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## Foreword by Mr Peter McEvoy, Chairperson, Midland Regional Drug and Alcohol Task Force

During 2015 the Midland Regional Drug & Alcohol Task Force (MRDATF) secured funding from Pobal through the Dormant Accounts Fund to facilitate a community mobilisation process that promotes prevention and awareness initiatives associated with alcohol and drug misuse in County Westmeath. The initiative has seen the development a community based drug and alcohol action plan and the establishment of a County Stakeholder Action Group (CSAG) for County Westmeath.

I am very pleased to present this action plan, which I believe will provide a valuable resource for the county and assist the MRDATF, Athlone Drug Awareness Group and members of the CSAG to support and strengthen a community based response to drug and alcohol misuse. A priority theme cited in the National Substance Misuse Strategy (2012):

*"There is a need for a community wide, inclusive and coordinated approach to promote greater social responsibility, prevention and awareness on alcohol related issues. Communities should be supported to develop evidence based skills and methodologies to implement community mobilisation programmes with a view to increasing public awareness".*

This method of engagement reflects the overall aims and objectives of the National Drug Strategy (2009 -2016), supports the National Framework for Improving Health & Wellbeing 2013 -2025 and optimises the impact of limited resources.

Members of the CSAG were supported through the action planning process by participating in a Substance Misuse Awareness & Community Action Planning Training Programme which was delivered by social research charity Quality Matters. Part of this initiative saw the development of a toolkit which was also developed by Quality Matters. This toolkit was used as part of the training programme, and the MRDATF envisage that this toolkit, 'Toolkit for developing local community action plans for the Drug & Alcohol Task Force', will greatly assist the MRDATF to roll out this initiative in the other counties of the midland region.

On behalf of the MRDATF, I would like to thank the authors of the Action Plan, Quality Matters. I would also like to thank Athlone Drug Awareness Group and all participants of the CSAG for their involvement, commitment and participation in this initiative. Without their commitment, the development of this action plan would not have been possible. Thanks also to the MRDATF staff team Antoinette Kinsella, Co-ordinator, Josephine Lee and Regina Earley, Administration for their role in supporting the initiative. Special thanks also to the HSE. I welcome the opportunity to also acknowledge and thank Pobal for funding this initiative under the Dormant Accounts Fund.

**Mr Peter McEvoy**  
**Chairperson**  
**Midland Regional Drug & Alcohol Task Force**  
**December 2016**

## Acronyms Used in this Report

**ADAG:** Athlone Drug Awareness Group

**CADS:** Community Alcohol and Drug Service

**CSAG:** County Stakeholder Action Group

**ETB:** Education & Training Board

**FAI:** Football Association of Ireland

**HRB:** Health Research Board

**HSE:** Health Service Executive

**KPI:** Key Performance Indicator

**LDN:** Local Drug Network

**MRDATF:** Midland Regional Drug and Alcohol Task Force

**NACDA:** National Advisory Committee on Drugs & Alcohol

**NDRDI:** National Drug Related Deaths Index

**NDS:** National Drug Strategy

**NDTRS:** National Drug Treatment Reporting System

**PPN:** Public Participation Network

**WCC:** Westmeath County Council

**WHO:** World Health Organisation

## Strategy Development Group Members

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# 1. Introduction

## 1.1. Rationale for the Plan

The prevalence of drug and alcohol related difficulties in communities across Ireland, and the increasing need for access to treatment and support services is well-documented and widely understood.

A number of factors highlight the importance of mobilising the wider community, outside of treatment services, to engage in efforts to educate and raise awareness around drug and alcohol related difficulties. This includes the increasing professionalisation of treatment and rehabilitation services and the increasing emphasis on evidence-based models for service provision, which means that services are focussed on outcomes for those who require support, rather than focussing on efforts to prevent people developing drug and alcohol difficulties.

The mobilisation of a range of community partners from the public, statutory, community and voluntary and private sectors is vital to ensure that as many people as possible in the community have access to the information that they need, when they need it, in relation to drug and alcohol related harm and the supports available for those living with such harms. It is also important that there is a mechanism through which the voice of the community can be communicated at policy level to ensure that their views can be heard on issues that affect people from the community to varying degrees.

A community action plan ensures that stakeholders from a variety of sectors (including statutory, community, voluntary and private organisations) can work together to identify ways the wider community can be mobilised to support change in relation to drug and alcohol use in their area. The importance of the community in responding to drug and alcohol difficulties has been highlighted in a number of fora:

Forum	Recommendation
<b>National Substance Misuse Strategy</b>	“There is a need for a community-wide, inclusive and coordinated approach to promote greater social responsibility, prevention and awareness on alcohol related issues. Communities should be supported to develop evidence based skills and methodologies to implement community mobilisation programmes with a view to increasing public awareness”.
<b>HSE National Service Plan 2016</b>	Recommends further progress on a co-ordinated approach to prevention and education interventions through the community mobilisation on alcohol initiatives with Drugs and Alcohol Task Forces
<b>MRDATF Strategic Planning Consultations, 2016</b>	“Additional Local Drug Networks would support the rollout of a community mobilisation approach to information and education; and County Stakeholder Action Groups could help build community support for best practice”.

## 1.2. The Process for Developing the Strategy

### The Role of the Midland Regional Drug and Alcohol Task Force (MRDATF)

The Midland Regional Drug and Alcohol Task Force (MRDATF) is one of ten Regional Drug and Alcohol Task Forces in Ireland that were set up in 2003, on foot of recommendations from the National Drugs Strategy (NDS). Its role is to facilitate a more effective response to the drug and alcohol problem in areas experiencing the highest levels of substance misuse and involve those directly affected by the problem in the development of an area based drug and alcohol strategy. The MRDATF and its sub-structures bring together members representing the community, voluntary and statutory sectors, public representatives and key interest groups to develop and co-ordinate a collective and integrated response to drug and alcohol problems in the midland region. This region covers the catchment area of Longford, Westmeath, Laois and Offaly. This partnership work is carried out under key themes in line with the pillars of the National Drugs Strategy 2009 – 2016 and the Substance Misuse Strategy; Supply reduction, Prevention, Treatment and Rehabilitation and Research.

