SUBMISSION FROM COMMUNITY SECTOR TO THE

NDS STEERING GROUP 30/06/08

Introduction

Our current National Drugs Strategy has been shaped by a history going back to the early 1980s. The impact of the drugs crisis was experienced most by the poorest communities and the state did not listen to the voices from these local communities, who were speaking out about the impact of the heroin crisis in their areas. There was a failure by government to acknowledge the seriousness of the problem and its impact and state agencies did not put in place the services that were needed at local level. Communities began to develop their own initiatives in response to severe needs at local level, but these local responses were not supported at policy level.

The Rabbitte Report 1996 put in place a model that recognised and aimed to address these failures. The Report sets out the key principles on which the National Drugs Strategy (NDS) is based:

- The heroin crisis is concentrated in the poorest communities
- These communities have a key role to play in response to the drugs crisis
- The state needs to work in partnership with communities in delivering a response to the drugs crisis
- The response to drugs needs to be delivered at local level but this local response will only be effective if it is linked to and supported by national policy

The changing context of the NDS

The structures of the National Drugs Strategy have now been in place for over ten years and during that time there has been a significant growth and expansion in drug services. Despite this progress, it is clear that the drugs crisis in our communities has become much more complex since 1996:

- While heroin use remains a core problem, most heroin users are poly drug users who use a range of drugs, both legal and illegal.
- The availability and use of cocaine has emerged as a key issue in the communities most affected by the heroin crisis.
- The impact of cocaine use has extended beyond disadvantaged communities and anecdotally is an issue at all levels of society.
- There has been a serious escalation in both the scale and extent of the drugs crisis outside of the Dublin region since the establishment of the RDTFs. This includes significant increases in heroin use in many areas outside of Dublin.
- The sale and supply of drugs is now linked to much greater levels of intimidation, fear and violence.
- The link between alcohol problems and drug problems is being more clearly acknowledged and recognised.

- Rehabilitation has moved to the centre of the agenda and this requires significant levels of interagency working across a whole range of state agencies and departments that do not identify the drugs issue as a core area of their responsibility.
- There are a number of communities whose needs need to be recognised and addressed in a targeted way e.g. Travellers, new ethnic communities, LGBT community.

But while the context is more complex, the core principles of the Strategy are still relevant and appropriate in today's circumstances. While drug use is an issue across all sectors of society, the particular impact on the most disadvantaged communities must continue to be recognised. The National Drugs Strategy must remain firmly rooted in its commitment to address the community drug problem as well the individual problem of drug use. The structures that were put in place as part of the Strategy are also still relevant and appropriate. The structures involve:

- partnership decision-making at a local level
- developing timely and prompt responses to a changing drug problem
- implementing the roles for each sector as outlined in the handbook
- making direct links between the local and the national

Key Issues

In reviewing and developing the National Drugs Strategy, we need to look at how the structures that are in place to deliver it are supported to work as effectively as possible. This requires a number of issues to be addressed:

1) The community sector is calling for the re-establishing of the structures that were first put in place in 1996 to deliver on the National Drugs Strategy. This involves:

- A cabinet sub- committee on Drugs (which should be expanded to include alcohol),
- Appointing a senior minister or a "super" junior who can attend full cabinet meetings to drive the process,
- Re-organising and expanding the National Drugs Strategy structures so as to include alcohol as well as illegal drugs.
- Responsibility for the Drugs Strategy also needs to return to the Dept. of an Taoiseach, so that the full engagement of all government departments and agencies can be assured.

2) Local Drug Task Forces should be given a clear mandate by government in relation to the following:

- Based on the outcomes of the strategic planning process, to respond in a pro-active manner to the changing drugs problem, as required by local circumstances, with a development budget in place on an ongoing basis to facilitate this response.
- To ensure the implementation of all NDS actions at local level.

3) Regional Drug Task Forces should be given a clear mandate by government in relation to the following:

- Building on the implementation of the first plans, to begin a comprehensive consultation process on new and updated plans, which can be flexible and adaptable during their lifetime to allow for the rapidly changing situation in the regions.
- To ensure the implementation of all NDS actions at regional level.

