

Treatment and Rehabilitation Network Group

Annual Report 2005

BACKGROUND

The Treatment and Rehabilitation Network Group of the North Inner City Local Drug Task Force had met infrequently in recent years. Issues which had crystallized difficulty over this time were; punitive arbitrary sanctions concerning clients in local clinical services; the location of the Rehabilitation Integration Service in the inner city without consultation; the installation of the Drug Courts programme in the community without consultation.

There was a general agreement this groups role was meaningless if the above occurred again – paradoxically as the national drug response had grown out of the inter – agency approach to drugs as pioneered in the north inner city.

“Building on Experience”.

In the submission to the Mid Term Review of the National Drug Strategy, “Building on Experience”, Mel MacGiobuin (15.10.04) Task Force Co-ordinator identified critical issues pertaining to Treatment and Rehabilitation. This represented the backdrop to the work in 2005.

Achievements since 2001

- The establishment and support of community led response to problem drug misuse. This facilitated much greater levels of service penetration and accessibility than before the strategy.
- Greater numbers in treatment; 7,190 as of August 2004.
- Greater interagency communication and co-ordinated responses through the general Task Force structures.
- The inclusion of service users is now acknowledged in policy development.

Critical Indicators since 2001

- Cutbacks and lack of appropriate increases has undermined service level provision. It has blocked developments and integrated responses.

- There has been a failure to secure strategic actions around reports, best practice guidelines, service user charters and agency plans. Community consultation has not been promoted in any significant way – which jeopardises suitable partnership approaches.
- Lack of statutory involvement undermines the Task Force effectiveness.
- There is a need for greater harm minimisation in prisons and the community.
- An under 18 protocol is a necessity.

TREATMENT AND REHABILITATION NETWORK GROUP

It was proposed the Network group would meet bi-monthly, in total six times during 2005. It was also agreed a Working Group would meet prior to each Network meeting to undertake any planning required, plus follow up on outstanding issues.

This schedule of Treatment and Rehabilitation meetings was fully adhered to in 2005 as follows;

- 3rd March
- 28th April
- 23rd June
- 14th October
- 10th November
- 14th December

Role of the Group

In light of Treatment and Rehabilitation difficulties as previously cited, the groups role was defined primarily to achieve the following;

- Support and sharing information
- Identifying gaps in services and possible solutions
- Input around ongoing developments
- Feed into the NICLDTF
- Be a group to be reckoned with
- Develop a sense of unity
- Be a conduit from the NICLDTF back into the community
- Draw up a directory of what is offered locally and what can be accessed

- Get service users involved
- Set realistic goals
- Support / influence / other
- Secure statutory involvement in a meaningful way

Ethos of the Network group

Bearing in mind the history of difficulties the group experienced around aforementioned issues the unanimous agreement was to confer an ethos which would facilitate critical discussion and development. All recognised the need to re-established the bona fides of the Network Group and develop a culture of connectivity as follows;

- Unity, action and reflection
- Commitment – stick with the process – don't flip in or out
- Be a reflective forum
- Learn from the past
- Be non threatening – inclusive
- Work collectively

Definitions

The relevant definitions for our work are as follows;

Treatment

This concerns all aspects relating to the provision and accessibility of primary and secondary health care. Including; access to medical care, all clinic related interventions, harm reduction issues, needle exchange etc.

Rehabilitation

This concerns all aspects of service provision relating to re-integration of individuals into society and the provision of holistic social supports, including – counselling, education and training, care planning issues such as housing and homelessness, justice etc.

Issues

Pressing issues identified at the meeting of March 3rd 2005 were;

Treatment Issues

- Standards of Care
- Poor Key Working (1)
- Sanctions
- Culture in the clinics
- Patients Charter
- Respite (2)
- Needs of virus positive individuals
- Prisons

Rehabilitation Issues

- Progression routes
- Training
 - Suicide
 - Cocaine
- Information exchange / best practice

General Issues

- Need for statutory involvement

Other pressing needs were continually echoed in 2005, including; the need for a continuum of care and better case management co-ordination / a range of detox options / more residential beds / more flexibility in the provision of special CE rehabilitation programmes.

