportunities for people working in the area to network with each other and exchange information.

There is mention of training organised by member organisations which might be useful for others, but because of insufficient information (see above) people are not aware of this. Examples are community-based health and wellbeing courses, governance, and anti-racism training.

Some people mentioned a role for the Task Force in professionalising specific areas of work through recognised and accredited training programmes for staff working in the sector; this may be something to collaborate on with other Task Force areas.

Advocacy

The role of the Task Force in relation to advocacy and activism was discussed by some members. While some people would like a return to the activist days of the organisation, in general there is a recognition that a balance needs to be struck between protest and (constructive) criticism and collaboration with statutory organisations. This doesn't mean there is no place for the Task Force to contribute to local and national debates about drug and alcohol use; an example is the Citizens Assembly.

While not easy or always comfortable, the Task Force is an appropriate space for the combination of advocacy and collaboration because of the joint commitment to addressing drug and alcohol issues from representatives of different groups and organisations, with diverse perspectives.

Members recognise that there is also a space and even responsibility for the Task Force to advocate on behalf of their members and their organisations and on behalf of the communities they serve. Issues affecting the general community and impacting on drug and alcohol use include the housing crisis and the rising costs of living. A key example of an issue that affects the sector is that of staff pay levels and conditions. These are significantly worse in the community and voluntary sector than in the public sector pay, and this is impacting on recruitment and retention of staff levels. In particular, salaries and conditions for staff in the HSE are at levels that

the community and voluntary sectors can't compete with, which means staff are leaving and the sector is being depleted.

2. Research and Data

CCLDATF is seen by members and their organisations as a key player in making sure that people working in the sector and all other stakeholders have access to up to date and accurate information about drug and alcohol-related matters, locally, nationally, and even internationally. People see it as a key task of the Coordinator and/or designated colleagues to [keep up to date with research and policy developments and distribute relevant information](#) to the members. At the same time, members can be encouraged to share any relevant information they come across.

Task Force members believe that there is a need for [research to objectively identify the needs of the local community, the effectiveness of locally available services](#), and their outcomes/impact. Such knowledge is needed if the Task Force is to ensure that a full range of services is available to people in the area, across the continuum of care. The range and depth of this research, and the potentially sensitive nature of some of its findings, may warrant the establishment of a dedicated sub-committee to drive and direct it (currently, data collection is led by the Treatment and Rehabilitation Sub-group). It may be useful to reflect on the need to invite external experts to this sub-committee, for instance people with social science and health research experience.

For local data the Task Force depends on the data collection by funded services, guided and collated by the Treatment & Rehabilitation subgroup. Several people mentioned that [data collection](#) by the projects that receive funding has improved significantly over the last few years. The improved data on numbers and profiles of service users and outcomes allows for better and more up to date information about the significance of certain issues, emerging needs, and trends in substance use. This is key information to ensure the projects are reaching those most in need of help and offering appropriate services. Local data is also key to inform the advocacy function of the Task Force.

One of the challenges is to [analyse the data systematically and distribute findings to the members](#), their organisations, and wider audiences. This will likely require resources to commission research carried out by specialists and is linked to the communications strategy mentioned earlier. For example, how information is presented may differ for various target audiences.

3. Community

The CCLDATF and its members are [deeply embedded in the local community fabric](#) and pride themselves on close collaboration. Community representatives on the Task Force, many working in local community projects, form a very active subcommittee of the Task Force and are supported by a dedicated community development worker.

Community-based projects, whether they have a drug and alcohol remit or not, play a key role in the work of the Task Force with communities, as holders of local knowledge and experience and as mediators of the connection with people living in the area. The Task Force [highly values the connections with community organisations](#).

Throughout the consultation process there was a sense expressed by Task Force members that the existing collaboration with the wider community could be further strengthened. There is a widely voiced [desire to involve](#) service users and the wider community in the planning and delivery of services and activities.

As mentioned above, the [information exchange](#) that is necessary to realise this may need to be improved to make sure that local people know what is going on, can share their experiences and are empowered to participate in planning activities that are accessible, engaging, and relevant to them. Community-based organisations are important communication channels and partners in this process.