4) The Limerick sub-group which has been established through the Mid-West RDTF should be immediately upgraded to the status of a Local Drugs Task Force, in line with the findings of the NDST report on the need for new LDTFs.

5) The Report from the Alcohol Working Group should be issued without delay and its recommendations should be implemented promptly. Task Forces should be supported in responding to the alcohol problem as part of a response to poly drug use, with an initial budget to be put in place for the first phase of a combined drugs and alcohol strategy, as outlined in the community reps report from consultation meeting on alcohol.

6) There has been an unacceptable delay in setting up the National Drugs Rehabilitation Committee (NDRIC) to drive the implementation of the rehabilitation report and the setting up of the Committee must now proceed without further delay. Task Forces should now be mandated to develop local/regional rehabilitation plans as outlined in the Working Group report.

7) The structures for delivery of the Young People's Facilities and Services Fund (YPFSF) have been moved from the Dept. with responsibility for Drugs into the Office of the Minister for Children. The YPFSF is a crucial resource that is part of the drugs prevention pillar. The OMC should indicate clearly how it intends to keep the Fund focused on drugs prevention or, failing that, an equivalent fund must be put in place as part of the NDS. It is absolutely unacceptable that this key resource for drugs prevention should be lost to the Strategy.

8) The role of the Task Force community representatives needs to be supported and strengthened. A range of supports, which are basic requirements to do the job, have developed in a patchy and adhoc way at local, regional and national level over the past ten years. These supports need to be formally built into the operation of the Task Forces

- support for the development of community networks
- formal opportunities for induction, skills training and issue-based training
- cross Task Force networking for community representatives
- access to administrative back-up and support
- prompt and appropriate payment of expenses

9) The findings of the community reps research indicate the need to develop and put in place a national standard for community engagement, so that community reps across the country have clarity and consistency in relation to a) their own role as community reps b) the role of the community rep in the partnership process and c) how community reps engage with the wider community.

Having a national standard would mean that first, community reps know what to expect from the role and secondly they have ways of measuring if it's working. The National Standard would set out standards in a number of key areas, including:

- ***Involvement*** – how do we ensure the maximum involvement of our communities
- ***Support*** – identifying and overcoming barriers to participation
- ***Sharing information*** – what information needs to be shared and how do we organise it effectively
- ***Working together*** - how community reps can work collaboratively on behalf of the broader community
- ***Working with others*** – working effectively in partnership with other sectors and agencies.

10) The use of the CDB fora to select RDTF community representatives has proven problematic in some areas, and this role for the CDBs was intended to be an interim measure while the development of local community networks was supported. There are also particular challenges in carrying out the role of the community representative on the RDTFs, given the size of the regions and the range of drug related issues that are present.

In response to these challenges, more localised community networks e.g. at county level are being developed in some RDTF areas. A group should be convened through the NDST to review how RDTF community reps can be more effectively selected and supported by their communities.

11) The NDST handbook sets out roles and responsibilities in relation to the effective operation of NDS structures. It is essential that all players fully commit to the roles as outlined and that this is seen as a formal and binding commitment A seminar should be convened by the DCRGA as part of the launch of the new Strategy to **review the roles of all players as outlined in the handbook,** to ensure all players commit to the roles and to look at how the roles can be developed and strengthened to deliver on this new mandate.

12) The handbook also sets out a clear process in relation to mainstreaming, which is referred to as a core principle of the NDS. There have been major difficulties in implementing this principle and it is now essential that all statutory agencies are required to have comprehensive arrangements for mainstreaming agreed, written down and in place by end 2008 for implementation on 1st January 2009.

13) UN policy has a significant influence on drugs policy internationally and there is significant linkage to the EU through involvement in EMCCDA. There is a need to extend the partnership approach which underpins the NDS to our inputs into these international fora and to look at how issues relating to Ireland's role in international policymaking can become part of the NDST and IDG agenda.

