

Annual Report 2015



Northwest Regional
Drug & Alcohol Task Force

S J O Connor - Coordinator

North West Regional Drug & Alcohol Task Force

May 2016

1. An overview of the drugs problem in your area to include:

- A detailed profile of drug usage in your area and emerging trends in drug use:

The Information below was collated by the **National Drug Treatment Reporting System 2015 (NDTRS)**. The data was reported by the HSE Addiction Services and Task Force Funded Treatment & Rehabilitation Projects. **Note:** The data represents all clients who have indicated an address in the North West but may have accessed drug and/or alcohol treatment services nationally.

Note: Alcohol remains the primary drug of choice; the secondary drug of choice is Cannabis.

Reason for Referral

Alcohol	767
Drug	243
Concerned Person	62
Total	1072

Reason for Referral - Detail

Opiates (including codeine & Solpadine)	49
Ecstasy	<5
Cocaine	20
Other stimulants	10
Benzodiazepines	21
Cannabis	138
Alcohol	767
Others	0
Total	1000

Total

Service Provider Type

Outpatient	666
Inpatient	249
General Practitioner	<9
Prisons	48
Low threshold	38
Total	1010

Gender

Male	680
Female	327
Not recorded	<5
Total	1012



Northwest Regional Drug & Alcohol Task Force

County of Residence

Donegal	608
Leitrim	105
Sligo	297
Total	1010

Nationality

Great Britain and Northern Ireland (UK)	38
Ireland, Republic of	929
Poland	19
Other	24
Total	1010

Methadone Treatment Data Analysis per for 2015 (January to December '15)

Table 1 - Number of Clients in Treatment per NWRDTF area

HSE Region	Task Force Area	Number of Clients in Treatment (During Period)	National % of clients in Treatment	Number of Clients in Treatment (At end of Period)	National % of clients in Treatment
		Jan. to Dec. 15 (During Period)		Dec. 15 (At end of Period)	
HSE West	North West RDTF				
RDTF Regional Total:		33	0.3	23	0.2

Table 1 – Gender and Treatment location of Clients per NWRDTF Area

HSE Region	Task Force Area	Gender & Treatment Location (During Period Jan to Dec '15)					Total
		Gender	Clinic	NDTC	GP	Prison	
HSE West	North West RDTF	Male	<10	0	18	<10	23
		Female	<10	0	<10	<10	10

Table 2 - Age of Clients in Treatment

HSE Region	Task Force Area	Age of Clients in Treatment (During Period Jan to Dec. '15)								Total
		0-15	16-19	20-24	25-29	30-34	35-39	40-44	45+	
HSE West	North West RDTF	0	0	<10	<10	10	<10	<10	<10	33

- The main issues which your DTF addressed in 2015 arising from this pattern of drug use: Arising from the patterns of drug usage and emerging trends outlined above, the main problems identified are alcohol and cannabis misuse. In this regard, the Task Force continue to support the projects to deliver on **education, prevention, treatment and rehabilitation** for the client group in the North West:

a) Small Grants Schemes/Training & Development: The Task Force granted approval for a focused & targeted small grants scheme. The Prevention and Education and Treatment and Rehabilitation sub groups highlighted emerging needs in the region. Grants were awarded to community and voluntary groups for the development of programmes, training, materials and research under this remit. Grants were awarded to projects for the development of programmes/training/research and the purchase of equipment & capacity building to address issues around alcohol and drug misuse in the region:

NWRDATF Small Grants Awarded in 2015		
Organisation	Amount	Purpose of grant (brief summary)
Letterkenny CDP, Donegal	1463	St Patrick's day alternative alcohol free event for 30 at risk families in the Letterkenny area.
The Base Youth Café, Leitrim	1463	St Patrick's day 'off the streets' for 'at risk' young people and their families to benefit 50 families in the community.
Donegal Youth Service, Donegal	1463	St Patrick's day alcohol free events for 'at risk' young people and their families to benefit over 400 people across the county
The Alcohol Forum, Donegal	1463	Responsible server training targeting 45-60 participants
Foroige Donegal	1463	St Patrick's Day event Open Mic alcohol free event benefiting 'at risk' 300 – 400 young people in the community
Foroige Leitrim	1463	St Patrick's day alcohol free events, graffiti, drama, art workshops benefiting 'at risk' 60 young people in the community.
Killygordan Youth Club, Donegal	1463	St Patrick's day alcohol free event post parade activities for at 'risk young 'people and their families benefiting 240 people in the community.
Foroige, Sligo	1463	St Patrick's day programme for 'at risk 'young people and their families after the parade targeting benefiting 100 people in the community.
Foroige, Seomar Ionaid Oige Donegal	910	St Patrick's day staging of an alcohol free music event in the parade benefiting 50 people in the community
Downstrands FRC, Donegal	1000	Delivery of mindfulness classes to promote positive mental health benefiting 32 people in the community.
The Alcohol Forum	1000	Delivery a 'streetwise for life' programme in primary & secondary schools benefitting 218 participants
Foroige Sligo, Leitrim & Donegal	1,620	Delivery of 'high octane' summer programmes for at risk young people benefitting 150 young people
Sligo Northside	1000	Delivery of the ongoing life ring model programme peer led support group benefiting 19 people.
Breffni FRC	1000	To roll out a SMART recovery group in Mohill Co Leitrim (40 families)

Organisation	Amount	Purpose of Grant
Letterkenny CDP	1000	Upgrade IT equipment which is out of date.
The Friends of the Bill W Club	1000	Raise awareness by providing more information and support re rolling out intervention & relapse prevention programmes – benefitting community at large.
Cranmore Community Co	1000	To roll out mindfulness sessions to family members engage in the CRAFT programme benefitting 8-10 families.
North Leitrim Mens' group	1000	To carry out research in drinking habits in local council estates in North Co Leitrim, (<i>report attached in Appendix 1</i>)
Mohill Area Action on Alcohol Misuse	1000	To organise local talks in schools for primary & secondary schools/distribution of leaflets on safe levels of drinking to youth clubs and 2 nd level schools.

- b) Project Planning & Reporting - Logic Model:** In 2015, we implemented a Logic Model reporting system as agreed by the HSE. I sought the Task Force's approval in November 2014 to include all ETB projects in this model to allow for consistency across all pillars. In March 2015 I sought permission from the DATF Executive Committee to bring in an external trainer to deliver three days of training to all project managers and project workers. (*A detailed outline of the 3-day training process is attached Appendix 1*).
- c) Sligo City Alcohol Strategy:** An initial meeting took place in January with Sligo County Council who supported the proposal from the Task Force to develop a Sligo City Alcohol Strategy. It is worth noting that we also submitted the plan through the Local Economic and Corporate avenues within the council – attached for your information. On 27.5.15, I presented a Sligo Alcohol City Strategy proposal to Sligo County Council. As a staff team we met with the Western Regional Drug & Alcohol Task to discuss the implementation of a City Alcohol Strategy and the pros and cons of engagement from other services and the general public. (*Proposal presentation on Sligo Alcohol City Strategy attached in Appendix 1*).
- d) National Community Action on Alcohol Project:** I completed an Expression of Interest to the Alcohol Forum re participation in the *National Community Action on Alcohol Project* - the NWRDATF were successful in their bid. The background: the National Substance Misuse Strategy outlined the need for a community wide inclusive and coordinated approach to promote greater social responsibility, prevention and awareness raising on alcohol related issues. Five local/regional drug & alcohol task forces were asked to participate in the pilot by way of seeking Expressions of interests with a deadline date of Friday the 5th of December 2014. The pilot was overseen by a steering committee chaired by DPU, the HSE, the Alcohol Forum and the Ballymun alcohol strategy group. The five selected Task Forces were required to participate in briefings for key staff, establish an alcohol subcommittee and select a number of representatives to attend training and take part in an external evaluation of the pilot (*National Community Action on Alcohol Project plan attached in Appendix 1*).
- e) Donegal Corporate plan:** A proposal was submitted to the Donegal County Council Corporate Plan (*Attached in Appendix 1*)
- f) Public Participation Network:** I contacted all three counties in relation to seeking new community representation via the new PPN process. I delivered presentations to each county in reference to gaining interest and support of new community reps.

It was envisaged that we will receive nominations from the networks for the beginning of 2016.

- g) Dormant Accounts Funding:** In July 2015, we submitted an application for funding for €40,000 to Pobal under *Measure 4 Substance Misuse and Prevention*. The aim of the proposal is to carry out a research and evaluation in the region – the aim of which is to gather research to enable us to develop a five year Strategic plan that will coincide with the new Substance Misuse Strategy 2016-2021. *The Community Action Alcohol Project, Sligo City Alcohol Strategy, Service User Involvement and the Hidden Harm Initiative projects* are in their infancy stages of development and will highlight initiatives that need to be addressed through additional programmes.
- h) Community Employment Drug Rehabilitation Schemes:** In early 2015 the process of developing Community Employment Drug Rehabilitation Schemes was mooted by the Task Force and supported by the DSP. A number of existing CE Schemes were written to and invited to attend an information seminar in May. This seminar sought interested parties to express and interest in hosting schemes. In November I met with DSP manager to finalise the process and hope to make recommendations to the Task Force in January 2016.
- i) Regional Drug & Alcohol task force Chairpersons and Co-ordinators network:** The Regional Drug & Alcohol task force Chairpersons and Co-ordinators network had a joint planning meeting in September (*Attached key points in Appendix 1*)
- j) Project Evaluation Sub Committee (PESC):** The PESC committee met on the 19th of November 2015 to review all funded projects in 2014. (*Attached 2014 PESC findings in Appendix 1*)

2. Progress made in 2015 in implementing your local drugs strategy under each of five headings below (i.e. the five pillars of the National Drugs Strategy):

Treatment & Rehabilitation & Prevention & Education: Task Force funded projects listed below continue to progress and implement the local drugs strategy:

NW 4: The White Oaks After-care worker continues to prevent relapse amongst clients through the provision of aftercare services and the provision of additional support for the service users & their families and acts as a conduit to other treatment services as required.

NW 14 & NW 15, NW 18: The Holistic Therapy programmes in Sligo, Leitrim & Donegal continue to directly address the increasing levels of substance misuse by working in partnership with existing services and opening up alternative avenues for treatment and rehabilitation in the North West region.

NW 19 & NW 25: The Assertive Outreach workers continue to work closely with the statutory services and act as a conduit to existing services and continue to initiate community based harm reduction programmes to address the issues of drug/alcohol related harms in the North West region.

NW 20: Young Men's Programme: This project engages with prisoners and ex-prisoners in the prison programme in relation to treatment and rehabilitation. After release, it continues to support families and parents of young men in recovery in addition to the provision of counselling and supports to drug users.

NW 23: Substance Misuse Programme: This project continues to improve the health and wellbeing of homeless drug users, adult drugs users and recovering/stabilised drug users by supporting them in accessing and engaging with specialist rehabilitation services.

NW 27: Strengthening Families Programme: The programme continues to coordinate family support programmes, which minimise the impact of alcohol and drug misuse children, young people at risk and their families.

NW 21: the Homework Club: continues to promote the value of education in the Traveller Community in Sligo in addition to modifying the problems of alcohol and drug misuse by providing a positive, supportive and educational environment for young children at risk and their families.

NW 5, NW 12, and NW 13: The Youth Drug & Alcohol Workers in Sligo, Leitrim and Donegal continue to deliver high quality drug education programmes. They continue to address the issues of alcohol and cannabis misuse with young people and parents in out of school settings, which has consequently increased knowledge about the dangers of drugs and alcohol and changing attitudes to it.

NW 24: The project continues to support parents who need a support system for their parenting within a 'chaotic' family life. For example those who state that they are currently misusing drugs including cannabis, alcohol and prescription medication. In all cases, these parents will receive one-to-one support and advice from Parent Stop and will

be guided to seek parent support through their social worker, care order, legal advice and counsellor advice. These service users are at a very early stage of approaching care access and on the pathway to treatment.

NW10: The North West Education Plan Project continues to up skill and train front line staff in early intervention skills around the treatment of drug and alcohol related harms, in addition to creating pathways of education and skills and supporting those in recovery to rehabilitate.

NW 28: Training & Development project has enabled the up skilling and continued professional development of front line workers in specialised training with positive evidence based treatment outcomes, which play a powerful role in encouraging and discouraging drinking and drug use in the North West.

Supply Reduction: Garda and Customs & Excise Representatives are regular attendees at Task Force meetings and keep members informed of emerging issues in the region.

Ongoing Actions:

- NWRDATF continues to advocate for changes to alcohol advertising and availability;
- NWRDATF continues to call for the enforcement of under-age drinking legislation;
- NWRDATF continues to support development of community based diversionary activities for youth at risk of substance misuse;
- NWRDATF Management and staff continue to identify opportunities for working with communities in areas most affected by drug and alcohol misuse;

Research: The North Leitrim Men's Group through the NWRDATF Small grant scheme carried out a piece of research on the drinking habits in a Leitrim county council housing estate. *(Report attached in Appendix 1.*

Emerging Needs: Emerging issues/needs are discussed at each Task Force meeting and each sub group meeting i.e. *Prevention & Education and Treatment & Rehabilitation.*

Awareness: The Task Force regularly updates its website and its Facebook page, which provides up to date information on drug and alcohol awareness issues and news and events. Email press releases are circulated daily from the Task Force office to all organisations in the community, voluntary and statutory sectors in the North West each day in relation to emerging issues, research and community and voluntary events.

