

25 years of Irish Drug Policy – Looking Back to Look Forward

Learning, Challenges and Opportunities for Community Work

Dr Brian Melaugh

CityWide
Drugs Crisis Campaign



brian.melaugh@mu.ie



Aims

- Outline the significance of First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs 'Rabbitte Report'
- Outline the role of Community Development in the development of coherent drug policy
- Present a rationale as to why it is essential for the State to accept the legitimacy of a Community Development approach as an integral part of partnership

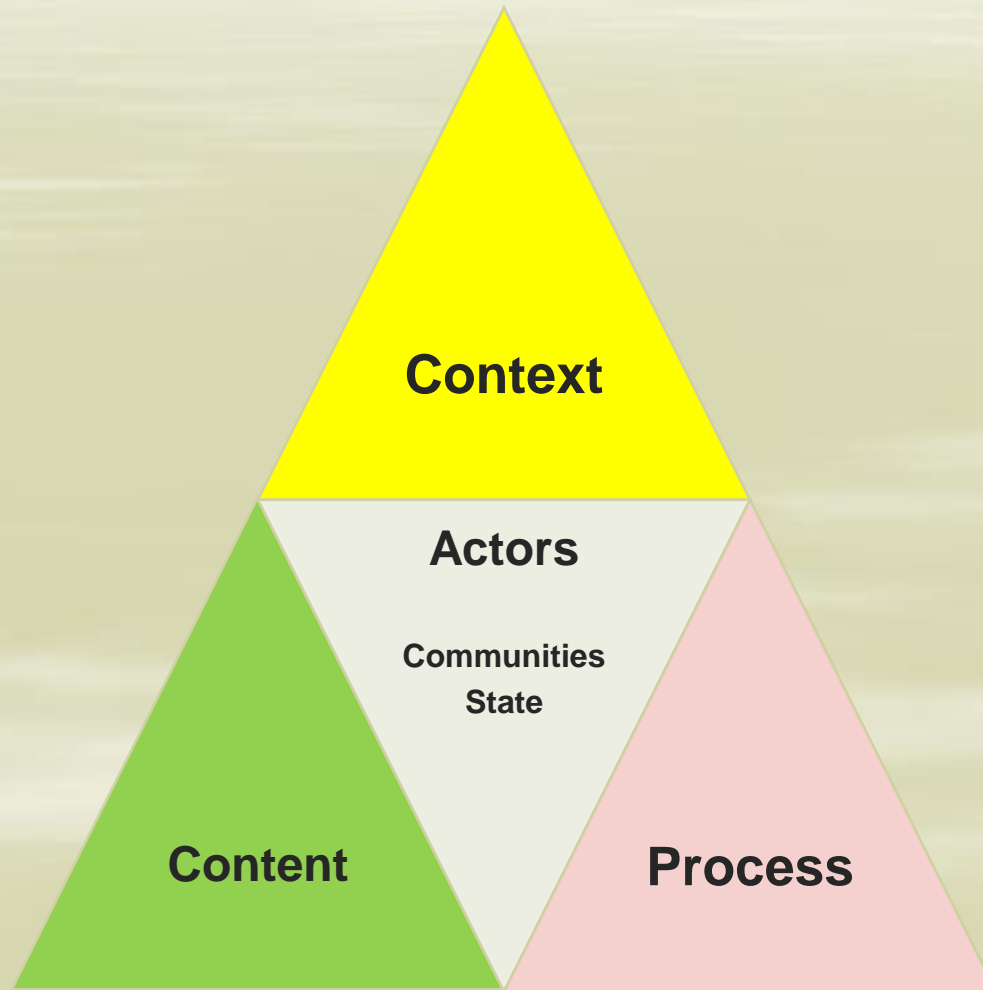
Community Development

Community Work/Community Development is:

