



Northwest Regional  
Drug & Alcohol Task Force

# **Operational Handbook 2021**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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## ***North West Regional Drug & Alcohol Task Force***

### ***Handbook***

**2021**

## **INTRODUCTION TO THE REGIONAL DRUG & ALCOHOL TASK FORCE**

### **Brief History**

#### **October 1996**

Minister Pat Rabbitte introduces a document on measures to reduce the demand for drugs.

*“First report on the Ministerial Task Force on Measures to Reduce the Demand for Drugs 1996”*

This document has been seen as the white paper for the development of the National Drugs Strategy.

#### **1997**

Establishment of the Local Drugs Task Forces

To facilitate a more effective response to the drug problem in the areas experiencing the highest level of drug misuse.

#### **April 2000**

*“The Cabinet Committee on Social Inclusion requested that a review of the current National Drugs Strategy be undertaken. The overall objective of the review was to identify any gaps or deficiencies in the existing strategy and to develop revised strategies and, if necessary new arrangements through which to deliver them.” Foreword Minister of State, Eoin Ryan T.D. Irelands National Drugs Strategy 2001-2008*

#### **April 2001**

Having initiated the review process and decided that a new National Drugs Strategy would be drafted, the Cabinet Committee on Social Inclusion chaired by the Taoiseach, over saw the process and considered the principal issues as they arose. The final report of the Review Group - *Building on Experiences – National Strategy 2001 – 2008* – was considered by the Government in April 2001 and its findings and recommendations were approved. (Irish National Drugs Strategy 2001-2008 NDP) As such, the Government has agreed that, for the period 2001-2008, the National Drugs Strategy shall be organised based on the four themes of;

- *Supply Reduction*
- *Prevention*
- *Treatment*
- *Research*

With cross cutting structures ensuring local, regional and national co-ordination within and between pillars.  
(1.5 Ireland's national drugs strategy, NDP)

One of the key recommendations of the National Drugs Strategy 2001-2008, was the establishment of the Regional Drug & Alcohol Task Forces throughout the Country. The Strategy proposes that Regional Drug Task Forces be set up in each of the 10 Health Board areas to develop appropriate policies to deal with drugs misuse in the regions. These bring together organisations in the statutory and voluntary sectors to work with local community and public representatives in developing local, targeted responses to illicit drug use (Local Drug Task Force handbook, NDST)

#### **2004 Mid Term Review of the National Drugs Strategy**

"National Drug Strategy progress report 2000 -2004"

#### **2005**

Development of North West Regional Drug & Alcohol Task Force Three Year Strategic Plan 2005-2008

#### **2009**

Development of National Substance Misuse Strategy 2009 -2016 The drugs policy element of this Strategy has already been agreed and published as the 'interim' National Drugs Strategy 2009-2016. A Steering Group has been established to develop alcohol policies for an overall National Substance Misuse Strategy to cover the period up to 2016.

#### **2010**

Development of North West Regional Drug & Alcohol Task Force Evaluation Process

#### **2011**

Development of North West Regional Drug & Alcohol Task Force Three Year Strategic Plan 2011-2014

#### **2013**

Report on the Review of Drug Task Forces and the National Structures under which they operate

## **2016**

Research & Review report from Crowe Horwarth

## **2017**

Reducing Harm, Supporting Recovery – A health led response to drug and alcohol use in Ireland 2017 -2025

### **REGIONAL DRUG & ALCOHOL TASK FORCES**

#### **2002 - Establishment of the Regional Drug & Alcohol Task Forces**

10 Regional Drug & Alcohol Task Force's aligned to the old Health board regions.

Midlands	Laois, Longford, Offaly and Westmeath
Mid-western	Clare, Limerick and Tipperary North
North Eastern	East Cavan, Louth, Meath, and Monaghan
North Western	Donegal, Sligo, Leitrim, and West Cavan
Southern	Cork and Kerry
South Eastern	Carlow, Kilkenny, Tipperary South, Waterford and Wexford
Western	Galway, Mayo, and Roscommon
East Coast area	Dun Laoghaire, Rathdown, and Wicklow
Northern area	North Dublin City and Fingal
South Western area	South Dublin City, South Dublin, and Kildare

## Objectives of the Regional Drug & Alcohol Task Force

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

## Terms of Reference

- To coordinate the implementation of the National Drugs Strategy in the context of the needs of the region/local area
- To implement the actions in the National Drugs Strategy where Task Forces have been assigned a role
- To promote the implementation of evidence-based local/regional drug and alcohol strategies and to exchange best practice
- To support and strengthen community based responses to drug and alcohol misuse
- To maintain an up-to-date overview on the nature and extent of drug and alcohol misuse in the area/region
- To identify and report on emerging issues and advocate for the development of policies or actions needed to address them
- To monitor, evaluate and assess the impact of the funded projects and their continued relevance to the local/regional drugs task force strategy and to recommend changes in the funding allocations as deemed necessary

## TERMS OF REFERENCE NWRDATF SUB GROUPS

### 1.0 Decisions

Decisions taken must at all times comply with the procedures and authorisation levels set by the NWRDATF.

#### 1.1 Scope of decision-making Sub- group:

The sub group has the right/responsibility to:

- Implement relevant actions as agreed within the Strategic Plan;
- Suggest variations to the Task Force Strategic Plan and issues rising from the Task Force table;
- Assess project proposal applications that are submitted to the Task Force under the prevention and education pillar or treatment and rehabilitation pillar and to make recommendations to the Task Force.
- Oversee the implementation of relevant projects agreed within the Task Force Strategy and /or Action Plan.

**The subgroup does not have the right to:**

- Speak to the media or the general public on behalf of the Task Force;

**The subgroup should revert to the Task Force when:**

- There is a conflict among the members of the subgroup that cannot be resolved within the subgroup;
- There is an irresolvable conflict of interest;

On HR, legal, financial and contractual issues. The subgroup minutes will remain open to review by all members of the Task Force.

#### 1.2 The role of the Task Force in relation to the Sub - Group

The Task Force will support the development and enhance the work of the subgroup. The Task Force will also conduct an independently facilitated annual review and planning session to this end.

## REPORTING

The minutes of the Prevention and Education, Treatment and Rehabilitation subgroups will be given at each NWRDATF meeting.



## REMIT OF THE GROUP

- The mandate of the group comes from the NWRDATF.
- The work of the subgroup will be informed by best practice in drug prevention while also meeting the objectives of the DPU prevention and education strategy.
- To review all proposals directed to the subgroup by the NWRDATF in relation to Prevention and Education, and make recommendations regarding these proposals to the NWRDATF.
- The subgroups work will be focused primarily within the geographical spread of the NWRDATF.
- The subgroups will endeavour to ensure that effective communication occurs between the Task Force and the other subgroups.

## OBJECTIVES

- To establish and maintain a working group/steering group in conjunction with project promoters
- To be as inclusive as is practicable in its membership.
- Consult with and feedback to target groups.
- Promotion of best practice as per the Drugs Education Quality Standards in substance use education within the informal sector, and relevant Department of Education and Science guidelines and any other guidelines as deemed appropriate going forward as they may relate to the formal education sector.
- To make recommendations/proposals pertaining to drug prevention and education, treatment and rehabilitation to the NWRDATF and its Executive.
- Oversee the development, implementation of Prevention and Education, Treatment and Rehabilitation actions as defined by the NWRDATF within its action plan.
- Inform local, regional, and national strategy in relation to Prevention and Education, Treatment, and Rehabilitation objectives.
- The sub-groups will identify gaps and needs in the current provision of prevention and education, treatment and rehabilitation in the area, and work with the NWRDATF towards filling those gaps.

## MEMBERSHIP

The membership of the Task Force will be reviewed on a two years basis. Written communication will issue to the individual or organisation inviting them to review membership. An internal review of gaps in terms of membership will be conducted by the Executive Committee with a view to identifying and addressing any emerging gaps.

The membership of the Prevention & Education, Treatment & Rehabilitation subgroups will at a minimum stand at 4 persons and will as far as possible consist of the following:

- Members of the NWRDATF whose skills would benefit the subgroup.
- Additional persons who are not members of the NWRDATF but have knowledge and expertise in the area of prevention and education, treatment and rehabilitation can be co-opted on to the Prevention and Education, and or the Treatment and Rehabilitation subgroup in an advisory capacity following consensus of the subgroup members.
- Any project with a prevention & education, treatment & rehabilitation focus that is funded by the NWRDATF will be required to nominate a representative to sit as a member on behalf of the organisation to sit on but not report to the subgroup .
- The Co-ordinator and other Task Force staff will attend at the meetings.

