

Citywide Drugs Crisis Campaign

Submission to the review of the National Drug Strategy structures called for by the Minister of State for Primary Care and the National Drugs Strategy

October 2011

Citywide welcomes the opportunity afforded by Minister of State with responsibility for the National Drugs Strategy, Roisin Shortall TD, to submit the views of the community sector on the structural arrangements for delivery of the National Drug Strategy. Alongside this we note that the National Substance Misuse Strategy Steering Group, which has been considering how best to integrate drugs and alcohol policy, will shortly issue a draft report to Government.

Citywide also welcomes the fact that the Programme for Government refers to “providing renewed impetus to tackling the drugs crisis”. This impetus requires political leadership to be demonstrated at a high level and, once again, Citywide call for a “super” junior Minister, who can attend full cabinet meetings, to be appointed to lead out and drive the process of an integrated Drug and Alcohol Strategy.

Citywide welcomes the statement by Minister Shortall in response to a PQ on Sept 19th 2011 that:

The (National Drugs) Strategy is based on a partnership approach between the statutory, voluntary and community sectors and [I] intend that this will be continued”.

It is the contention of the community sector that this partnership approach under the current structural arrangements is not functioning and we welcome the indication from the Minister to reform these structures.

In this submission we would like to address four of the seven key areas identified by Minister Shortall for review:

- How could national structures be improved to provide better engagement with Drugs Task Forces?
- How could national structures be made more effective in relation to the implementation of the National Drugs Strategy?
- What are the key performance indicators that we need for Drugs Task Forces?
- How could the composition of Drugs Task Forces be improved?

In addition to the above, Citywide also contends that the original project evaluation guidelines contained in the LDTF Handbook are fit to purpose and should be applied accordingly.

1. WHY DO WE NEED EFFECTIVE STRUCTURES?

Communities that are most affected by drug use are currently struggling to deal with emerging poly-drug use trends, alarmingly increased levels of fear and intimidation and trying to maintain services in the face of these challenges and cutbacks. The undermining of the community infra-structure over the past number of years, initiated by the previous administration, has meant that many communities do not have the resources to respond to these emerging needs. It is within this vacuum that we see the following trends emerging:

- The first major seizure of crystal meth in September 2011 supports the contemporary, anecdotal evidence from communities over the past 18 months that it is becoming a drug of choice for a substantial number of individuals and is more prevalent than current drug use reports would indicate.
- There is anecdotal evidence from communities that crystal meth is being sold as ‘mephedrone’ unsuspectingly to young people.
- Although heroin use remains a core problem; most heroin users are poly drug users who are using a combination of illegal drugs, prescription tablets and alcohol.
- The availability and use of cocaine and crack cocaine has emerged as a key issue in the communities most affected by the heroin crisis. Recent reports of decreased cocaine use due to the recession do not reflect the experience in the most disadvantaged communities.
- There has been a serious escalation in both the scale and extent of community drug problems outside of the Dublin region.
- There has been an alarming increase in the illegal supply and use of mephedrone (a psychoactive substance formally available through the Head Shops network).
- Communities across the state are reporting critical levels of intimidation, fear and violence.

We fully understand the financial limitations caused by the economic crisis but in these challenging times it is even more important that the structures that are in place are efficient and effective in delivering the strategy on the ground and responding to emerging issues in a timely fashion. Failure to appropriately manage, implement and monitor the NDS will have devastating consequences for communities, resulting in far greater long term costs to the state and communities.

2. CURRENT STRUCTURE ISSUES

2.1. Background

During the last few years, the structures of the NDS have been significantly undermined in a number of ways, including the absence of a Junior Minister with specific responsibility for Drugs as the core of his/her portfolio and the abolition of the National Drugs Strategy Team which was set up the previous FG/Labour government. The decision to abolish the NDST and its replacement with the Office of the Minister for Drugs was not supported by the community sector.

In May 2011 the functions of the National Drugs Strategy transferred from the Dept of Community, Equality and Gaeltacht Affairs to the Dept of Health and Children under Ms. Roisin Shortall, TD, Minister for State with responsibility for Primary Care. Two separate units - The Drugs Programme unit and the Drugs Policy Unit - were created under the DOHC to replace the Office of the Minister for Drugs. The Drugs Advisory Group (see 2.3 below) was slotted in under the remit of the Drugs Programme Unit of the Dept whose main function is to manage the drug related projects and initiatives in Drug Task Force areas.

2.2 Drug Task Forces

The mandate of the Local Drug Task Forces to develop plans to respond to issues at a local level has not been renewed since 2002. The majority of their work is being driven by directives from successive Departments, leaving little or no room for initiating area based responses as needs emerge.

Many of the key statutory agencies are no longer represented at Task Forces. It has been stated that due to staff shortages, retirements, etc these places will not be filled. This is undermining the very fabric of the strategy at a local level and is causing community representatives to become frustrated and disengaged.

