



CityWide Drugs Crisis Campaign

## Submission on the National Drugs Strategy 2017

Citywide believes that the 2017 National Drugs Strategy should contain a vision for an Ireland in which the damage done by substance use and the associated harms experienced by individuals, families and communities are minimised and wellbeing is maximised and where all those who experience problems associated with substance use can access high quality services and support irrespective of where they live or who they are.

We believe that the National Drugs Strategy should recognise inequality and disadvantage as an underlying cause of community drugs problems and should specify measures to address social exclusion.

### The Community Drugs Problem

The first Drugs Strategy in 1996 was put in place as a response to the heroin crisis in Dublin and defined it as a problem concentrated in communities experiencing large-scale social and economic deprivation and marginalisation. In the years since 1996, the drugs problem in these economically marginalised communities has become chronic, deep-rooted and embedded, impacting negatively on all aspects of community life. A community drug problem develops when there is a high concentration of drug problems in a particular area and a lack of resources to address them.

#### Indicators of a community drugs problem include

- Familiarity and “normalisation” of drug use and drug dealing, where drug use and widespread availability of drugs has become part of everyday life
- Experience of day to day social nuisance and reluctance to use community spaces including parks
- Identification of housing areas as “drug hotspots” where housing stock becomes difficult and unattractive to live in as a result of drug problems
- Perception of a lack of community safety and of increased levels of crime
- Significant levels of intimidation and fear, including ongoing day-to-day low-level intimidation that keeps communities quiet and passive, and violence and intimidation of drug users and their families in relation to debts
- This “normalisation” has a huge negative impact on community spirit and pride, community relationships and social networks, social capital and community resilience, as a result, undermines the community’s capacity to engage and respond

In developing the new NDS, we need to look at how we can best reduce the harms that are being caused to drug users, their families and the community as a result of drug use and because of the wider impact of the drugs trade on our most disadvantaged communities.

A Citywide survey in Sept 2016 of Drugs Task Force Community reps across the country identified the most common drug problems seen in communities:

- Anti-social behaviour (identified by 90 % of respondents)
- Drug debt intimidation (87%)
- People's behaviour under the influence of drugs (77%)
- Suicide (73%)
- Open sale of drugs (67%)
- General health problems (also 67%)
- Gangland activity and violence (60%)
- Fear in the community (60%)
- Drug-related deaths (57%).

At the same time, the impact of the drugs problem has now extended across the country into other cities, towns and rural areas and the nature of problem drug use has changed; a wide range of drugs are now being used, including legal drugs, illegal drugs and alcohol. In developing the new NDS, we need to recognise that we have a range of different drug problems in different geographic and socio-economic settings, as well as amongst particular communities of interest, and to set out a number of targeted responses to meet particular needs.

## **Actions**

1. Reinstate the link between the new NDS and National Social inclusion policy and integrate NDS actions into a Social Inclusion Framework.
2. Develop the SICAP in partnership with the communities most affected by drugs so that community capacity to respond is strengthened and supported.
3. Community representation on the Drugs Task Forces must continue, and should be promoted further, so that the experience and knowledge of those affected most by addiction-related issues can continue to guide policies and actions.
4. Implement the Public Sector Duty to engage with communities of interest/minority groups(name) in a process that ensures their full participation in the NDS, in all its policy structures and in design and delivery of services
5. Develop a new data set of indicators of a Community Drugs Problem which build on the those set out in the NACD 2006 study<sup>1</sup>. These indicators would be applied in measuring the effectiveness of the NDS

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<sup>1</sup> Loughran, H., & McCann, M. (2006a). *A community drugs study: Developing community indicators for problem drug use*. Dublin: NACD.

## **Strengthening, Resourcing and Revitalising Drugs Task Forces**

We need to ensure that the interagency partnership model that underpins our NDS is effectively supported and developed in to the future and recognise the essential role of supporting community participation in this partnership model

1. Adequately fund and resource the Drugs Task Forces to develop and implement local plans appropriate to their local/regional needs
2. Address the gaps in attendance by agencies and departments at Drugs Task Force level. Each department must commit the resources at local and regional level to ensure that Drugs Task Forces are capable of developing effective local area plans
3. Ensure that statutory reps at Drugs Task Forces are sufficiently senior to be able to make commitments from their own department/agency.
4. Do not allow an agency or department to make a unilateral decision about whether it attends meetings or not.
5. The Dept. of Health (DPU) as 'Parent Dept.' of the NDS should hold other departments to account for delivering on actions in the NDS and for working at Task Force level.
6. Ensure that Task Forces provide induction training to all members: statutory, voluntary and community. Special attention should be given to community reps/community of interest and service users to support them with the technical knowledge to be involved with the Task Forces.