During 2015 the MRDATF secured funding from Pobal under Dormant Funds to facilitate a community mobilisation process that promoted prevention and awareness initiatives associated with alcohol and drug misuse at a county level. It also assisted in the development of a County Stakeholder Action Group (CSAG) in one selected county in the midland region. Participants of the CSAG were supported through the action planning process by participating in training and facilitated sessions which resulted in the development of a substance misuse action plan specific to the selected county.

In 2016 the MRDATF invited expressions of Interest from current MRDATF funded Local Drug and Alcohol Forums/Networks to coordinate in partnership with the MRDATF, the development of a County Stakeholder Action Group (CSAG) for a selected county in the midland region. This group would then take the lead on, and inform the development of a Local Substance Misuse Action Plan for the County. Athlone Drug Awareness Group was selected by the MRDATF to support the roll out of this initiative on a pilot basis in County Westmeath.

It was intended that the substance misuse action plan developed for County Westmeath would provide a valuable resource for the county and assist the MRDATF in partnership with Athlone Drug Awareness Group and members of County Westmeath CSAG to support and strengthen a community based response to drug and alcohol misuse at a local level.

Participants of the CSAG were supported through the action planning process by participating in a Substance Misuse Awareness & Community Action Planning Training Programme which was delivered by Quality Matters. A training toolkit was also developed by Quality Matters which was used as part of the training programme. It is envisaged that this toolkit 'Toolkit for developing local community action plans for the Drug & Alcohol Task Force', will greatly assist the MRDATF to roll out this initiative in the other counties of the midland region.

## Initial Call Out for Engagement

Through a series of public meetings and surveys in Summer and Autumn 2016, individuals and organisations were invited to participate in a training and strategy development session for a Community Action Plan on Drugs and Alcohol for County Westmeath.

## Provision of Training and Toolkit

A core facet of community mobilisation is ensuring that individuals and organisations participating in the planning process are empowered through education to understand the context in which they are developing a plan. This includes understanding problems with drug and alcohol use, current supports available, and the potential for the community to support Task Forces and funded services to address the issue at a wider level. Fully understanding the plan meant that members could be clear about their scope, and focus the valuable energy of the community where it is needed most.

In preparation for the development of this plan, County Stakeholder Action Group members attended 1.5 days of training and received a toolkit on:

- The nature and extent of drug and alcohol use and harm in Ireland.
- How the state and service providers support those with problematic drug and alcohol use in Ireland.
- Good practice in strategic planning.
- Community mobilisation examples from other Task Force areas.

The training was delivered in October 2016 on a pilot basis to the CSAG by independent charity, Quality Matters. This committee comprised a range of individuals and organisations involved in developing the Community Action Plan for the county of Westmeath, one of the four counties included in the remit of the MRDATF.

## Strategy Development Sessions

This training was followed by two facilitated sessions to support the development of this Community Stakeholder Action Plan. The strategic planning sessions were attended by all members, and involved members identifying actions, outcomes, agencies, critical success factors for actions to be effective, and risk managing a number of potential issues. The strategy was successfully completed in December 2016.

## Implementation Plan

**County Westmeath Stakeholder Action Group:** During the strategic planning process, community, voluntary and statutory based individuals and organisations committed to implementing actions identified in the plan, and to joining a county Stakeholder Action Group to oversee implementation of this plan. The first task undertaken by the group was the agreement of Terms of Reference for the group which would include frequency of meetings, communication structures and progressing gaps and blocks to actions being successfully implemented.

**Administration:** The administration of the Steering Group and the strategy is the responsibility of the Midland Regional Drug and Alcohol Task Force with the support of Athlone Drug Awareness Group.

**Evaluation:** It was agreed that the plan will involve a formal mid-term review of progress to all actions.

**Sharing Learning with Other Groups:** The development of the plan, and the training to support it, was run as a pilot in Westmeath, with a view to making the training and toolkit available in other areas to support the development of county plans across the Midlands area. It was agreed that after completion of the plan, the MRDATF would use the learnings to support groups to develop plans in other Midlands counties.

## 2. Context for the Plan: Substance Misuse in Ireland and Westmeath

### 2.1. Overview

This section highlights some of the key trends in substance use nationally and in the Midlands region, as well as an overview of services for people experiencing drug and alcohol related difficulties. The section also details some of the harms that alcohol and drug use may cause. This helps to provide a context for the plan, delineating clearly the existing treatment responses as distinct from the type of actions that will be included in this plan, and highlighting those services to whom the community may be directed through information and awareness raising campaigns.

### 2.2. The Extent and Nature of Substance Misuse in Ireland

#### Overview

There are a number of ways that we can estimate the extent of alcohol and drug problems in Ireland, and the range of ways that people are receiving support for their problems. The two main sources consulted here are services that treat problem use, and data from surveys with the general population in Ireland to explore national prevalence (meaning the levels of alcohol and drug consumption). The information presented here is a summary of alcohol and drug consumption in Ireland, as well as an overview of some of the more serious harm caused by problematic substance use.

#### Consumption

Alcohol consumption in Ireland almost trebled between 1960 and 2001, rising from 4.9 litres of pure alcohol per person aged 15 and over to 14.3 litres (on average, per person in a year). Although it has decreased in recent years, alcohol consumption remains at high levels 10.9 litres on average per person in 2015. Binge drinking is also of particular concern as it is a major driver of alcohol harm and is commonplace in Ireland with the WHO finding that Ireland has the second highest rate of binge drinking in the world in 2014 (1).