## MEETINGS

**Frequency & Duration:** Task Force, Education & Prevention, Treatment & Rehabilitation meetings will take place bi monthly. The Executive Committee meet on the month the main Task Force does not. Meetings will not exceed one and a half hours duration, however, in order to cover any urgent business, a meeting may be extended by one half hour if agreed prior to or at the start of the meeting. Schedule of meetings for the year will be issued to all members at the beginning of each year.

**5.1 Quorum:** Quorum for the meetings will be 1/3 of the current committee with a minimum of 3 members, one of whom must be a member of the RDATF.

**5.2 Confidentiality:** Confidentiality must be adhered to at all times and the integrity of individual members and the NWRDATF must be observed.

**5.3 Attendance:** Absence from three consecutive meetings from the subgroups without apology will result in a written request being sent by the Chairperson, to that member asking them to clarify their position with regard to the sub-groups. If the issue is not resolved, the NWRDATF will be informed by the Chairperson.

All NWRDATF members are entitled to attend all meetings of the sub- groups.

## GUIDING PRINCIPLES

- Ensure that there is a balance of representation across all sectors, with sensitivity to the geography of the region.
- Each individual should participate by sharing their sectors/constituencies/agencies relevant opinions (but not to the benefit of one's organisation) and experiences, and by listening to and considering the opinions of others.
- If an issue is, being discussed where a conflict of interest for a representative/agency arises, that representative is expected to declare an interest and leave the meeting for the duration of that discussion.
- Ensure that each decision considers the best interests of service users.
- The subgroup in its custom and practice will promote an interagency approach to the Prevention and Education, Treatment and Rehabilitation agenda.
- The promotion of social inclusion will inform all relevant decisions of the subgroup.
- Particular care should be given to promote an appropriate gender balance.

## MEMORANDUM OF ASSOCIATION OF NORTH WEST REGIONAL DRUG & ALCOHOL TASK FORCE LIMITED

1. The name of the Company is North West Regional Drug & Alcohol Task Force Limited. In this Memorandum, the expression "company" means North West Regional Drug & Alcohol Task Force Limited.
2. The main object for which the company is established is:
  - The overall aim is to develop and implement a drugs strategy for the area which co-ordinates all relevant programmes and addresses any gaps in services;
3. The object set out in Clause 2 is the main object of the company and all other listed hereafter are subsidiary and ancillary thereto:
  - a. To oversee and monitor the implementation of projects approved under the existing action plans;
  - b. To ensure the formal evaluation of these projects with a view to their "mainstreaming", i.e. their continued funding through State Agencies in accordance with agreed procedures;
  - c. In accordance with agreed guidelines, to prepare updated action plans which:

- update the area profile and take into account any changes in the drug problem since the preparation of their original plans;
- ensure that emerging strategic issues are identified and policies or actions are proposed to address them; and
- provide for the implementation of a local drugs strategy, in consultation with appropriate State Agencies and voluntary, community and residents groups;

**RDATF (operational guidelines):**

- To ensure appropriate representation by voluntary and community sectors on the Task Force;
- To identify any barriers to the efficient working of the Task Force;
- To develop networking arrangements for the exchange of information and experience with other Task Forces, as well as for the dissemination of best practice;
- To identify the training needs of Task Force members and take necessary steps to meet such needs through appropriate training courses, etc.;
- To take account of and contribute to other initiative aimed at tackling social disadvantage under the aegis of the Cabinet Committee on Social Inclusion, including the Integrated Services Process, the Area Partnerships, the Young People's Facilities and Services Fund and the Report of the Task Force on the Integration of the Local Government and Local Development systems; and
- To provide such information, reports and proposals to the National Drugs Strategy Team as may be requested from time to time;
- Further seven functions are: Information gathering and dissemination, strategic and policy development, development of local plans, evaluation, implementation, and monitoring of plans, training, and support, networking.

**The main aim/objectives of the PLC is to support the Task Force to carry out its aims and objectives inclusive of:**

To the extent that the same are essential or ancillary to the promotion or attainment of the main objects of the company as heretofore set out the company may exercise the following powers:

1. To furnish and provide the Company's property with such furniture, implements, machinery and conveniences as the company may think desirable.
2. To engage in any business or activity and to undertake, provide and carry out any service or contract of works provide any facility and carry out any research which is deemed necessary or advantageous in promoting objects of the company or for the purpose of generating capital or income to facilitate the furthering of the main objects of the company.
3. To purchase, take on a lease, exchange, hire or otherwise acquire any real or personal property that can be legally held, and any rights or privileges which the company may think necessary or convenient for the purpose of its undertaking.
4. To hire and employ all classes of person whose service may be considered necessary for the purpose of the company and to pay such persons in return for such services rendered to the company salaries, wages, gratuities, and pensions.
5. To promote and further the objects of the company by conferences, public or private meetings, discussions, publications, conducting studies and surveys, and by such other means as may be deemed desirable or necessary.
6. To advertise and make known by any lawful means the company and its objects, purpose and aims by such means as may be deemed expedient, and to solicit, receive and hold donations, subscriptions and gifts and bequests of all kinds,
7. To purchase or otherwise acquire, hold as an investment and deal in any shares, debentures, stocks, treasury bonds, scrip bill, notes and other securities issued by any company or association or any supreme, municipal, local or other authority whatsoever,

8. To act as trustees of any property real or personal for any of the main objects of the company, or for any other purpose that may seem conducive to the attainment of the main objects of the company,
9. To invest and deal with the monies and property of the company not immediately required in such manner as may from time to time be determined.
10. To raise or borrow money, and to secure or discharge any debt or obligation binding on the company in such manner as may be thought fit and, in particular (without limitations), by the creation of charges or mortgages (whether legal or equitable) or floating charges upon the undertaking and all or any of the property and rights to the company both present and future, or by the creation and issue of such terms and conditions may be thought expedient of debentures, debenture stock or other securities of any description.
11. To guarantee the payment of any debts or the performance of any contract obligation of any company or association or undertaking or of any person and to give indemnities of all kinds either with or without the company receiving any consideration or benefit and to secure any such guarantee and any such charges or mortgages (whether legal or equitable) or floating charges or the issue of debentures charges upon all or any property and rights of the company both present and future.
12. To apply for, promote and obtain any Act of the Oireachtas, order or licence of any Minister of the Government of Ireland or other authority for enabling the company to carry any of its objects into effect or for any other purpose, which may seem calculated, directly or indirectly, to prejudice with company's interests,
13. To enter into any arrangement with governments or authorities (supreme, municipal, local or otherwise) or any corporations, companies or persons that may seem conducive to the attainment of the company's main objects, or to obtain from any such charters, contracts, decrees, rights, privileges or concessions which the company may think desirable, and to carry out exercise and comply with such charters, contracts, decrees, rights, privileges and concessions.

14. To pay for any expenses incurred in connection with the promotion, formation, or incorporation of the company, or to the contract with any person, firm, or company to pay the same.
15. To grant pensions, gratuities, allowances or charitable aid to any person who may have served the company as an employee, or to the wives, husbands, children or other dependents of such person provided that such pensions, gratuities, allowances or charitable aid shall be no more than provided by an occupational pension scheme and provided that such occupational pension scheme has been operated by the company and the beneficiary of the pensions, gratuities, allowances or charitable aid or their spouse or parent, has been a member of the occupational pension scheme while employed by the Company; and to make payments towards insurance and to form and contribute to provident and benefit funds for the benefit of any persons employed by the Company and to subscribe or guarantee money for charitable objects.
16. To draw, make, accept, endorse, or issue promissory notes and other negotiable instruments,
17. To sell or dispose of the undertaking of property of the company or any part thereof for such consideration as the company may see fit, to sell, improve, manage, develop, exchange, lease, mortgage, charge, dispose of, turn to account or otherwise deal with all of the property and rights of the company.
18. To acquire and become registered proprietors of copyrights and trademarks and any other form of intellectual property,
19. To do all such lawful things as are incidental to the attainment of the above main objects or any of them.
20. The liability of the members is limited.
21. Every member of the company undertakes to contribute to the assets of the company in the event of the same being wound up during the time that he/she is a member, or within one year afterwards, for the payment of the debt and liabilities of the company contracted before the time at which he/she ceases to be a member, and of the costs, charges and

expenses of winding up the same, and for the adjustment of the rights of the contributors amongst themselves such amount may be required, not exceeding one euro.