It was acknowledged many needs are being addressed locally. The wide representation of groups attending during the year ensures gaps identified are accurate. More importantly many are deeply involved responding to these needs. A comprehensive list of attendees for 2005 is located at the back of this report. (see Appendix A)

Demographics

An issue of basic necessity is the establishment of accurate statistics for those in treatment from the north inner city. The fact that people reside in the area due to its transitory housing profile and that others in the community acquire treatment outside its boundaries (e.g. Trinity Court) has not been acutely measured. Figures presented herein come from “We’re People Too”. (see Appendix B)

Footnote (1) and (2) – Applicable to both Treatment and Rehabilitation

Emerging Needs

There was also the vexed issue of the failure by the Minister to meet the guarantees as given when the Emerging Needs Fund was launched. Funding as promised for example was not given to the MACRO Training and Development Project. The Ministers stance on Emerging Needs Funding was an ongoing concern as it has dragged on for an unwarranted period of time and caused much anger resulting in the resignation of Fergus McCabe from the National Drug Strategy Team in late 2005.

INFLUENCING STRATEGIC ISSUES IN TREATMENT AND REHABILITATION 2005

Research

Presentation – June 23rd

“We’re People Too”

Views of Drug Users on Health Services

Authors; O’Reilly / Reaper / Redmond – 2005

This study, presented to the Treatment and Rehabilitation Committee, in acknowledging its possibility to be contentious, utilised an action based approach to identify the following current realities about the north inner city;

- Drugs and their social context
- Quality of methadone treatment services
- Accurate statistical quantification of methadone usage

Underpinning the study is a commitment to promoting and forging a rights based approach for those using services. Essentially this recognizes people have guaranteed rights to acquire specific entitlements e.g. medical cards / medical services / respect and dignity etc.

The study is part of a process of advocacy and awareness by UISCE and ICON which the Treatment and Rehabilitation Committee can not only influence but assist in applying

Copies available on request from Ruaidhrí McAuliffe, UISCE.

Policy Innovation

The Fifth Pillar, Rehabilitation – Feedback Session

Dr Patricia O' Connor 14/10/05

Meeting with Director National Drugs Strategy Team,

Dr O' Connor attended to hear the views of Committee members on Treatment and Rehabilitation, in light of rehabilitation becoming the Fifth Pillar of the National Drug Strategy. It was preceded by stating the agreed position of affiliates; a) that we have been on the verge of similar new enlightenments many times before, b) that cutbacks and the failure to develop services over recent years has inhibited our ability to respond to identified needs. Those present named the following as being critical components in a realistic rehabilitation strategy.

- A continuum of care
- A range of detox options
- More residential beds
- Programme development
- Quality of care standards for service delivery
- Resources
- Capacity building

Subsequently the Treatment and Rehabilitation Committee drew up and made a submission to the Review Committee on Rehabilitation (see Appendix C)

Discussion Forum

Dr Brion Sweeney 14/12/05

Consultant Psychiatrist for Substance Misuse, HSE, NS

It had been suggested at our first meeting in 2005 to ask the clinical director of the health services to meet us at the end of the year to reflect on issues raised throughout this meeting process.

The discussion forum acknowledged the dominance of the medical model up to now with a possible shift of emphasis towards rehabilitation / reintegration emerging from the Mid-Term Review.

Brion Sweeney outlined the necessity of good preparation (i.e. care planning) for progress, acknowledging we are still somewhat underdeveloped in our ability to integrate a response. Advocacy is also essential, the person being fully heard, with at least a 2 year life plan being (professionally and personally) facilitated.

Current problems were postulated; the difficulty recruiting GP's / huge caseloads / the need to develop key work systems / the implementation of clinical care teams / the need to use existing resources in a more strategic way / difficulties in City Clinic, for instance scale (which are being addressed through a special sub committee) / waiting list pressure etc.

