JADD Strategic Plan

April 2023



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# Introduction

## Vision

All families in Jobstown and surrounding communities experiencing substance misuse are supported, understood, and given hope, through the provision of high-quality harm reduction, recovery and rehabilitation services.

## Mission

We create safe spaces and nurturing relationships that help people and their families heal and progress on their recovery journey from substance abuse to a drug free lifestyle.

## Values

* We are friendly, warm, flexible, and will always act with honesty and integrity
* We are non-judgemental and seek to create dignity for everyone we work with
* We go the extra mile and recognise that no one can do it alone
* We believe in people’s ability to change
* We are part of the community, providing a safe space where kindness and connection are the basis of all rehabilitation

## Our History

Jobstown Assisting Drug Dependency (JADD) was established in 1996 to create support services for clients and families with substance use problems. The changing drug scene in the local community at this time was complicated by an increase in heroin use. Families with no experience of the devastating impacts of the drugs began to experience new levels of fear, anger, intimidation and pain. Driven by five members of the local community and a need to respond to this growing drug problem and the issues that arose as a consequence, JADD came to life.

In 1998 JADD opened its doors on the grounds of the Jobstown Community Centre, with the Health Service Executive (HSE) Addiction Services and the Tallaght Drugs and Alcohol Task Force (TDATF) supporting the organisation in accessing funding. Very quickly our members, desiring to help families struggling with heroin use, realised that supporting people struggling with addiction to return to a drug free lifestyle would require a system of supports. Our response to this complex social problem was to provide a range of holistic services, enhanced through JADD’s partnership with the HSE and the provision of methadone treatment in the community. Our services needed to break down the barriers that trapped so many in the local community into a life of addiction. JADD began to develop an extensive range of community and family supports such as childcare and education opportunities, counselling and rehabilitation services to creating a safe space where clients and their families could access supports to help them change their lives.

Through a partnership approach with the HSE addiction services, the TDATF, and Pobal, JADD has become a leading provider of frontline services in the local community and greater Tallaght area. Throughout our history we have continued to adapt to emerging needs and today provide a range of free services designed to support families with addiction problems.

## Our Services

Our vision of changing lives and saving futures by helping people return to a drug free lifestyle continues to be realised through a series of innovative, free, and quality services operating out of Jobstown. We provide a safe, non-judgemental environment where everyone is treated with dignity and respect. Through our advocacy work, our interagency links, and strategic partnerships we deliver an array of services targeted to address the needs of families coping with drug dependency, polydrug use and social and emotional needs stemming from a multigenerational legacy of drug addiction.

Today JADD provides wrap-around services designed to rehabilitate clients and support them to sustain drug free life-styles while also supporting their families. Our services include:

* **Drop-in service**
* **Opioid substitution treatment service provided in partnership with the Health Service Executive**
* **Crack cocaine service (including assertive outreach service)**
* **Harm reduction service**
* **Assessment service**
* **Childcare service for parents with a substance use history**
* **Key-working, care-planning, & case-management supports**
* **Addiction counselling**
* **Family support groups**
* **Family support counselling service**
* **Pscho-educational supports**

Our opioid substitution treatment programme, needle exchange, and harm reduction services are targeted towards changing the devastating outcomes of drug addiction experienced by many individuals and families, while our evidence-based rehabilitation programmes provide the specialised supports that individuals need to change their lives. These services have developed in partnership with the HSE Addiction Services and are aligned to best practice. These services are delivered seven days a week.

Our family support service for children impacted by drug use provides not just a support network and day-care for children but also ensures parents have the time needed to avail of counselling, key working, and drop-in services, either in JADD or elsewhere. Our pscho-educational programmes create opportunities for educational advancement and personal development.

## Our Governing Board

Our board of directors/trustees between them bring years of expertise from the corporate and non-profit sectors with backgrounds in finance, education, media, employment and community care. Their diverse range of skills and experience coupled with their passion for the work helps JADD aspire to high levels of good governance. The aim of the board is to ensure the highest quality of service provision attainable with the available resources and to ensure we have a robust structure in place to meet all our legal obligations and compliance demands.

## An Introduction to the Jobstown Area

The population of the area is 17,824. Over half of Tallaght West (29,000 in 2011) is concentrated in Jobstown (Census 2016). Of this population males make up 8,637, and females 9,187. 18–64 year olds are largest population group at 10,628. Jobstown has only 465 people over the age of 64. The area is expected to have an increase in population growth of 27% by 2026 bringing the population to approximately 22,738.