## EXECUTIVE COMMITTEE

The appointment of the Management Team (Executive Committee) was approved by the RDATAF in March 2005. The Executive meet each month the Task Force is **not** meeting. The Committee advise on operational matters and make recommendations to the Task Force. The Task Force can approve the Executive Committee to carry out delegated tasks on its behalf. The Executive Committee consists of the following sectors: Statutory, Community, Voluntary, and Public representation.

## PROJECT EVALUATION SUB COMMITTEE

**The stated objective of the Review and Evaluation process was to: -**

- Identify priority issues / themes & emerging trends for the North West Region.
- Evaluate existing NWRDATAF funded projects.
- Assess the effectiveness and relevance of existing process to the regions emerging priorities.
- In line with Reducing Harm, Supporting Recovery 2017 - 2025 the process will also serve to identify current and emerging priority issues in the North West in the key areas of:
  1. Promote and protect health and wellbeing.
  2. Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery.
  3. Address the harms of drug markets and reduce access to drugs for harmful use.
  4. Support participation of individuals, families, and communities.
  5. Develop sound and comprehensive evidence-informed policies and actions.

## NWRDATF Accountability arrangements

- The NWRDATF reflects local needs and circumstances, which supports the implementation of Reducing Harm, Supporting Recovery 2017 - 2025;
- Annually the NWRDATF identifies priorities and actions (an Action plan) for the coming year, in line with nationally agreed priorities;
- The NWRDATF reports on its activities, and in particular on its effectiveness and efficiency, quarterly to the Drugs Programme Unit in accordance with guidelines published by the Unit;

The NWRDATF reports annually on its expenditure based on receipted expenditure, in relation to any public funds disbursed by it. These arrangements are in accordance with guidelines issued by the Drugs Programme Unit for administration and operational budgets.

## PRIORITIES FROM REDUCING HARM, SUPPORTING RECOVERY

Reducing Harm, Supporting Recovery sets out the Government's strategy to address the harm caused by substance misuse in our society up to 2025. It identifies a set of key actions to be delivered between 2017 and 2020, and provides an opportunity for the development of further actions from 2021 to 2025 to address needs that may emerge later on in the lifetime of the strategy.

### Vision

*"A healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families, and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life".*

To realise this vision, five strategic goals have been identified:

1. Promote and protect health and wellbeing.
2. Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery.
3. Address the harms of drug markets and reduce access to drugs for harmful use.
4. Support participation of individuals, families, and communities.
5. Develop sound and comprehensive evidence-informed policies and actions

## Values

The new strategy is guided and underpinned by the following values:

- *Compassion*

A humane, compassionate approach focused on harm reduction which recognises that substance misuse is a health care issue.

- *Respect*

Respect for the right of each individual to receive person-centred care based on his or her specific needs and to be involved in the development of their care plan.

- *Equity*

A commitment to ensuring people have access to high quality services and support regardless of where they live or who they are.

- *Inclusion*

Diversity is valued, the needs of particular groups are accommodated, and wide-ranging participation is promoted.

- *Partnership*

Support for maintaining a partnership approach between statutory, community and voluntary bodies and wider society to address drug and alcohol issues.

- *Evidence-informed*

Support for the use of high quality evidence to inform effective policies and actions to address drug and alcohol problems.

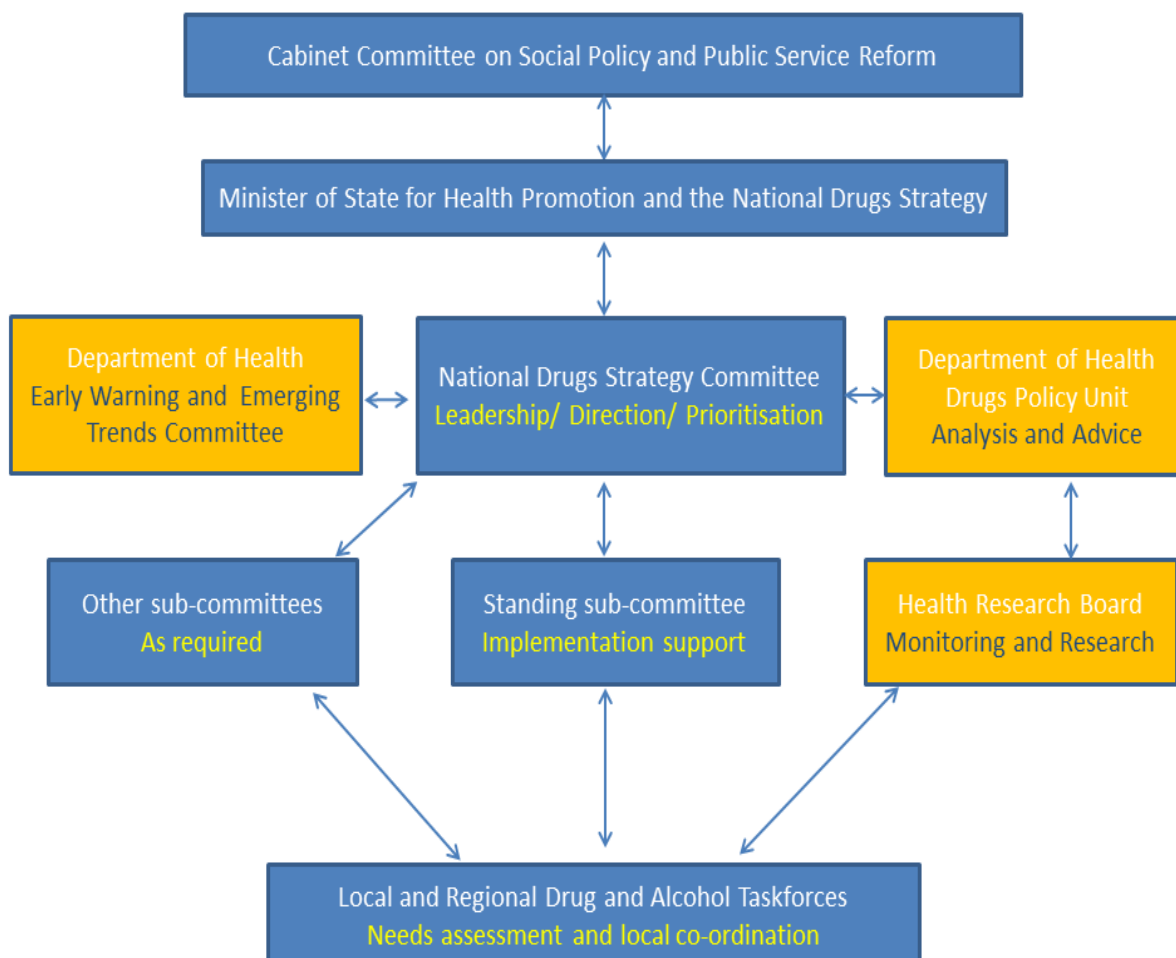
Taken together, these values underpin the goals, objectives, and actions in this strategy and reinforce the Government's commitment to adopt a health-led approach to substance misuse and to provide the supports that are necessary to help people recover their health, wellbeing, and quality of life.

## Drugs Policy Unit / Drugs Programmes Unit

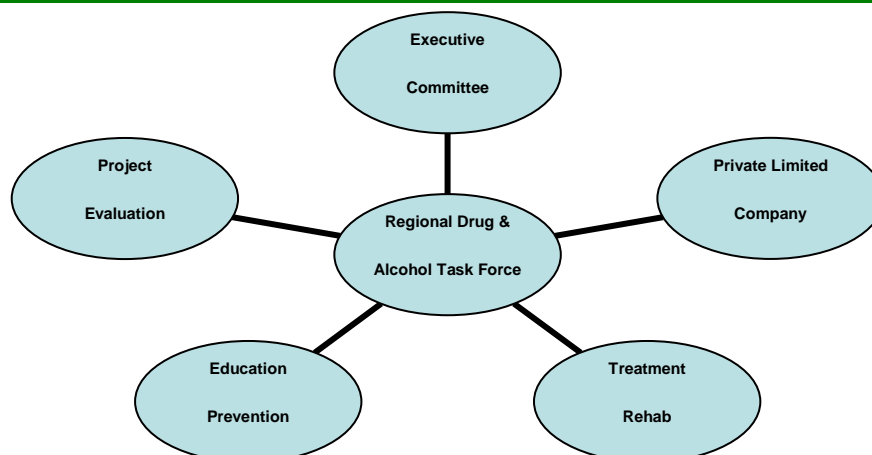
The Drugs Policy Unit facilitates greater coherence in policymaking and service delivery. Its purpose is to support and drive the ongoing implementation of Reducing Harm, Supporting Recovery, while respecting the various lead roles and statutory responsibilities of the Departments/agencies involved. Some of the key features include national co-ordination of the interagency implementation; policy development informed by the work of all the coordinating structures. The Unit also ensures that effective links continue with other key coordinating bodies. Along with the National HSE Social Inclusion Unit the Drugs Programmes Unit oversees the management and administration of the financial allocation for Drugs Task Forces.

