

ICAP Business Plan: 2008/09-2010/11

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Executive Summary

1. The Inter Church Addictions Project (ICAP) is an inter-church group representing the four main church denominations and the Evangelical Alliance in Northern Ireland.

2. **Vision:**

ICAP's vision is of an oasis of compassion and healing where young people caught in the suffering of substance addiction, and their families, are invited to a place of hope and restoration.

3. **Mission Statement:**

ICAP's mission is to set young people, caught in substance misuse, free from their addiction, and provide ongoing support to them and their families.

4. **There is urgent need for residential treatment for young people under-18 years of age, caught in substance addiction, throughout the UK, with only 20 residential rehabilitation beds currently in the UK for teenagers. There are no dedicated residential beds for young addicts in Northern Ireland.**

5. ICAP wants to:

- provide a dedicated residential centre for young people caught in the suffering of substance addiction;
- call on Government to make provision for the full range of appropriate services for young people with alcohol and drug related problems; and
- put the issue of addictions more firmly on the agenda of the Churches in Ireland.

6. ICAP wishes to build support and develop partnership with existing stakeholders and service providers in the statutory, and voluntary and community sectors. It seeks to complement the services that are currently being provided for young people caught in substance addiction.

7. This Business Plan supports ICAP's Strategic Plan for 2008/09 - 2010/11 (-see ICAP's website: www.icapni.org) providing more detailed information on needs assessment; a service profile; an operational plan for 2008/09; monitoring and evaluation; a budget and cash flow forecast for the three-year period; a fundraising plan; operating the project - how the residential centre will be run; and an environmental analysis.

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Background and History

- *this section provides an outline of the background and history of ICAP, and details on current service provision in Northern Ireland.*

1. The Inter Church Addictions Project (ICAP) is an inter-church group representing the four main church denominations and the Evangelical Alliance in Northern Ireland. This document presents its first Business Plan, covering the period 2008/09-2011/12.
2. The Inter Church Addiction Project (ICAP) was established in 2004 and formally launched in June 2006 by the leaders of the four main Churches (Church of Ireland, Methodist, Presbyterian, and Catholic) and the Evangelical Alliance in Northern Ireland. It is an inter-church group motivated by the love of God and dedicated to the building of hope and confidence among young people, particularly those with addictions and associated problems.
3. ICAP is deeply concerned about the shortfall of services available to deal with the growing problem of substance abuse amongst young people. **There is no exclusive, dedicated, inpatient, residential treatment provision for young people in Northern Ireland.** (*See paragraphs 7-22.*) ICAP wants to provide a dedicated, residential, non-medical treatment centre where young people can undergo an intensive rehabilitation programme with extensive aftercare and family support.

Current provision:

Statistics on substance misuse

4. Latest published statistics and research show that:
 - of the 5583 individuals in treatment for drug and/or alcohol misuse in Northern Ireland, **847 (15%) were aged under 18**. Between 1 March 2005 and 1 March 2007 those in treatment aged under 18 years more than trebled from 271 to 847 over the period;
 - of the **24** reported to have died of drug-related causes during 2007 in Northern Ireland, **one** was a young person within the age range 15-24 years;
 - **cocaine** use patterns amongst young people in Northern Ireland, aged 13-16 years, show higher levels of cocaine use amongst this age group than reported in much of the existing harm reduction literature. Lifetime use is 3.8% at age 13-14 years, rising to 7.5% at 15-16 years;
 - there is recent alarming evidence of 14 and 15 year-olds in Northern Ireland using **cannabis** daily.
5. Local Northern Ireland news has reported that there were three tragic deaths from drug abuse in west Belfast alone, in 2007 - the oldest 25 years of age and the youngest 17 years. The victims all died from heart attacks induced by **cocaine**.
6. Further details are provided at [Annex I](#)

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Provision for young people

7. There is **no** exclusive, dedicated rehabilitation provision for teenagers in Northern Ireland.

8. For those young users presenting significant and complex needs, and requiring intensive support, including detoxification, as well as support for severe mental health issues), the service provided in Northern Ireland will either be admission to an adult, mainstream inpatient psychiatric unit in a hospital within Northern Ireland, or referral to one of the few specialised youth services providers in Great Britain or the Republic of Ireland.

9. Current Government policy throughout the UK, including Northern Ireland, asserts that *treatment in the community* is more appropriate.

Treatment in the Community

10. The majority of dedicated services for young users throughout the UK are targeted and orientated towards drug education and harm reduction.

