



**Finglas Addiction
Support Team (FAST)
Annual report 2016**



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Chairperson's Report

2016 proved to be another successful year for Finglas Addiction Support Team (FAST) and I want to commend the staff and the board who continued to show their commitment in pursuit of delivering on the mission of FAST. This is evident throughout this report.

A huge debt of gratitude is owed to our funders and supporters and thanks to their ongoing engagement and support in 2016, we met our budget targets. We were also in a position to collaborate with others to develop services and we are committed to enhancing these relationships for future growth.

The board sub committees were busy during the year and we reviewed many of our internal processes to meet our external regulatory requirements.

I would like to thank the board for their support during the year, and on behalf of the board thank the staff, led by Barbara for their exceptional efforts and making FAST an organisation to be proud of.

Mary Flanagan

Chairperson Board of Management



General Manager's Report

2016 was a year in which FAST achieved its primary objective of providing high standards of care to our participants notwithstanding various challenges regarding resources.

Towards the end of 2016 the HSE conducted an internal audit of our finance and governance. It was most heartening to sign off on the year with a clean bill of health from a very positive audit. The independent report validates all the work and efforts that have gone into good governance over the past few years.

In 2016 we completed our current strategic plan. Although we made good progress with implementing the plan, we were confined by the limitations and restrictions brought by the lack of additional funding needed to support the growing demands on our services. The issues of homelessness and dual diagnosis came to the fore and the impact of either or both together can be devastating. The harsh reality of being homeless and successfully completing treatment when you are unsure of where you will be sleeping day to day is remote. Despite the massive challenge some people do get sober and or drug free but their efforts are hugely undermined in the current housing crisis, where access to suitable accommodation is virtually impossible.

We saw 441 individuals in 2016, similar in number to 2015 but the take up of appointments was higher with an overall increase in group and individual sessions attended of 9%. Alcohol remains the primary drug of choice, followed by cocaine. Since the recession has ceased and more people are back in employment, we have experienced a large increase in cocaine use. The service continues to grow from strength to strength but the level of alcohol users presenting highlights the need to re-establish the CARE project. We continue to work with our partners in securing adequate alcohol treatment for those who most need it.

As one strategic plan comes to an end, a new one emerges. Our new plan 2017-2020 will coincide with the new National Drug Strategy that is due in 2017. It is important for the government to invest in addressing addiction and the social-economic deprivation that surround it. We welcome a new national strategy but equally the resources to implement it will be essential going forward.

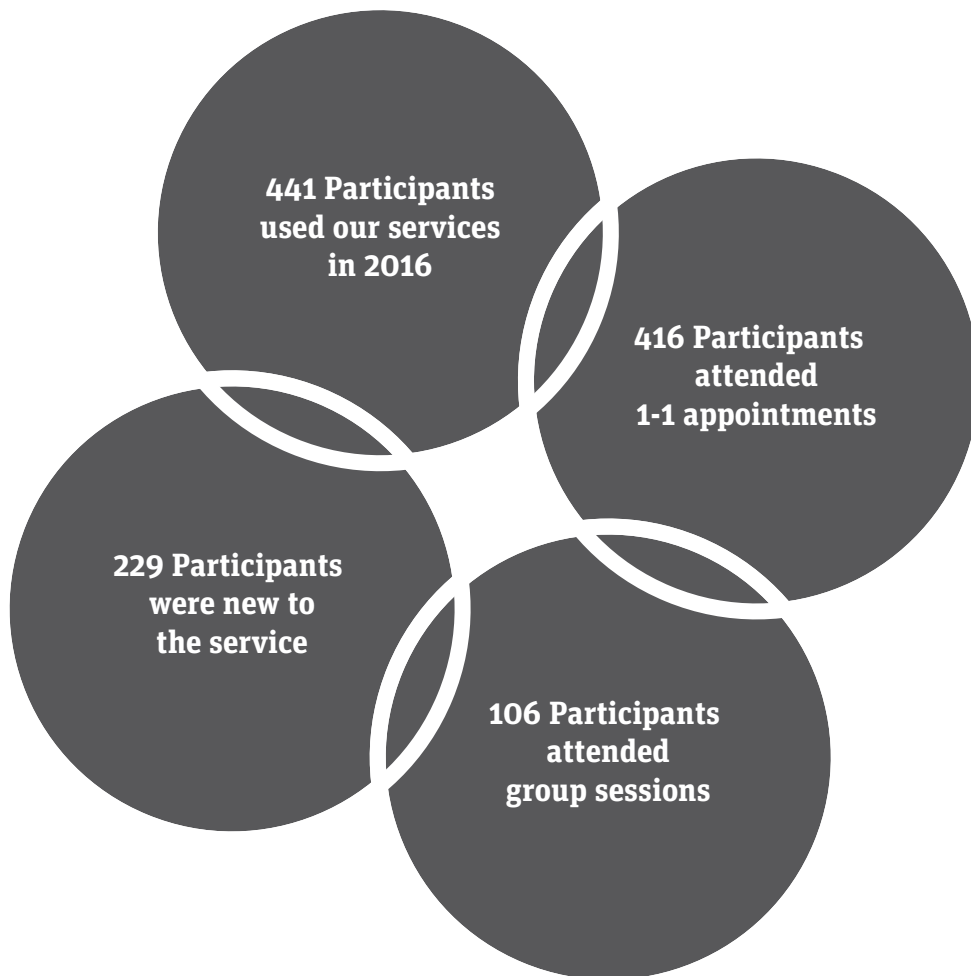
Many thanks to our dedicated staff who continue to provide a compassionate and empathic service to our participants. And finally, thank you to our Board for their support, wisdom and oversight.

