

# Dublin Citywide Drugs Crisis Campaign



## A Realistic Community & Trade Union Response to the Drugs Crisis May 1996

These policy proposals from the Dublin CityWide Drugs Crisis Campaign have been drawn up in consultation with families affected by the drugs epidemic, community groups, health and medical experts, teachers, trade unionists, business people and community care specialists.

This wide range of people from all walks of life worked together over several months of public meetings of an average of 50 to 100 people, and which culminated in the largest conference on drugs abuse held in Dublin, '*Fighting Back Together - A Trade Union and Community Response*', attended by more than 500 people on March 9<sup>th</sup> 1996.

We do not suggest that these proposals would eradicate the drugs problem, but we do contend that they would constitute a step forward in answering the needs of the communities plagued by drugs.

### **The common themes coming from all the discussions are that**

- All agencies and communities must examine and embrace new approaches to the drugs crisis;
- All responses must be properly staffed, financed and otherwise resourced to be fully functional and effective.

The Dublin CityWide Drugs Crisis Campaign is made up of representatives of community groups, trade unions, the voluntary sector and individuals.

The aims of the campaign are to:

1. link up organisations fighting back against the drugs epidemic
2. Provide a forum for discussion and policy formulation
3. Share information and experiences
4. Campaign for resources

If you would like to find out more about the Dublin CityWide Drugs Crisis Campaign, contact us at 108, Amiens Street, Dublin 1.

## Introduction

The recommendations and demands of the Dublin City-Wide Drugs Crisis Campaign come from representatives of many of the communities most affected by the drugs crisis. They are the results of a series of discussions held between November 1995 and February 1996 which focused on three key areas:

- i) Health
- ii) Education
- iii) Justice

Three working groups based on these themes investigated the current situation, outlined what needs to be done, and how policy and action can be implemented. The groups' recommendations formed the basis for discussion at the first major conference held by the Drugs Crisis Campaign, *Fighting Back Together - A Trades Union and Community Response*, held in Liberty Hall, Dublin, on March 9<sup>th</sup> 1996. More than 500 people attended the forum, among them representatives from some 38 community organisations, as well as many of Ireland's largest trade union organisations - SIPTU, ATGWU, IMPACT, the Dublin Council of Trade Unions and Bray Trades Council.

Working-class communities in Dublin's inner city and suburbs have been living with a drugs epidemic for more than a decade. The drugs crisis is one of the results of mass unemployment (particularly among young people), poverty and the lack of even the most basic social amenities in their areas.

The 1994 Health Research Board Report on people receiving treatment in Dublin demonstrates the links between drugs abuse and poverty:

- *Over 80% were unemployed;*
- *60% had left school with minimum education;*
- *27% in treatment lived in the North or South Inner City.*

The drugs crisis will continue to escalate unless the necessary resources are provided to eradicate unemployment, poverty, and educational and social deprivation.

### **The Dublin City-Wide Drugs Crisis Campaign demands:**

- real jobs at decent rates of pay;
- training for such jobs; and
- amenities (such as leisure and sports facilities).

### **Resources must be provided within communities to tackle the drugs crisis, including:**

- treatment for addicts and support services for their families;
- the bringing to justice of the big drugs dealers who control,
- education prevention programmes to try to persuade more young people from becoming addicts.

For more than a decade, the communities most affected, in conjunction with the voluntary sector, have been left to cope with the effects of the drugs crisis on their own. Despite their limited resources, many initiatives have been taken in the areas of treatment and education. But the most affected communities have not got the resources to maintain any real sort of response to this overwhelming crisis.

Government responses to date have been piecemeal, disjointed, uncoordinated and grossly under-funded. The drugs crisis must rate as a priority on the Government's policy agenda. It must, without delay, establish and implement an effective, integrated and adequately funded strategy.

## The need for a National Drugs Agency

The Dublin City-Wide Drugs Crisis Campaign believes that the establishment of a *pro-active* national agency is essential to addressing the crisis. The agency must not become just another discussion group, meeting occasionally behind closed doors - it must be a force for action, change and imaginative thinking with specific objectives, funding and statutory and voluntary representation from all sectors. It must be given clearly identified tasks and objectives and the necessary staffing, funding and resources to effectively fulfil its brief.

The drugs crisis cannot be resolved without the involvement of the communities most affected, including those represented in the CityWide Campaign and the voluntary sector.

