

Conference Report



Dublin 12 Local Drugs Task Force

Strengthening Our Collective Response

Red Cow Moran Hotel

Tuesday May 12th 2009

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1. Context

Dublin 12 Local Drugs Task Force (D12 LDTF) organised a full day conference in the Red Cow Moran Hotel on Tuesday May 12th 2009. It followed the recent completion of the D12 LDTF strategic plan 2009-2013.

The purpose of the conference was to:

- Reflect on the issues affecting drug users and the role that local services play in responding to these issues
- Inform those present of the D12 LDTF strategic plan 2009-2013
- Discuss how this plan should be implemented and propose priorities
- Gain commitment from those present to work collaboratively to implement the plan
- Share information and build networking opportunities
- Host the official launch the D12 LDTF strategic plan 2009-2013 by the Minister for State with Special Responsibility for Substance Misuse

Eighty people in total attended the conference.¹ The majority of attendees manage, deliver, fund and attend a range of responses to prevent and respond to drug use in Dublin 12.

A wide range of materials were displayed in the foyer and conference participants were encouraged to network and share information throughout the day. Following initial presentations those attending were invited to participate in two workshops of their choice. These workshops were facilitated by experienced leaders from within Dublin 12 and elsewhere. Following the workshops Minister of State John Curran, with special responsibility for National Drugs Strategy and Community Affairs, launched the D12 LDTF Strategic Plan 2009-2013. The final part of the conference was a plenary session to share workshop outcomes. A panel of experts were invited to comment on the strategies that Dublin 12 LDTF are planning during the plenary session.²

The conference was chaired by an independent chairperson. This report gives a brief synopsis of the presentations and discussions that took place. Verbatim comments

¹ See Appendix One. A very small number of attendees did not sign in at registration

² Tony Geoghan- Merchants Quay, Anna Quigley-Citywide, Sadie Grace-Family Support Network, Johnny Connolly- HRB, Dr. Margaret Bourke-GP Co-ordinator Dublin 12

are used throughout the report. (Full copies of all presentations made are available from the Dublin 12 LDTF offices).

2. Presentations

a) Welcome- Caroline Kavanagh, Chairperson Dublin 12 LDTF

The Chairperson thanked the presenters, workshop facilitators and participants for attending. She outlined the agenda and encouraged full participation by all throughout the day.

b) How service users benefit from collaborative responses- Anne Corrigan, Co-ordinator, Cairdeas Advocacy Service Clondalkin

Anne outlined the services run by Cairdeas, an advocacy service for drug misusers based in Clondalkin.

- Advocacy- Cairdeas works with its clients to access supports and services that are required in order to support their stabilisation and detoxification. A range of issues for example the lack of appropriate housing impact on client progression. Cairdeas works with clients and appropriate agencies to respond to their needs. This service is invaluable to their clients and strong working relationships with agencies have been developed.
- Drug Users Forum- A core group of eight clients meet regularly to discuss issues and act as a representative body to articulate the views and experiences of drug users in Clondalkin. This Forum played a key role in completing recent research in Clondalkin as they were easily able to access the views of drug users. They also participated in an International Conference in Barcelona which increased their knowledge of policy regarding drug services in other countries.
- Step Ladder Training Course- This pre-development training enables participants to consider issues that are blocking their progression and prepare for the next steps in their rehabilitation. Progression to Community Employment (CE) schemes has been possible for many course participants; however this is not suitable for all. The lack of stabilisation programmes in Clondalkin impacts on progression.

- Community Safety Forum- Cairdeas has been actively involved in the establishment of two Community Safety Forums in Clondalkin, which were initially funded as a pilot project by Clondalkin LDTF. These are now mainstreamed to South Dublin County Council

Interest was expressed from the floor regarding the Community Safety Forum. The Dolcain Community Development Project (CDP) in Clondalkin was identified by Anne as having up to date information.

**c) *Dublin 12 LDTF Strategic Plan 2009-2013 –
Aoife Fitzgerald, Co-ordinator Dublin 12 LDTF***

Some key points to highlight from this presentation are:

Context and Background

- Dublin 12 LDTF is one of fourteen LDTFs who have the role to provide a locally based integrated response to the problems posed by drug misuse
- A Board oversees the work of the D12 LDTF, which is composed of statutory, community, voluntary and elected representatives. This Board meet monthly
- Four sub groups, a Community Representatives forum, a Service Users forum and Task Force staff all feed into the work of the D12 LDTF
- Recently the national structure to oversee the work of the LDTFs was changed to establish an Office for the Minister of Drugs to replace the National Drugs Strategy Team (NDST)
- Dublin 12 LDTF has developed three previous plans. There has been increasing progress in establishing and supporting a range of services and responses to drug misuse in the area. This includes:
 - Increased methadone and other treatment services
 - Education Prevention initiatives
 - Family support services
 - Community Safety initiatives
- D12 LDTF work was planned under four pillars- treatment, education prevention, research, supply control. Rehabilitation was introduced as a fifth pillar in 2007. The incorporation of alcohol strategies to the work of the LDTF has been recently announced.