Communities of interest

Involvement of drug users

Citywide supports the active involvement of drug users and service users in the National Drugs Strategy and continues to work in partnership with a number of user groups. It is essential that the development of drug users fora is supported and resourced in each Task Force area, so that drug users can participate both in the planning of services and in the wider debate on the drugs issue. Each Task Force should set out a clear plan for the development of drug user fora in its area and indicate how that plan will be delivered, in particular with the support of the development workers. The development of a national network for drug users fora is also essential to providing users with a voice at national level and this is currently being supported through the NDST. Additional resources will be required to develop the Network in 2009.

Travellers

Citywide continues to work in partnership with Pavee Point in relation to Travellers and the drugs issue and in developing links between local community groups/networks and Traveller groups/networks. It is essential that a framework be put in place to allow for more effective co-ordination of Traveller involvement in the drugs strategy and the Dept. has mandated the NDST to bring together a working group on a time-limited basis that will draw up a clear framework document for a more co-ordinated response to Traveller drug issues. The community sector fully supports the submission to the new Strategy from the Traveller Specific Drug Initiative (TSDI).

New communities

Many local communities are now home to a considerable number of foreign nationals from a range of different countries. Research that has been carried out by Merchants Quay and the NACD has tried to make links with new communities and this work has indicated the difficulties that face us in making contact with new communities around the drugs issue, but it needs to happen. It is essential that representatives from new communities are engaged in the consultation around the new strategy and that formal links are made between their existing networks and the drugs strategy.

Young people

Currently there is no formal voice for young people in the structures of the NDS. A number of initiatives have been taken at local level to develop links between Task Forces and local youth fora and these have included projects to engage young people in specific Task Force work e.g. production of a newsletter. These initiatives to date should be explored further to set out a range of options to support and facilitate the involvement of young people. Collaboration with structures such as Dail na n-Og should also be considered.

LGBT community

Some initial research has been carried out on drug use amongst the LGBT (Lesbian, Gay, Bisexual and Transgender) community in Ireland and it indicates significant levels of drug use. Citywide has brought together a focus group drawn from LGBT groups to look at the drugs issue and a report from this focus group is attached as part of this submission.

Key actions from the National Drugs Strategy

This section looks at key actions in the National Drugs Strategy 2001 -2008, how the mid-term review amended those actions and makes recommendations on the actions now required.

SUPPLY CONTROL

Dealing with supply control is not just about policing, it requires a multi-agency approach. The multi-agency approach should include the Gardai, local authorities, Probation Service, Customs, HSE, Courts Service and community representatives. Overall co-ordination should take place through involvement of these agencies and the community in the Supply Control sub-committee of the Drugs Task Force.

Original Action 7 – Policing.

To increase the level of Garda resources in LDTF areas by end 2001.

Replaced in Midterm Review – Action 7

The level of Garda resources in LDTF areas should be increased and the additional resources should be assigned to community policing and the prevention of drug dealing.

Recommendations for action

- Each Task Force should be aware of current numbers in Local Drugs Units (where they exist) and current numbers assigned to community policing.
- Increased Garda resources should be targeted specifically at these two areas, drug units and community policing.
- The numbers in the National Drugs Unit need to be maintained at an adequate level at all times.
- Priority areas need to be identified and clear criteria need to be put in place for the establishment of new Local Drug Units.

Action 8 – Local policing plans

Action 8 says "To establish a co-ordinating framework for drugs policy in each Garda district, to liaise with the community on drug-related matters… to be required to produce a drug policing plan to include multi-agency participation in targeting drug dealers."

Recommendation for action

The Task Forces, in conjunction with the CPFs where they are in place, need to carry out research to identify and analyse the problem at a local level. Each community will have its own particular needs and priorities in relation to policing, within communities there are particular "hotspots". This involves gathering information that is currently available at a local level, identifying gaps in that information and carrying out research locally, with a particular focus on the experience of the local community.

There is a need to develop a more intensive and targeted response to the "hotspots", as they are identified at local level.

Action 11 (Original)– Community Policing Fora

To extend the Community Policing Fora initiative to all LDTF areas

Replaced in Midterm Review – Action 11

"Taking into account the provisions of the Garda Siochana Bill 2004, Community Policing Fora should be extended to all LDTF areas and to other areas experiencing problems of drug misuse."