The national agency would bring on board all Government departments, agencies and bodies (including policy-makers and practitioners) who have a role to play. These would include:

<i>Department of Health</i>	<i>Revenue Commissioners</i>
<i>Department of Education</i>	<i>An Garda Síochána</i>
<i>Department of Social Welfare</i>	<i>Prison Service</i>
<i>Department of Finance</i>	<i>Probation Service</i>
<i>Health Boards</i>	<i>Local authorities</i>
<i>Customs and Excise</i>	<i>Community and voluntary sector</i>

A unified national agency would ensure operation among interested parties and eliminate the inter-agency rivalries which have undermined past efforts. The national agency would take account of and learn from, action taken internationally. The agency must be fully funded, staffed and resourced with a commitment commensurate to the scale of the crisis.

The Government's anti-drugs budget of £10 million over two years (announced in the spring of 1996) is utterly inadequate when viewed alongside the hundreds of millions of pounds major drugs dealers have at their disposal. It is less than 10 per cent of the £120 million of drugs seized in just one haul in early 1996.

## Health - The need for adequate and accessible health care

A significant part of the impetus for the Dublin City-Wide Drugs Crisis Campaign arose from the huge consensus among the community and voluntary organisations and residents' groups from all areas of Dublin regarding the lack of adequate and accessible treatment responses to the drugs problem, the Health Group notes.

As with the Dublin City-Wide Drugs Crisis Campaign's other working groups, the Health Group was formed, with a broad representation of community and voluntary groups, to explore the range of responses needed and to make appropriate recommendations in their specific area, in this case treatment.

The Health Group met on a regular basis and also hosted a workshop at the recent conference in Liberty Hall to engage as wide a level of consultation as possible in the formulation of its proposals.

## Proposals

### HI - 24-Hour Crisis Centre

A 24-hour crisis centre to provide immediate access to a full and comprehensive assessment for problem drugs users. It would not provide long-term treatment for drugs users but would have the ability to take people on, as in-patients if necessary, for complete assessment of their drugs treatment needs and referral on to the appropriate response, e.g., drugs clinic, youth agency, etc.

## **H2 - Fuller Implementation of the 1993 Department of Health Protocol for the Prescribing of Methadone**

This would provide increased GP involvement with local services in the treatment of drugs users. It is particularly inappropriate that GPs who may have often treated a young person since birth are unable or do not feel resourced enough to provide treatment for them if they develop a drugs problem.

## **H3 - A More Holistic Approach to the Treatment of Drugs Users**

A more holistic approach to the treatment of drugs users so that those who are HTV positive can receive their total medical care including their drugs treatment needs from one source. At present, drugs users affected by HTV/AIDS have to attend a range of different agencies such as social support agency, HTV clinic, drugs treatment centre and GP to have their medical needs met. It would be more appropriate to have their total care met by the GP or specialist HTV clinic. As there is a high preponderance of HTV infection among drugs users, this measure would have the added effect of freeing up much-needed treatment spaces at the existing drugs treatment centres.

## **H4 - Drugs Treatment Unit Attached to Each General Hospital**

With it generally accepted that there may be as many as 5,000 drugs users in the Greater Dublin area, the current allocation of only 24 detox beds is totally inadequate. In-patient detoxification could be made more available and accessible if each general hospital were to designate a specific number of beds for detoxification.

## **H5 - Community Involvement in the Development of Drugs Services**

The recent media coverage of community opposition to the insertion of Eastern Health Board drugs services in areas of Dublin is more indicative of the Eastern Health Board's lack of consultation and involvement with local communities in the planning process than it is of local opposition to drugs treatment *per se*. It is therefore essential that there is full community involvement in consultations involving these services.

## **H6 - Locally-Based Addiction Counsellors**

The development of local structures where Eastern Health Board community addiction counsellors will be more locally based and can work in conjunction with trained local personnel. The current Eastern Health Board allocation of two community addiction counsellors per Community Care Area is totally inadequate to the needs on the ground. Local community groups are often better placed to interface with drugs users.

Community addiction counsellors providing sessional support at local community clubs and centres would be a more effective way of engaging drugs users in treatment. In addition, the training of local personnel to respond effectively to drugs issues would have the dual benefit of involving local communities in the development of drugs services and maximising the potential to prevent the further development of drugs problems and of engaging active drug users in treatment.