11. A recent national report¹ notes that:

- the lead intervention routinely listed for *treatment in the community* is for information and education for harm minimisation, with 'prescribing interventions' (- prescribing *subutex* or *methadone*), and 'support into prescribing treatment with adult services' listed on most service lists as key interventions;
- young people's drug services and education programmes remain premised on a philosophy of harm reduction, though there is little evidence of this being a safe or effective approach to the prevention of substance abuse;
- maintenance methadone prescribing, which perpetuates addiction and dependency, has been promoted under current policy, while rehabilitation treatment has been marginalised and crucial family services run down;
- the numbers of teenagers maintained on methadone and graduating to the adult treatment process is growing;
- methadone does have a role to play but it should open not close doors, including the path towards psychosocial interventions and drug-free lifestyles.

Abstinence and residential treatment

12. The report also notes that:

- recent research and user surveys show that **abstinence** is the most effective method of treatment, and the only appropriate one for many addictions;
- most users aspire to abstinence, seeing it as the goal of treatment;

¹ **Breakthrough Britain: Addiction report**, Conservative Party's Social Justice Policy Group, July 2007

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- addicts' testimonies confirm the efficacy of abstinence treatment, particularly in the context of therapeutic community or 12-step style programmes;
- recovery is far more likely to be achieved through residential rehabilitation than through methadone programmes;
- the primary policy goals of initiation of abstinence and prevention of relapse found in countries like Holland and Sweden, where problem drug use is significantly lower, appear to have been lost from UK strategy and 'models of care';
- local treatment plans, commissioning and tendering programmes, as a result, leave little room for straightforward rehabilitative care;
- drug-free recovery achieved through residential treatment is the only intervention with a real weight of evidence to support the work being done.

Needs Assessment

- this section provides an analysis of the need for a residential treatment centre for young people caught in the suffering of substance addiction.

13. There is urgent need for residential treatment for young people under-18 years old, caught in substance addiction, throughout the UK with only 20 residential rehabilitation beds currently in the UK for teenagers.² There are no dedicated residential rehabilitation beds for teenagers, either statutory or voluntary, in Northern Ireland.

14. The recent report by the Social Justice Policy Group of the Conservative Party³ notes that there is only one dedicated adolescent statutory residential unit in the whole of the UK – *Middlegate Lodge*, where only half of its 12 beds are in use because of the lack of funding for referrals. Yet at least 1,000 teenagers, it notes, have 'hard drug' problems' and that, unacceptably, the numbers maintained on methadone and graduating to the adult treatment process is growing.

15. The report also observes that:

- of the other non-dedicated residential services listed, there are only 3 beds available to adolescents – and these are only for those who have already been detoxed;
- PROMIS, a private treatment clinic for adult addiction, has a young persons unit but, while they would accept statutory referrals for adolescents, these are rarely ever made;
- 90% of the rehabilitation sector is supplied by charities, and, despite the commissioning of a formidable array of drug services, access to residential rehabilitation is at an all-time low.

² Chief Executive of RAPT (Rehabilitation of Addicted Prisoners Trust). September 2008

³ *Breakthrough Britain: Addiction report*, Conservative Party's Social Justice Policy Group, July 2007

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ICAP's needs assessment

16. As part of a feasibility study⁴ commissioned by ICAP, Deloitte carried out an assessment of needs for ICAP in 2006 which identified gaps in service provision for young people under 18 years of age in Northern Ireland. These gaps included:

- accessibility in rural areas;
- a dedicated out-of-office hours service and outreach facilities;
- drop-in facilities: self referral, anonymity;
- a crisis service;
- aftercare and follow-up work;
- dedicated inpatient facilities for detoxification; and
- availability of alternative and additional therapies complementary to counselling.

17. Anecdotal evidence derived by the feasibility study from community treatment services in both the statutory and voluntary sectors in Northern Ireland suggests a relatively small but medically significant number of young people presenting with complex and often multiple problems, who are in need of specialised inpatient residential treatment that is appropriate for their age.

18. ICAP considers that current inpatient/residential provision for young people in Northern Ireland is totally inappropriate, and, where there is referral to specialised youth services providers outside of Northern Ireland, it has to be more expensive because of travelling costs and away from family support.

19. Commenting on adolescent treatment, the recent report⁵ by the Social Justice Policy Group of the Conservative Party states that what is needed is:

- expansion of voluntary sector proven provision of holistic, value-added, abstinence-based treatment, both day and residential, prioritising much needed family residential centres and adolescent residential development;
- formal assessment of adolescent needs - for substance abuse, associated mental health, family and social issues;
- a general adolescent 'services' review;
- development of residential treatment for adolescents.