Snap Shot of Dublin 12

- The 2006 Census outlines that despite unprecedented growth in the economy at that time, Dublin12 experienced increasing deprivation

- Unemployment at that time was nearly twice the national average. Recent figures outline that 3,095 people were in receipt of Job Seekers Allowance and Benefit from Dublin 12. Of these 2,037 were claiming for less than six months and 840 were under 25³. In 2007 64% of clients in treatment were unemployed
- Education rates are very low in parts of Crumlin and Drimnagh. Only 9% of people in parts of Crumlin (Kimmage A Electoral District) have completed third level, the national average is 30%. In 2007 78% of clients in treatment left school before the age of 15.

Nature and Extent of Drug Misuse in Dublin12

- Despite significant drug seizures in 2008, drugs are easily available in D12
- 419 people from Dublin 12 were accessing methadone treatment (HSE and CTL April-June 2008)
- The vast majority of clients receive methadone treatment in Dublin 12
- While opiates are still the primary drug for referral, cocaine misuse has dramatically increased (221% in 2007). The numbers of people on methadone increased by 43 in 2006-2007.
- The profile of clients on methadone in Dublin 12 is getting older- most are over 30 years of age
- In 2007 65% of drug users indicated that they regularly use more than one drug
- Statistics also highlight that increasing numbers of people are injecting and sharing equipment
- The possible emergence of other drugs such as meth amphetamine is of huge concern

Challenges

A number of national and local challenges exists which include:

- Securing resources to maintain the level of services
- Securing resources to expand services to respond to increasing demand
- Responding to increasing poly drug use
- Responding to emerging drugs with no known treatment
- Incorporating responses to alcohol misuse

Dublin 12 LDTF Strategic Plan 2009-2013

- The Co-ordinator outlined the mission statement, the overall strategic aims and a range of objectives to reach these aims.

³ Based on figures February 2009

Following from these presentations, participants took part in workshops. One workshop took place before lunch and the other directly after lunch. The outcomes of these workshops are highlighted in section four-the plenary session.

3. Launch of Dublin 12 LDTF Strategic Plan 2009-2013

Minister of State John Curran

The Minister congratulated the LDTF on producing the plan. He particularly welcomed the approach outlined in the plan to build on work to date to support current services to strengthen and develop. The emphasis on retaining existing services was also noted. He outlined that Dublin12 LDTF are in a key position to implement and influence national policy and he noted their role in this regard in the past.

The Minister strongly emphasised the importance of family support services. He outlined that this role needs to be enhanced nationally alongside education and prevention initiatives. The Minister noted that Dublin 12 was recently successful in accessing €70,000, once off funding, through Dormant Accounts to support six family support initiatives, which he welcomed.

The Minister outlined the process to develop the new National Substance Misuse Strategy which will include strategies to respond to alcohol misuse. This will be finalised next year.

The Office for the Minister for Drugs is currently being established. There will be an emphasis to ensure that there is strong governance and management to enable effective collaborative working. The Minister outlined the importance of collaboration and urged all stakeholders in Dublin 12 to work closely together to implement the LDTF plan. He wished all involved well and gave his commitment to working closely with the D12 LDTF into the future.

4. Plenary Session

This session included reports from the workshops and comments and from the panel and the floor.

(a) *Treatment- workshop facilitator James Fletcher, Education Officer HSE*

Twenty people in total participated in the Treatment workshops.

A number of treatment objectives outlined in the strategic plan were discussed and the following suggestions were made:

Provision of methadone and associated rehabilitation services for people from Kimmage and Walkinstown/Greenhills

- The area should now move towards looking at itself as Dublin12 not specific geographic areas
- Address is currently a barrier to accessing services. People from Walkinstown and Kimmage do not have locally based methadone services

Development of Treatment Services in Dublin 12

- Services should consider extending their opening hours to ensure that services are available in the evenings/weekends
- The D12 LDTF can play a key role in building relationships between local services and the HSE. This would continue to strengthen and develop services
- There needs to be a more integrated approach to service provision. Having services located close-by and links with employers help to progress clients along the continuum of care

Strengthen and develop relationships between GPs/Pharmacies and community based services

- The D12 LDTF could bring all relevant parties together to discuss what needs to occur. This is achievable and should be prioritised.