Table 1: Prevalence of Alcohol Use in the Irish Population(2)

	Number in millions	Percentage of population
Total population	4.59	100%
Population that drinks	2.48	54%
Population that drinks harmfully	1.34	29%
Dependent drinkers	0.177	4%

Table 1 illustrates that 54% of Irish people consume alcohol. 29% of the total population drink to a level that is harmful and 4% are classed as dependant drinkers.

Illicit drug use has been growing in Ireland since the 1970's with use of psychedelic drugs including LSD and cannabis and augmented with opiates and cocaine in the 1980s(3).

Table 2: Drugs most commonly ever used by Irish People(2)

<b>Drug</b>	<b>Percentage of Irish population to have ever used it</b>
Cannabis	25.3%
Ecstasy	6.9%
Cocaine	6.8%
Magic mushrooms	6.5%
Amphetamines	4.5%
Heroin	0.8%

Table 2 illustrates that the most commonly used drug other than alcohol that Irish people have ever used is cannabis with just over a quarter (25.3%) of Irish people having used it. Less than one in ten Irish people have used ecstasy (6.9%), cocaine (6.8%), magic mushrooms (6.5%) and amphetamines (4.5%). While less than one in 100 Irish people have used heroin (0.8%).

## Numbers Treated for Drug and Alcohol Misuse in Ireland

This section documents the treatment of drug and alcohol use in the general population in Ireland. Information on the treatment of drug and alcohol misuse is collated by the National Drug Treatment Reporting System (NDTRS), which is a health database on treated drug and alcohol misuse in Ireland. The NDTRS has been documenting drug treatment nationwide since 1995. Treatment is broadly defined as any activity, which aims to improve the psychological, medical or social state of individuals who seek help for their substance misuse problems. Treatment is provided in both residential and non-residential settings and may include one or more of the following: medication, brief intervention, counselling, group therapy, family therapy, psychotherapy, complementary therapy and life training skills(4).

The information that is currently available to us on drug and alcohol treatment has limitations in terms of telling us the true extent of problem substance misuse. Not all people who need treatment either seek it or access it: in the UK, it is estimated that only 6% per year of people aged 16–65 years who are alcohol dependent receive treatment (20). Also, it should be noted that not everyone who receives treatment is recorded in the national database.

Figure 1: National Trends in Treated Problem Alcohol and Other Drug Use, NDTRS 2008 to 2014(2)

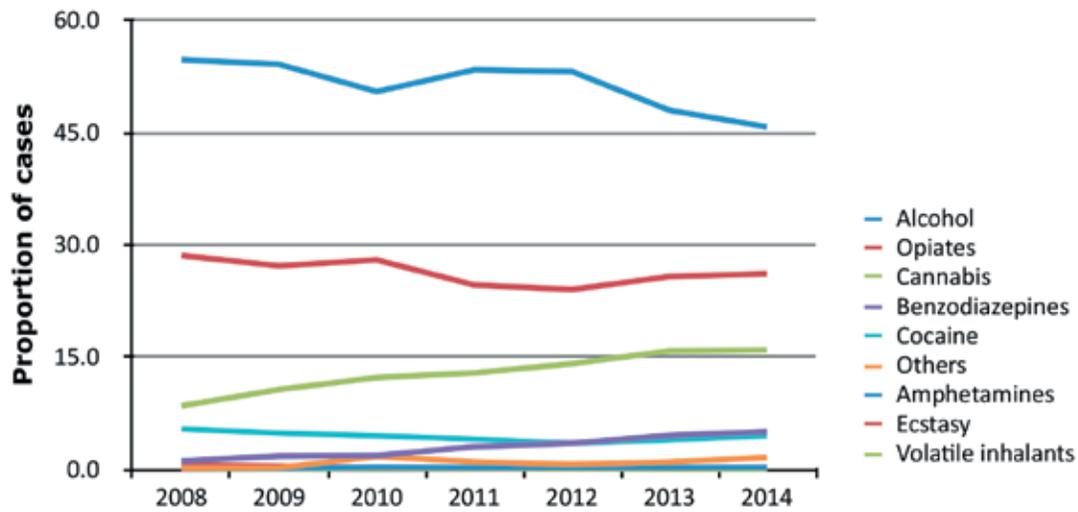
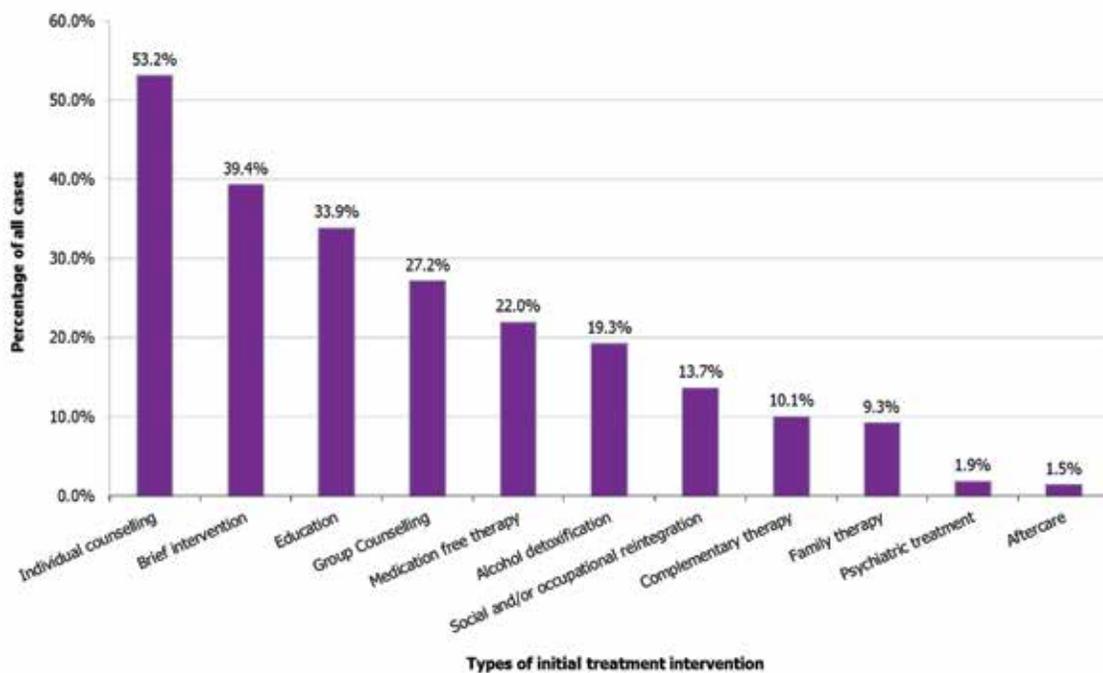


