

Rialto Community Drug Team Strategic Plan 2023 - 2027

'30 years of service'



*“Would be lost without this
service and all it does for me,
I will be forever grateful.*

It changed my Life.”

– Service user, Addiction Services



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Management Committee – Chairperson's Foreword

The year 2022-2023 is a special one for the Rialto Community Drug Team (RCDT) as it celebrates its 30th anniversary. Despite not having a high public profile it has always been acknowledged that great work is carried out in the centre. In anticipation of our celebratory year we have completed a Strategic Planning process up to 2027. This plan has a focus on a renewed commitment to those who engage in our services. We anticipate that this plan will provide guidance as we adapt to the changing nature of drug and alcohol addiction in the coming years.

The Citizens Assembly on Drugs currently in progress has potential to have a profound impact on the future of drug policy in Ireland. RCDT has actively contributed to this assembly through our contributions to the Canals Community Local Drugs and Alcohol Task Force submission. 'People who contributed to this submission who are/were accessing addiction services, speak of their drug use as an attempt to numb themselves, to forget pain and trauma, their socioeconomic circumstances, the often complex and difficult challenges they face in their everyday lives and that the type of drugs they use is somewhat irrelevant.' (CCLDATF Contrib. to Citizen's Assembly p.3)

In recent years, our focus has evolved with the move from opioid use to more poly drug use. Alcohol and the various forms of cocaine and tablets, account for the higher number of such referrals to our service. More recently, the use of 'GHB' and Crystal Meth have featured prominently, due to our increased club drug referrals. We engage with other local and statutory agencies and through this engagement we are aware of an increase in the violence and intimidation and an increasingly pervasive drug use across the local community sector. At the same time, the community sector is stretched to its limits in many respects, due in part to how successive governments have eroded the community sector's role and voice in national drug strategy. This development is contrary to best practice and ultimately weakens the impact of frontline health strategies.

The COVID19 pandemic has left its mark; we experienced an increase in people accessing our services especially between 2021 and 2022. This increase in demand for service can be attributed to an increase in the levels of social anxiety as well as the other devastating impacts on communities and service users during this period. Throughout the Pandemic, our staff maintained service to all who needed it, using both remote and face to face methods as protocols allowed.

Looking to the future, RCDT will endeavour to remain relevant and responsive¹ to a changing alcohol and drug environment, meeting emerging needs and supporting the communities around us. Our management committee will, as part of the RDA, maintain a focus on good governance and accountability while supporting staff and service users where they are at.

RCDT welcomes the opportunity to continue to operate with a health led, evidenced based and person-centred approach. We are aligned with the other services that are used by those who access RCDT in this view. Core to our strategic plan is our focus on the community development perspective, which has carried through since the inception of this project 30 years ago. However, we will be responsive to emerging needs as they arise.

Lucy O'Donoghue
Chairperson
RCDT Management Committee

¹ Through our various services, housing, prison, club-drugs, family support/therapy, drop-in, and addiction support.



"Addiction is not the problem, it is the attempt to solve the problem."

– Gabor Mate

1. Mission and Values



Vision

Our vision is the alleviation of harm and hardship caused by addiction in our community.



Mission

Our mission is to care and support individuals, families and children affected by addiction in our community to inspire change and growth, reduce harm and increase choice.



Values

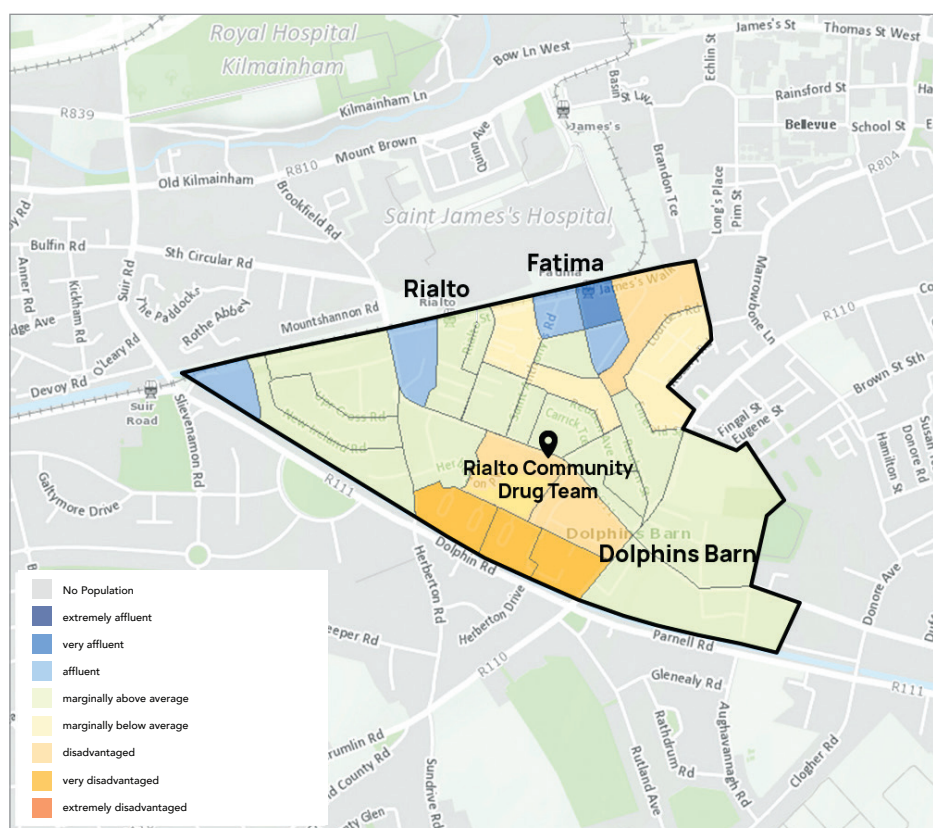
RCDT acknowledges the connections between addiction and poverty and aims to provide inclusive, culturally appropriate and community based services.

- We will ensure that these services are engaging, welcoming and open to all.
- They will be led by, and responsive to, service user need.
- Services and supports will be compassionate and trauma-informed.
- At RCDT we are respectful of diversity, difference and choice.
- Our commitment to human rights, social justice and equality underlies the principles and ethos of our service.