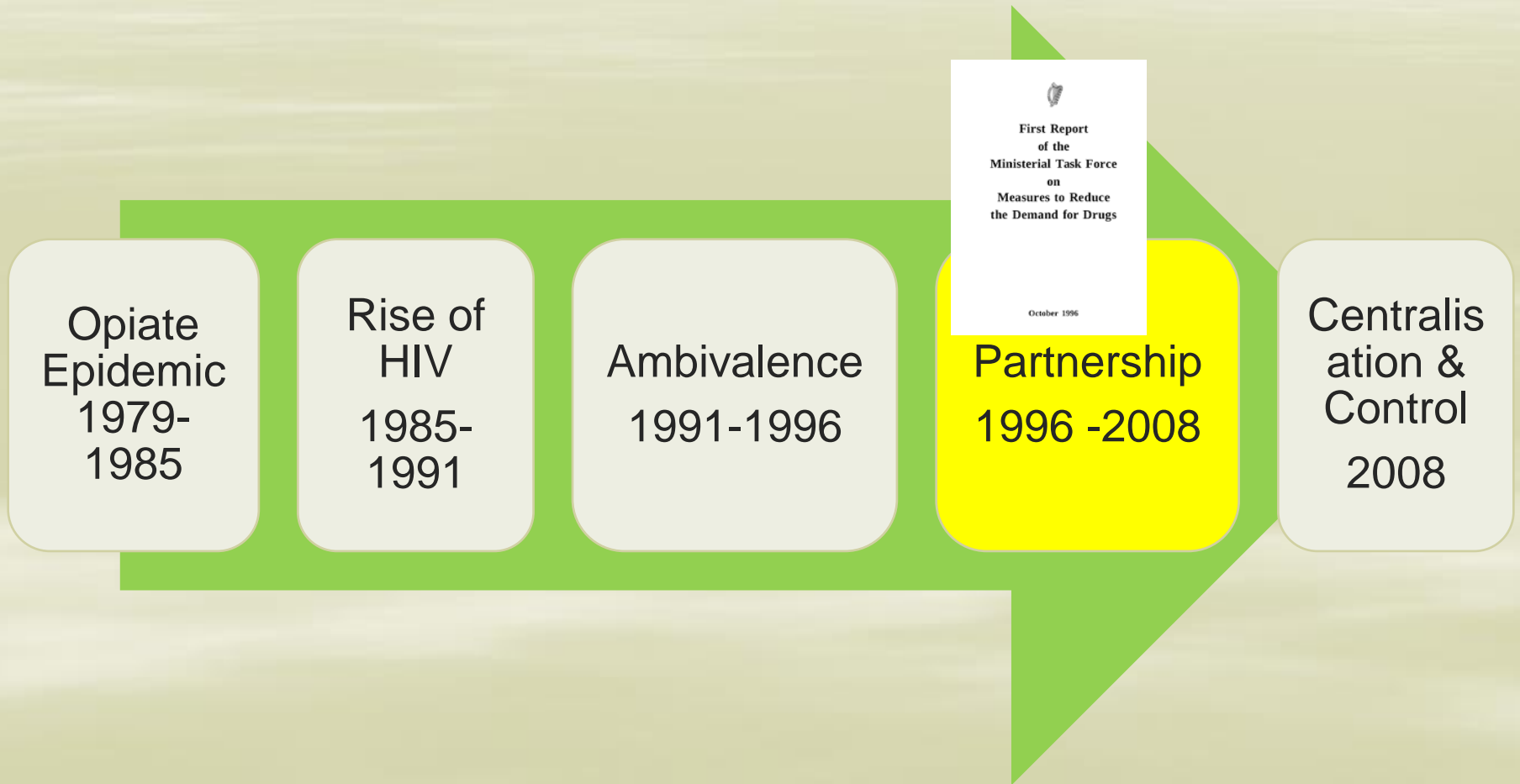
“a developmental activity comprised of both a task and a process. The task is social change to achieve equality, social justice and human rights, and the process is the application of principles of participation, empowerment and collective decision making in a structured and co-ordinated way” (*All Ireland Standards for Community Work*)



Lens for looking at Policy



Reeling in the Years



Opiate Epidemic (1979-1985)

1979 rise of 'heroin' in Dublin including rise of intravenous drug use and organized drug selling.

