



CityWide Drugs Crisis Campaign

Drugs – Can We Take Anymore?

Campaign Meeting Report

23th October 2013

Gresham Hotel

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Introduction

Anna Quigley, Citywide

- Citywide has been asked to organise this campaign meeting because people have had enough of the sense of powerlessness that has developed around dealing with the drugs issue. People in local communities most affected by drugs want to have a strong voice again and make themselves heard.
- The most popular television show at the moment, Love/Hate, shows the impact that drugs is having on individuals and communities. Yet, despite the popularity of the show, official Ireland does not show any interest in addressing what is really going on.
- We are asking the question “Drugs – Can we take any more?” and we already know that the answer is no, we can’t take anymore. It is frustrating for communities to have to keep talking about how difficult things are but it is essential for us to keep gathering the information and to make our voices heard, even when we are not being listened to.
- Communities have always taken a lead in finding the solutions and developing the responses to the drugs crisis. We already have a huge knowledge of how to deal with the drugs issue, both from our own experience and from the many reports and strategy documents that have been drawn up. But strategies and structures are only effective if they are implemented.
- The last six years have seen a level of cuts to the Drugs Initiative and the broader Community Sector that is much more severe than the general level of cuts in public spending. Why is this?
- Here is an overview of the current situation from the National Community Reps:
<http://www.youtube.com/watch?v=7hLf7D2n33g>

Tony Geoghegan, Merchant's Quay Ireland

- The Voluntary Sector is a national network of NGOs involved in Drug and Alcohol Treatment. They provide most of the residential detox beds and all of the drug free residential rehabilitation beds in the country.
- They want to join with the Community Sector to call for an urgent overhaul of the National Drugs Strategy Structures and get a recommitment from the Government to a Partnership approach that was embodied in the original Drugs Strategy.



- The Voluntary Sector used to be represented on the National Drug Strategy Team and were actively involved in all of the decision making regarding strategies etc. Over the last few years decision making powers have been withdrawn back in to the Department.
- Meanwhile drug use remains a very serious issue around the country and Voluntary agencies are struggling to cope – there are more service users but more cuts in funding.
- There is a danger that voluntary agencies will have to reduce services and in some cases close at a time when they are needed most.
- There are no functioning national structures where they can raise these issues – they are involved in Task Forces but there is nowhere to discuss issues at national level.
- They have been making this point with the Minister and officials but have seen no response.
- Hopefully through today the Voluntary Sector can start to come to an agreed position with the Community Sector about whether to stay involved with this Drugs Strategy and how to do that.
- They want a fully functioning Drugs Strategy with the Community and Voluntary Sectors involved as equal partners and need Government to put these structures into place now.

Love / Hate? Welcome to the Real World!

Putting the Community Drugs Problem Back on the Agenda

Anna Quigley

We need to keep getting the message out about the reality of our community drugs problem.

Community Drugs Problem Indicators

1. Availability and Range of Drugs Available – Different patterns of drug use but different drugs are always available
2. Visibility of Drug Use and Drug Dealing – Over a few years it became less visible but now very visible to residents
3. Familiarity and Normality of Drug Use and Drug Dealing – Becomes normal until people stop noticing it
4. Serious Health Issues and Premature Deaths – In younger people now
5. Identification of Housing Areas as “Drug Hotspots”- People do not want to live or be housed there
6. Social Nuisance/Loss of Community Spaces – Drug use in social spaces
7. Perception of Lack of Community Safety and Increased Crime – Statistics are going down but if people don’t feel safe it has a huge impact.
8. Significant Levels of Intimidation and Fear -Affects drug users, their families and the community
9. Community Pride/Image/Social Networks/Social Capital Undermined – Drugs have divided communities, people disengage

Workshops

Over 130 participants in small workshops considered how drugs are currently impacting on their communities across the state. The workshops discussions focused on the nine key indicators of community drug problems stated above.

Asked to respond to the question: *“What are the main ways in which drugs are impacting on your community now?”* The following drug problems were identified across all workshop groups:

- Reduction and depletion of community resources & service;
- Drug debt related intimidation and drug related violence in communities;
- Decreasing health & mental health of drug users and premature deaths;
- Concerns about young people engaging in harmful practices;
- The normalisation of drug use and drug taking in communities and
- Concerns and impacts of poly-drug use.



Depleted Community Resources & Services

Drug hotspots exist across the state in communities impacted by disadvantage, marginalisation and poverty and if the NDS is to have any real impact then it must refocus efforts on the areas of most need. The response to the economic crisis is to “protect front line services” and as a result actions in the NDS are not being delivered. Resources to support education/prevention/rehabilitation have shrunk and in some cases disappeared. The disengagement of the Dept of Education from the structures of the NDS has led to difficulties in local projects delivering drug education in schools.

Respect for community effort from government & policy makers has disappeared. The communities most affected by drug problems are being further marginalised as the state pulls away from a partnership response to the drugs crisis thereby restricting community involvement both nationally and locally in developing, implementing and overseeing responses. There is a very strong sense of

abandonment of these communities as the statutory services withdraw either completely or reduce their involvement and commitment from the partnership of Drug Task Forces.