2. Local context & deprivation index

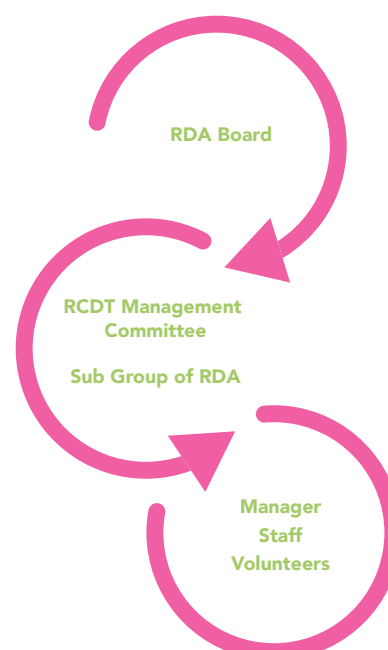
Deprivation index map (Pobal 2016) shows the immediate area surrounding RCDT and highlights a very mixed area of affluence (blue), while also containing significant pockets of disadvantage (brown). The slow progress of regeneration in some areas, combined with the generational nature of addiction, means communities carry this detrimental impact for many years.



Organisational structure

Diagram representing the relationship between

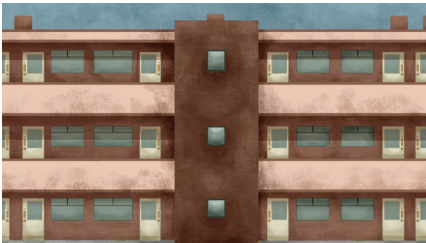
1. RDA Board (RCDT has 2 director seats)
2. RCDT Management Committee (as a subgroup of RDA),
3. Staff – Manager, Administrators, Addiction Support Worker, Outreach and Harm Reduction Worker, Housing Support Worker, Prison Links Worker, Drop-In Co-Ordinator, Child Development and Family Support Worker.



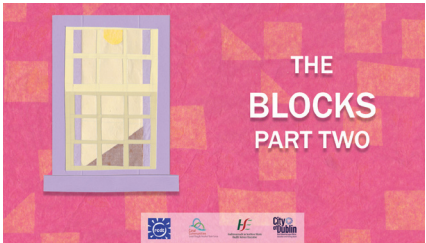
3. Approaches underpinning the work

The Rialto Community Drug Team responds to alcohol and drug issues in a range of different ways, focusing on the lived experiences of individuals, families and the community and developing responses to those affected by, and impacted upon, problematic alcohol and drug use.

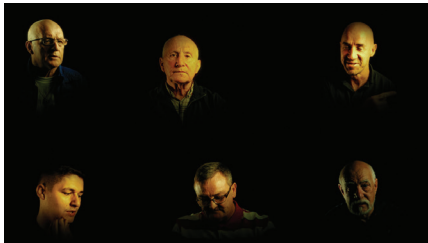
The staff team and management committee, along with the project’s service users, have amassed considerable skills, knowledge and competence in these areas, including developing and refining innovative and creative responses to the issues and challenges faced by individuals and families. Our work in the future will focus not just on the provision of services at a local level but on research and dissemination of the learning from the work in service provision and on developing innovative responses to new needs, different types of drug use, child care and family support and service user involvement, in order to impact more forcefully on policy at a local, city-wide and national level. RCDTs growing portfolio of creative work, including *The Blocks 1*, 2 and workbook and *Fatima was me city*.



The Blocks 1

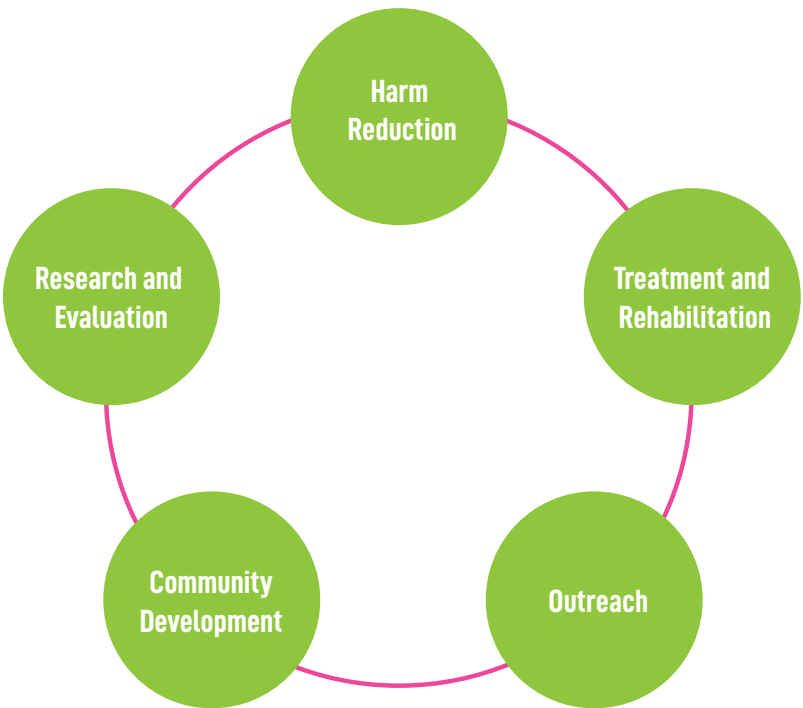


The Blocks 2



Fatima was me city

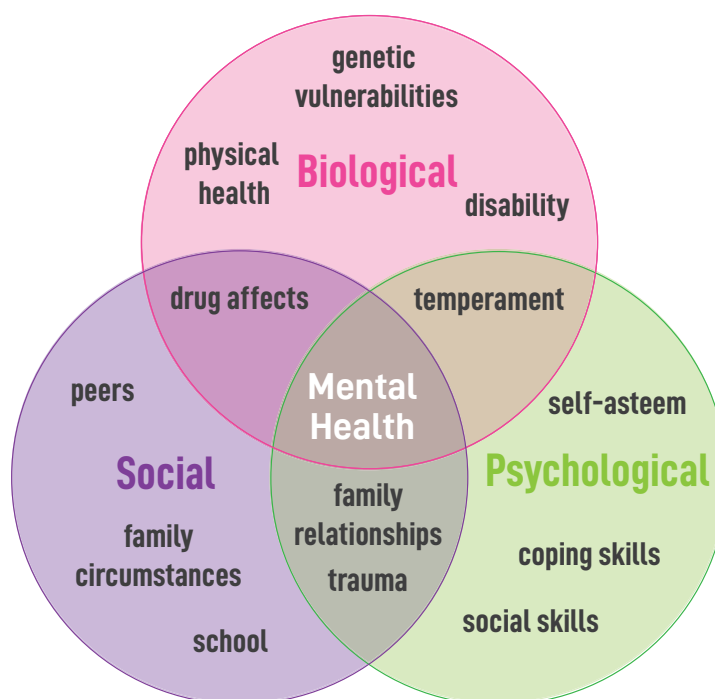
RCDT Services



The Biopsychological Model

The biopsychosocial approach systematically takes into account the biological, psychological, and social factors, and their complex interactions in understanding how to respond to those impacted by addiction. It recognises that relationships are central to providing the most appropriate health care, with a focus on self-awareness as a diagnostic and therapeutic tool.

