

The Drugs Crisis in Ireland: A new agenda for action

CityWide Policy Statement

February 2012

CityWide

Drugs Crisis Campaign



A black and white photograph of a stone wall under a cloudy sky. The wall is made of rough, stacked stones and runs across the bottom of the frame. The sky is filled with soft, textured clouds, with a brighter area on the right side.

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About Citywide

CityWide works to promote and support a community development approach to the drugs problem – this means involving the people who are most affected by the problem in dealing with the problem – drug users, their families and communities.

CityWide aims

- To develop the capacity of local communities to respond to the drugs problem in their area.

- To provide ongoing support, facilitation and networking to local groups working on the drugs issue.

- To campaign and lobby on policy issues in relation to drugs and, as part of this role, to carry out a representative role on behalf of the community sector on policy bodies.

- To encourage an inter-agency response to the drug problem, including government departments and agencies, trade unions, community and voluntary bodies and other relevant agencies that may be identified.

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EXECUTIVE SUMMARY

Introduction

This document presents a picture of current community drug problems and is based on consultation with people who work and live in communities most affected by them. It is published by CityWide to draw attention to the continuing drugs crisis in Ireland and sets out an eight point agenda to address it. Established in 1995 CityWide is a national networking and representative body that advocates for effective policy responses to community drug problems, based on a community development approach. There is a clear and enduring link between disadvantage and community drug problems and it is these communities that CityWide represents and is concerned with.

Current challenges

Drug problems more widespread, more embedded and more complex

Polydrug use has replaced heroin as the key concern of communities. Polydrug use involves the consumption of a number of substances at the same time, most commonly alcohol, cannabis and prescription drugs but also psychoactive substances, other tablets, cocaine, heroin and methadone. Its spread has been facilitated by the availability of a wider range of substances, their easier access, online, by mobile phones and, in the case of alcohol, over the counter at ever decreasing prices.

Other concerns are the extent to which substance use has become a part of everyday life, the fact that the content, quality of many substances are unknown and the potential damaging or lethal affects that combining them may have. This is a serious public health issue and the number of people who die from drug and alcohol related deaths each year is now more than twice that of deaths on our roads.

Communities terrorised

While modern technologies mean that many people who use drugs do not have contact with dealers, this is not the case in disadvantaged communities where on-street dealing continues to take place. Many

communities are besieged by gang violence and intimidation.

Often related to drug debt, intimidation includes threatened and actual damage to property, physical assault and in some cases murder, against debtors and their families. In some areas, gangs are grooming vulnerable children and young people to join gangs and their criminal activities. Fear of gang reprisals prevents the reporting of these incidents so that it continues unchallenged.

Partnership not working

Partnership between government and affected communities is established best practice internationally to tackle drugs problems. This approach has been followed by successive Irish governments since the 1990s but has been weakened by the current drugs strategy, published in 2009. Opportunities for dialogue and joint problem solving between policymakers and communities have been reduced and partnership principles undermined.

This threatens the potential of the strategy to make any difference and is exacerbated by government changes to local development structures and funding cuts to services. Community drug services are estimated to have suffered cuts of 29% since 2008.

Responding to the challenges:

1. Make partnership work

To ensure that responses are appropriate, Government must recognise that community drug problems are concentrated in the poorest communities and target responses accordingly; and involve communities fully as partners in the design and implementation of responses. To ensure measures are successfully implemented, Government should provide clear leadership, simplify the implementation structures and make each of its constituent parts (government, statutory and voluntary bodies and communities) accountable for their commitment, contribution and performance in achieving objectives.

2. Improve protection, reporting and prosecution of debt intimidation

That individuals are threatened, attacked and murdered and that whole communities are in a state of fear is unacceptable and must be addressed by Government urgently through national and local plans aimed at reducing incidents of intimidation, increasing prosecutions and convictions; and improving community safety and quality of life in affected areas.

3. Systematically tackle gang activity

While gang activity and the grooming of young people to become involved in it is a new phenomenon in Ireland there is evidence of successful interventions in the United States of America and in Scotland. A national approach and targeted plans in affected areas should be developed to reduce the number of gangs and their impact on local communities; and increase the diversion of young people away from involvement in gangs.