Respond to changing drug use (cocaine, poly drug use)

- A number of motivational methods are needed
- Polydrug use is the norm, a “silo” approach to treatment is not effective

- Education to inform people of the risks associated with drug use and poly drug use is extremely important

Increase the numbers of clients from Dublin 12 successfully detoxifying.

- There is a need to remove the stigma that clients feel attached to them
- The D12 LDTF needs to be proactive to ensure that detoxifying options are available. They have the ability and influence and work with services to provide more options for clients
- It is important that collaborative, collective strategies are agreed
- A standard care plan pre and post detoxification should be agreed

(b) *Rehabilitation- facilitator Brid Walshe, Co-ordinator Dublin 15 LDTF*

Overall eighteen participants took part in the rehabilitation workshops. The combined outcomes of the workshops are as follows:

What can be achieved by working collaboratively?

- It was generally felt that the only way to work in the client's best interest was collaboratively. In this way clients benefit from a more seamless transition through services
- Services, by working together build relationships to enable pooling resources and avoiding duplication which is particularly salient in the current economic climate
- All agreed that effective care planning can only happen when agencies work together
- Collaborative working provides a structure to clients and ensures that the work is person centred
- It avoids duplication of work and clients 'telling their story' to numerous agencies
- Rehabilitation Integration Service (RIS) was seen as a very positive way of ensuring smooth service delivery and ensuring that clients don't fall between gaps

Challenges to working together

- One of the key challenges identified was working to bridge the gap between the statutory and community/voluntary treatment services. In order to support key workers to, in turn, support clients there needs to be a willingness on behalf of HSE clinicians to engage in care-planning with voluntary services

- Service Users highlighted the difficulties they experience, including lack of support when talking to their GPs and the need for more holistic treatments to reduce stress
- It was thought that the proposed Primary Care Teams (PCT) could play a valuable role in supporting integrated working. The first PCT established in the area should be to pilot best practice.
- A key way to address this is to provide more supports, particularly to doctors, to outline the benefits of the voluntary services in relation to care planning
- The RIS model (objective 1) was agreed as a “best practice” way of achieving best outcomes for clients
- In order to establish protocols to increase collaborative working relationships between agencies need to be established, otherwise the protocols will not work
- In the UK there is legislative support for joined up working – this needs to be examined in Ireland
- A key challenge was maintaining consistency which was difficult in the face of staff cuts and embargoes
- It was felt there was a need for better aftercare and advocacy supports which could be met through engagement of long term drug free ex users and families
- There should be an increasing emphasis on developing the Service Users Forum and using peer education
- Post prison supports are needed- a dedicated worker is required for this role

Priorities from the LDTF plan (rehabilitation section)

- It was unanimously agreed that the priority objective is to improve collaboration between services.
- The second priority is to implement the national rehabilitation strategy and RIS.
- The third priority agreed at the workshops is to develop service users forum and family support

Other suggestions

- To second appropriate HSE staff into national voluntary services. This would help build statutory and voluntary sector relationships and ensure appropriate clinical governance. For example second a HSE GP into Coolmine or HSE Counsellor into Merchants Quay
- Lobby the Minister to be the ‘champion’ to push national government to ensure that clinical teams interact with voluntary sector drug service workers and agree protocols
- Dublin 12 needs to have more collective identify rather than individual areas within it for great unity in purpose

Comments from the Panel/the floor

Anna Quigley Citywide noted that it is really clear that disadvantage and social exclusion got worse in Dublin 12 at a time when there was unprecedented national growth. Unemployment was very high and now seems to be escalating rapidly in Dublin 12. It is ironic that the Local Employment Service (LES) now faces closure. The community in Dublin 12 have a strong case to make regarding the need for services in the area. This case can be backed up by clear facts.

Tony Geoghan-Merchants Quay highlighted that there was a very positive emphasis in the LDTF strategic plan. The collective theme was evident throughout the plan and the feedback from the workshops. This history of unity has been very strong in Dublin 12 traditionally. Services like ARC were forerunners in their field and Dublin 12 has always been to the front of service delivery. It is therefore unusual and unacceptable that there is no needle exchange in Dublin 12. This is a core gap that needs to be urgently addressed. (This gap was also highlighted from the floor)

Margaret Bourke- GP Co-ordinator outlined that all people from across Dublin 12 can access services locally (there was some disagreement to this from the floor). She also highlighted that there is no waiting list for methadone treatment in Dublin 12 which is a major achievement for all involved.