Jobstown has the highest percentage of young people in the Tallaght Drug & Alcohol Task Force Area, and has an unemployment rate of 22.59% as of 2017 (unemployment rate nationally is 7.9% - Killinarden has the 2nd highest unemployment rate in the nation). According to the TDATF Jobstown has a deprivation score of -6.9 which is marginally below the national average. Only 40% of households are owner occupier versus national average of 70%. The Tallaght West Childhood Development Initiative, found in research done in 2017 that Tallaght West one parent family rate of 12.1% in 1987 rose to 29.1% in 2006 (the current rate for the entire nation is 17.1), showing a rapid change in family structure.

In the 2016 census, 13,942 identified as Irish and born in Ireland, and 902 identified as Polish, making this the second largest group by ethnicity. The remaining population identify as British, as coming from another area of Eastern Europe and of undisclosed ethnicity. 14,358 identifed as White, 1,753 as Black, and 789 as Asian (remaining numbers undisclosed). Statistics for Travellers in the local population are not available.

Crack use exploded in the area as of 2018, and has continued to grow. According to research undertaken in 2021 the administration of crack pipes over the seven months of January to August 2021 surpassed the figure for the entirety of 2020[[1]](#footnote-1). This trend is also observed by staff of JADD, who note its increasing prevalence and the challenge in supporting people using crack into recovery pathways.

In summary the area served by JADD is one of significant disadvantage, this is highlighted by the following information:

* More than double the national level of one parent families
* High concentration of semi-skilled and unskilled workforce (34% versus national average of 16%)
* High unemployment level at twice the national average
* High concentration of rented social housing at four times the national average

Considerably lower levels of education, with less than half the national level of people with professional qualifications.

## National, Regional, and Local Trends in Drug Use

In 2021, 10,769 cases of treatment for problematic drug-use were reported in Ireland.[[2]](#footnote-2) Covid-19 restrictions in 2020 had mixed impacts on drug-use depending on the type of substance. For example, survey reporting of cocaine use decreased significantly during Covid-19 related restrictions as opposed to self-reported cannabis use, which declined to a much smaller extent[[3]](#footnote-3).

However, despite the evidence for the impact of Covid-19 restrictions on cocaine-use, national data records a clear upward trend in treatments for cocaine and crack-cocaine in recent years. Cocaine was the second most used drug in the EMCDDA survey of Irish respondents in 2020, and of the 10,791 cases in 2021, 30% were for problematic cocaine use (N=3,248).[[4]](#footnote-4)

This rise in cocaine and crack cocaine use is visible in data for treatments of cases for problematic drug use in Co. Dublin. As Figure 1 illustrates, since 2017 cocaine has risen from accounting for 20% of reported treatments to 32% in 2021 throughout the county.

Figure 1: Trends in reported cases for substance use in Co. Dublin between 2017 and 2021

This reflects the national trend in rising treatment for problematic cocaine-use. As reported by the Health Research Board in July 2021, cases for cocaine misuse have risen from 853 cases in 2014 to 2,619 in 2020.[[5]](#footnote-5) Meanwhile, cases for treatment for heroin have declined steeply from 45% in 2017 to 33% in 2021.

This national and Dublin-wide trend is also seen in data for the Tallaght region. In Tallaght (see Figure 2 below), cases for the treatment of problematic cocaine use have risen markedly compared to those for heroin misuse. While cocaine treatments have risen by 9% points since 2021, heroin has declined by 8% points, with cases for cocaine misuse surpassing those for heroin in 2021.

Figure 2: Trends in reported treatments for heroin and cocaine use in Tallaght between 2017 and 2021

These trends are also reported at the local by JADD staff, who have observed that within the increase of treatment for cocaine, there is an increasing prevalence of crack-cocaine use. This pattern is also highlighted nationally - in 2014, 84 cases of crack-cocaine treatment were recorded by the NDTRS, in 2020 the total number of treatments for crack-cocaine had risen to 414[[6]](#footnote-6).

## The National Drug Strategy, 2017-2025

The national drug strategy *Reducing Harm, Supporting Recovery: A Health-led Response to Drug and Alcohol-use in Ireland 2017-2025,* governs the policy and resourcing of national drugs services*.* This strategy emphasises a move away from a criminal justice approach in favour of a shift towards a health-led approach that emphasises well-being. The table below highlights the key objectives and actions of the strategy.