Residential treatment in the Republic of Ireland

20. In the Republic of Ireland, a recent report⁶ estimated that the number of rehabilitation beds required for adolescents (12-17 years) lies between the range of 14 and 37, based on a 28-day stay and an 85% occupancy rate. Two centres currently provide 18 beds – *Aislinn Adolescent Addiction Treatment Centre*, Co. Kilkenny (12 beds), and *Cara Lodge*, Co. Cork (6 beds- for boys only).

⁴ Deloitte MCS Ltd – Feasibility Study: Final Report, 18 December 2006 (paragraph 2.8)

⁵ *Breakthrough Britain: Addiction report* - Conservative Party's Social Justice Policy Group, July 2007

⁶ Health Service Executive: *Report of the HSE Working Group on Residential Treatment and Rehabilitation (Substance Users)*, May 2007

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21. ICAP seeks to fill the gap in provision in Northern Ireland for young people by offering rehabilitation treatment in an exclusive, dedicated young persons' set-up, using the treatment model at the Aislinn Centre as a model of 'good practice'.

22. The Aislinn Centre provides quality drug-free treatment based on the '12 Steps' Alcoholic Anonymous total abstinence programme, through use of the Minnesota treatment model, while also identifying with the emotional, mental, social, recreational and spiritual needs of the young person (see paragraph 23: 'service profile', below, for further details). A total of 109 young people received treatment in Aislinn during 2007.

Strategic Aims and Objectives

- this section sets out the strategic aims and objectives of ICAP.

23. Strategic Aims and associated Objectives:

- **to provide a therapeutic residential centre to help young people who struggle with complex substance addiction problems;**

Objectives:

1) to establish and sustain a professional residential therapeutic facility in Northern Ireland for the treatment of young people caught in the suffering of substance addiction.

2) to provide these young people with the appropriate network of aftercare support.

- **to provide support for their families;**

Objective:

3) to provide a programme of support to the young persons' families during and after their treatment.

- **to work with Government and other statutory and voluntary agencies as a partner provider of treatment services to vulnerable young people with complex substance addiction problems.**

Objective:

4) to liaise with the appropriate structures and treatment services in the statutory and non-statutory sectors to ensure a comprehensive range of service provision.

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- **to advocate for, and raise public awareness of the plight of young people suffering from substance addiction and the current gap in provision of their treatment.**

Objective:

- 5) *to gain support from the Northern Ireland Assembly, relevant Government Departments, key stakeholders, and the general public for a residential therapeutic centre for young people.*

- **to put the issue of substance addictions more firmly on the agenda of the Churches.**

Objectives:

- 6) *to engage fully the practical assistance and financial support of the Churches for the therapeutic residential centre for young people.*
- 7) *to make best use of existing, relevant, appropriate and potential initiatives within the Churches, aimed at addressing substance addictions.*

Service Profile

- *this section provides details of what services will be provided.*

24. The following programme of treatment will be provided at the residential centre:

- a pre-treatment assessment to determine appropriate treatment for the young person;
- a weekly pre-treatment programme to prepare the young person and their family for residential treatment;
- a six-week residential programme providing quality drug-free treatment based on the 12 steps AA total abstinence programme through use of the Minnesota model. During treatment the emphasis will be on an integrated, holistic approach to respond to the whole person and begin to nurture self worth and dignity. This will be followed by :-
- a step-down programme on successful completion of the six-week programme;
- a 2-year continuum care programme for the young person, and family. This will involve a weekly one-night group session, lasting approximately two hours, for young persons, their families, run by trained facilitators, to develop and build relationships. Family and peer support, and sharing will be an integral part of the recovery process ;
- a programme specifically for the family of the young person. The family will be involved with the young person right from the outset and throughout the entire programme of treatment for the young person. A range of services will be offered to the family: education and prevention programmes, peer support, sibling education and support, an opportunity to mend relationships.

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Operational Plan for the first year- 2008/2009

- this section outlines the work plan for the first year: - the year's objectives, the methods of achievement (processes/tasks), the time targets to be achieved, who is responsible, and outcomes.

