Citywide Drugs Crisis Campaign

IMMEDIATE INVESTMENT IN DRUG SERVICES REQUIRED IN RESPONSE TO INCREASING LEVELS OF DRUG-RELATED DEATHS

Figures due for release tomorrow from the Drug Related Deaths Index show that the number of drug-related deaths reached a peak in 2013 with 679 fatalities. It means that, on average, 13 people died every week, directly or indirectly, from illegal drugs, prescribed pills, and alcohol. It is reported that opiates (methadone and heroin) accounted for the biggest number of poisonings in 2013 and benzodiazepines (prescribed tranquillisers) were involved in around 40% of poisonings. They were typically taken in conjunction with either methadone, heroin or alcohol. The figures also show a sharp rise in deaths, though from low numbers, linked to new psychoactive substances, often referred to as head-shop drugs, with 28 in 2013, compared to eight in recent years. These include a large number of high-profile deaths caused by powerful amphetamine derivatives PMMA and PMA. These figures are shocking, but sadly will come as no surprise to those working on the frontline in drug services, who have been struggling in recent years to meet an increasingly complex range of drug use with significantly reduced resources.

Despite the evidence of the extremely serious and potentially lethal nature of our drug problem, there was no increase in funding for community drug services in Budget 2016. This is despite the fact that between 2008 and 2014 the Drugs Initiative budget was cut by 37%, forcing essential local drug services on the ground to deal with cumulative cuts of up to 30%, and resulting in reduced services to drug users, families and communities. These cuts have affected the whole range of services – treatment, rehabilitation, aftercare, youth services, education and awareness, childcare, community safety etc. – at a time when the drugs problem has become more complex and chaotic and has taken root in every part of the country.

It is crucial that resources are now directed to these frontline services, as this is where even a relatively modest amount of investment can produce the most cost-effective outcomes into the future.

We are now seeking the immediate allocation of an Emerging Needs Fund to support the delivery of drug services that can respond to local needs, whether they are the devastating community drug problems in disadvantaged areas, the growing drug problems in towns outside of Dublin or the often hidden drug use in rural areas.