

Submission on behalf of Community Sector to Rapid Assessment of Impact of Covid on National Drugs Strategy

Context.

Community drug problems and drug-related harms continue to reflect and exacerbate existing social and spatial inequalities in Ireland, as evidenced by Trutz Haas¹ in research undertaken for the Dept. of Health, and the experience of Covid has highlighted the link between drugs and wider socio-economic issues. The extent of poverty has been brought out into the open, telling us the story of people on the margins, living on a precipice, treading a line, just about able to keep going, depending on a range of supports that have all been stopped at the same time as a result of Covid-19.

People in addiction are vulnerable at multiple levels including underlying health issues, mental health, social marginalisation, higher economic and social vulnerabilities, criminalisation and stigma. According to EMCCDA²,

“The current public health crisis raises serious additional concerns for the wellbeing of people who use drugs, ensuring service continuity for those with drug problems, and the protection of those offering care and support for this population. People who use drugs can be exposed to additional risks that require developing assessment and mitigation strategies. These are linked to some of the behaviours associated with drug use and to the settings in which drug use take place, or where care is provided. Risks are increased by the high level of physical and psychological comorbidity found among some people who use drugs, the fact that drug problems are often more common in marginalised communities, and the stigmatisation that people who use drugs often experience.”

Community Drug Projects, supported through the Drug and Alcohol Task Forces (DATFs), have maintained a long and impressive tradition of responding to the needs of people experiencing drug-related harms in their communities. On a daily basis, they work with people with multiple interdependent needs and the drug-related harms they witness are largely social and are inseparable from broader structural and systemic inequalities embedded in risk environments. Community drug services unique contribution to the public good is their capacity to address drug-related harms through a broader ‘whole person’ and ‘whole community’ approach. **So, they have been ideally placed to respond to the increased risk and to the damaging and destabilising impact that the Covid crisis is having on the lives of people in addiction, their families and their communities.**

“Working in addiction we know crisis very well; we are experts in dealing with crisis and Covid is another crisis that we are learning to manage. The issues affecting our clients are very visible to us – mental health, instability in drug supply, domestic violence, child protection, food poverty – and we are responding to them all. We are helping our clients to keep safe during this crisis and we are good at this, because keeping people safe is at the core of our harm reduction work. And the whole Government message now is about the importance of keeping people safe...”

¹ A Performance Measurement Framework for DATFs p45-48 Trutz Haase, Jonathan Pratschke, February 2017

² EMCCDA update on the implications of COVID-19 for people who use drugs and drug service providers EMCCDA, Lisbon, March 2020

Right through the Covid crisis, the Projects have continued their role of keeping people safe, adapting how they work to meet the needs of the people they work with and the restrictions of the Covid situation.

Impact of Covid-19 on individuals, families and communities

We asked DATF Community Reps and Community Drug Projects to tell us about the impact of COVID19 on the individuals and families they work with and on the communities where they live and work.

Mental Health

- Levels of stress and anxiety have escalated rapidly, with significant increases in self harm and suicidal feelings, leading both to suicide attempts and completed suicide. “For the people we are working with, anxiety has gone through the roof.”
- Dual diagnosis is already a major issue for people in addiction and the combined pressure of coping with scaled back services and being confined to the home is leading to a significant deterioration in people’s mental health.
- People who rely on the social aspect of projects are struggling, “we’re talking on the phone to people even while they are using, trying to keep them going, there’s connections being made that are really important”. Fellowship groups are online now, but human interaction is hugely missed, and often people don’t have credit to go online.
- Loneliness and isolation as a result of groups not meeting is identified as a big issue both in urban and rural areas and there is a major challenge in delivering outreach supports in non-urban communities.

Drug Use

- People are likely to use more drugs to help them to cope with the pressures and drug use may become more chaotic and increasingly risky, making people less likely to comply with the current COVID19 restrictions. There are people going through withdrawals without appropriate supports and/or detoxing inappropriately by using different medications. “People are acting out of character, there’s instability and intimidation...”
- There is concern about an older generation of people who are going back using, having been off all drugs for some time, and there are deaths as a result. “There is very little compliance with guidelines, they are saying “we got through AIDS; we’ll get through this”.
- People in abstinence-based recovery are really struggling, with fellowship meetings gone online and drug-free day programmes closed. The bedrock that many people build their recovery on is group work and group-based meetings and they have lost the connection to these supports. There are reports of huge relapse amongst this community, with several deaths during this period.