The Task Force also supports activities with local residents and community groups to [build social connections, promote healthy lifestyles and reduce the harms](#) associated with drug and alcohol use. In the course of the consultation process it was mentioned that after the hiatus of the Covid period, there is a need to [restart and rejuvenate these types of activities](#), such as: information events to inform people about the latest developments; community activities (like festivals, fairs, and other cultural events) that facilitate social connections and community engagement; and support for community gardens, sports and youth clubs that promote alternatives to alcohol and drug use and healthy lifestyles. Through systematic sharing of information, the Task Force can identify opportunities to collaborate with community-based wellbeing activities organised by local groups.

4. Harm Reduction, Rehabilitation and Recovery

This theme relates to the core activities of the local drug and alcohol projects, the services they offer to support people to reduce the harm of their substance use, to recover and to rehabilitate. The Task Force as an independent organisation does not deliver services itself, but its members do, and they have an impressive range and depth of experience and skills. The services are aligned with the Task Force Strategy and based on [trauma-informed, person-centred, and evidence-informed approaches](#), offering services across the [continuum of care](#).

Management and staff of several local services are long-standing members of the Task Force and have extensive knowledge and understanding of the activities of all other projects. There is a sense expressed amongst some of the newer members that they [do not know exactly what the various services offer](#) and that asking about it would look unprofessional. The Task Force has a role to play in collating, updating, and sharing this information.

The [need and interest to collaborate and plan services together](#) was expressed strongly throughout the consultation process. People mentioned that they want “a joint system to identify needs, plan services and evaluate”. As a neutral space, the Task Force is well-placed to coordinate this development. The key success indicator for this collaboration would be the availability of services across a continuum of care and accessible to all who need it.

A [systematic analysis of current services](#) would be an important starting point for this collaboration. In the meantime, the consultation process identified [gaps and questions about current provision](#), for instance in relation to:

- Drop In services
- Evening opening hours / services, for working clients;
- After-care services
- Rehabilitation through employment / social enterprise
- Dual diagnosis services
- Community detox
- Childcare to support participation
- Outreach to connect with new and younger target groups
- Family support services
- Specialised addiction services for young people
- Multidisciplinary support for young people.

A constant throughout the consultations was the [concern for young people](#). The discussion focused on the perceived lack of services for them, the need for more

education and prevention activities, and how services can reach young people in the context of anti-social behaviour, substance use in public spaces and safety on the streets. Professionals working with young people perceive a negative attitude from some of the local projects towards youth and a tendency to unfairly blame them for several things that are wrong in the area. There are no specialised local addiction services for people under 18. There is a consensus that these [young people need a holistic, multi-disciplinary approach](#), which takes the family and social situation into account.

There is also a concern amongst addiction services that young people may not want to come to them for help because they see them as for older heroin / methadone users and not for them. This is linked to wider [concerns about the accessibility of current services for other groups who may need help](#), such as migrants. While the next Census results should provide more details, it seems that people from non-Irish backgrounds who live in the area are underrepresented amongst service users. Another group that may not currently access the services they need are people from socio-economic groups not usually associated with problem drug use. Covid appears to have strengthened a trend towards increased drug and alcohol misuse amongst people from more middle-class backgrounds, often working and in need of support out of office hours.

Some interviewees acknowledged that the perception that some services are more geared towards older heroin / methadone users may be realistic (or may have been so in the recent past) and requires further research / analysis. The Task Force, as a neutral organisation, plays a key role in identifying such gaps in service delivery and encouraging and supporting organisations to upskill and “modernise” services.

The territory of drugs and alcohol is a constantly shifting one, with new drugs coming on the scene, people finding different ways to use and combine existing drugs and new, often young, people starting to experiment. This means the services helping people to address the misuse of drugs and alcohol need to keep a finger on the pulse and [adapt their ways of working to stay relevant and effective](#) and to be able to offer interventions across the continuum of care. To attract and support professionals using cocaine in bars, night clubs or homes, or young people buying industrial strength cannabis requires new ways of outreach and different services offered at different times and in different places.

Almost ten years ago, alcohol was added to the remit of Drugs Task Forces nationally, without any additional resources being made available. There are currently specialist alcohol services in the Canal Communities area, and other projects have built their experience over time, but there is still a need, expressed in consultations, to employ a [dedicated alcohol worker](#) to support this area of work. The

Task Force may want to explore this further and cost it in the next period, to make the business case and find the resources for this additional staff member.

