

Citywide response to the new National Drugs Strategy July 2017

Document 2

Interagency partnership on new NDS Structures.

The new NDS document states that partnership will continue to be the cornerstone of the Strategy and in the foreword by An Taoiseach Leo Varadkar it states “it (the Strategy) recognises the importance of supporting the participation of communities in key decision making structures, so that their experience and knowledge informs the development of solutions to solve problems related to substance misuse in their areas.” The reference to “decision making” structures is crucial; during the last few years, key policy decisions are being made within government departments and agencies and not in the interagency structures on which communities are represented and we have been highlighting the fact that a community role in decision making is crucial to partnership. Minister Catherine Byrne also restated her commitment at the launch to ensuring effective partnership in the new NDS.

So if the commitments of the Taoiseach and the Minister are to be delivered on, then we should expect to see things change in how Drugs Task Forces and the new National Committees operate and we should expect to see proposals for implementation of NDS actions brought to the table for collective discussion by all sectors. There are two things we will do now

1. Write to the Taoiseach asking that the Dept. of an Taoiseach plays a pro-active role in monitoring how effectively the statutory bodies are engaging in the new NDS structures.
2. Develop a practical tool for assessing and monitoring how decision making is being carried out at Task Forces and the National Committees and ask Community reps to use it to monitor if, and how, anything changes in the coming months.

Funding for new NDS.

There is a key link between the issues of decision making and funding; it's not just about needing funding to be available, it's about having a say in how that funding is allocated. At the launch, the Taoiseach set out how the additional allocation of 3 million euro for 2017 has been allocated - a pilot supervised injecting facility in Dublin city centre (expected to be open by the end of 2017); phased increase from Q3 2017 in the availability of buprenorphine/naloxone treatment as an alternative treatment for the identified cohorts of patients for whom methadone treatment is not suitable; fill gaps in addiction service provision for under 18s; and provide more detox places in community and residential settings next year.

There is no issue with the need for these actions, but they were not brought to the NDS committees for discussion and it would seem the decisions were made between the Dept. of Health and the HSE. The Minister has indicated that an additional 5 million will be available for next year so we should expect, given the clear re-commitment to partnership, that the

allocation of that money will be brought to the table at the NDS committees and the Task Forces. We need to make sure that this is what happens.

Role of Community Drug Projects in implementation.

It needs to be stated again that this Strategy totally understates and diminishes the role of Community Drug Projects and Drug Rehabilitation Projects in delivering across a wide range of the actions that are set out in this new NDS and we need to counter this by highlighting the nature, range and extent of their work. We will have further discussions with the projects on the most effective ways to do this.

Issues that impact on implementation of specific actions.

1.1.1 Ensure that commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority

There have been long delays in the passage of the Public Health Alcohol Bill, which is a key part of this action. The Minister gave a commitment at the NDS launch that the Bill will be passed by the end of this year.

1.2.3 to 1.2.7 SPHE, Wellbeing Guidelines, School attendance, DEIS, Senior Cycle review etc.

There are a number of actions here where Dept. of Education is the lead agency. The Dept. of Education is a highly centralised department and there is an ongoing problem with how it is represented at a local and regional level as there are no appropriate local structures with a direct policy role. This issue needs to be addressed so that there can be meaningful partnership in the delivery of these actions.

1.2.8 Developing a new scheme to provide targeted services for young people at risk of substance misuse, focused on socially and economically disadvantaged communities.

While any new scheme is to be welcomed, this action is confusing. Dept. of Health is named as lead agency on the action, rather than DCYA, and it is not clear how it relates to or interacts with the existing services run as part of YPFSF (which is now part of an amalgamated youth programme run under DCYA). The services set up as part of YPFSF are also targeted at young people at risk of substance misuse. We will look for more clarity around this.