The biopsychosocial model of health



Community Reinforcement Approach (CRA)

The Community Reinforcement Approach (CRA) is a comprehensive behavioural program for treating substance-abuse problems. It is based on the belief that environmental contingencies can play a powerful role in encouraging or discouraging drinking or drug use. Consequently, it utilizes social, recreational, familial and vocational re-enforcers to assist service users in the recovery process. Its goal is to make a sober lifestyle more rewarding than the use of substances.

Person-Centred Approach

Based upon the theories of Carl Rogers, this approach involves focusing upon the elements of care, support and treatment that matter most to the individual presenting and other involved individuals. It is based upon the idea of prioritising what is most important to them without making assumptions. PCC is based upon the core conditions of:

- **Empathy:** refers to the staff's ability to understand sensitively and accurately [but not sympathetically] the person's experience and feelings in the here and now;
- **Congruence:** the person is encouraged to experience themselves as they truly are;
- **Unconditional Positive Regard:** accepting and valuing the person and 'where they are at', and what they present with.

Adverse Childhood Experience (ACE)

ACE's are highly stressful and potentially traumatic events or situations that occur during childhood/ adolescence. This could be a single event, prolonged threat or breach to a young person's safety/ security, trust or bodily integrity, which can have long-lasting health and social consequences. No one is immune from ACE's.

Staff in RCDT fully appreciate the high level of trauma experienced by most, if not all, of our clients to some degree. ACE informs the work and processes in RCDT.

Resilience Theory

We can prevent and reduce the harms of ACE's in the lives of those we work with, allowing people to build the resilience they need to live healthier and more grounded lives. This forms a core part of the care plans developed with our service users.

In order for people to build resilience they need to have the following five elements;

1. **Basic** – safety, housing, healthy diet, enough money to live, enough sleep, exercise and time for play/leisure
2. **Belonging** – a sense of belonging, making connection/friends, understand their place in the world, supported positive thinking
3. **Learning** – explore a learning culture environment, develop organisational and life skills, find mentors and recognise achievements.
4. **Coping** – build courage, solving problem skills, encourage fun, anxiety management, breaking the negative cycle, building and understanding boundaries.
5. **Core self**; developing hope, develop empathy, self-awareness, taking responsibility, building, confidence and self-worth.

Taking time to develop an awareness around these elements, and to build them into the lives of the participants, is a fundamental approach of RCDT.

Hidden Harm

The experience of children living with, and affected by, parental substance misuse has become known as 'Hidden Harm', because these children are often unknown to services. Not all parents who misuse substances experience difficulties with parenting capacity. Equally, not all children exposed to parental substance misuse are affected adversely either in the short or longer term. However, most children exposed to parental substance misuse need some form of support as they develop, or as adults.

In particular, our family support and the group work attached to RCDT addresses this in a sensitive and healing way. This has led to the creation of animations and a film based on some of our service users experience growing up in the local community (available on our web-site). Our family support and family work service are a clear expression of RCDT's response to the impact of hidden harm on children and families.

4. Programme description

Addiction Services

Rialto Community Drug Team welcomes and supports individuals and their families experiencing issues with Addiction.



Working from a person-centred approach, RCDT offers non-judgemental advice, advocacy, treatment, education and support to help you or a family member deal with the issues you are experiencing and presenting with. By working through agreed care-plans best suited to your needs, we aim to support you reduce the risks and harms caused to you and achieve your stated aims and goals. Our focus will be to work with you to bring about positive choices and lifestyle change.

All substances worked with:

- Alcohol, amphetamines, benzodiazepines, cannabis/weed, cocaine, ecstasy, heroin, club drugs

If you are effected by addiction we can help you in the following ways:

- Addiction counselling
- Alcohol Support Groups
- SMART Recovery
- Benzo Detox
- Advocacy & referral
- One-to-one support
- Crisis intervention
- Chemsex Support
- Harm reduction strategies
- Alternative therapies
- Men's health group



Club-Drug Service/chemsex – Update on 2020 proposal

RCDT has developed considerable expertise around Chemsex, which is described as a phenomenon of substance use in a sexual context, primarily observed in men who have sex with men, transsexual and non-binary people who consume chems before or during sexual activity. As a member of the Chemsex Working Group, RCDT have worked in partnership with the HSE Addiction Services Club Drug Clinic Ireland, alongside the Gay Men's Health Service, BeLonG-To and HIV Ireland in researching, providing training and formulating strategies and initiatives to address this complex issue.

"I'm so grateful that you gave me my life again. I remember when I got here, I was pretty much at rock bottom because of T (Crystal Meth) and I'm saying this sincerely because I know that you save a lot of people from Chems and Drugs, I admire your work. I'm very happy, I think I'm getting into the best version of my life. Today I feel loved, I feel free, my real friends are back, I'm back to the gym and it's been 6 months since I'm strong. I feel so strong, valued."

– Service user, Addiction Support

Housing



This service is provided for people who may be experiencing issues around housing and/or homelessness. There are a multitude of issues surrounding people's accommodation such as homelessness, rent arrears, housing repairs, anti-social behaviour, eviction notices, HAP, estate management and transfers. We offer assistance with form filling such as Housing Forms and Medical Card forms. We also advocate on behalf of clients. These issues are dealt with in a strictly confidential manner on a one-to-one basis.

Services provided include:

- Advocacy
- Housing Advice
- Outreach
- Support in sourcing accommodation
- HAP advice
- Welfare advice
- Crisis intervention
- One to one support
- Keyworking
- Referrals

"Only for RCDT I would have been evicted from my accommodation... they spoke to the council on my behalf and went to meetings with me to represent me... I am very grateful"

– Service user, Housing

Drop-in



The RCDT operates a drop-in service with complimentary teas and coffee in a welcoming and non-judgmental environment. We can assist you in identifying your particular needs and offer support through advocacy, form-filling, information, phone calls, referrals both to services offered in RCDT and to other relevant projects. Appointments for assessments can be made if you would like to seek one-to-one personal support. You can also book an appointment for our complementary therapies.

"The service is amazing. I actually went in for my sister but I was in a bad place myself and when asked if I need help I said yeah of course. It's so important that you meet someone who you really connect to. My hat off to the key worker and acupuncturist! I liked it so much I'm saying it to everyone if you need support and help go there"

– Service user, Addiction Support

Community Prison Links



Community Prison Links provide supports to people from the area who are in prison, at risk of going to prison or, on release from prison and who have issues with drug or alcohol misuse. Networking with a large range of services and residential treatment centres can help to provide a joined path from prison to community.

The aim is to connect with people in prison and to assess and develop a positive post-release plan. These plans are client-centred and individual to each person. Community Prison Links helps to link prisoners into services within the community. We also offer access to drug treatment, training, education and onward referrals to other services in the community, while continuing post-release support. Community Prison Links offer support to family members where appropriate.