Barbara Condon

General Manager

Service Provision

Figure 1 - Participant Statistics 2016



Service Provision

No. of sessions attended in 2016

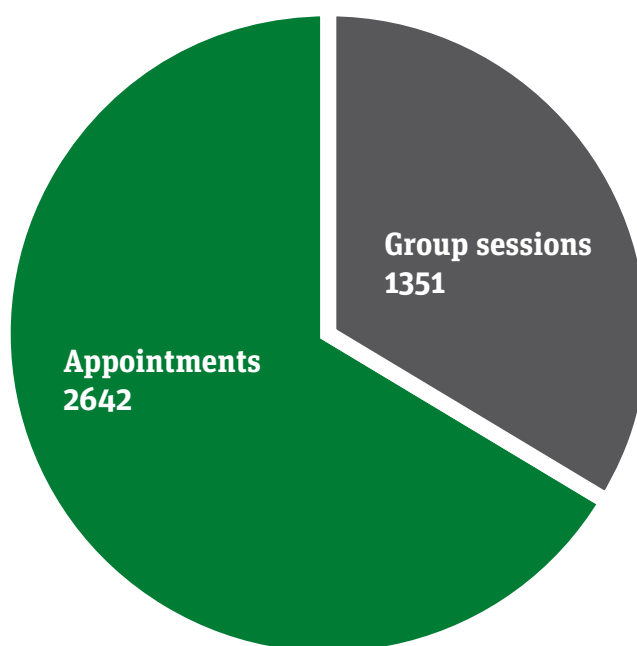






Figure 2 above indicate an increase in participant access over all services of 9% on 2015 figures (Group attendance -9.5%, Individual attendance +21.5%)

	2016	2015
Number of Participants:	441	438
Problem Drug/Alcohol user:	360	345
Family Members:	81	93
Number of attendances:	3993	3665
Appointments attended:	2642	2173
Group sessions Attended:	1351	1492

Service Provision

Problem Drug/Alcohol users		Based on information gathered via assessment and one-one sessions in 2016	
Number of cases treated for problem drug/ alcohol use	360		
New to the service	189		
Previous participants	171		
Gender			
	60.82%	39.18%	
Main substance issue (Top 5 as a percentage of 308 treatments reported)	Alcohol	26%	
	Cocaine	16%	
	Heroin	12.5%	
	Weed	11.5%	
	Benzos	5%	
Number reporting use of more than one substance (new participants 2017)*	157*		
Family Support		Based on information gathered via assessment and one-to-one sessions in 2016	
Number of Family members attending services	81		
New Participants	32		
Previous Participants	49		
Gender			
	18.5%	81.5%	

Polydrug use Service

FAST's Polydrug use (PDU) service offers a combination of different therapeutic and holistic interventions for those presenting with problem drug and alcohol use.

The poly drug use service is provided by Tom Bissett (PDU Coordinator), Natalie Carr (Trainee Project Worker), Linda Phillips (Project Worker) & Dave Shipsey (Sessional Acupuncturist).

Participants who access the PDU service are likely to use a combination of different drugs such as cocaine and its derivatives, tablets (valium, zimovane), stimulants, alcohol, opiates such as heroin and methadone, and cannabis in all forms. A lot of the time it is word of mouth that brings new participants into the PDU Service, usually a friend or relative will have accessed the service and have had a positive experience in dealing with their addiction and recommend to others that they attend. In the past year there has been an increase in people attending with both addiction and mental health, and this has led to an increased demand on the service. Other source of referrals are from local GP'S, psychiatric & mental health services, local addiction services, MABS, and St Helena's family support service.