The need was asserted not to see issues solely in-house but outside this context and that the challenge for us all is for structures to mitigate in favour of objectivity, transparency and inclusiveness.

Reports

The Bruce Report

Drug Task Force Projects Activity for FAS CE Participations

The Bruce Report a major study came into the public domain in 2005, it's brief to evaluate the effect of Special CE projects working within the drug context nationally. Projects in the NICLDTF area had been consulted. Its discourse and recommendations are important for all in rehabilitation. Further details from FAS Community Services Section

The Lawless Report

Commissioned by the North East LDTF and focused on CE special projects in that locality, again projects in the north inner city were consulted. Like Bruce, Lawless is a detailed and reflective evaluation which merits much consideration. Further details from the NE LDTF at tomobriendnedtaskforce@eircom.net

Citywide – Drug Rehabilitation A View from the Community

Citywide produced in 2005 a report on rehabilitation, the National Drug Strategy progress to date and its relationship to special CE.

Copies available from www.citywide.ie

Information Sharing

Travellers Specific Drug Project Presentation

A huge rise in drug use among travellers had occurred in the last 5 – 10 years. The Travellers Specific Drugs Project aim is;

- To undertake advocacy
- Commission research
- Provide information
- Develop relevant policy (with NDST)
- Ensure travelers have priority access in Local Drug Task Forces

Travelers do not present to services, although there is incontrovertible evidence of drug use, some use of crack cocaine with young travellers and sex industry involvement. Evidence of other health problems is also apparent, in particular blood borne viruses.

Conference

“Vital Connections” – October 12th 2005 / Kilmainham

This conference arose due to the fact we were at a vital time in the Drug Strategy, with the tenth anniversary pending of the establishment of the local drug task forces and with evident current difficulties which needed exploration.

Many members of the Treatment and Rehabilitation Committee attended and participated. Key feedback was the need to reflect on the changing nature of the drug problem, the requirement for service partnership responses (reconnecting), the failure to keep pace with resources and the need to re-energise the drug response.

Information re: Conference Report contact the National Drug Strategy Team, Phone 475 4120.

WORKING GROUPS

A range of initiatives has been ongoing in the north inner city to respond to the many challenges problem drug misuse has caused.

The NICLDTF has continually worked to empower and facilitate a bottom up approach whereby problems identified at grassroots level could be tackled locally in an integrated way.

Working groups essentially consist of local project members and cover a range of critical responses, as listed in Appendix D.

(Appendix A)

Groups who Attended the Treatment and Rehabilitation Network Group in 2005

- Ana Liffey
- Julian Pugh – HSE Care Planning Group
- Five Lamps Drug Support Group
- Travellers Specific Drug Project
- Family Support Group
- Snug Counselling Service
- Bridge Project
- Homeless Agency
- Chrysalis
- SAOL
- Progression Routes Project
- UISCE
- Soilse
- Soilse / Rutland Partnership
- Cairde
- MACRO – NWICN
- ACRG
- Keltoi
- Hope
- Rehabilitation – Integration Service
- Gateway
- Training and Development Project
- NIC Local Drug Task Force
- Talbot Centre
- Dublin AIDS Alliance

(Appendix B)

Statistics from “We’re People Too” (pg28)

People registered on Central Treatment List by electoral division 2004 (NICP area)

Arran Quay A	11
Arran Quay B	32
Arran Quay C	39
Arran Quay D	77
Arran Quay E	45
Ballybough A	103
Ballybough B	33
Drumcondra B	6
Inns Quay A	13
Inns Quay B	56
Inns Quay C	54
Mountjoy A	164
Mountjoy B	73
North City	45
North Dock A	7
North Dock B	20
North Dock C	89
Rotunda A	69
Rotunda B	37
Total	973

(Appendix C)

SUBMISSION

TREATMENT AND REHABILITATION SUB GROUP NORTH INNER CITY LOCAL DRUG TASK FORCE BUCKINGHAM STREET

CONTEXT

The Local Drug Task Force notion grew out of the Inter-Agency Drug Project which was pioneered in the north inner city in the mid-1990s. This area consequently has been to the fore in setting the agenda and pioneering models to respond to chronic drug dependency in disadvantaged communities.

