

CASP Citizens Assembly Submission June 2023

1. Residential Treatment Access across the Continuum of Care

Increase access to residential treatment across the continuum of care. For people in active addiction struggling to achieve and maintain stability on even their prescribed medication, access to **residential stabilisation** units for 6 – 12 weeks is required, where service users can stabilise, get rest, nutrition, safety, access to support via group work, holistic therapies etc.

CASP have run these programmes over the years very successfully when we had a respite house. Outcomes for service users included support to meet the high thresholds for entry into residential detox and rehabilitation treatment centres, improved family relationships etc. This approach is effective with methadone and crack cocaine using clients.

Assessment of need and appropriate resources to meet this need regarding demand for **residential treatment facilities** needs to take place. Currently, the waiting list for residential treatment acts as both a disincentive and a barrier to recovery, especially for those on methadone programmes. The high thresholds required to access residential treatment are a particular barrier to the most vulnerable clients namely those on methadone, crack cocaine users, those living with in emergency accommodation and living with others in active addiction.

2. Young People and Families

A significant increase in investment and resources is required in supports for young people and families in the most disadvantaged communities, ranging from long term investment in youth services, family therapy, family support right through to investment in targeted supports for young people who are being groomed for the drug trade and substance misusing young people.

There needs to be a recognition that investing at this level will save the state multiples of the value of the investment as imprisoning these young people costs annually per person approximately €300k for those under 18 and €90k for those over 18 years. This is not considering the range of other costs both social, health and economic for communities, families, and the individuals themselves in terms of lost opportunities for change and further intergenerational trauma.

3. Education and Training Resources

Investment and targeted resources into education, training etc for people in recovery is required to support re-entry into education and training and promote full engagement in society, realise their full potential and consequently reduce relapse and recidivism rates. Targeted and significant investment is needed in training and education for young people who are being groomed for the drug trade or who are at risk of being groomed to provide alternative and attractive options for young people who are living in marginalised communities.

4. Address Poverty

Re-establish an independent Combat Poverty Agency to ensure that addressing long term and intergenerational poverty is prioritised and adequately resourced. It is well recognised that the links between poverty and the harmful effects of substance misuse, addiction, criminality, and trauma are intertwined. Eliminating poverty would be one of the most effective preventative measures in reducing substance misuse and related harms.

Invest in an independent Community Development programme to support and underpin a central role for community voices in decision-making structures. People in all walks of life use drugs and can be affected by addiction, but the evidence is clear on the strong and persistent link between serious drug problems and poverty, and the particularly damaging impact of those problems on the poorest communities.

5. Recruitment and Prevention Strategy

Create and resource a Recruitment and Retention strategy to address these issues in the Community and Voluntary addiction services. Without addressing these issues, there will not be a pool of skilled, trained, and experienced workforce to implement the recommendations of the Citizens Assembly due to the challenges experienced by community and voluntary organisations recruiting and retaining staff. This is due to the poor pay and conditions, lack of pension, limited opportunities for training and promotion due to funding limitations etc in comparison to the statutory sector.

6. Core Funding Deficits

Core funding of projects needs to be addressed for community and voluntary services to continually meet demand for services. Additional funding to respond to new and emerging issues is also necessary but without core funding increases, the core work of addiction services will continually decline because of a lack of investment to meet increasing costs.

7. Women Substance Misusers

The specific needs of female service users must be recognised and resourced appropriately in terms of women accessing treatment and managing caring responsibilities with children and elderly parents, often in challenging circumstances including staying in emergency accommodation and living in long term poverty.

In addition to this, women on methadone programmes who are going through the menopause have distinct needs which need to be addressed in order that relapse and poor mental health can be avoided.

8. Ethnic Minorities

Involve representatives from the Traveller community, migrant and ethnic minority communities and the LGBTI+ community in developing the responses that will work for them and adequately fund these responses long term.

9. Mental Health Services

Address the lack of access to mental health services for people using drugs and the overall inadequacy of mental health services.

10. Prison and Post Release Services

Greater access to **counselling services within the prison system** is vital to address the underlying issues resulting in recidivism including addiction, trauma etc. The current waiting list for counselling for people in prison is unacceptable.

In addition to this, appropriate **accommodation post release** for those leaving prison who are homeless but have achieved a level of stability or substance free status within the prison needs to be in place. Currently, most people leaving prison into homelessness are referred into emergency accommodation services where the risk of relapse and eventual recidivism is highly likely. By investing in post release accommodation for this cohort, there would be a cost saving benefit on the state due to the savings on future imprisonments.

11. Neurodivergence

The lack of both diagnostic services and treatment services for adults and children who are neurodiverse is resulting in substance misusing in this cohort. To increase resilience, health, and well-being among neurodivergent individuals and reduce the risk of substance misusing and addictive behaviour, it is crucial to ensure timely access to early intervention services, provide appropriate mental health support, promote inclusive education, develop employment support services, offer social skills training, encourage community-based programs and activities, and provide resources and support for parents and caregivers.

There is a growing body of research examining the links between neurodiversity and substance use.

12. Decriminalisation

There is a need to consider whether the current legal framework under which substances are prohibited and people using drugs are criminalised is working for our communities or is causing further harm.

13. Rural Areas

Access, delivery and appropriate resourcing of drug and alcohol services in rural areas needs to be increased to respond appropriately to need and prevent further escalation of these issues.