One to One: Therapeutic Support

We utilise a combination of different intervention models such as Cognitive Behavioural Therapy (CBT), Neuro Linguistic Programming (NLP), Community Reinforcement Approach (CRA) and Motivational Interviewing (MI) within the service. The aim of using these varied interventions is to help the person to begin to change the drug or alcohol usage or to stop completely if that is what they want to achieve. It is also to explore the thought patterns that led to drug misuse and addictive behaviours in the past, and what effective strategies they can put in place so as to ensure the risk of relapse diminishes in the future. The sessions are structured, goal oriented and focused on immediate problem solving.

Holistic supports include full body acupuncture, hypnotherapy sessions and relaxation techniques.

Group Support: A Mindfulness-Based Approach to Mental Health and Addiction

As participants presented with increasing mental health issues, we responded by piloting a group support/intervention that enables participants to learn to cope with the myriad stresses in their lives. It fosters the capacity to observe, with an open, curious and non-judgmental mind, how stress and negative thought plays out, moment by moment, in the body, thoughts and emotions. This group teaches a healthy way of working with the urges, cravings and triggers that lead to relapse/problematic drug use.

This ten week intervention is tailored to participants in addiction treatment, participants who typically also have experienced trauma in their lives and may be struggling with mental health issues. It encourages participants to reside in the present moment, and

to bring awareness to the consequences of their actions and to the 'story' that their minds persistently generate. With these skills, they are able to 'reframe' their past and present lives, building psychological safety, balance and resilience.

The mindfulness group comprises ten two-hour sessions and during this time the program teaches participants to establish a connection with the body, emotions, thoughts, moods, perceptions, and attitudes. It also emphasises connections to other people, through mindful communication, self-monitoring and other approaches.

Mindfulness groups differs in some important ways from other group modalities for people in recovery. It is not a process group. Nor does it address specific symptoms or behaviours. Rather, mindfulness training aims to bring awareness to the underlying elements that cause certain symptoms and behaviours.

The group sessions encourages participants to be as present as possible to whatever is happening in the moment, rather than ignoring, suppressing, escaping, or trying to conquer their physical or psychological pain. It is this unwavering focus on the present that promotes healing. One of the notable benefits of mindfulness training is that it helps participants to reconnect with their bodies – bodies that, in many cases, have been numbed by substance misuse and trauma.

Pictures from the Mindfulness day out to Victor's way Roundwood Co. Wicklow



	Group 1 February	Group 2 May	Group 3 September
Assessed	17	25	17
Enrolled	13	20	13
Completed	7	7	5

Feedback from the Mindfulness participants

“I could speak without risk of judgement from others, as everybody else in the group had an experience with some form of mental illness and addiction, whether it was anxiety, depression, or suicidal thoughts. What I learned from this group is most people will experience mental illness at some time in their life, and that some will use alcohol or drugs to manage or mask that experience. I found that I now no longer need to use either as I have a new way to cope, and that way is mindfulness and daily self-care.”

“I have learned that no matter what problems I might face in life, I can overcome them with a bit of self-belief and not to be afraid to ask for support.”

“I have become more confident, happy, at ease with who I am, learned to take more responsibility, and most importantly capable of dealing with setbacks with alcohol.”

“I feel I have grown in confidence a lot by doing this group, I would have never felt able to speak in front of other people about my experience of mental illness and addiction.”

“I did not think these changes were possible for me, but they are, and they have changed my life.”

Polydrug Use Service Provision

	2016	2015
One to One Service		
Number of Participants:	134 individuals	102 individuals
Appointments offered:	1647	885
Appointments attended:	1036	579
Attendance:	62%	65%
Acupuncture Service		
Number of Participants:	67 individuals	58 individuals
Appointments offered:	297	279
Appointments attended:	207	194
Attendance:	70%	70%

Outcomes

- » 69 Participants became drug free in this period
- » 101 Participants reporting decrease in poly drug use
- » 20 Participants reported improved relationships
- » 109 Participants reported improved communication & problem solving skills
- » 112 Participants reported clearer understanding of relapse process
- » 54 Participants accessing the acupuncture service reported decrease in negative emotions, greater sense of wellbeing and self-esteem, increased cognitive ability, reduction in anxiety/panic attacks and improved sleep

Counselling

The counselling service in FAST provides an opportunity for participants to engage in a process that helps them to identify what may block them emotionally from making progress with their substance use.