4. Support families, children and young people most at risk

Children and young people at risk of becoming involved in drug and gang activities are often identifiable early in their lives and it is recommended that intensive, coordinated and early interventions should be made with them aimed at building their confidence and self esteem; and ability to make sound judgements and to seek help when necessary.

5. Build community resilience

Addressing community drug problems requires a focus on the community itself and on building collective resilience to drug dealing, drug use and, in turn to intimidation. In this context it is important to protect, enhance and measure community development activities and to ensure that this is accompanied by investment in improving physical infrastructure, commercial and public amenities and employment and recreational opportunities in affected areas.

an agenda for action

6. Strengthen information and harm reduction messages

Public education can influence behaviours so that they are less risky and in doing so reduce the rate of drug and alcohol related deaths. Some useful learning could be borrowed from the success of the Road Safety Authority and applied to this area.

7. Direct 'profits' from problem drug use & introduce social responsibility levy.

Significant profits are made legally and illegally from problem drug use. It is recommended that a special fund be established to support initiatives in tackling community drug problems in the areas most affected by it through deployment of funds seized from illegal drug dealing by the Criminal Assets Bureau. Additionally a social responsibility levy should be placed on the drinks industry to contribute to the costs of managing the impact of alcohol related harm and in particular, the social consequences.

8. Debate decriminalisation

There is a view that much of the harm related to drug use and drug dealing occurs because of their illicit nature and that if the criminal aspect of the problem were removed then the harm would be reduced. International evidence shows that decriminalization initiatives do not result in significant increases in drug use. There is a need for an open debate about decriminalisation in Ireland. It is also widely recognised that the global war on drugs has failed and it is time for us to challenge rather than reinforce common misconceptions about drug markets, drug use and drug dependence. Along with others, Citywide calls for an open debate about decriminalisation in Ireland.



INTRODUCTION

This document presents a picture of current community drugs issues and their challenges, together with a number of proposals to address them. It has been produced by CityWide to draw attention to the continued, although changed, drugs crisis in Ireland and to activate a renewed interest in addressing it through effective partnership working and targeted, needs led responses.

The publication of the document is timely coming as it does at the midpoint of the current drugs strategy, 2009-2016, as a new substance misuse strategy, incorporating measures to address problem alcohol and drug use, is due to be published; and against a backdrop of significant cuts to drugs and other community based services.

The document is the result of a consultation process, which took place between September 2011 and January 2012. An initial meeting of community representatives identified key current concerns. The relevance of these was tested on a wider group through an online survey of 329 relevant organisations and individuals. Among the 70 respondents (21%) there was overwhelming concurrence with the concerns, with an average of 92% agreeing or strongly agreeing. Three policy groups were then established to consider the issues in further detail and to develop proposals to address them. Presentations and discussion at a seminar on trends in community drug use held in December and organised jointly by The Dales Centre and CityWide has also been taken into account. The report was finalised by a steering group established by CityWide for that purpose.

The document is in three sections:

Section one provides a context and overview, briefly reviewing community drug problems, their relationship to disadvantage, current overall trends and government responses to them.

Section two presents the current trends, issues and challenges for communities as they emerged from our consultation.

Section three sets out proposals to address the challenges identified.

SECTION ONE

CONTEXT AND OVERVIEW

This section provides a brief context for the document and an overview of some key issues and trends, drawing on existing knowledge and previous and current research. It defines community drug problems and describes their link with social and economic disadvantage, traces government responses to the community drugs crisis over the lifetime of CityWide and provides an overview of key trends.

Community drug problems and disadvantage

Community drugs problems occur when drug use has a direct negative impact on quality of life of a whole community. A community drug problem emerges when a) there are a significant number of people engaging in problematic drug use in a particular area and b) the community does not have adequate resources to deal with the problems that arise.

The process and impact of community problem drug use was explored in a study in three areas of Dublin in 2004 and charted the effect of street drinking and drug use on the sense of community safety and belonging, on the quality of life generally; and on how these factors changed since 1996¹. The study informed the development of a set of indicators of community drug problems, which are presented below. They can be seen as both risk and protective factors to

community drug problems. High rates of drug use, death from drugs and crime indicate a high risk as do low levels of school attendance and social capital; and poor housing. When these are reversed, communities are at low risk. These indicators, set out below, can help to identify communities at risk, facilitate the measurement of the existence and severity of community drugs problems and compare areas with one another and over time.