Family support, parenting classes and especially counselling are mentioned as areas which may require further resources in the next period. Waiting lists for counselling were mentioned by some people, but others reported that the dedicated budget to purchase counselling hours is sufficient. This may require further research.

5. Education and Prevention

Prevention and education activities, especially for children and young people, are key in trying to influence and discourage the misuse of alcohol and drugs and promote alternatives / healthy lifestyles. The Task Force continues to place a [high priority on education and prevention work](#). The task force's education activities are aimed at increasing awareness of the risks associated with drug and alcohol use, promoting healthy lifestyles, and building skills and resilience to resist drug and alcohol use.

Members identified difficulties with the [school-based work](#), which is key to giving students accurate information on the risks associated with drug and alcohol use. The school curriculum doesn't allow much time for extra activities and the Department of Education's official policy is for regular teachers to deliver drug and alcohol information. This means schools have no funding available to get outside experts in, which all parties agree is necessary to be effective. There is only one secondary school in the area, and the CCRAS Education Worker has routinely delivered programmes on alcohol harm reduction there; local youth services also deliver workshops on substance misuse to secondary schools which serve the area. There is a perceived need to expand relevant programmes at post-primary level, and to initiate primary level programmes. The latter will require that the primary school curriculum is improved and that the funders of youth services allow them to develop closer working relationships with local primary schools; the Task Force could play a role in advocating for this.

In the course of the consultation process, it was stressed by several people that [prevention needs to start early](#), perhaps even before primary school age, with life skills initiatives which build children's ability to make healthy choices and resist peer pressure through self-esteem, goal-setting, coping and communication skills. In disadvantaged communities and vulnerable families affected by drug and alcohol use, it is especially important to equip children and young people with these skills, as they are increasingly targeted by people selling drugs to become involved. In

addition to [schools, sports organisations and youth services play key roles](#) in this area, as do parenting programmes to support parents to have honest conversations with their children about the risks of drugs and alcohol use.

As mentioned in earlier sections of the document, young people in general are a key concern, from grooming and poly-drug use, to the prevalence of new, stronger drugs and a lack of specific and appropriate services for young people. The [role of social media and Covid-related difficulties with social skills and mental health](#) were also mentioned in the consultation process as increasing young people's susceptibility to drug and alcohol use.

The CCLDATF organises and supports drug awareness campaigns to inform people in the communities of the risks associated with drug and alcohol use, challenge attitudes, and encourage people to seek support if they are affected by addiction. As mentioned earlier, a comprehensive [communications strategy should identify the best channels](#) to reach different audiences with a variety of messages. People identified local radio and local newspapers as important sources of information, in addition to social media.

Community Consultation

The CCLDATF takes great pride in the way the organisation is embedded in the community. To ensure the views of people living in the three neighbourhoods were included in the considerations about a new strategy, interviews took place with 20 people, carried out by the community representatives on the Task Force. People were a mix of men and women and ranged in age between 18 and mid-seventies. The results were analysed, and key points are described below.

[What is the area like?](#)

Asked how they find things in their communities, people without exception mentioned that drugs are a big problem in their areas, especially open drug dealing and the associated anti-social behaviour and intimidation. A teenager remarked that "I'm only starting to go out and it scares me how much I get offered coke". Several women described prescription drugs, alcohol, and balloons (nitrous oxide) being misused by women.

Many expressed the sense that things are getting worse and (witnessing) violence is now an everyday reality for people living in the area: "Someone is going to die with so much violence here". They mentioned dealing on the street, in parks and in City Council housing blocks. Some also talk about the role of the LUAS, making it easy for

people who are involved in drug-dealing from outside of the area to travel into and within the community.

Several interviewees said they were scared, keep to themselves, and don't challenge anyone they see misbehaving out of fear they will become a target. Some people talked about gangs of young lads who take over the homes of vulnerable people for using and dealing drugs. They also cause trouble in the shared spaces, from using and urinating in the stairwells to selling on the grounds and using dogs to intimidate people. People are afraid of using and enjoying their public spaces because of the groups of young people.

