



Casadh

Annual Report 2015

Contents

Introduction	4
1. The Casadh Process	5
First Tier- Stabilisation Group	5
Second Tier Detox/Progression Group	5
Third Tier: Drug Free Aftercare	6
2. Amalgamation of the Oliver Bond Community Addiction Programme and Casadh.....	6
3. Casadh Programme Breakdown	7
4. Casadh Funding	7
5. Facts and Figures.....	8
6. Casadh Statistics.....	9
7. The Board of Management	11

THE CASADH 3 STAGE REHABILITATION PROCESS



"Casadh is a group of people working together in partnership to create a Centre of excellence and innovation in Rehabilitation and Recovery".

1. The Casadh Process



First Tier- Stabilisation Group

The stabilisation programme is the first step- aimed at participants aiming to make a significant change in their recovery.

The overall aim of this programme is to introduce participants to strategies to engage in harm Reduction, to reduce illegal drug use, and to stabilise on prescribed medication only. Participants also take part in daily scheduled therapeutic vocational and formal education workshops. The stabilisation group is generally for one year in duration.

Once stability has been achieved, participants access a detoxification support group, which prepares the participant for detoxification in year 2 through group work and individual one to one support.



Second Tier Detox/Progression Group

Primarily aimed at persons coming from the stabilisation group, the progression group has, as its focus, the move towards a drug free lifestyle.

There are increased therapeutic group and individual supports, with the aim of preparing the participant to enter a detoxification facility or Therapeutic Community or completing the detox in the community itself. The same criteria for CE applies to this group.

The Detox element is medically supervised by the participants own GP or clinic and the assigned Key-Worker.



Third Tier: Drug Free Aftercare

Entrance to the drug free group is through graduation from the Stabilisation group or by referral from other Detox/Therapeutic programmes.

The emphasis in this group is on increased self-reliance and utilising resources effectively in remaining drug free. There is increased emphasis on support structures outside of Casadh and developing structured plans and activities that promote a healthy and drug-free lifestyle.

There is a focus on therapeutic modules and rehabilitation training, including Art, Drama, Film making, Computers, Return to Work. Participants are expected to make an individual effort to source external training and education so that an effective exit plan is developed.

2. Amalgamation of the Oliver Bond Community Addiction Programme and Casadh

In May 2015, with permission from The Department of Social Protection, Casadh integrated the Oliver Bond Community Addiction Programme into the existing Casadh Community Employment Programme which raised the numbers accessing the centre from an average of 35 per day up to 55 per day. This comes on top of steady growth from an allocation of 30 participants in 2014

All participants had doubts that they would not be able to present to a drug free programme or would fit in with the criteria. This fear came from the urinalysis meaning that all participants would have accountability. Since May we lost a very small amount of participants from CAP (4) included in this was one participant who transferred to another project.

We have two former CAP participants who have entered treatment. 1 for alcohol & 1 for drug misuse. All CAP participants have now stabilized on all prescribed medications and have since went onto to the progression group with more of this group progressing to drug free after Christmas.

Most CAP participants have availed of training since coming to Casadh, all have taken part in education / workshop classes working towards FETAC/QQI

3. Casadh Programme Breakdown

Official DSP Allocation	74
Current Number Attending	44
Number of DSP Supervisors	07
HSE Sponsored Workers	03

4. Casadh Funding

Casadh is funded through our two sponsors, The Department of Social Protection (DSP) and The Health Service Executive (HSE) via the South Inner City Local Drugs and Alcohol Task Force (SICLDTAF). Without the support and financial backing of our sponsors it would be impossible to deliver the level of services that are carried out on a daily basis in Casadh

Department of Social Protection contribution in 2015	€ 807,202
Health Service Executive (SICLDTAF) contribution in 2015	€ 194,202

Total contribution	€ 1,001,404
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5. Facts and Figures

Drug use in Ireland has continued to increase by significant degrees over the past decade. Recently released statistics, compiled by the National Advisory Committee on Drugs and Alcohol (NACDA), show that the usage of almost all kinds of illicit drugs has increased during the last ten years. In 2003 lifetime use of any illegal drug stood at 18.5% of the population, but by 2011, the year of the most recent assessment, this had risen to 27.2%.

Figure 1 Drug Use in Ireland

Drug	Lifetime use (%)			Last year (%)			Last month (%)		
	2002/3	2006/7	2010/11	2002/3	2006/7	2010/11	2002/3	2006/7	2010/11
Any illegal drug	18.5	24.0	27.2	5.6	7.2	7.0	3.0	2.9	3.2
Cannabis	17.3	21.9	25.3	5.1	6.3	6.0	2.6	2.6	2.8
Heroin	0.5	0.4	0.8	0.1	0.1	0.1	0.1	0.0	0.1
Methadone	0.3	0.4	0.5	0.2	0.2	0.2	0.1	0.1	0.2
Other opiates ^	3.0	6.2	38.8	0.5	2.2	27.9	0.2	0.9	14.2
Cocaine (including crack)	3.0	5.3	6.8	1.1	1.7	1.5	0.4	0.5	0.5
Crack	0.3	0.6	0.6	0.1	0.1	0.1	0.0	0.0	0.0
Cocaine powder	2.9	5.1	6.7	1.1	1.6	1.5	0.4	0.5	0.5
Amphetamines	2.9	3.5	4.5	0.4	0.4	0.4	0.2	0.1	0.1
Ecstasy	3.7	5.5	6.9	1.1	1.2	0.5	0.3	0.3	0.1
LSD	2.9	2.9	4.4	0.1	0.1	0.3	0.0	0.0	0.0
Magic mushrooms	3.8	5.9	6.5	0.4	0.6	0.5	0.0	0.0	0.0
Solvents	1.7	1.9	2.6	0.1	0.0	0.1	0.0	0.0	0.1
Poppers	2.6	3.3	3.9	0.4	0.5	0.2	0.1	0.1	0.1
Sedatives or tranquilisers	**	10.6	13.9	**	4.7	6.5	**	3.0	2.8
Anti-depressants	**	9.3	10.4	**	4.4	4.8	**	3.2	4.1
New psychoactive substances	***	***	***	***	***	3.5	***	***	***
Tobacco	60.0	57.9	56.7	38.0	36.3	32.5	33.2	32.6	28.3
Alcohol	90.1	90.2	90.3	83.3	84.0	85.3	73.9	73.2	70.6