The NIC T&R Network Group is comprised of groups delivering treatment and rehabilitation to those people living in this area.

At end of 2004, there were 963 people on methadone maintenance in the North Inner City. This has been one of the major successes of drug policy over the last decade, creating an environment where clinical services could be accessed locally and readily. This has been achieved through community consultation and co-operation.

Paradoxically there is a major imbalance in service development with less than 100 formal places per annum available for day-time non-residential rehabilitation. Rehabilitation development has also been punctuated by lack of mainstreaming and undermined by cutbacks to vital services. The challenge has been captured by songwriter Damien Dempsey when he sings "the ghosts of tuberculosis are replaced by the ghosts of overdoses".

SUBMISSION

The main areas of concern and agreement in our joint submission are as follows;

1. Continuum of Care/Case Management

All services should work within an integrated continuum of care framework. There is a requirement for agreed procedures and standard care plans whereby agencies can co-operate to secure the needs of the individual as in the Equal initiative. Effective use of case management is imperative to facilitate the persons progression.

2. Detox Options and Beds

A significant expansion of detox options and beds is a pre-requisite to shifting the intervention paradigm, from long-term methadone dependency to person centered responses through rehabilitation.

The culture which pervades the population in drug services must be progressionary and sustainable, to create a climate of confidence for change. This means an integrated continuum of care. Also evident current cocaine use trends necessitates a re-emphasis of detox options.

3. Residential Treatment

Residential treatment conceptually is part of a continuum of care. It is vital to facilitate the individual to psychologically come to terms with one's circumstances and plan assuredly for the future, to give the person time out for reflection and move into structured therapeutic aftercare.

More residential treatment beds are urgently needed. Without a conscious attempt to invest in quality options, the cycle of dependency will remain unbroken.

4. Day Time Programmes

Daytime rehabilitation programmes are another formidable link in the continuum chain. They address the psycho social and educational needs of this constituency who suffer generational disadvantage (early school leavers/involvement in the criminal justice system/generational addiction/poor health/unemployment/few if any role models).

There should be a range of options including daytime programme which range from sampler courses to highly structured accredited programmes to social economy models. We believe numerically 30% of those from the north inner city presently in treatment should access daytime residential rehabilitation programmes by the culmination of the National Drug Strategy 2001-08. Also the recommendations contained in both the Bruce Report and Lawless Report should be enacted fully in this timeframe.

5. Community Development

The community context in which drug dependency thrives must not be managed but relentlessly challenged and changed. A new environmental infrastructure, psycho - socially and educationally must be created where all service users and their families feel valued, and in the European Year of Citizenship and Education 2005, can aspire to participate and reach their full potential.

UISCE (2005) are currently developing and promoting a rights based approach for service users, giving a voice to those seen in a "negative light by society". They must be the subject and not the objects of this development.

6. Resources

Adequate resources are needed immediately to fill the gaps that have been created due to a failure of mainstreaming but also to reverse the lacerating cutbacks of the last three years. To provide quality assured services to this most vulnerable population requires investment, logistically, in terms of staff provisions, research and development, capacity building and co-ordination at a micro and macro level.

7. Conclusion

It must be recognised at an official level that the needs of the north inner city are proportionally greater than other local drug task force areas.

Regarding rehabilitation, there must be a culture of performance management at a policy level whereby goals set over designated time frames are set realistically and delivered upon in partnership with service providers and the local drugs task forces. These goals must be primarily developed from a bottom-up process.

Unfortunately the history of the drug policy is a failure to plan realistically, resource and indeed implement what has been agreed upon.

