

## **SUBMISSION TO MID-TERM REVIEW OF REDUCING HARM SUPPORTING RECOVERY (RHSR)** 2<sup>nd</sup> March 2021

### **Introduction**

The partnership between the statutory, community and voluntary sectors which has been recognised as a major factor in the success of previous strategies continues to be a cornerstone of Reducing Harm Supporting Recovery (RHSR), as does the commitment to supporting the participation of communities in key decision-making structures, so that their experience and knowledge informs the development of policy and practice.

Experience since the launch of RHSR in 2017 and, in particular, in the last year of responding to Covid-19 has demonstrated why this partnership across a range of agencies and sectors is so crucial to success, as it has reinforced the message that to deal effectively with drugs and addiction as a public health issue, we have to address the wider socio-economic issues as well. In other words, 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.

During the COVID-19 period in particular, the extent of poverty has been brought out into the open, telling us the story of people on the margins, just about able to keep going, depending on a range of supports that have been interrupted as a result of COVID-19 restrictions. Food poverty became a serious issue very quickly and the extent of the need for foodbanks and free meal delivery to the home has been a significant feature of the response in our communities. We have also been identifying a relatively new form of poverty relating to IT, with many people not able to afford access to phone credit or Wi-Fi at a time when it is so crucial that contact be maintained.

We have seen during Covid-19 that with a well co-ordinated and pragmatic approach, lives are improved and lives are saved. The LSE/Ana Liffey report<sup>1</sup> describes the rapid collapse in barriers to the implementation of national policy that COVID-19 produced and the positive outcomes of that change have been acknowledged and welcomed by all. Along with securing and protecting these improved policy responses into the post-COVID era, we also need to engage in a discussion to address the questions raised by the report as to why the barriers to change existed prior to the crisis and why it took a pandemic to overcome barriers to seemingly obvious practice reforms.

The experience of responding to Covid-19 has reinforced the value of community knowledge and expertise and the case studies carried out for the DPU as part of the Rapid Assessment highlight how the previous experience of communities in responding to crisis has supported and informed the response to the current pandemic. This evidence must now be carried through in to how we implement RHSR over the next few years by investing in supports for

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<sup>1</sup> Collins, Duffin, O'Carroll *Saving lives in the Time of Covid-19*, LSE London, July 2020

sustainable community development initiatives that provide opportunities for communities to contribute, engage and participate in decision-making and policy implementation, in line with the Government's Community Development Strategy and the commitment in the Programme for government to its implementation. Government has acknowledged the need to renew the partnership with the community sector to support the next phase of its development and it is crucial that this renewal of partnership is carried through to RHSR.

Experience during Covid-19 has also led to an increased focus on the levels of fear and violence that exist in some of our communities and which make daily life for many people a misery. The work of the Drugs and Organised Crime Bureau has led to a significant level of arrests and convictions for serious violent crimes; there has been a significant number of high-volume drug seizures and there is evidence of a decline in drug use in recreational settings such as bars and clubs. However, this decline is not being seen with serious problem drug use and addiction, where services report that people are adapting to the market conditions by changing their drug use patterns to use whatever might be available, with all the resulting risks and instability for themselves, their families and communities. While high-visibility community policing is needed to deal with the immediate situations of people living in fear, there is an absolute urgency to recognising the need to address the underlying issues and the root causes by demonstrating support at the highest levels of government for the implementation of RHSR as a genuine whole-of-government approach.

## **Supporting Co-ordination and Community Engagement**

### **Drug and Alcohol Task Forces (DATFs)**

Strong co-ordination at a local level across all sectors and agencies has been identified as a crucial element of the response to Covid-19 and we need to support this approach not just in emergency situations but on an ongoing basis. It is essential for the effective implementation of RHSR that we renew and strengthen the capacity of the DATFs to carry out their core role, which is to co-ordinate the implementation of the National Drugs Strategy (NDS) in the context of the needs of the local or regional area.

#### **Proposed actions**

- ✓ Develop an updated DATF handbook in line with the core principles of interagency partnership and community participation.
- ✓ Roll out a series of national workshops with all DATF members to operationalise the handbook and to identify the supports required to carry out the roles as set out.
- ✓ Develop a renewed focus on the advocacy role of DATFs in relation to emerging issues and unmet needs, as set out in the Terms of Reference.

## DATF Community Representatives

### **Action 4.1.39, Action 2.1.27, Action 2.1.18**

Strong and vibrant community representation remains crucial to the effectiveness of DATFs in identifying and responding to local needs. During Covid-19, our community organisations across the country have been coming together to respond to emerging needs, working in partnership with a wide range of statutory bodies. We need to build on this key resource by strengthening the role of Community Reps on DATFs and strengthening the links between Community Reps and the wider community. Similarly, our partner organisations in the Traveller community, Ethnic Minorities and LGBTI+ communities have been actively engaged in providing support for their communities on the ground and we need to support their participation on the DATFs and in the DATF Community Reps networks.