71 participants accessed the counselling service. 70% of those who stayed with the process reported making progress with improved emotional and physical well-being as well as reduced substance use be it drug or alcohol or a combination of substances.

Attendance at sessions increased by 10% in 2016, due the robust assessment and case management process throughout the organisation.

	2016	2015
Numbers of Participants	71 individuals – 51 male and 20 female	72 Individuals – 56 male & 16 female
Appointments offered	571 appointments offered	538 appointments offered
Appointments attended	418 appointments attended	343 appointments attended
Attendance rate	73% attendance rate	63% attendance rate

Outcomes

- » 30 participants reduced or ceased substance use
- » 25 reported improved mood
- » 23 reported improved physical well-being
- » 25 reported improved quality of life

Recovery Social Group



Our Recovery Social Group started in response to the gaps for participants in the Finglas area and to use the skills and experience of our Recovery Coaches to support participants in recovery. It is a safe space to socialise, play pool, and an opportunity to learn life skills and socialise with others in a supportive environment.

We drew on the experience of other areas, visiting the Tolka River Project and getting feedback from current participants in recovery. We were delighted to be able to offer holistic massage and reiki as part of the service, through our volunteer Joyce.

The group started mid year. Activities on offer included 6 week Tai Chi course (12 attendees), Karaoke nights, 6 week 'Cook It' course (13 attendees), quiz nights, outing to climbing wall, pool, pampering session and arts & crafts.

Feedback from participants has been very positive, and the group continues in 2017.

54 participants attended in 2016, with an average attendance of 7 per group.




Family Service

FAST family service has developed to support and respond to the needs of the family members who have been affected by substance misuse. Their concerns range from relationship difficulties to debt, intimidation, bereavement, loss and financial issues etc.

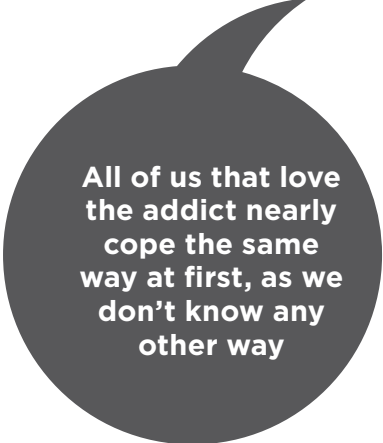
Family members engaged in two 5 step method groups. The 5 step model is a brief psychosocial intervention to support family members who have a close relative with an alcohol or drug problem. The groups are held over 5 weeks. Family members reported a reduction in the strain they had been experiencing. Other benefits of the groups were improvements in coping mechanisms, increased self-esteem and strength, reduced stress levels, reduced negative patterns of behaviour.

In December FAST family service held a Christmas activity with 9 participants engaging in the event. The group attended a screening of A Christmas Carol (1935) in the Draóicht theatre, followed by a meal in Nandos of Blanchardstown.

FAST family service offers one to one support as well as group support.



I've learned to control my anger and not get pulled into their world



All of us that love the addict nearly cope the same way at first, as we don't know any other way

Outcomes

One to One Support

53 Individuals (39 females, 14 males) attended 384 appointments

- » 9 participants reported decreased negative patterns of behaviour
- » 14 Participants reported reduced stress levels
- » 8 Participants reported improved educational progress
- » 14 Participants completed 5-Step Method
- » 14 Participants reported an improvement in family relationships
- » 22 Participants reported an increased understanding of addiction
- » 17 Participants reported improved living skills
- » 16 Participants reported reduced anxiety

Group Support

2 x Peer Support Groups, 3 x 5 Step Method Groups
40 (36 females, 4 males) members attending 632 times

- » 14 Participants reported reduced stress levels
- » 9 Participants reported an increased knowledge of addiction
- » 14 Participants reported improved coping responses
- » 13 Participants reported enhanced social supports

Aftercare

In 2016 the Aftercare service continued to provide a dynamic group for those who have decided to live a substance free lifestyle and need a safe environment in order to learn how to deal with life issues and enjoy just being themselves with others.

Within the year a total of 12 males and 7 females attended 42 process groups and 9 social activities which included cinema, walking, tai chi, pitch and putt, meals and karaoke. The combination of talking seriously about the struggle to live substance free as well as fun activities provides the group members with an opportunity to connect with themselves and be seen by others in different ways. This provides a rich learning environment for the group members as the variety strengthens the group bond and trust.

One addition this year was using some group time to provide educational inputs that added to the members understanding of specific issues. These were well received and included topics such as values and beliefs and understanding healthy family functioning.