(c) Family Support- Kay Bailey, Manager, Walkinstown Greenhills Resource Centre (WGRC)

Overview of the two workshop sessions

Fourteen people in total participated in both workshops. They represented service users, service providers and a National Network for family support.

It was agreed that family support groups are the “grassroots” face of the local services to families experiencing drug misuse. They provide very good value for money and that they are a crucial link between the community and the statutory sector. There was a sense that Dublin 12 does deliver family support but that there needs to be improvement. The discussions identified the practical roles that support groups have; the need for research and the need for a policy change.

These workshops supported the Minister's view that an increasing emphasis on family supports is required.

The practical role of family support groups

- There are many benefits of family support groups which are essential to support the recovery of the whole family.
- Families need to be extremely strong and these groups help maintain and build strength. They provide basic information and educate family members e.g. what to look out for and what behaviour to expect from the person misusing drugs.
- There are times when family support groups need to be mixed (men and women) and times when separate groups work best. Men, in particular, find it difficult to open up to say how drug use in the family affects them.

The need for research to inform family support policy

- There is a need to gather data to assess the challenges and barriers facing families of drug users at present. For example when a young mother goes into residential treatment families need a range of information on rights and entitlements regarding the care of the children.

The need for networks, inter-agency work and collaboration

- It was suggested that Ballymun have some interesting models for sharing information about vulnerable families which could be explored for Dublin 12.
- The need to revive the Family Support Worker's Network that was set up in 2007 in Dublin 12; it can provide a way of sharing information and avoiding duplication.

The need for policy changes

- It was identified that families have a weak voice. Families play a key role in the recovery of the person in addiction and this is already recognized in research and policy documents that relate to rehabilitation. However there is no family support representative on the D12 LDTF Board. This matter should be considered and addressed.

(d) Education Prevention- Brian Murphy, Manager, St John Bosco Youth Centre

Sixteen people participated in both workshops. The combined outcomes of the workshops are as follows:

- It was agreed that education and prevention should as much as possible not be reactive but should be central part of the overall local drugs strategy
- There is an attraction for young people to use and deal drugs. Organisations working with young people have a huge challenge to counteract this
- Services needs to increase their use of modern media e.g. internet, mobile phones etc to communicate with young people

Programmes

- There is not a sufficient knowledge outside of schools about the content and process to deliver the SPHE and Walk Tall programmes. (There was debate about the impact of these programmes)
- The SPHE / Walk Tall programmes aim to develop the individual student in terms of values, behaviour and attitudes.
- Peer led drug education was felt to be important within both schools and community settings (there was significant debate on this issue)
- It was agreed that interactive activities should form part of drugs education as it appeals to young people.
- All organisations formal / informal should ensure they are adopting recognised quality standards in the delivery of drug education and awareness. It is important that the outcomes of drug education should be verifiable
- Giving information is not a solution on its own, it must be part of an overall process

Early School Leaving

- There needs to be a strong inter agency approach to the issue of early school leaving.
- In dealing with issues such as early school leaving the family and social environment of the young people needs to be focussed on.
- There needs to be a defined way to rate the “at risk” factors so that resources can be channelled to where they are needed most.

Collaboration

- Networking and Co-operation between the various agencies is vital both at Task Force level but also between local groups and Schools / Gardai / HSE.
- There can be a lack of awareness of what supports and resources are available. It was agreed that organisations in the area should ensure that they are aware of the role of other groups in the area
- All organisations working with young people need to engage in outreach work to reach parents and to involve them as much as possible.

Comments from the Panel/the floor

Sadie Grace- Family Support Network highlighted that for many years family support groups were operating on little or no resources. She noted that this should not continue. The outcomes from respite opportunities, education and networking through family support groups are well recognised. Drug Use affects the whole family- parents, siblings, broader relations. Sadie highlighted the need for LDTFs to prioritise responses to help support families as their role in rehabilitation cannot be underestimated.

Tony Geoghan- Merchants Quay outlined that Dublin 12 had a strong history of family support mechanisms and the need for their re-establishment is of great importance. Tony outlined that families are now very affected by drug use. Drug dealers have become extremely violent and families of drug users experience serious intimidation. Therefore the re-establishment of family support groups in the area should be a priority objective of Dublin 12 LDTF.