### **Proposed actions**

- ✓ Support the roll-out of the online training for Community Reps and promote the role more widely by engaging with SICAP (Social Inclusion Community Activation Programme) and other relevant programmes.
- ✓ Implement a specific initiative to support the development of community networks through which the role of the Community Rep can be mandated and supported.
- ✓ Support the development of PPN (Public Participation Network) linkage groups in regional areas to provide a discussion forum for drug-related issues in the community.

**Action 2.1.27** recognises the need to engage with specific communities that experience particular marginalisation and it has been positive to see inclusion of Pavee Point at a national level (although this should be extended to the National Oversight Committee) and support for the Drug and Alcohol Service in Belong To Youth Services. However, as currently set out, the action has not provided a clear and specific focus on the needs of each of the respective communities as identified in the action and, as a consequence, has not facilitated an effective prioritisation of their issues.

- ✓ Set out a set of separate and distinct actions for the Traveller Community in consultation with Pavee Point Drug and Alcohol Service and through a sub-committee of the National Oversight Committee (NOC).
- ✓ Set out a set of separate and distinct actions for the LGBTI+ Community in consultation with Belong To Drug and Alcohol Service and through a sub-committee of the NOC.
- ✓ Set out a separate and distinct action with a focus on Ethnic Minority communities and on developing the engagement of their community representatives in the policy arena.

## National Oversight Committee and Standing Sub-Committee (NOC and SSc)

We strongly believe that the National Committees should function as a collaborative forum where we can draw on all of our collective expertise and experience in implementing RHSR and that all sectors represented on the Committees have much to contribute to this discussion and also much to gain from hearing and engaging with the views of others.

### Proposed Actions

- ✓ Organise a collective review session with NOC and SSc members to discuss how the Committees have been working to date and to identify specific actions that will enhance the effectiveness of both the Committee and its Standing Sub-committee.
- ✓ In Appendix 1 we set out a number of specific actions which we believe are necessary to increase the effectiveness of the NOC in its role of giving leadership and direction and of the SSc in overseeing and monitoring the implementation of RHSR.

## Supporting an Integrated Response to Needs in the Community

Community Drug Projects have continued to play an essential role in implementing a wide range of RHSR actions by delivering an integrated holistic service to their communities within the context of the overall partnership framework. The projects work with lead agencies in the HSE, the DSP and a range of other statutory bodies in delivering on the actions.

**Action 2.1.13, Actions 2.1.16-2.1.19 Actions 2.1.21-2.1.25, Action 2.1.27, Action 2.2.28, Action 2.2.30**  
(see Appendix 2 for detailed listing of actions)

The projects are in a unique position to do this because

1. Their work can range across all areas of statutory function so they are ideally placed to deliver an interagency partnership approach
2. they can adapt and respond to the changing needs of service users, their families and the wider community in addressing the drugs problem
3. they can support and promote the reintegration of people back into the community and support a positive community response to the drugs issue.

The experience during Covid-19 has reinforced the value of the Projects' role in being able to respond quickly and adapt to meeting the needs of participants in a changed environment and this has been acknowledged through their designation as essential services. Through outreach, online, one-to-one, walking meet-ups and small groups, Projects have continued throughout COVID-19 restrictions to deliver their core service elements – assessment, care planning, therapeutic interventions, crisis management, trauma-informed care, family support and community networking.

### **Proposed Actions**

- ✓ Build on the findings of the DPU Rapid Assessment/Case Studies to strengthen the role of Community Drug Projects in delivering flexible, responsive and integrated services.
- ✓ Further strengthen relationships through developing formal referral systems with HSE Primary Care and HSE Addiction Services, and formal partnerships with other relevant agencies including DSP, Túsla, Local Authorities, Gardaí.
- ✓ 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.

The link between problem drug use and mental health has long been identified as a key issue and Projects are reporting that the combined pressure of coping with scaled back services and being confined to the home has led to a significant deterioration in people's 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.

- ✓ Build on the opportunity provided by the publication of Sharing the Vision to further develop engagement between the HSE and the Community Drug Projects on the delivery of an integrated approach to addiction and mental health supports at a local community level.

During Covid-19 Community Reps from the regional areas have highlighted the impact of rural isolation on maintaining contact with and delivering services to people with addiction issues, as access to services for people is generally dependent on the ability to travel what can be significant distances. The Reps have also identified how the wider issue of poverty is impacting on people's capacity to maintain any kind of a phone based or online connection. This has alerted us to the need to develop a stronger focus on the impact of rural isolation as part of ensuring geographical availability and access to services as set out in Action 2.1.13.