National Service User Training: NWRDATF Staff attended *National Service User* Training and developed an implementation proposal for 2015.



Northwest Regional Drug & Alcohol Task Force

3. Profile of NWRDATF funded projects to include the following:

- An analysis of the impact of NWRDATF projects, as a group, in addressing the drugs problem in your area and their continued relevance to your local drugs strategy:

Project	Pillar/Subgroup	Strategic Plan Action	Output
NW3, NW19, NW13	Prevention & Education	Awareness Campaign	Two Task Force staff and one community representative participated in National CAAP pilot training programme in Dublin. Task Force staff worked with community representatives, Task Force funded projects and Alcohol Forum on NWRDATF CAAP Alcohol Sub-Committee to draw up CAAP Action Plan for the region.
NW3	Prevention & Education/Treatment & Rehabilitation	Project Management	Ran in house training on LOGIC Model reporting attended by all Task Force staff and Task Force funded projects.
NW3	Prevention & Education/Treatment & Rehabilitation	Governance procedures	All projects received verification visits in order to carry out governance in accordance with the Project Evaluation Sub Committee Group.
NW3	Prevention & Education	Optimise the use of ICT in drug & alcohol awareness initiatives	Staff team continued to optimise the use of the DATF website through social networking, on line access to information and publications and links to other stake holders.
NW3		Drug & Alcohol Awareness Week	Staff team and project ran an annual drug & alcohol awareness week in Letterkenny IT & Sligo IT.
NW3	Prevention & Education	Knowledge Sharing	Staff team regularly distributes current developments in relation to drug policy and issues to all projects and stakeholders in the Region.
NW10, NW13	Prevention & Education	Diversionary Programmes	Education Co-ordinator rolled out various training in school settings, in order to address emerging needs regarding NPS. Youth Outreach Worker and the Education Plan Co-ordinator collaborated on providing a response to this in Donegal.
NW3, NW4, NW18	Treatment & Rehabilitation	Relapse Prevention	Projects took part in a pilot with the Living Wheel programme to explore its effectiveness as a relapse prevention tool.
NW13, NW5, NW12 NW25	Prevention & Education	Diversionary Programme	Projects ran St Patricks Day Alcohol Free events funded by the Small Grant Initiative. Projects also ran Summer Activity Programmes which targeted youth at risk.
NW15	Treatment & Rehabilitation	Relapse Prevention	Used small grant to provide continuation of the SMART recovery group in Carrick-on-Shannon and extend to Mohill in Leitrim.
NW19			Small grant used to continue implementation of the LifeRing Recovery Support Group in Sligo.
NW19		Family Support	Ran Mindfulness programme based on CRAFT model for family members who provide support for those in addiction. This was located in Sligo.

➤ Progress under each Pillar (Prevention & Education) **Form A**

Outlined, below is intended to enable the Department to identify how the Task Force projects relate to the National Drugs Strategy pillars and contribute to progress under each pillar below:-

DRUG & ALCOHOL TASK FORCE: Northwest	
Pillar *:	Prevention & Education
Relevant NDS Actions :	Actions 19, 23, 26, 28, 29, 30, 56
DTF objective:	<p>Action 19: Develop a framework for the future design of prevention and education measures in relation to drugs and alcohol, using a tiered or graduated approach.</p> <p>Action 23: Implement SPHE in Youth reach Centres of Education and in Youth Encounter Projects and ensure that substance misuse policies are in place in these recognised Centres for Education.</p> <p>Implement age appropriate substance prevention/awareness programmes in training settings, including VTOS and Community Training facilities.</p> <p>Introduce monitoring and follow-up procedures in relation to substance prevention activity in the above settings.</p> <p>Action 26: Implement a uniform set of drugs and alcohol education standards, using the DEWF framework being implemented by Drugs Task Forces at present.</p> <p>Action 28: Develop a sustained range of awareness campaign that:</p> <ul style="list-style-type: none"> • Complement national campaigns • Optimise use of ICT • Consider co-ordinated approach <p>Target:</p> <ul style="list-style-type: none"> • 3rd level institutions, workplaces and recreational venues • At risk groups • Drug users. <p>Action 29: Develop a series of prevention measures that focus on the family under the following programme headings:</p> <ul style="list-style-type: none"> • Supports for families experiencing difficulties due to drug/alcohol use • Parenting skills • Targeted measures focusing on the children of problem drug and/or alcohol users, to break the cycle and safeguard next generation. <p>Action 30: Develop selective prevention measures aimed at reducing underage and drinking.</p>

	<p>Research</p> <p>Action 56: Develop a research management framework concerning problem substance use in Ireland. Disseminate research findings and models of best practice.</p>
<p>Outcomes:</p>	<p>NW5/NW12 Youth Drug & Alcohol Education & Prevention Project Sligo & Leitrim</p> <p>Action 23</p> <p>The Sligo project continued to work in partnership with Sligo Community Training Centre and Youth reach to deliver a drug and alcohol education and prevention programme. Both projects continued to work in conjunction with the Home Youth Liaison Service/Juvenile Liaison Officer and Social Work to improve their understanding of drug and alcohol related issues prevalent within the group of young people that they currently work with.</p> <p>Action 26</p> <p>Both projects had previously attended training on the DEWF Quality Standards in Substance Education and continued to implement these in their programme delivery.</p> <p>Action 29</p> <p>Young people and their families were engaged in 1:1 individual secondary prevention programmes tailored specifically to their needs. The programmes identify & focus on positive behaviour change re use of alcohol/drugs; identify positive coping strategies re drug related situations, provide support and identify support structures within the community for the young person and families. Both projects engaged in ongoing collaboration and referral with HSE Addiction Services. They have worked with young people to support them in relation to their parents drinking. There were some referrals (not significant numbers) made to both project that were more in need of family support than drug education.</p> <p>The projects have provided family support through the Meitheal programme with the Leitrim project continuing to function as a lead practitioner in programme meetings. Both projects provided parents and families of young people involved in the project with guidance, information, coping strategies and ongoing support, through phone calls, home visits, and family support meetings.</p> <p>Action 30</p> <p>Both projects delivered primary and secondary prevention programmes on a group/individual basis. Skill development included decision-making, communication skills and team building, challenging young peoples' attitudes and opinions and development of inter-personal and intra-personal ability. Specific programmes were targeted at the general population of</p>

young people and 'at risk' young people.

Evaluation was built into programmes. Both projects engaged with a broad range of other agencies and organisations in the delivery of these programmes including other youth organisations, schools, CAMHS, Tusla, and Family Resource Centres etc. In 2015 there was a request from a Sligo school based Pastoral Care person for training around drug education. The project linked back with NWRDATF in addressing this. Both projects continued to receive school based requests for training/assistance in dealing substance misuse issues within schools.

The Leitrim project experienced an increase in the referrals for 1:1 work with young people using substances in 2015. Both projects were active in providing diversionary activities for young people on St. Patrick's day. During the summer diversionary activities were provided for young people at risk.

NW10 Education Plan

Action 56

This project is concentrating on delivering an Education Plan, which is directly training staff in care, planning, key working and case management. The education plan will also help to establish research into pilot studies involving mid wives screening for Foetal Alcohol Syndrome.

Education Plan has carried out a survey of training needs assessment of all projects and stakeholders in the North West Region. The results of this enabled the Co-ordinator to generate a programme of training for front line workers and also provided a link for those who needed it in resourcing training for schools when an emerging need arises in the region.

NW13 Youth Drug & Alcohol Education & Prevention Project Donegal

Action: 19

This project has designed and implemented a high volume of quality drug education programmes as appropriate for under 18s. Promoting healthier lifestyle choices amongst young people in particular those using or at risk of using drugs/alcohol, by equipping them with the knowledge, skills and attitudes to enable them to make positive informed decisions around their own behaviour. Tobacco, Alcohol and Drugs Policy guidelines have been revised within Foróige to further support young people, parents, volunteers and staff. This outlines the different levels of support, education and intervention available for individuals at risk of or engaged in different levels of substance misuse.

Action 23

Implemented age appropriate substance prevention / awareness programmes in training settings, including Community Training facilities e.g. Youth Reach.

Action 26

The project worker in line with DEWF standards implemented both primary and secondary prevention programmes in accordance with best practice in drug and alcohol education and prevention.

Action 29

There has been an increase in the work completed with families having trouble with children at risk.

Action 30

The project has been involved in a number of programmes throughout the county, which targets youth at risk and tailors courses to suit individual needs of the youth groups. The project is responding to different needs having young people at the centre, they value their input through planning, design and evaluation of the content. All programmes are run on a needs basis therefore any emerging needs are addressed.

NW21 Homework Club**Action 29**

The Homework Club operates under the structure of Sligo Traveller Support Group. It provided a safe and secure environment for young people whose home life was impacted on by drug and alcohol misuse. Young people were enabled to remain in and perform better in school. The young people participated in a hygiene programme for girls, sexual health programmes and a mental health and well-being programme facilitated by North Connaught Youth and Community Service. Two members of staff took part in a training programme to enable them to deal more effectively with adolescents and substance misuse. This was provided through the NW10 Education Plan project also funded through the NWRDATF. Young travellers were facilitated to take part in other diversionary activities outside of school and the Homework Club. STSG continued to work supportively with some of the young people to enable them to organise sessional events. This will give them greater confidence, skills and control in organising future events for themselves.

NW24 Parent stop**Action 29**

The project is supporting families and sign posting them to support services is an on-going action within Parent stop. The project is engaged in joint working with Children Services Committees. A needs assessment on delaying the age and supporting families on staying in school initiatives is being drawn up in collaboration with Strengthening Families Programme. Programme has also offered to input into the upcoming training calendar with the Education Plan Co-ordinator.

NW27 Strengthening Families Programme**Action 29**

The project developed capacity and training in a range of agencies and interventions for drug and alcohol issues to support children, young people and their families restricted to Donegal County only in this year.

Category **	Project Code	Project Name
Prevention & Education	NW5	Youth Drug & Alcohol Worker Project, Leitrim
	NW10	Education and Prevention Co-ordinator
	NW12	Youth Drug & Alcohol Worker Project, Sligo
	NW13	Youth Drugs & Alcohol Service, Donegal
	NW21	Homework Club (Traveller Children)
	NW24	Parent stop - Tackling Drugs & Alcohol
	NW27	NWAFF Family Support Programme
	NW28	Training & Education Budget

➤ Progress under Treatment & Rehabilitation **Form A**

Outlined below is intended to enable the Department to identify how the Task Force projects relate to the National Drugs Strategy pillars and contribute to progress under each pillar below:-

DRUG & ALCOHOL TASK FORCE: NORTH WEST	
Pillar *:	Treatment & Rehabilitation
Relevant NDS Actions:	Actions 32, 36, 41, 43, 44
DTF objective:	<p>Action 32: Develop a comprehensive integrated national treatment and rehabilitation service for all substance users using a 4-tier model approach. This will incorporate:</p> <ul style="list-style-type: none"> ▪ the ongoing development of the spread and range of treatment services; ▪ the recommendations of the Report of the Working Group on Drugs Rehabilitation; ▪ the recommendations of the Report of the HSE Working Group on Residential Treatment & Rehabilitation (Substance Abuse); and the provision of access to substance misuse treatment within one month of assessment. <p>Action 36: Continue to develop and implement across health services the screening/ assessment of people presenting with early indicators of drug and alcohol issues, utilising a uniform brief intervention tool, and including referral where appropriate.</p> <p>Action 41: Support families trying to cope with substance - related problems, in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p> <p>Action 43: Continue the expansion of treatment, rehabilitation and other health and social services in prisons.</p> <p>Develop an agreed protocol for the seamless provision of treatment services as a person moves between prison (including prisoners on remand) and the community.</p> <p>Action 44: Address the treatment and rehabilitation needs of:</p> <ul style="list-style-type: none"> ▪ Travellers; ▪ New Communities; ▪ LGBTs; ▪ Homeless; and ▪ Sex Workers <p>This should be facilitated by engagement with representatives of those communities and/or services working with those groups as appropriate.</p>

NW4 Whiteoaks**Action 32**

The project runs after care programmes in 4 different locations Sligo, and Donegal. They provide on-going support to all those attending relapse groups and linking in with other RDATF projects. They also provide follow up and relapse one to one counselling sessions when relapse groups are not accessible to individuals, and conduct exit interviews from treatment on a weekly basis going into recovery.

This project is encouraging more support through telephone and one to one follow-ups of individual service users and families on a monthly basis over a 2-year aftercare period. Service users are linking in with other RDATF projects primarily Assertive Outreach Workers

NW14 Holistic Therapy – Sligo**Action 32**

This project functions as a Tier 2 project within the 4-Tier model approach. The project operates through Ballymote FRC. It has developed and continues to build on effective working relationships with HSE Addiction Services and local GPs. This has increased referral and treatment options for service users. Through the FRCs structure, service users accessed additional supports for their treatment and rehabilitation. These include childcare, education/training, volunteering/community involvement options, and social networking opportunities.