25. **Objective 1:** *to establish and sustain a professional residential therapeutic facility in Northern Ireland for the treatment of young people caught in the suffering of substance addiction.*

| Process/task: | Completion Date | Responsibility | Outcome |
|--|-------------------|----------------|---|
| <i>Search and identify suitable premises</i> | March 2009 | DO/MC * | strategic & Business Plan published, and potential funding Sources identified |
| <i>Discuss with Housing Associations and agree on partnership arrangements, where appropriate</i> | March 2009 | DO | |
| <i>Identify external capital and recurrent funding streams in the statutory and non-statutory sectors and make applications to NI Government, IFI, Republic of Ireland, EU, USA ,independent charitable trusts and foundations</i> | March 2009 | DO | |
| <i>Produce and agree on a strategic and business plan, including a funding strategy and plan, to support applications for funding</i> | March 2009 | DO/MC | |

* DO = Development Officer MC= Management Committee

26. **Objective 4:** *to liaise with the appropriate structures and treatment services in the statutory and non-statutory sectors to ensure a comprehensive range of service provision.*

| Process/task: | Completion Date | Responsibility | Outcome |
|---|-----------------------------|----------------|--|
| <i>Produce a strategic and business plan for disseminating to stakeholders</i> | March 2009 | DO/MC approval | A plan for presenting to stakeholders and potential funders |
| <i>Liaise with DHSSPS (including Regional Health Board and HSS Trusts), DSD, DENI, NIHE and NIO</i> | March 2009 (ongoing) | DO | A commitment to fund the centre as key service provider for young people |
| <i>Establish good governance procedures</i> | March 2009 | DO/MC | Proper governance in place |
| <i>Set up proper accounting systems(with audit trail) and proper systems of financial management and control to satisfy requirements of disclosure, audit, value for money and accountability</i> | March 2009 | DO | Requisite systems in place |

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27. **Objective 5: to gain support from the Northern Ireland Assembly, relevant Government Departments, key stakeholders, and the general public for a residential therapeutic centre for young people.**

| Process/task: | Completion Date | Responsibility | Outcome |
|---|----------------------|----------------|--|
| <i>Lobby Ministers, MLAs and Government Depts.</i> | <i>Ongoing</i> | DO/MC approval | High profile as a recognised service provider achieved and support from stakeholders secured |
| <i>Meet with key stakeholders</i> | <i>Ongoing</i> | DO | |
| <i>Hold a PR event in a high profile venue and invite the media, concerned celebrities and all stakeholders</i> | <i>December 2008</i> | DO/MC | |
| <i>Organise and execute media coverage –ICAP website, press & TV coverage, advertising/marketing</i> | <i>Ongoing</i> | DO/MC | |
| <i>Seek celebrity patrons</i> | <i>Ongoing</i> | DO/MC | |
| <i>Seek support and witness of persons on 'good recovery'; parents, family, friends of young persons who have died from addiction (potential mentors to assist at the residential centre)</i> | <i>Ongoing</i> | DO/MC | |

28. **Objective 6: to engage fully the practical assistance and financial support of the Churches for the therapeutic residential centre for young people.**

| Process/task: | Completion Date | Responsibility | Outcome |
|--|-----------------|----------------|---|
| <i>Promote the project throughout the Churches and schools, presenting at the top level forums of the Churches and schools through addresses, presentations, and seminars.</i> | <i>Ongoing</i> | DO/MC | Church leaders, clergy/ministers and their congregations and schools fully aware and supportive of the project; and funding committed and secured from the four main Churches |
| <i>Promote the project in Church literature, including magazines, gazettes, newsletters/sheets, and parish bulletins</i> | <i>Ongoing</i> | DO/MC | |
| <i>Apply to the four main Churches for capital and recurrent funding commitment</i> | <i>Ongoing</i> | DO/MC | |

29. **Objective 7: to make best use of existing, relevant, appropriate and potential initiatives within the Churches, aimed at addressing substance addictions.**

| Process/task | Completion Date | Responsibility | Outcome |
|--|-----------------|----------------|---|
| <i>Establish full extent of action against substance misuse by each of the Churches and facilitate greater coordination and cooperation to maximise the impact of the Churches' response</i> | <i>Ongoing</i> | DO/MC | Integrated action by the Churches, through ICAP, in addressing substance misuse |

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Monitoring and Evaluation

- this section provides details of how and when ICAP will monitor and review what it intends to do, and then how the service offered will be evaluated.

Monitoring and Reviewing the Strategic/Business Plan:

30. This is the key role of ICAP's Management Committee. It will ensure that activities:

- are kept within the parameters of the agreed strategic aims and objectives; and
- are consistent with ICAP's vision, mission and values.

31. The Management Committee will also keep under review, internal and external changes which may require changes to ICAP's strategy, or affect its ability to achieve its objectives.

Information needed by the Management Committee to review progress

32. This will entail ensuring that the ICAP's Development Officer, who is responsible for developing and implementing the project, is keeping appropriate records so that progress can be assessed. This will involve, at the implementation stage of the strategic and business plan, being clear what systems, processes and

structures are required to ensure the overall direction, effectiveness, supervision and accountability of the project. (See section on Good Governance at paragraphs 23 & 24, below.)