The reputation of the area was mentioned several times: people realise the community has a bad name because of the issues around drugs and alcohol and fear this reflects on them; they feel ashamed. Several people also talk about how they feel the area is neglected, with no thought or planning put into it.

The role of debts was identified. It is seen as having a large impact on individuals and their families: "People have to hand over money within the local shop most days to pay debts before they even leave the shop. Most people get their payments at the post office in this shop."

Many interviewees recognise that young people are attracted to the money drug dealing promises to fund lifestyles (especially clothes and runners) they otherwise would not be able to afford. Almost everyone also mentions that there isn't enough to do for young people in the area: "it has always been like that. Nothing has changed in the last 30 years". It is also mentioned that services for young people often target those most at risk, but that other young people also need attention and things to do.

What needs to change?

Asked about the things they would like to change, people mentioned several areas for improvement, and they saw a role for different people, agencies, and organisations, including families and communities.

Many people mentioned the need for more (community) policing in the area. They are seeking better visibility for the Gardaí ("you'd be lucky to see a police car or van once a month") and more arrests / increased sanctions for people dealing and causing trouble, and more visits to the homes of known dealers. This would improve the safety of the area and serve as a deterrent for young people, interviewees say. One person called for more opportunities for young people to become involved [in a positive way] with Gardaí, while someone else advocated alternatives to prison sentences for young people (e.g., experiencing farm life).

Dublin City Council is seen as a key player in addressing the safety and security issues in local authority housing estates. Interviewees mentioned the need for more considered housing allocations to ensure no more vulnerable residents are coming into the area, because they are at risk of being intimidated by young people into allowing the use of their home for use and dealing. They also said that those people who are vulnerable should be supported, and that the Council should have more powers to remove people who cause trouble from the area.

The role of families and parents was mentioned by several people, both in relation to taking responsibility for their children and to needing support to deal with the trauma of drug and alcohol misuse in their families. Early intervention for families who are in crisis is seen as key. The need for more information about (new) drugs, including in schools, and activities for families in community settings to keep their children away from drugs and alcohol was also mentioned. More services in the community for people who are struggling with addiction are needed, according to several interviewees.

Legalisation and decriminalisation were raised in some interviews and people have different views on these; from seeing each as a way to take the buzz away and make some of the drugs safer, to both leading to other forms of crime: “What will they be selling if not drugs (women, people trafficking?)”

How can the Task Force contribute?