Action 41

Due to budgetary constraints, the focus of this programme is on the individual requiring treatment supports however, families were supported through referral to other FRC services and external agencies. Additional supports and networks can be accessed through the services provided by the FRCs as identified in Action 32.

NW15 Holistic Therapy – Leitrim**Action 32**

This project operates as a Tier 2 project within the 4-Tier model approach and is embedded within Breffni (Carrick-on-Shannon) and Mohill FRCs. The project has developed and continues to build on effective working relationships with HSE Addiction Services and local GPs. It has developed and continues to maintain an informal link to 12 step programmes NA and AA through these groups' use of Centre. This has increased referral and treatment options for service users. It continued to offer its drop-in service for its holistic therapies piloted in 2014 while maintaining delivery of its individual holistic therapy service. The project consolidated its peer-led SMART recovery group in Carrick-on-Shannon and expanded this support to Mohill. The project operated within the context of reviewed and updated recording, practice and promotion systems. These included referral protocols, data protection and client assessment forms. Through the FRC structure the project offers additional support services to those in recovery from substance

Outcomes:

misuse including childcare; education/ training; job club; volunteering/community involvement options; men's and women's support groups; specific support groups (ADHD, bereavement supports); personal development; and social networking opportunities. Links with other community based services and provision of information to target groups using the FRCs helped publicise the service and facilitate self-referrals.

Action 41

Due to budgetary constraints, the focus of this programme continues to be on the individual requiring treatment supports however, families continue to be supported through referral to other FRC services and external agencies. Additional supports and networks can be accessed through the services provided by the FRCs as identified in Action 32.

NW18 Holistic Therapies – Donegal

Action 32

The project coordinates a programme of holistic therapies by working in partnership with existing services and initiating new avenues to the treatment and rehabilitation of those suffering drug addiction and their families. The project reports a good up-take in those accessing the service and highlights many referrals from NW 25 outreach worker service.

The project is operating on Tier 2.

Action 36

Service is being used as a brief intervention tool, which is well received by service users.

Action 41

Holistic therapies introduced group work to engage with families of service users and volunteers. Holistic therapies that are hosted within LCDP are linked in with CE staff who work in the area of Family Support and group work.

NW19 Assertive Outreach Worker – Sligo

Action 32

This project operates as a Tier 2 project within the 4-Tier model approach. The project previously extended its service from the Forthill/North Ward and Cranmore communities to include all of Sligo Town and environs. In 2015 it undertook a pilot outreach initiative within the Caltragh community which had been identified through links with Sligo Co. Council services as having specific issues relating to substance misuse. This pilot will be reviewed in 2016 to decide on future actions. To facilitate its reach throughout Sligo Town and environs the project continued to link in with and develop its relationships with other agencies and organisations including: other NWRDATF projects, HSE Addiction Service, Social Services, Cranmore Re-generation, Focus Ireland, Simon Community, HSE Social Work Team, Domestic Violence Advocacy Service (DVAS), Sligo Borough Council, Gardai, VEC, Whiteoaks Treatment Centre, Probation Service, Probation Resettlement Service (Irish Prison Service), , GP's and Social Work Department Sligo General Hospital.

The project provides counselling, referral and accompaniment to other services for those presenting with substance misuse. The project uses a variety of approaches to the treatment of substance misuse including Community Reinforcement Approach (CRA), CBT, Motivational Interviewing and Brief Solution Focused Therapy. Relapse prevention is provided for those in recovery through the project itself or through joint working/referral to other services – HSE/WhiteOaks supported services. In 2015 the project piloted LifeRing – a peer led-support group for those in recovery. LifeRing offers an alternative for those who do not feel that other models e.g. AA meet their recovery needs. The worker based in the Northside will undertake the development of a workbook in 2016 to further support LifeRing clients.

The project continued to provide a link person for Drug Related Intimidation Statistical Reporting in Cranmore area. The project was an active member of the NWRDATF Treatment and Rehabilitation Working Group. It also participated in the National Community Action on Alcohol Project and was active in working on the Alcohol Sub-Committee and helping to develop the Alcohol Action Plan for the NWRDATF.

Action 36

Screening and assessment of service users identifies early indicators of substance misuse/harm. As part of its referral process the project has worked to develop protocols with the HSE Addiction Services which it continued to implement in 2015.

Action 41

This project provides support to families of substance misusers through counselling and advice, links and referral to other services. The project actively recognises the role of the family in providing support to the recovering drug user and uses the Community Reinforcement Approach and Family Training programme (CRAFT) as part of its service to the family. In 2015 it added a 5 week Mindfulness course for Concerned Significant Others based on the CRAFT model to the range of services it offered.

NW20 Traveller Men's Programme

Action 32

This project operates as a Tier 2 project within the 4-Tier model approach. As part of this approach, the project has linked with other agencies and organisations including other NWRDATF projects; Assertive Outreach Sligo, Sligo, Mayo, Donegal, Leitrim, Roscommon, Limerick and Kerry Traveller Projects, HSE Addiction Service – Charter House, Sligo Co Council/Housing services, FRC'S in Sligo Town and County, Gardaí, Probation Service, Mental Health Service and Domestic Violence Advocacy Service (DVAS).

Action 41

Through the Sligo Traveller Support Group structure the project referred Traveller families of those in prison for family visits, counselling and advice, links and referral to other services and supports including external counselling. In the provision of its service, the project actively recognised the role of the family in providing support to the recovering drug user. It used the STSG structure to work with the families to support them in dealing with the recovering drug user and to try to prevent substance misuse among other family members – siblings, children etc. In 2015 STSG provided substantial support to families dealing with alcohol issues. These included family visits, linkages to relevant services, counselling and referral to Addiction counsellor.

Action 43

The project worked with the Prison Service in Loughan House to provide counselling and support services to Traveller Men within the prison. Improved life and coping skills were developed with the men involved in the programme as part of addressing substance misuse. Vocational skills provided included carpentry, working with lead, painting, hand carving, reading design plans and calculating measurements. Participation in these activities was used to build relationships with the men and facilitate the implementation of the counselling and support services. Support services continued when the men left prison and were facilitated by referral to other Traveller services and other agencies as appropriate. Work with the families of prisoners/ex-prisoners was ongoing while the men were in prison and after they left. In 2015 in conjunction with the HSE and NWRDATF the project undertook the process of moving towards a broader community model in its work with Traveller men. This will be implemented in 2016. The project still identified a need for a prison based service in both Castlerea and Loughan House. This need is highlighted by Irish Prison Service Statistics on the proportion of Travellers in the prison population. Sligo Traveller Support Service will continue to try and source funding to meet this need with support from the NWRDATF.

Action 44

The project is embedded in the Traveller Community. The sponsoring organisation is managed by a Board, which is comprised of members of both the Traveller and Settled communities. It is dealing with Treatment and Rehabilitation issues for those who have drug and alcohol issues, those who are in recovery and their families. The project is linked in with the wider work of Sligo Traveller Support Group, which aims to improve the quality of life for Travellers in Sligo by addressing accommodation, health, youth, childcare, education, training and employment needs and working to counteract the causes and effects of prejudice and discrimination. In 2015 STSG researched the need for Men's Shed

programme with Traveller males. Finding a premises was and continues to be a barrier in setting up this programme.

NW23 Substance Misuse Worker for the Homeless

Action 32

This project operates as a Tier 2 project within the 4-Tier model approach. Services were provided to Homeless Substance Misusers, Substance Misusers at risk of Homelessness and those in Recovery. As part of its approach the project has linked with other agencies and organisations including: Sligo Borough Council; HSE Addiction Services, Mental Health Social Work team, Focus Ireland; Simon; St. Vincent de Paul; Probation Services; Sligo VEC; other NWRDATF projects; Men's Shed community project and Social Services internal staff. The service was delivered through an inter-agency approach based on a continuum of care and effective case management within the context of a quality standards framework. The project attempted to deal with both the short and long-term housing needs of problem drug users, through a number of measures including RAS and inter-agency working with e.g. Focus Ireland, Simon. One of the mechanisms for this inter-agency approach is Hostel staffs' participation in the Sligo Homeless Action Team with referrals coming back from this to the Substance Misuse Worker.

Action 44

The project addressed the needs of those who are already Homeless and those who were at risk of Homelessness due to drug and alcohol misuse. It provided individual key working linked to individual care plans, support sessions, accompanying service users to referred services and ongoing tenancy sustainment support.

The project engaged service users in a range of developmental and vocational activities to improve their life skills and contribute positively to their rehabilitation – Housing Information and Support Group; organic gardening including learning on herbal remedies, cookery, woodwork, pottery, computer classes. From August 2015 the project continued to link in with and work on setting up structures for the development and implementation of the Community Employment Scheme (Substance Misuse Rehabilitation) initiated in 2014. This work was undertaken in collaboration with the Department of Social Protection, HSE Charter House and the NWRDATF.

NW25 Assertive Outreach Worker Donegal

Action 32

The assertive outreach worker targets adult drug users over 18 by working with the client group in their own environment to encourage them to participate in treatment and rehabilitation. They provide a drop in service, within the community setting where the target group can gain access in a confidential and friendly environment. Providing sign posting to other supports including voluntary and statutory groups and other RDATEF projects including

Holistic Therapies. The project offers a 2-tier service offering choice and direct access to service provision feeding into all tiers and accepting referrals from all tiers.

Action 36
 The project carries out a comprehensive assessment of needs with service users, which highlights early indicators of misuse / harm.

Action 41
 Family supports are available on a one to one basis using CRAFT skills. The outreach worker and existing CDP staff and volunteers provide education, advice, and access to holistic services.

Category **	Project Code	Project Name
Treatment & Rehabilitation	NW4	White Oaks Rehabilitation Centre Donegal
	NW14	Holistic Therapy Service, Sligo
	NW15	Holistic Therapy Service, Leitrim
	NW18	Holistic Therapy Service, Donegal
	NW19	Assertive Outreach Worker, Sligo
	NW20	Traveller Men's Project, Sligo
	NW23	Substance Misuse Worker for the Homeless Sligo
	NW25	Assertive Outreach Worker, Letterkenny



Northwest Regional Drug & Alcohol Task Force

4. Information in relation to governance of the NWRDATF:

a) **An Operational Handbook:** is in place with a strong emphasis on additional governance. Additional sections include Media & Teleconferencing

b) **QuADS Policies & Procedures:** The staff team have completed the implementation of QuADS policies and procedures with all projects.

North West Regional Drug & Alcohol Task Force Members

NAME			SECTOR
1. Cllr	Rosaleen	O'Grady	Interim Chairperson
2. Mr	Stephen	McLaughlin	Voluntary Sector – White Oaks, Donegal
3. Ms	Mary	Taylor	Voluntary Sector – Chairperson Leitrim Committee
4. Dr	Parvez	Butt	Community Sector - Sligo
5. Cllr	Justin	Warnock	Public Rep - Leitrim
6. Cllr	Jerry	Lundy	Public Rep – Sligo
7. Mr	Damien	Willis	Statutory Sector - Sligo County Council
8. Ms	Christina	McTaggart	Voluntary Sector – Sligo Social Services
9. Supt	Mary	Murray	Statutory Sector - Garda Siochana
10. Ms	Lorraine	Thompson	Voluntary Sector - Donegal Youth Service
11. Ms	Bernadette	Maughan	New Communities- Sligo Travellers Group
12. Mr	Pat	Benson	Community Sector - Sligo
13. Ms	Susan	McLoughlin	Voluntary Sector - Foroige Donegal
14. Mr	Martha	McNulty	Statutory Sector – Revenue Commissioners
15. Ms	Patricia	Garland	Statutory Sector – HSE West
16. Mr	Trevor	Sweetman	Statutory Sector – Mayo, Sligo, Leitrim ETB
17. Ms	Patricia	Lee	Voluntary Sector- Chairperson Donegal Committee
18. Ms	Mary	McKiernan	Community Sector – Leitrim
19. Mr	Kieran	Doherty	Special Interest Groups –Alcohol Forum
20. Mr	Gary	Glennon	Voluntary Sector – Donegal Youth Information
21. Ms	Martha	McNulty	Revenue Commissioners - Statutory
22. Cllr	Frank	McBrearty	Public Rep - Donegal
23. Ms	Shauna	Tynan	Donegal - Community Sector
24. Ms	Helena	Morrin	Probation & Welfare
25. Mr	Francie	Gilmartin	Community Rep - Leitrim
26. Mr	Siobhan	McLaughlin	Community - Donegal
27. Mr	Mike	Guckian	Irish Pharmacy Association



Northwest Regional Drug & Alcohol Task Force

NWRDATF Executive Committee Members

1.	Rosaleen	O'Grady	Independent	Interim Chairperson
2.	Trevor	Sweetman	Statutory	Mayo, Sligo, Leitrim ETB
3.	Kieran	Doherty	Special Interest Group	The Alcohol Forum
4.	Jerry	Lundy	Public Rep	Sligo
5.	Patricia	Garland	Statutory	HSE Representative – Sligo/Leitrim
6.	Christina	McTaggart	Voluntary Sector	Voluntary Representative – Sligo
7.	Sean	O'Connor	NWRDATF Coordinator	NWRDTF