Anna Quigley- Citywide noted that participation in Addiction Studies programmes has been very good in Dublin 12. This supports community participation and increases the emphasis on education/prevention which is very important to continue.

There was disagreement from the floor regarding peer led education prevention initiatives (this was also noted in the workshops).

(e) Safety- Mary Lynch, Community Officer, Dublin City Council

Fifteen people in total participated in the Safety workshops

Youth

- Both workshops focused on the importance of responding to youth needs
- There is a need to find out what young people want to do and to particularly target young people who are at risk of engaging in anti social behaviour in particular
- The idea of establishing a Youth Forum for young people in the area was discussed
- The need to support parents was also highlighted. There is a need to link with parents as early as possible to promote positive parenting and to build relationships
- The need to raise the self esteem of all living in the area-young people and adults was raised
- Working with the schools to hold themed events is a possible action for the future

- Given the demographics of Dublin12 projects which encourage a greater understanding of the younger and older members of the community should be encouraged. It is important to address negative perceptions.

Gardai

- There is a need to continue to promote a positive image of the Gardai amongst young people
- Initiatives for sellers of alcohol to stamp cans can help trace the sale of alcohol to young people
- All agencies should work collaboratively to ensure that Dublin 12 is a safe, attractive place to live

(f) Alcohol-Aoife Davy, Co-ordinator Dunlaoghaire Rathdown LDTF

Twenty two people in total participated in the Alcohol workshops

Map Services that respond to Alcohol in Dublin 12

- There is no known primary service that deals solely with alcohol in D12. There is very little access to residential or community detoxification
- There are National Programmes but waiting lists are long (one example given was The Simon Community – Homeless and Alcohol)
- Alcohol use is often a key issue for other services locally. Some noted that it is a bigger problem than heroin in Dublin 12. Alcohol misuse features in many services such as HSE Social Work, Psychiatric services
- There is a need to work with parents and children
- There is a link between alcohol misuse and suicide
- There are some supports locally
 - ARC – two AA meetings per week (evening time)
 - HSE Addiction Services
 - Athru
 - Phoenix
 - Cara – Arc
 and in close proximity, Rialto CDT and Belgard Road
- There are some services that offer alternatives to alcohol for under 18's.
 - Dyce Café – Bosco
 - Greenhill club 4 U
 - Yoda
 - Ciall
- There is a need for harm reduction services

- The need for divisionary programmes was strongly noted

Collaboration

In order to progress an alcohol strategy, relationships need to be built/developed with the following:

- Vintners Association, supermarkets, petrol stations, local off-licences.
- Develop links with AA
- All services (break down barriers between drug, alcohol and psychological services)
- GP Co-operation is important

There is also a need to:

- Collate information at national level on alcohol and influencing factors. There is a need to consider how unemployment links to alcohol misuse
- In Dublin 12 there is a need to link with National Awareness Campaigns
- All information should be available in local libraries and websites

Planning to respond to alcohol misuse

- Understanding Alcohol Use
 - Its role in society
 - Cultural use – recognising parental / cultural influences.
 - Perception of alcohol as ‘Normal’ and separated from drugs.
 - Recognise all the factors involved in alcohol – laws, access, cultural norms.
- Understanding the spectrum of alcohol use and the responses at different stages of use
- Extensive problem re availability of alcohol.
- There is a need to develop a comprehensive map of services
- Look at statistics, those in the Dublin 12 strategy are useful but other information is required.
- Outlining the extent of the problems and effects in the community and the individual (public order, aggression)
- Links between unemployment and alcohol – especially important in D12
- Links between alcohol and cocaine
- Need to consider the two reports of the National Task Force on Alcohol.
- It needs to be recognised that the Task Force is limited in its response – there are big issues e.g. changing culture
- The Task Force as a structure could take on alcohol, but alcohol is a massive problem, and cannot respond effectively without appropriate resources.

- It was agreed that the Task Force can respond to:
 - Education awareness for adults and children
 - More AA support
 - Lobbying / influencing
 - Responses to accessing alcohol – not buying alcohol for young people, targeting venues for selling (petrol stations)
 - Opening up schools and other premises to be used for AA and other services.
 - Look at developing a men’s group – particularly important re link with unemployment.
- The provision of direct treatment provision was thought to be beyond the Task Force
- Other issues – intimidation (groups of young people and alcohol), association between alcohol and sport,
- Look at other Task Forces– Rialto education programme in the Rialto CDT, and to develop a model for men’s groups.