2.1.12 Strengthen the implementation of the National Drugs Rehabilitation Framework

There has been a process in place through NDRIC for the last few years to identify the gaps and blocks to implementation and it is essential to take on board what we already know about these gaps and blocks. There are no partner agencies named in this action, we will be very definite that the DRPs have a central role to play in implementation of this action as they are the main rehabilitation services on the ground in local communities.

2.1.13 Expand the availability and geographical spread of drug and alcohol services – identifying and addressing gaps in provision within Tier 1,2, 3 and 4 services

Identifying gaps in services is an action that can be implemented without delay - Drug Task Forces already have significant information on gaps in services in their specific areas, as do Community Drug Projects who deal with these gaps on a day-to-day basis in trying to meet the needs of their clients. So there is no need for any delay in identifying gaps.

2.1.18 Help individuals affected by substance misuse to build their recovery capital

This action refers specifically to the DSP Programme Framework for CE DRP and to SICAP. Both of these programmes are implemented on the ground through local community projects and there are significant problems for the projects, and for the people they are working with, as a result of the current policy frameworks in place for both schemes. If this action is to be implemented effectively, these broader policy issues must be raised and addressed at the National Committees.

2.1.24 Improve outcomes for people with co-morbid severe mental illness and substance misuse problems – developing joint protocols between mental health services and drug and alcohol services

The HSE is lead agency on this action and the Community and Voluntary sectors are named as partners. We are aware that it will be a significant challenge for the HSE to bring its mental health and addiction services to work together and this will need strong political support. It is also essential that the HSE engages fully with Community Drug Projects and community health projects in the development of practical and effective referral procedures, as these projects are engaging on a daily basis with people in the community who are experiencing mental health problems.

2.1.27 Improve the capacity of services to accommodate the needs of people from specific communities

The innovative and peer-led work that is being done by Pavee Point with the Traveller community and Belong To Youth Services with the LGBTI community is not adequately recognised and needs to be highlighted in relation to the implementation of this action. We are also doing a specific piece of work at the moment to support the inclusion of a voice for immigrant ethnic minority communities in the NDS.

4.1.40 Measure the impact of drug-related crime and wide public nuisance issues on communities

The community and voluntary sector is the lead agency on this action and it builds on the work being done by a number of local Community Policing Fora to show the serious impact that issues related to drug use and the drugs trade have on the overall quality of life in the community. While the community sector is the lead agency, a partnership approach will be essential to coming up with practical solutions to the problems identified.

4.1.42 Strengthen the effectiveness of the Drug-Related Intimidation Reporting Programme

The evaluation of the Reporting Programme will enable the NFSN and Gardaí to build on and develop the programme and to raise awareness around it. However it is essential that the

intimidation issue is not put on hold while the evaluation is being carried out and is addressed from the very first meeting of the Standing Committee, as is stated in the Strategy.

4.1.39 Support and promote community participation in all local, regional and national structures.

The NDS document states that a dedicated resource will be available to support engagement in the national implementation structures. We don't have any details of what this resource will be, however we know that community participation is built on community development and it requires resources for community development. The document states that SICAP supports people to participate in local decision-making structures, allows target groups to affect change in their locality and increases their sense of empowerment. It needs to be stated that this is very much at odds with the experience of Community Reps in relation to SICAP and the programme would need to change significantly as a result of its recent review if it is to deliver as an effective community development programme. Restoring resources for community development is essential to supporting community participation.

6.1.50 Develop an implementation plan to operationalise a performance measure system by 2020

It needs to be emphasised that this framework is at the very early stages of development and is currently limited in what it can tell us. More importantly, it is intended to be based on measuring the work of every agency on the Task Force, community, voluntary and statutory, in a particular area and we don't have the mechanisms in place to do this at the moment.

There are two points c) and d) added in to this action which don't belong here. Point 3 refers to improving the alignment of Task Force boundaries and the document states that this is based on the fact that "the large number of Local DATFs creates administrative difficulties and unnecessary complications in the relationship with other service providers." It should be noted that this is the view of state agencies and not of communities and in our view the boundaries should be based on the needs of communities and not on the requirements of state agencies.



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