## **H7 - Pro-Active, Multi-Agency Monitoring Committee**

The development of a pro-active, multi-agency monitoring committee on drugs use that ensures the involvement of the community and voluntary sectors. The present co-ordinating committee is inactive and does not have adequate community and voluntary sector representation. (*See also Education Group Proposal, E2.*)

## **H8 - Community Drugs Team Approach**

The development of a Community Drugs Team approach to problem use, rather than excluding people who develop difficulties with drugs, seeks to engage all local services, statutory and voluntary, involved in working with people with drugs problems. This would include local community groups, youth clubs, family groups, GPs, pharmacists, community care team, Probation Service and the Gardai. It endeavours to provide a more comprehensive and cohesive approach to problem drugs use.

## **H9 - Residential Drugs Treatment Services**

The development of residential drugs treatment services with short-term (i.e., 4-6 week) and medium-term (i.e., 3-9 month) treatment models are essential to successfully promote attainable drugs-free options. At present, there is a definite lack of residential drugs treatment options.

## **H10 - Accessible Family Information and Support Network**

Many families are affected by drugs and HIV and simply do not know where to turn. There is a definite need for an accessible family information and support network that would include a 24-hour helpline.

## **H11 - Rehabilitation of Stabilised Drugs Users**

Back-up services and proper after-care facilities (including medical and psychological services), together with the necessary support within the community, are required to prevent stabilised drugs users from becoming recidivists. Probably one of the most important aspects of rehabilitation is the need for meaningful activity; this would require a strategy to reintroduce ex-users back into mainstream society. Programmes must therefore be designed to reintroduce drugs users into society and into the labour market.

## **Education**

### **Education is central to prevention**

Teachers and educationalists are represented on the Education Group of the Drugs Crisis Campaign but the opinions and views of other experts in the field (as well as parents and students) were also canvassed and debated. There is a consensus that the importance of starting a drugs education/awareness at primary school level should not be underestimated.

Any education policy, the Education Group maintains, must take into account the following:

- The targeting of children
- Addicts
- Parents of addicts
- Addicted parents
- Children of addicted parents
- Family addiction
- Rehabilitation programmes
- Methadone programmes
- Prevention

The Education Group says:

*“We must all realise the amount of peer pressure put on our young children which makes it appear fashionable and trendy to take drugs or become involved in alcohol abuse”.*

*“It is important that an education programme strives to make them realise the dangers of these influences.”*

*"Drugs education must be more informative, better co-ordinated and, most importantly, taken seriously. Education is central to prevention."*

## PROPOSALS

### **E1 - Media Education Campaign**

The declaration of an "official drugs emergency" and an accompanying high-profile media education campaign about the dangers of drugs abuse aimed particularly at reaching people in the home in an effective manner.

### **E2 - Pro-Active, Multi-Agency Monitoring Committee**

The establishment of a pro-active, centralised Drugs Crisis Action Co-ordinating Committee - equipped with the necessary staffing, funding and resources - with representation from the following:

- Ⓢ Community groups
- Ⓢ Parents
- Ⓢ Local groups
- Ⓢ Youth centres
- Ⓢ Government Departments
- Ⓢ Irish Congress of Trade Unions
- Ⓢ Dublin Council of Trade Unions
- Ⓢ Individual trade unions
- Ⓢ Irish Business and Employers' Confederation

### **E3 - Schools Education Programme**

- a) The drugs crisis to be tackled through a properly resourced and co-ordinated direct action drugs awareness programme in all schools and colleges, starting at primary level.
- b) The programme to be compulsory and constitute part of the weekly school curriculum.
- c) The programme to draw on the experience, knowledge and experiences of specialist drugs abuse advisors from community and voluntary groups, local organisations, the teaching profession, other interested professional groups or individuals who may be of help, and, of course, the Department of Education,
- d) Necessary training and resources to develop the programme to be provided by the State.
- e) The programme not to interfere with any existing programme,
- f) Any policy development to make provision for the serious problem that exists outside the school system, such as early school leavers, non-attenders, etc, through the provision of a special task force with designated targets and objectives.

#### **E4 - Adult Education Programme**

- a) An adult education programme to meet the need of parents and families for hard information on drugs.
- b) Family education and counselling programmes.

#### **E5 - 24-Hour Telephone Helpline**

24-hour telephone helpline(s) to provide easily accessible and immediate information on drugs abuse.

#### **E6 - Local Information Offices**

Local information offices tasked with the job of devising and/or delivering culturally appropriate programmes, aimed particularly at schoolchildren and young people, on the dangers of drugs abuse.