Figure 3 Objectives and actions of the strategy

|  |  |
| --- | --- |
| **Objective**  | **Action**  |
| To promote health and well-being | Promote healthier lifestyles and prevent the use of drugs and alcohol by young people.Develop harm-reduction interventions targeting at risk groups  |
| To minimise harms caused by use and misuse of substances and promote rehabilitation and community | Attain better health and social outcomes for people who experience harm from substance misuse and meet their recovery and rehabilitation needs  |
| To address the harms of drug markets and reduce access to drugs for harmful use  | Provide a comprehensive and responsive misuse of drugs control framework which ensures proper control, management, and regulation of the supply of drugsImplement effective law enforcement and supply reduction strategies and actions to prevent, disrupt, or otherwise reduce the availability of illicit drugs Develop effective monitoring for, and response to, evolving trends, public health threats, and the emergence of new drug markets  |
| To support participation of individuals, families, and communities  | Strengthen the resilience of communities and build capacity to respond, and enable participation of both services and their families  |
| To develop sound and comprehensive evidence-informed policies and actions  | Support high-quality monitoring, evaluation, and research to ensure evidence-informed policies and practices  |

## The Tallaght Drug and Alcohol Task Force

Tallaght Drug and Alcohol Task Force (TDATF) has important roles in supporting interagency work and local co-ordination in relation to health, well-being, child-protection, youth development, and overall community cohesion and safety. Despite the contributions made by the TDATF and its project partners such as JADD, issues in relation to drug use remain a key local challenge. Recent surveys of people in the area revealed a perception that problems associated with substance abuse have become worse, more visible, and more challenging to public order and safety[[7]](#footnote-7).

Echoing the national data as previously outlined, the three main problem drugs identified in the area are cannabis, crack cocaine, and cocaine. Crack cocaine has been identified as an immediate issue associated with complex and multifaceted service-user needs. There is also often a polydrug component, meaning people are using more than one substance. The prevalence in crack cocaine use has resulted in increasing rates of mental health issues, the emergence of episodic intimidation and violence, and in a number of crack house being known and creating challenges in the local community[[8]](#footnote-8). Interviews with stakeholders also show that energy and food security are also emerging issues that affect families at risk. This issues are discussed further in the table on the following page.

# Issues Facing our Community and Our Response

|  |  |
| --- | --- |
| **The emerging issues** | **Our strategic responses 2023 - 2026** |
| **Increasing crack cocaine and cocaine use** in the area is having a significant impact on individual and family wellbeing and safety. | Extend our Assertive Outreach Programme, working with partners such as HSE and Tusla, in order to ensure the hardest to reach families, at the highest risk, have practical and meaningful supports through an assertive outreach and food programme. |
| **Increasing costs of living** are leaving vulnerable families without basic living standards. In particular, rising energy and food prices are eroding living standards. |
| The service model is underfunded with a **significant reliance on CE programme staff**. Increasing quality standards (care planning and key working), standards for recording work data (data protection, NDTRS reporting), and interagency requirements (i.e. Meitheal) require that staff have advanced workplace skills. Increasing case complexity also means that service users need a range of supports over a long period of time, which puts further strain on the resourcing model. | The service will continue to **work with key funders to ensure that the business model** is robust and can ensure that clients who require case management supports receive a high quality service; this means ongoing efforts to secure additional staff resources. |
| There is a risk for people in treatment that if they cannot find **meaningful activities**, the risk of relapse increases. | **Explore a range of work, personal development, and recovery orientated programmes and pathways**, in partnership with relevant services to explore how best to meet client needs.  |
| There is a need locally to provide additional **parenting supports and after schools services for young people in families at risk** in order to break generational drug use and create hopeful futures for the community. | The service will aim to **increase places for childcare services** by providing afternoon services.  |

# Our Services and the Wheel of Change

The diagram below shows JADD services positioned on the Wheel of Change[[9]](#footnote-9), a model describing individual change, which has remained in use since its development in the 1980s. The Wheel of Change shows the common stages that people progress through from active drug or alcohol use to a drug free life. The model helps clarify the focus of the service and its role in people's recovery journey.

It is challenging for any one service to have sufficient resources and expertise to work in-depth at every stage in the model. Specialisation and focus on areas of strength as well as partnership with other providers are frequent themes of funder and stakeholder aspirations for service providers. To ensure quality service provision and that resources are being used most effectively, interagency work is required.