State Response –Denial

- Repudiation of a clear link between drug use and Poverty
- Ideological view -drug use a personal issue managed by treatment (drug-free) and legal sanction (Misuse Drugs Act, 1984)

Nov 1981- Donal Creed, Minister of State, (Dept of Health) informed the Council of Europe that the heroin problem in Ireland had 'stabilised'

Butler S. Drug problems and drug policies in Ireland: A quarter of a century reviewed. Administration. 1991;39(3):210-33.

Numbers Presenting for Treatment at the National Drug Advisory & Treatment Centre, Jervis St.

| Year | Total Numbers of Drug Users | Numbers of Heroin users (as % of all users) |
|------|-----------------------------|---|
| 1979 | 319 | 55 (17%) |
| 1980 | 554 | 213 (38%) |
| 1981 | 800 | 427 (53%) |
| 1982 | 1,307 | 772 (59%) |
| 1983 | 1,515 | 1,006 (66%) |
| 1984 | 1,454 | 969 (67%) |
| 1985 | 1,427 | 798 (56%) |
| 1986 | 1,331 | 646 (48%) |
| 1987 | 1,224 | 579 (47%) |



Statistics
tell another
Story

Source: National Drug Advisory & Treatment Centre,
Jervis Street *in* Butler, 2002, p.136

brian.melaugh@mu.ie

Evidence and Community Response

Bradshaw Report (1983)

Community Response

Key findings:

- Opiate use predominantly a Dublin issue with a prevalence rate of 10% among those aged 15-24
- People using heroin structural issues e.g., unemployment, early school leaving
- Govt Taskforce –recommended ‘community priority areas’ to address poverty via funding for youth and community development –never enacted



<https://www.lenus.ie/handle/10147/43477>

Butler S. Drug problems and drug policies in Ireland: A quarter of a century reviewed. Administration. 1991;39(3):210-33.

brian.melaugh@mu.ie

HIV Crisis (1985-1991)

State -Crisis

Major social policy changes tend to occur in response to what is perceived to be a crisis rather than as a result of research or some other rational policy and certainly the introduction of harm reduction into Irish treatment systems from 1980s onwards can be understood in this way the crisis came in the form of HIV and AIDS (Butler, 2002)

Community – Innovation

Harm Reduction

GOVERNMENT STRATEGY
TO PREVENT DRUG MISUSE



MAY, 1991

Butler S. The making of the methadone protocol: The Irish system? . *Drugs: Education, Prevention and Policy*. 2002;9(4):311-24.

Cullen B, (2003). *Community and Drugs: A discussion of the contexts and consequences of community drug problems, 1976-2001*. Trinity College Dublin.

brian.melaugh@mu.ie

Challenge Ambivalence (1991-1995)



This period characterized by a spread in drug use from city of Dublin to wider suburbs and experience of State as 'ambivalent' towards impact of drug crisis.

Community activism – rise of the Coalition of Communities Against Drugs (COCAD) and ICON/ 'Interagency Drug Project'

CityWide
Drugs Crisis Campaign



Dublin Citywide Drugs Crisis Campaign

A Realistic Community & Trade Union Response
to the Drugs Crisis

May 1996



A wide range of people 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 9th 1996.

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.

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**

Drug Problem is Political

COCAD –Aims

- To highlight activities of those involved in the drugs trade.
- To develop treatment, rehabilitation, and aftercare services for those who have succumbed to drug addiction.
- To develop facilities and services for young people.
- To move the drugs problem and its effect on communities up the political agenda
- To secure a more effective response to the problem from the State and its agencies.



Partnership (1996 -2008)



Social Partnership in Ireland

- Between 1987 and 2009
- Series of 7 national agreements between Government and social partners
- Involved centralised pay deals
- Evolved over years wider range of policy areas, including competitiveness, education, social policy, farming

Ministerial Task Forces



1996 & 1997 Ministerial Task Forces On Measures to Reduce the Demand for Drugs. –**Rabbitte** Reports

Key themes:

- Acceptance of link between problematic drug use and of social deprivation.
- Outlined local (Local Drugs Task Forces) and National (National Drugs Strategy Team) to support coordination and representation
- Accepted the role of Community Development and community experience in area of drugs as valid, valuable and key in policy development
- Based LDTF's on ICON/ Interagency Drugs Project model

Rabbinic Report/s–Significance

Partnership was not perfect – however with regards to ‘Community Development’ evidence of change in ‘discourse’ about drugs and acceptance of Community Development as valid approach for ‘coherent’ drug policy.