There now needs to be an appreciation at a policy level that without political will and investment, responses like the mid-term review are merely soft optics for the public.

O'Reilly/Reaper/Redmond (2005) - "We're People Too"

(Appendix D)

Treatment and Rehabilitation Working Groups

Treatment and Rehabilitation Network Group

A sub committee of the North Inner City Local Drug Task Force, this group meets bi-monthly. Its objective is to share information, work together where possible and advocate on behalf of service users and services, in effect to reflect on issues common to all. It is the umbrella group for treatment and rehabilitation activities which occur in the area, being composed of community, voluntary and statutory services / workers. Key contacts Mel MacGiobuin at nicdtf@iol.ie or Gerry McAleenan at soilsehp@eircom.net

NWICN – Drugs Working Group

The North West Inner City Network has affiliates of 87 organisations, representing social, economic and cultural interests in the community. The Drug Working Group is cross-sectoral and geographically represents projects, their needs and interests located from Dorset Street to O’ Deavaney Gardens. The Group agenda is to secure the actions as outlined in the NWICN Strategic Plan 2006 – 2010. Meeting monthly, it feeds both into the NWICN and NICLDTF via Noeleen Jennings, the Community Participation Worker.

Key Contact Noeleen Jennings at noeleen_nwcn@yahoo.ie

Soilse – Rutland Partnership

Established in 1997 as the first continuum of care package, the partnership aligns day time methadone programmes with residential treatment to drug free programmes for 10 people from the north inner city yearly. Mainstreamed as a category “A project” in 2000, this integrated response has been replicated as a model of best practice with other agencies and in other drug task force areas.

Key Contact Sonya Dillon at 872 4922 or soilsehp@eircom.net

Prison Housing Project

The Prison Housing Project was established in 2005 to address the significant range of difficulties of prisoners from the north inner city upon being released in particular

without accommodation. Models of intervention have been explored and the groups aim is to pilot a suitable intervention, specifically by identifying and utilising best practice in terms of care planning / case management.

Key Contact Marcus Keane at marcusnicdtf@gmail.com

Cocaine Initiative

€2,000 was granted by the Dormant Accounts and is being piloted by SAOL. The project itself has a number of components and involves co-ordination around producing educational and support resources as well as training for a number of people within the field of addiction. Identified as areas to be addressed are the following;

- Relapse Prevention Resource Pack – A resource for both clients and workers to work through relapse with cocaine users
- Self Control Course – A resource handbook for Drug Rehabilitation Projects to identify patterns of use with clients and control drug use
- Harm Reduction Training - Auricular acupuncture, guided imagery and trauma reduction workshops
- Herbal Tea Trails – A holistic approach targeted at specific projects to be evaluated
- Outreach Materials – To create harm reduction materials to be used in outreach and to be targeted at cocaine users

Key Contact Caroline Gardner at progressionroutes@saolproject.ie

Suicide Prevention Training

A training for trainer course will be available to local project representatives who will then each train 20 people in turn. The training will assist the trainers to be able to provide emergency interventions including first-aid to persons at risk of suicidal behaviors. To attend, people need to be nominated through one of the networks that are working in the North Inner City.

Key Contact Marcus Keane at marcusnicdtf@gmail.com

Homeless and Drug Policy Initiative (based on Blanchardstown EQUAL)

This initiative is responding to the well identified need for greater service co-ordination for homeless substance mis-users. The project is based largely on the process used in the Blanchardstown EQUAL initiative and is aiming to drugs services. Contact either Caroline Gardner at progressionroutes@saolproject.ie or Tony Duffin at duffinas@yahoo.ie for more information.