Recommendations for action

- Recommendations of CPF guidelines sub-committee should be implemented speedily and the current lack of communication and co-ordination between the three responsible departments – Justice, Environment and CRGA – needs to be sorted out without delay.
- Resources have been allocated for Community Policing Fora in LDTF areas. These resources need to be rolled out immediately based on the CPF guidelines.
- The need for Community Policing Fora in specific RDTF areas should be assessed according to the CPF guidelines as soon as guidelines are in place.

Action 5 – community involvement in supply control activities

"To establish in consultation with the Gardai and the community sector, best practice guidelines and approaches for community involvement in supply control activities with the law enforcement agencies"

There are significant levels of fear and intimidation in communities as a result of the activities of people who are selling and supplying drugs. This affects all generations in the community, including elderly people, who are not usually taken into account in drugs strategies, and who can be badly affected and their lives made a misery. Fear in the community is a huge barrier to involvement by the community in responding to the drugs problem and in co-operating with the Gardai and we need to look urgently at how it can be addressed.

Recommendations for action

- There needs to be an expansion of safe and anonymous methods for people to contact the Gardai in relation to drug dealing and drug related activities in their areas e.g. phone lines, websites, text messaging. These can be developed through the Task Forces and advertised widely in local communities e.g. Dial to Stop Drug Dealing.

- The learning and outcomes from actions 8 (Local policing plans) and Action 11 (Community Policing Fora) should be drawn on to develop best practice guidelines for community involvement in supply control activities.

Action 13 – Arrest referral schemes

Action 13 says "To monitor the efficacy of the existing arrest referral schemes and expand them as appropriate."

The following information needs to be gathered:

- What existing schemes are in place?
- What evaluation has taken place?
- What plans are there to expand the existing schemes?

Recommendation for action

- A national programme of arrest referral schemes should be implemented as a matter of priority, building on the above information.

Action 4 – the Courts Service and the judiciary

Action 4 says "To oversee the establishment of a framework to monitor number of successful prosecutions, arrests and the nature of sentences passed"

The inconsistency in sentencing by judges in drug related cases gives the impression to communities that judges can do what they want and that they are completely out of touch with the situation on the ground. There is a strong sense that judges have no accountability and this needs to be addressed.

New Action 101 added in Midterm Review

To develop a framework of co-operation with the Judicial Studies Institute on the provision of specialist training on drug-related issues to members of the judiciary by January 2007.

Recommendations for action

- The Dept. of Justice should provide a progress report on the establishment of a framework for monitoring prosecutions and sentence**s.**

- The Courts Service should establish a working group, in partnership with the Judicial Studies Institute, NDST and Drugs Task Forces, to look at how Action 72 in relation to training of members of the judiciary can be progressed.

- Pavee Point have developed an In-service Training Pack with the Bar Council, this can be looked at as a possible model of good practice.

Action 9

To target the assets of middle-ranking criminals involved in drug dealing.

Recommendations for action

- There is a need to look at the most effective mechanism for the operation of CAB at a more localised level and a number of specific pilot areas for local CABs should be put in place. .

- The money obtained through the work of CAB, after the seven year freezing period, should be ring-fenced into a fund that will be used for the development of facilities and services in the communities most affected by the drugs crisis.

Action 20 – Drug Court

To have in all LDTF areas an early intervention system, based on the drug court model.

The pilot was undertaken with no additional resources, but the commitment was given that once the pilot was successful, additional resources would be made available to extend it to other areas.

Recommendations for action

- A clear plan needs to be put in place for the extension of the Drug Court model to other identified areas.

Action 22 - Prisons

To expand prison-based programmes with the aim of having treatment and rehab services available to those who need them including drug treatment programmes which specifically deal with the re-integration of drug-using offender into the family/community.

The NDS review says *"The Steering Group is aware that further improvements are required in prison treatment services."*

Recommendation for action

- The report of the Steering Group on drug treatment in prison in 2000 set out a clear framework for the development of treatment services in prison. The more recent IPS policy document places a stronger emphasis on supply control and does not set out the same detailed framework in relation to treatment. This framework needs to be put in place to enable progress within the prisons to be assessed.

