

Citywide Briefing for TDs – July 2014

Introduction to National Drugs Strategy

In 1996, a radical new approach to addressing the serious drug problem in Ireland was introduced, based on a partnership between government, state agencies, voluntary services and the communities most affected. Central to this approach was the recognition by the state that the most serious drugs problems are concentrated in the most disadvantaged communities. Every government since 1996 has stated its commitment to continuing this approach. It is now time to reinstate the urgency that drove the National Drugs Strategy in previous years if we are to be effective in addressing the devastation that the drugs crisis continues to cause in our communities.

Introduction to current drugs problem

In previous years, problem drug use in Ireland was strongly associated with heroin use. As a result drug services have been developed with a strong focus on methadone as treatment, and the Central Treatment List (a mandatory register of those on methadone) has been used as a key measure of the numbers that are involved in serious drug use in Ireland. Numbers on methadone have stabilised in Dublin and are increasing outside of Dublin.

But our serious drug problem is now about a lot more than heroin; all the evidence confirms that our communities are now coping with an increasingly complex and chaotic drug problem that includes a mix of:

- **Legal drugs (prescription):** ([benzos](#) e.g..Valium, Xanax, Dalmane, Tamazepan, Zs e.g. .zimovane)
- **Legal highs (head shop & internet):** ([legal highs](#) are often labelled not for human consumption)
- **Illegal drugs:** (including [heroin](#), [cocaine](#), [amphetamines](#), [ecstasy/MDMA](#), [mephedrone](#)) and alcohol.
- **Weed:** The last few years have seen the emergence of [weed](#) (cannabis) with a much higher concentrate of the psycho active substance THC, with an impact particularly on younger people and their mental health that has not been identified with cannabis use in previous generations.

There has been an explosion of tablet use, painkillers, sedatives, tranquillisers, and alcohol is now recognised as a major element in the drugs “cocktail”.

What can your T.D.s do?

1. **Highlight the fact that our Drug Services are not resourced to respond to these new patterns of drug use.**

There needs to be much greater availability of counselling and therapies such as CBT, motivational interviewing, family therapy, holistic therapies etc. and an increase in specific services for young people.

2. **Lobby to ensure that there are no further cuts to the Drugs Initiative in next budget**

Cuts to the Drugs Initiative budget have been highly disproportionate with a cut of 37% since 2008 and local services cannot take any more cuts

3. **Highlight the crucial work being done by CE Drug Rehabilitation Projects in our communities and the need for continued support for this work**

More information is available on work of DRPs in the Citywide consultation report and on the short video clips. [See here](#)

4. **Ask the Ministers for Social Protection, Health and Education what resources they will contribute in the budget to support the work of the DRPs**

DSP is the parent department for DRPs and the other two departments are named as providing complementary support in the key recommendations of the National Rehabilitation Strategy. [See here](#)

5. **Help to increase public awareness of high strength weed (cannabis)**

Local awareness campaigns on weed are being run by Drug Task Forces (e.g.D12, Ballyfermot & North Inner City) and T.D.s can help to bring the message to a wider audience through public fora and the media. [See here](#)

6. **Help to increase public awareness of death rate**

Most recent figures show an increase in drug-related deaths from 597 in 2010 to 607 in 2011; median age of people dying is 39. [See here](#)

7. Ask the Minister for Health for a progress report on:

- Number of **residential detox and rehab beds** that are available
- Plans for implementation of **recommendations of 2007 HSE Report on Residential Treatment**

The recommendation in 2007 was for an additional 356 beds for drugs and alcohol (104 in-patient beds and 252 residential rehab beds); actual number of beds available has decreased since then. [See here](#)

8. Ask the Minister for Health for a progress report on **Vision for Change recommendations in relation to drug users and why two sections of HSE are not working together to deliver services to this very vulnerable group of people**

There are major concerns about mental health issues amongst drug users (dual diagnosis) but despite this concern, people with dual diagnosis have serious difficulty in accessing services. Specific recommendations were included in the government's mental health strategy Vision for Change to address this but they have not been implemented. [See here](#)

9. Ask the Minister for Children and Youth Affairs what plans he has to consult with the Minister with responsibility for Drugs on the future of **Young People's Facilities and Services Fund (YPFSF)**

A key initiative in the Second Task Force report on Drugs, produced by Minister Pat Rabbitte in 1996, was the setting up the YPFSF as a core part of the national drugs prevention strategy. A review of youth service funds, including YPFSF, will be completed shortly by the Dept. and it is essential that, following the review, the YPFSF maintains its focus on drugs prevention.

10. Promote the **Drug-related Intimidation Reporting System and encourage people to use it.**

Drug-related Intimidation is reported as a major issue in our communities and in response the Family Support Network (FSN) has developed a confidential reporting system in partnership with the Gardai. [More info](#)

11. Contribute to debate on **decriminalisation of drug use.**

Help to clarify the distinction between decriminalisation and legalisation. **Do you believe it is right that a person becomes a criminal because they are using a drug?** If you do not, then you should support decriminalisation. Decriminalisation applies to the person, not the drug and no drugs will be legalised as a result of decriminalisation. [More Info](#)