The diagram shows that the focus of JADD is primarily in supporting people in active addiction to access services, reduce harm, meet basic health and safety needs, and then to progress into treatment. Throughout this part of the journey service users are being supported to explore and attain their potential to change and progress. People requiring long-term residential rehabilitation are referred to services operating that at this stage of the wheel.



# Overview of Strategic Objectives and Actions

JADD will pursue the following strategic objectives and actions in the period 2023 to 2026:

## Continue to Provide and Enhance Core Services to ensure that we reach all those who require our support.

JADD will ensure that we are meeting the needs of the most vulnerable individuals and families in a way that addresses the risks and challenges associated with substance use. JADD will aim to meet the holistic needs of individuals accessing our services, from our harm reduction to counselling and recovery supports. There will also be a focus on expanding services where appropriate, including childcare provision, so that more people, particularly lone mothers can be supported to access vital services.

##  Further Develop Crack Cocaine and Poly Drug Responses

We will respond to the challenges posed by crack cocaine and poly drug use by providing and enhancing the new crack-cocaine assertive outreach services. In collaboration with referral agents and the TDATF, we will also review the programme to assess its effectiveness, to identify improvements and to engage funders in a developing a plan for its continuation.

## Explore Social Enterprise & Other Options to Enhance Client Progression

Local people in recovery from drug misuse need a variety of pathways into education and employment. JADD will play a role supporting the exploration of whether WISE can be developed locally to enhance progression options. To do this we support the establishment of a steering group that will explore how a local WISE could work and what business activities it could undertake. If agreed as a local priority, JADD will support the application process for a feasibility study to be funded through Kickstart or a similar programme. Additionally JADD will work with local partners to assess the gaps in progression pathways for local people looking to access rehabilitation and develop responses to these gaps.

## Work with Partners to Ensure Programme Sustainability

Increased work complexity and quality assurance requirements mean that a core staff complement with relevant qualifications and experience is required to ensure high quality of service provision. To support sustainability the board will work with funders to ensure that there are permanent funding streams in place for all core programmes, as well as the developing crack cocaine programme.

### **4.5** **Attract, develop and retain a highly committed workforce**

### Without the continued commitment of our people, we will not be successful. We will continue to ensure that we have a working culture which ensures that our staff feel safe and valued in their roles and that they have relevant training and development plans in place.

# Strategic Actions

## Continue to Provide and Enhance Core Services to ensure that we reach all those who require our support.

### 5.1.1 Action 1: Provide easier access routes for low threshold clients to access primary health care

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| Invite Safetynet to run an onsite clinic every 4 weeks. Clients will be engaged through social evening events, while the mobile health service is onsite. This service will aim to support clients to have their primary care needs meet.  |
| Agree an MOU with Safteynet. This MOU will need to identify a core data set which will show outcomes of this service. |

**Key Performance Indicators (How we will know we have been successful)**

* MOU agreed with Safetynet
* Increase in clients having primary care needs meet (based on collection of a core set of agreed data)

### 5.1.2 Action 2: Develop additional childcare capacity to include afternoon service, while maintaining 70/30 ratio of children living with parental substance use and the general community

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| --- |
| **Action** |
| Engaging local partners assess whether additional childcare services should be introduced in the afternoon. This would involve reviewing funding streams that can be accessed for the provision of extended childcare services in the afternoon i.e. ECCE and NCS. Once need is established to develop a business plan and apply for funding. |
| JADD will co-ordinate the extended childcare places with core services and the crack cocaine programme to ensure that women who most need these services are able to access them. |
| After 12 months to review the programme and its impact and review where or how impact can be enhanced. |

**Key Performance Indicators (How we will know we have been successful)**

* Additional provision of childcare services
* Women at risk are able to access support services and the impact of this is recorded in a brief evaluation report

### 5.1.3 Action 3: Develop and trial methods to support clients to provide feedback and engage in decision-making within the service.

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| * Trial a number of approaches for engaging service users in feedback and their experience with JADD. These engagement-systems will be co-created with service users in order to assess what options best suit their needs
 |

**Key Performance Indicators (How we will know we have been successful)**

* Service-user engagement and feedback presented to the Board at least annually.
* Service users feel listened to and empowered to influence service delivery, as judged though an annual survey/focus group.