### **Proposed Action**

- ✓ Look at experience from other jurisdictions in delivering outreach addiction services to people in isolated rural areas and link in with regional community networks to consider relevant and appropriate options for the Irish context.

## Supporting Responses to the Impact of the Drugs Trade

### **Action 4.1.40 Action 4.1.41, Action 4.1.42**

The widespread and devastating impact of drug-related intimidation and violence continues to be a serious challenge. Throughout the Covid-19 period, there have been widespread reports from our communities of drug debts being called in and of people being threatened over very small amounts of money, with all of the serious implications that brings in relation to intimidation and violence.

In the report *Debts, Threats, Distress and Hope* produced recently by the Drug-Related Intimidation Initiative in Dublin's North Inner City<sup>2</sup> the need to support and empower local residents to address DRI is highlighted and the report identifies the need to provide community members with safe spaces to discuss and seek support. Actions in RHSR such as the Drug-Related Intimidation Reporting Programme (DRIRP) and the Community Crime Impact Assessment (CCIA) are crucial to providing a sense of hope to communities that something can be done and providing support to those most directly affected.

The implementation of the CCIA is made possible through the work done by Local Community Policing Fora (LCPF) in building relationships and establishing trust in their local areas and the pilot of the CCIA has been completed and evaluated as set out in Action 4.1.40. Action 4.1.41 looks to build on the achievements of Local Policing Fora and as the pilots for the new Community Safety Partnerships (CSPs) are being rolled out, we have a timely opportunity to learn from the experience of the LCPFs in responding to issues that arise for communities as a result of drug-related activity. A key learning to date is the need to ensure that the voices of those who are experiencing the worst impacts of drug-related activities in our community can be heard.

### **Proposed Actions**

- ✓ Support the roll-out of training workshops in the use of the CCIA during 2021.
- ✓ Carry out an analysis of the experience of LCPFs to date in addressing drug-related issues in their communities and identify the key learnings.
- ✓ Build on the role of the DATFs and Community Drug Projects, in partnership with National Family Support Network (NFSN) and An Garda Síochána, in raising awareness of the Drug-Related Intimidation Reporting Programme.
- ✓ Engage with the DATFs in the pilot areas of Dublin North Inner City, Waterford and Longford in the roll-out of Community Safety Partnerships and in shaping the pilots to meet and adapt to the needs of the local community.

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<sup>2</sup> Bowden & McCreery, *Towards Understanding Drug-Related Intimidation in Dublin NIC*, Ana Liffey Drug Project, January 2021

## Supporting Responses to the Needs of Young People

### **Action 1.2.8, 1.2.5, 1.2.6, 2.1.22**

Community Reps have expressed serious concerns about the levels of community anger being expressed during Covid-19 against young people, who are reported as gathering in groups, ignoring social distancing, often smoking weed and using other drugs. Overall the availability of activities for young people has been significantly limited by COVID-19 restrictions; in this context, the recognition of outreach youth work as being essential has been a welcome and positive development and the focus on the value of outreach needs to be maintained and built on post-Covid.

The UBU Programme was developed under Action 1.2.8 as a scheme to provide services for young people at risk of substance misuse and ongoing collaboration between the Dept. of Children and the Dept. of Health is key to maintaining a focus on young people involved in drug use and/or the drugs trade. A key focus of the recently adopted Youth Justice Strategy is considering how youth justice policy might be more closely aligned to other child and youth polices and it contains some key actions which could be incorporated into RHSR.

### **Proposed Actions**

- ✓ Ensure better alignment between the UBU projects, youth justice services e.g. Garda Youth Diversion Projects (GYDPs) and the work of DATFs.
- ✓ Ensure that programme and service planning and design takes proper account of the views of children and young people.
- ✓ Support statutory backing for collaboration between agencies based on principles of the best interest of children and young people.
- ✓ Support the provision for a positive duty for agencies to cooperate in relation to children and young people who are at risk and in need of support.

## Supporting Responses to the Needs of Women

### **Action 2.1.21**

One of the most worrying national trends during Covid-19 has been the increase in domestic violence and this is reflected in the experience of drug projects who are reporting a noticeable increase in the incidence of domestic violence as a result of confinement in the home. A report commissioned by the HSE<sup>3</sup> and published in November 2020 on suicides of young women in the Ballyfermot and West Dublin area identified domestic violence, drug

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<sup>3</sup> *Rapid Assessment & Community Response to suicide and suspected suicide in Dublin South*, HSE, Nov 2020

use and housing issues as contributing to the extremely vulnerable situations these young women have found themselves in.