Review also says *"The Group recognises that there is still a gap in relation to sharing information between services, which would help in post-release arrangements."*

Recommendations for action

- Prisons Liaison Group has been working to strengthen links between prisons and local communities and its work should continue to be supported jointly by IPS and Citywide.

- A formal link between NDST and IPS is being developed and this formal linkage between the Prison Service and the structures of the NDS should be written into the new Strategy.

- The development of through-care between prison and communities is a key priority and the Prison Link Workers have a key role to play in this through-care. Formal agreements need to be developed on the working relationship between Prison Link Workers and IPS in order to deliver effective through-care for people coming in and out of prison.

EDUCATION/PREVENTION

Action 29

To publish and implement a policy statement on education supports in LDTF areas, including an audit of the level of current supports by end 2001.

Date for implementation of this action was moved from end 2001 to end 2005, for what is essentially an internal exercise for the Department.

Recommendation for action

- This policy statement should now be published and circulated.

Actions 32, 33 and 34

These actions refer to the implementation of schools programmes "Walk Tall" and "On my own two feet"

Recommendation for actions

- National programmes in drugs education can only be effective if they are linked into local programmes, local supports and local networks. This principle of partnership between schools and community providers should be formally written into the new Strategy.
- There is concern amongst community reps that the national programmes are still not being delivered in all schools. A partnership approach between schools and community providers will help to enhance delivery of the schools programmes.

Action 38

To develop an ongoing National Awareness Campaign

Recommendation for action

The findings of the NACD evaluation of the National Drug Awareness campaign need to be taken on board in the planning of any future campaigns e.g. Campaigns should be have clear target groups, be culturally specific and be supported by local campaigns.

Action 3
Provision of accessible, positive alternatives to drug misuse through the YPFSF

Recommendations for action
The issue of the use of school facilities by community groups outside of school hours has been raised by the community sector through the YPFSF NAC. The resolution of this issue would result in considerable additional facilities becoming available to communities for minimum expenditure and facilitate increased partnership between schools and community groups. This issue should be included as an action in the new Strategy.

TREATMENT

Original Action 44
Problem drug users to have immediate access to assessment and counselling, followed by commencement of treatment, not later than one month after assessment

Midterm Review Amended Action 44
Appropriate treatment should be provided to problem drug users no later than one month after assessment. This target should be met by end of 2007.

Action 45 *To increase the number of treatment places for opiate addiction to minimum of 6,500 by end 2002.*
Action 47 *continuum of care model and key worker approach*
Action 51 *plan by end 2002 for provision of comprehensive and locally accessible range of treatments for drug users*
Action 55 *scope for introducing greater provision of alternative medical and non-medical treatment types*
Action 57 *development of comprehensive residential treatment models*
Action 61 *consider developing drop-in centres, respite facilities and half-way houses.*
Action 48 *range of treatment and rehab options as part of planned programme of progression by end 2002*
Action 48 now amended: ***"In the context of increased poly-drug use, including cocaine and other drugs of dependence, increasing the availability and range of treatment options, including detoxification, should continue to be prioritised. This work should take on board the lessons of the pilot cocaine projects being rolled out in LDTF areas in 2005".***

Recommendations for action
- The inconsistency in the availability of methadone treatment across different parts of the country must be addressed, beginning with areas with significant waiting lists.
- The recommendations of the NACD on buprenorphine and loflexidine should be implemented to provide broader options around treatment.
- The outcomes of the pilot community detox programme in the North Inner City should be monitored with a view to extending the model where appropriate.

- Models need to be developed for facilitating access to treatment for people living in rural or isolated communities.
- The recommendations of the Drugs Rehabilitation Report need to be implemented without any further delay.
- The recommendations of the Residential report need to be implemented without any further delay.

Action 46

To develop and put in place by end 2002 a service–user charter in each Health Board area.

Recommendation for action

- Citywide supports the submissions by Drug User Fora such as UISCE calling for more consultation with users and highlighting the need to develop ongoing structures for consultation with users.

Action 62

To review the existing network of needle exchange facilities with a view to ensuring access for all injecting drug users to sterile injecting equipment.