CPL provide support with:

- Managing your sentence
- Challenging Behaviours around Drug Use and Re-Offending
- Developing Release Plans
- Continuing with the plan for seamless transition back into community and family
- Restorative Practices
- Support for families of prisoner

“RCDT helped me find my way out of addiction and the cycle of going in and out of prison. Their support was my chance to change my own life, and I’ll be forever grateful for the skills I learned to help me stop using drugs. I have a job now and I go on holidays which I never thought I’d do.”

– Service user, Community Prison Links

Complementary Therapies



We use a mixture of holistic therapies to promote natural healing including ear acupuncture, stress magnets and massage. We also run mindfulness and other short wellbeing and mental health courses throughout the year. Some of the benefits of Complementary Therapies are:

- Reduces anxiety
- Stress release
- Decreases cravings
- Increases positive emotions
- Boosts immune system
- Boosts feelings of well being

“The holistics have done me the power of good and have kept my body and mind in good health for all the time I’ve been coming here. Can’t speak highly enough of it”

– Service user, Complimentary Therapies

Family Support



Family support is a service we offer to families that respects the lived experience of families affected by drugs and alcohol in a welcoming, non-judgemental and confidential way. Family support raises awareness of the difficulties families face everyday within drug and alcohol use. We can support family members who are affected by the impact of someone else's addictive behaviour. They can often feel confused, frustrated, isolated, hopeless, angry and completely exhausted.

We offer the following supports: One to One support

- Counselling
- Group Work / Workshops
- Alternative Therapies
- Advocacy
- Meitheal / Case Conference attendance
- 5-STEP
- Parent Support
- Housing Support
- Referral to FamilyWorks
- Weekly Family Support groups

"I got your number from the HSE helpline. From the first call I knew I did the right thing. The support myself and my Family have received has been great. I would never have been able to address the addiction in our home without you and now things are much better and slowly returning to normal. Your service is unreal and I'll be forever grateful."

– Service user, Family Support

Systemic Family Therapy (FamilyWorks)



FamilyWorks are engaged by Rialto Community Drug Team's support for families effected by addiction. We offer this as part of our family support work and families interested in this will be invited to meet initially with one of our family support workers, who will guide the referral process with the therapists. Family Works use a systemic family therapy model and approach, involving all members of the family willing to engage in the process.

When difficulties arise within one part of the family, the other parts are affected which can destabilise the family unit. From our experience as educators, community workers and therapists, we believe that time spent talking, listening and reflecting on the relationships and issues can strengthen the whole family.

At FamilyWorks we believe that the family, in all its diversity, is a resource for change and transformation, with each family member playing a significant role. Through exploration and the use of creative models, a new perspective can be reached where the family can be freed up to live a fulfilled life as part of their wider community.

"Would be lost without this service and all it does for me, I will be forever grateful.. It changed my Life"

– Service user, Family Support

5. Key agencies we work with including inwards and outward referrals





6. Service user Charter of Rights

RCDT Charter of Rights

One of the core values of Rialto Community Drug Team is to support service users in becoming aware of their rights and responsibilities when accessing this service. In 2022 we took a big step in addressing this need by starting a process to create a Service User Charter of Rights and Responsibilities. To support this piece of work, we successfully applied for a grant from IHREC (Irish Human Rights Equality Commission).

The main objective of this project is to produce a piece of work, a charter of rights, to be displayed clearly within our drop-in service that outlines service users' rights and responsibilities while using the service. We wanted it to be as accessible as possible. To achieve this, we set up three service user focus groups sessions, which were facilitated by a key-worker and an external facilitator. The aim was to capture the voices of the service users, to promote and empower service users to identify what rights and responsibilities they have when accessing the service.

From this we received honest and constructive feedback, which we as a service can use to make RCDT more aware of the needs of our service users. In order to ensure all service users had the opportunity to take part in this process in particular those who could not take part in the focus groups, we created surveys to be completed while visiting the service, and on-line. This gave us a broad feedback from all elements of our service capturing various experiences. After collecting all the feedback from our service users, the external facilitator also met with the full Staff team and the RCDT management committee separately via Zoom. With a deadline approaching, the focus now is the creation of the charter itself and planning to develop an accessible on-line version to some exciting creative format with the support of a local artist. Service users will be involved in this process right up to the creation of the work.

Following the completion of this project, service users have expressed a keen interest in setting up a service user forum, as they would like to be actively involved in the service and feel as though they have a say in decisions around the service provision. So we see this as a new way of working in collaboration with service users into the future.

This Strategic Plan commits RCDT to address the issues raised by service users, including greater involvement in their care plans, finding new ways to promote all RCDT services, exploring ways to improve the building to ensure confidentiality at busy times, better understand the complaints process and developing a service user feedback forum. In a further service user feedback survey of methadone users in the Primary Care Centre, RCDT scored extremely high for information, support and referrals.