Community Drug Problem Indicators

- Range of drugs used
- Alcohol use
- Housing (tenure, amenities, use of public space)
- Drug related deaths
- Crime and community safety
- Social capital (informal social support networks, community participation, volunteering)
- School attendance

This and a number of other studies show the strong link between economic and social disadvantage, problem drug use and

¹ Loughran and McCann (2006). *A Community Drugs Study: Developing Community Indicators for Problem Drug Use*. Dublin: National Advisory Committee on Drugs.

community drug problems - and indeed a range of other issues such as poor educational attainment, unemployment, poor health and crime. Given these links we have consistently advocated for policy responses to address the social and economic factors that contribute to community drug problems. Considerable attention has been paid to these issues in the last couple of decades, through social inclusion initiatives and other interventions and progress has been made.

But many social inequalities have persisted, often in small areas as specific as local authority estates and flats complexes², as have the drug problems related to them. These neighbourhoods and communities did not benefit equally from Ireland's economic success and at a time of austerity budgets, their future wellbeing is under serious threat. Cuts in public, community and voluntary services and projects will affect all citizens but will impact on those in disadvantaged areas disproportionately because they rely on those services more than other communities and have fewer of their own resources to draw on.

In the context of community drug problems, services provided by public, voluntary and community organisations in the areas of childcare, youth, family support; and drug treatment and prevention are of particular importance as they provide tailored supports, activities and other interventions which promote pro social behaviour and build resilience. Community Employment Schemes are also a significant support and the "special" schemes for people in drug rehabilitation have been effective in aiding their stabilisation and recovery. All of these have been cut – and the cuts have been particularly deep – drugs projects for instance are estimated to have suffered a 29% reduction in government funding between 2008 and 2012³. Cuts are across the board, without any clear rationale beyond

cost savings, evidence of consideration of their potentially serious effects on individuals, families or communities or of the inevitable downstream impact on other services such as health, residential childcare and criminal justice systems; and their unravelling of progress made to date.

CityWide is concerned with community drug problems, of which it regards alcohol as a key component. This reality has not traditionally been reflected in national drugs strategies, which have focused on illicit drugs only. CityWide has lobbied for alcohol to be a part of drugs strategies for a number of years and supports the commitment made by Government to incorporate alcohol and drugs into a national substance misuse strategy. This strategy has yet to be published but for the purposes of this document the discussion of community drug problems include both legal and illegal drugs, including alcohol.

² Haase T (2007). *The Changing Face of Dublin's Inner City*. Dublin Inner City Partnership.

³ Harvey B (2012). *Changes in employment in the voluntary and community sector 2008-2012*. Unpublished

Government responses

Government initiatives on drug use have been in place since the 1960s, and were mostly centred on law enforcement and treatment measures. The CityWide campaign in 1995 was successful in getting more focused government attention linking the heroin epidemic with disadvantage and the need for interventions. A *Ministerial Task Force on Measures to Reduce Demand for Drugs* was established and reported in 1996. The Task Force acknowledged the link between problem drug use and socio economic deprivation and its geographical concentration described as: “the economic viability of neighbourhoods deteriorates; communities become plagued with crime; the quality of life deteriorates; and the neighbourhoods in question can act as magnets for addicts from elsewhere⁴.” To address these problems, the Task Force recommended establishment of local “priority areas” where resources would be concentrated in youth and relevant other services; proposed measures to reduce demand and supply; and implementation based on the principles of partnership at all levels, to include communities; and high level government oversight.

The Task Force report formed the basis of a new drugs strategy. A junior minister, reporting to a cabinet subcommittee was appointed and a National Drugs Strategy Team, with representation at a senior level from relevant government bodies and community groups was established to provide oversight, direction, monitoring, liaison and intervention as necessary, between local areas and central government. This strategy was concerned initially with eleven areas in Dublin and Cork cities, where the drugs crisis was concentrated.

In these areas drugs task forces were established based on the model of the interagency drugs project in the north inner

city to provide a forum for relevant voluntary, community and statutory bodies to come together to identify, consider and develop agreed responses to issues as they manifested in each area, to prepare and monitor annual plans to address known needs and to respond to new and emerging ones. Task forces had a direct relationship with the National Drugs Strategy Team providing feedback to the centre, which facilitated corrective policy and other responses as necessary.