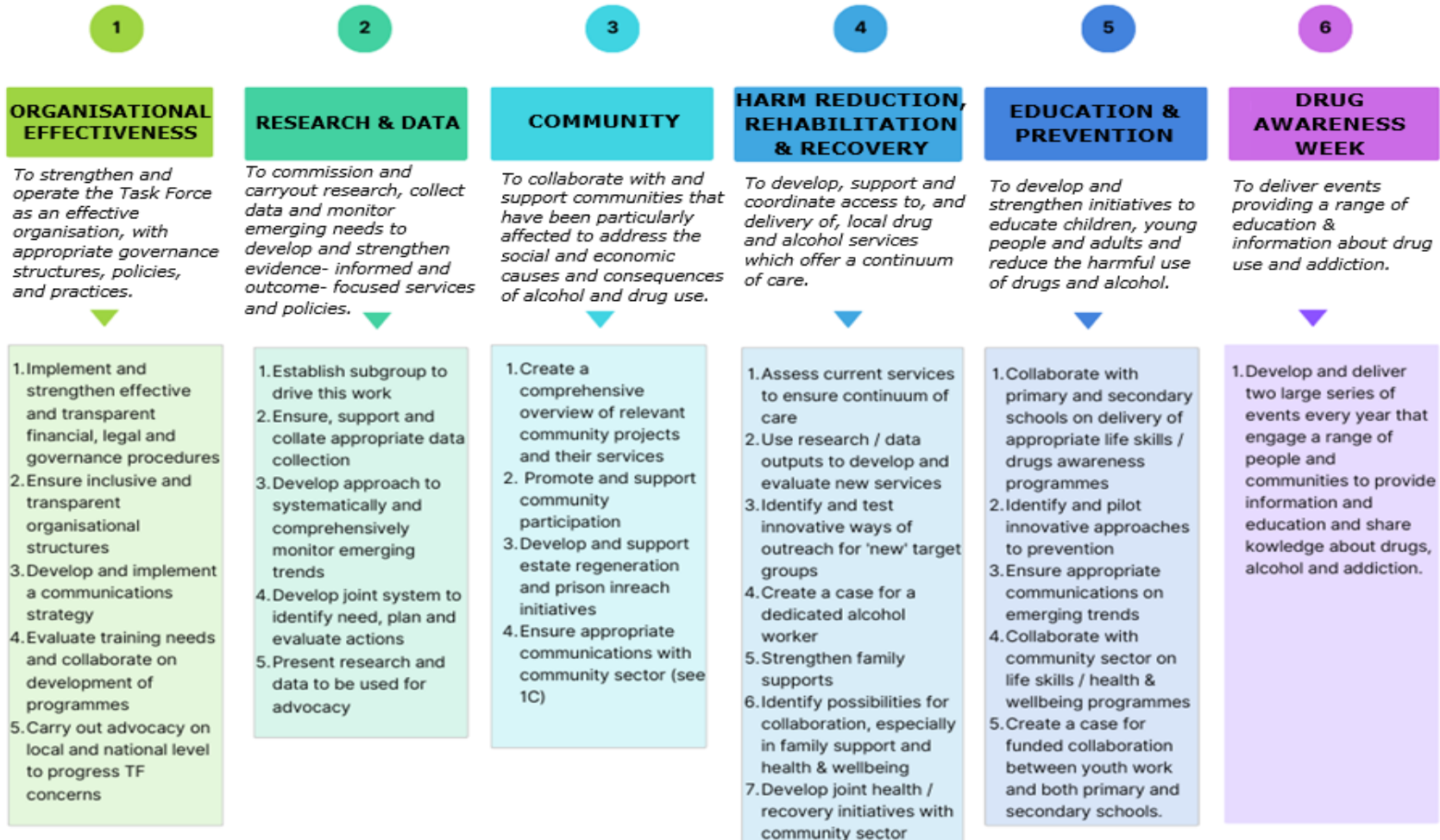
Asked specifically what they think the CCLDATF can do to address the issues, three areas are mentioned by almost all interviewees: more services, more information and more activities and opportunities for young people.

Interviewees said that the Task Force should put pressure on the government to get more workers to deliver more services based in the area for people and local communities who are struggling. They also mention the need for a “welcoming drop in for families who are affected”.

People look at the Task Force for more education and information about the services and supports available for families and to address addiction. They see a role for the Task Force to provide drug and alcohol education in the schools and some suggested that talks about the consequences should include ex-users. In addition to schools, community settings and sports clubs were identified as useful places to give information. One interviewee also referred to a recently organised football blitz, part of Drug Awareness Week, which was very successful in engaging with different generations.

3. The Strategy

CCLDATF Strategy 2023 - 2026



1. Organisational Effectiveness

To strengthen and operate the Task Force as an effective organisation, with appropriate governance structures, policies, and practices.

| Action | Who | Resources | When | Expected change |
|--|------------------------------------|---|---------|---|
| 1 Implement and strengthen effective, transparent financial, legal & governance procedures | Coordinator, chair, Board, funders | staff budget, Task Force Handbook | ongoing | effective and transparent organisation |
| 2 Ensure inclusive and transparent organisational structures | Coordinator, Chair, Board | staff budget, TaskForce Handbook, governance expertise | ongoing | Inclusive and transparent structures |
| 3 Develop and implement a communications strategy | Coordinator, with TF members | staff time, communications expertise,resources to develop media | 2023 | Members and wider community are informed in timely and effective ways |
| 4 Evaluate training needs and collaborate on development of programmes | Coordinator, Task Force members | Time, survey tools, resources to develop / contract training | 2023 | Informed and upskilled staff |
| 5 Carry out advocacy on local and national level to progress TF concerns | Coordinator, Chair, TF members | Staff time | ongoing | CCLDATF experience and insights inform local and national decision-making |

2. Research & Data

To commission and carryout research, collect data and monitor emerging needs to develop and strengthen evidence- informed and outcome- focused services and policies.