7. Work indicators

Fig. 1
Gender

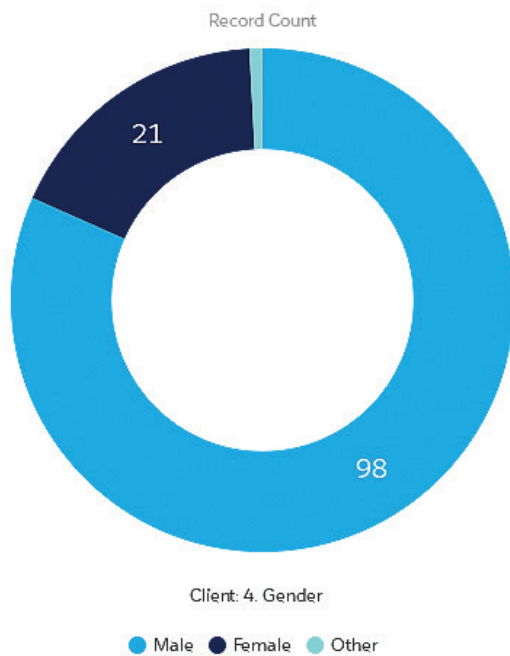


Fig. 2
Programme By Category This Year

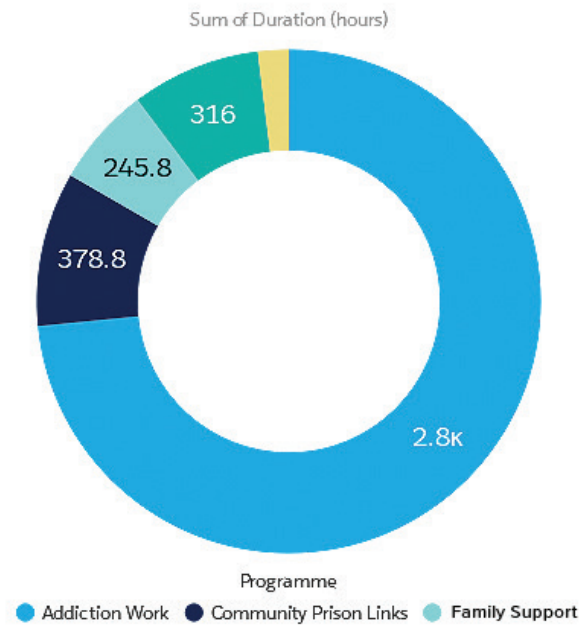


Fig. 3
Addiction Work by Cat. This Year

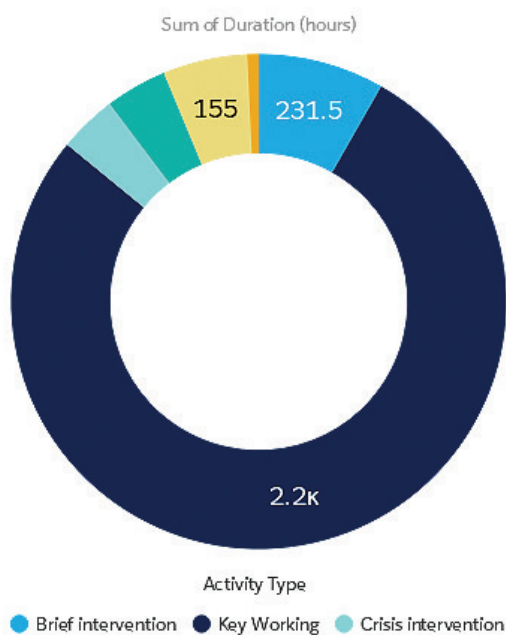


Fig. 4
Main Focus of Session This Year

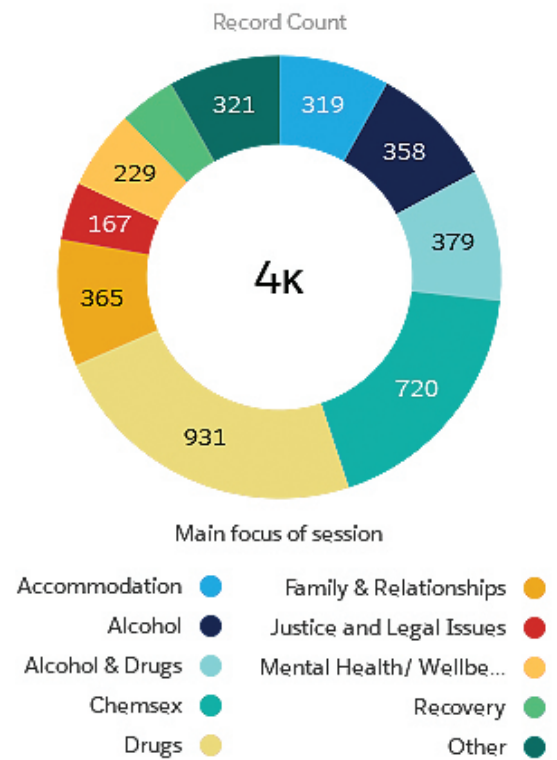


Fig.5
Referrals with Source '22 to '23

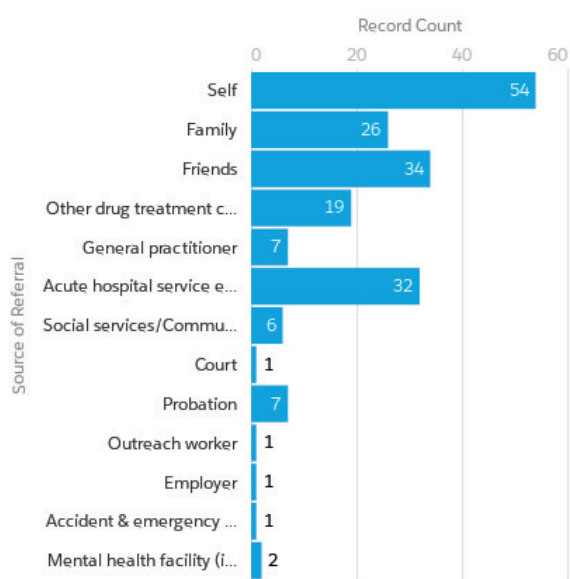


Fig. 6
Assessments 2023

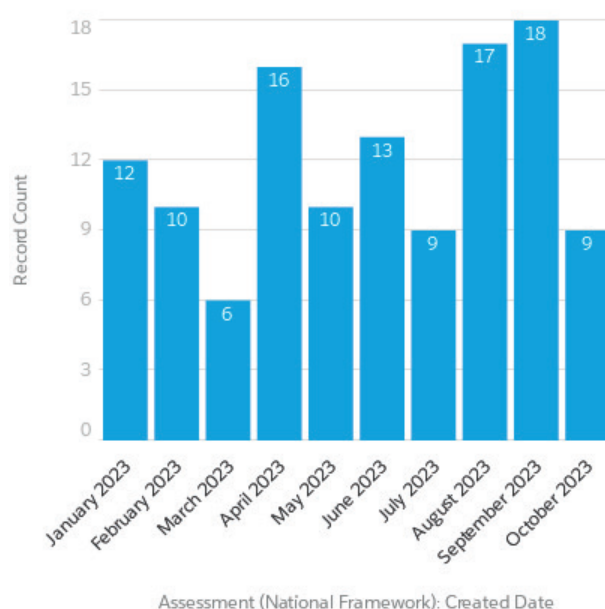


Fig. 7
Most Common Drug Used Last 3 yrs

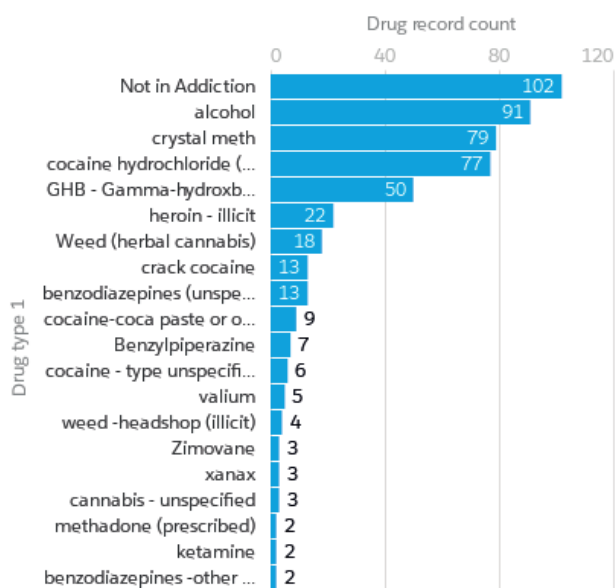
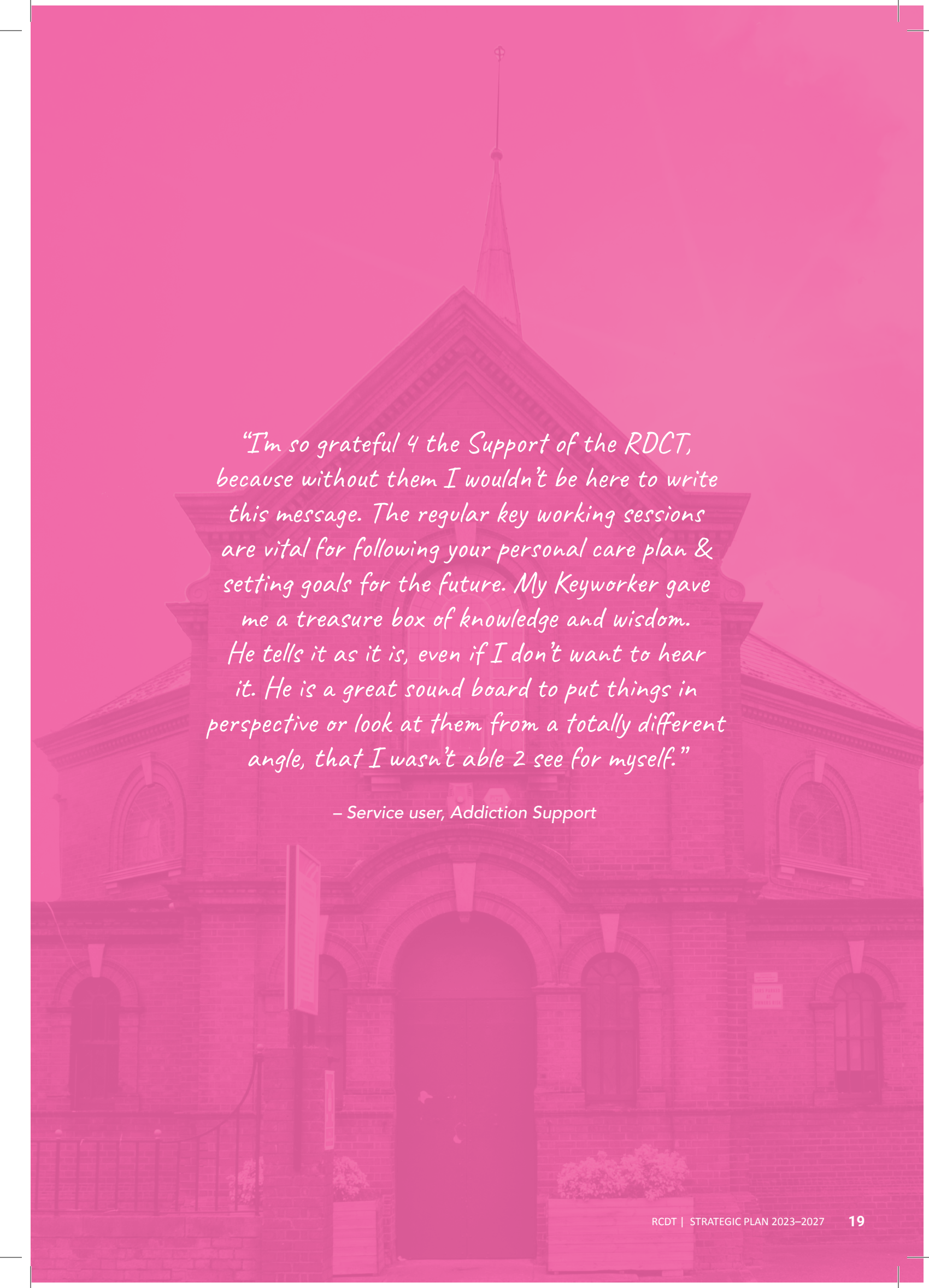


Fig. 8
RCDT Statistics 2023

Drop-in	1828 adult contacts	
	96 child contacts engaged with Family support & Familyworks	
Methadone Clinic	129 treatments transferred to Primary Care Centre Apr '22	
Counselling/ Brief 1-2-1	753 key-working	
Complimentary Therapies	500 individual visits	
Prison Visits	361 visits	
Homeless	234 contacts	
Outreach/ Hosp Visits	96 individuals met through outreach	
Groups	303 groups	
New Assessments	168 assessments	
Family Support	208	
Child and Family Therapist (Familyworks)	130 individual visits	

Figures were taken from the eCASS database from January – Oct 2023 with the exception of the last figure which is based on the last 3 years.



"I'm so grateful 4 the Support of the RDCT, because without them I wouldn't be here to write this message. The regular key working sessions are vital for following your personal care plan & setting goals for the future. My Keyworker gave me a treasure box of knowledge and wisdom. He tells it as it is, even if I don't want to hear it. He is a great sound board to put things in perspective or look at them from a totally different angle, that I wasn't able 2 see for myself."

– Service user, Addiction Support

8. Strategic goals

Strategic Goal 1

CDT will provide a continuum of care in response to identified addiction-related needs that are aligned with national and local drug and alcohol strategies.