Figure 1 illustrates the proportion of cases for treatment by drug in Ireland. In 2013 the HRB recorded almost 16,000 cases of treatment across Ireland for all drugs. The figure conveys that treatment for alcohol is the most common form of addiction treatment in Ireland with almost 50% of treatments in 2013 being for alcohol dependency. More than 25% of cases in 2013 were accounted for by opiate treatments. More than three in 20 cases (15.6%) were accounted for by cannabis dependency. Less than one in 20 cases were accounted for by cocaine (3.9%) and benzodiazepam (4.5%). Less than one in 100 cases were accounted for by ecstasy (0.3%) and volatile inhalant (0.1%) dependency.

Figure 2: Percentage\* of Alcohol Cases, by Type of Initial Treatment Provided 2013(5)



\*More than one form of treatment may have been initially provided so that cases do not add up to 100%

Figure 2 illustrates the types of treatments availed of by people seeking treatment for alcohol dependency. The most common form of initial treatment provided for alcohol misuse was individual counselling (53.2%) followed by a brief intervention (39.4%) and education (33.9%).

## Drug Related Harm

There are numerous drug and alcohol related harms that have health, social and economic impacts for individuals and communities. People who are trying to manage addiction often experience a range of problems including mental illness, unemployment, stress and impaired family functioning(6). Both the Irish state and local and regional drug and alcohol task forces acknowledge that problematic substance use is a reality, and therefore much of the work of task forces involves working from a 'harm reduction' perspective, which means developing practical public health approaches which try to prevent or reduce the potential negative consequences that may arise. Harm Reduction International note that examples include 'designated driver' schemes to avoid drunk driving, providing nicotine replacement gums and patches accessible to people who smoke and implementing needle and syringe exchange programmes for people who inject drugs(7).

Injection drug use is associated with a particularly serious range of harms including HIV transmission and overdose, both of which require specific responses from drug and alcohol treatment services such as overdose training, naloxone and needle exchange programmes.

The types of harm caused by problematic drug and alcohol use can be categorised on three levels:

### **Personal Harm:**

- Premature death.
- Loss of quality of life through chronic physical/mental health issues and disability.

### **Community Harm:**

- Harm to children, family and friends.
- Drug related crime.

### **Costs to the Economy:**

- Loss of tax/revenue to the state from illicit drug use.
- Cost of treating problem drug and alcohol use to the state.

The extent of harm on individuals and communities is broad ranging. The following paragraphs highlight two particularly serious issues; the impact on parenting and children, and death caused by substance misuse.

A review of the literature on the effects of parental substance misuse on children, conducted by the National Advisory Committee on Drugs and Alcohol (NACDA), found that children of substance misusers are more likely to experience problems with mental health, social skills, academic achievement and substance use(8). This review of the literature made a number of recommendations, which included reviewing the extent to which treatment services are: currently supporting parenting and; working with other children's services and other relevant services. In research on the harm caused by drinking in Ireland, published in 2014, one in ten adults reported that children for whom they have parental responsibility experienced at least one or more of the harms as a result of someone else's drinking. These circumstances included being left in unsafe situations, being verbally or physically abused, or witnessing serious violence in the home. This was more pronounced among adults from lower socio-economic groups. A child is more likely to experience one or more harms as a result of someone else's drinking when parents themselves are regular risky drinkers (9).

Deaths caused by consumption of drugs and alcohol are known as 'poisoning' deaths. This does not include death caused by diseases associated with consumption (e.g. liver failure etc.) but rather, deaths that are directly due to the toxic effect of the presence in the body of one or more drugs and/or other substance(s). This section describes the main substances implicated in drug related deaths in Ireland between the years of 2003 and 2014.

Table 3: Primary Substance Involved in Poisoning Deaths, NDRDI 2004 to 2013(10)

	<b>Total deaths</b>	<b>% Total</b>
<b>All deaths*</b>	3519	100
<b>Alcohol</b>	1393	39.6
<b>Heroin</b>	718	20.4
<b>Methadone</b>	710	20.2
<b>Diazepam</b>	749	21.3
<b>Flurazepam</b>	266	6.4
<b>Cocaine</b>	391	11.1
<b>MDMA</b>	92	2.7
<b>Citalopram</b>	179	5.1
<b>Zopiclone</b>	154	4.4

\*This is a multi-response table taking account of illicit use of up to six drugs. Therefore, numbers and percentages in columns may not add up to totals shown as individual cases may use more than one drug.

The greatest cause of death involving drugs by poisoning over the 2004 to 2013 period was alcohol, which accounted for slightly less than four in 10 deaths (39.6%), diazepam (21.3%), heroin (20.4%) and methadone (20.2%) each accounted as the main cause of death in more than one in five cases. Cocaine (11.1%) accounted for more than one in ten deaths. Flurazepam (6.4%), citalopram (5.1%), zopiclone (4.4%) and MDMA (2.7%) all accounted for less than one in ten deaths.