## THE NATIONAL STRUCTURES

### ORGANISATIONAL STRUCTURE OF REDUCING HARM, SUPPORTING RECOVERY 2017 - 2025



## NORTH WEST REGIONAL DRUG & ALCOHOL TASK FORCE ORGANISATIONAL STRUCTURE



## THE FIVE GOALS REDUCING HARM, SUPPORTING RECOVERY 2017 - 2025

### Goal 1

#### **Promote and protect health and wellbeing**

A healthy population is a major asset for society, and improving the health and wellbeing of the nation is a priority for the Government and the whole of society. Healthy Ireland 3, Ireland's framework for improved health and wellbeing, aims to support people and communities in making more positive changes, to address the social determinants of health and thereby reduce health inequalities, and to influence the wider environment to enable healthier choices by everyone. This strategy aims to protect the public from threats to health and wellbeing related to substance misuse by preventing early use of alcohol and other drugs among young people, influencing behaviour and challenging social norms and attitudes and providing targeted interventions aimed at minimising harm for those who have already started to use substances.

### Goal 2

#### **Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery**

This goal recognises the role of the individual in addressing his or her dependence on alcohol and other drugs, and that the context within which drug dependency develops has a fundamental impact on the type of response that is most appropriate to addressing it. It also acknowledges that substance misuse affects not only those who have developed a drug or alcohol problem, but also their families, the community and the wider society. Therefore, interventions and supports are needed to target not only those who have developed a problem due to the misuse of substances, but also those harmed by another person's drug and alcohol use. It is also important to provide tailored interventions to effectively address the needs of those who face a higher risk of substance misuse because of their lifestyle or because they belong to a specific group or community of interest.

### **Goal 3**

#### **Address the harms of drug markets and reduce access to drugs for harmful use**

Protecting the public from dangerous or potentially dangerous substances and their harmful effects is a core objective of Ireland's drug control framework. Gathering information and intelligence at national and international level is a vital part of the work involved in intercepting drugs destined for the Irish drug market. It strengthens the response to organised and gang-related crime, involved in the supply of drugs and related criminal activities. Effective monitoring of the drugs situation, and the public health threats associated with the supply of illegal substances, including new drugs, is required to address the harms of the drug market and reduce access to drugs for harmful use. Addressing the harmful aspects of the drugs situation in communities, such as drug-dealing and drug-related crime and intimidation, requires a collaborative effort, across a range of agencies and sectors of society.

### **Goal 4**

#### **Support participation of individuals, families, and communities**

Building the capacity of communities to respond to the drugs situation is a key goal of *Reducing Harm, Supporting Recovery*. Building social capital is seen as particularly important in those communities that are most impacted by socio-economic disadvantage, marginalisation and exclusion, as such communities may require more targeted interventions to address the issues they face. The full involvement of all stakeholders, including people who use services and others affected by problem substance use, in the design, implementation, and review of services, policies, and strategies is also of vital importance.

Throughout this strategy, the term service user is used to include people who use healthcare services, their parents, guardians, carers and families, organisations and communities that represent the interests of people who use health and social care services, as well as potential users of healthcare services such as people who currently use drugs. Family members have a particularly important role to play, as they may be involved in supporting a loved one with a drug problem and may be service users in their own right.

### **Goal 5**

#### **Develop sound and comprehensive evidence-informed policies and actions**

Improving our knowledge and understanding of the drugs problem is a core objective of *Reducing Harm, Supporting Recovery*. For this reason, a sound and comprehensive evidence-base is needed for policies and actions. Information systems which monitor trends and patterns in drug use and availability, and evaluation of programmes and research into the causes and consequences of substance misuse will be supported under the new strategy.

The Task Force has set up a number of sub-groups and sub-committees to assist in the development and implementation of its plans, these sub-groups and sub committees work on particular themes or issues and can make recommendations to the task force, there are currently two sub-groups and five sub committees operating within its structure.

The membership of the sub-groups are made up of membership of the Task Force plus individuals and representatives from other agencies identified by the Task Force. Each sub-group must have at least one Task Force member who facilitates the group and reports to the main Task Force meeting.

The sub-groups should meet four times a year excluding August and December, or as required and follow the same guidelines on agendas and minutes as the task force.

A written report from each sub-group is given at every task force meeting. The sub-group can recommend actions to the Task Force. If a specific decision is required on a recommendation from the sub-group a report, providing a detailed brief on the recommendation is prepared by the sub-group chairperson. This report should be sent to the Co-ordinator at least one week prior to the main Task Force meeting in order to facilitate circulation to all task force members. In order to assist this process, it is recommended that sub-groups meet at least ten days prior to Task force.

## **ROLES & RESPONSIBILITIES OF REGIONAL DRUG & ALCOHOL TASK FORCE MEMBERS**

The establishment of the RDATAF's gives the Statutory, Community and Voluntary sectors, as well as Public Representatives, a unique opportunity to work together in preparing and implementing an integrated strategy to address illicit drug use at regional level. This requires the development of shared values, which promote co-operation and collaboration. For this to happen, however, it is important that all involved are clear as to their roles and responsibilities.

### **Roles**

#### **Chairperson:**

The chairperson is a key figure and the success of the RDATAF will very much depend on the level of experience, commitment, skills, and energy s/he can bring to the role. The chairperson's role is to lead the Task Force and to facilitate its meetings. They should be independent of any funded projects, and preferably have no links with any of the task force partner agencies.

**Vice-chairperson:**

The same person may hold the post of chairperson and vice-chairperson for not more than three consecutive terms and the same person cannot hold a combination of these posts for more than four consecutive terms. In as far as practicable, arrangements should be made so that the term of office of the chairperson and vice-chairperson do not terminate at the same time. The Vice-Chair will act as the Chairperson in his/her absence.

**Statutory Representatives:**

Statutory representatives are expected to carry out their role in a proactive way, bringing information from their organisations to the Task Force and looking at ways in which their organisation can develop innovative local responses to the drug problem. They must be mandated to act on behalf of their agencies in the planning, implementation and monitoring of the Task Force action plan.

**The statutory representatives will be expected to undertake a range of duties with the RDATAF, including:**

- bringing relevant information from their organisations;
- assisting the development of appropriate responses to illicit drug use in the region;
- ensuring the effective implementation of proposals that fall within the remit of their agencies;
- monitoring projects being funded through their organisations and assisting with any issues that arise;
- Identifying and bringing to the attention of their agencies any proposed changes that need to be made to their policies/practices to enable them to work in a more co-ordinated fashion with other stakeholders;

The above role description is generic. It will be necessary for individual agencies to define the precise role of their representatives, having regard to the manner in which they are best structured to participate in the work of the RDATAF. In defining this role, the agency should indicate the precise contribution of its representatives in terms of:

- the approximate amount of time allocated to the representative towards RDATAF work;
- the information that the agency will provide through the representative to enhance policy development and decision making within the RDATAF;
- the process for consulting the RDATAF on its own service plans/policies;
- The process for assimilating information and ideas from the RDATAF into its policies/practices;



## **Voluntary Representatives:**

The voluntary representatives should belong to voluntary agencies that are either servicing or actually located in the region. Obviously, this would mean that they would have a good knowledge of the local drug & alcohol problem, as well as a commitment to dealing with it. The two key areas of voluntary involvement are prevention/awareness and treatment/rehabilitation.

### **The role of the voluntary representative involves:**

- providing information on the work of the RDATAF to the various voluntary organisations in the region through relevant meetings;
- policy development; and
- providing feedback to the RDATAF;

## **Community Representatives:**

People who are nominated as community representatives should be active within their communities, have some experience of local drugs & alcohol issues, and have a commitment to dealing with the problem.

Through their participation in the RDATAF, these representatives will:

- bring to its work an in-depth knowledge of the local drug & alcohol problem;
- assist the development of policies/services based on a perspective gained from their involvement in the delivery of community-based services on the ground; and
- Represent the view of the local community at the Task Force and keep their community informed on the Task Force's work.

## **Public Representatives:**

Public representatives will bring their knowledge of the illicit drug & alcohol problem in the areas they represent to the work of the RDATAF. As mentioned previously, they can also play an important role in consulting the local community on the RDATAF strategy and winning support for it.