Strategic Goal 2

CDT will employ community development principles in our responses to the addiction-related needs of individuals, families, and the Rialto community and beyond, working in collaboration with the community and other agencies.

Strategic Goal 3

RCDT as an organisation will be adequately resourced, adaptive, responsive, and relevant to meet its vision and mission.

Strategic Goal 4

RCDT will communicate effectively with service users, their families, the community, other agencies, and policymakers, and advocate for improved services for those involved in substance misuse and other addictions.

Strategic Goal 5

Incorporating a human rights-based approach, RCDT will uphold the rights of the service user in client-centred services and care.

Goal 1:

RCDT will provide a continuum of care in response to identified addiction-related needs that are aligned with national and local drug and alcohol strategies.

Principle: RCDT is committed to offering a wide range of services to individuals and groups, from harm reduction to alcohol and drug-free support, prevention and aftercare. As a community-based service, we support individuals and families affected by addiction. With 30 years of experience, we continually adapt to emerging in a flexible and systematic way.

Objective	Action
Services to be continued 1. All services will to continue; staff and management are committed to service development and commit to ongoing consideration of operations including; → Provision of the Drop-In service, how and when it operates, to move towards an optimal offering for service users.	RCDT services are part of an integrated whole and are planned and reviewed on a regular systematic basis RCDT services adhere to the core values, ethos, policy, and practice of the organisation, and the National and CCLDATF drugs strategies.