Source: National Advisory Committee on Drugs and Public Health Information and Research Branch, *Drug use in Ireland and Northern Ireland: First results from the 2010/11 Drug Prevalence Survey, Dublin, 2011*, p. 13.

Answering a parliamentary question in 2014 on how many people the HSE provides opioid substitution, mainly methadone, to drug users, then Minister for Health James Reilly, said

there were 9,615 patients receiving opioid substitution treatment as at the end of January 2014 according to the National Drug Treatment Centre Central Treatment List.

Methadone treatment

Between 2011 and 2013 the numbers on methadone countrywide was as follows:

- 2011 – 9,251
- 2012 – 9,419
- 2013 – 9,652

6. Casadh Statistics

Casadh is currently running out the ECASS reporting system which is a database programme which allows for data collection and statistical analysis of persons accessing the centre. The majority of those accessing the centre (75%) would have (or would have had) a Methadone prescription or a prescription for Methadone and anxiolytic drugs in their recent medical history. Numbers accessing the drug free programme from external referral would indicate the use of other drugs, notably Alcohol, Cocaine, Crack Cocaine and other poly-drug use.

The recent increase in weed use (Herbal Cannabis) consumed in conjunction with Street Tablets (Zimovane/Zopiclone and Anxiolytics) among younger adults has seen an increase in this cohort accessing the centre for assistance.

Group	Resourcing	Target group	Numbers	Goals Short Term	Goals Medium Term	Goals Long Term	Evidence Base
Stabilisation	QQI Training Computers Communications Personal Effectiveness SAFEPASS Security Relapse prevention workshops CBT/MI/CRA Keywork and Care Planning	At Risk Poly Drug Users Currently using prescribed Medication And "Topping Up" Daily/weekly illicit poly drug use- Referred or Self Referred	Group is fluid- 12 to 15 in Size	To reduce/stop illicit drug use and to stabilise on prescribed medications only	Move towards Progression (DETOX)	Start and maintain a drug free Lifestyle	Urine analysis Care Plans Movement between groups
Progression (Detox)	QQI Training Computers Communications Personal Effectiveness SAFEPASS Security	Participants who are contemplating a drug free lifestyle detox and will meet Community	Group is fluid- 12 to 15 in Size	Stabilise Drug Use to prescribed medication only Cease ALL illicit drug use	DETOX Preparation Consult with medical Professional for suitability	Complete pre-detox protocols Commence Detox	Completion of term in TC Urine sampling Positive movement between groups

	Relapse prevention workshops CBT/MI/CRA Keywork and Care Planning	Detox Protocols			Cease all licit and illicit drug use Abstinence Based	Remain in Detox for prescribed period	General demeanour & attitude
Drug Free	QQI Training Computers Communications Personal Effectiveness SAFEPASS Security Relapse prevention workshops CBT/MI/CRA Keywork and Care Planning	Participants Self referred from Casadh Detox Group or referred from other DF programmes Self Referral or referral from family Support	Group is fluid- 12 to 15 in Size (can be two groups depending on demand)	Engage in programmes and behaviours aimed at establishing a drugfree lifestyle Cease all licit and illicit drug use Abstinence Based	Engage in programmes and behaviours aimed at maintaining a drugfree lifestyle Cease all licit and illicit drug use Abstinence Based	Reintegration Prepare for exit to further education or work Cease all licit and illicit drug use Abstinence Based	Transfers between DF programmes Entry to Mainstream CE Entry to further Education Entry to Employment

Numbers employed during 2015 (including CAP Numbers)

Total Number Employed On Project (2015)	114
Total exits	56
Drug related Exits (Dropped out before completion)	23
Numbers Accessing employment	11
Numbers Accessing further education	06
Transferred (Stable)to other programme	07

The numbers accessing work and education on exit from the programme is showing a year on year increase since 2011 when the decision was made to introduce the Progression and Drug Free elements to the programme

Along with new DRP (Drug Rehabilitation Programme) Frameworks and extended time frames for DRP participants, there is greater opportunity now than ever for tangible progression for Community Employment Participants engaged in Rehabilitation Programmes

7. The Board of Management

Casadh is a company limited by guarantee and has a voluntary board of management

At this point we would like to thank the board for their engagement, involvement and support shown to management, staff and participants

Casadh Board of Management

Directors

Teresa Weafer (Chairperson)

Marie Stanley (Secretary)

Alice Davis (Treasurer)

James Flanagan

Brendan Murray

Sister Anthony Linehan

Fintan Brunkard

Community Employment Supervisors

Amy Bonass

Michael King

Matt Larkin

Matty McKenna

Deirdre Murphy

Candice Naughton

Rebecca Slattery (Administrator)

SICLDTAF Employees

Colm Folan (Programme Manager)

Noeleen Kavanagh (Rehabilitation Worker)

Jessica Walsh (Family Support)