A new National Drugs Strategy 2001 – 2008 followed the focus on reducing supply and demand, and improving research and knowledge. This broad direction has also been followed in the current strategy, 2009-2016. While the stated approaches have remained constant over the three strategies, there has been some deviation from the core principle of targeting and community involvement. The establishment of Regional Drugs Task Forces for example shifted the focus away from problem drug use and the areas most deeply affected by it, towards a more universal and dispersed approach.

While the current strategy continues to embrace the principle of partnership, changes have been made to the underpinning structures, which have undermined it, reducing the input and engagement of communities and leading to a more centralised and top down approach by government which has been accompanied by the withdrawal of key government departments and other officials from national and local structures.

⁴ Department of the Taoiseach (1996). First Report of the Ministerial Task Force on Measures to Reduce the Demands for Drugs

Trends in community drug issues

When CityWide was established the heroin crisis was ravaging many of Dublin's inner city communities. Thousands of young people had become dependent on heroin, little was known about safer consumption and many deaths occurred through overdose, unsafe injecting and the contracting of HIV and AIDS. Many turned to petty crime to support their habits and in turn were convicted and imprisoned. Heroin users were vilified in some neighbourhoods and forced from their homes.

Today, heroin is just one of what has been described as a "dizzying array of substances"⁵ available. As well as there being a wider variety of drugs they are also more easily accessible and drug use has become an accepted and normal part of life among a wide population. Polydrug use has displaced heroin as the major concern and this is reflected in those presenting for treatment, two thirds of whom have problems with more than one drug, most commonly cannabis, alcohol, cocaine and benzodiazepines⁶.

Despite government investment in drug prevention education programmes and other efforts to reduce demand for drugs over a number of years, national prevalence studies show that rates have remained steady, with some slight increase in the rate of people who have ever used illicit drugs (up from 24% to 27% between 2007 and 2011) while current use remains steady at 3%⁷. These studies, based on a representative sample of the population, are useful in tracking overall trends and comparing these to other EU countries but they do not capture or reflect the reality on the ground.

Drug and alcohol use, particularly long term use causes damage to mental and physical health and there is a strong association between drug use, suicide and accidental deaths and more people now die from drug related deaths than on the roads every year. The most recent figures indicate that more than two and a half times as many people died from drugs & alcohol (638)⁸ than from road deaths (238)⁹.

Access to a wider range of drugs by a wider range of populations has been facilitated by mobile and Internet technologies so that many users do not have direct contact with dealers. This is not the case in disadvantaged communities where on street drug dealing continues to take place and many communities are besieged by violence and intimidation by drug gangs while their children are groomed for drug dealing and other criminal activities.

⁵ Saris and O'Reilly (2010). **A Dizzying Array of Substances: An Ethnographic Study of Drug Use in the Canal Communities Area.** Canal Communities Local Drugs Task Force.

⁶ Bellerose et al (2012). **Trends in treated problem drug use in Ireland 2005-2010.** Health Research Board

⁷ NACD (2012). **Drug Use in Ireland. First results from the 2010/11 Drug Prevalence Survey. Bulletin 1.** NACD.

⁸ Health Research Board (2012). **Drug Related Deaths and Deaths among Drug Users in Ireland. Revised 2009 figures from the National Drugs Related Index.**

⁹ Road Safety Authority

SECTION TWO

COMMUNITY DRUG TRENDS, ISSUES AND CHALLENGES

This section presents the issues, problems and concerns for communities that were identified in the course of our consultation.

The consultation was not comprehensive or exhaustive but concentrated on the three areas identified as most important. These are: changes in drug use and issues; community intimidation and safety; and community engagement.

Changing trends and issues

Drug use normalised

Across the communities represented by CityWide were reports that drug use has become normalised in the sense that it is now a part of the fabric of ordinary everyday life. This normalisation has happened over time and is made possible by the ready availability of drugs and alcohol, and changes in social attitudes. People associate problem drug use with heroin, intravenous use, dealers and 'junkies'. Other drugs, (such as cannabis, pills and 'legal highs', previously available in 'head shops') are not seen as being in the same category and people who use them do not necessarily see their use as

problematic or risky. The implications of this normalisation for future preventative work with young people needs to be considered.