NWRDATF Treatment & Rehabilitation Sub group Members

1.	Cora	McAlear	Statutory	HSE
2.	Bernadette	Maughan	Voluntary	Young Men's Programme. (Sligo Traveller Support Group)
3.	Sinead	Rafoery	Assertive Outreach	Cranmore
4.	Mark	Askey	Assertive Outreach	Sligo Northside
5.	Leonard	Taylor	Voluntary	Substance Misuse Worker
6.	Dermot	McDonough	Voluntary	White Oaks Rehabilitation Centre
7.	Mary	Vernon	Voluntary	Assertive Outreach Worker - Letterkenny
8.	Martina	Blake	Voluntary	Family Support Programme - Donegal
9.	Sean	O'Connor	NWRDATF Coordinator	NWRDATF
10.	Lorna	Curry	Development Worker	NWRDATF Sligo, Leitrim, West Cavan
11.	Sean	McGrory	Jigsaw	Letterkenny
12.	Angela	Maguire	De Exeter House	Donegal
13.	Matthew	Halligan	Living Wheel	Living Wheel System – Managing Change
14.	Martin	McFadden	Friends of the Bill W Club	Donegal
15.	Anne	Duke	Probation Service	Donegal



Northwest Regional Drug & Alcohol Task Force

NWRDATF Education and Prevention Sub Group Members

1.	Christina	McEleney	NW Education Plan	Donegal VEC
2.	Peter	Walker	Statutory	Social Inclusion/HSE
3.	Paddy	Muldoon	Statutory	VEC Donegal
4.	Anne	Timoney Meehan	Voluntary	The Alcohol Forum
5.	Cara	Currid	Voluntary	Foroige, Donegal
6.	Lorraine	Thompson	Voluntary	Donegal Youth Service
7.	Sean	O'Connor	NWRDATF Coordinator	NWRDATF
8.	Tracey	Mitchell	Development Worker	NWRDATF Development Worker, Donegal
9.	Eimear	O'Connor	Voluntary	FORIOGE
10.	Mary	Jameson	Voluntary	Focus Ireland
11.	Claire	McKiernan	Voluntary	North West Simon Community
12.	Maria	McMahon	Voluntary	North West Simon community
13.	Peter	Walker	Statutory	Donegal

NWRDATF Ltd – Directors

1.	Mickey	Mullens	Chairperson	Donegal Community Forum
2.	Loman	Conway	Independent	Chairperson
3.	Brian	Scanlon	Community	Independent
4.	Dessie	Larkin	Public Rep	Donegal
5.	Gerry	MGee	Community	Leitrim Community Forum
6.	Mary	McKiernan	Community	Leitrim Community Forum
7.	Cllr Rosaleen	O'Grady	Public Rep	Sligo
8.	Bernadette	Maughan	New Communities	Sligo

No of Task Force Meetings held per annum: 6

No of Subgroups Meetings: 3

No of meetings held per annum in total: 9

- *Executive Committee:* 5
- *Treatment & Rehabilitation sub Committee:* 5
- *Education & Prevention sub Committee:* 5
- *NWRDATF Plc* 1
- *Project Evaluation Sub Committee* 2

A set of audited accounts in relation to public expenditure directly by the NWRDATF in 2015, including a statement of funding from the Department and a statement of any other public funding directly expended by the DATF (**completed, to be signed off at AGM on 14.7.16**).

➤ A list of the staff of your Task Force, including:-

- **Job titles**
- **Functions**
- **Pay Rates**
- **Source of funding**
- **Employing authority**

1. Job Title: Coordinator – Sean O’Connor

Function: The Coordinator, in conjunction with the RDATAF and its Chairperson, plays a pivotal role in assisting the Task Force in developing and implementing its regional drug strategy. This necessitates him taking a pro-active role in driving the work of the Task Force and managing its day-to-day operations.

Rate of Pay: The Salary scale for the post is: €47,015- €57,234 (€59,322; €61,417 Long Service Increments)

Source of Funding: Health Service Executive

Employing Authority: Health Service Executive

2. Job Title: Development Worker (2): Lorna Curry, Sligo/Leitrim and West Cavan, Tracey Mitchell - Development Worker, Donegal

Functions: To assist the Task Force in developing and implementing its regional drug strategy. The Development Worker has a vital role in developing and supporting community based projects and facilitating interagency work. The core function of these posts is to support and contribute to the work of the RDATAF through project support, support of community/voluntary reps, and policy development.

Rates of Pay: Part time HSE Clerical Grade V: €24,160

Source of Funding: Dept of Health

Employing Authority: NWRDATAF Plc

3. Job Title: Administrator, Maev Gallagher

Function: to provide financial and general administration and secretarial support in relation to the operation of the NWRDATAF.

Rate of Pay: Full Time HSE Clerical Grade IV: €31,996

Source of Funding: Dept of Health

Employing Authority: NWRDATAF Plc

Appendix 1

- A Logic Model Approach – three day training outline
- Proposal for Sligo Corporate Plan 2015-2019 City Strategy
- Community Action on Alcohol Plan 2015 – 2019
- Proposal for Donegal Corporate Plan 2015 – 2019 City Strategy
- Regional Drug & Alcohol Task Force Chairpersons/Coordinators Network – key points.
- Project Evaluation Subcommittee Findings 2014
- North Leitrim Men's Group – Small Grant's Research piece.

Planning, Measuring and Recording Outcome-focused Work – A Logic Model Approach

Structure of the training:

This 3-day training programme has been designed to support organisations/projects to develop and implement a good practice, evidence-informed approach for planning, measuring and recording outcome-focused work. The training is designed to be delivered in three x 1-day blocks with approx. 3 – 4 weeks between each training day. This is to enable participants to apply their learning from each individual training day and develop a logic model and associated outcome-based evaluation plan and process for measuring and recording work outcomes.

Day 1 objectives:

- To consider and critique current processes for planning, measuring and recording work in the organisation/project.
- To explore the rationale and purpose for applying an outcome-focused approach in participants' work and in their organisation/project.
- To inform participants of the outputs and outcomes expected from their funders.
- To introduce participants to a Logic Model process and framework for planning outcome-focused work.
- To facilitate participants to begin to apply a Logic Model framework for planning their work.

Day 2 objectives:

- To provide participants with the opportunity to present draft logic models (following day 1 training).
- To engage participants in a process of constructive peer critique whereby all those present have a chance to critique one another's logic models and offer constructive and useful feedback and suggestions for improvement.
- To enable participants to refine and improve their initial draft logic models based on peer and trainer critique.

Day 3 objectives:

- To explore participant's experience of evaluation to date.
- To identify how self-evaluation fits within the logic model and how the logic model facilitates systematic outcome-based evaluation processes.
- To facilitate participants to identify clear, SMART outcome indicators in order to measure the outcomes of their work (as identified in their logic models).
- To introduce participants to a framework for clearly recording and reporting on the actual inputs, outputs and outcomes from their work.
- To agree how participants will integrate this outcome-focused approach into their work for the future.

Planning, Measuring and Recording Outcome-focused Work – A Logic Model Approach

Day 1: Programme Overview

Time	Content	Expected Outcomes for participants
10.00am	Welcome & introductions Training programme objectives for days 1, 2 & 3 Overview of course content Group working agreement	<i>Participants are clear about the rationale & purpose of this training and have agreed a common approach for working together throughout the training programme.</i>
10.45am	Session 1: Planning & Measuring our current work Critique of current processes for planning, measuring and recording our work	<i>Participants have identified and shared their current work practices regarding planning, measuring and recording their work.</i>
11.10am	Session 2: An Outcome-focused Approach in our work (i) –WHAT & WHY? <ul style="list-style-type: none"> • The purpose and rationale for outcome-focused work i.e. the national and organisational contexts • What is an outcome-focused approach and why work in this way? • How do we move beyond <i>'what we do'</i> and <i>'how we do it'</i> to a place where we can clearly articulate the outcomes of our work? 	<i>Participants have explored the rationale for outcome-focused work and have considered the importance of using an outcome-focused approach in their work.</i>
11.30am	Coffee	
11.45am	Session 3: An Outcome-focused Approach in our work (ii) <ul style="list-style-type: none"> - What outputs and outcomes do the funders expect projects to deliver on? 	<i>Participants are clear about the expectations of their funders in terms of outputs and outcomes.</i>
1.00pm	Lunch	
2.00pm	Session 4: A Logic Model Framework for planning outcome-focused work. <ul style="list-style-type: none"> - Introduction to a practical Logic Model framework for planning and measuring outcome-focused work. - Practical application of the Logic Model framework - Participants will be asked to begin the process of developing a Logic Model for their project (to be presented on day 2). 	<i>Participants have a greater understanding of a Logic Model Framework for planning outcome-focused work.</i>
4.00pm	Next steps	<i>Participants have agreed next steps to be taken between training days 1 and 2.</i>
4.15pm	Review of day 1	<i>Participants reflect and provide feedback on day 1 training.</i>
4.30pm	Finish	

Day 2 Programme Outline

Note: Day 2 involves all Organisations presenting their draft logic models and engaging in a comprehensive of review, evaluation and peer critique of each other's logic models with a view to identifying strengths and areas for improvement. This process also enables the Drugs Task Force to provide constructive feedback to each Project in line with the Task Force's expectations with regard to outputs and outcomes which should result from the drugs-related work undertaken by Projects.

Time	Programme Content	Expected Outcomes
10.00am	Welcome Overview of day 2 training Participant's 'gets' & 'gives' for day 2 Group working agreement for day 2 to ensure that the learning environment is safe as a peer critique space for all those present.	<i>Participants have an opportunity to contribute to the day's work by identifying their 'gets' and 'gives' for the day.</i>
10.30am	Review and peer critique of Logic Models Participants are asked to present their completed Logic Models for discussion and critique with a view to ensuring that all participants are clear about the differences between inputs, outputs and outcomes and now have a common understanding about how to develop a Logic Model and how to write SMART outcomes.	<i>All participants present their draft project logic models and, through this process, develop a clear and common understanding about the 'what' and 'how' of Logic Model development.</i> <i>Participants contribute to a constructive, peer critique process in a supportive and safe learning environment.</i>
11.30am	Coffee	
11.45am	Review and peer critique of Logic Models continued	<i>As above</i>
1.00pm	Lunch	
2.00pm	Review and peer critique of Logic Models continued	<i>As above</i>
4.30pm	Next steps Agreed next steps between day 2 and day 3 training	<i>Participants are clear about what is expected in terms of this work going forward towards day 3 and have agreed next steps.</i>
4.45pm	Review of day 2	<i>Participants reflect and provide feedback on the training day.</i>
5.00pm	Finish	

Day 3 Programme Outline

Time	Programme Content	Expected Outcomes
10.00am	Welcome Overview of day 3 training Participant's 'gets' & 'gives' for day 3 Group working agreement for day 3	<i>Participants have an opportunity to contribute to the day's work by identifying their 'gets' and 'gives' for the day.</i>
10.30am	Session 1: Troubleshooting on the Logic Model process to date Small-scale discussion on refined logic models completed following day 2 and review of Project learning on the development of logic models.	<i>Participants are clear about what constitutes and effective project logic model for a drugs-funded project.</i>
11.15am	Coffee	
11.30am	Session 2: Evaluation – presentation & group work <ul style="list-style-type: none"> • experiences of evaluation to date • critique of current evaluation practices • self-evaluation & links with the Logic Model i.e. types and uses of evaluation • key considerations and standards in evaluation • the evaluation cycle 	<i>Participants share experiences of evaluation and have a common understanding of key evaluation concepts.</i>
12.20pm	Session 3: Measuring outcomes <ul style="list-style-type: none"> • Specific focus on outcome-based evaluation and how to develop useful indicators with which to measure the achievement of outcomes. • The language of indicators and writing effective indicators. • Methods for collecting and recording data. 	<i>Participants consider a practical approach for measuring outcomes through the development of SMART indicators.</i>
1.00pm	Lunch	
2.00pm	Session 4: Practical application session <ul style="list-style-type: none"> • This session will facilitate participants to begin to develop a set of outcome indicators for the outcomes they set in their project logic models (using a template provided). 	<i>Participants use the practical template provided to develop a set of useful indicators against which to measure the achievement of outcomes.</i>
3.30pm	Session 5: Recording and reporting on outcomes <ul style="list-style-type: none"> • This session will introduce participants to a practical template for recording and reporting on the actual achievement of outcomes. 	<i>Participants have a common format for recording and reporting on the achievement of outcomes from their drug-related work.</i>
4.00pm	Next steps Agreed next steps following this 3-day training process and follow-up by the Drugs Task Force	<i>Participants are clear about what is expected in terms of this work going forward and have agreed next steps.</i>
4.15pm	Review of day 2	<i>Participants will provide feedback on the day.</i>
4.30pm	Finish	

Proposal for Sligo's Corporate Plan 2015-2019 City Strategy

to

Prevent and Reduce Alcohol-Related Harm

The North West Regional Drug and Alcohol Task Force are proposing to develop a five-year strategy that seeks to prevent and reduce alcohol-related harm in Sligo City. Following the success of Galway City's five-year strategy, we recognise that alcohol contributes to a range of social and health problems, and that the prevalence of these problems is directly related to the consumption levels of the population. Therefore, measures that reduce total consumption will contribute to reducing a range of social and health-related harms - this requires a citywide approach with all partners, groups and organisations having a role to play.