Poly-drug poison refers to the ingestion of two or more drugs, which may lead to an unnatural cause of human death. In 2013(10):

- Almost two thirds (60%) of poisoning deaths in 2013 involved poly-drugs.
- Deaths due to poly-drugs have increased by 98% over the reporting period, from 118 in 2004 to 234 in 2013.
  - 57% of deaths where alcohol was implicated involved other drugs (poly-drug poisonings), mainly benzodiazepines.
  - 94% of deaths where methadone was implicated involved other drugs; mainly benzodiazepines.
  - 72% of deaths where heroin was implicated involved other drugs, mainly benzodiazepines.

## 2.3. Drug and Alcohol Use in Westmeath

### Treated Drug and Alcohol Use

Treated drug and alcohol use in Westmeath has common patterns with those trends identified nationally in the previous section, notably:

- Alcohol is the substance most commonly treated.
- Opiates are the most common 'illicit' substance treated.
- Cannabis and then benzodiazepines follow alcohol and opiates.
- There is little or no reported treated use for volatile inhalants.

As with the national figures, these figures are unlikely an accurate reflection of the need for treatment in the county. This is because:

- Not all treatment services provide all information on their treated cases.
- Some individuals may present for more than one episode of treatment in a year.
- Research suggests that the majority of people who might benefit from alcohol treatment do not present for it.

Treated substance use is illustrated in the following graph with figures in the table to provide a context for that graph in numbers.

Figure 3 Treated Problem Drug and Alcohol Use in Westmeath 2010 - 2014

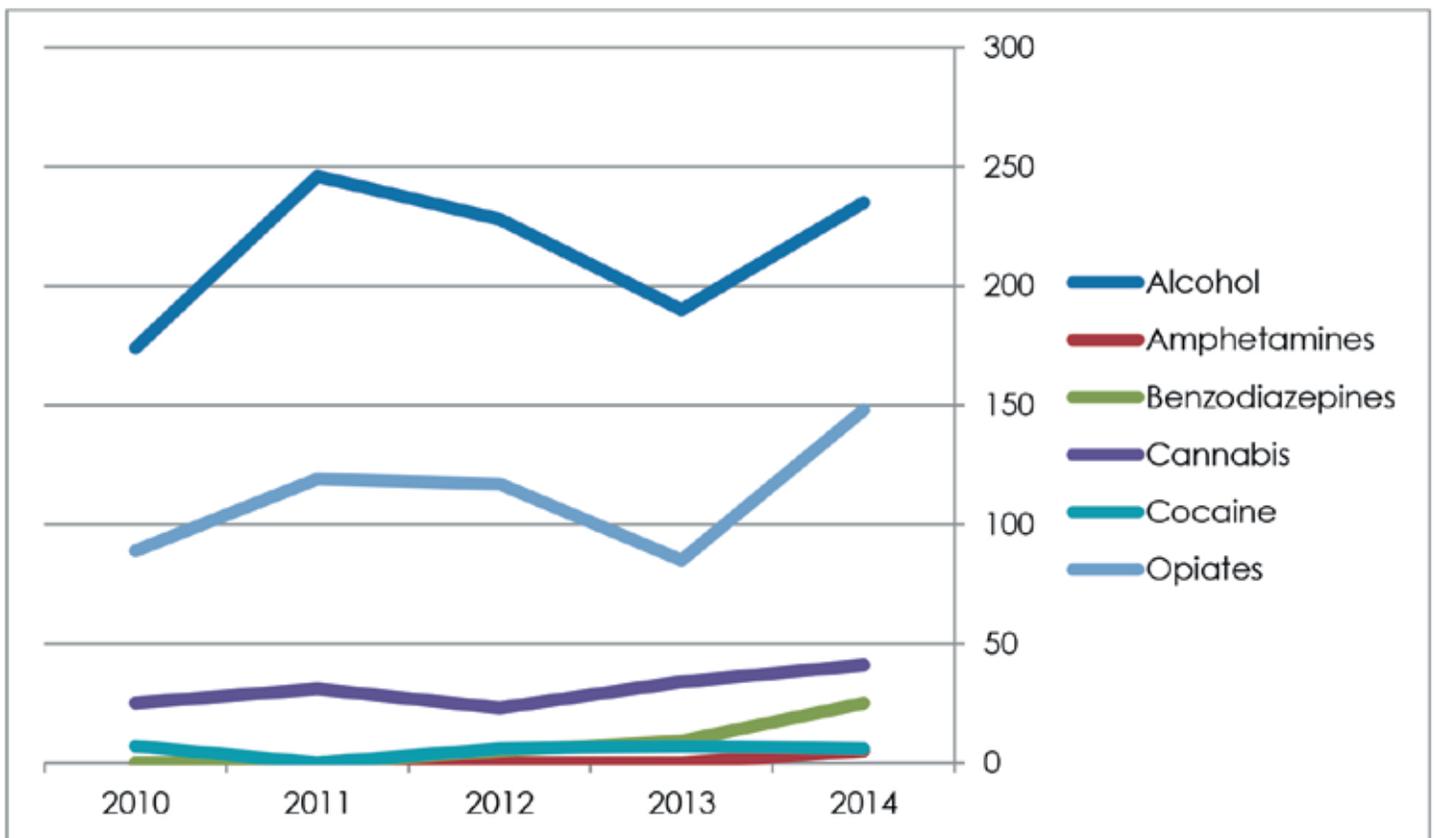


Table 4 Treated Problem Drug and Alcohol Use in Westmeath 2014, 2013 & 2010

	2014	2013	2010
<b>Alcohol</b>	235	190	174
<b>Amphetamines</b>	5	-	-
<b>Benzodiazepines</b>	25	9	0
<b>Cannabis</b>	41	34	25
<b>Cocaine</b>	6	7	7
<b>Opiates</b>	148	85	89
<b>Others</b>	12	-	7
<b>Totals<sup>1</sup></b>	473	333	304

<sup>1</sup>Totals may not add up to numbers in grid as where figures for an individual substance were less than 5, this number is not included to protect confidentiality, as per Health Research Board policy

## Treatment Services in the Midlands

Treatment services in the Midland Regional Drug and Alcohol Task Force area are provided by both the HSE and other services funded by the Regional Drug and Alcohol Task Force.