### 5.1.4 Action 4: Develop an outcome framework to support continued assessment of core services effectiveness.

|  |
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|  Develop and implement practical outcome frameworks for and data collection processes for all new programmes and key working / case management services. |
| Use information from the outcome framework, alongside qualitative data gained through interviews and focus groups to evaluate programmes. |

**Key Performance Indicators (How we will know we have been successful)**

* The outcome framework is developed and implemented.
* New project evaluation reports are developed.

### 5.1.5 Action 5: Complete peer reviewed research paper to assess effectiveness of Trabolgan respite break.

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| Develop a research approach behind respite initiatives to better understand and reach a data-based conclusion as to the effectiveness of our programs |

**Key Performance Indicators (How we will know we have been successful)**

* Research paper completed for Trabolgan which has been peer reviewed & which is suitable for sharing publicly with relevant organizations.

## 5.2 Further Develop Crack Cocaine and Poly Drug Responses

### 5.2.1 Action 6: Continue and develop the crack cocaine assertive outreach programme.

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| We aim to further enhance our assertive outreach services which aims to engage the most hard to reach and at risk families. We will do this in collaboration with local partners, including South Dublin County Council, Housing bodies, Housing First, Tusla and HSE. The service will aim to provide 15 - 25 outreach connections for each afternoon/evening 3 hour session. Outreach is conducted on the street or through home visits. People are prioritised for this service, based on the following criteria:* Highlighted by the JADD team to be most at risk
* Referral by HSE or other community partners for assertive outreach support
* Referral by Tusla or identified as families dealing with parental substance use and children
* DNAs / referral from HSE methadone clinic due to health issues
* Those whose tenancies are at risk due to crack cocaine use
 |
| We will review the crack-cocaine assertive outreach service with referral agents after 12 months to improve how it works, understand programme effectiveness and to engage funders in a sustainability plan for its continuation, if it is judged as successful. |

**Key Performance Indicators (How we will know we have been successful)**

* Did not attends are reduced by 25% for the most at risk families
* Tusla referrals result in children being maintained in the family.
* The service is able to maintain contact with the most at risk individuals.

### 5.2.2 Action 7: Identify how transport and technology can best support assertive outreach models.

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| Undertake a review of local and, where appropriate, international models to assess the transport and technology challenges of delivering an assertive outreach service, identifying solutions that can assist staff with: * Collecting personal information in the street environment
* Facilitating the safe distribution of harm reduction equipment, and recording same
* Transportation for home visits
 |

**Key Performance Indicators (How we will know we have been successful):**

* Costed proposals for service developed are developed for innovations which will enhance the assertive outreach programme.

## 5.3 Explore Social Enterprise & Other Options to Enhance Client Progression

### 5.3.1 Action 8: Review the potential for local WISE to provide additional progression routes

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| Establish a steering group to review whether a Work Integration Social Enterprise (WISE) is a useful model for JADD and the local area, and how this could function, as well as what business activities it could undertake. To engage Partas, South Dublin County Partnership, and other relevant partners in these discussions[[10]](#footnote-10). |
| If it agreed as a local priority, to apply for a feasibility study to be funded through the Kickstart programme (or similar) to advance a particular business idea, with the a goal of providing work place training. |

**Key Performance Indicators (How we will know we have been successful)**

* A local decision is made as to whether to progress to a feasibility study.
* (If agreed) funding is raised and a feasibility study is completed

### 5.3.2 Action 9: Work with the Task Force Treatment & Rehabilitation Subgroup to assess solutions to identified gaps in local service progression pathways.

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| To work with the Treatment and Rehabilitation subgroup, or a subgroup thereof to plan, implement and raise pilot funding or resources for a range of activities to enhance progression pathways. Steps include:* Undertake a mapping on the barriers to progression through local pathways from harm-reduction to rehabilitation. To then explore solutions, including respite.
* Assess if TRP and JADD could operate a joint stabilisation programme
* Cooperate with other community partners and agencies e.g. TRP, Francis Farm, Merchant’s Quay, to seek solutions to these barriers, potentially through partnerships, purchased places or other initiatives.
* Determine the correct level of threshold appropriate for a preparation / stabilisation programme to support the most people on their journey
 |
| To engage service users through research to assess how a preparation/stabilisation programme could be of most benefit. |
| To review and evaluate any new innovations to explore efficacy, value for money, how they can be improved and made sustainable. |

**Key Performance Indicators (How we will know we have been successful)**

* Produce a strategic document on barriers and solutions
* An action plan is agreed locally and implemented.
* An evaluation is undertaken of any new initiatives.