The anticipated effect of implementing the five-year strategy is the following:-

- (a) Improved health, wellbeing and quality of life of people living in Sligo City
- (b) Reduced harmful use of alcohol
- (c) Reduced alcohol-related harm
- (d) Reduced incidents of alcohol related crime and anti-social behaviour
- (e) Increased access to support services for those affected by another's alcohol consumption
- (f) Increased access to alcohol treatment services
- (g) Reduced prevalence of alcohol at community events/activities; and
- (h) Reduced alcohol marketing in local areas.

Annual Action Plan

The Sligo City Forum will develop a yearly action plan to achieve the long-term outcomes of the strategy. In addition, an update on progress made will be completed for each year. This annual review, in advance of each yearly plan, will enable us to adapt the plan to reflect developments and changes in the local or national context. This will also ensure energy and momentum for the implementation of this strategy.

Implementation

Many individuals and a range of public, voluntary and statutory agencies will be sought to contribute to the combined actions contained within this strategy. Partners, groups and organisations will commit to being involved in specific actions. All actions endeavour to be citywide and involving a range of partners. Key partners include An Garda Síochána, Sligo City Council, HSE West, and North Western Region Drug & Alcohol Task Force, the Education Sector and community and voluntary groups.

A: Prevention – 2015 Action Plan

Aim: To communicate and engage with policy makers, stakeholders and the general public on how best to prevent and reduce alcohol-related harm in Sligo City

Public Awareness
Develop and implement an annual multimedia plan about the strategy:
Gather and communicate information on the following: <ul style="list-style-type: none"> - link between alcohol and cancer - impact of harmful use of alcohol on families - effective actions to prevent and reduce alcohol related harm - local regulations in relation to alcohol - how to influence policy and seek to address concerns relating to alcohol related harm
Policy Development
Deliver two development workshops targeting community , voluntary and sporting organisations
Identify where links can be developed between this strategy and other city policies
Support Alcohol Free events
Map recreational options that are alcohol free

B: Supply, Access and Availability - 2015 Action Plan

Aim: To ensure that key factors influencing alcohol supply such as price, availability and marketing are regulated and controlled to prevent and reduce alcohol-related harm in Sligo City

Alcohol Price:
Advocate for minimum pricing at national level with support from local and national agencies, TDs and Councillors
Alcohol Availability:
Map number, type and density of outlets selling alcohol in Sligo City
Engage with festivals in Sligo City in implementing the Festival Care Guidelines
Collate information on the process for granting and renewal of alcohol licenses
Alcohol Marketing:
Log local alcohol marketing practices in public spaces in Sligo City
Log local alcohol marketing practices in relation to sports sponsorship in Sligo City
Enforcement of Legislation:
Support enforcement of alcohol by An Garda Síochána in relation to <ul style="list-style-type: none"> - not selling alcohol to minors - venue closing hours - drink driving

C: Screening, Treatment and Support Services - 2015 Action Plan

Aim: To provide a range of services and supports to prevent and reduce alcohol-related harm

Screening, Treatment and Support Services:
Gather and provide information on available options for alcohol treatment in Sligo City
Gather and provide information on services for young people affected by alcohol
Provide a training workshop for those working with family members affected by another's drinking
Promote awareness for family members affected by another's drinking

D: Research, Monitoring and Evaluation - 2015 Action Plan

Aim: To use information and research in decision making to prevent and reduce alcohol-related harm in Sligo City

Research:
Continue to examine current research on effective action in preventing and reducing alcohol-related harm
Involve young people in research on alcohol marketing practices
Monitoring/ Evaluation:
Gather baseline information to track success of this strategy
Develop a system to monitor implementation of the strategy
Produce annual review of strategy for 2015

Community Action on Alcohol Project CAAP© Resources

Alcohol Action / Change Plan 2015 - 2019

Pre-Development

Aim: Establish structure to implement CAAP in North West Region

Objective <i>What needs to Change?</i>	Action <i>What actions could contribute to change? How much can we do?</i>	Who Lead/Others	When Timeframe	Resources Inputs required	Performance Indicators <i>What will this change look like</i>	Monitoring <i>How / What evidence can we gather?</i>
Establish Alcohol Sub-Committee for North West region	Identify and invite relevant groups/agencies/individuals onto Alcohol Sub-Committee Set TOR for Alcohol Sub-Committee Schedule meetings for Alcohol Sub-Committee Support activities of Alcohol Sub-Committee	NWRDATF Staff Team/ Members of Alcohol Sub-Committee	Mar 2015 - ongoing	Meeting venue/ Admin. support Members of Alcohol Sub-Committee hours and travel costs Alcohol Forum Worker Support	Multi stakeholder group formed with clear purpose, roles and TOR in place	Evidence of Group/ Agency/Individual engagement: Meetings convened, agenda, minutes, attendee lists
Upskill on Alcohol Related Harms and other Task Forces' approaches to dealing with these	Participate in CAAP training Feedback on CAAP training to Alcohol Sub-Committee	NWRDATF Staff Team/ Members of Alcohol Sub-Committee	Mar – June 2015	NWRDATF Staff Team/ Members of Alcohol Sub-Committee	Increased knowledge of specific Alcohol Related Harm issues	Attendance record for training

					hours and travel costs	Greater awareness of other Task Forces' approach to Alcohol Related Harm	Minutes of Alcohol Sub-Committee meetings
Submit Alcohol Action Plan	Identify regional Alcohol Related Harm issues to be addressed Gather baseline data Draw up Alcohol Action Plan	NWRDATF Staff Team/ Members of Alcohol Sub-Committee	July – December 2015	NWRDATF Staff Team/ Members of Alcohol Sub-Committee hours Support from Alcohol Forum Worker	Plan completed and submitted	Meetings records and minutes of Alcohol Sub-Committee Record of Plan submitted and accepted	

Pillar: Education and Prevention

Aim: Promote awareness of alcohol related harm within communities and develop skills which will empower people to adopt a healthier relationship with alcohol

Objective <i>What needs to Change?</i>	Action <i>What actions could contribute to change? How much can we do?</i>	Who <i>Lead/Others</i>	When <i>Timeframe</i>	Resources <i>Inputs required</i>	Performance Indicators <i>What will this change look like</i>	Monitoring <i>How / What evidence can we gather?</i>
Promote and increase awareness of alcohol related harm	Develop existing working relationships with relevant groups/agencies Explore opportunities and implement actions to raise	NWRDATF/ Relevant agencies/ groups Pieta House	Start 2016 2016-2017	NWRDATF Staff Hrs €2000	Agreement to participate in awareness raising programme Greater awareness of the issue	Record of exploratory meetings/discussions Record of awareness raising activities:

	awareness of the link between alcohol and suicide	STOP, SUI, Youth Groups				Detail of Event or Action Participants involved Group targeted Feedback forms Publicity record
	Raise professional awareness of needs of families and impact on them of a drinker in the family	NWRDATF Parentstop / Alcohol Forum	Start 2016	€3,000 Hidden Harms allocation from Dormant Accounts	Increased professional awareness of these issues and their impact	
	Deliver a public awareness campaign on FASD	NWRDATF Parentstop / Alcohol Forum	2017	€2000	Increased awareness among target groups	Sample documents used and evidence of the reach of this campaign
	Targeted Small Grants Scheme to increase the awareness of alcohol related harm	NWRDATF	2016 (May)	€12,000 from existing Small Grants Allocation	Engagement of target groups Increased awareness among target groups	Documentary evidence of each activity funded submitted from each project with progress report No. of participants/ attendance as appropriate
Build the capacity of communities to respond to alcohol related harm	Pilot a process to pull together stakeholders within a specific community to respond to alcohol related harm. This will initially be	NWRDATF / Sligo City Alcohol Strategy	2016-2021 pilot with subsequent roll-out regionally	€3,000 allocation from Sligo City Strategy dormant	Multi stakeholder group formed with clear purpose, roles and TOR in place	Evidence of Community engagement: Meetings convened, agenda, minutes, attendee list

	piloted in Sligo and then rolled out across the region	NW 10	Start 2016	accounts monies Cost Neutral as NW 10 is already resourced to deliver programmes	Increased understanding and skills among front line workers Increased worker confidence dealing with alcohol related issues	Feedback Project Progress report Annual list of training activities under taken Target groups supported Feedback documentation
Build the capacity of front line workers in dealing with alcohol related harm	Increase delivery of relevant training and new programmes in relation to alcohol					

Pillar: Treatment and Rehabilitation

Aim: Support and maintain the continued development of a range of appropriate responses to harmful alcohol use

Objective <i>What needs to Change?</i>	Action <i>What actions could contribute to change? How much can we do?</i>	Who <i>Lead/Others</i>	When <i>Timeframe</i>	Resources <i>Inputs required</i>	Performance <i>Indicators What will this change look like</i>	Monitoring <i>How / What evidence can we gather?</i>
To ensure community awareness of existing service provision and access routes	<p>Improve effectiveness of promotion and signposting of existing services through social media and other networks</p> <p>Explore new ways of promoting services</p>	<p>NWRDATF staff and Task Force funded projects</p> <p>NWRDATF staff and Task Force funded projects</p>	<p>2016</p> <p>2016</p>	<p>€500</p> <p>€500</p>	<p>Increased awareness of health services available and path ways of care</p> <p>Up to date information provision delivery formats</p>	<p>Social media links developed</p> <p>Links to relevant websites</p> <p>Likes/ Facebook hits</p> <p>Facebook page developed</p>
To promote and support the use of brief advice and early intervention in alcohol harm	<p>Review existing A&E protocols re: individuals with alcohol related harm and identify other appropriate pathways/supports</p> <p>Promote the use of Alcohol Screening in GP/PHN surgery and include referral</p>	<p>NWRDATF/HSE/Task Force funded projects</p> <p>HSE/ NWRDATF</p>	<p>2017</p> <p>2017</p>	<p>Cost Neutral</p> <p>NWRDATF Staff Hrs</p> <p>Cost Neutral</p>	<p>Protocols reviewed and updated as appropriate</p> <p>Alcohol screening services including referral increased in GP/PHN surgeries</p>	<p>Progress reports</p>
To support the roll out of the CE Drug (Alcohol) Rehabilitation Specific Scheme in the region	<p>Work/liaise closely with Dept. of Social Protection and existing projects in setting up CE Drug Related Scheme</p>	<p>NWRDATF/ DSP CE Host Agencies/Task Force Funded Projects</p>	<p>2016</p>	<p>Three Supervisors provided by the DSP</p>	<p>Established co-operative working relationships Specific purpose CE Schemes established</p>	<p>Documented progress towards establishment of Scheme: Host organisations, Buy-In from Host</p>

									Agencies/Task Force Funded Projects, Participant numbers/ progress documented, Annual report of scheme
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Pillar: Supply Reduction

Aim: To work in cooperation with local stakeholders to reduce the availability of alcohol

Objective <i>What needs to Change?</i>	Action <i>What actions could contribute to change? How much can we do?</i>	Who <i>Lead/Others</i>	When <i>Timeframe</i>	Resources <i>Inputs required</i>	Performance <i>Indicators What will this change look like</i>	Monitoring <i>How / What evidence can we gather?</i>
Increase stakeholder awareness of existing and new legislation around alcohol supply	Target FRCs, Youth Groups, Parenting Programmes etc.	NWRDATF	2016	Cost Neutral	Increased awareness of legislation Alcohol Sale & Supply	Record of dissemination of information to stakeholders and funded projects
Promote enforcement of existing legislation. (Actions under this objective should be undertaken in the context of the Sligo City Alcohol Strategy pilot)	Develop relationship with Dept. of Justice, Gardai, Judiciary to look statistically at prosecutions in our region under specific legislation, opposition to licence granting and to identify barriers to enforcement (In context of City Alcohol Strategy)	NWRDATF	2016-2021 pilot with subsequent roll-out regionally	Cost Neutral NWRDATF Staff Hrs	Inter-agency working relationship established Increased clarity on local situation re: Baseline evidence on statistics re: prosecutions Barriers to local enforcement of legislation identified	Baseline information from Gardai – Pulse documented

	Responsible server training (In context of City Alcohol Strategy)	NWRDATF & Alcohol Forum			Increased number of On-Trade establishments with an Alcohol Policy in place Increased knowledge and skills among on-trade staff Increased understanding of individual responsibility in alcohol sales	Record of On-trade establishments undertaking RSA training Attendance sheet Feedback forms Alcohol Policy in place
Investigate the potential for lobbying in relation to alcohol supply and availability	Explore extended groups/networks through Task Force to provide additional support on lobbying specific issues	NWRDATF & Alcohol Forum	2016 - ongoing	Cost Neutral	Clear picture of the possibilities for targeted lobbying campaigns and stronger relationships within networks	List of organisations approached List of possible supporters for specific campaign topics