- The increasing incidence of chaotic and more high-risk drug use is also linked to the insecurity of drug supply resulting from COVID19. Disruption to the usual supply channels, through more visible policing and significant seizures, can lead to stockpiling, switching to different drugs based on what is available and taking whatever they can get. It also leads to people ignoring COVID19 restrictions in order to access drugs. Examples were given of opiate users using crack because of a shortage of opiates and young people using psychoactive drugs like Xanax sticks because they can't access weed. A significant increase in use of nitrous oxide has been reported generally. "It can be ordered over the phone at the same time as ordering drink." There is concern about the physical and mental health risks associated with such rapid shifts in drug use.
- Reps from the Migrant Community have also reported an increase in alcohol use and people switching to different drugs due to a lack of supply of the drugs that they usually take. As an example, "a lack of supply of amphetamines and cannabis has led to an increase in alcohol use and Xanax use and there is lots of relapsing in the community due to self-isolation." A lot of drug supply is now coming through the post.
- There are reports in all our communities of a significant rise in alcohol use in the home and people are slipping and relapsing in their drug use as a result; this is going to snowball as time goes on.
- Treatment centres are closed and people who were due to be in there are now coping with the pressures of living at home with their addiction. There are people ready and waiting, with care plans, to go into residential treatment, but it seems like it's only available if you can pay to go privately.

Drug-related intimidation

- At the same time as there is insecurity of drug supply, there is also a big increase in drug debt intimidation being reported to Projects. There are reports of drug debts being called in at this time and people are being threatened over very small amounts of money, with all of the serious implications that brings for people in relation to intimidation and violence.

Income Poverty

- The Social Welfare "double payment" was a good idea aimed at keeping people safe by minimising contact at post offices, but it's having unintended consequences for people in addiction. It's a major challenge for some people to hold on to enough money for the second week, highlighting how managing budgets can be a difficulty for people in addiction and the poverty broader issues where people don't have enough money to live on.
- Food poverty became a serious issue very quickly when the crisis began, with people no longer having access to the food provided through projects, while at the same time their children were no longer getting school meals or being fed in afterschool projects etc. The extent of need for foodbanks and free meal delivery to the home has been a significant feature of this crisis.

- A lot of people can't afford to have access to phone credit or Wi-Fi all the time and this has emerged as a very significant form of poverty at a time when it is so crucial that contact can be maintained. "I was working with a client earlier who couldn't afford to stay on the line in the middle of a phone session." "Only 45% of our participants have any online capacity".
- People are reporting increased electricity bills due to the time being spent at home, leading to further pressure and worry around their ability to pay their bills.

Domestic Violence

- Projects are reporting a noticeable increase in domestic violence as a result of confinement in the home; this includes violence against women and against adult parents by young men. Increased levels of drug use by people cooped up in the home can contribute to increased aggression that presents a physical risk that can be potentially life-threatening to other people in the home.
- Parents are finding it hard to manage teenage children who are drinking or using drugs, leading to violence in the home and anti-social behaviour when they go out. "We are doing a lot of Non-Violent Resistance Training interventions over the phone with parents who are really struggling"

Family and childcare

- Parents in addiction are finding it increasingly difficult to manage the care of their children without the supports that are normally in place i.e. provision of hot meals by schools, supports for children with special needs, afterschool services and homework clubs. Grandparents who are often a vital source of support are less available due to COVID 19 restrictions.
- Many of the parents we are working with are not able to home-school their children; they don't have the literacy and educational levels themselves and they are living with children with behavioural issues and support needs which they are not able to manage in the home.
- Many young parents are struggling to manage their children in the confined space of a flat/apartment and the absence of childcare supports during Covid is leading to concern about child protection issues.
- Family members sharing the home with a person in addiction are experiencing huge pressures in coping with the impact of Covid on that person. Additionally, they often have their own health issues which make them vulnerable to Covid and there are increased tensions when someone is not complying with Covid regulations as a result of their drug use.

Prisons

- Projects who are linking in with people in prison are concerned because they don't have any arrangement for one-to-one access at the moment to check how people are getting on. Prison Link Workers are finding an inconsistent approach across the prisons to making remote access available to them so they can provide continuity of care. There is concern that people who have been released from prison as a result of Covid are at risk of overdose and need to have somewhere to stay.