## 5.4 Work with Partners to Ensure Programme Sustainability

### 5.4.1 Action 10: Work with the HSE, TDATF, & Pobal to ensure that permanent funding streams are in place to ensure the delivery of all services.

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| --- |
| To liaise with the Independent Finance Sub-committee of the TDATF regarding permanent funding for the crack cocaine service.  |
| To work with the HSE to ensure that funding for the crack cocaine service is made permanent beyond the current 3 year funding period.  |
| To liaise with the South Dublin County Childcare Committee & Pobal to extend the childcare service into the afternoons.  |

### **5.5** **Attract, develop and retain a highly committed workforce**

### 5.5.1 Action 11: We will continue to ensure that we have a working culture which ensures that our staff feel safe and valued in their roles and that they have relevant training and development plans in place.

|  |
| --- |
| All staff have training & development plans in place and agreed  |
| Annual review process in place to ensure that all Staff have formalized goals and objectives & performance reviews,  |
| Give key staff opportunities to present on issues to the board, the HSE and other relevant bodies |
| All staff have regular and scheduled one on ones with their immediate line manager |

**Key Performance Indicators (How we will know we have been successful)**

* Employee retention %
* Employee survey carried out in 2024 (we have one from 2022)

## Acknowledgements

The board of directors would like to thank JADD’s service users & staff for their contribution to the development of the Strategic Plan 2023-2026. The primary aim of this plan is to ensure that JADD continue to meet the needs of individuals & families in the community who are negatively affected by substance use problems. Thank you also to Quality Matters for developing the plan, and for engaging with our stakeholders.

We would also like to acknowledge the following organisations for their participation in the development of the strategic plan, and to acknowledge those who continue to support JADD’s work in the community:

* Health Service Executive
* Tallaght Drug & Alcohol Task Force
* South Dublin County Partnership
* Pobal
* South Dublin County Council
* Safetynet
* Tallaght Echo
* South Dublin County Childcare Committee
* Tusla
* HSE National Lottery
1. https://www.drugsandalcohol.ie/35103/1/TDATF\_Research\_Report-FINAL.pdf [↑](#footnote-ref-1)
2. HRB National Drugs Library, Treatment Data, Factsheet: 2021 Drug Treatment in Ireland, at https://www.drugsandalcohol.ie/treatment-data/ [↑](#footnote-ref-2)
3. European Monitoring Centre for Drugs and Drug Addiction Survey, 2020, Reitox national focal points’ activities during the COVID-19 pandemic at https://www.drugsandalcohol.ie/33522/ [↑](#footnote-ref-3)
4. HRB National Drugs Library, Treatment Data, Factsheet: 2021 Drug Treatment in Ireland, at https://www.drugsandalcohol.ie/treatment-data/ [↑](#footnote-ref-4)
5. ‘HRB reports rise in cocaine and crack cocaine treatment’, The Health Research Board, 20th July 2021, at https://www.hrb.ie/news/press-releases/single-press-release/article/hrb-reports-rise-in-cocaine-and-crack-cocaine-treatment/ [↑](#footnote-ref-5)
6. ‘HRB reports rise in cocaine and crack cocaine treatment’, The Health Research Board, 20th July 2021, at https://www.hrb.ie/news/press-releases/single-press-release/article/hrb-reports-rise-in-cocaine-and-crack-cocaine-treatment/ [↑](#footnote-ref-6)
7. ‘The landscape of substance misuse and its impact on the communities of the Tallaght Drugs and Alcohol Task Force’, accessible at https://tallaghtdatf.ie/wp-content/uploads/2022/08/TDATF-Research-Updated-Final-August-22.pdf, August 2022, p. 6 [↑](#footnote-ref-7)
8. Tallaght Drug & Alcohol Task Force, Report on project activities, 2021-2022, 17th May 2022 p. 5, accessible at https://tallaghtdatf.ie/wp-content/uploads/2022/07/TDATF\_annual\_report-170522.pdf [↑](#footnote-ref-8)
9. Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, *51*(3), 390-395. http://dx.doi.org/10.1037/0022-006X.51.3.390 [↑](#footnote-ref-9)
10. See NOW Group in Belfast and their local café as an example of a franchised WISE business with cafés at https://www.nowgroup.org [↑](#footnote-ref-10)