Pillar: Research

Aim: To engage with stakeholders in small scale research to ensure the effectiveness and relevance of our Alcohol Action Plan

Objective <i>What needs to Change?</i>	Action <i>What actions could contribute to change? How much can we do?</i>	Who <i>Lead/Others</i>	When <i>Timeframe</i>	Resources <i>Inputs required</i>	Performance Indicators <i>What will this change look like</i>	Monitoring <i>How / What evidence can we gather?</i>
To engage in small scale local baseline research on alcohol related harm	Undertake small scale local baseline research	NWRDATF	Start 2017	Cost Neutral	Baseline evidence gathered and documented Sources of secondary research info listed and approached	Baseline evidence documented Sources of secondary research info listed
Outline the current extent and nature of the Drug & Alcohol and Hidden Harm problems in the region	<ul style="list-style-type: none"> • Develop a five year strategy for the region • Profile existing or planned service provision • Outline the extent to which current service provision meets the identified needs under the pillars of the NDS • Outline measures necessary to address gaps in programme or service provision • Develop and prioritise specific proposals • Monitor and evaluate overall strategy and specific actions • Identifying and targeting cross Task Force issues 	NWRDATF	2016	€15,000	Needs Analysis: Clear profile document of nature and prevalence of Alcohol Harm in the region 5 year strategy developed Profile existing service provision v identified needs under pillars NDS Gaps in service identified Priorities & proposals developed	Documentation in place Document in place Analysis of 'fit' need v service provision under NDS completed Documentary evidence gathered at each stage of process

							Monitoring & evaluation plan developed & in place	
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Monitoring and Evaluation

Aim: To monitor and adapt Alcohol Action Plan to ensure its ongoing relevancy and effectiveness

Objective <i>What needs to Change?</i>	Action <i>What actions could contribute to change?</i> <i>How much can we do?</i>	Who <i>Lead/Others</i>	When <i>Timeframe</i>	Resources <i>Inputs required</i>	Performance Indicators <i>What will this change look like</i>	Monitoring <i>How / What evidence can we gather?</i>
Implement continuous monitoring and formative self-evaluation	Ensuring monitoring and feedback forms are kept Pre and Post Testing and/or mid-term evaluation	NWRDATF/ Alcohol Sub-Committee/ Funded Projects	Quarterly 2016 onwards	Cost Neutral	Monitoring & evaluation plan developed and implemented in tandem with Alcohol Action Plan implementation	Attendance records Feedback forms per event/training delivered/focus group Progress reports Action Plan reporting document Record/minutes of meetings Record of Bi-Annual Review & actions taken
	Bi Annual Review by Alcohol Sub-Committee					

Proposal for Donegal Corporate Plan 2015-2019 City Strategy

The NWRDATF is a multi-agency body established under the National Drugs Strategy (NDS) to research, develop and implement a co-ordinated approach to drugs and alcohol misuse in Sligo, Leitrim, Donegal and parts of Cavan.

Overall Strategic Objective

The overall strategic objective for the NWRDATF is to continue to tackle the harm caused by individuals and society in the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

The North West Regional Drug & Alcohol Task Force's Role

- Create and maintain an overview on the nature and extent of drug use and misuse.
- Strengthen and support a community-based focus to drug and alcohol misuse whilst mobilising an integrated cross-sectoral response.
- Oversee and monitor the effectiveness of projects approved under action plans and make decisions on continued priorities having regard to current needs and available funding.
- Provide for the implementation of a regional strategy in the context of the National Drug Strategy.
- Monitoring and evaluating the implementation of projects with a view to their continued funding in accordance with agreed procedures.
- To ensure appropriate representation by the statutory, voluntary and community sectors on the NWRDATF and ensuring the appropriate induction and training of members.
- Maintain a role in informing national policy formulation.
- Develop networking arrangements for the exchange of information and experience with other Task Forces.
- Take account of and contribute to other initiatives aimed at improving social inclusion and tackling disadvantage.
- To regularly review its own operation and performance to ensure its continued effectiveness in fulfilling its Terms of Reference.

Specific Objectives

1. To reduce the availability of illicit drugs;
2. To promote throughout society, a greater awareness, understanding and clarity on the dangers of drug misuse;
3. To enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society;
4. To reduce the risk behaviour associated with drug misuse;
5. To reduce the harm caused by drug misuse to individuals, families and communities;
6. To have valid, timely and comparable data on the extent and nature of drug misuse in Ireland;
7. To strengthen existing partnership in and with communities and build new partnerships to tackle the problems of drug misuse.

Task Force Membership

- Community Sector
- Drugs Programmes Unit
- Education Training Board
- Garda Síochána
- HSE
- Local Authority
- Probation
- Public Representatives
- Revenue Commissioners (Customs & Excise Division)
- Voluntary Sector

Current Projects

The NWRDATF currently supports 7 projects. These projects deliver services under the heading of Education & Prevention or Treatment & Rehabilitation. This is in addition to management, staff and administrative costs of the NWRDATF itself. These are based in various locations across the County Donegal, providing services to a wide range of clients.

Youth Drug & Alcohol worker

Project Promoter: F.A.D.E. (Foroige's Alcohol & Drug Education)

Status: NWRDATF-funded project

Service Aims:

Continued development and support and delivery of high quality drugs education programmes aimed at young people.

Appropriate Client Groups:

Young people aged 10 to 17 years, parents and families.

Locality covered / catchment area:

County Donegal

Assertive Drug & Alcohol outreach worker

Project Promoter: Letterkenny Community Development Project

Status: NWRDATF-funded project

Service Aims:

Achieve behaviour changes with recovering and at risk / current substance misuser's in relation to their associated risk taking behaviour. To agree goals and targets relating to health, psychological, social relationships, financial, legal and employment.

Locality covered / catchment area:

Letterkenny Town and its Environs

Appropriate Client Groups:

Young people at risk and their families, community residents, drug users and their families.



Holistic Therapy Services

Project Promoter: Letterkenny Community Development Project

Status: NWRDATF-funded project

Service Aims:

To make provision for and co-ordinated programme of holistic therapies by working in partnership with existing services and initiating new avenues to the treatment and rehabilitation of those suffering substance misuse and their families.

Locality covered / catchment area:

County Donegal

Appropriate Client Groups:

Recovering/ stabilised drug users and their families.

Training & Development Programme

Project Promoter: Donegal Education Training Board

Status: NWRDATF-funded project

Service Aims:

To build on existing knowledge and skills through a structured delivery of lectures with supported library facilities. Practical skills are developed to enable participants to respond effectively and appropriately to drugs and alcohol issues in their work setting. The co-ordinator also offers a range of short courses throughout the region.

Locality covered / catchment area:

North West Region

Appropriate Client Groups:

Community and voluntary sector, service providers and recovering drug users

Whiteoaks

Project Promoter: White Oaks Rehabilitation Centre

Service Aims:

Aftercare is a structured process focusing on the assessed needs of individuals who have completed a 30 day programme of residential treatment for substance misuse. The aim of aftercare is to empower individuals and families resident between Letterkenny, Donegal Town and Sligo to re-engage with society in a manner consistent with their needs.

Locality covered / catchment area:

North West Region

Appropriate Client Groups:

Adults (18 years and over) with significant drug or alcohol problems – usually physical dependency.

Treatment Modalities and Care Programmes Offered:

12 step programme – 37 day residential programmes, Group Therapy, One to one counselling, Weekly Aftercare programme, Family Therapy days.

Strengthening Families Programme

Project Promoter: Alcohol Forum

Status: NWRDATF-funded project

Service Aims:

To co-ordinate and administer cross sectoral Family Support Programmes for 6-11 year olds and 12-17 year olds in Co. Donegal. To minimise the impact of alcohol and drug misuse on children, young people and their families.

Locality covered / catchment area:

County Donegal

Appropriate Client Groups:

Children/ young people at risk and their families



Parentstop

Project Promoter: Parentstop

Service Aims:

Provision of supports to parents in relation to all aspects of parenting and access to information and other support services.

Locality covered / catchment area:

Letterkenny and environs and Inishowen.

Appropriate Client Groups:

This is a universal support service available to all parents.

Treatment Modalities and Care Programmes Offered:

Based in Letterkenny and with outreach locations, Parentstop offers a drop-in and telephone support service as well as parenting support group work.

As Highlighted in the National Drug Strategy County Council's do have a significant role in support Substance Misuse under the pillar of Supply and Reduction.

These actions are listed below

National Drug Strategy 2009-2016 Lead Actions –County Council

Action 3 Supply Reduction

Include drugs issues in a central way in the work of Joint Policing Committees (JPCs) to ensure that there is a concerted effort against drugs in the areas involved. The issue of drug - related intimidation from the lower level to the most serious should be raised at both the JPCs and the LPFs with a view to devising appropriate and sustainable local responses to the issue.

D/EHLG (lead); D/JELR; Local Authorities; An Garda Síochána

Report of the Working Group on Drugs Rehabilitation Actions

Lead Actions

Housing

1. Local authorities should liaise with the relevant Drugs Task Force with the aim of facilitating those recovering drug users who wish to return to, or move into, a community. Local Authorities should continue to bear in mind the preferences of the applicant in deciding on the locality of housing to be allocated, especially in view of the fact that returning them to their local community may not be the most appropriate option in all cases.

Responsibility: Department of Environment, Heritage & Local Government (lead), Drugs Tasks Forces

2. Dedicated supported accommodation, staffed appropriately, should be provided to cater for those who have difficulties with an independent living environment. The provision of such accommodation is part of the existing homeless strategies and should be strengthened as part of the new homeless strategy.

Responsibility: Department of Environment, Heritage & Local Government (Accommodation), HSE (Care Support).

3. Building on recent initiatives, the provision of transitional/half-way housing for recovering drug users should continue to be increased, (for example, through use of the Department of Environment, Heritage and Local Government Capital Funding Scheme). This involves largely independent living, with fallback and periodic support available, as well as networking with other recovered drug users. The trained care staff required for such housing should be supplied by the HSE and voluntary providers.

Responsibility: Department of Environment, Heritage & Local Government (lead), HSE, Voluntary Providers.

4. Tenant Liaison Officers and others involved in tenant management issues should receive training to deal with all aspects of drugs-related tenant issues.

Responsibility: Department of Environment, Heritage & Local Government

5. The long-term housing needs of problem drug users, who are capable of independent living, should be addressed, for example, through the rental accommodation scheme.

Responsibility: Department of Environment, Heritage & Local Government.

6. Through the Drugs Task Forces, arrangements should be put in place for Local Authorities to nominate a contact point to whom matters arising in relation to tenancy issues pertaining to people in rehabilitation may be directed in the first instance.

Responsibility: Department of Environment, Heritage & Local Government (lead), Drugs Task Forces

County Donegal is also a chosen site for a five year strategy in relation to parental substance misuse (Hidden Harm). Tusla and the HSE are key drivers in this strategy and the council can engage positively with supporting this initiative.

The Task Force are keen to inform and support the council with progressing all these actions along with the other statutory services.

What issues and challenges do your organisation face at this time?

Projects have feedback on these emerging needs below.

There is an increase in the number of adults and young people accessing our services and a reoccurring issue is transport from the rural areas in to the main towns. Also access to council supported child care services is required in order for clients to attend either prevention / education services or treatment and rehabilitation. The geographical nature of these projects lends themselves to be based in urban areas. Examples of these are the Assertive Outreach project, Holistic Therapy project and Parentstop are all based in Letterkenny. The reduction of the Lough Swilly bus service has resulted in clients being unable to attend some outreach.

We have noticed an increase in referrals from schools to our Youth Drug & Alcohol Outreach Service to come into schools to deliver programmes to young people highlighted as being at risk. A barrier to the delivery of these programmes has also been public transport and the timing of the local bus service.

Services have reported a rise in head shop substances being obtained in Northern Ireland and used in the county.

How do you think Donegal County Council can address supporting these issues?

There is a need to look at improving transport links in the rural areas.

Donegal County Council could consider making spaces available in childcare services for all those accessing drug and alcohol services.

Promotion of the NWRDATF services and directory should be made available on the Donegal County Council web sites, outlining the links to the NWRDATF website and downloadable supports.

The council could support the up skilling of front line staff in the areas of Drug & Alcohol Prevention.

The council can continue to support Custom offices and the Gardaí in supply and reduction enforcement.

Conclusion

The Task Force recognises and values the fundamental role that Donegal County Council continues to have in leading and in promoting the social, cultural and economic prosperity of Donegal and the strong emphasis its places on inclusive communities and healthy citizens. We would like to commend all the staff of Donegal County Council on their dedication to fulfilling these objectives through some very difficult national economic challenges over the last number of years. The Task Force are keen on supporting the council with progressing all actions highlighted in this proposal.

We would like to thank you sincerely for taking some of your valuable time to consider this proposal.

REGIONAL DRUG & ALCOHOL TASK FORCE CHAIRS & COORDINATORS NETWORK JOINT PLANNING MEETING.