| Action | Who | Resources | When | Expected change |
|---|------------------------------|--|----------|--|
| 1.Establish subgroup to drive this work | Board, coordinator, members | Time of members and possibly external specialist | Q1 / '24 | Leadership to drive systematic approach to reseach and data collection |
| 2. Ensure, support and collate appropriate data collection | TF ccordinator with projects | Data system, time to collect, analyse and communicate | Ongoing | Timely and reliable data on service use |
| 3. Develop approach to systematically and comprehensively monitor emerging trends | Subgroup, projects | Time for research and data analysis ; funding for communications | Ongoing | Timely insights into (changing) needs of people |
| 4. Develop joint system to identify need, plan and evaluate actions | Coordinator, projects | Data sharing, agreements on specialising / service delivery | 2024 | Collaborative approach to planning local services |
| 5. Present research and data to be used for advocacy. | Coordinator, subgroup | Time, communications / resources smart screen, | Ongoing | TF members have timely insights to advocate |

3. Community

To collaborate with and support communities that have been particularly affected to address the social and economic causes and consequences of alcohol and drug use.

| Action | Who | Resources | When | Expected change |
|--|---|---|------------------|---|
| 1. Create a comprehensive overview of relevant community projects and their services | TF coordinator, with TF members | Time, buy-in from projects | 2023 | Better flow of info; collaboration, knowledge exchange; clarity for service users re pathways |
| 2. Promote and support community participation | TF coordinator, Community reps, Service Users' Forum, Community Rep. Support Worker, Development Worker | Time, buy-in and participation from service users and community | Ongoing | Stronger links between community and local drug projects; significant community influence in all local decision-making relevant to substance misuse |
| 3. Develop and support estate regeneration initiatives and prison inreach | Drug projects, Community reps, DCC, Probation, Community Rep. Support Worker | Staff time, participation of partner organisations | Ongoing | Stronger and resilient communities and clear access paths to local services from prison |
| 4. Ensure appropriate communications with community sector (see 1C) | Task Force; all stakeholders; community rep on TF Board; community reps, Community Rep Support Worker | Community rep on TF Board; updated and more active website; time & support; resources for public events, incl. venues | Now and by Q1/24 | Reach more marginalised groups; empowered communities; increased awareness; improved community relationships. |

4. Harm Reduction, Rehabilitation & Recovery

To develop, support and coordinate access to, and delivery of, local drug and alcohol services which offer a continuum of care.

| Action | Who | Resources | When | Expected change |
|---|--|--|---------------------|---|
| 1. Assess current services to ensure continuum of care is offered. | Task Force coordinator, T&R subgroup | Human resources, previous research / documents; meaningful service engagement | 3 months from start | A plan and comprehensive info on services across continuum of care |
| 2. Use research / data outputs to develop and evaluate new services | Subgroup with project staff, expert reps | Timely and reliable data on trends, staff time; bring list of needs to TF who can prioritise | Twice yearly | Services are meeting most pressing needs; appropriate responses to needs as they emerge |
| 3. Identify and test innovative ways of outreach for 'new' target groups, eg youth, working people. | Outreach group, as part of TF; add members | Proposal for specific outreach team; include evaluation from the start; social media expertise to reach people | Underway | Increased links with young people; increased access to services by "new" groups |
| 4. Create a case for a dedicated alcohol worker | Task Force coordinator | Funding to employ worker; research / data to demonstrate need | Q4 / 2023 | employment of worker to develop targeted alcohol interventions |
| 5. Identify ways to strengthen family supports | Task Force coordinator, with projects | Links with appropriate organisations (Tusla, CYPSC); research about what works | 2024 | Proposal to pilot family support approach |

6. Develop joint health / recovery initiatives with community sector

Drug projects, CDPs, Family Resource Centre, youth groups and agencies

Time; clear aims and objectives; funding to run initiatives; staff; evidence; research; evaluation

Ongoing with identified time-frames

Better outcomes / integration; clearer priorities; increased community wellness and participation; reduce pressure on other services

7. Identify possibilities for collaboration, especially in family support and health & wellbeing

TF coordinator and staff; Family Resource centre; HSE, Tusla, all agencies

Funding for development worker; time, commitment and initiative structure / subgroup access to information

Q3/4 of 2024

All the above + better outcomes for families; stronger relations, increased funding

5. Education & Prevention

To develop and strengthen initiatives to educate children, young people and adults and reduce the harmful use of drugs and alcohol.