The link between social services and the community/voluntary sector needs to be improved especially in the areas of child protection and domestic violence. There is a need for regular engagement between communities (including 'new communities') impacted by community drug problems and social disadvantage and the agencies charged with responding to identified problems. YPAR (Young People at Risk) in the North Inner City is a good example of a model that works.

Signs of increased real poverty are evident in many areas. Communities are losing the ability to respond to emerging needs because of cuts to community networks and supports. Participants in workshops spoke of the lack of hope in their communities. People in marginalised and stigmatised communities struggle to raise kids where services and supports are depleted. Barriers to Rehabilitation that have arisen because of the changes in Social Welfare Act 2012 mean there's no safety net for people considering rehabilitation through CE. Immigrant communities impacted by the economic downturn are experiencing huge problems and many are drifting into street drinking, drug taking and many people are sleeping rough. Waiting lists for treatment are not being acknowledged by HSE. The range of issues facing communities is vast and communities feel blamed for things getting worse.

Drug Debt Related Intimidation & Violence and Community Safety

All groups reported huge levels of fear in their communities due to drug related intimidation and violence.

Many of the workshops reported very significant levels of violence and extreme violence directed towards vulnerable people, women and children. New ways of threatening people were reported and in one case an individual was doused in petrol and match struck but not lit. In another instance a woman was beaten with a hammer; people reported that children as young as 13 years old are carrying drug debts and these young people are willing to take a beating for a debt (even a small one). Houses being burnt & fire bombed and sexual violence are very common and people are angry and fearful.

The true level of drug debt/drug related intimidation is not recorded as people are afraid to report to Gardai fearing reprisals and there is also a concern that the Gardai are not acting on information or that the response is weak. People won't report intimidation for fear of being known as a tout. People expressed concern that it appears that the guards are dealing with low level players and not tackling the 'god fathers.' The state response to those being intimidated is far from adequate; an example was given of a young pregnant woman intimidated out of her home, and then put up in a

hostel in the same community; the result was she was more at risk as she had to be out of the hostel during the day.

The support for families being intimidated is inadequate and there is some evidence of emerging vigilante response given inadequacy of garda response. Even when someone dies the debt they owe to drug gangs stays with the grieving family. There is a sense that the community is less safe for children. The drug economy in some areas is a real source of income. Weak garda responses leave communities at risk to powerful gangs.

Community safety is an issue in most areas, people feel unsafe because of the higher visibility of drug use and drug dealing. Robberies are on the increase and people feel that there are not enough Garda around, particularly in rural areas. There is fear amongst older residents because of the levels of dealing in some areas, many older people won't leave their homes after 6pm leading to effective curfews for the elderly. People are moving out of council housing because of the level of dealing, drug taking and intimidation and refusing housing offers in certain areas for the same reasons.

Gangland murder is now normalised in society in general and in our communities. There is an acceptance of fear and intimidation and anti-social behaviour as something that is there and that you can do nothing about.

Health, Mental Health & Premature Deaths

Participants in all workshops discussed the huge increases in mental health problems and suicide linked to drug & alcohol use in their communities. In one group people spoke of 5 drug related deaths in the space of 6 weeks in Drogheda. Others spoke of the centrality of drugs & alcohol in suicides. In the Shannon area a suicide watch has had to be set up due to the number of suicides where alcohol is a contributing factor.

Poly-drug use is leading to increased 'blank days' where people can't remember what happened but have often been involved in violence. Health problems are increasing as people use more drugs in combination but spend less on food as they have less money in their pockets due. There is unpredictable behaviours due to mixes of drugs – projects don't know how to respond. Responses to the needs of people with mental health & addiction problems are wholly inadequate and community services struggle to bridge the gap.

Health problems leading to permanent disability are on the increase due to long term drug use.

Young People

Feedback from the groups suggests that there is a huge increase in children using and becoming addicted to drugs (including alcohol) many as young as 12 – 13 years. Poly drug use is very common with this cohort.

In most communities there are high rates of early school leaving. Youth unemployment (even for those who completed senior cycle) is sky high; cuts in unemployment payments are leading young people into debt and routing people into dealing.

Violence in the home (child to parent) is on the increase from the type of drugs young people are using. Young people are also experiencing more violence from dealers. Middle ranking dealers are much younger too: 17 – 18 year olds. Some street dealers are as young as 12 and by the time they are 17 they seem to be major criminals. In some areas drug dealing is seen by young people as a viable career.

Services, including diversion programmes for under 18s, are very limited. There is a need for new models of intervention and support. The number of children using very strong “recreational” drugs is increasing and there are very few services equipped to respond to their increasing needs.

The lack of hope for a brighter future is palpable in these young people.

Normalisation of Drug Use and Drug Dealing

“They are selling outside my door; how do I keep my kids safe? How do I compete with that?”

Visible drug use by all age groups has become completely normalised in many communities. Cannabis and alcohol use is seen as completely normal in most of the communities represented at this meeting, including the Traveller community.