HSE CADS (Community, Alcohol & Drug Services) provide assessment and treatment in the community for Adults concerned with their own or another person's drug and/or alcohol use. The overall purpose of the service is to minimise drug and/or alcohol harm in order to have a positive impact on individuals, families and communities. CADS will also refer to other Statutory/Community & Voluntary services as deemed appropriate. Services provided by CADS includes:

- Methadone maintenance programme
- Community detoxification from methadone & benzodiazepines
- Consultant Psychiatrist in substance abuse for Longford/Westmeath
- Alternative therapies – variety of therapies available to suit the client's needs
- Full viral screen & referral as appropriate
- Vaccinations against Hepatitis A&B
- HIV/Hepatitis C care and referral
- Wound care, health advice and promotion
- Interagency collaboration
- Maternity care and referral
- Facilitate clients into in-patient residential detoxification and/or aftercare
- Facilitate movement of stabilised clients into Community GP shared care programme through the GP/Pharmacy Liaison Nurse
- Case conferences with social workers, midwifery services and any other services where deemed necessary to do so
- Counselling: Drugs, Alcohol, Gambling, OTC (over the counter) medication – Codeine, Solpadeine

The HSE also attends meetings and provides support to the Local Drug & Alcohol Networks/Forums and the Homeless Action Teams in the region.

Treatment and Prevention Support Services funded through the Midland Regional Drug and Alcohol Task Force and HSE CADS (Community, Alcohol & Drug Service) underwent significant restructuring in 2015-2016 and from 2017 onwards the midlands region will to be served by both an Over 18 and Under 18 Prevention & Treatment Support Service, the objectives of which are as follows:

## **Midlands Area Under 18 Drug and Alcohol Prevention and Treatment Support Service**

### **The objectives of this service are to:**

1. Provide early intervention techniques to under-18s and their families, in line with best international research and standards, and refer to relevant services where appropriate.
2. Target and engage with under-18s who are at high risk of developing problems as a result of their drug and/or alcohol use themselves or are affected by drug and/or alcohol misuse within their families.
3. Provide support and treatment to those who are experiencing difficulties as a result of their drug and/or alcohol use.
4. Reduce the harm caused to young people by their drug and/or alcohol use.
5. Provide support and guidance to families who are affected by drug and/or alcohol use.
6. Work collaboratively with relevant agencies to ensure the best possible outcomes for service users and their families.
7. Provide education, information and support to service user and their families.
8. Support other professionals in the delivery of a range of targeted drug and alcohol education and prevention programmes in line with best practice to parents, community, voluntary and statutory services/agencies.
9. Support schools and other education settings (in conjunction with the SPHE programme) in the delivery of the drug and alcohol component of prevention and education programmes, in line with best practice.

### **Midlands Area Drug & Alcohol treatment support, family support, harm reduction, rehabilitation and aftercare service for individuals over 18 years and their families.**

- Community Harm Reduction, Needle & Syringe Exchange Programme, Rehab & Aftercare.
- Open Access - Drop in Service.
- Family Support & Family Therapy.
- Assessment, keyworking, care planning, interagency case management, referral, advocacy, information & advice.
- Complement and enhance existing treatment services in operation in the region.
- Coordinate the care of individuals and families experiencing problems as a result of their drug and/or alcohol use.
- Target and engage with service users through the delivery of an outreach based harm reduction and crisis support service to drug and/or alcohol users in the Midland region.
- Provide appropriate interventions to over-18s in line with best international research and standards.

- Provide a mobile needle & syringe exchange programme across the midland region.
- Reduce the level of individual and community harm experienced in local communities as a result of drug and/or alcohol use in the Midlands area.
- Reduce the associated level of public health risk experienced in designated areas.
- Provide support to relevant services and communities that are experiencing drug and/or alcohol associated issues.
- Provide a range of rehabilitation and aftercare supports targeting service users from the region including those exiting drug and/or alcohol treatment programmes or exiting prison.
- Support the service user to reintegrate into their community.
- Work with families of active drug and/or alcohol users and act as a reliable source of support, information and advice on drug and/or alcohol use and related issues.
- Provide an Open Access/Drop-in service at a designated location within the midland region. This service will act as a point of contact for service users, as well as an environment to learn harm reduction skills and access pathways to change, through stabilisation or referral to treatment.

# 3. Vision, Mission and Values for the Strategy

## 3.1. Vision

Our vision is for a community that is educated and informed to effectively respond to drug and alcohol related issues. We seek to build a better future where those in our community who need help will access it without stigma or shame. We seek to build a future where those who love them will feel supported and reassured; and where the wider community will feel informed, connected and enthusiastic about creating a safer, healthier community for all.

## 3.2. Mission

Our mission is to form a network of statutory, voluntary and community groups through which we will help the community to be informed and educated to seek support or information if they need it, for themselves or others for drug or alcohol related issues. We will do this by engaging in activities and initiatives to raise awareness and educate, and promote safer and healthier communities.