Towards the end of the year we had a two day retreat to the Bobbio house in Magheramore, Co Wicklow. This weekend of reflection, group work, yoga and fun enabled group members to step back from busy lives and recognise how far they have come in their recovery. It gave the group strength to cope with the challenges of Christmas and gave each participant direction for 2017.

Mental Health Case Work

The mental health case worker post is a new service which was developed to provide additional support for those who are experiencing problems with substance misuse, mental health issues and homelessness. The post works in partnership with DePaul and Novas and local drug and alcohol service providers.

The service provides a response for the needs of the participants of the Abigail women's centre. The project aims to facilitate female participants of the Abigail Centre to address their use of drugs and alcohol. The service combines both psycho-social supports and advocacy for mental health. The service provides a comprehensive service which includes drug and alcohol screening, mental health assessment, one to one keyworking, education and information group support sessions, referral, linkage/brokerage of other services. The service commenced in August 2016 and continues to develop.

2016 – August to October	Abigail Centre
Numbers of Participants	14 individuals – all female
Appointments offered	65 appointments offered
Appointments attended	39 appointments attended
Attendance rate	60% attendance rate

Governance

The Governance Code – achieving compliance

In 2015 the FAST Board of Management started the journey to compliance with the Governance Code - a voluntary code of good practice for the charity, community and voluntary sectors in Ireland. In 2016 we have implemented the elements outstanding in our journey to compliance and are delighted to announce that we have achieved our goal.

The Governance Code is a code of practice for good governance of community, voluntary and charitable organisations in Ireland. Governance refers to how an organisation is run, directed and controlled. Good governance means that an organisation will develop and put in place policies and procedures that will make sure the organisation runs effectively.

The Audit & Finance sub-committee

The role of the Audit and Finance Sub-committee is to inform policy at Board level and to ensure that the organisation operates in a transparent and accountable way by monitoring and reviewing company policy, procedures, financial controls and systems. This ensures that we operate in an efficient and effective manner. The sub-committee assess financial risks to the organisation as part of their remit and report and make recommendations to the Board.

Charities Regulatory Authority & charitable tax exemption

The company has been granted charitable tax exemption by the Revenue Commissioners and are registered with the Charities Regulatory Authority in Ireland, in compliance with the Charities Act 2009.

Pay scales

Finglas Addiction Support Team are a section 39 funded agency and as such, our pay policy has always been to pay salaries in line with HSE consolidated payscales. The number of senior employees whose total remuneration paid for the year (including taxable benefits in kind and redundancy payments but not employer pension costs) exceeded €60,000 was:

	2016	2015
60000-69999	1	1

Board review

It is the role of the Governance Sub-committee to monitor and oversee both Board recruitment and performance.

In 2016 the Board reviewed their performance via survey. The role of chairperson was also evaluated. A very positive outcome of the review was that the Board were very satisfied with the Chairpersons performance. Board members agreed that they needed greater clarity and communication amongst the members and began working on this as a result. Reviewing the Board and Chairpersons performance is embedded as part of good governance and the continuous development ethos of the whole service.

Board & Board Meetings

FAST Board of Management	Attendance at Board meetings
Chairperson: Mary Flanagan (Trustee)	10/10
Secretary: Debra Delaney (Trustee)	9/10
Treasurer: Debra Kearns (Trustee)	8/10
Sinead Deegan (Trustee)	1/10
Denise Proudfoot (Trustee)	9/10
Janice Maxwell (Trustee)	8/10
Gregory Langan (Trustee – appointed March 2016)	9/9
Dr. Paul Quigley (Trustee - resigned April 2016)	1/3
Lucy O'Neill (Trustee – resigned October 2016)	3/6
Garda Aidan Flanagan/Inspector John Burke	3/10
Barbara Condon (Executive in Attendance)	10/10

The Board met 10 times during 2016 including AGM and EGM.

FAST Staff

Staff Member	Role	Fulltime/Part-time/ Volunteer
Barbara Condon	General Manager	Fulltime
Mick Williams	Client Services Manager	Fulltime
Leanora Wilkinson	Operations Manager	Fulltime
Tom Bissett	Polydrug use Coordinator	Fulltime
Rita Furlong (left 2016)	Family Support	Part-time
Grainne Delaney	Project Worker	Part-time
Linda Phillips	Family Support & Project Worker	Fulltime
Andy Robertson	Counsellor/Psychotherapist	Part-time
Lorraine Giltrap	Aftercare worker	Part-time
Paul Moloney (left 2016)	Mental Health Case Worker	Fulltime
Natalie Carr	Trainee Project Worker	Fulltime
Martina, Mandy, Bernie	Reception & trainee reception staff	Part-time & CE Staff
Jimmy Dixon	Caretaker	CE Staff
Sharon Dawson	Recovery Coach Volunteer	Volunteer
Martin Smullen	Recovery Coach Volunteer	Volunteer
Dave Shipsey	Acupuncturist	Part-time (Sessional)
Joyce Butler	Masseuse & reiki	Volunteer
Michelle O'Brien	Recovery Garden	Volunteer