## **Resourcing Community Services for people experiencing problem drug use**

In developing the new NDS, we need to recognise the extensive knowledge and experience, gained over twenty years, of our local community services and of their service users, so that we build on this knowledge and experience in meeting existing and emerging needs. A wide range of services are now in place on the ground, including treatment and harm reduction, drug rehabilitation, childcare services, community policing and safety fora, family support services, and education/awareness programmes in schools, clubs and communities.

It should be noted that during the last six years these community drug services have been seriously affected by a cut of 37% to the Drugs Initiative budget which has led to reduced levels of service and significant limitations on the capacity to respond to new and emerging drug problems. HSE drug treatment services and all statutory services have also experienced significant budget cuts and reductions in service provision.

Citywide carried out research with Community Drug Projects involved in delivering these services and a key recommendation arising from the research is the development of a streamlined interagency system for funding and monitoring Community Drug Projects, which adheres to all the governance and reporting needs in relation to good practice, takes account of multiple funders and supports the integrated and holistic nature of the work. The reporting system should also be appropriate for implementation by small, under-resourced organisations.

## **Actions**

1. Reinstate the 'Emerging Needs Fund' to allow the services on the ground to have a flexible, responsive and holistic approach to the changing nature of drug use in the community.
2. In developing the new NDS, we need to support our services in responding to the changing patterns of drug use through promoting a public health approach, integrating drugs and alcohol, that will improve the lives of drug users by providing access to services to meet their needs in accordance with their life circumstances
3. Appropriate investment in these services is essential to the implementation of the actions identified in this document.
4. As part of the development of the new NDS, a piece of work should be commissioned to design and develop a new funding and monitoring system that is efficient, effective, appropriate and supportive for the delivery of integrated interagency drug services on the ground.

## **Preventing deaths**

The Drug Related Deaths Index 2015 report shows 4233 Non-fatal Drug Overdoses and 679 Drug Related deaths in 2013. Recent HIV figures show a spike in new HIV infections as a result of injecting drug use related to snow blow/cathinones, with a 67% increase on the previous year. It is essential that we take urgent action to prevent deaths and reduce the levels of serious harm.

## **Actions**

1. Medically Supervised Injecting Centres are intended to meet the needs of a specific target group that is very vulnerable and at particular risk of serious medical problems and/or death. There should now be an agreed time scale for establishing the service, with evaluation built in from the beginning.
2. The HSE is currently undertaking a Nalaxone demonstration project using a prefilled Naloxone injection which is designed for non-medical administration and there should now be a more comprehensive roll-out of the project.

## **Providing effective treatment - Drug use is changing...**

All the evidence confirms that our communities are now coping with an increasingly complex and chaotic drug problem that includes a mix of legal drugs, illegal drugs and alcohol. Chaotic Drug Problem. A Citywide survey of Drugs Task Force Community Reps in Sept 2016 identified the following drugs as causing most problems in communities:

- Alcohol (identified by 97% of respondents)
- Cannabis (86%)
- Prescription Tablets (also 86%)
- Cocaine (66%)
- Heroin (59%)
- Crack Cocaine (45%)
- Head Shop Drugs (41%)
- Ecstasy (35%).

Community drug services are consistently reporting an increasing level of mental health problems amongst people using drugs, in particular young people. The need for better co-ordination between drug services and mental health services has been identified and flagged since 1996 and specific recommendations were included in the government's mental health strategy "A Vision for Change". These recommendations have not been implemented.

### **Actions**

1. There needs to be a range of services that can respond to people's needs, across the spectrum from harm reduction to stabilisation to detox.
2. Substantially increase the number of detox beds. Current provision is wholly inadequate and does not in any way meet the needs of those seeking these services for opiate and other drugs
3. As part of the commitment to an integrated drugs and alcohol strategy, we also need to set out a timescale for implementation of actions in the National Substance Misuse Steering Group Report.
4. It is essential that HSE Addiction Services and HSE Mental Health Services are directed to work together on development of a dual diagnosis assessment that will provide drug users with integrated care plans that ensure simultaneous access to both addiction and mental health services.