## 3.3. Values

- 1. Partnership:** both in its development and implementation, the strategy involves a wide range of stakeholders from the community, voluntary and statutory sectors who commit to working together to develop a holistic community-wide response to drug and alcohol related difficulties.
- 2. Community Focussed:** we seek to understand and address the needs of the whole community in the development and delivery of our goals in this strategy.
- 3. Focussed on Needs of People with Drug and Alcohol Difficulties and Their Families:** we acknowledge the stigmatisation of, and discrimination against, people experiencing drug and alcohol difficulties. Through this strategy and its actions, we seek to challenge stigma and encourage people to seek the help available to them in our communities.
- 4. Resource Efficiency and Creativity:** to implement the strategy in an environment of limited resources, we commit to creative use of existing resources, creative seeking of resources, and creative use of partnerships to achieve our goals.
- 5. Ownership:** ownership and responsibility for responding to the drug and alcohol issue lies with all of us. Both the composition of the CSAG, and the responsibility for implementing our actions reflect this.
- 6. Realistic and Achievable:** this strategy presents a number of goals that the CSAG has identified as both ambitious and achievable within our community-focused scope.
- 7. Evidence Based:** we seek to deliver our actions based on real need and evidence. Where possible, we will seek out models that have been proven to work, and where this is not possible, we will innovate and seek to evaluate our actions to contribute to an evidence base.
- 8. Impact:** we believe our strategy can have real impact on the lives of people in our community. Our goals reflect this, and we will seek to monitor our impact and review the strategy.

## 4. Themes and Objectives for the Action Plan

### 4.1. Overview

There are six overarching objectives for the Community Stakeholder Action Group plan, which are categorised into three themes as follows:

### 4.2. Advocating for Real Change

1. Proactively lobby on key issues in relation to drug and alcohol on behalf of our community, including the new county suicide prevention plan, among other issues.

### 4.3. Raising Awareness and Educating Our Community

2. Coordinate or support drug and alcohol awareness campaigns in formal and non formal settings, dovetailing with national campaigns and availing of opportunities at a range of public events.
3. Increase awareness of services and supports available to the community, including concerned families and people experiencing difficulties with drugs, alcohol and/or related issues.
4. Facilitate training of community members to deliver drug and alcohol awareness and information sessions in the community.

### 4.4. Promoting Safer and Healthier Communities

5. Support alcohol-free alternative social activities in County Westmeath.
6. Support the county-wide roll out of the late night soccer league.
7. Develop partnership to reclaim community spaces where e.g. dealing, drug litter, intimidation or anti-social behaviour have been addressed in order to make and implement plans for reclaiming and using the space.
8. Explore the potential for coordinating the delivery of awareness training in tackling drug related waste and litter to community champions.

### 4.5. Monitoring and Evaluating Our Plan

9. Develop a robust oversight structure which will:
  - a. Agree outcomes and evaluation method for each action.
  - b. Undertake a formal review of progress to strategy actions at midpoint and end of the strategy.
  - c. Develop a report to share learning with other County Stakeholder Action Groups.

## 5. Action Plan

<b>Pillar 1: Advocating for Real Change</b>					
<b>Objective</b>	<b>Action</b>	<b>Timeframe</b>	<b>Lead &amp; Support</b>	<b>KPI / Outcome</b>	
<b>Action 1:</b> Proactively lobby on key issues in relation to drugs and alcohol on behalf of our community	Step 1: Develop a lobbying sub-group of the CSAG and a terms of reference for this group including clarity on requirements in relation to the Lobbying Act, and process for managing Conflicts of Interest	Q1 2017	<b>CSAG</b>	Sub-group established with clear terms of reference to progress community engagement on policy issues	
	Step 2: Develop an annual schedule of lobbying issues and approaches in consultation with relevant partners, and include potential for responding to issues arising outside of the schedule	Q2 2017 Q1 2018 Q1 2019	<b>CSAG</b> <b>Lobbying subgroup</b> MRDATF LDN's	Schedule and plan established for lobbying on key issues for each calendar year	
	Priority issues for 2017 to include input to county suicide plans, submissions regarding substance misuse and mental health joined working				
	Step 3: Develop a lobbying toolkit, including database of local/national representatives, templates for letters / submissions	Q3 2017	<b>CSAG</b> <b>Lobbying subgroup</b>	Accessible, relevant range of 'off the shelf' tools to support lobbying developed	
	Step 4: Implement lobbying plan, reaching identified policy makers about identified issues, in line with the agreed plan	Q4 2017 – Q4 2019	<b>CSAG</b>	Increased participation by the community in raising awareness of key issues at policy level	

<b>Pillar 2: Raising Awareness and Educating our Community</b>				
<b>Objective</b>	<b>Action</b>	<b>Timeframe</b>	<b>Lead &amp; Support</b>	<b>KPI / Outcome</b>
<p><b>Action 2:</b> Coordinate or support drug and alcohol awareness campaigns in formal and non formal settings dovetailing with national campaigns and availing of opportunities at a range of public events</p>	<p>Step 1: Through community consultation, identify community need in relation to raising awareness of drug &amp; alcohol harms and supports, including at social or community events; in educational institutions (from primary to third level) and in relation to alcohol sellers</p> <p>The potential for identifying/facilitating an 'ethical selling' education programme for alcohol sellers should be explored as part of this action</p>	Q1 – Q2 2017 (and annually to 2019)	<p>Support</p> <p><b>MRDATF</b></p>	Needs identified in relation to drug and alcohol awareness inputs at events / institutions across the county for 2017 - 2019
	<p>Step 2: Identify a range of suitable responses to identified needs from Step 1. Seek funding to meet needs and identify feasibility of involving volunteers/community members/CSAG members as part of same</p> <p>Step 3: Provide appropriate information/awareness support in the community in line with plan developed, with volunteer support where appropriate, including the MRDATF drug and alcohol awareness week. Promote a range of initiatives e.g. dial to stop drug dealing campaign, drug related intimidation programme at identified community events in line with evidence based need</p> <p>Step 4: Support one county-wide competition per year in schools and/or colleges for drug and alcohol awareness related activities; competition to be planned on an annual basis</p>	Q2 2017 (and annually to 2019)	<p><b>MRDATF</b></p> <p><b>CSAG</b></p>	Plan developed to be present at events, provide supports to schools etc., with volunteering opportunities identified
<p><b>Action 3:</b> Increase awareness of services and supports available to the community, including concerned families and people experiencing</p>	<p>Step 1: Establish subgroup of CSAG and terms of reference for this group including to review existing publicity material from Athlone Drug Awareness Group, HSE, MRDATF and others</p>	Q2 2017 – Q4 2017 (and annually to 2019)	<p><b>MRDATF</b></p> <p><b>CSAG</b></p> <p>LDNs</p>	Event organisers/institutions feel supported to raise awareness of drug and alcohol related harm
	<p>Step 2: Increase awareness of drug and alcohol related harm and services available</p> <p>Increased participation by schools/ colleges across the county in raising awareness of drug and alcohol related harm/supports</p>	2017 - 2019	<p><b>LDNs</b></p> <p>MRDATF and other identified organisations</p>	Increased awareness of drug and alcohol related harm and services available
		Q1 2017	<p><b>MRDATF</b></p> <p><b>Prevention and education subgroup</b></p>	Clear plan for updating and consolidating information