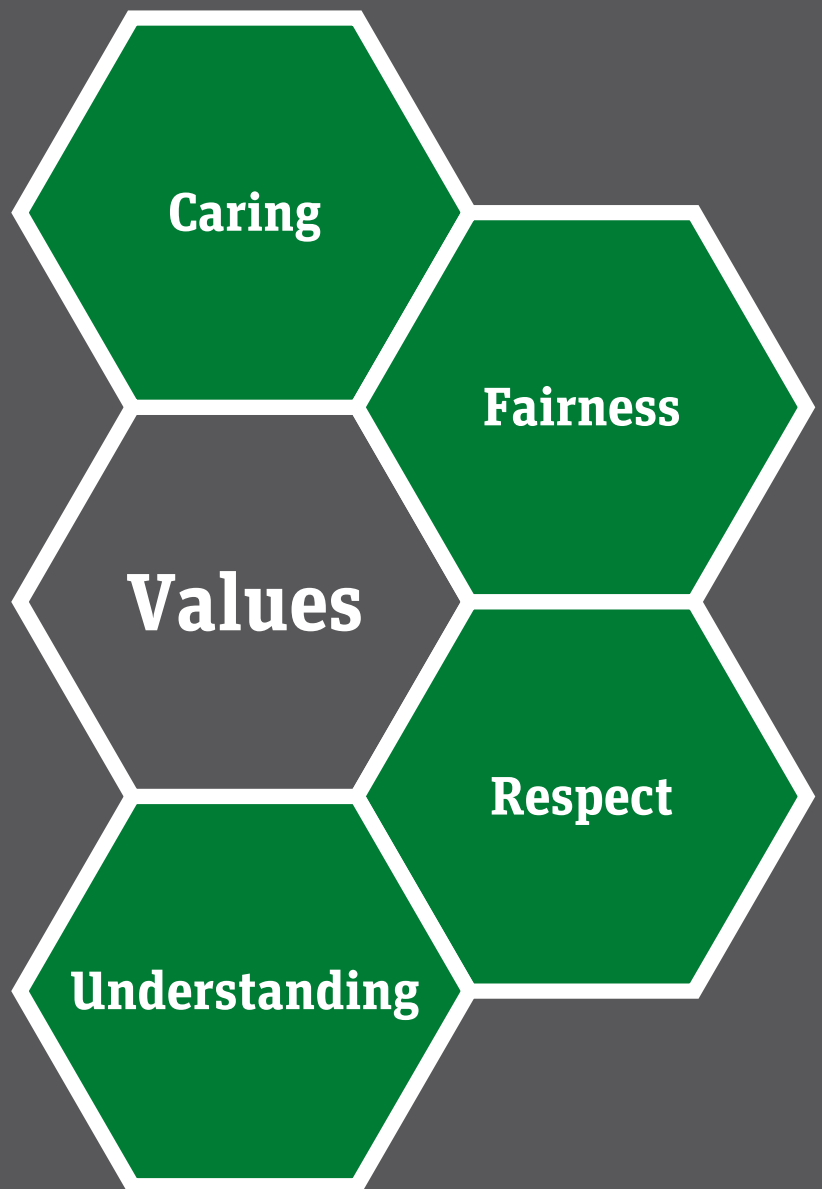
Vision & Mission

Vision

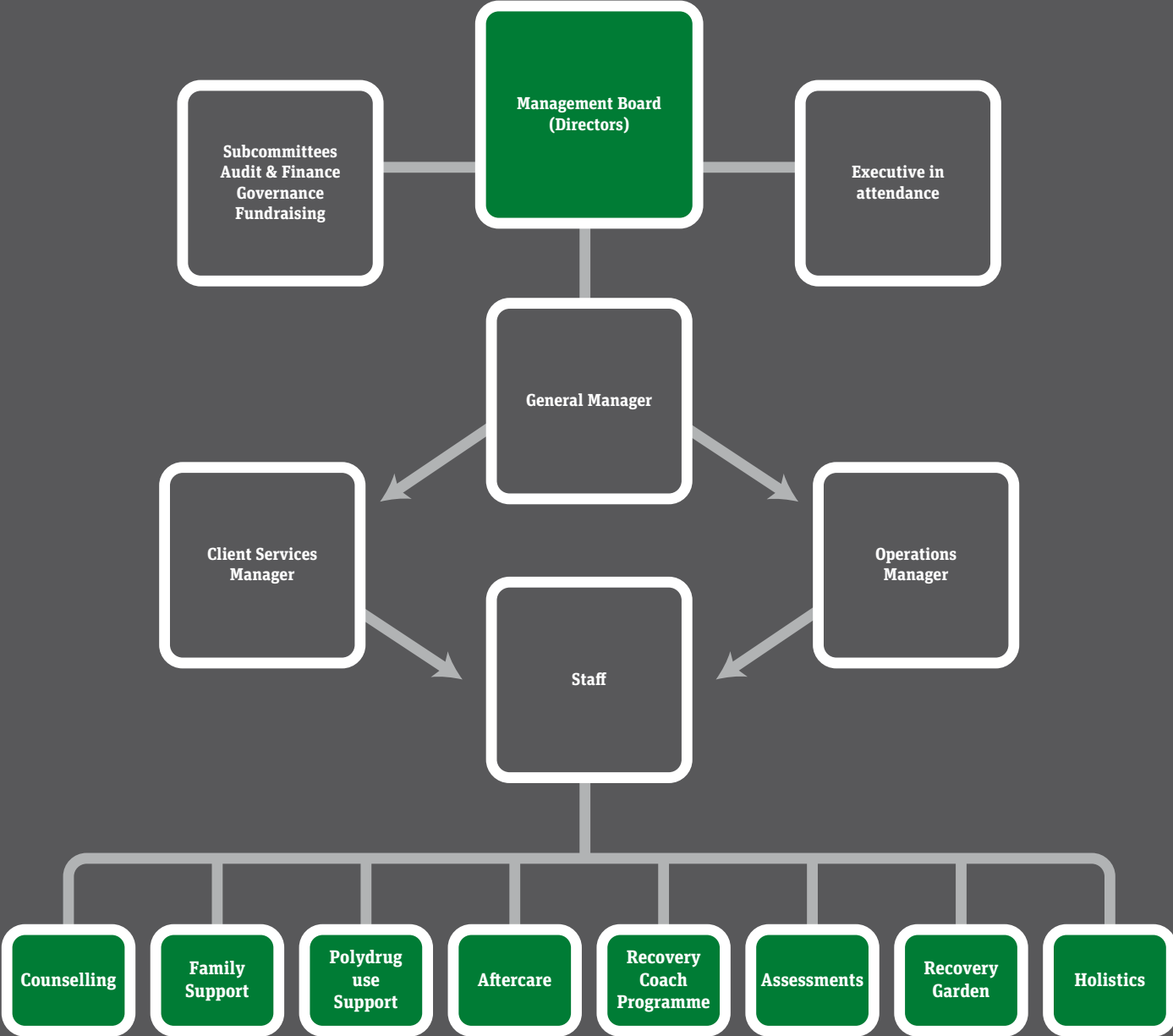
Our vision is to work in partnership with participants; their families and community's to create a more inclusive community in Finglas where our participants are treated as emerging active citizens, with strengths and contributions to make, to their own, and their community's wellbeing.

Mission

Our mission is to continue to provide the highest standard of addiction support to the people of Finglas.



FAST Organisation Structure



Financial Report

2016 was a busy year in terms of governance and finance. The extra requirements from stakeholders puts added pressure on our resources, resources which have not significantly changed for a number of years. But it is also an opportunity to make improvements, analyse how we operate and embed the changes that have been made. Without their funding, we could not have achieved the terrific outcomes across all services. Apart from the funding received, our organisation could not operate without the input from seconded community employment participants who support us administratively and operationally.

Our annual accounts are prepared on an accruals basis and in line with SORP where applicable. In 2016 we made a number of changes to our financial systems including closing legacy bank accounts and implementing the charities package of our accounting system which facilitates the coding of each item by its associated fund, in line with the recommendations of our auditor.

BKRM Corporate Service Ltd prepared our audited accounts for the second time and we are grateful for their insight and advice.