2.3 Drugs Advisory Group

The Office of the Minister of Drugs no longer exists but The Drugs Advisory Group (established under the OMD), continues to meet.

The DAG has no decision making power or authority. It is not working to its terms of reference which are: *"The primary function of the DAG is to advise the Minister of State on operational and policy matters relating to the National Drugs Strategy 2009 – 2016.*

Specifically, the Group will work to:

- *support and drive the implementation of the NDS, including the identification and consideration of policy issues to be progressed;*
- *ensure effective co-ordination between Departments and Agencies, including their timely input into operational and policy developments so as to positively influence programme and resource allocations in relation to drugs issues;*
- *facilitate and support the engagement of the community and voluntary sectors in their roles in the NDS;*

- *oversee and support the work of the Local and Regional Drugs Task Forces, ensure that policy is informed by their work and provide a liaison, reporting and representational role between the Task Forces and the Office of the Minister for Drugs; and*
- *support the work of the Oversight Forum on Drugs and provide such reports to it as may be necessary from time to time”*

Because of the scheduling of meetings (once a month for two hours) and the agenda set to only allow for DTF feedback and preparation for the OFD meetings, the primary function of members of DAG has devolved to being a liaison between the Drugs Programme Unit of the DOHC and the Drug Task Forces. There is no space at DAG meetings to address policy areas, to ensure co-ordination between Departments and Agencies, to support the engagement of the community and voluntary sectors and to address other areas of the national drug strategy - outside of the remit of projects and initiatives that continue to be funded through the strategy on an interim basis.

A worrying recent development is the withdrawal of The Dept. of An Taoiseach representative from the Drugs Advisory Group citing limited resources as the reason. The involvement of the Dept. of An Taoiseach had been a key support to the inter-departmental implementation of the drugs strategy and their withdrawal is a serious indictment on the political prioritisation of the national drugs strategy.

2.4 Oversight Forum on Drugs

The Oversight Forum on Drugs was set up under the National Drugs Strategy with a primary role of high level monitoring of the actions contained within the strategy. We are concerned that it has been stated at DAG that ***‘the Minister drives the implementation of the NDS via the mechanism of the OFD’***.

The OFD meets on a three monthly basis for approx two hours and simply does not have the time to drive or oversee the implementation of the strategy across the sectors. In addition it has also been mooted at the DAG that the latter could become a ‘forum for DTF’s to meet with the DPU’ and we have major concerns at this possible development. While the Drugs Task Forces obviously play a key role in the implementation of the NDS at a local level, they are not the lead agency in any one single action of the strategy and could not therefore be expected to oversee the implementation of these actions.

2.5 Other key committees

It is also worth noting that key elements of the NDS are actually being implemented by groups that are working parallel to the current structures such as NDRIC, NACD and YPFSF and these groups need to be included in both the implementation and the oversight elements of the national drugs strategy.

3. WE NEED FUNCTIONING STRUCTURES

The link between alcohol problems and drug problems is clearly acknowledged and recognised in the proposals for addressing the alcohol problem in Ireland contained in the forthcoming National Substance Misuse Strategy Steering Group (NSMSSG) report.

Responses to the strategy will need to be partnership based from planning through implementation and on to policy and should involve the community sector at all levels in order to reflect those most affected by the impacts of drug use and effectively respond to the complexity of the problems.