In this context, it is important that they be fully apprised of the RDATAF strategy and the reasons underpinning. This will assist the RDATAF in overcoming local misapprehensions or fears around the provision of services. Representatives nominated to the RDATAF are expected to liaise with and encourage other public representatives in their areas to support its work.

The Association of Municipal Authorities in Ireland has expressed an interest with regard to the participation by Town Councils in NDS Structures in light of the prevalence of illicit drug taking in urban areas. Task Forces should consider making such an invitation when reviewing representation by Public Representatives.

## **Other Representatives:**

The Local Partnerships and Social Inclusion representatives will assist in ensuring greater co-ordination and co-operation between their respective organisations and the RDATAF.

They will be expected to keep the RDATAF informed of their strategies to address illicit drug use, alcohol issues /social inclusion issues in their areas, as well as report to their respective organisations on RDATAF activities. They will also be expected to assist the RDATAF in identifying/addressing areas of duplication or overlap in their respective strategies.

## **New communities**

It is important to recognise that, in addition to area-based communities, there may also be communities of interest, who can play an important role in the work of the RDATAF and their participation should be facilitated.

Communities of interest may include;

1. Travellers, such as Traveller Drug Specific Initiative (PAVEE Point), TDSI, ITWF, Irish traveller Movement.
2. Gay, lesbian and transgender (LGBT) groups, and;
3. New Communities, relevant organisations include The National Consultative Committee on Racism and Interculturalism.
4. Service Users

## **Service User Involvement**

The concept of involving service users in the shaping of the service they receive has become increasingly prevalent in social service policies over the last two decades. The roots of the concept stretch back further to social movement of the 1970s and 1980s which sought to increase the involvement of people with disabilities in shaping the services they receive encapsulated by the slogan “nothing about us without us”. As is discussed in more detail below the different strands of work which have used the term service user involvement has led to ambiguity as to what the term means and what it implies for practice. Over the last two decades the following trends have supported the emergence of the term:

- Espoused policies to customise/personalise social services to individuals
- Resistance to cutbacks in social services
- The emergence of new social movements which led to social change and redistribution of power
- Professionals advocating the efficacy of choice-based models of social service and peer involvement in service delivery

In the addiction field internationally the concepts of co-production, lived-experience, self-efficacy, and peer expertise have become mainstream topics within policy and service delivery. As DiClemente (2018) states

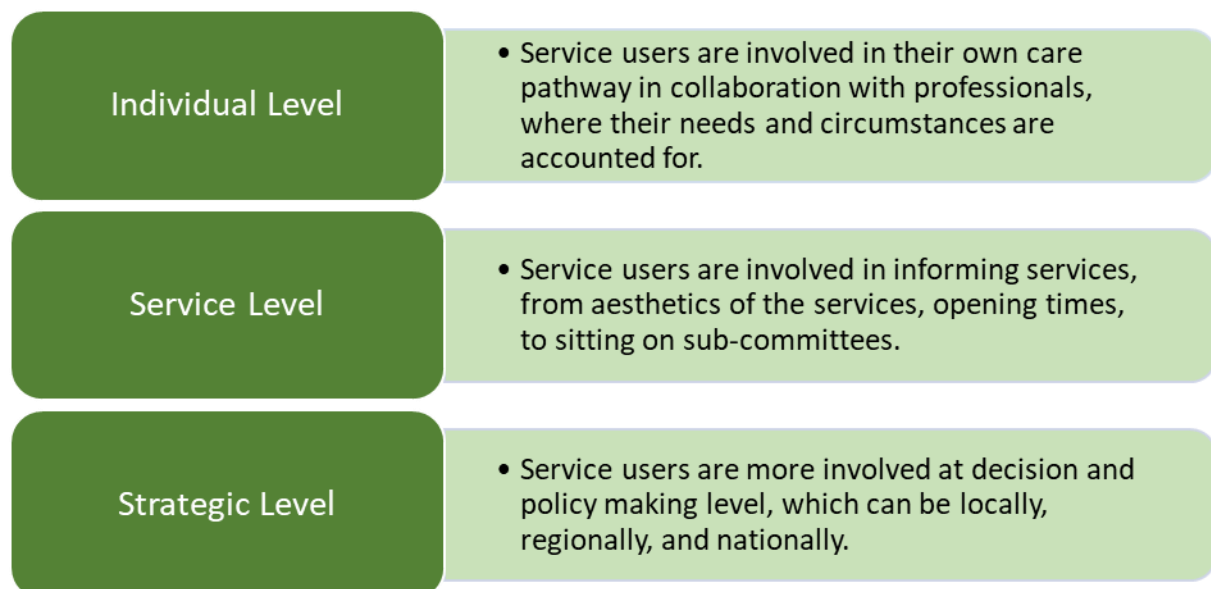
## National policy and Service User Involvement

There is broad consensus across a range of Irish social and health service policy documents that SUI needs to be enhanced and strengthened within services. As is outlined above this can be seen in the broad context of moves from medicalised approach to care to a greater emphasis on social models. In addition services, this emphasis on Service User Involvement is part of a broader move from abstinence to a greater emphasis on harm reduction and respecting the will and preference of the person using drugs and/or alcohol. The National Drugs Strategy: Reducing Harm, Supporting Recovery accords a central place to the person using drugs in the design of their own care plan and that service users' experiences should be drawn upon to strategically shape services. Strategic Action 4.2.44 is to

**“Promote the participation of service users and their families, including those in recovery, in local, regional and national decision making structures and networks in order to facilitate their involvement in the design, planning and development of services and policies.”**

## Different types of Service User Involvement

There can be some crossover with involvement at service and strategic level in terms of informing service design, but they can also be separate.



## DATF perceptions to establish Service User Involvement processes

*1) Clarify the purpose of SUI processes* - There is a need to “unpack” the concept of SUI and move away from it being seen as a good thing that people need to do more of. It is clear that the whole area of SUI is complex and knowing where to start can be challenging. The first step in this is to clarify the “why” of SUI. All of the SUI processes should flow from this. **In a recent case study on Service User Involvement carried out by GENIO on behalf of the Drugs Programme Unit** in a number of Task Forces interviewees discussed previous experience with consultations, surveys and forums where there was a lack of clarity about why they were consulting with service users and what they would do in the light of this feedback.

*2) Develop a plan to incrementally expand SUI* – In the survey most interviewees spoke about the need to test and expand SUI approaches based on evidence about what works. There was general agreement that large-scale blueprints were not the way forward and instead services should learn from past experience and consciously expand the role of SUI. As discussed, there is a danger of these initiatives becoming tokenistic and piecemeal, and interviewees felt that coherent plans are needed to incrementally expand the role of SUI. These plans need to be realistic and tailored to the challenges outlined above and recognise the consultative and commissioning role of DATF (as compared with direct service providers). Many services have either developed a specific plan on SUI or have incorporated it into the overall strategic plan. Some services had service users input to the plan. As important as plans are, having them constantly reviewed to ensure they are fit for purpose is equally as important.

*3) Supporting staff to make services more accessible to SUI* - Developing staff capacity through training, mentoring and supervision has been widespread across the Taskforces and their services and senior management participating in the training has been impactful. An SUI manual has been developed by two development workers from two Taskforce areas. This came about as an approach to implementing the National Drugs Strategy (NDS) and the National Drugs Rehabilitation Framework (NDRF). Many of the Taskforces have availed of the training which has, and is, helping them to inform their own SUI policy and approach. One of the biggest learnings from the training is asking the question ‘why are we doing what we are doing’.

4) *Communication* – Interviewees believed that listening, openness, two-way feedback, and honesty, is vital in any SUI process. Effective communication between services, service users, and families is seen to play a central role in SUI process, especially in the initial phases. Participants feel services need to be clear with service users about what is achievable – managing expectations - as well as responding to feedback from services users. This, they note, is where the voice of the service user is seen. If services are actively listening to service users, it might mean having to hear that they (services) are wrong, or certain things need to change, which is not always easy to hear.

Part of communication is language, and this has been found to be a stumbling block for service users to engage, especially at board/strategic level. Many participants have acknowledged this and are looking to address this through the standardisation and simplification of language across services.

5) *Develop a clear influencing strategy* - Many of the interviewees talked about the unique position that DATFs occupy. They have influence over services, yet they are not service providers per se. There were many references to the need to work more closely with other agencies and to consider best how to influence them. Those interviewed talked about the need to challenge professionals on their culture and value system. The common perception is that professionals tend to negatively judge service users, they do not fully understand service users' perspective and make assumptions. A shift in professionals' thinking needs to happen if real co-production is to occur. This shift can only occur if professionals view service users as experts in their care and treating them as equal partners. This is not always easy for professionals, but when that shift happens and there is equality of power, co-production occurs.