| Action | Who | Resources | When | Expected change |
|--|---|---|---------|---|
| 1. Collaborate with primary and secondary schools on delivery of appropriate life skills / drugs awareness programmes. | Drug Education Worker. Youth Projects, schools | Staff time (including teachers' time), Funded worker, programme budget | Ongoing | Pupils are better informed about drugs and alcohol and are less likely to engage in harmful substance use. |
| 2. Identify and pilot innovative approaches to prevention. | Drug Education Worker with youth projects | Staff time | 2024 | At least one new approach to prevention tried and tested |
| 3. Ensure appropriate communications on emerging trends. | Task Force Coordinator, Drug Free Worker | Information on trends; communications strategy | Ongoing | Better informed community members |
| 4. Collaborate with community sector on life skills / health & wellbeing programmes. | DCC, Partnership, Task Force Coordinator, Community projects | Timely information, venues | Ongoing | Increased access to wellbeing programmes and more integrated programmes |
| 5. Create a case for funded collaboration between youth work and both primary and secondary schools. | Drug Education Worker, Youth Project, Managers, School Principals, Task Force Coordinator | Staff time (including the time of school principals or designated teachers) | 2024 | Children better equipped to avoid substance misuse & cope with effects of substance misuse in their communities |

6. Drug & Alcohol Awareness Week

To deliver events providing a range of education & information about drug use and addiction.

| Action | Who | Resources | When | Expected change |
|---|---|---|----------------------------|---|
| Develop and deliver two large series of events that engage a range of people and communities to provide information and education and share knowledge about drugs and addiction in a broad sense. | Community Rep Support Worker and Drug Education Worker, with staff and service users of the drug projects | Project budget for two events, staff time | Spring and Autumn annually | Service user involvement; enhanced working relationships; Skills and knowledge shared; continuously informed and educated workforce; New people getting involved; Better working practices and outcomes for service users and communities |

Appendices

Appendix 1

Canal Communities Local Drug and Alcohol Task Force members (as of 1st February 2023)

| | | |
|----|-------------------|---|
| 1 | Aengus Ó Snodaigh | TD - Sinn Fein |
| 2 | Alan Cleere | Rialto Community Drug Team |
| 3 | Damian Murphy | Health Service Executive |
| 4 | Dannielle McKenna | Rialto Youth Project |
| 5 | Debbie Mulhall | Dolphin House Community Development Association |
| 6 | Eilish Comerford | St. Michael's Family Resource Centre |
| 7 | Elaine Murphy | Probation Service |
| 8 | Frank Murphy | Dublin City Council |
| 9 | Ger Doherty | Canal Communities Regional Addiction Service |
| 10 | Hazel De Nortúin | DCC Councillor (People Before Profit) |
| 11 | James Bowes | Bernard Curtis House, Bluebell |
| 12 | Joan Collins | TD - Independents 4 Change |
| 13 | Lynn Ruane | CCLDATF Independent Chairperson |
| 14 | Margaret Lamrani | Community Lynks Project |
| 15 | Nicola Perry | Community Response |
| 16 | Pat Culhane Sgt | An Garda Síochána |
| 17 | Roisin Ryder | Fatima Groups United |
| 18 | Tommy Coombes | Bluebell Community Development Project |
| 19 | Trevor Keogh | TURAS Training |
| 20 | Una Lowry | Dublin South City Partnership |

IN ATTENDANCE (at all meetings)

| | | |
|---|---------------|---|
| 1 | Elaine Whelan | Administrator of Canal Communities LDATF |
| 2 | John Bissett | Community Representative Support Worker CCRAS |

VACANCIES

| | |
|---|--|
| 1 | Community Representative: Inchicore |
| 2 | Department of Employment Affairs and Social Protection |
| 3 | City of Dublin Education and Training Board |
| 4 | Service User Representative |

Appendix 2

Canal Communities Local Drug and Alcohol Task Force Board (as of 1st February 2023)

| | |
|---------------------|----------------------|
| Lynn Ruane, Senator | Chair |
| Margaret Lamrani | Secretary / Director |
| Alan Cleere | Director |
| Ger Doherty | Director |
| Joan Collins, TD | Director |
| Tommy Coombes | Director |
| Nicola Perry | Director |