Details	Date: 29th September 2015. Venue: Radisson Blu Hotel, Athlone. Time: 10am – 6pm
Present	Ros Palmer (VChair, Nth Dublin), Maeve Shanley (Coord East Coast), Brid Walsh (Coord Nth Dublin), Tony Dunne (Chair, East Coast), Andy Ogle (Coord, Nth East), Mick Lacey (Chair, Mid West), Sean OConnor (Coord, Nth West), Peter McEvoy (Chair, Midlands), Declan Jones (Chair, South East), Gearoid Prendergast (Coord Mid West), Chris Purnell (Coord, South East), Lisa Baggot (Coord Sth West), Anto Kinsella (Coord, Midlands), Martin Lee (Chair, Western), Rosaleen OGrady (Chair, Nth West)
Apologies	Fiona Walsh, Jim Mullery, Kate Gibney
Minutes	Brid Walsh

Introduction: Declan Jones chaired the first part of the meeting and began with a round of introductions and a brief overview and background to the day. He highlighted that the event was an important opportunity for both networks to reflect on how we can best agree evidence based priorities and input into the next National Drug Strategy with the hope that we can conclude the day with a set of clear recommendations for the NDS from our collective discussions

Item	Discussion
1) National data	<p>Dr Suzi Lyvons, Senior Researcher from the Health Research Board presented an overview of national data covering 3 key areas:</p> <p>1) General population Survey: This consisted of an analysis of a) lifetime data – meaning those in general population who have ever used different drugs b) recent use- meaning those who had used in last year and c) current use- those who had used in last month. The detailed presentation will be available to all members following the day however key high level points of interest were:</p> <ul style="list-style-type: none"> A. Cannabis use is going up in the general population B. Ecstasy use is decreasing slightly C. Opiates and Cocaine use appears to be going down D. Alcohol use has decreased slightly but still is the most prominent drug of use among the general population E. Benzo use is going up <p>2) Drug Treatment Data (NDTRS). This consisted of an analysis of new treatment episodes for different drugs in Ireland and therefore captures problematic use as opposed to the general population Survey. Key high level points of interest:</p> <ul style="list-style-type: none"> A. Alcohol is the drug that is causing most problems for most people in Ireland although slight decrease in 2013 in treatment episodes B. there is almost double the amount of people coming back into repeat treatment for alcohol which indicates the chronic relapsing nature of alcohol dependency. C. Alcohol treated cases were almost 80% alcohol only with 20% using other drugs problematically with alcohol D. indications of decrease in opiate treatment episodes E. increase in Cannabis treatment episodes F. Increase in Benzo treatment episodes G. most common treatment approach in Ireland according to NDTRS is Counselling <p>3) Drug Related Deaths in Ireland. This consisted of an analysis of drug related deaths which included poisoning, overdose & suicide. Key points:</p>

- A. Alcohol is indicated in more drug related deaths than any one other drug. 22% deaths with alcohol alone and 1 in every 3 deaths was alcohol related
- B. more deaths from methadone than heroin however most were not on Central Treatment List so it was illicit methadone
- C. risk of drug related death decreases when in treatment which includes psychosocial interventions
- D. Benzos and prescription drugs indicated in very high number of drug related deaths with poly substance use

Summary of discussion points based on data presented in each of the 3 data sets

1. Alcohol use is very problematic and needs to be prioritised. The national addiction response (particularly in HSE) is opiate focussed
2. There may be a case for tighter legislation on benzo prescribing given the problem it is presenting
3. Evidence shows a reduction in alcohol consumption can be achieved via enforcing policies on supply, availability, marketing and minimum pricing
4. Opiate users are significantly less likely to die if in treatment
5. Treatment is wider than methadone clinics and also includes psychosocial supports. Treatment is best provided in community settings
6. Market forces have an impact on drug use. An example given was the legislation on headshop products
7. Many people who die from overdoses/poisonings are not alone at time of death. There is an opportunity to intervene.
8. Naloxone does not work for benzos.
9. More availability of treatment should help reduce drug related deaths. Lack of community based alcohol treatment services despite alcohol being most prominent drug in most cases of Drug Related Deaths
10. New online system being implemented by HRB which is due to go live at end of year which will be available to DATF coordinators. Trainings will be rolled out for potential users in how to engage with system and extract data
11. 2014 general population data & 2014. NDTRS data will be available in next few months
12. New data recording collection system will have more info on exit data and an emphasis on treatment outcomes
13. DATF Coordinators can ask for service specific treatment data if service is funded by the RDATAF and informed of request
14. The lack of treatment services & options across regional DATF areas needs to be addressed
15. Cannabis in use today differs to previous times, stronger and more likely to induce psychosis which is reflected in increase in treatment

Session 2

Chaired by Sean O'Connor Chair of Regional DATF chairs network.

Alcohol Conference planning session: Sean gave a brief background outlining that each of the Regional DATFs had put in applications for 2k towards a national conference on alcohol under the latest round of dormant accounts funding. This would give 20k which should allow for a large scale event with associated publicity etc. There was a broad and lengthy discussion in relation to what might be possible and appropriate in terms of content. Network members after some discussion agreed on some key high level items with a view to firming up content following approval of the funding (assuming the application is successful)

Target Audience: Members agreed that as it is a national conference, it would not be feasible to target the public and so agreed it might be more practical to target key stakeholders who had influence or relevant sectoral representation: some suggestions included: key funders, policy makers, service providers, representative groups such as National Parents Assoc, Nat Students Assoc for example. It was agreed that there were far too many to name and that work would begin on developing a list outside of the meeting as part of preparation

Venue: it was agreed that as it is a shared event by all RDATAFs it would make sense to hold it somewhere central such as Athlone

	<p>Speakers: it was agreed that this would need more time but that there are some national and international speakers who have particular expertise in this field and also have engaging presentation skills. Some of the suggestions included: Dr Adam Winstock, Dr Bob Meyers, Dr Gerry McCarney, Megan O’Leary, Barnardos, Dr Suzi Lyons, Dr Chris Luke for eg. Again it was agreed that the detail could be agreed at a later date</p> <p>Date: it was agreed that late April or early May might be useful in order to use the event to state our collective position in relation to alcohol policy and practise ahead of the development of the new NDS</p> <p>Content: there was a very broad discussion about this. The consensus was that the event should be focused on the evidence base under policy and also practise. Although no suggestions were unanimously approved at this junction, some ideas put forward were : (1)the use of the Drinksmeter to do a large scale national survey on drinking and drinking behaviour & attitudes in Ireland to be presented at the conference (2)to use the event as the kick-start to a series of different events in each of the Regional DATF areas (3)to use interactive technology to make the conference more dynamic and engaging and also to generate a report at the end of the event for publication. Also engage a national radio station in the interactive element of the event to help generate publicity and engage public interaction (4) have large scale media campaign to accompany the event and raise profile of policy & practise evidence base (5) make event a ‘myth buster’ type focus to use evidence to bust some myths about alcohol use, effects and consequences (6) to look at similar format to an alcohol conference in Nth Dub RDATF –<i>‘from cradle to the grave’ – alcohol through the ages</i>. Charting the impact of alcohol use from foetus, to children in home of drinking parents, to adolescent drinking, young adults, middle age and elderly dependence & associated health problems.</p> <p>Action: it was agreed that as a decision was pending on the application, the details could be developed and agreed on by members in the coming months</p>
Session 3	<p>Chaired by Sean O’Connor. Sean proposed that rather than each RDATF rep giving an overview of their respective national structures they sit on that the summary’s could be taken as read, circulated in the packs and then if members wished for further information they could look for it outside of meeting. This was collectively agreed</p>
Session 4 NDS recommendations	<p>Chaired by Sean O’Connor. Joint Agreement of Recommendations for the new National Drug Strategy: Network members discussed key priorities and agreed collectively high level recommendations to be submitted ahead of the new National Drug Strategy. These included;</p> <ol style="list-style-type: none"> 1. Alcohol needs to be featured in a much more meaningful way in the National Drug Strategy and there should be only one integrated strategy which is inclusive of all drugs including alcohol 2. RDATF Coordinators need to be part of the steering group for the development of the new NDS to ensure a broad national coverage 3. RDATF Coordinators need to be represented on the OFD to ensure a broad national perspective 4. Legislative controls need to be put in place to regulate the prescribing of benzos 5. Minimum pricing, marketing and supply and availability measures all need to be legislated for to reduce overall consumption of alcohol. This needs to be put in place without interference from the drinks industry 6. The recovery agenda needs to be supported by addressing structural barriers to recovery. Examples include: housing, historical criminal records, childcare, employment barriers, post-prison supports, recovery coaches etc 7. Dual Diagnosis continues to be a personal challenge for service users and a treatment challenge for service providers. Policy changes need to be addressed by both the mental health and the addiction services to provide integrated care. For eg: dual diagnosis clinics 8. The HSE Addiction Services in Dublin has been almost exclusively focussed on the provision of opiate treatment. The expansion of the services to provide treatment options for other drug users and in particular alcohol dependence needs to be prioritised in line with the national evidence to support the need

	<p>9. National treatment services need to be resourced through national budget lines. RDATA budgets need to be protected for the development of services specifically for the communities they are mandated to serve</p> <p>10. Resource provision needs to be prioritised in terms of the Regional DATA areas to ensure equity in service provision for regional communities based on need. Empirical evidence exists to show that risk of drug related death decreases when in treatment. Treatment gaps across the regional areas needs to be addressed as a human rights priority</p> <p>11. consideration should be given to a move from the traditional 'pillars' of the outgoing NDS and towards a more thematic focus</p> <p>12. to strengthen the already robust development & monitoring function of the RDATA in the development and implementation of the drug strategies in their areas, consideration should be given to channelling the global DATA budgets directly to DATAs (on the condition that robust financial and corporate governance is in place)</p> <p>13. standardised IT systems need to be prioritised to support the implementation of the National Drugs Rehabilitation Framework (2010)</p> <p>14. Service User Involvement needs to be prioritised and resourced to move from 'tokenistic' representation and support meaningful participation structures</p> <p>15. There is a high level of oversight and accountability required from DATAs that is not also applied as robustly to the other stake holders with responsibility for the delivery of the National Drug Strategy. This should be addressed in the new National Drug Strategy</p> <p>16. The completion and submission of NDTRS to the HRB by treatment & rehabilitation services needs to a mandatory condition of funding</p> <p>17. The issue of decriminalisation for the possession of a small amount off drugs for personal use should be explored in a balanced way and a robust evidence review conducted.</p>
Session 5	<p>Regional DATA Coordinators meeting : chaired by Sean O'Connor. (Minutes recorded separately)</p> <p>Regional DATA Chairs Meeting: chaired by Declan Jones. (Minutes recorded separately)</p>
6.00	<p>Close of Business</p>

SURVEY CARRIED OUT IN LEITRIM COUNTY COUNCIL HOUSING ESTATE IN THE NORTH OF THE COUNTY

North Leitrim Men's Group

May 2016

Place/Area/Town	Number of Houses
KINLOUGH	50
ROSSIVER	19
KILTYCLOGHER	32
GLENFARNE	16
MANORHAMILTON	154
KILLARGUE	19
DRUMKIERAN	57
DROMAHAIR	63
GLENCAR	8

TOTAL HOUSES: 418

Place/Area	Number of Houses
KINLOUGH	50
ROSSIVER	19
KILTYCLOGHER	32
GLENFARNE	16
MANORHAMILTON	154
KILLARGUE	19
DRUMKERRAN	57
DROMAHAIR	63
GLENCAR	8

In collecting this information, the following people were used:

- Local resident groups
- Local health nurse
- Postmen
- People working in off licences
- Taxi firms
- Local GPs

The information around the adult children 18-25 was hard to know for definite if they were living at home or in other accommodation as most of the estates surveyed are older estates (people have been living in them a long time and in most cases the adult children would have moved on or just home at weekends)

In the case of underage drinking, it is very hard to get a clear picture but taxi drivers are aware of house parties and they avoid these houses at the weekend as they are aware of the underage drinking going on. Most of the underage party drinking now takes place in flats/houses in the towns (not in the estates), the main towns being Kinlough and Dromahair.

At the outset of this survey, we highlighted that 8 single men died due to the misuse of alcohol. Since the start of the survey and to its conclusion, 2 more have died, one in Drumkeerin and one in Dromahair. One other person from Dromahair is now in hospital due to the misuse of alcohol and is critically ill.

In the total number of people surveyed (355) we have identified 29 who were drinking heavy but are now in recovery and maybe using AA or other help groups

The greatest group at risk is single men and the areas most affected are Dromahair, Drumkieran and Kiltyclogher. At present these people are not engaging in any voluntary or support group. The conditions in which some of these men live in are very bad. Even though they are in local authority houses and have all the facilities, the lack of personal and house hygiene is not of an acceptable standard.

In carrying out the survey, we talked with 55 of the people we identified in having problems. This was in the way of general conversation not a questionnaire.

Below we give examples of some of these.