Many interviewees recognised the work that is needed to shift these ingrained beliefs amongst powerful stakeholders. Many referenced the need to use the positive experiences from the SUI activities which are underway to challenge the underlying ideology and highlighted the need to have a well-thought through plan for sharing evidence and compelling success stories. Many interviewees discussed the need for the DATFs to learn and adapt as they expand out the role of SUI in services.

6) *Leading SUI* - It is widely reflected that SUI should be part of everyone's role but that it requires a dedicated resource to lead and facilitate this – be it the Taskforce co-ordinator or another member of staff, and crucially it also needs senior management support to secure buy-in amongst services and staff. A danger that needs to be avoided is that it is designated to someone who has the responsibility but not the influence to implement. There were differing opinions as to whether this needs to be a dedicated role or whether it forms part of an established role. However, there is a consensus that it needs leadership and resourcing.

*7) Supporting families* - As well as providing services and support to service users, families also need support. Many families will have experienced the impacts of addiction which can take its toll. Some participants viewed the involvement of families as important as involving the service user, as families can play a central role in their loved one's recovery. Sustaining service users in either harm reduction or in recovery requires an adaptation of their normal routine and this will affect families, so their involvement from the beginning is seen as very important.

## **Chairperson's Responsibilities**

### **Leading the Task Force:**

**The key responsibilities, which arise here, are:**

- Facilitating the group to work together towards achieving the Task Force's aims;
- Acting as spokesperson and representing the Task Force, as appropriate;
- Helping the Task Force to develop policies and priorities and ensuring that it continues to operate to these;
- Helping to resolve conflict; and
- Making emergency decisions between meetings, where necessary, in accordance with procedures agreed by the Task Force;

### **Facilitating meetings:**

This involves:

- Helping members to work well together in discussing and deciding issues;
- Encouraging all members to participate fully and ensuring that they are heard;
- Suggesting ways of dealing with conflict and ensuring that it is not ignored;
- Ensuring that members are aware of their responsibility to make meetings effective;
- Keep order at meetings and make sure everyone has their say;
- Make sure that meetings are time managed;
- Ensure that decisions are made, and arrived at in a fair and orderly fashion;
- Summarise decisions made after each agenda item.
- Remain as impartial as possible;
- Follow up at meetings regarding decisions;
- Represent the organisation externally;
- A Chairperson Report (aims/objective/goals).

**The above applies to the Vice Chair or deputies equally.**

## **RDATF staff responsibilities**

- To assist the RDATF and its Chairperson in providing leadership, guidance and management of the work of the Task Force, to ensure that the overall purpose and objectives of the Task Force are understood, supported and implemented by all participant agencies and representatives;

- To continue to profile all existing or planned services or resources available in the Task Force area to address the drugs issue;
- To ensure that the aims and objectives of the Task Force's action plans are met through ongoing review, updating, prioritisation and amendment, including the initiation of any research required to inform such reviews;
- Assist in RDATEF engagement with the wider community through the organization of community meetings, occasional information events and the production of bulletins and newsletters.
- To assist in the financial management of the RDATEF administrative budget;

#### **RDATEF staff responsibilities in preparation for Task Force meetings:**

- Plan meetings with the Chairperson.
- Assist in the planning of agendas.
- Prepare and circulate the minutes for the meeting & proposed agenda.
- Make the arrangements for the meeting – venue, etc.
- Deal with correspondence.
- Make arrangements to ensure that membership records are up to date.
- An activity report to be prepared for each meeting.

#### **Task Force Members' Responsibilities**

- Members have a general responsibility to prepare for meetings, read any correspondence in advance, and take an active part in meetings.
- North West Regional Drug & Alcohol Task Force Members have a responsibility to make a useful contribution to discussions and meaningfully take part in decision-making.
- Members can be asked to get involved in working groups.  
Work of such groups will be returned to the members for approval and ratification.  
Members are ambassadors for the NW-RDATEF. They should actively promote the work of the organisation in any appropriate forum and at any appropriate opportunity.
- Members will be expected to follow up on decisions/actions taken at meetings in consultation with the secretary, chairperson, or North West Regional Drug & Alcohol Task Force as agreed.
- The nominating body can appoint available substitute members. The names of substitutes shall be notified to the Chair in advance. Those who are nominated as substitutes will have full voting rights.
- In the event of a member failing to attend three consecutive meetings, the appropriate nominating body will be formally requested to review their ability to fulfil the obligation to attend.



## Governance

### Guiding Principles:

*Drawing upon the Nolan Principles (UK) & Corporate Governance Association of Ireland:*

- **LEADERSHIP:** Effective & collectively ensures delivery of its objects, sets its strategic direction and upholds its values.
- **ACCOUNTABILITY:** Collectively responsible and accountable for ensuring and monitoring that the organisation is performing well, is solvent, and complies with all its obligations.
- **RESPONSIBILITIES:** Clear responsibilities and functions, and should compose and organise itself to discharge them effectively.
- **REVIEW AND RENEWAL:** The Board should periodically review its own and the organisation's effectiveness, and take any necessary steps to ensure that both continue to work well
- **DELEGATION:** The Board should set out the functions of subcommittees, officers, other staff and agents in clear-delegated authorities, and should monitor their performance.
- **INTEGRITY:** The Board and members should act according to high ethical standards, and ensure that conflicts of interest are properly dealt with.
- **BOARD OPENNESS:** The Board should be open, responsive, and accountable to its users, beneficiaries, members, partners and others with an interest in its work.

## Principles of Conduct

- **Selflessness**
  - Take decisions solely in the public interest.
- **Integrity**
  - Do not place yourself under any financial or other obligation to outside organisations etc. that might influence you in the performance of official duties.
- **Objectivity**
  - Choices to be made on merit, including making appointments, awarding contracts.
- **Accountability and Stewardship**
  - Be accountable for decisions and actions and submit to appropriate scrutiny.
- **Openness**
  - Be as open as possible about all decisions and actions taken and give reasons for decisions.

- **Honesty**
  - Declare private interests relating to public duties and take steps to resolve any conflicts arising.
- **Leadership**
  - Promote and support Principles by example.

## Declaration of Interests

- Maintain and allow public access to register of Members' interests.
- **Interests that impact on, or may be thought to impact on, your role as a Member:**
  - Financial interests - Employment, Shares, Contracts, Land;
  - Non-financial interests relevant to the RDATAF;
  - Notify changes to interests/new interest to Chairman/Co-ordinator.
- Need for material transactions with related parties to be disclosed in financial statements.
- **Is there an interest?**
  - Includes interests of spouses, relatives and friends
- **Is that interest prejudicial?**
  - What would a reasonable and objective observer with knowledge of all the relevant facts think?
  - Not all personal interests are prejudicial interests – likely to harm ability to judge the public interest;
  - In cases of doubt, clarification to be obtained in advance of meeting;
- **If prejudicial, declare interest and withdraw:**
  - All financial interests are prima facie prejudicial;
  - Not if the interest is so remote or insignificant that a reasonable person would not see it as likely to affect any influence;
  - Distinguish between general discussions and discussions where there might be a specific benefit;
  - If you do not withdraw, Chairman should intervene
- **Making a Declaration:**
  - Scrutinise agenda in advance of meeting;
  - If unsure, discuss with Chairman;
  - Declare at outset or as soon as reasonably practical;
  - Disclosure should be recorded in the minutes;

## Conflicts of Interest – Grants/Tenders

- **Members with a prejudicial interest:**
  - Members must complete a Conflict of Interest Disclosure and Declaration Form on a yearly basis;
  - Should not get involved in the setting of criteria for the award of grants/tenders etc.;
  - Should not be on the Grants (or other) Committee if they are significant or habitual recipients or likely to be;
  - Should not receive papers relating to their application in advance of the meeting;
  - Should be absent for the discussion and decision;
  - Should not use their position to try and improperly influence the decision in their absence;
  - Should not comment inside or outside meeting;
- **Robust and objective assessment processes should be in place:**
  - Ensure level playing field with no advantage (real or perceived) given to bodies with RDTF representation;
  - Member's interest should be described fully in the project assessment report;  
Robust and objective after care and payment release;
- **Transparency in assessment**
  - Bids should be assessed on the basis of criteria set down well in advance of the bidding process;
- Any Appeals Process should be independent;

## Conduct

- Where the issue of removal of a RDATF member arises due to non-compliance with the operational handbook, the chairperson should mediate at a regional level to attempt to resolve the issue regionally. If this is not desirable, the RDATF can request the Drugs Programme Unit for assistance either to take a direct role in resolving the situation, or to involve external mediation.
- Where this is not possible, a special meeting should be held, of which all RDATF members are notified, where a member can be voted out on a two-thirds vote.
- **Confidentiality:**
  - Members should not leak information that is confidential or obtained through privileged access;
  - “Information” includes facts, advice and opinions in written and unwritten form;

### Attendance:

- Members are required to notify the Chairperson / Co-ordinator / Administrator if they are unavailable to attend a Task Force Meeting and give the reason for their non – attendance.
- Members who fail to give their apologies on three consecutive occasions will have the membership revoked.