Comments from the Panel/the floor

Johnny Connolly- Health Research Board highlighted that the discussion on alcohol was very positive. He felt that there was a need to address this issue. He also highlighted that Community Safety is a far more positive way to respond to the Supply/Control issues that face communities. There is a need for innovative responses. Examples such as the Dial to Stop Drug Dealing piloted in Blanchardstown provides a very innovative way to give the community back their power in tackling drug supply in their community. The willingness of the community to engage is often overlooked. The Community Safety Forums now have a legislative basis. This is an important development as it makes community policing accessible.

A comment from the floor highlighted that reporting on “gangland” crime in Dublin 12 is often misleading and not accurate. It does not display the actual situation but creates an impression that Dublin 12 is more seriously affected by drugs crime than it is. Many of the positive aspects of the area-its people, groups, community are often overlooked.

Anna Quigley- Citywide highlighted the need for additional resources to tackle alcohol misuse. She congratulated D12 LDTF for including alcohol as part of its strategy.

5. Closure

Caroline Kavanagh, Chairperson, thanked all the speakers, workshop facilitators and participants for attending. All were invited to complete evaluation sheets.

Appendix One: Conference Participants

D12 Stakeholder conference contact list 12-05-09

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44	Ann Nugent		Key Worker, Walkinstown Greenhills Resource Centre, 12 Bridgecourt Office Park, Walkinstown Ave, D12	01-4198630	-
45	Claire Smart		Project Worker, Walkinstown Greenhills Resource Centre, 12 Bridgecourt Office Park, Walkinstown Ave, D12	01-4198630	-
46	Sylvia Carlile		Croi Nua, C/o ARC 101 Cashel Road, Crumlin, Dublin 12	01-4563131	-
47	Josie Russel		An Fheileican, C/o ARC 101 Cashel Road, Crumlin, Dublin 12	01-4563131	-
48	Dr Margaret Burke		HSE Addiction Services, GP Co-ordinator, 37 Castle Street, Dublin 8	01 4767010	margaret.burke@hse.ie
49	Mary Lynch		Dublin City Council, DCC Local Area Office, Crumlin Village, Crumlin, D12	01-2225500	mary.lynch@dublincity.ie
50	Lynda Scully		KWCD LES, Co-ordinator, St Agnes Rd, Crumlin D12	01 4095082	lyndascully@eircom.net
51	Seamus Noone		Trinity Court Addiction Clinic, 31/32 Pearse St,Dublin2.		

52	Nurses (through Rose Shepard)		The Lodge Addiction Clinic Crumlin, Old County Rd, Crumlin D12,	01-6206486	rose.shepard@hse.ie
53	Ruth Beathy(Nurse)		Drimnagh Addiction Clinic, Curlew Rd, Drimnagh, Dublin12.	01 4154806	
54	Kevin Shortall		SPHE Support Service, Post Primary,Marino Institute of Education,Griffith Avenue,Dublin 9.	01-	kssphe@gmail.com
55	Jonny Connolly		HRB, 73 Lower Baggot Street, Dublin 2	01-2345000	Jconnolly@hrb.ie
56	Garda Karen Barker		Community Guard, Crumlin Garda Station		No email
57	Cora Marshall		Counsellor, Lodge Clinic Crumlin, Curlew Road, Drimnagh, D12		coramarshall@hse.ie
59	Marie Mooney		D12 Women's Action Group, 1a St. Agnes Road, Crumlin, Dublin 12	01 4059376	d12wag@eircom.net
60	Brid Walsh		Blanchardstown LDTF,		
61	Brendan Carey		Service User Rep, c/o Addiction Response Crumlin, 101 Cashel Rd, Crumlin, D 12	01-4563131	
62	Ann Sharpe		Family support Worker, Crumlin CDP, Unit 1, Goldstone Court, Clogher Road, Crumlin, D12	4736404	crumlincdp@gmail.com
63	Susan Bookle		Facilitator, Burtenshaw Kenny Assoc	087 6687808	sbookle@ireland.com
64	Tracy Hunt		Walkinstown Greenhills Resource Centre, 12 Bridgecourt Office Park, Walkinstown Ave, D 12	01-4198630	
65	Amy Carroll		Admin Support, D12 LDTF, Bridge Hse, Cherry Orchard Hospital, Ballyfermot, D10	01-6206457	
66	Derek Jennings		Community Response, Carmons Hall, 14 Carmons Hall, (off Francis St) Dublin 8		