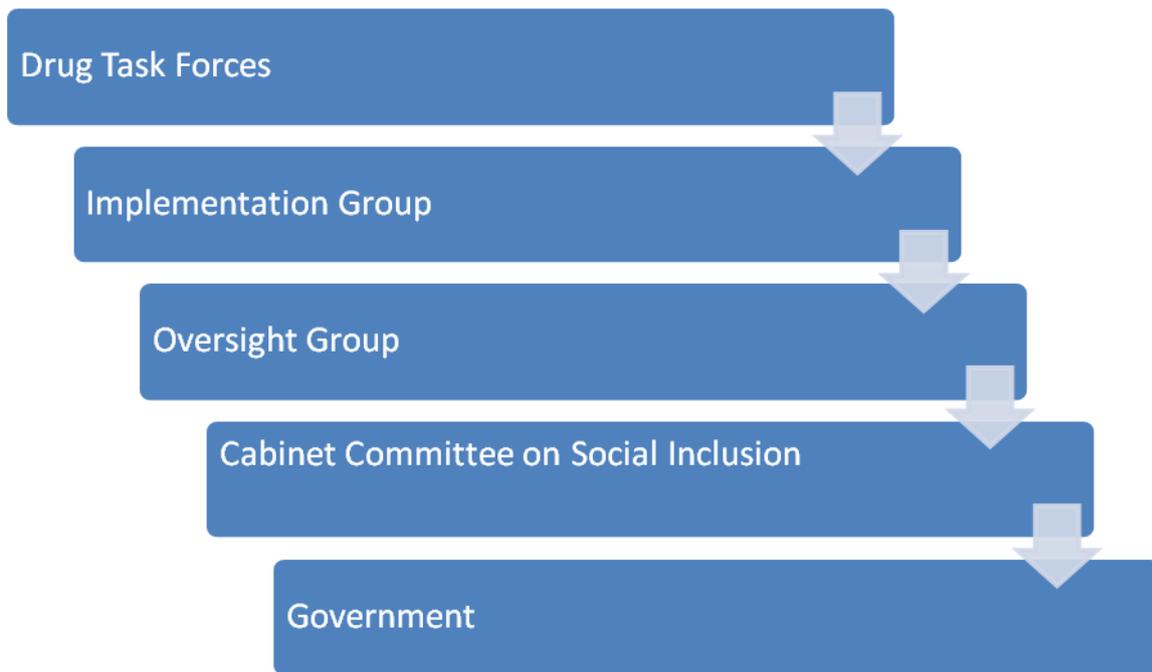
While drug & alcohol misuse is an issue across all sectors of society, the particular impact on the most disadvantaged communities must continue to be recognised and resources need to be targeted to areas of most need. This is particularly critical in current times when resources need to be prioritised to have the most impact on those most in need. National Drug & Alcohol Strategies must remain firmly committed to addressing the community drug problem as well as the individual problem of drug use.

The response to drug & alcohol misuse at local level will only be effective if it is linked to and supported by national policy and therefore the structures must reflect:

- an integrated Drug and Alcohol policy
- that the drugs crisis is concentrated in the poorest communities and the state needs to work in partnership with these communities in delivering responses
- partnership decision-making at a local level and centrally at national level
- the need to develop appropriate timely and prompt responses to current and emerging drug problems
- the responsibility of each sector as a partner in implementing and monitoring the strategy

3.1 We need simple structures

The structures that will be most effective in delivering the national drug strategy are those that are simple with clear lines of responsibility and authority (see diagram below). The links between the structures will be transparent and will be efficient in enabling the lessons learned from the ground to be brought to a policy level for discussion and decision making in the timeliest fashion.



3.2 Drug Task Forces

National Drug & Alcohol strategies will not work without properly functioning Task Forces. Drugs Task Forces have a key role under the National Drugs Strategy in responding to the drug problem in their areas. They must be mandated to prepare and oversee the implementation of action plans which co-ordinate all relevant drug programmes in their areas and address gaps in service provision.

The work of Task Forces and their composition is pivotal to the success of National Drug & Alcohol Strategies. Over the past few years, prioritisation of the work of Task Forces has been downgraded by some statutory agencies – the Dept of Education & Skills have withdrawn their reps from all Task Force areas, many Statutory Agencies are not replacing representatives citing staff shortages and funding restriction as a rationale for not engaging. It is essential that State Agencies re-engage with the National Drug Strategy and in so doing fully commit to working in partnership with local communities.

The work of DTF's must be directly linked to a National Implementation Group which is charged with the implementation of the strategy on a national basis. This will ensure that blocks encountered at a local level can be resolved in a timely fashion and that emerging trends can be quickly identified and responses initiated. It will also enhance the cross-transference of good practices.

It is long established and recognised that there is a need for **Local Drugs Task Forces** targeting areas of most need outside of Dublin and Cork. Parts of Limerick City and parts of Waterford are examples here.

3.3 Implementation Group

Delivery of effective actions under the National Drugs Strategy and the National Substance Misuse Strategy requires a sustained, co-ordinated effort across a range of Government Departments and Agencies. The “cross-cutting” nature of the actions contained in the NDS & the NSMS cannot be met satisfactorily by any one Department or Agency.

There needs to be a National implementation Group established as a cross-departmental team of the type envisaged in the original Strategic Management Initiative (SMI) in the Public Service. This group should be responsible for the co-ordination of responses to the drug & alcohol misuse problems at central level.

The group must comprise experienced personnel from relevant Departments and Agencies including the Dept. of an Taoiseach. Those seconded to the group should have direct access to their Ministers and heads of Department on all matters related to drugs and alcohol. While accountability for individual programmes and services should remain with relevant Ministers and their Departments/Agencies, this group should be mandated by Government to work together to implement the NDS and NSMS, so that – while remaining officers of their parent Department or Agency – each member of the group should be instructed to take an overview of the requirements of the strategy.

This group must include representatives from the voluntary and community sectors, in particular, to that they can monitor closely the problems and priorities of communities in the Task Force areas and ensure that these are addressed at central level.

In addition to being established on SMI principles, the Group should represent a partnership between the statutory, voluntary and community sectors and should work exclusively on the basis of consensus.