## **Justice**

### **National agency needed to co-ordinate drugs action**

The justice Group's proposals focus on four general areas:

- i) Prosecuting the drugs barons**
- ii) Arrest and Trial of Drugs Suspects**
- iii) Prisons**
- iv) Housing and drugs dealers**

There is concern that Government proposals to introduce seven-day detention for suspected drugs dealers would not seriously affect the major drugs traffickers but instead result in increased convictions at the lower end of the scale, particularly the "small fry" and addict-pushers. But because the drugs crisis is having such a damaging impact on communities, the Justice Group says, "despite their reservations, many people living in areas ravaged by drugs are willing to give the new measures a chance".

The Justice Group proposes that a better way of dealing with the situation would be to provide for speedier trial - the current average delay of four months between a drugs pusher being charged and appearing in the district court are "unacceptable", according to the Justice Group.

Getting the big dealers out of the communities, however, must be made the priority of a concentrated drive by a central drugs action agency pooling all the intelligence, experience and resources of the associated bodies and groups.

## PROPOSALS

### J1 - National Agency to Prosecute Major Drugs Dealers

A national agency involving all relevant Government departments, agencies and bodies - their policy-makers and practitioners - who have a role to play. These would include:

Department of Health	Customs and Excise
Department of Education	Garda Siochana
Department of Social Welfare	Prison Service
Department of Finance	Probation Service
Health Boards	Local Authorities
Revenue Commissioners	

The unified national agency would ensure co-operation among interested parties and eliminate the inter-agency rivalries which have undermined past efforts. It would take account of, and learn from, action taken internationally.

***The agency must be fully funded, staffed and resourced with a commitment commensurate to the scale of the crisis.***

Pending the establishment of the unified national drugs agency, the Justice Group calls on the Government to ensure that the following measures are vigorously pursued:

- Revenue Commissioners to target companies and individuals where evidence indicates they are laundering drugs money; Department of Social Welfare and Department of Health to investigate and take action against identified drugs pushers claiming benefit; and
- Protection of any personnel involved in investigations of suspected drugs dealers.

### J2 - Community Relations with An Garda Siochana

Structured co-ordination and improved communication between the Garda Siochana and the community to try to repair the strained relations caused by the perceived misdirection of police resources chasing street traders and small-time addict-pushers while drugs barons roam free.

### J3 - Arrest and Trial of Drugs Suspects

- Speedier legal processes bringing accused drugs pushers to trial through extra resources for the courts and legal support services.
- Individuals arrested in possession of drugs to be charged as soon as is practicable and immediately brought before the district court.
- Forensic reports to be provided within one week of the initial court appearance.
- The Director of Public Prosecutions (DPP) to decide on whether the case proceeds before the district court or circuit court within the following week.
- If the DPP opts for an indictment, the book of evidence to be ready within four weeks of that decision and the accused to be given an immediate court hearing.
- Legislation allowing for the confiscation of money or assets accrued by convicted drugs dealers to be fully utilised.



#### **J4 - Addict-Dealers**

The needs of addict-dealers must be balanced against those of the community. Treatment provided for addicts within the criminal justice system for those who seek it - while existing legislation allows for sentencing to a place where treatment is obligatory, enforced treatment can be ineffective.

Priority to be given by law enforcement agencies to prosecuting the major drugs dealers rather than addict-dealers.

Greater education among all sectors of society - law enforcement agencies, courts, health authorities, communities, etc. - on the need for such a distinction and an appropriately measured strategy to maximise the use of resources.

#### **J5-Prisons**

The Department of Justice to establish a new policy and methods of operation concerning the treatment of drugs addicts in prison. Drugs policy (like all other Government policies) should be based on a mixture of national and local approaches. The new policy to address:

- structured drugs rehabilitation programmes
- a drugs-free zone within places of detention
- methadone maintenance programmes and a coherent and consistent policy on detoxification and maintenance - policy and practice to be generally in line with services available in the community but flexible in the prison context
- multi-disciplinary co-ordination; and
- isolation of major drug dealers from other prisoners.

#### **J6 - Housing and Drugs Dealers**

Estate management sections of both Dublin Corporation and Dublin County Council to evict people proven to be involved in profiteering out of hard drugs dealing.

Proven persistent hard drugs profiteers not to be re-housed until they can provide evidence of a commitment of a change of behaviour to the satisfaction of housing agencies and the local community through its tenants or representative organisations.

**DUBLIN CITY-WIDE DRUGS CRISIS CAMPAIGN STEERING  
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