### **Supporting the Drug Rehab Projects**

The role of DRPs (Special CE Drug Rehab Projects) is to provide rehabilitation programmes for recovering drug users and in many communities they are providing the only rehab services that are available. However, changes in recent years at a national policy level have led to serious challenges for the work of DRPs. Budget 2012 wiped out the financial incentive for people parenting alone and those on disability payments to address their addiction problems, thereby creating additional barriers to participation. This policy change added to the existing barriers for recovering drug users attempting to address their drug use through accessing CE/rehab. These barriers are primarily linked to disadvantage and drug use and include low self-esteem, low levels of literacy or modest educational achievements, poor health, insecure housing, weak social networks, poor family relationships and limited access to childcare. A number of measures are now required to address these challenges.

### **Actions**

1. An assessment needs to be carried out on the impact of changes in the profile of DRP participants to ensure that access to the programme is based on rehabilitation needs rather than social welfare status.
2. The limited budgets provided through CE are not designed to meet the range of needs that DRPs have to address - housing, childcare, education, training, employment, legal issues, general health, mental health etc. Other key agencies i.e. HSE, Dept. of Education/ETBs, Dept. of Environment/DCC etc. need to contribute directly to the DRP budgets.

3. The new Framework Agreement for DRPs put in place by DSP in early 2016 needs to be monitored on an ongoing basis and the Minister should be kept informed of the outcomes of the monitoring process.
4. It is also important to recognise the needs of particular groups in rehabilitation/recovery. The SAOL Project has led the way in setting out the distinctive factors that should inform and shape services for women and have developed innovative and practical resource materials on issues such as domestic violence and mental health. We need to recognise and build on this on-the-ground expertise in developing services for women.

### **Supporting people to re-integrate in to the community**

Having a criminal record can be a major barrier to people in moving on with their lives. The recent Spent Convictions legislation only allows for one offence to be removed from the record and this is not realistic for people who have used drugs and may have committed a number of offences as a result.

One of the greatest difficulties for our drug users both for participating in treatment and in reintegrating into the community is lack of access to secure and adequate housing. The Housing First approach needs to be supported in trying to meet their needs and we should also look at the model developed in Portugal where the national drug treatment agency has ownership of housing for use by people in treatment. Housing needs to be seen as a harm reduction measure.

The national drugs agency in Portugal also works with companies that employ drug-users during treatment and it can fund internships in the companies that can be extended to longer contracts. We need to look at this kind of targeted model of support into employment.

#### **Actions**

1. If people are to be given the opportunity to re-integrate in their communities, the legislation on spent convictions needs to be amended to reflect the reality of people having more than one conviction.
2. The Housing First model needs to be supported and extended to support reintegration of people.
3. Taking the example of the National Drug Agency in Portugal models of funded internships for people in treatment should be developed.

### **Young People**

Our local youth services have a key role to play in responding to the risk factors that impact on young people in relation to drug use and in delivering drug awareness and education as a core part of youth work. Often young people who have begun using drugs don't see themselves as having a problem and don't see the need to access drug services, so it is essential that youth services and young people's addiction services should be supported to work in partnership, to ensure the needs of our young people are responded to at the earliest possible stage and in a way that is appropriate to their needs.

The Dept. of Education has a key role to play in education and prevention work, in particular in relation to retaining young people in school, and needs to engage more actively as a partner in the new NDS.

The Young People's Facilities and Services Fund (YPF SF) was introduced as a key element of the National Drugs Strategy and it is crucial that it continues to be part of the new Strategy so that its resources can be targeted at the young people who are most at risk.

### **Actions**

1. Mandate the National YPF SF Committee to carry out its role in monitoring the effectiveness of YPF SF in meeting the needs of the most at risk young people.
2. Invest in school retention initiatives that are effective in meeting the needs of the most at risk children.
3. Implement the proposal to make school premises and facilities available out of school hours.
4. Strengthening the role of the Dept. of Education as a partner in local education initiatives and ensure that local partnerships between schools and community projects in delivering drugs education and awareness are promoted, supported and extended.

### **Tackling Drug Debt Intimidation and Community violence**

Citywide and the HRB carried out research that involved an audit of 140 intimidation report forms collected from 13 Local and Regional Drugs Task Forces. The research also involved focus groups attended by 150 people across these Task Forces, as well as six additional focus groups held with ex-prisoners, family support workers, Travellers and youth workers. The findings of this audit showed very worrying trends of serious violence and intimidation of drug users, their families and members of the community.