Parts of Dublin city centre have continuous and obvious dealing. Drug dealers are operating outside drug services. Internet drug dealing is widespread- packages are being delivered by UPS to garages and warehouses. Two participants were offered drugs on O’Connell St on the way to the meeting this morning. Street dealers are much younger now than ever before (as young as 12 in some areas) and these children do not see anything wrong in selling drugs. Weed is a very lucrative commodity for drug dealers.

Some individuals and families are benefitting hugely from drug dealing. It is the underground economy, and in some communities, it is the only economy. It is a structure of organised crime, and it is visible throughout the communities. This has affected the culture of communities.

There is an expansion of drug problems (dealing and using) into rural and outlying areas; this expansion is happening at a much faster rate than happened in Dublin back in the 80s & 90s. Unfinished housing estates are attracting dealers. Garda response is inadequate. Local people don't know how to respond.

Poly-Drug Use

All tables reported problems because of poly-drug use. People are engaging in very dangerous drug taking practices. Drugs being used in combination are: alcohol, cocaine, crack cocaine, cannabis weed/ skunk, Solpadine, benzos, head shop drugs, steroids & opiates.

“New drugs/ head-shop drugs” are still around; their long term effects are uncharted but the immediate effects that are noticeable include mental health problems, memory loss, poor cognition & violence, in some cases leading to concerns about child protection. Weed (cannabis) has taken over completely from hash and all tables reported that there are huge problems with its use in their areas.

Benzo use amongst young people has skyrocketed. Serious concern was expressed that doctors appear to still be prescribing benzos to young people. Young people are taking very strong drugs along with cheap alcohol. The normalisation of alcohol misuse in society makes tackling young people's poly drug misuse very difficult. People don't see that they have a problem because it's not heroin.

Older women are now taking cocaine, crack parties are being held in some areas. A number of tables reported children being taken into care because of their mothers crack cocaine use.

Participants were asked to finish the following sentence on a paper speech bubble and mount it on the wall: **In My Community, We Can't Take Anymore Of...**

Drug Debt Related Intimidation and Drug Related Violence in Communities

- The Lack of Community Safety
- The Fear Caused by Intimidation
- Children being used by drug dealers to create intimidation and fear amongst other drug users
- Dealers buying up homes while burning people out of their family homes
- The complacency towards crime
- Beatings over drug loans not being paid
- Robberies, crime and drug dealing
- Gang anti-social behaviour
- Death and violence associated with drug use
- Gardai not dealing with drug dealers due to lack of resources
- Drug Apprenticeships

Drug Use amongst Young People

- Locking Young People up as Criminals
- Watching children in school uniforms queuing for drugs during their lunch breaks
- Younger users (12-13 year olds) being targeted but 17 -18 year old dealers
- The lack of services for young teens
- Child to parent violence linked to drug use
- Another generation of young people getting caught up in risky drug use and the drugs economy as the state erodes education, training, employment and welfare
- Children being affected by depression caused by continuous cannabis usage
- The virtual elimination of an upcoming generation of young people
- Drug dealing in areas where our children are living
- Parents giving their young sons and daughters alcohol going to parties
- The underground economy in the inner city as a quick way for young people to make cash
- Drug Apprenticeships

Inadequate State Response

- The State Response being No Good
- No action being taken and no implementation of government strategies
- The lack of response from government on direction in dealing with drug related issues nationally
- The apathetic response to the nationwide heroin problem
- Not Being Heard
- Nothing Being Done
- Being ignored, let down and abandoned by elected representatives when it comes to tackling the drug problem
- Outdated and useless strategies
- Our government failing the people of Ireland with drug and alcohol problems
- The lack of value placed on family and community input in policy development
- The lack of direction from the minister as to how to address alcohol issues
- The lack of commitment to develop responses
- The lack of commitment from the Minister and National Structures to address drugs issue
- Empty Promises



The Normalisation of Drug Use and Drug Taking in Communities

- Walking through town being asked 'Am I looking?'
- Weed use being seen as acceptable and tolerated as 'not a real drug'
- The normalisation of drug use and drug dealing
- Open Drug Use and Dealing
- The lack of response to open drug dealing
- Benzo Dealing is huge and not being dealt with
- Dealing outside my front door – how am I supposed to keep my kids safe?

Impacts of Poly-Drug Use on Individuals, Families and Communities

- The Loss of Family
- The extent of the drug and alcohol problem being ignored
- Proliferation of Alcohol Use
- The speed at which the drug problem is growing
- The lack of a national shared acknowledgement of the cannabis/weed issue among all cohorts and an agreement to collectively respond
- The lack of response to mental health needs
- Mental Health Services not working with Drug Service users who are struggling with mental health issues
- Suicide

Strategies, Reports, Policies and Promises: An Overview of State Commitments to Date

Anna Quigley, Citywide

- Community reps and community projects have put a lot of time, effort and energy over the years into working in partnership with other agencies to come up with Strategies, Policy Documents and Research Reports. So we know what needs to be done but there is not the political will to do it.
- The real frustration is that while we have all put so much time and effort into looking at the issues and coming up with recommendations, responses that have been implemented end up watered down or abandoned and many recommendations are not implemented at all.