Young people

- There is a lot of concern amongst Community Reps about the levels of community anger being expressed against young people, who are hanging around in groups, ignoring social distancing, often smoking weed and using other drugs. Some young people are linking in with youth workers but, as youth work has not been deemed an essential service, the availability is limited, with a particular impact on outreach work. We need to be aware of this anger and find ways of addressing it that don't make the situation worse, either for the young people or for the wider community.

Public spaces

- There are general complaints in a lot of areas about drinking, dealing and using in parks and public spaces and there are a lot of reports of drug litter paraphernalia in some areas. This congregating in public areas can be because people want to, or have to, get out of the house to use; some of this communal drug and alcohol use is seen as linked to boredom arising from the increase in unemployment, with every other social outlet shut down.

Experience of Travellers

Members of the Traveller Drug Network are experiencing many similar problems in their communities – increase in domestic violence, increased use of both alcohol and drugs, gambling (on site card games), and issues with the double payment. There is a lot of child- to-parent violence and drug debt intimidation and also reports of drugs costing more and being of less quality. There are lots of problems with home schooling; lack of access to technology and internet is one, low literacy level of parents is another, and with 7/8 people often living in a caravan, it's just not possible. Pavee Point have produced accessible resources to try and increase compliance with the Covid guidelines but this is also extremely difficult for people when they are living in cramped caravans.

How Community Drug Projects have responded to the impact of Covid-19

There is huge concern in our communities about the cumulative damage all of these impacts are causing to society. **It is a huge positive, in the face of all this, that Community Drug Projects have continued to do the work they do anyway, even if some of it has to be done in a different way.**

The core functions of the Community Drugs Projects are³:

1. Provide accessible, inclusive, and safe spaces
2. Deliver trauma informed care
3. Facilitate participation and integration
4. Respond to unmet and emerging needs
5. Act collectively: through interagency and partnership work

³ O'Gorman, A. (2019) Community Drug Projects: Responding to drug-related harms through a community development approach. Dublin: Citywide.

Key elements to this approach have been identified:

- adapt to changing drug trends and drug-related harms
- identify and respond rapidly to emerging needs and crises
- provide wraparound services to individuals, families, and communities;
- provide mental health support
- provide a safe space to discuss drug debts, intimidation and violence
- advocacy work to negotiate referral and access to other services such as social welfare, social work, probation, local clinics, housing etc.
- networking to build relationships with other services
- develop innovative community development initiatives to address the broader needs of people and the community

The Projects know their clients, they know their family situations and their social circumstances and they have continued to carry out their key functions during the Covid crisis using the same overall approach.

A) Assessment and care planning.

Assessment of how people are doing is continuous and ongoing through every contact made, whether by phone, online or one-to-one meeting, and this includes a risk assessment of the specific impact of Covid so that the existing care plan can be revised and kept up-to-date to take account of this impact. They identify as before what kind of support or intervention is needed and will provide the best possible options to the person, allowing for the fact that some of the usual options may not be available at the moment.

B) Counselling.

Counselling continues to be carried out by phone or online and is also arranged face-to-face if the person needs it or is in crisis, e.g. people come in to the premises by appointment, staff member and client meet up out in the fresh air for a walk and talk, coverings have been put up in project yards/gardens if people are not happy to come into the building.

C) Therapeutic interventions.

Projects have a huge focus on supporting people to develop resilience and maintain their stability and every contact provides an opportunity for this, whether it's individual contact or peer group contact through online resources like Zoom or by phone. Examples of creative interventions include delivery of customised arts and crafts kits to people's homes and preparing short videos for clients to use when information overload is causing them anxiety. A striking example is of a project helping to organise the funeral of a participant, so that peers could be supported and community grief could be expressed.

D) Crisis management.

This can include providing access to basic supports such as food and phones and also involves carrying out risk assessments in response to issues of domestic violence, child protection, food poverty, addiction stability and mental health. Based on the risk assessment, the project can deliver an intervention itself or it can link in with another local service to make an appropriate referral.

E) Family support

Engagement with family members has been mainly by phone and project phone numbers have been made widely available; some family members are willing to talk online and report getting great benefit from this support being available for them, but there are a significant number who don't want to do this. Projects have also been meeting with family members in line with the Covid regulations e.g. taking chairs out to a private area outdoors during the good weather.