<ul style="list-style-type: none"> → Continuously monitor our Outreach service offering, including street work, and into organisations, including hospitals. → Review the need for new/additional services based on the demand identified. <p>2. Describe the RCDT Continuum of care, namely our programme of services, and disseminate this to our stakeholders, in particular through our social media outlets.</p>	<p>Individuals in, or affected by, addiction, are supported through a suite of services seeking to address their presenting needs. Ensure our offering is sufficient to meet the changing needs of service users and emerging challenges.</p> <p>Service users will be better informed as to all the services available to them through RCDT</p>
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Goal 2:

RCDT will employ community development principles in our responses to the addiction-related needs of individuals, families, and the Rialto community and beyond, working in collaboration with the community and other agencies.

Principle: RCDT is committed to participation, collective action, empowerment, human rights, equality, anti-discrimination, and solidarity.

Objective	Action
<p>1. Develop ongoing dialogue between staff and management regarding community development and the operation of the drop-in service, so as to optimise our service to service users in a changing environment, by adapting and developing as necessary.</p> <p>1.1 The developments over the years has meant a change in our resourcing structure and manpower. In order that we retain community work as part of the ethos and practice, a review and possible refocus of our purpose and how we operate in the current environment will be required.</p> <p>1.2 Explore online and in-person groups and key working with people who are affected by addiction but may not personally be in addiction, those who use club drugs and address related behaviours and those who present with issues related to benzodiazepine, alcohol use and other addictions.</p>	<ul style="list-style-type: none"> → Be open and respond to emerging needs as necessary. → Ensure continuation of counselling service as required. → Evaluate the role of Drop-in and how it can better meet the needs of service users within the resources of the RCDT. → Link with CCLDATF outreach developments.

- 1.3** Continue to develop the Family Support for service users, notably use the FamilyWorks model of practice as a community therapeutic intervention with families affected by addiction.
- 1.4** Develop innovative approaches that respond to the intersection of mental health and addiction in the presenting needs of clients.
- 1.5** Further develop initiatives such as Peer Support, SMART recovery, Women's Groups, and Men's Health Group.

RCDT develops innovative responses to meet the diverse range of needs of those in, and impacted by, addiction.

RCDT is a learning organisation that must respond with flexibility to those in addiction, and those whose lives are impacted by addiction, with innovation and consistency.

RCDT advocates with and on behalf of, those in, and affected by, addiction, which will result in better services and care.

Goal 3:

RCDT as an organisation will be adequately resourced, adaptive, responsive, and relevant to meet its vision and mission.

Principle: RCDT commits to the 6 principles of Irish charity governance; 1. Advancing our charitable purpose, 2. Behaving with integrity, 3. Leading people, 4. Exercising control, 5. Working effectively and 6. Being accountable and transparent.

Objective	Action
<ul style="list-style-type: none"> 1. RCDT ensures compliance with the Charities Governance Code. 2. Management Committee and subgroups meet regularly with oversight of funding, compliance, human resources and service provision. 3. RCDT ensures adequate membership and competence in our Management Committee. RCDT ensures that committee members are recruited, inducted, and engaged to fulfil identified needs of the committee. RCDT ensures a focus on the balance of skills and knowledge necessary for a fully functioning Management Committee. 4. All staff and management tasks regarding resourcing the staff team will be completed with appropriate levels of support, supervision, training and engagement. These include: <ul style="list-style-type: none"> → Training needs analysis will be completed. 	<p>RCDT compliance with the Charities governance code and Better Safer Healthcare standard of excellence, results in confidence by internal and external stakeholders in organisational best practice</p> <p>Ongoing policy and practice development maintains RCDT as effective and relevant in the provision of addiction services.</p> <p>Greater engagement between staff and management - Explore new structures and develop effective ways of engagement.</p>

<ul style="list-style-type: none"> → Provision of resources for training within fiscal resourcing. → Assessment of need for clinical supervision will be considered. → Annual appraisal and goal setting will be developed. → Staff connection with management will be strengthened through periodic presentation of work and consideration of staff representation at management committee meetings. <ol style="list-style-type: none"> 5. Staff to be encouraged to take up leadership roles in various areas of the work. 6. Management and staff together identify current, and project future funding needs to resource the RCDT strategic direction. Funding strategy agreed. 	<p>Review all roles and role descriptions to include;</p> <ul style="list-style-type: none"> → Strategic priorities and their alignment, including assessment of skills required and knowledge developed. → Training needs analysis, in order that we can respond to having trained personnel that can manage the emerging needs e.g. mental health, dual diagnosis, technology, club drugs. <p>Support local and national actions to ensure fair treatment of staff and their development.</p>
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Goal 4:

RCDT will communicate effectively with service users, their families, the community, other agencies, and policymakers and advocate for improved services for those involved in substance misuse and other addictions.

Principle: RCDT understands the importance of clear communication with internal and external stakeholders. Clear communication helps to ensure that the organisation is informed in its practice and that stakeholders are aware of RCDT services and strategy.

Objective	Action
<ol style="list-style-type: none"> 1. Review website and Facebook functions and explore any other relevant social media platforms, in order to ensure our service users have ease of access to clear information that they may require. 2. Management committee will lead development of a specific communications plan for RCDT. 3. Explore use of other relevant social media platforms as appropriate that will increase our reach to service users. 4. Regular outreach in the community and into agencies, formally and informally, that enhances the profile of RCDT and helps build relationships with potential service users and referral agencies. 	<p>Consideration will be given to renaming the organisation – agreement to proceed and action or not.</p> <p>Management committee committed to engaging a lead person and trainer to develop a comprehensive communications plan for 2024 and beyond.</p>

- 5.** Ensure that RCDT's updated strategy and services are known to that greater numbers of current and potential service users, referral agencies, funders, and supporters are aware of the up to date strategy and service provided by RCDT.

RCDT staff to remain engaged in our local community action groups, including the inter-agency sub-groups attached to the Canals Task Force.

Disseminate the strategic plan 2023 - 2027 via the website and directly to relevant stakeholders

Goal 5:

Incorporating a human rights-based approach, RCDT will uphold the rights of the service user in client-centred services and care

Principle: Service user involvement means meaningful participation, empowerment and ownership of their treatment and care.

Objective	Action
<p>1. Service user feedback and empowerment is a fundamental part of the work of RCDT. Under our community and national obligations we will prioritise the development of a Service Users Charter of Rights 1.a. Section 42, <i>Irish Human Rights and Equality Commission Act 2014</i>.</p>	<p>Staff and management will develop an agreed approach to service user engagement.</p> <p>Explore options to maintain constructive dialogue with service users to inform our work.</p> <p>Development of a clear Charter of Rights accessible in the building and online.</p>
<p>2. Establish regular service user feedback channels and protocols for such feedback.</p>	<p>Set up service user forums and surveys to get regular feedback from our service users and the local communities we work with.</p>
<p>3. Given the increased local population diversity, RCDT is committed to ensuring we are an open and inclusive service for all who seek our support.</p>	<p>Engage with local inclusion workers and explore ways to reach out to new communities, making our services more accessible.</p>

“RCDT has been a life-saving service for me since early 2020. My GP advised I drop into there when it became evident that my drinking was out of control. I have only ever been met with compassion by everyone on the team, and it’s my safe place. The Alcohol Education Group taught me so much about the impact of alcohol on my mental and physical health, and relationships with family and friends. Having such constant support from the team as I embarked on recovery while still managing day to day stresses in the ‘real world’ was vital for me.