## NOMINATION PROCESS

In the interests of good governance, Drug and Alcohol Task Forces have adopted a policy, which sets out procedures for inviting nominations on the selection of board members. This policy complies with the following provisions:

- With the exception of elected members, the term of office of members of the RDATFs, shall be limited to two years;
- With the exception of elected members, members may be appointed for two consecutive terms and a third term after a break of two years;

**-The Task Force recognise the importance of Gender Equality and has a policy of seeking a gender balance in all nominations from all sectors;**

Gender quality is achieved when women and men enjoy the same rights and opportunities across all sectors of society, including economic participation and decision making, and when the different behaviours, aspirations and needs of women and are equally valued and favoured.

<http://www.genderequality.ie/en/GE/Pages/WhatisGE>

## **Nomination process for Task Force representatives:**

### **Chairperson:**

The RDATA chairperson will be elected directly by the RDATA, although, in order to ensure that the most suitable person is selected, she/he need not necessarily be a representative of one of the participating bodies/sectors on the RDATA. The criteria for nomination include a relevant expertise, knowledge, and experience of the drugs issue in the area and an assurance of the necessary time commitment to carry out the job. The term of office of the chairperson will be three years. Task Forces should elect a vice-chairperson who is available to stand-in for the chairperson from time to time as required.

**The term of office of the chairperson will be three years.**

### **Statutory Sector:**

Each Department/Agency will nominate one representative to each RDATA. In this context, it would be important that the representatives either work in a relevant area within their organisations or have direct access to those who do. It would also be important that they be at an appropriately senior level, to be able to influence policies/practices within their organisations.

It is a matter for each Task Force to determine which Departments are invited to become full Task Force members and which are invited to participate at sub-group level. However, there is an onus on Task Forces to structure their meetings to most effectively utilise the time and expertise of members particularly around matters of strategic importance.

**The term of office of the statutory representatives will be two years.**

### **Voluntary Sector:**

The voluntary sector will have six representatives at the RDATA. These should represent both treatment/rehabilitation and education/prevention perspectives. These voluntary agency representatives should support the work of the Task Force through local, regional and national frameworks and strategies. The Task Force will seek these reps through alignment in common goals in supporting services users in the region.

**The term of office of the voluntary representatives will be two years.**

## **Community Sector:**

The Community Sector will have six representatives at the RDATAF. Ideally, like their Voluntary counterparts, community members should support the work of the Task Force through local and regional work. But unlike the other members of the Task Force Community reps are unpaid by an organisation to attend and will require more support from Task Force staff and access to Travel & Subsistence to attend meetings. The Task Force will seek these reps through alignment in common goals in supporting communities and services users in the region.

In some other Task Force regions work has commenced on the development of community sector networks, they remain largely under developed in most regions at present. RDATAF's should actively support the development of existing networks involved in drug & alcohol work and encourage the setting up of new ones. This work is to be supported by RDATAF Development workers. Future community sector nominations to the RDATAF could then come from these networks.

However, while work continues the development of such networks, alternative arrangements for the nomination of community members is required. In areas where community groups/networks exist they should be taken into consideration to support the work of the Task Force and to become representatives.

**In order to ensure that the most appropriate nominees are selected, the Task Force need to ensure that those approached for a place on the RDATAF:**

1. Live in the area, which they are nominated.
2. Are fully committed to the aims and objectives of the RDATAF.
3. Are able to give an undertaking of the necessary time commitments to carry out the role effectively.
4. Have a good knowledge and experience of local substance misuse issues, based either in personal experience or from working on a drug & alcohol project in the area.

**The term of office of the community representatives will be two years.**

## **Service Users:**

Service user representation will be sort at the initial stages from the Department of Social Protection Drug Rehabilitation Schemes in the region. These service users have a good insight into Drug & Alcohol services in the region and will be supported in engaging with the Task Force through supports from the Task Force Development workers.

## **The main objectives of SUI**

- Is to provide opportunities for service users to be included in decision making at service level
- Develop mechanisms of involvement within services that facilitate participation in service planning, delivery and policy implementation.
- Develop good practice amongst services at all levels of involvement and consultation through training for Management, Staff and Service Users in implementation and development of SUI and empowerment.
- Develop Regional Service User fora out of and through involvement processes from within existing services.
- To foster cultural change by including Service Users in the planning, delivery, policy and strategic decisions of services and Regional Drug Task Forces
- To ensure that SUI in services and Task Forces is measured by changes and enhancements in service planning, delivery and policy implementation.

## **New Communities**

It is important to recognise that, in addition to area-based communities, there may also be communities of interest, who can play an important role in the work of the RDATAF and their participation should be facilitated. Communities of interest may include;

1. Travellers, such as Traveller Drug Specific Initiative (PAVEE Point), TDSI, ITWF, Irish traveller Movement.
2. Gay, lesbian and transgender (LGBT) groups, and;
3. New Communities, relevant organisations include The National Consultative Committee on Racism and Interculturalism.
4. Service Users.

**The term of office from communities of interest will be two years.**

## **Public Representatives**

A total of not more than 3 elected representatives will be nominated to the NWRDATAF. Public representatives should be drawn from local authorities. Members of Dail or Seanad or Seanad Eireann may also be invited to become members. At present, public representatives from County Councils may become members of the Drug and Alcohol Task Forces, at the invitation of the Task Force.

**The term of office of public representatives will be two years.**

## COMMUNITY REPRESENTATIVES EXPENSES/TRAVEL

Each RDATF Co-ordinator as part of their preparation of their administrative budget should estimate there needs to meet travel and family care of Community Representatives. Where a particularly difficulty is experienced in relation to an individual voluntary representative their needs should also be included for consideration as part of the budget submission.

### Travel expenses:

The DPU recognises that due to the size of some Regions transport costs will inevitably vary for community representatives.

### In General

1. Employer's particularly state agencies funded through the State and Voluntary drug projects significantly funded by the State should be approached locally with a view to covering the costs of attendance at meetings from within their overall budget.
2. Where necessary, exceptional cases that arise from the Voluntary sector will be assessed by groups comprising the RDAFT co-ordinator and the RDATF Chairperson.
3. Standard HSE rates should apply to all claims.
4. Standard HSE regulations re production of insurance certificates, indemnification of the board to prevent liability claims will apply.
5. Any additional insurance costs incurred by Community Representatives e.g. self-employed, carers, homemakers, etc. in indemnifying the board to prevent any subsequent liability claims should be met from the budget.
6. Shared travel arrangements should be encouraged where possible to keep down costs.
7. In all cases claims for recoupment should be made only based on vouched invoices or receipt. Note:

**RDATF standard travel claim forms should be used when making applications for refund of expenses.**



## TRAINING

Training for Task Force members is essential to its success, particularly as representatives from the Voluntary, Community and Statutory sectors are being asked to work together in a new and innovative setting.

All Task Force members are expected to participate in Task Force induction session with the Co-ordinator and to complete the training calendar to ensure that they become fully informed of Drugs & Alcohol and their effects.

<https://nwdrugtaskforce.ie/training/>

## Subsistence

RDATF meeting arrangements should ensure that payments of subsistence rates would normally apply. However, meeting arrangements should include provision of refreshments for meeting participants as deemed necessary.

The underlying principle governing the membership of the RDATF by community representatives, like the LDATFs, is that they do so on a voluntary basis. Therefore, payments by way of salary, fee payments or loss of earnings or for giving up their own time to attend meetings etc. are ineligible for funding. The Voluntary Sector representatives will be mandated to attend meetings of the Task Force by agreement with the Voluntary Cluster for the region and the Project Service Provider from which they normally work.

In most cases, the employing Project will remunerate the voluntary representative to attend meetings. In some circumstances, a local service provider may not be in a position to support a worker. In these cases, recourse may be taken to the Task Force as described earlier.