74% of people who experienced drug related intimidation did not report to the Gardai because of fear of reprisal

90% of those who reported did so to a community or family support organisation

67% of victims reported mental health problems as a result

37% reported physical injury

52% of victims of intimidation were women and girls

### **Actions**

1. Measures need to be put in place in terms of prevention and early intervention to support young people who are at risk of involvement in the drugs trade and related activities such as intimidation. This will require collaboration between relevant stakeholders including the schools, youth services, family support services, Department of Education, Department of Children and Youth Affairs and the Irish Youth Justice Service.

2. Local Community Policing Fora have a crucial role to play in supporting victims of drug related intimidation and acting as a link to the NFSN/Garda Intimidation Reporting System. They also provide support for other community projects who are receiving reports of intimidation through their engagement with the local community.
3. There is a need to develop Community Impact Statements, so that we have the tools to gather the evidence on the nature and scale of the impact on communities. A Community Impact Statement (CIS) is a statement compiled with the authority of a Police Force in active partnership with the community and other stakeholders, describing the impact of anti-social-behaviour on a specific neighbourhood or identifiable group of people. It is used as the basis for developing a focused action plan on such a problem and as a benchmark against which progress can be measured. It is proposed that the use of Community Impact Statements should be endorsed as a tool for tackling the impact of drug related crime and anti-social behaviour on communities
4. Fear of reprisal is a major factor in keeping silent on intimidation. There is no simple solution to this problem but there is an onus on the criminal justice system and all relevant stakeholders engaged in public safety to address this crisis of confidence as a matter of urgency as it undermines the credibility of the entire criminal justice system. Dept. of Justice needs to take a lead on bringing together the relevant agencies to address this issue.

## **Reforming Drug Policy**

The two previous NDSs looked briefly at approaches to drugs policy in other countries but did not go on to open up the debate around drug policy reform. Many civil society leaders and politicians in Ireland are now questioning the effectiveness of our current approach and have begun to debate issues such as decriminalisation and legalisation of drugs. The Joint Committee on Justice, Defence and Equality strongly recommended that the possession of small amounts of illegal drugs for personal use, could be dealt with by way of a civil/administrative response and rather than via the criminal justice route.

The programme for government has also committed to “pursue a health-led rather than criminal justice approach to drug use”. In developing our new NDS, we need to engage fully with the international debate on drug policy reform.

Citywide’s view is that criminalising drug users is not a fair or effective approach to the drugs problem and it is now time to decriminalise the use of drugs. We have set out the case for decriminalisation in Ireland and in particular how it is distinctly different from legalisation, as the two concepts are often confused in public debate. Legalisation or Regulation is a far more complex issue which requires further discussion and examination in an Irish context.

At an international level, there are serious questions being raised about current policies and in particular about the “War on Drugs”. The UN Assembly on international drugs policy took place in 2016 (UNGASS 2016); the Presidents of Colombia, Guatemala, Mexico and Costa Rica came together to call for more effective responses to drug trafficking based on public health, respect for human rights and harm reduction.

## Actions

1. Set up an interagency working group with a mandate to look at how best a model of decriminalisation can be implemented in an Irish context and to report back to government within six months.
2. Develop a national anti-stigma campaign to counter the negative image of drugs users in the media and amongst the general public
3. Support the development of a peer-led Drug User/ Service User Network and ensure drug user/service user participation as partners on all NDS structures

## Reinforcing Structures to support the provisions of the NDS

What our 20 years of experience tells us...

### ✓ **A Local response to a Local Problem**

We need flexible decision-making structures that allow for responses that meet local needs, whether they are the devastating community drug problems in disadvantaged areas, the growing drug problems in towns outside of Dublin or the often hidden drug use in rural areas.

### ✓ **An Integrated approach through Inter-agency partnership**

We need strong co-ordination and co-operation in delivering actions involving 17 different departments, agencies and sectors across treatment, rehabilitation, education, prevention, policing and justice issues and linking with other serious social issues such as homelessness and mental health.

### ✓ **A strong community voice**

We need a powerful voice from the community to bring local knowledge and experience into the decision-making process, to ensure that the government response is meeting local needs and to keep the drugs crisis on the political agenda.

### ✓ **Link between local response and national policy**

We need to have effective national policies that are based on the reality of how drug use impacts on the ground and effective national structures that provide a direct link between local, regional and national policymaking.

### ✓ **Political leadership**

We need strong political leadership from a Junior Minister who has the support of the Taoiseach and the Cabinet in driving implementation of the NDS throughout all government departments and state agencies in partnership with the community and voluntary sectors.

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