They taught me that I wasn’t alone, and the sense of community that I always feel there is reassuring as I get my life back together. My key worker dragged me from the depths, when I felt there was no reason to carry on. He has invested so much time to make me realise that I have a life worth living and that I deserve more than the hell I was putting myself and my family through. I’m currently completing a level 7 in Addiction Studies, something I never would have thought myself capable of, because I’m inspired by the people at RCDT who never give up on people like me.

I know I wouldn’t be alive without it.”

– Service user, Addiction Support

10. The Rialto Community Drug Team – brief history

In 1992 the first community drug team in Ireland was established in Rialto. The initiative came about as a result of the proposals set out in the government's *Strategy to Prevent Drug Misuse* (1991). This strategy recommended the establishment of a series of community-based risk reduction services. This included outreach, methadone maintenance and needle exchange services in areas where high levels of injecting drug use and HIV/AIDS was identified. The Rialto Community Drug Team (RCDT) emerged as a partnership project between the Rialto Development Association/Rialto Youth Project and the Eastern Health Board.

RCDT started in one room in the original church building in St. Andrews Community Centre. Our original focus was building relationships, by consulting and working with community interests and groups. RCDT played a central role in helping to set-up community-involved methadone treatment centres.

The drug problems, particularly in Dolphin House and Fatima Mansions, had a context of poverty, social exclusion and marginalisation. These traits impact in a multi-dimensional way on those who use drugs, their families and the wider community. RCDT has always been cognisant of this and our approach was endorsed in the 1996 *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* (the 'Rabbitte Report'). The Rabbitte Report also acknowledged the evidence linking problem drug use with poverty and disadvantage, and the concentration of problem drug use in marginalised communities. The report led to the creation of fourteen multi-agency Local Drug Task Forces (LDTFs), tasked with developing and coordinating drug strategies and services in the areas most affected.

RCDT played an integral role in the development of the Canal Communities Local Drugs and Alcohol Task Force (CCLDATF), which serves the Rialto, Inchicore and Bluebell areas. Former RCDT Team Leaders have acted as Chairperson and Interim Chairperson of the group from its inception to 2009. Through the contribution of the Team Leaders and the participation of other staff members on sub-committees of the Task Force, RCDT helped to bring together the statutory, voluntary and community sectors in the area, and developed research-based strategies to address drug-related needs in the area.

In 2001, the National Drugs Strategy (NDS) *Building on Experience 2001-2008* outlined a national response to drug problems structured around four pillars; supply reduction, education and prevention, treatment and research. These pillars provided the cornerstone of Irish drugs policy. Additionally, there was an emphasis on emerging drug trends, cross-departmental and agency coordination and the inclusion of alcohol in a joint substance misuse strategy. The *Report of the Working Group on Drugs Rehabilitation* (2007) created a fifth pillar i.e. Rehabilitation, followed by further development in 2010 with the *National Drugs Rehabilitation Framework Document*, proposing an integrated approach to treatment. This integrated approach covers meeting the housing, childcare, educational and health needs, in addition to potential employment opportunities, of recovering drug users across a spectrum of low-threshold to specialist settings.

These strategies are mirrored in the CCLDATF programme (outlined in successive *Strategic Development Plans, 2006 to 2027*). The focus of these strategies is a continuum of care approach to drug

users, young people and families at risk, across Education, Prevention, Treatment, and Rehabilitation fields, and addressing the structural issues underpinning community drug problems.

Although it is recognised that our work is of value, it has been completed in the context of ongoing government fiscal pressures. More recently, the interim report to the National Drugs Strategy (2017 to 2025) required alterations to the operation and funding of these community structures which included centralising some services. Consequently, RCDT faces challenges from these restrictions, most notably the reduction in salary and abolition of increments during the financial crises. In 2022 there was some level of restoration of cuts for some of the staff. However, there has been no increase to the level of core funding since 2008. Notwithstanding this, RCDT continues to provide quality of service which meets all of the reporting, auditing and governance obligations.

The recently published National Strategy 'Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025' promotes *'a health-led response to drug and alcohol use in Ireland, based on providing person-centred services that promote rehabilitation and recovery. A person-centred approach means giving people a say in their own treatment and supporting them to play a role in their own recovery.'*

RCDT has always embraced a health led response. We pride ourselves on the provision of a range of person-centred services, offering choice and options ranging from harm reduction and working with individuals 'where they are at', to treatment and rehabilitation, 'recovery', aftercare and onward referral where appropriate – a continuum of care and support. Over the past number of years RCDT has had increasing numbers of people seeking support around club-drugs, particularly those from the LGBTI community. We have also responded to the increased awareness of the impact of Hidden Harm, through the development of our family support work alongside our systemic Family Therapists (FamilyWorks). The creative representation of our work is now well developed and made available through our website. Therefore, this strategy is welcomed, as is the local Strategic Plan of the CCLADTF.

RCDT will work to ensure that our programme continues to complement these national and local drug strategies, while bringing the "special something" that we have brought to the work over the last 30 years. Our evolution as a community partnership project, our position in the community and our relationship with 'communities' of those who use drugs and/or alcohol, experience homelessness and/or mental health challenges (often simultaneously) reinforces our need to remain true to our community origins and the principles that underlie community development and engagement. During the Covid 19 pandemic, RCDT remained open with staff available to service users by developing new hybrid supports which remain an option for service users today.



RCDT Family Room



RCDT Community Garden

Acknowledgements

Rialto Community Drug Team (RCDT) has remained a core Community support for the people of Rialto, the Canals area, and beyond, for over 30 years. We would like to acknowledge the immense trust placed by all our service users and local community in our staff and services. We also wish to acknowledge the incredible support through all our ups and downs over that period of our staff, our many volunteers and our management committee members past and present.

Our governing body, Rialto Development Association (RDA), for their constant oversight and support particularly around governance, maintenance and being part of St. Andrew's wider family of projects and staff.

We also wish to remember Trish Conway, our wonderful Chairperson for over 10 years and a director on the RDA Board of St. Andrew's Community Centre who passed away earlier in 2023. Trish gave a huge amount of her personal time and energy in the governance and management of RCDT. She also brought a great sense of fun and laughter to our meetings.

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Aerial view of St. Andrews Community Centre





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