

Citywide response to the new National Drugs Strategy July 2017

Document 1

The community sector representatives have actively participated in the process for developing the new NDS over the last year and a half and have worked to ensure that the strategy we produce is as effective as possible in meeting the needs of the individuals, families and communities affected by drugs who we are in contact with every day. We recognise that there are many positive actions in the strategy that aim to build on achievements to date and that it also includes some important new initiatives. However we retain a number of serious concerns that we have expressed previously about the content of the Strategy and in particular about the challenges to ensuring effective implementation of the Strategy.

The new NDS sets out some important key principles. In line with the commitment in the Programme for Government, it states there will be a greater emphasis on a health-led response to drugs and alcohol use in Ireland. We welcome in particular the setting up of a Working Group to look at alternative approaches to the possession of drugs for personal use, which represents an important next step towards ending the situation where people who use drugs are treated as criminals.

We welcome the commitment to an integrated drugs and alcohol strategy as a key priority, although we would qualify this by noting our concern that this commitment has been often stated over the years, but has not yet been introduced in practice. We also welcome the commitment that the issue of drug-related intimidation will be an agenda item at the first meeting of the new National Implementation Committee; we restate our position that this issue needs to be addressed as a matter of urgency and requires the commitment of all relevant agencies.

The Strategy sets out a 3 year Action Plan 2018-2020 which includes a range of actions which aim to address issues that are crucial for the delivery of services in our communities; an expansion of services for under 18s and a new scheme to provide services for young people at risk of substance misuse; a new Mental Health Clinical programme to develop joint protocols between mental health and drug/alcohol services; an Overdose Prevention Strategy and strengthening of early harm reduction responses. There are also commitments to expanding and addressing gaps in treatment/aftercare services and this action can be progressed without delay, as information on the current gaps in services is available through the Drug Task Forces. There is also an action that commits to building on the work of Local Community Policing Fora and a further action to support the work of the CPFs in carrying out assessments of the wider impact of drug-related issues on the community.

These are all actions that we want to see happen, as all of these services are badly needed in our communities, but we retain our significant concerns about how these actions will be implemented. The interagency partnership approach has been crucial to effective implementation of the NDS since 1996 and the Strategy document states that this partnership approach will remain a cornerstone of the new NDS. However it is our view, and we have

highlighted this many times in recent years, that interagency partnership on the drugs issue is no longer working effectively at either national, regional or local level and that the key policy decisions are now made within government departments and agencies and not in the interagency structures on which communities are represented.

The new Strategy sets out implementation structures that include the Drugs Task Forces, which remain central to delivering the Strategy on the ground, and a new National Implementation Committee. The terms of reference for this National Committee that are included in the Strategy document were submitted by the community reps, in partnership with voluntary, family support and drug user reps. We need to see these terms of reference made real through a strong and pro-active National Committee that holds all stakeholders to account for their delivery of NDS actions at local and regional level and provides support for the role of Drugs Task Forces in developing and implementing a collective response through local and regional plans.

The new Strategy also contains an action to support community participation at local, regional and national level. Strong community participation is built on strong community networks and implementing this action will require a commitment to investment in the broader community development programmes, activities and networks that have been very significantly diminished or ended in recent years. It is essential that the link between community participation on NDS structures and investment in community development on the ground is recognised. We welcome a new action in the Strategy to promote the participation of people who use drugs in decision-making structures and in planning and development of services and this action will also require resources to be made available to implement it.

We also need to ensure the active engagement of our minority communities, Travellers, other Ethnic Minority communities, the LGBTI community. The new NDS contains an action to improve the capacity of services to accommodate the needs of the minority communities, but this action does not adequately recognise the innovative and peer-led work that has been developed by the groups representing these communities. Models of good practice developed, in particular, by Pavee Point and BelongTo in peer work, community outreach and advocacy should be built on and enhanced during the lifetime of this NDS.

A further key concern around implementation is that there is no recognition in the NDS document of the major role played by Community Drug Projects in implementing the interagency partnership approach through delivery of a wide range of local drug and support services. The projects are in a unique position to do this because their work can range across all areas of statutory function; they can adapt and respond to the changing needs of service users, their families and wider community; and they can support and promote the reintegration of people back into the community. There is huge potential to build on the work of Community Drug Projects in delivering local services and this needs to be prioritised in the implementation of NDS actions.

One of the most serious barriers to effective implementation of the new NDS remains the failure to adequately address the underlying causes of our serious community drug problems.

The Rabbitte report in 1996 recognised that serious problem drug use is concentrated in communities experiencing large-scale social and economic deprivation and marginalisation. Analysis carried out in developing the Performance Measurement Framework for this new strategy confirms the close connection between the level of problem substance misuse and levels of deprivation still persists today over 20 years later.

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. Intimidation associated with the drugs trade is experienced by communities both on a low level and through incidents of serious violence. All of this has a huge negative impact on community spirit and pride, community relationships and social networks, social capital and community resilience, and this undermines the community's capacity to engage and respond. If are serious about tackling the impact of problem drug use in our communities we need to address the underlying issues by putting in place a formal structured link between the NDS and broader social inclusion policies.

The final element for effective implementation of the NDS actions is realistic and adequate costings. Many of the actions involve expansion and/or development of existing services or setting up new ones. Given that existing services are still operating on budgets that have not recovered from six years of cumulative cuts, a significant investment of resources is required for implementation of the three-year Action Plan 2018-2020.



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