Single Men examples:

- Example 1: Single man 47, drinks very heavy, has been hospitalised a number of times, he talks like he wants to give it up but doesn't have motivation or lacks the ability to change his lifestyle, he has accepted the fact that drink will kill him, on a few occasions he did go off the drink but four months was the longest he has done. Boredom and the lack of social life brought him back drinking again. This person is unemployed and has no ambition to work. He has started to drink at home also.
- Example 2: Single man 58, he has been drinking heavily all his life, spirits being his main drink. He gets very depressed when he drinks heavy which has resulted in an attempted suicide and hospitalisation for three weeks. His drinking is periodic and after a bender, he can go off it for a month or two. He claims that he will never attempt suicide again but that drink will kill him. He has no external support and cuts himself off and he drinks alone at home at times. He is unemployed.
- Example 3: Single man 54, he is a separated man due to his drinking. This man has been told that if he doesn't give up drink his liver will give up. As a result of this warning, he gave it up for 2 months. He is now back drinking heavy but he says he is only drinking pints now and not spirits. He had sobriety for 6 or 7 years but started taking hash and within two years, he was back taking alcohol. He is a very gifted person with his hands but is destroying himself with his overuse of alcohol and drugs. He will not live much longer if he continues. He spends all his money on alcohol so his food intake is minimum. He is unemployed.
- Example 4: Single man 37, he comes from a family where his mother was an alcoholic and his brother and sister were both heavy drinkers. The sister has now given up completely and his brother is holding down a good job and has his drink under control at present. This man is very intelligent and has completed a collage course in computers. He does all his drinking at home. He has had a few relationships but all broke up due to drink. He is at present engaged with The North Leitrim Men's Group in Manorhamilton but is very protective about discussing his drinking as he is of the opinion that no one knows about it as he drinks alone at home.

Married Men examples.

- **Example 1:** Man aged 63. He is married with 3 children. His drinking mainly involves spirits which results in depression. He was involved with the entertainment industry but due to the closure of lounge bars and the rise in discos, the live band industry is not as popular as it was. He feels that it is hard to learn new skills as his main interest is music. He finds it hard to get motivation for other areas and feels that drink is not helping him and will result in him going into bad health. His wife is also a heavy drinker but holds down a full time job. She does not see any problem with their drinking but the man is anxious to try and give up his present level of alcohol.
- **Example 2:** Man aged 60, lives with his wife. He has three children who live away. He works but drinks at home every evening. He drinks spirits and wine. His wife doesn't drink. He suffers from depression but doesn't blame it on alcohol. He sees his drinking as his recreation time.
- **Example 3:** Man aged 42, lives with his partner and three young children. Both of them drink heavily. He has three problems, alcohol, drugs and gambling but he will only admit to the alcohol problem. He drinks mainly in the pub and has been known to get involved in rows. He has come to the notice of the Garda for his fighting. He claims he wants to get help but does not talk about his other two addictions. He is at present unemployed but has good skills in the building trade.
- **Example 4:** Man aged 40, lives with his wife and three children. One child is in college and two in secondary school. He is self employed and his wife is employed in the medical profession. He is a binge drinker and could drink for a week and then off it for a week but the binges seem to be getting longer. He went to a treatment centre and got five years sobriety but started drinking again. He now feels the binges are getting closer together. He feels his marriage will break up if he doesn't stop drinking. Communication is bad between himself and his wife and he has a hunch that it is too late to fix. He used to be a pint drinker but now it is only spirits he drinks and it is now affecting his work and health

Single women examples:

- Example 1: Single mother with three of her four children living with her. She drinks mainly wine at home but if she goes out she gets very drunk. The three children that live with her all drink to excess and one is taking drugs. She feels that her children are out of control and she cannot do anything about it. Two of them have been in trouble with the law and one has been expelled from second level education. She doesn't feel she has a problem and having a drink is her only outlet.
- Example 2: Woman aged 50, lives alone. Is separated with one child who now lives away. She feels drink has been the cause of all her troubles. She has tried on a number of occasions to go off it but always went back to it. Her longest period off it was six months but each time she goes back it gets worse. She drinks wine at home and spirits if she goes to the pub. Her desire is to stop and clean up her act.
- Example 3: Separated woman aged 59, she has three children who all live away. She was working in the medical profession but has lost her job. She drinks spirits and wine every day. She feels life has dealt her a bad hand and the drink is her only companion. She will never admit she has a major problem. Her health is deteriorating.
- Example 4: Woman aged 35, who lives at home with her mum and dad. All her family abuse drink. She works at present but 80% of her money would go on drink. She feels that that is her only social outlet. She would drink at home if no one was going to the pub. She feels she will never meet anyone if she continues the present lifestyle. She feels helpless to make changes.

Married women examples:

- **Example 1:** Married women aged 66. She has two children who both live away. She is very much a periodic alcoholic who can go off it for months but then goes on a severe binge which would result in hospitalisation. She works at the moment but has lost a number of jobs in the past. She has tried AA and other support groups but felt it didn't suit her.
- **Example 2:** Woman aged 45. She has 5 children. Three of which live with her. She is unemployed. She is a binge drinker but when she does go drinking she can be violent and abusive. She has been hospitalised on a number of occasions. She will not admit that drink is her problem and talks about circumstances in her life that are to blame. She will admit that when she starts drinking she gets out of control.
- **Example 3:** Woman aged 56 lives with her husband. She has one child but he lives away. Herself and her husband drink on a daily basis in the house. Her health has been affected with drink and she can no longer walk unaided. She has no intention of giving it up but is very aware that it is going to kill her. She rarely leaves the house now.
- **Example 4:** Woman aged 36, lives with her partner aged 30. She has two children who have been taken off her and live with her parents. She is pregnant again. They both drink every day and her partner has been hospitalised because of heart attacks due to heavy drinking. She has tried AA on a few occasions but to no avail. She gets upset when you talk about the children who have been taken from her. Her partner sees the whole thing as a bravo experience and claims he still enjoys drinking.

Young adults aged 18-25 examples:

- Example 1: Man aged 23, lives with his mother. He spends all his money on drink and drugs. He is on a work scheme at present. He looks forward to the weekend for a big piss up or drug party. He has been in trouble with the law on numerous occasions. He talks about giving up spirits and staying on pints and then he won't be in trouble with the law.
- Example 2: Man aged 24, lives with his girlfriend. He has one child. He doesn't admit to taking drugs but it is well known that he uses. He has never worked but always seems to have money.
- Example 3: Single man 23, he comes from a family with alcohol problems and spends all his money on alcohol. He goes to his aunt's house for food. He says he enjoys his drinking but he gets into fights and rows on a regular basis when drunk and this has come to the attention of the Garda. He is unemployed at present. He has been sent on courses but has managed to get out of them one way or another. He does admit he feels depressed after he gets involved in fights. He talks about doing courses in block laying but has never sought the information to do this. He comes from a family where all the boys, three in total, are all heavy drinkers. He has never had any long term relationship
- Example 4: Man aged 22, he has never worked. He lives with his sister and her partner. He drinks most of his welfare money. He lacks confidence and most of his drinking is done at home. He was put out of his parents' house because of his drinking and now lives with his sister. She is not too happy with his drinking so he is threatened again with eviction. He wants to get a job and a place of his own and then he will clean up his act.

Some of the problems that we experienced was total lack of money management and some of the people are hooked in with money lenders. Nearly all have had some dealings with St Vincent de Paul or money from the HSE.

The North Leirim Men's Group will identify men from Drumkeerin, Kiltyclogher, Manorhamilton, and Dromahair and bring them together in Manorhamilton to plan events with them e.g. using the Mens' shed in Manorhamilton, organising social events away from alcohol and playing cards/darts but not in the pub scene. We will get discussions going to get the group to bond and chat. The Mens' group will seek to get funding from some quarter to start addressing this. This group will also be aided by men who have recovered from alcohol abuse.



Northwest Regional
Drug & Alcohol Task Force

*NWRDATF Projects -
Project Evaluation Sub Committee
2014 Report*

19 November 2015

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- Rosaleen O’Grady Chairperson - NWRDATF;
- Damien Willis - Statutory Sector Sligo County Council
- Pat Lynch - Customs and Excise
- Assisted by:
 - *Sean O’Connor NWRDATF Co-ordinator*
 - *Lorna Curry and Tracy Mitchell - Development workers*

PESC Evaluation Questions:

- The PESC working group rated existing projects on a comparative basis, from the Project Management System based upon:
 1. Have the project outcomes been achieved in line with the project planning forms?
 2. Have all planning & reporting requirements been fully met?
 3. Have the outcomes set out in section 2.4, 3.4 and section 4 been met?
 4. Is the programme being delivered evidence based?
 5. Did the project comply with the annual RDATEF verification visit?

Evidence Based Criteria

The National Institute for Care and Excellence (N.I.C.E) guidance framework was used to enable the PESC to address the evidence based question. The N.I.C.E. provides guidance to ensure quality and value for money, NICE guidance supports healthcare professionals and others to make sure that the care they provide is of the best possible quality and offers the best value for money. They provide independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation. Their guidance is used by the NHS, local authorities, charities, and anyone with a responsibility for commissioning or providing healthcare, public health or social care services.

Grading scores:

- 5 – Have outcomes been achieved and exceeded?
- 4- Have outcomes been met?
- 3- Outcomes have not been fully met
- 2- Outcomes have not been met?

The table below show the scores and recommendations from each project that has been evaluated by the PESC committee.

PROJECT CODE	Project name & PESC Recommendations	NWRDATF Overall Score
1. NW-19	<p>Assertive Outreach – Sligo</p> <p>Allocation 2014=49,430</p> <p>Very worthwhile project that has showed a great flexibility in addressing emerging needs. The committee felt that this project is currently under resourced and needs increased resources for 2015</p>	24
2. NW -25	<p>Assertive Outreach – Donegal</p> <p>Allocation 2014= 49,430</p> <p>Very worthwhile project that is responding well to emerging needs</p>	24
3. NW 23	<p>Substance Misuse – Sligo Social Services</p> <p>Allocation 2014= 49,150</p> <p>Very worthwhile project that is responding well to emerging needs.</p>	24
4. NW 4	<p>White Oaks Rehabilitation Centre</p> <p>Allocation 2014= 49,430</p> <p>Very worthwhile project that is responding well to emerging needs.</p>	23
5. NW 18	<p>Holistic Therapies – Donegal</p> <p>Allocation 2014= 19,340</p> <p>Very worthwhile project that is responding well to emerging needs.</p>	23
6. NW 12	<p>Youth Drug Alcohol Worker – Sligo</p> <p>Allocation 2014= 53,730</p> <p>Very worthwhile project that has showed great flexibility in addressing emerging needs.</p>	23

<p>7. NW 13</p>	<p>Youth Drug Alcohol Service – Donegal</p> <p>Allocation 2014= 53,730</p> <p>Very worthwhile project that has showed great flexibility in addressing emerging needs.</p>	<p>23</p>
<p>8. NW 5</p>	<p>Youth Drug Alcohol Worker – Leitrim</p> <p>Allocation 2014= 53,730</p> <p>Very worthwhile project that has showed great flexibility in addressing emerging needs</p>	<p>23</p>
<p>9. NW 15</p>	<p>Holistic Therapies – Leitrim</p> <p>Allocation 2014= 6,440</p> <p>Very worthwhile project that is responding well to emerging needs</p>	<p>19</p>
<p>10. NW 20</p>	<p>Young Men’s Programme – Sligo Travellers Group</p> <p>Allocation 2014= 15,470</p> <p>Very worthwhile project that is responding well to emerging needs</p>	<p>19</p>
<p>11. NW 21</p>	<p>Homework Club – Sligo Travellers Group</p> <p>Allocation 2014= 6,010</p> <p>Very worthwhile project that is responding well to emerging needs</p>	<p>19</p>
<p>12. NW 24</p>	<p>Parent Stop</p> <p>Allocation 2014= 17,190</p> <p>Very worthwhile project that is responding well to emerging needs.</p>	<p>18</p>
<p>13. NW 27</p>	<p>NWAF Strengthening Families Programme</p> <p>Allocation 2014= 69,630</p> <p>The committee have requested the following additional information:</p>	<p>18</p>

	<ul style="list-style-type: none"> • Since 2009, 200 people have been trained to deliver SFP – the project have been requested to provide feedback from the facilitators on the quality of the program and additional training provided and what training is currently being delivered. • Is there any scope to allow for constructive feedback and learning for the SFP team and; do the team need to take on training and updates? • Is there a need to re-engage with facilitators that have completed SFP training but have not delivered on a program for a while? • Is there a need to get feedback from the facilitators in order to support them and identify gaps in training that they require? <p>N.B Additional information was given which responded to the above queries, (<i>attached in Appendix 1</i>)</p>	
<p>14. NW 10</p>	<p>NW 10 Education Plan</p> <p>Allocation 2014= 66,190</p> <ul style="list-style-type: none"> • The committee are requesting clarity in relation to: • The courses delivered, duration, location, target group, number of participants and hours completed that took place in 2014 and to date in 2015. • A full report in relation to the training needs analysis 2015. <p>To submit a conclusive education & training plan for 2016. Once fully informed the committee will be able to complete the evaluation process.</p> <p>N.B A full report has been attached in relation to the queries above (<i>attached in Appendix 2</i>).</p>	<p>18</p>
<p>15. NW 14</p>	<p>Holistic Therapies - Sligo</p> <p>Allocation 2014= 12,890</p> <p>Whilst the project continued to deliver its service throughout 2014, the Committee were unable to make a complete assessment due to the limited number of reports throughout the year.</p>	<p>N/A</p>