33. To render close, effective monitoring and review, the Committee will meet monthly.

Monthly Progress Reports

34. Progress on the achievement of ICAP's objectives will be reported by the Development Officer to the monthly meeting of the Management Committee.

Evaluation of the service provide by the project

35. The following list represents potential quantitative and qualitative targets/indicators/measures of success that ICAP will use to evaluate the performance of the residential treatment centre when it is up and running:

quantitative:

- *numbers of young people who engage with the service and a programme of treatment developed;*
- *average duration of contact with client;*
- *number of attendances;*

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- *average period of time elapsed between initial referral and assessment contact with client;*
- *average drop-out rates from the treatment programme.*

qualitative:

- *level of use upon discharge;*
- *improvement in general health and well being of the young person;*
- *extent of reduction in drug/alcohol/intake;*
- *extent of reduced risk behaviours;*
- *improved family relationships;*
- *improvement in school/college attendance and work;*
- *improved citizenship and employability;*
- *new life skills gained;*
- *positive experience.*

Good Governance

36. ICAP's Management Committee will comply with the seven principles of the Code of Good Governance⁷:

- 1) **leadership** – the Committee's roles and responsibilities;
- 2) **legal requirements and obligations** – the Committee's compliance with-ensuring proper systems of internal control and performance reporting; equality and diversity; prudence; risk management; staff and volunteer management;
- 3) **effectiveness** – Committee members duties and responsibilities; effective use of time, skills and knowledge; appropriate information and advice to make good decisions; necessary skills and experience; necessary training; development and support of Committee members; the recruitment, remuneration, supervision, support and appraisal of staff and volunteers;
- 4) **performing reviewing and renewing** – the renewal and recruitment of Committee members; their individual performance appraisal; the Committee's responsibility for the review of all aspects of the work of the project;
- 5) **delegation** of authority to staff and monitoring this delegation; the setting of terms of reference for all sub-group activities;
- 6) **integrity** - no personal benefit; dealing with conflicts of interest; probity in the areas of gifts and hospitality;
- 7) **openness** - communication and consultation; transparency and accountability; promotion of stakeholders involvement in planning and decision-making.

37. Each member of the Management Committee will be appraised, and provided with a copy of the code. They will be alerted to their individual and collective roles and responsibilities for good governance⁸.

⁷ Good Governance: a code for the voluntary and community sector, June 2008

⁸ Department for Social Development - *Setting Standards, Improving Performance: Best practice in Finance and governance in the Voluntary and Community Sector*, July 2005 (paragraph 4.2)

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Budget forecast for each year

38. The projected *Expenditure* budget for the three-year period 2008/09- 2010/11 is outlined below:

| Year | 2008/09 | 2009/10 | 2010/11 |
|--------------|----------------|-----------------|-------------------|
| Total | £67,500 | £142,000 | £1,647,000 |

And the projected *Income* budget for the same three year period is as follows:

| Year | 2008/09 | 2009/10 | 2010/11 |
|--------------|----------------|-------------------|-----------------|
| Total | £67,000 | £1,688,000 | £676,000 |

For fuller analyses, see [Annex 2](#)

Fundraising Plan

- *this section provides details on how funding for the project will be obtained.*

39. The immediate priority is to secure suitable premises for the residential treatment centre, and the requisite funding to pay for them and sustain the running of the centre for the future.

40. There are two ideal options for the acquisition of premises:

- 1) securing a long-term lease (preferably a ‘peppercorn’ lease) on existing premises in a quiet semi-rural, semi-urban location, with grounds and accommodation;
- 2) seek out partnership with a Housing Association on a joint management arrangement or service level agreement. Under this arrangement the Housing Association would look after the accommodation (existing or new) and maintenance, leaving ICAP to concentrate on care service provision

41. With the first option it is likely that we will be faced with substantial ‘up front’ capital refurbishment costs in the region of **£100,000** in 2009/10; annual leasing costs of some **£50,000**, and some **£2 million** annual running costs. With the 2nd option, costs would be much the same: no refurbishment costs but built into the annual rental (including property maintenance) to the Housing Association (see [Annex 2](#) for details).

42. Fundraising is a top priority for the project.

43. The capital and recurrent funding needed for the setting up and ongoing running costs of the residential treatment centre will be sought from the following main sources:

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- the Churches in Northern Ireland;
- schools in Northern Ireland;
- individual giving (including major donors and celebrities);
- corporate support;
- trusts and foundations;
- central government (in Northern Ireland and Republic of Ireland);
- local government;
- European Union;
- USA.