F) Community networking

The Projects have continued to engage with their wider community networks and have been leading out, supporting or linking in with a range of initiatives that are responding to the overall impact of Covid in the community e.g. initiatives that deliver food, medicines, phones and other essentials to vulnerable people; a drug project linking in with a youth project to do outreach;

G) Trauma informed care

Trauma informed care has been at the heart of all the work that the Projects do (even before we knew what it was). We are now in the middle of circumstances in the wider society that are not conducive to trauma informed interventions; people having to stay home, people being questioned about where they are going, keeping your distance, being isolated, etc. *"That's the new environment – a trauma uninformed world rather than a trauma informed world. It's a hit for people and they may be reluctant to say how badly it is affecting them"*.

The lockdown has been retraumatising for many people and there has been a large number of disclosures. If our clients are retraumatised, they respond by using substances. There has been a fantastic effort put in to doing work online, but here is also a real awareness of its limitations. *"We notice people now getting zoomed out, there is a fall-off in people engaging"*. A lot of people will need to be held for a while and to be nurtured back into a stable place. Projects provide that space that other places can't provide and a lot of people are constantly asking *"when will you be open again cos my head is melted?"*. We need to bring people back into our projects, to have meals, to have personal interactions. Group work and Peer work are core to what we do and it's what people have signed up to, so we want to be able to offer them that routine, stability and structure again, to bring people back to that safe space.

When looking at clients' needs after Covid, it's important to remember that the needs they already had haven't gone away, they will come back with the same needs plus more. So, as well as addressing the immediate needs that present when we re-open our spaces, we need to restart the essential work of providing personal development, education and training sessions in peer groups, so that people can begin to look forward again to the future and to the opportunities that lie ahead for them. It is crucial now, more than ever, to come back to a place of hope.

"(But) we will be asking people to come into sterile environments, wear PPE, wash their hands, sit apart from each other, use hard chairs etc. It's going to be very difficult and an extra kick in the teeth for people and it's going to be too much for some people." We need to manage the concerns that participants will have for their own health if they are coming on site, as well as concerns for the health of their families. We need to be ready for all of this, and we are.

A Partnership Response to Covid-19

During the Covid crisis, we have seen the state recognising and utilising the unique ability and capacity of community and voluntary organisations to respond and deliver in an emergency situation and as a result there have been some effective responses on the ground, based on a shared objective and a collective focus on need. Examples include the HSE Adult Homeless Integrated Team in Cork and HSE and SafetyNet in Dublin who have been working with rough sleepers and people in

“The lesson is that if you have the right response, people don’t die, people don’t get sick, people do better!”

emergency accommodation, supported by other community and voluntary agencies. This has been part of a broader co-ordinated approach in the community which has included a much shorter timeline for taking up OST and delivery to people of necessities such as methadone, other medication, food, phones and phone credit.

“There’s been a huge co-ordinated response, we’ve got things done that we’ve been trying to do for years” and as a result, there haven’t been any direct Covid- related deaths reported amongst the homeless population in Dublin or Cork city.

DATF Community Reps report a great community spirit and engagement in a collective response on the ground through initiatives which have been delivering food, medicines and other essentials to older and more vulnerable people, supported by partners such as SuperValu/GAA, Local Authorities inc. Community Response Forums, Family Resource Centres, Local Development Companies and the Gardaí. Community and voluntary groups have been working together with all of the partners to make sure that the needs in their communities are met.

While a partnership approach with the community/voluntary services has been recognised as the most effective response to service delivery during Covid, this partnership approach has not been extended to how key decisions are being made. As an example of where partnership has been lacking, the decision by the HSE to redeploy staff from Community Drug Projects to other workplaces during the crisis was made without reference to the Project Boards of Management. Board Members/Directors, usually members of the local community, are asked to volunteer to take on substantial corporate governance responsibilities, which they do, but in relation to redeployment of Project staff, they have been by-passed on key decisions for which they ultimately hold legal responsibility. Community Reps also act as Board members and Directors on the DATF where they have a duty of care to the staff it employs, yet in this capacity Community Reps report that they were not consulted about the redeployment of DATF workers for whom they have legal responsibility.

The Projects have an absolute appreciation of the importance of the work being done to keep people safe in an emergency and are more than willing to contribute to it, but the value of their own work also needs to be recognised and respected. Redeployment has led to services that are normally provided by Projects being available on a much more limited basis; there is also a concern that where staff are redeployed, this will be used to make an argument at a later date that they weren’t needed in the original role for which they are employed. It was noted that there have been varying approaches to redeployment in different HSE areas e.g. in Dublin redeployment has taken place in CHO 9 but not in CHO 7, and there seems to be no explanation for this inconsistency in approach.