Centralisation & Control (2008 -2021)

Austerity- 'dismantling' of Community Development Programme and reduction in funding of 29% for drugs projects

Structures -2009 closure of National Drugs Strategy Team & 2015 LDTF's budgets transferred to HSE.

Partnership - move away from community role in decision making to a 'top down' approach



Roll back on Rabbitte Report

Butler (2015) ' It is difficult to say to what extent this dismantling of the Rabbitte structures is directly attributable to the recession as opposed to civil service preference for more traditional 'silo' forms of governance. Is it just a coincidence that the creation of forms of drug problem governance that incorporated community activists from deprived urban areas occurred during the Celtic Tiger and that the abolition of such structures occurred during the downturn? It remains to be seen whether as the economy recovers there will be a return to partnership'.

Perspective of O' Gorman (2020) –change reflects a neo-liberal policy agenda with a focus on centralisation of decision-making power as such the community led bottom-up policy and decision-making process that shaped the development and implementation of the first National Drugs Strategy has shifted to a hierarchical top-down approach emanating from the Drugs Policy Unit in the Department of Health.

Tension/Paradox



At level of policy State acknowledges the paramountcy of partnership and role of community/civil society in drug policy- indeed partnership referred to as the ‘cornerstone’ of the current National Drug’s Strategy.



Community level for example constructive critique and dissent central to community development and authentic partnership –experienced as ‘risky engagement’

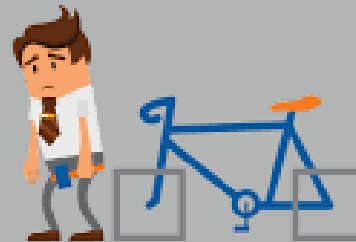


Ardle OM. Rocking the boat while staying in it: connecting ends and means in radical community work. *Community Development Journal* 2020:1-20.

brian.melaugh@mu.ie

Learning

**DON'T
REINVENT
THE WHEEL**





- State to recognize the legitimacy of community development as essential for coherent drug policy -including a commitment to funding and structures/ Processes represent 'authentic' representation
- State to recognize drug problem/s (now National) demands a response that is wider than services it also requires a political and structural response – all offered by community development
- Return Drugs Task Forces to the vision of the Rabbitte report –locally based, community participation, interagency working and linking local to the national
- State to recognize that constructive critique/dissent are not only central to robust public policy development and community development they are hallmarks of civic democracy.

Opportunities

Community Work means recognizing and starting from the 'real' while working towards the 'ideal' (Mc Ardle, 2020)

Find ways to assert and demand State recognition for the legitimacy of community development in the development of drugs policy

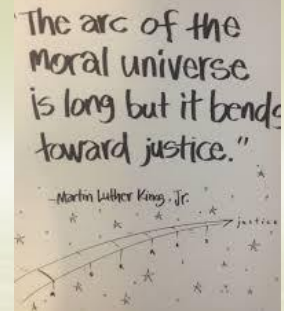
New Community Development Programme -the aim of the 2021 Community Development Pilot Programme is to trial community development initiatives that address poverty, social exclusion and inequality, and promote human rights-may allow opportunities for knitting community development back into drugs policy.

Agenda of Citizens Assembly – necessity and value of Community Development and real partnership in construction/deconstruction of drug policy

Ardle OM. Rocking the boat while staying in it: connecting ends and means in radical community work. Community Development Journal 2020:1-20.

brian.melaugh@mu.ie

Remember



over the last two decades, neighborhoods in Dublin with the most severe community drug problems have demonstrated an exceptional capacity to organise and to generate bottom-up, community-based responses, and to do so often in the absence of coherent, official, community-supporting policies. In this context, the reorganisation of local community structures and community development, alongside the involvement of public health workers with community health issues, has led to the emergence and development of a new drug policy.

Cullen B, (2003) *Community and Drugs: A discussion of the contexts and consequences of community drug problems, 1976-2001*. Dublin, Trinity College Dublin 2003.