Strategies, Working Groups, Research & Reports

- 1996** First Report of Ministerial Task Force on Measures to Reduce the Demand for Drugs
- 1997** Second Report of Ministerial Task Force on Measures to Reduce Demand for Drugs
- 2001** Building on Experience; National Drugs Strategy 2001-2008
- 2001** Revitalising Areas by Planning, Investment and Development (RAPID) Programme
- 2004** The Role of Family Support Services in Drug Prevention, National Advisory Committee on Drugs (NACD)
- 2004** Mental Health and Addiction Services, NACD
- 2004** Drug Use Amongst New Communities, NACD
- 2005** Mid-Term Review of the National Drugs Strategy
- 2005** Drug Use Among the Homeless Population, NACD
- 2006** A Community Drug Study, NACD
- 2006** Drug Use Amongst the Travelling Community, NACD
- 2007** Report of the Working Group on Drugs Rehabilitation
- 2007** Drug Use Amongst LGBT Young Adults
- 2007** Report of the HSE Working Group on Residential Treatment
- 2009** National Drugs Strategy (Interim) 2009-2016
- 2009** Drug Use, Sex Work and the Risk Environment in Dublin, NACD
- 2010** Risk and Protective Factors for Substance Use Amongst Young People, NACD
- 2012** Report of the National Substance Misuse Strategy Committee
- 2013** Report on the Review of the Drugs Task Forces and the National Structures Under Which they Operate

State Response to the Community Drugs Problem- Including the Impact of Budget 2013 on Community Services/Programmes and Funding

Brian Harvey, Independent Researcher

A full video of Brian's presentation with slides is available through following link:

<http://www.youtube.com/watch?v=JtqYABr6adY>

History and Evolution of Community Based Services

- Ireland traditionally underdeveloped, peripheral European society, low priority for welfare, limited vision of relationship with civil society
- 1960's saw beginnings of voluntary, community-led responses to poverty, social exclusion
- 1975 saw 1st programme against poverty, key landmark
 - Validated action research, bottom-up, community-led, policy-orientated campaigning responses
- 1980's, 1990's saw the substantial expansion of community-led initiatives, projects and responses including against drugs, which worked.

High Point

- 1997-2002 marked the high point of social inclusionary strategies, civil society
 - National Anti Poverty Strategy, 1997
 - *Supporting voluntary activity*, 2000
 - Range of sectoral strategies
 - E.g. *National Drugs Strategy, 2001*; implementation systems
 - National social partnership
 - Combat Poverty Agency with:
 - National Anti-Poverty Networks
 - Small grant schemes, research grants, capacity building
 - Programme of research

- Community Development Programme (180)
- Family Resource Centres (106)
- Refining of policies against poverty e.g. child poverty, which led to reduction in child poverty

2002: Strategic Turn

- *Supporting voluntary activity* repudiated
 - Funding for voluntary organizations delayed, reduced -47%
 - Research funding scrapped
 - Voluntary activity units not progressed
 - Policy unit for CDPs scrapped
 - Removal of funding role of Combat Poverty Agency
 - Schemes hovered into CRAG, put under ministerial control
 - Charities Act 2009 passed but suspended
 - Human rights no longer charitable
 - Evidence of campaigning charities now refused status

2008: Economic and Social Crisis

- Combat Poverty Agency abolished
- Other social agencies extinguished:
 - National Council Ageing Older People
 - National Economic & Social Forum, Comhar
 - National Consultative Council Racism Interculturalism
 - Office for Active Citizenship. Homeless Agency.
 - Women's health, educational disadvantage, childhood devp.
 - Reduction of Equality Authority, Human Rights Cmsn

- New economic agencies (FAC, NewERA, NAMA, Uisce)
- Community Development Programme closed
 - Dublin Inner City Partnership
- Setting limits to dissent (see Advocacy Initiative), for example HSE Service Level Agreements