difficulties with drugs, alcohol and/or related issues	Step 2: Source funding and update relevant materials to ensure the range is comprehensive, up-to-date and whole-county relevant and includes reference to existing resources such as the MRDATF, HSE, Drugs.ie etc	Q2 – 3 2017	<b>CSAG</b> LDN's PPN's	Up-to-date information materials directing to appropriate services including MRDATF, HSE and Drugs.ie websites
	Step 3: Develop and implement a dissemination plan for community-wide information sharing, ensuring full county coverage	Q4 2017 / disseminate annually		Clear plan for information delivery
<b>Action 4:</b> Facilitate training of community members to deliver drug and alcohol awareness and information sessions in the community	Step 1: Undertake simple research on community need in relation to drug and alcohol awareness through a series of focus groups with community groups	Q2 2017	<b>MRDATF</b> CSAG LDN's	Clear understanding of need and target group for drug and alcohol awareness training
	Step 2: Research the range of existing or validated community education programmes and identify a suitable 'train the trainer' model for delivering drug and alcohol awareness to the community. Establish minimum requirements for experience/commitment to deliver training to support identification of suitable individuals or organisations	Q3 2017	<b>MRDATF</b> CSAG	Model for Train the Trainer programme identified
	Step 3: Source resources and deliver a pilot 'Train the Trainer' programme to a number of CSAG members or other interested community leaders	Q3 – Q4 2017	<b>MRDATF</b> CSAG	First cohort of trainers trained
	Step 4: On a pilot basis, newly trained trainers to deliver the training, – training sessions to be evaluated from community and trainer perspective for usefulness, clarity, relevance etc	Q1 – Q4 2018	<b>MRDATF</b> CSAG	Community education model evaluated with clear plan for roll out to the community developed
	Step 5: Roll out on a county-wide basis in line with agreed roll-out plan, which should seek to engage a broad range of community organisations as trainers. The roll out should be evaluated	Q1 – Q4 2019	<b>CSAG</b> MRDATF	Trainers deliver awareness and education sessions in line with community need

<b>Pillar 3: Promoting Safer and Healthier Communities</b>				
<b>Objective</b>	<b>Action</b>	<b>Timeframe</b>	<b>Lead &amp; Support</b>	<b>KPI / Outcome</b>
<b>Action 5:</b> Support alcohol-free alternative social activities in County Westmeath	Provide support to LDNs to run alcohol free alternative social events at locations in County Westmeath on an annual basis over the course of the strategy	2017 - 2019	<b>LDNs</b>	Alcohol free events are facilitated in County Westmeath
	<b>Action 6:</b> Support the roll out of the late night soccer league	Q1 – Q4 2017	<b>FAI</b> CSAG	Three new locations, partner services and transport options identified
<b>Action 7:</b> Develop partnerships to reclaim community spaces where e.g. dealing, drug litter, intimidation or anti-social behaviour have been addressed in order to make and implement plans for reclaiming and using the space	Step 2: With identified partners, roll out the late night soccer league to three new locations in Westmeath	Q1 2018 – Q4 2019	<b>FAI</b> CSAG	Late night soccer league available to young people in three new areas
	Step 1: Identify key partners for planning reclamation of public spaces including the Gardaí, County Council, residents associations, community groups and others and establish a committee with a clear terms of reference to anticipate and respond to opportunities to reclaim public spaces	Q3 2017	<b>MRDATF</b> WCC PPN Gardaí and other identified organisations LDNs	Multi-stakeholder partnership established with clear aims and objectives
<b>Action 8:</b> Explore the potential for coordinating the delivery of awareness training in tackling drug related waste and litter to community champions.	The committee to agree a cross-community strategy for identifying spaces, identifying alternative uses, identifying resources for the redevelopment of spaces and implementation of same	Q4 2017 – Q4 2019		Strategy established and progressed to reclaim identified community spaces
	Step 1: Review the existing information model on managing drug related waste and litter to ensure appropriateness for wider community application	Q2 2017	<b>MRDATF</b> Drug Litter subcommittee	Existing model reviewed for safety, relevance and usability
	Step 2: Identify community need through broad-based consultation	Q3 2017	<b>MRDATF</b> CSAG PPN and other identified community groups	Areas experiencing incidents of drug related waste and litter engaged to participate in training
	Step 3: Roll out awareness training to an identified number of community champions in areas of identified need	Q4 2017		Areas experiencing incidents of drug related waste and litter are empowered to respond appropriately to drug waste and litter in partnership with identified organisations
	Step 4: Evaluate training and impact of same	Q4 2017		The effectiveness of the training and its impact on capacity to safely respond to drug waste is established

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