A wide spectrum of drugs is easily accessible over the counter, online and on the streets. This includes new psychoactive substances¹⁰, cannabis, prescription drugs, other tablets, crack cocaine and other substances, some of which are now grown or manufactured in Ireland. Prescription drugs, particularly benzodiazepines, are particularly easy to access through GPs, at least in some areas¹¹, and are supplemented with street supplies, sometimes imported by individuals from abroad, with a strong market in swapping among users.

The fact that drugs are delivered 'door to door' through online or mobile phone orders, has contributed to acceptance because it removes contact with street drug dealers and all that implies. Dealers themselves have become both more sophisticated and business like. They are sensitive to market demands, accessing what is requested and providing credit. Improvements to transport infrastructure such as the Luas has also helped to opened up markets and increase access.

¹⁰ These were available in head shops and made illegal by the Criminal Justice (Psychoactive Substances) Act, 2010. For more information see Keller et al (2011). **An Overview of New Psychoactive Substances and the Outlets Supplying Them**. Dublin: National Advisory Committee on Drugs.

¹¹ The issue of overprescribing was investigated by the Benzodiazepine Committee, which issued a report in 2002. A new initiative on the issue was announced by Minister of State, Roisin Shortall, in June 2011. Shannon, J (2011). An Addiction to Prescription. Medical Independent, 30th June 2011. <http://www.medicalindependent.ie/>

Alcohol is particularly widely available and has become more affordable as supermarkets and other retailers use it as a loss leader. Communities reported that parents are turning a blind eye to their children taking alcohol under age because “at least they’re not using drugs”. Concerns were expressed about its strong association with sporting activities and many clubs provide and promote alcohol, all of which serves to normalise its use.

Polydrug use the norm

Polydrug use has been steadily increasing over the past number of years, in many communities it has replaced heroin as the key concern. This is not to say that heroin is not still a problem, there are still an estimated 20,000 users in the country, but it is now just one of the substances that are now routinely combined with others such as cannabis, methadone, prescription drugs, cocaine, crack cocaine, new psychoactive substances, mephedrone, alcohol; and crystal meth which is reported to be an emerging drug of choice for a substantial number of users.

New and emerging health risks

Polydrug use brings with it a range of health risks, related to the combining of substances and the substances themselves. Drugs might interact in unexpected ways, and being combined can increase their effects and potential risks. By definition, illegal drugs are not subject to regulation or quality control so that their content and strength is unknown and unpredictable, posing a risk of overdose and other ill effects. This is particularly the case with new psychoactive substances, which often combine a number of different contents in one product.

There is anecdotal evidence that crystal meth

is being sold as mephedrone to unsuspecting young people. There were reports of psychoactive substances in powder form being injected, a practice which brings its own risks of skin and vein damage, abscesses and ulcers and is compounded by the fact that substances are ‘cut’ with other ingredients such as washing powder and bath salts.

An Intersectoral Crack Cocaine Strategy Group (ISCCSG) was established in Dublin’s north-inner city in 2006 to document the nature and extent of crack use; the availability of crack; the impact of crack on the user, the family and the wider community; and current treatment and policing responses to crack use. The report¹² that followed found that crack cocaine has particularly serious health effects including heart and breathing problems, collapse and unconsciousness.

A key concern expressed from communities is the lack of knowledge and information on the potential risks and long term effects of new psychoactive substances and the effects of their being combined with other substances. At the same time, there was concern about the effects of long term drug use which are becoming evident and include liver damage, hepatitis, other organ damage, loss of limbs, damage to veins and arteries and mental health issues.

All of these can pose challenges to public health, drugs and other services but a particular challenge arises where mental ill health and addiction are combined. This dual diagnosis is not uncommon and, according to a review of the subject in 2004 some studies put rates of illicit drug use among psychiatric patients at 39%¹³. It presents challenges for drugs services as sufferers are more prone to relapse and can exhibit violent and unpredictable behaviour so that it can be difficult to maintain their engagement in services. The situation is exacerbated by the fact that there is no systematic coordination

¹² Connolly J, Foran S, Donovan A, Carew A and Long J (2008) *Crack cocaine in the Dublin region: an evidence base for a Dublin crack cocaine strategy*. HRB Research Series 6. Dublin: Health Research Board

¹³ McGabhann, L. et al (2004). *Mental Health and Addiction Services and the Management of Dual Diagnosis in Ireland*. Dublin: NACD.

of addiction and mental health services in addressing all their needs effectively and some mental health services refuse to treat people with addiction problems.