The Group should meet regularly and often and report to the Minister with responsibility for the National Drugs Strategy.

3.4 Oversight Group

There is a need for high-level monitoring of progress being achieved across the NDS & the forthcoming NSMS. A group made up of senior representatives of the State Agencies involved in policy development, service delivery and co-ordination, and including the community and voluntary sectors needs to be in place. This group should be chaired by the Minister with responsibility for drugs. The National Advisory Committee on Drugs (NACD) should advise at this level as should the National Drug Rehabilitation Implementation Committee and the YPSFS. It is essential that agencies are represented at the level of seniority (Assistant Secretary or equivalent). Representation at a lower level in the past has resulted in an overlap of membership between the OFD and the DAG (and previously in the IDG and the NDST) leading to a blurring of the responsibilities of the two bodies. This oversight group should report to the Cabinet Committee on Social Inclusion through to the Government.

4. KEY PERFORMANCE INDICATORS FOR COMMUNITY ENGAGEMENT WITH TASK FORCES

A clear indicator of the political commitment to the delivery of the NDS in partnership with communities most affected by drug misuse is key to re-engaging communities. To this end, Citywide calls on the Minister to give a clear message that the engagement of all stakeholders is critical to the successful implementation of the strategy.

Citywide's role is to promote and support a community development approach to the drugs problem – involving the people who are most affected in dealing with the problem, i.e. drug users, their families and communities. It is in this context that Citywide are once again putting forward their suggestions for a national standard for community engagement so that community reps across all regions have clarity and consistency in relation to their role and how they engage with the wider community.

There are a range of KPI's that can be put in place to measure the extent of community engagement in the planning, implementation and reviewing of local action plans. The KPI's should include measurements of:

- the extent of community engagement in DTF principles, goals, plans and strategies
- the increase in local participation as a result of that engagement
- the increase in local leadership and local capacity
- the level of allocation of resources to community engagement activities

5. COMPOSITION OF DRUGS TASK FORCES

The current LDTF Handbook states: ***“The LDTF's were set up to ensure a fully integrated response to the drug problem in the worst hit areas which takes account of the specific needs of those areas. Of equal importance, the Task Force process allows local communities – the people most affected by the problem – to work with the State Agencies and voluntary organisations in designing and delivering that response”.***

5.1 Statutory agency representation

Presently there are serious issues with the composition of Drugs Task Forces in that they are not representative of all the key statutory stakeholders. The Dept of Education's withdrawal from the Drugs Task Forces was a significant blow as this Department has a key role to play in the implementation of actions in relation to the education and prevention of drug misuse. Citywide are calling for this Dept to re-engage with the DTF's and at all levels of the NDS.

The Dept of Social Welfare has never taken up its position on the DTF's and Citywide believe that the impending transfer of the responsibility of Drug Rehabilitation CE places to the Dept. of Social Protection with effect from the 1st January 2012 gives an opportunity and an urgent impetus for them to take up their position on the DTF's.

Many community representatives on Task Forces are reporting that some statutory agency reps have not been replaced upon retirement. Others sporadically turn up for meetings while others are rarely seen. These issues must be addressed, with firm direction from the Minister, in line with any new suggestions around the composition of future Drugs Task Forces.

There is also a concerning lack of attendance by public representatives at some DTF meetings.

5.2 Community Representation

Community reps have demonstrated time and again their commitment to the partnership process which underpins the NDS. However they report to us that they feel powerless and unheard; they are disheartened at having to make decisions about cuts to the services and supports in their communities. In some cases community reps continue to engage with the drugs strategy structures despite having concerns for their personal safety.

- Community engagement is key to the successful implementation of the national drug strategy and to developing responses to emerging needs at a local level. No one is more expert at understanding the impact of a community drug problem than those that live the reality every day. This expertise must be recognised and supported through all of the structures that underpin the NDS but crucially at Task Force level.
- Since 2002 the previous administrations have pursued a policy of persistently eroding the community development infrastructures that support and underpin the engagement of communities in the NDS. From a community perspective, the only approach that is going to work in tackling community drug problems is a community development approach which supports the empowerment of local communities and strengthens capacity. Stronger communities are more resilient and more capable of responding collectively to local drug issues. To this end, the fabric of community networks must be developed and supported to ensure the broadest engagement possible.
- It is acknowledged in the draft DTF handbook that there is a need to consider how communities of interest can best engage with the structures of the national drug strategy and Citywide welcomes any initiative that supports this.
- The use of the CDB forums to select RDTF community reps has proven problematic in some areas and this role for the CDB's 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 reps on the RDTF's, given the size of the regions and the range of drug related issues that are present and growing.

CONCLUSION

Once again we would like to thank the Minister for the opportunity to feed into this review and we would be happy to discuss our submission further and to assist with the process of synthesising and collating submissions by nominating to any sub-group set up for this purpose.