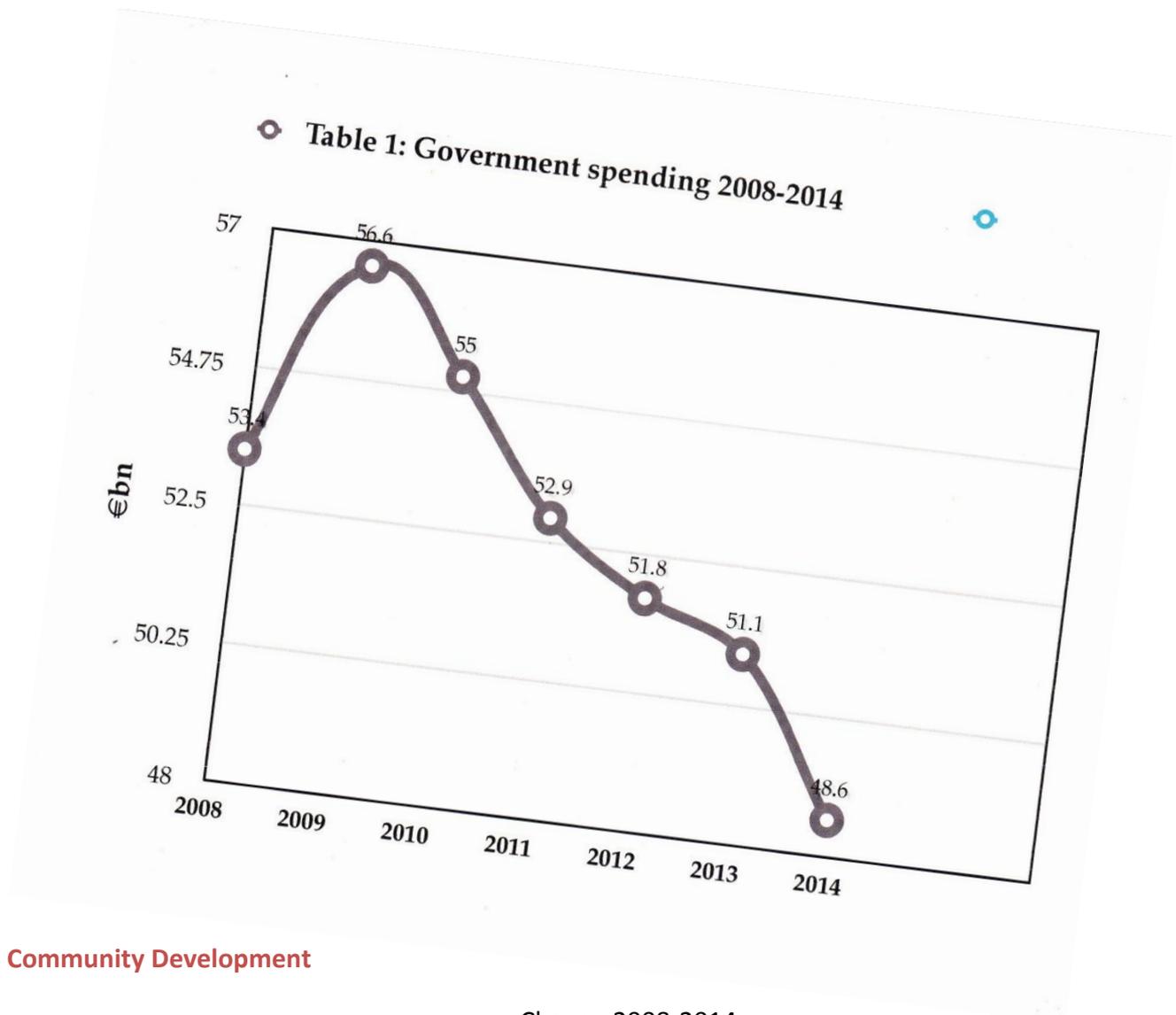
Looking at Funding

- Government spending -7.1% 2008-2014(over)
- No formal statement *social* policy funding would be especially affected
 - But ‘recovery programme’ quite detailed in individual *social* spending reductions
- In practice, voluntary & community organizations reduced -8% to -10% annually, likewise never formally stated
 - Only statement is a commitment to retaining ‘frontline’ services



This is our baseline against which all spending should be measured:

- -7.1% since 2008



Community Development

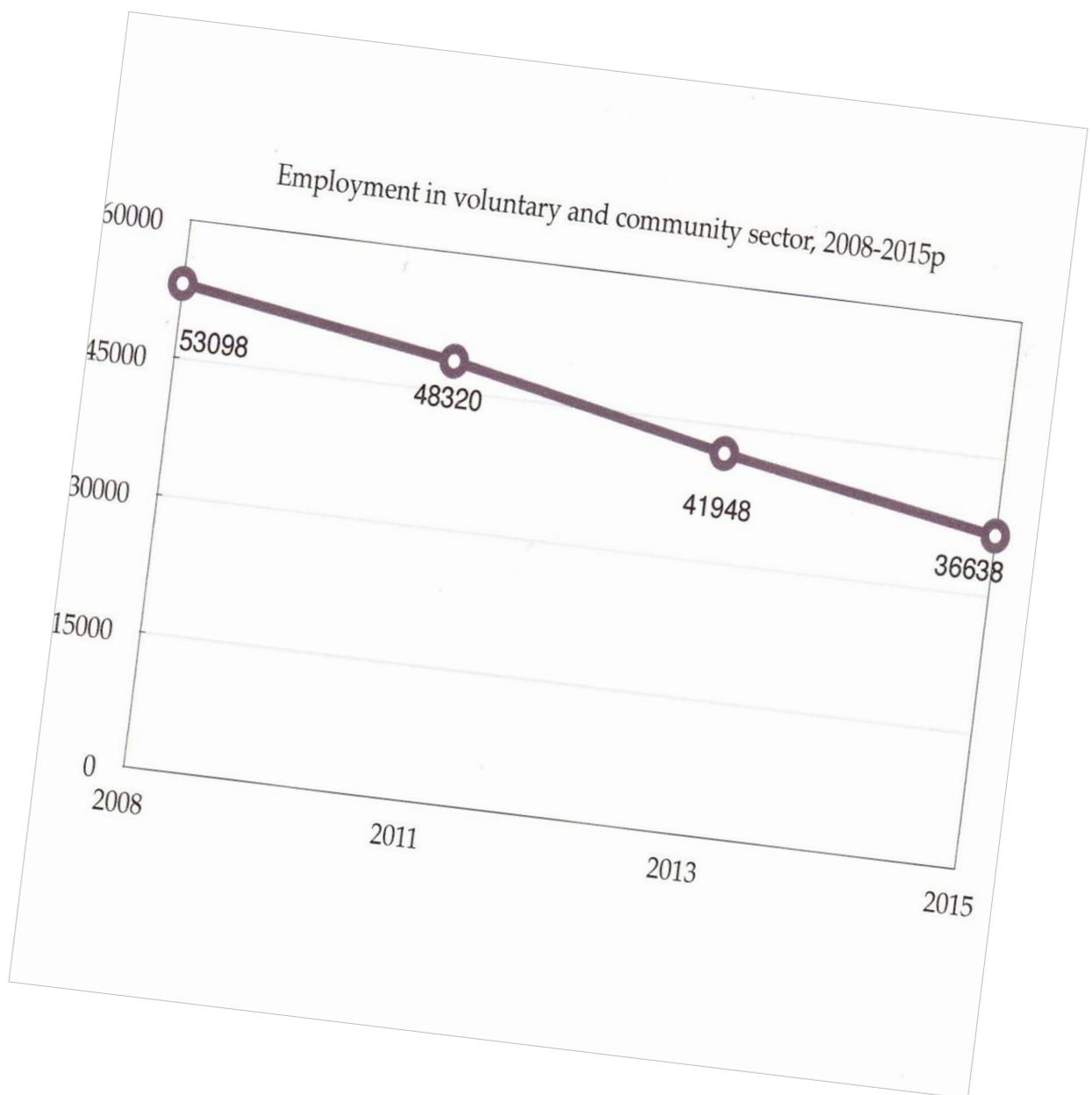
Change 2008-2014

- Local & Community Dev. Prog -43.3%
 - Integrated with local authorities 1st July 2014
- *Initiatives against drugs* €44.3m > €27.9m-37%
- National voluntary organizations -36.6%*
- Special Projects for Youth (SPY) -20.6%*
- Overall, community-based groups reduced most
 - By definition, this funding goes to most deprived areas

- Traveller accommodation, education, -85%, -86%*
- Health funded organizations less
 - Generally, this funding is spread wider

By the end of 2015, 31% of Community and Voluntary Workers may be gone

- No other country in Europe, so far as we know, have experienced such an extraordinary decline since 1948