44. 80 % of the funding is likely to come from a few sources. We will concentrate on securing **major individual donor** and **corporate sponsorship** for fit-out costs (say sponsor fit out of room by room). We will seek out and approach local individuals on 'good recovery' who would have connections with Northern Ireland 'rich' and /or media entertainment celebrities or approach these celebrities directly.

45. Major fund raising events could include:

- a single entertainment/concert event, in 2009, at the Odyssey or Waterfront with sympathetic local/ national/ international celebrities offering their entertainment free.
- grand gala dinner/dance in select venues throughout Northern Ireland inviting corporate etc support.

46. A fund raising committee will be set up comprising volunteers with fund raising experience chaired and managed by the Project Development Officer. It will cover all of Northern Ireland.

Operating the centre

- this section provides specific details concerning how the project will be run, including details of the premises and facilities the residential treatment centre will offer, its staffing structure, and the equipment that will need to be bought.

Premises and facilities:

47. The centre will initially accommodate six young persons with individual en-suite bedrooms but will have capacity for ten. There will be meeting rooms for one-to-one and group counselling sessions, a therapy room, a room for family sessions, a quiet room, a sports hall/gymnasium, a common room for recreation and relaxation, classrooms, a dining room, kitchen and laundry room, rooms for the consultant psychiatrist and nursing staff, staff and family toilet facilities, a store for equipment. Outdoor sports and recreational facilities will also be provided including a serenity garden.

48. Step-down accommodation (a house) for living in when the young persons successfully complete their six-week programme will be provided (either on-site, or close off-site), before returning home.

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Staffing structure:

49. The programme of care at the residential centre will be facilitated by a skilled, multi-disciplinary team headed by a Director of Service. The team will consist of: a clinical manager, administrator, professional addiction counsellors, care workers, nurses (night staff), nursing assistants, a consultant psychiatrist (part-time), administration, catering, maintenance, and relief personnel.

50. Sessional staff will include: a teacher, an art teacher, a psychodrama therapist, and recreational and leisure instructors.

51. Along with the multi-disciplinary team there will be a number of volunteers working as aftercare facilitators.

Equipment:

52. This will include the full range of :- administration IT equipment; teaching/therapy equipment; audio/visual/sensory equipment; sports and recreational equipment; therapy equipment; kitchen equipment.

Environmental analysis

- this section relates everything relevant about what is happening in the 'outside' area, and how a niche in service provision will be created for ICAP.

53. The Northern Ireland Government, through its New Strategic Direction for Drugs and Alcohol, 2006-2011, will be concentrating its resources into building up

the effectiveness of community-based provision, by its Youth Counselling and Treatment Service and Child and Adolescent Mental Health Services, for young people with drug and alcohol issues, in the 2 year period 2009/2011. This is in keeping with its 'bottom-up' approach in developing youth provision. During this same period it proposes to assess the need for more intensive in-patient/residential support services to young people aged 16-18 presenting with significant substance misuse problems in order to decide on the extent of any such dedicated provision.

54. ICAP plans to have its residential centre up and running (by September 2010) within this 2-year period. ICAP will have a service, offering 10 beds, available for purchase by the Health Trusts.

Statistics on Substance Misuse

1. In Northern Ireland, on 1 March 2007⁹:
 - there were 5583 individuals in treatment for drugs and/or alcohol misuse. The majority of those in treatment were aged 18 or over (85%: 4736).
 - **15%: 847, were aged under 18 years;**
 - between 1 March 2005 and 1 March 2007, the number of individuals in treatment increased by 10% from 5064 to 5583. Those in treatment aged under 18 years more than trebled from 271 to 847 over the period;
 - 64% (3585 individuals) were receiving treatment from statutory services such as Community Addiction Teams. 35% (1741 individuals) were receiving treatment from non-statutory services, and 15% (257 individuals) were receiving treatment from prison-based services;
 - **no individuals under 18 years were reported as in treatment as hospital inpatients. Of those in prison-based services, 2% (6 individuals) were aged under 18;**
 - almost all (98%:5457) of individuals in treatment were in contact with non-residential treatment services. Of those individuals in residential treatment services, 46 (1%) were in treatment in Special Addiction Treatment Services (SATS), and a further 70 individuals were residents in non- SATS;
 - **there were no individuals under 18 years in residential treatment on 1 March 2007.** In non-residential treatment services, two-thirds (66%) of those aged 18 and over were in treatment for alcohol only. This compares to **45% of those aged under 18 in non-residential treatment for alcohol misuse.**