The specific issues that impact on women's experience of drug use and of accessing addiction services are well-researched and acknowledged, however access to gender-specific services is extremely limited and in many areas is non-existent. We need to build on the experience of the few gender-specific services that are in place by bringing together relevant practitioners, women with lived experience, policy-makers and expert groups such as the National Women's Council (NWC) to develop a strategy for the provision of gender-specific services in the community.

### **Proposed Actions**

- ✓ Develop a gender-specific strategic plan for responding to the needs of women impacted by drug use and addiction.
- ✓ Support the development of partnership initiatives between Community Drug Projects and Domestic Violence services through DATFs at a local and regional level.
- ✓ Support the implementation of the actions outlined in response to the Ballyfermot report not just in West Dublin but across DATF areas.

## **Addressing Drug-Related Stigma**

The issue of drug-related stigma has now been formally acknowledged and included on the drugs policy agenda at both international and EU level. The recently adopted EU Drugs Strategy 2021-2025 specifically mentions the reduction of stigma as a priority area along with the inclusion of people who have been stigmatised in the development of policy. Building on the launch of the Stop the Stigma Campaign in February 2018, Citywide and the SAOL Project, in partnership with IHREC and TCD, have just completed the pilot of an anti-stigma training programme that has been developed for service providers with the active involvement of people with lived experience of this stigma; the pilot is currently being evaluated.

### **Proposed Actions**

- ✓ Include a specific action on challenging and addressing drug-related stigma in RHR.
- ✓ Support the roll-out of the anti-stigma training, building on the findings of the evaluation that is being carried out by TCD.



## The Future of Irish Drugs Policy

The Programme for Government sets out a commitment to convene a Citizens' Assembly on matters relating to drugs use. The structure of the Citizens Assembly gives a space to have an informed, evidence-based discussion on the broad range of social, economic, health and legal issues that need to be considered when looking at future Irish drug policy.

This will provide an opportunity to discuss in more detail one of the recommendations from the NEIC report *Debts, Threats, Distress and Hope* that policy makers should consider whether the current regulatory framework under which substances are controlled is fit for purpose, or whether there are market interventions – through further regulation and control of supply, or by reducing demand - which could be made to reduce the size or scope of the market. The significant role played by the Alcohol Industry in protecting and promoting its own market should form part of this conversation. The Assembly can also provide a forum for discussion of issues arising from the evaluation of the pilots of the Health Diversion Approach which are due to begin shortly.

We hope that the Citizen's Assembly will also provide an opportunity to look at the evidence of the strong and persistent link between serious drug problems and poverty, and the impact of those problems on the poorest communities, and to consider how the National Drugs Strategy can be part of a broader societal response to addressing poverty, inequality and marginalisation.

### **Appendix 1 - Specific Actions re NOC and SSc**

- Members of NOC should be engaged on an ongoing basis in consideration of national and international best practice and research findings on drug policy issues, supported by an independent National Advisory Committee on Drugs and Alcohol.
- NOC should collectively agree and set annual NDS priorities for which there is collective responsibility and accountability by all members.
- There should be collaborative engagement by all of the partners involved in each NDS action in reporting on actions at SSc and presenting on them at NOC.
- Reporting should demonstrate how agencies and partners engage with each other in planning and delivery at national, regional and local level and also identify barriers to implementation at each level.
- Each SSc member should convene meetings with his/her own sector reps from across all of the DATFs at least twice a year and engage with them on a regular basis to provide support and keep updated.
- Agencies and departments should provide adequate internal supports and resources to their representatives on NOC and SSc to carry out the role effectively and should ensure a consistent and obligatory attendance in order to develop collaborative working relationships.

### **Appendix 2 - Actions relevant to Community Drug Projects**

- 2.1.13 Expand availability of drug and alcohol services and improve range of services
- 2.1.16 Improve relapse prevention and aftercare services
- 2.1.17 Strengthen services to support families affected by substance misuse
- 2.1.18 Help individuals to build their recovery capital
- 2.1.19 Increase the range of progression options
- 2.1.21 Respond to the needs of women who are using drugs/alcohol in a harmful manner
- 2.1.22 Expand range and availability of drug/alcohol services for under 18s
- 2.1.23 Improve the response to needs of older people
- 2.1.24 Improve outcomes for people with dual mental health and addiction issues
- 2.1.25 Improve range of services and supports for people who are homeless
- 2.1.27 Improve capacity to accommodate needs of specific communities
- 2.2.28 Expand Harm Reduction initiatives for people who inject drugs
- 2.2.30 Target a reduction in drug-related deaths and non-fatal overdoses