Our funding sources are outlined here:

	FAST Core Services	Mental Health Case Worker	The Therapy Project Funding	Other Funding	Total
Funding received from State Bodies					
Health Service Executive	415,380	24,030			
City of Dublin Youth Service Board			48,000		
Finglas Cabra Local Drug & Alcohol Task force				1,778	
Ballymun Local Drug and Alcohol Task Force				7,150	
Dublin North West Area partnership				1,591	
Department of Social Protection				783	
Monies generated from other activities					
Donations received				5,578	
	415,380	24,030	48,000	16,880	504,290

Finglas Addiction Support Team Ltd
(A company limited by guarantee, not having a share capital)

STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31 December 2016

	Unrestricted Funds 2016 €	Restricted Funds 2016 €	Total 2016 €	Total 2015 €
Incoming Resources				
Generated funds:				
Activities for generating funds				
Amortisation of Capital Grant	-	28,133	28,133	28,133
Charitable activities:				
Grants Received	-	498,762	498,762	478,571
Other incoming resources	-	5,528	5,528	1,368
Total incoming resources	-	532,423	532,423	508,072
Resources Expended				
Resources Expended on Charitable Activities				
Administration Costs	-	543,373	543,373	509,479
Total Resources Expended		543,373	543,373	509,479
Net movement in funds for the year	-	(10,950)	(10,950)	(1,407)
Reconciliation of funds				
Balances brought forward at 1 January 2016	11,247	38,375	49,622	51,029
Balances carried forward at 31 December 2016	11,247	27,425	38,672	49,622

Approved by the Trustees on 05/04/2017 and signed on its behalf by

Deborah Delaney

Denise Proudfoot

Trustee

Trustee

Finglas Addiction Support Team Ltd
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SUMMARY INCOME AND EXPENDITURE ACCOUNT

for the year ended 31 December 2015

	Statement of Financial Activities	2016 €	2015 €
Gross income	Unrestricted funds	-	
	Restricted funds	<u>532,423</u>	
		532,423	508,072
Total income		532,423	508,072
Total expenditure		(543,373)	(509,479)
Net income/(expenditure)		(10,950)	(1,407)

The charitable company has no recognised gains or losses other than the results for the year. The results for the year have been calculated on the historical cost basis.

BALANCE SHEET

As at 31 December 2016

	2016 €	2015 €
Fixed Assets		
Tangible assets	<u>1,297,155</u>	1,326,201
Current Assets		
Debtors	-	3,165
Cash and cash equivalents	68,998	73,496
	68,998	76,661
Creditors: Amounts falling due within one year	(33,366)	(30,991)
Net Current Assets	35,632	45,670
Total Assets less Current Liabilities	1,332,787	1,371,871
Capital Grant	(1,294,115)	(1,322,248)
Net Assets	38,672	49,623
Funds		
Restricted trust funds	27,425	20,859
Unrestricted designated funds	11,247	11,247
General fund (unrestricted)	-	17,516
Total funds	38,672	49,622

Finglas Addiction Support Team Ltd
(A company limited by guarantee, not having a share capital)

CASH FLOW STATEMENT

for the year ended 31 December 2016

	2016	2015
	€	€
Cash flows from operating activities		
Net movement in funds	(10,952)	(1,405)
Adjustments for:		
Depreciation	30,827	31,249
Amortisation of capital grants received	(28,133)	(28,133)
	(8,258)	1,711
Movements in working capital:		
Movement in debtors	3,165	(875)
Movement in creditors	2,374	(3,918)
Cash generated from operations	(2,719)	(3,082)
Cash flows from investing activities		
Payments to acquire tangible assets	(1,781)	(5,558)
Net decrease in cash and cash equivalents	(4,500)	(8,640)
Cash and cash equivalents at 1 January 2016	73,496	82,136
Cash and cash equivalents at 31 December 2016	68,996	73,496

Acknowledgements

The Board of FAST would like to thank all of the organisations and people who make it possible for us to provide services in Finglas. It could not be done without your help and support.

- » Finglas / Cabra Local Drug & Alcohol Task Force
- » Health Service Executive (HSE)
- » Dublin City Council (DCC)
- » Dublin City University (DCU)
- » Dublin North West Area Partnership (DNWAP)
- » St Helena's Family Resource Centre
- » The Finglas Centre
- » Finglas and Blanchardstown Business Community
- » The Community of Finglas
- » Public Representatives
- » Voluntary Fundraisers
- » Michelle Culligan
- » Leargas
- » Community, Voluntary and Statutory agencies both locally and nationally
- » FAST Staff & Volunteers
- » FAST Participants

Thank you!

Notes



FINGLAS
ADDICTION
SUPPORT
TEAM

2A Wellmount Road
Finglas
Dublin 11

Tel: (01) 8110595
Mobile: 086 4044 845
Web: www.fastltd.ie

Company Reg. Number: 378645
CHY: 17626
Charity Number: 20066017

FAST is funded by the Finglas/Cabra Local Drug & Alcohol Task Force & the HSE
as part of the National Drug and Alcohol Strategy