Drug-related Deaths

2. Of the 1,900 drug-related deaths reported in 2007 for the UK¹⁰, **24** were reported for Northern Ireland. Psychoactive drugs were directly implicated in all but one case. Of these 24 there was one reported death in the adolescent age range. The age profile of the 24 drug-related deaths in Northern Ireland is shown in Table 1, below:

Table 1: Age profile of drug-related deaths (DRDs) reported for NI, 2007

| <i>Age range</i> | <i>No of DRDs</i> |
|---------------------|-------------------|
| <i>15-24 years</i> | 1 |
| <i>25-34 years</i> | 5 |
| <i>35-44 years</i> | 8 |
| <i>45- 54 years</i> | 6 |
| <i>55- 64 years</i> | 2 |
| <i>65+ years</i> | 2 |

⁹ Northern Ireland Statistical Research Agency: Census of Drug and Alcohol Treatment Services in Northern Ireland, 1 March 2007

¹⁰ National Programme on Substance Abuse Deaths (np-SAD): Drug-related Deaths in the UK – Annual Report 2008

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3. The number of drug-related deaths in previous years were:

| 2004 | 2005 | 2006 | 2007 |
|------|------|------|------|
| 58 | 65 | 54 | 24 |

They vary greatly from year to year. There is however a backlog of inquests and related death registrations which mean that further deaths for 2007 may be subsequently notified.

4. In 2007 there was a rate of 1.74 drug-related deaths per 100,000 population aged 16 and over compared with 4.38 in 2004, 4.84 in 2005 and 3.97 in 2006. These rates are low by comparison with the rest of the UK.

Cocaine Abuse

5. Recent research by Queen's University, Belfast¹¹ indicates that the image of cocaine as a 'party' drug used by more affluent members of society has begun to change as the levels of use of the drug rise amongst school aged young people.

6. Cocaine use patterns amongst young people aged 13-16 years who were participating in the Belfast Youth Development Study, a longitudinal study of adolescent drug use, was explored. Data was collected through an annual datasweep in participating schools (see also paragraphs 12-14, below, of the Youth Study findings on cannabis use).

7. The results show higher levels of cocaine use amongst this age group than reported in much of the existing harm reduction literature. Lifetime use was 3.8% at age 13-14 years, rising to 7.5% at 15-16 years. The profile indicated that adolescent cocaine users were more likely to be female, live in disrupted families and experience social deprivation, which is similar to existing adolescent drug use profiles.

8. The research concluded that these findings provide further evidence for the development of age appropriate school focused harm reduction initiatives and continued monitoring of contemporary trends of use of cocaine amongst school aged young people.

9. News coverage in December 2007¹² reported that there were three tragic deaths in west Belfast alone from drug abuse in the last six months (of 2007) - the oldest 25 years of age and the youngest 17 years. The victims all died from heart attacks induced by cocaine. NI Assembly members were warned by a group of community workers that Belfast is fast catching up with the existing high level of cocaine abuse in working class areas of Dublin, Edinburgh and London.

¹¹ *A profile of adolescent cocaine use in Northern Ireland*: Institute of Child Care Research Queen's University Belfast November 2008

¹² 4NI.co.uk – 12 December 2007

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10. The Falls Community Council warned that they and other community groups from both loyalist and republican neighbourhoods are not being equipped by the Government with the resources to tackle the drug problem and underage drinking.

'The cocaine problem is certainly happening in west Belfast where we do most of our work.....The hospitals will tell you there are young people in their twenties taking heart attacks because of cocaine.....young girls are now taking cocaine because it stifles your appetite and therefore they stay thin and pretty'.

11. The Forum for Action on Substance Abuse (FASA) reported that the provision of cocaine and diazepam in working class areas was rife.

Cannibis use among young people in Northern Ireland

12. The Youth Development Study being carried out by Queen's University, Belfast (see paragraphs 5 and 6 ,above) has found that 14 and 15 year olds in Northern Ireland are using cannibis daily. One in ten school children who had reported using cannibis at least once had now become daily users. Dr Patrick McCrystal of the Institute of Child Care Research reported in 2007 that, whilst the numbers in the study who indicated they were using cannibis each day may seem small, these young people are saying that by the age of 15 they have moved beyond experimental or recreational use of an illegal drug to more sustained usage.

13. Those reporting high levels of cannibis use were also more likely to smoke cigarettes and drink alcohol regularly, as well as using other illegal drugs. Approximately one in six of these users also reported abusing solvents on a weekly basis and nearly one- third used ecstasy each week. The frequent cannibis users were responsible for almost all use of 'hard' drugs like cocaine.