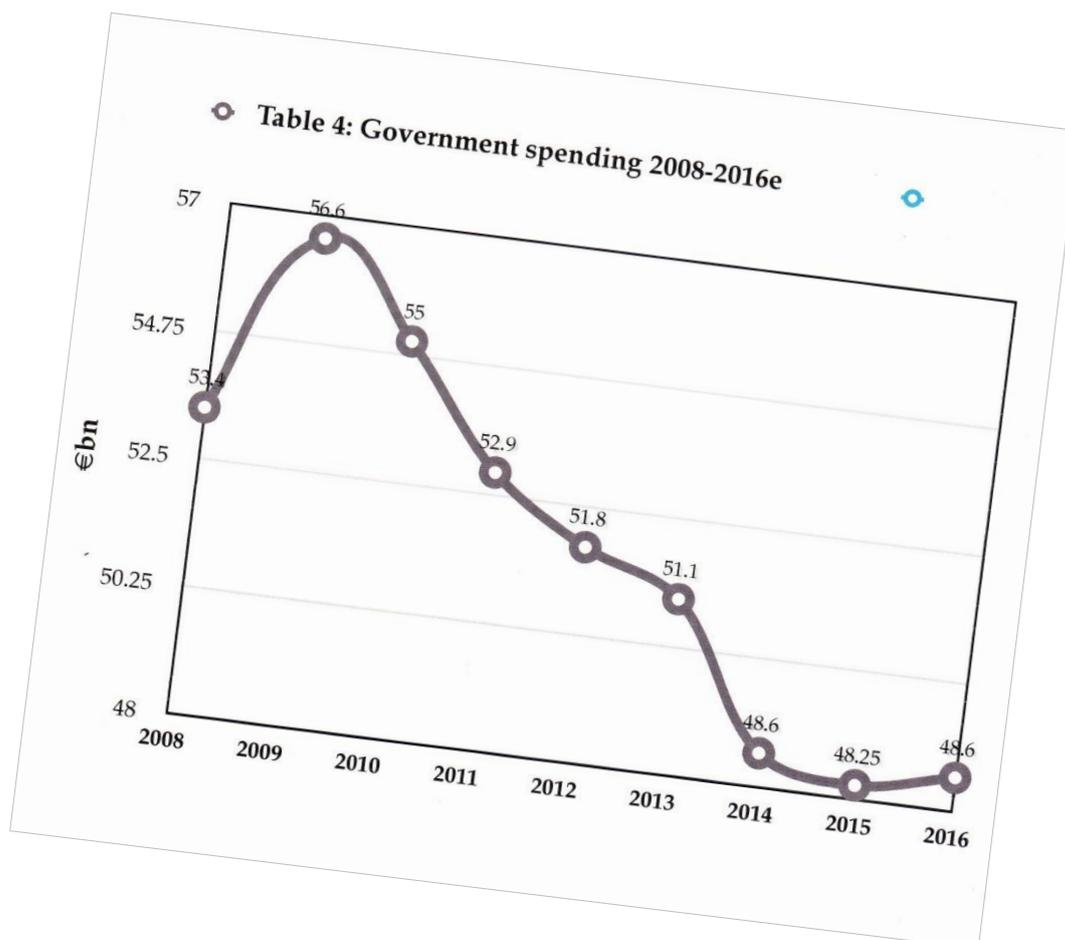


Preserving 'Frontline' Services?

- *“Once you get rid of the administration and all the other things you need to keep the service going, you don't have a 'front' line service anymore, because there's nothing behind the front line. By now, it's only a line.” – Ruth Lawlor, Citywide*

What's Next?

Supposed to be the 'bottoming out' of cuts next year, spending to rise in 2016



Prospects 2015-1016: Details

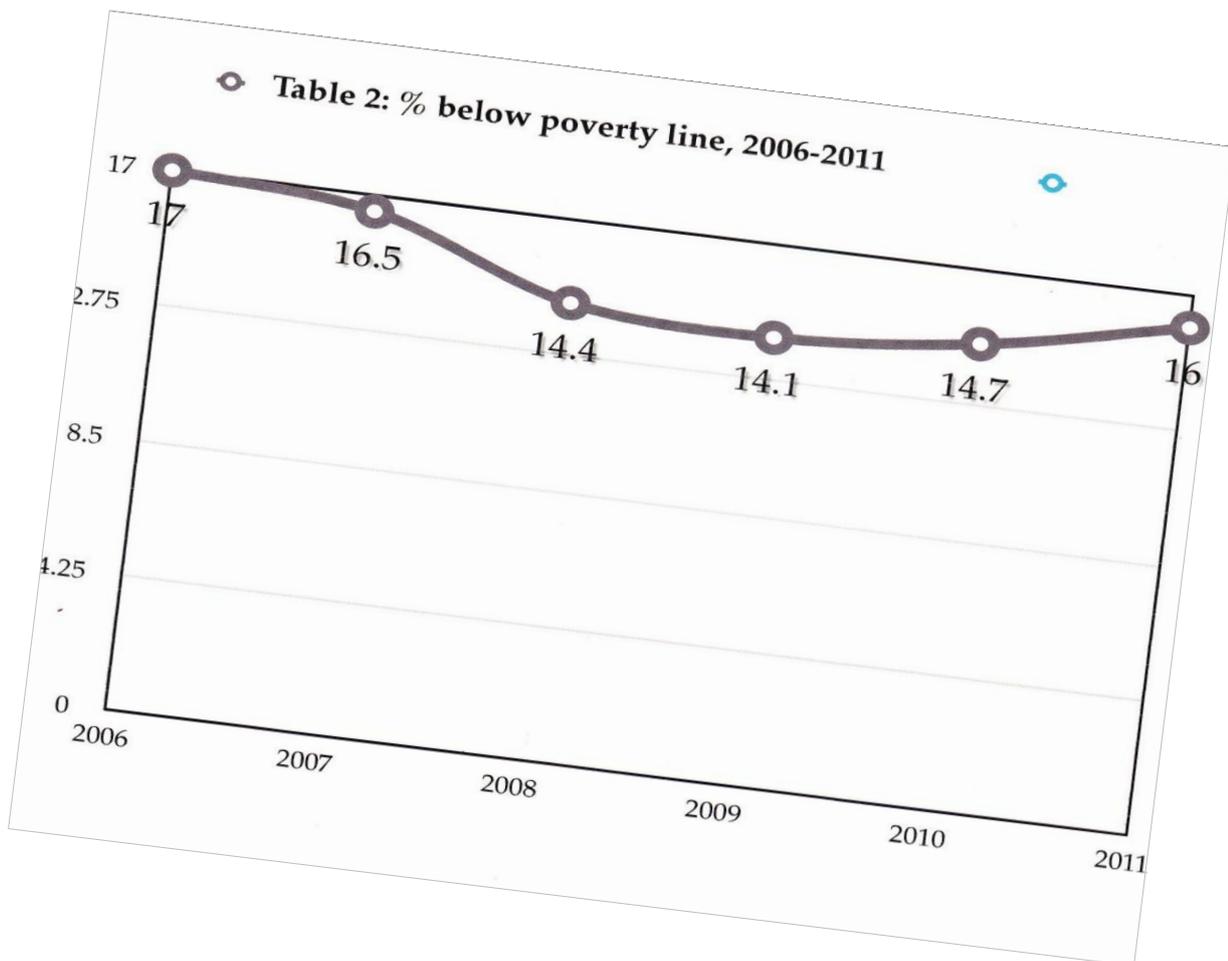
	2014	2015	2016
Arts, Heritage, Gaeltacht	207	205	205
Children & Youth	417	410	410
Education & Skills	8219	8180	8180
EECLG	455	445	445

FA & Trade	687	675	675
Health	13263	13050	13050
Justice & Equality	2097	2060	2060
Social Protection	19631	19365	19365

Social spending areas will not benefit in rise in spending.