Respite Feasibility Study

Nexus researcher Co-operative have been contracted to outline how respite service provision in the NIC would meet the needs of local drugs projects. The project has a funding line of around €45,000 per year which will provide seed money to continue into an extended service provision feasibility stage. There are two models being proposed, these are (1) a flexible fund to purchase private accommodation or transport to existing respite facilities or (2) the provision of a rental premises. Contact Marcus Keane at marcusnicdtf@gmail.com

Progression Routes Initiative

This policy change initiative will follow the service provision experiences of 10 – 12 services users and their key workers over a 2 to 3 year period. The initiative will capture information on policy and practice that poses barriers to the achievement of client goals as established through a care planning system. This initiative is practical in focus and key workers will be involved in finding feasible solutions to identified barriers. These ‘possible solutions’ will be presented to the project Advisory Group, which has committed to working towards better service provision and has senior representation from all relevant agencies including FAS, HSE, P&W, Homeless Agency etc. Contact progressionroutes@saolproject.ie

City Clinic Liaison Group

A local partnership of ICON (North Inner City Network) and the senior clinical team of City Clinic (HSE NA) which meets 4 times a year to raise, discuss and seek to resolve broad issues arising from local people availing of City Clinic treatment services. NICDTF ICON community representatives attend with local project support staff.

ICON NICLDTF community reps Drugs Working Groups

A support group for ICON Community Reps on NICDTF to focus on relevant issues to local communities to be raised at NICLDTF monthly meetings. Group scheduled to meet monthly and is open to expanding membership from local projects and local groups.

Sanctions Committee

A single focus group emerging out of NICLDTF and City Clinic Liaison Group, made up of representation from NICLDTF, City Clinic senior Staff, ICON and UISCE

(Appendix E)

Glossary of Terms

2005 was the “European Year of Citizenship Through Education”. NALA is promoting “active citizenship” has proposed the following definitions which may be of use to the Treatment and Rehabilitation Network Group.

Active Citizenship – To make it possible for everyone to take part in all aspects of society including – cultural / economic / political / community activity.

Analyse – Examine the details of something carefully so you can understand and explain it.

Best Practice – Carrying out a job or providing a service along guidelines that have been found to work very well.

Community – Groups of people who hold something in common; people who live in the same area; people who are communities of interest.

Community Development – A process of people working together to change and improve the quality of their lives, the communities in which they live and the society of which they are part.

Critical Analysis – Investigating, implementing, presenting and reflecting on issues – going beyond simple explanations and exploring issues in a more complex way.

Empowerment – Making it possible for people to understand and exercise their powers and responsibilities as citizens.

Entitlement – Benefits you are entitled to.

Networking – Using events usually social to meet people who might be of benefit to your work. Exchanging information with a group of educated people.

Participation – Taking part or sharing in an activity such as public decision making process.

Process – Series of actions taken to achieve a result.

Social Exclusion – People or places being excluded from the outcomes and opportunities enjoyed by mainstream society due to problems that can include; unemployment / poor skills / low income / discrimination / poor housing / drug using environments / bad health / family breakdown.

Social Partnership – When government, the private sector, the voluntary sector and the unions produce a strategy for social and economic development.

Values – Beliefs and set of rules that are important to a person.

Voluntary Sector – Collection of individual groups that do things not for profit but are not public or local authority.

Contact List

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Caroline Gardener	Progression Routes	855 3391	progressionroutes@saolproject.ie
Christy Flood / Emily Reaper	UISCE	873 3799	uiscepost@hotmail.com
Erin Nugent	Dublin AIDS Alliance	873 3799	info@dublinaid alliance.com
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Yuk'wah Cheung	Homeless Agency	703 6100	homeless@dublincity.ie

Apologies to other groups not included in this list.

Aims 2006

1. Conference or Symposium on treatment and rehabilitation issues
 - The role of new structures, particularly Primary and Continuing Community Care in service provision
 - Best practice methodologies in Care Planning and Case Management
 - Advocacy and rights for service users
2. (i) Induct new members into the Network Group.
(ii) Draw up terms of reference for the group.
3. Discuss, with a view to adopting, the Blanchardstown Protocol.
4. Gauge the interaction and effect of the Working Groups in our catchment.
5. Minimise meetings, consolidate structures and refocus developments for 2007 around key services with regard to the new National Drugs Strategy.