## Family care costs

Expenses incurred in relation to the care of the young, sick, or elderly persons, while members are attending Task Force business, may be recouped on the basis for vouched invoices and receipts. The team acknowledges that there may be regional variations in the rates charged.

**In all cases, members are required to seek the clearance of the Task Force Chairperson before incurring the expense.**

Each RDATF Co-ordinator as part of their preparation of their administrative budget should estimate their needs to meet travel and family care expenses for community representatives.

## Expenses for Public Representatives

The Department of Health sanctioned expenses for Public Representatives up to a limit of **€1,125** per annum per rep for attendance at Regional Drug & Alcohol Task Force meetings; travel expenses should be claimed from the local authority in the first instance. Expenses not covered by the local authority can be claimed from RDATA Co-ordinator using the enclosed form.

## Travel / Out of Pocket Expenses Policy

This organisation appreciates its employees /volunteer's right to be reimbursed for any / all expenses incurred during and in relation to the fulfilment of their duties. To this end, the organisation will refund any such expenses once a legitimate claim is submitted on the appropriate claim form and endorsed by the coordinator. Travel and subsistence rates will be communicated to each employee on commencement of employment by the coordinator.

## Travel / Out of Pocket Expenses Procedure

Travel Expenses paid out for company business can be reclaimed on submission of a mileage form and requisition form to the Office Administrator. These will then be treated according to Expenditure Procedure herein per kilometre and subsistence rates are as follows: **as per RDATA Appendix 1**

## SUPPORTS FOR COMMUNITY SECTOR

Community Representatives have an important role in providing information to and consulting with local communities in relation to drug & alcohol issues, and to impart information from the work of the Task Forces back to their communities. A crucial part of that role is in their coming together to identify issues of common concern, to have a joint input and impact on policy development.

They are assisted in this role by the NDS Community Representatives, a Regional Development Worker and assistance from Citywide with the process of establishing networks nationally, facilitating training, and regular meetings of the Task Force Community Representatives. Where Community representatives are attending regional and national meetings as part of their role, the travel, subsistence and family care costs should be applied.

## **APPENDIX 1**

### **motor Travel Rates 2021**

Distance Bands		Engine Capacity Up to 1200cc	Engine Capacity Up to 1201cc to 1500cc	Engine Capacity 1501cc & over
Band 1	0-1500km	37.95 cent	39.86 cent	44.79 cent
Band 2	1501-5500km	70.00 cent	73.21 cent	83.53 cent
Band 3	5501-25000km	27.55 cent	29.03 cent	32.21 cent
Band 4	25001 km & over	21.36 cent	22.23 cent	25.85 cent

### **Standard Domestic Subsistence Rates**

**Effective from 1<sup>st</sup> July 2019**

Overnight Rates remain		
Normal Rate	Reduced Rate	Detention Rate
€147.00	€132.30	€73.50

Day Rates	
10 Hours or more	5 hours but less than 10 hours
€36.97	€15.41

### **Vouched Accommodation(VA) Domestic Subsistence Rates (for use in Dublin only)**

**Effective from 1<sup>st</sup> July 2019 will remain**

Vouched Accommodation (VA Rate)	Accommodation		Meals
VA Rate	Vouched cost of accommodation up to €147.00	Plus	€36.97

**When you make a claim for reimbursement of travel expenses:-**

- **Submit the authorised form by the 8<sup>th</sup> of each month;**
- **Submit one month at a time – do not accumulate several months expense claims & not several travel sheets at a time;**
- **Submit a separate sheet for each month;**
- **Complete the form in kilometres;**
- **Use the correct kilometre and subsistence rates**

### **NWRDATF media & teleconferencing policies.**

The North West Regional Drug & Alcohol Task Force is often the first point of contact when a local news story breaks, particularly on Drugs and Alcohol issues, and with growing frequency on drug issues.

**N.B. If any Task Force member is contacted directly by a member of the media to comment on the views of the Task Force, the concerned party should be referred to the Task Force Chairperson or Co-ordinator.**

- The Chairperson, as an independent representative of the Task Force, should deal with any contentious issues that may arise in this regard.
- The Chairperson or Coordinator should consult with the relevant Task Force members in relation to such media queries.

**If any member of the HSE staff team is contacted directly by the media they are to advise the agency to contact the below and follow HSE Guidelines.**

**Amanda Murray HSE Communications department**

[amandam.murray@hse.ie](mailto:amandam.murray@hse.ie)

Tel: 071 9834641

Mob: 087 9050777

### **Working with the media**

**For staff working in the field it is a very good opportunity to:-**

- Campaign for additional services
- Publicise our work and promote our organisation
- Help shift attitudes
- Correct misinformation

It is like having the opportunity to advertise at no cost, reaching a vast audience we would never have the budget to reach otherwise. Therefore, it is important to make sure that we have as great an influence as possible on the outcome of our contact with the media – and that we get our message across clearly. As long as you take control and are proactive, and are prepared for all eventualities, media coverage is probably the most effective channel for you to communicate your message to the public.

There are certain basic things you can do to make sure that your relations with the media are positive and effective.

**When the media contact you, it is important to find out some initial information:**

- Name of the journalist, contact details; Which media they work for; the deadline;
- How they would like to receive the information – email? Phone? Fax?

### Find out what the journalist wants. You may be asked for

- A short response or comment/A longer statement
- Statistics relevant to local area
- Case studies of people in/out of treatment or clients for interview
- An interview: press, radio.

Never feel pressured into an 'instant' interview or response. Even five minutes is long enough to prepare yourself. However, do get back to them when you say you will, or you may lose the chance to get your point of view represented. When you get an enquiry, 20mins before you finish work 'it can wait' address the enquiry on the next working day

### Above all, be prepared

#### Always ask:

- What programme your item is for/what is the target audience?
- Whether it is recorded or live/how long the finished piece will be
- Ask whether there will be other contributors. This will give you an idea what kinds of other viewpoints, possibly opposing your own, will be aired.

#### Find out their 'angle':

- If you can, find out what questions you will be asked
- If they will not give you this, find out at least what the first question will be.
- You can then decide how you will link the first question to your three main points (see below).
- If they have missed some important aspect of the topic, or have misunderstood the issues, suggest an alternative approach.

#### Do your preparation:

- Before the interview, prepare three concise, well-focused main points you want to get across. More is not better.
- Check your points can be conveyed in none technical language, and prepare examples for each point you want to make.
- Think of the two or three questions you would least like to be asked, and prepare answers for them e.g. they may invite a representative from the alcohol industry to argue against certain issues you are trying to push.

### During the interview

- Make sure you get across your three main points at the beginning of the interview. -You must be clear in your own mind what these points are.
- State your conclusions first – then back them up with statistics, anecdotes, your local experiences etc.
- Don't get too bogged down in statistics – clear messages with examples are more effective than lengthy complex data.
- If you must use statistics, frame them as 'one person in three' rather than '30% of people'. Make it easy to relate to.
- Feel free to shift the focus – but remember to answer the questions rather than relentlessly pursuing your own agenda.
- If you cannot comment, explain why e.g. it might compromise the confidentiality of your clients etc.
- Remember that you and the interviewer are after the same thing: an interesting interview, which will engage the viewer/listener and further the debate. Have this aim in mind.

For printed media some people find it less stressful to ask for the questions and prepare a response off the phone. Emailing it even ten minutes later gives you more thinking time, which avoids embarrassing quotes. Above all, make it locally relevant and give examples that are interesting to the reader/listen

### Teleconference & Videoconference meeting policy

With the advent of new technologies, and with restrictions on people's capacity to travel to meetings, it is becoming increasingly common for people to "attend" meetings via teleconference or videoconference. However, this can raise difficulties for more formal meeting structures in terms of recording of "attendance" and determining whether a meeting is quorum.

The following is a proposed policy for the NWRDATF to respond to these issues;

1. The following NWRDATF policy applies to all NWRDATF meetings, Executive Committee meetings and sub group meetings.
2. A member may participate via teleconference, videoconference, Internet or similar electronic means and be deemed to be present for both purposes of attendance and the quorum.
3. Anybody participating in a meeting by teleconference, videoconference, Internet, or similar electronic means must announce their entrance and departure from the meeting.
4. Whilst every effort will be made by NWRDATF staff to accommodate attendance by teleconference, videoconference, Internet, or similar electronic means, responsibility rests with the member attempting to join the meeting in this way. Technological failure, absence of suitable equipment, or

other circumstance that prevents such attendance will result in the member being recorded as absent.

5. Members should contact the NWRDATF office ahead of any meeting for which they require assistance to join by electronic means.
6. Currently the NWRDATF are using ZOOM software, with the availability of multi person teleconference facilities.