Midterm Review Amended Action 62

The provision of needle exchange and related harm reduction services should be expanded in order to ensure wider geographic availability and at evenings and weekends, concentrating at first on areas of highest need.

Recommendation for action

- This is an urgent priority. NDST report on needle exchange is being prepared for Minister and recommendations should be implemented.

Action 49 – Treatment for young people.

To develop a protocol for treatment of under 18s presenting with serious drug problems, a Working Group should be established to develop the protocol. The group should look at issues such as availability of appropriate residential and day treatment programmes, education and training rehabilitative measures and harm reduction responses for young people. The group should report by mid 2002.

Replaced in Midterm Review Action 49

To fully implement the guidelines agreed by the working group on treatment for Under 18's by end-2007, with priority given to areas of most need.

Provision of services for under 18s is identified as a crucial issue for communities, but there has been an extremely slow pace of implementation of Working Group report since its publication and no additional resources are currently allocated to implement it.

Recommendation for action

- An immediate timetable must be drawn up for prompt implementation. The Regional seminars, to be organised jointly by HSE and Task Forces in order to develop plans for services at regional level , should take place without any further delay

Action 64 – Drug related deaths

A reduction in the level of drug related deaths through targeted information, educational and prevention campaigns.

Recommendation for action

- The information arising from the HRB/DMRD work on developing an index of drug related deaths should be used to develop a strategy for the reduction of such deaths.

REHABILITATION

Action 74

To increase the number of training and employment opportunities by 30% by end 2004, take on board best practice from FAS CE Special Projects.

This commitment was not met at the time and an additional 300 places has now been written again into the Rehabilitation Strategy.

Recommendation for action

- A clear plan should be put in place, as part of the implementation of the Rehab Strategy, for the roll-out of the additional 300 places.

Action 105 - new in Midterm Review

Rehab should be the fifth pillar of the Strategy. A working group should be set up to develop an integrated rehab provision. The group, to be chaired by the Dept. of CRGA should report to the IDG and the Cabinet Committee on Social Inclusion by end of 2005 on the appropriate actions to be implemented.

Recommendations for action

- Implementation of the Rehabilitation Report should begin immediately.
- National Rehabilitation Implementation Committee should be set up immediately.
- There should be an allocation of adequate resources to begin implementation.

MENTAL HEALTH

Issues

The lack of access to mental health services for drug users in both treatment and rehabilitation services is emerging as an issue of key concern. Neither the publication of the NACD report on dual diagnosis nor the government policy document "A Vision for Change" has so far led to an improvement in this situation. There is still a pressing need to develop a formal, practical and appropriate referral system between drug services and mental health services.

Recommendation for action

- An implementation plan should be drawn up for the implementation of the recommendations of the NACD research.

HOMELESSNESS

Issues

The NACD research highlighted the linkages between drug use and homelessness and the Rehab Report further emphasised the importance of addressing issues in relation to housing and homelessness as part of drugs rehabilitation.

Recommendation for action

- An implementation plan should be drawn up for the implementation of the recommendations of the NACD research.

CHILDCARE

Action 54

To consider how best to integrate childcare facilities with treatment and rehab facilities and how to provide in residential treatment setting

A number of community drug projects have responded to this need by setting up childcare facilities or providing childcare initiatives for the children of their clients. The general objectives are:

- To provide childcare for the clients using their services to remove this particular significant barrier to taking up a range of services
- To provide development opportunities for the children of drug users
- To link with appropriate services in the community in relation to the children's well-being

New funding arrangements for community childcare facilities came into place on 1st January 2008 with the introduction of the Community Childcare Subvention Scheme (CCSS). Community drug projects are clear that the structure of the new scheme will mean that they cannot meet the objectives as set out for their childcare services.

Recommendations for action

- The NDST, HSE and OMC (Office of the Minister for Children) should look at how the community childcare subvention scheme can be adapted and implemented to meet the needs of the particular target group i.e. drug users and their children.

- Following on these initial discussions on the childcare subvention scheme, the broader issues relating to the well-being of children of drug users should be addressed by the HSE and OMC, in partnership with the NDST, as outlined in the recommendations of the Rehabilitation Report.