Poverty Level

- Had been *falling*
- 2009 marked turning point: began to rise again
- Was 14.1%, now 16%, with 18.8% for children (EU SILC figures, Feb. 2013)
- Higher *rate* of increase than Greece



Why Reduce Drug Services So Much?

- We know local drugs services lead to gains in:
 - Health, criminal justice, policing, employment
- Between 3:1 and 9:1 cost/benefit gains (Home Office)
- We know gains deriving from local, community-based drugs services (over) (Goodbody *Expenditure review of local drugs task forces, 2006*)
- We know consequences of cuts (*Citywide, over*)

Goodbody Findings

- Improved trust, cooperation with Gardai
- Identification of sources of supply
- Reduced use generally
- Prevention, use by children
- Earlier interventions by teachers
- Challenging of open dealing
- More people drug-free for longer
- Normalization of their lives
- Practical help, support given to their families
- Prevention of relapse

Consequences of Cuts (Citywide)

- Fewer using services, longer waiting lists
- Higher prevalence
 - Earlier addiction by children
 - More ill-health attributable to drugs incl. deaths
- Failure to stop supply, dealing

- Higher crime e.g. intimidation, ASB, break in
 - Relapse by existing users, slower normalization
- Diminished ability of gardai to respond
- Decline in security, quality of life

Explaining Cuts

- In era of ‘evidence-based policy making’, they make no sense. They are, literally, irrational, anti-rational.
- Government approach runs counter to European advice, approach of *most* European governments. Delors: economy and society must advance *together*
- Cuts coherence. Why 43% here, 37% there, 20%?
- ‘Protecting frontline services’ a falsehood
- But an underlying, implicit pattern against:
 - Social policy and its institutions
 - Voluntary organizations in general
 - Community-based organizations in particular
- Settling scores with civil society?
 - Attempt to remove from constitution failed

Policy Responses – Voluntary, Community and Related

- Impact research carried out by ICTU, Pavee Point
- Budgetary analysis by The Wheel, Tasc, Neri Institute
 - Alternatives, other approaches presented
- Challenges in the Oireachtas
 - Principally independents, SF
- Range: from passivity to *Spectacle of defiance*

- *'We not the Irish, we're the Greeks, we do not capitulate'*
- *Claiming our future*
- Academic analyses e.g. Mary Murphy *Second Republic*
- Little traction in media
 - *'Unfortunate casualties of recession'*

Futures

- Unimaginable reversal from the high point 2000
- No one anticipated wave of destruction of our social, community development infrastructure, where Ireland was a European leader. *'No one saw this coming'*
 - Departure from European social model
- Working assumption *'with recovery, all will be well again'* highly questionable
 - Austerity set to continue for social policy, civil society
 - Do we really want the Celtic tiger back?!
- Behoves us to make case for enlightened, balanced European social model, with civil society role
 - Civil society (e.g. housing, communities, feminism, language and culture) helped to build new state
 - A post- austerity plan, like Beveridge plan

Plenary

Anna invited participants to comment about any ideas of where to go from here.

Comments:

- There is a lot of money in this country and there is a lot of unpaid tax by wealthy corporations. As part of the campaign, spokespeople should have the statistics about how much wealth is in the country, as well as Brian's statistics, because people keep asking where we can take the money from.
- We need to develop a media strategy that makes more effective use of social media, because we are losing the media war and the message of the reality of community drugs problems is not getting out there.
- We need to bring all of the political parties to a meeting like this, the spokespersons on drugs for each of the parties should be asked about their party policy on the drugs issue and what actions they intend to take, whether in government or in opposition.
- We should get the actors from Love/Hate to back the campaign and to highlight the negative aspects of the drugs world that is portrayed in the series.
- Each of the five pillars of the National Drugs Strategy should be included in the Campaign, we need to be clear that addressing the drugs problem requires action across a whole range of agencies and departments under all of the pillars.

Agreed Actions

Three key actions were agreed at the meeting:

1. A number of short video clips, with messages about what is happening in our communities, to be prepared by Citywide for use on social media, circulation to politicians etc.
2. An immediate demand to the Minister to set a date for convening the National Co-ordinating Committee and to address the key weaknesses that have been identified in the proposed model for the committee.
3. A major campaign meeting will be organised for January/early February and each participant of the last meeting will aim to bring at least 5 additional people. Political party spokespersons will be invited to this meeting.