We are very aware and appreciate that the HSE was under pressure and charged with bringing all resources to the table very quickly, but this does not have to, and should not, lead to the role of boards being bypassed and to structures that are in place to facilitate local decision-making i.e.

– “in future we need to be part of the pre-conversation and not just the post-conversation”.

DATFs, not being used. Community Reps feel that the DATFs and Projects were caught on the hop.

This point about the need for pre-conversation is of particular relevance now, as we are moving towards the re-opening of Project premises and the re-starting of group

work. It is essential for Projects to know they will have their full complement of staff back in place so that they can plan for the restart. It is also essential that the DSP CE Social Inclusion resources for the Projects remain secure, as they make an essential contribution to the work that is at the core of our rehabilitation and recovery model.

Role of the DATF in responding to Covid-19

People who use drugs have been identified as a vulnerable group in relation to Covid-19 and as it states in the National Drugs Strategy in relation to this group “The Task Forces are the key bodies to provide needs assessment, local coordination and implementation”

Feedback from Community Reps shows that while some DATFs have been holding meetings remotely during the crisis, others have not met and some have effectively been furloughed. One of the key roles played by Community Reps is as Directors of DATFs, again taking on the legal responsibilities and duty of care that go with that role, and they are concerned about their exclusion in some cases from the decision-making process which has resulted in decisions that their Task Force wouldn't meet.

The fact that some Task Forces are not meeting raises a key question about the overall role of the Task Force; co-ordination and needs assessment are part of its key function, so surely it should play a central role during the pandemic in helping to co-ordinate the response to the needs of a very vulnerable group in the community? Concern has been expressed that, in some cases where Task Forces have met, the language being used now is top down instruction rather than bottom up development. “Will changes in services as a result of Covid be directed by what government wants and what the HSE wants, rather than what people actually need?”. It is highly significant that one of the key features of effective responses put in place during Covid has been that they are based on responding to what people actually need.

The experience during Covid has also shown us how addressing the issues of drugs and addiction requires us to look at how we can address other related issues at the same time. So, as an example, housing is often the starting point, a stabilisation point for people in dealing with all the other things that are going on in their lives “Keep Safe in your home is the key message now, so, we have to make sure everyone has a home.” So, housing has to be an issue for DATFs, they need to be looking at this issue in their area and lobbying about it. “People have come together during Covid and found homes for people; we need to find a way to keep doing it. It is absolutely not acceptable to go back.”

Key learning for the NDS from the impact of Covid-19

1. If we want to deal effectively with drugs and addiction as a public health issues, we have to **address the wider socio-economic issues** as well. Our response to addiction will only work if we are also responding to poverty, housing, mental health, intimidation, domestic violence, childcare, education and young people's issues.
2. A key lesson from Covid is that the starting point for an effective response has to be **a shared vision of the needs** – in looking at the NDS, this means the needs of the people who use drugs, the needs of their families and the needs of the wider community. This interconnected approach to Covid needs to be built on in implementing the NDS.
3. We have seen that **partnership works** when there is both a shared vision of what the needs are and strong co-ordination at a local level across all sectors and agencies; when core policy principles are set out at national level and decisions on implementation are taken a local level. This perfectly describes what the DATFs were set up to do, we need to get back to letting them do it.
4. When it needs to reach the most marginalised and at-risk groups, the state turns to the community and voluntary sector to respond to the needs and deliver the services. **The Community Drug Projects have the flexibility to be able to respond to whatever issues are presenting**, in a way that statutory bodies don't have. The experience of Community Drug Projects and Voluntary services during Covid has shown that they are essential services and we need to build on this experience in implementing the NDS post-Covid.
5. A key lesson from Covid has been the need **to target resources to where they are most needed and where they will have most impact**. The ability of Community Drug Projects to deliver a holistic integrated service directly to the people most at need makes them excellent value for money and, at a minimum, their core budgets should be first restored and then expanded in line with how they are responding to local needs.

The Covid experience has highlighted yet again the huge interconnection between mental health and addiction; the Community Drug Projects have a vital role to play in supporting the delivery of an integrated approach at a local community level and need to be engaged in the local consultation process around developing dual diagnosis services.

6. **The crucial importance of community** has been a core message of the Covid campaign and the centrality of the community response has been a key feature. This message must now be carried through in to how we implement the NDS by investing in supports for sustainable community development initiatives and for the ongoing development of the role of DATF Community Reps. We also need to ensure that the inclusion of Travellers and other ethnic minorities is a core part of these community development initiatives.