14. The Youth Development Study being carried out by the Queen's Institute of Child Care Research, is a longitudinal study of adolescent drug use. Some 4,000 teenagers covering 43 schools in Belfast, Ballymena and Downpatrick have taken part each year since they entered secondary education making it one of the largest schools-based surveys of its kind. The research found that 70% of the frequent users were male. Nearly two-thirds of all users belonged to the lowest socio-economic groups, were more likely to live within a disrupted family with just one parent, have poor levels of communication with parents or guardians, and had low levels of motivation to do well at school.

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Annex 2

Budget for the three years 2008/09, 2009/10; 2010/11

Budget assumption: *The expenditure projections outlined below assume that suitable premises will be acquired on a long-term lease and that ICAP will enter into partnership with a Housing Association on the basis of a general management arrangement whereby the Housing Association will be responsible for the initial refurbishment and fitting-out of the premises and ongoing property maintenance thereafter for the price of an annual rent from ICAP.*

1. The projected **Total Expenditure** budget for the project is outlined below:

| Year | 2008/09 | 2009/10 | 2010/11 |
|--------------|----------------|-----------------|-------------------|
| Total | £67,500 | £142,000 | £1,647,000 |

These annual totals include the budgets for both capital and recurrent spends which are analysed below:

Capital Expenditure Budget:

2. The capital budget provides for office start-up costs for ICAP HQ at 68 Berry Street Belfast and the acquisition of premises for proposed treatment centre

| Financial Year | 2008/09 | | 2009/10 | | 2010/11 | |
|-----------------------------|---------------|----------|----------------|------------|----------------|------------|
| | HQ | Centre | HQ | Centre | HQ | Centre |
| | £k | £k | £k | £k | £k | £k |
| Land&Buildings | - | - | - | 30 (1) | - | 30 (1) |
| Plant&Machinery | - | - | - | 10 | - | 20 |
| Furniture,Fittings&Fixtures | 1.5 | - | 0.5 | 30 (2) | - | 30 (2) |
| Total | 1.5k | - | 0.5k | 70k | - | 80k |
| Total | £1,500 | | £75,000 | | £80,000 | |

(1) Annual lease

(2) Annual rental per service level agreement with a Housing Association covering refurbishment/fitting out costs and on going property management

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Recurrent Expenditure Budget :

| Financial Year: | 2008/09 | | 2009/10 | | 2010/11 | |
|---|-----------------|----------|----------------|----------|-------------------|---------------|
| | HQ | Centre | HQ | Centre | HQ | Centre |
| | £k | £k | £k | £k | £k | £k |
| Salaries & Wages | 33 | - | 34 | - | 34 | 1,000 |
| Travel Expenses | 3 | - | 3 | - | 3 | 500 |
| Other Admin.expenses & distribution costs | 30 | - | 30 | - | 30 | |
| Total | 66k | - | 67k | - | 67k | 1,500k |
| Total | £ 66,000 | | £67,000 | | £ 1,567,00 | |

~ Basis for calculation: Aislinn Treatment Centre Annual Accounts 2007

Income Budget for the three years 2008/09, 2009/10; 2010/11

3. The projected income budget for the project is outlined below:

| Financial year: | 2008/09 | | 2009/10 | | 2010/11 | |
|--|----------------|----------|-------------------|---------------|-----------------|--------------|
| | HQ | Centre | HQ | Centre | HQ | Centre |
| | £k | £k | £k | £k | £k | £k |
| Revenue based Grants <i>stat & non-statutory</i> | 33† | - | 34† | 100* | 35† | 100* |
| Fundraising Donations | - | - | | 1500‡ | | 500‡ |
| Cash funding from churches | 20 | - | 20 | 20 | - | 20 |
| Private Donations | 8 | - | 8 | - | 8 | - |
| Volunteer contributions | 6 | - | 6 | - | 3 | - |
| Fee income | - | - | - | - | - | 10~ |
| Total | £67k | - | £68k | £1620k | £46k | £630k |
| Total | £67,000 | | £1,688,000 | | £676,000 | |

†DHSSPSNI- already awarded

**Statutory*: DHSSPSNI; DSD; DENI (Youth); Housing Executive; Housing Association, Department of Foreign Affairs (RoI) *Non- statutory*: trusts, foundations, International Fund for Ireland, Ulster Gardens, etc

‡ Corporate Sponsorship; signature events (concerts, gala dinner dances etc); individual, wealthy donations

~ Centre due to open September 2010- charges for treatment