Problem use endemic in some communities

The normalisation of drug use has a community dimension to it and for some of the areas involved in the consultation, drug use was described as endemic. In these areas, cannabis is “the same as smoking cigarettes” and other drugs are both widely used and available. Drug use is a way of life and one that is so embedded that children have grown up with parents and grandparents who are active drug users, with observations that problems “are worse with each generation”.

The welfare of some children was a serious concern for people and there was agreement that, every effort should be made to support children living with drug using parents. In terms of support, intensive multi agency interventions, such as the Young People at Risk project in Dublin’s north inner city were seen as the most effective. There was concern about the application of Children First guidelines in drugs services and whether they would deter people from seeking treatment.

Some populations at increased risk

A number of people were concerned about particular populations and their vulnerability to drug use and its implications; like people from disadvantaged areas, Travellers, people who are Lesbian, Gay, Bisexual and Transgender (LGBT) and some immigrants – all of whom are at increased risk of problematic drug use. Poverty, poor literacy or language skills, weak or absent family ties, discrimination and ignorance about service provision can result in high drug use for all of these groups. The vulnerability and risk among immigrants is exacerbated for some

by their not being entitled to state supports because they do not satisfy the Habitual Residency Condition and they are disproportionately represented among rough sleepers, according to the last street count by the Homeless Agency. Key concerns in relation to these groups were that their particular needs be considered in the context of service delivery.

Improved access to treatment but further improvement needed

The number and type of treatment places have been increased and waiting lists have reduced significantly although it is still not possible for everyone to access treatment within a month of assessment, as is the intention in the current drugs strategy. There is significant geographic variation in waiting times with these being longest outside of Dublin. Some concern was expressed about the lack of progression from methadone treatment so that some people have been on methadone for decades without being offered appropriate detoxification. The Methadone Treatment Protocol was subject to external review in 2010 and a number of recommendations made which, if implemented would address many concerns,¹⁴ although there was a strong emphasis among those consulted on the need to focus interventions more strongly on recovery and integration.

Community projects responsive to changing trends

The changes described above have emerged over time and local responses were considered to have responded well to these changes in general. Rather than addressing specific drugs they take a person- centred and needs based approach, which focuses on behaviours and takes into account their contextual factors. Such an approach can accommodate changes to patterns and types

¹⁴ HSE. The Introduction of the Opioid Treatment Protocol. HSE Social Inclusion Unit.

of drug use. Through the National Drug Rehabilitation Implementation Committee pilot project, improvements to the quality and operation of services are being facilitated by the adoption of quality standards and a care and case management approach, resulting in improved assessments and integration, coordination and effectiveness of interventions. People were concerned that it is already difficult for funders to understand the importance of a flexible understanding of treatment and that the approach may suffer in the context of cutbacks.

Local projects have been successful in engaging and maintaining drug users in services, supporting their stabilisation and recovery and are developing competencies in addressing issues of problem alcohol use in combination with other drugs. A key concern however was the lack of clarity at the time of consultation of the implications for local services of the incorporation of alcohol into the national drugs strategy.

Government funding and other systems not so responsive

The responsiveness of local projects is not reflected in the government framework for supporting, funding and monitoring drug projects and services. The approach is still based on opiate use and centred on a linear model of intervention and rehabilitation, with no acceptance of the dynamic of the process of rehabilitation, which may include relapse. Consequently, the monitoring framework for services is inappropriate, being overly focused on measuring inputs and outputs and value for money, with often unrealistic expectations of the rate of progression possible, given the complexity and depth of the issues experienced by clients and the communities in which they exist.

Special Community Employment Rehab Schemes are a crucial means of aiding stabilisation and integration and there were major concerns about the impact the current changes will have on the lives of recovering drug users, their families and their communities.

Community fear and intimidation

Low level intimidation

Street dealing, drinking and drug consumption can take over public areas, creating serious public nuisance and frightening residents, making them afraid to use the public spaces or leave their homes at all and causing serious mental and emotional stress for individuals. Such clear evidence of drug use also leaves children and young people at risk of copying what they see. This sort of low level intimidation was reported from all areas and there were also reports from some areas of action by residents coming together, or by individuals on their own, to take a stand against the nuisance and intimidation. But it is very difficult for residents to tackle this by themselves, without police and other official support; if crime goes unchecked and the physical appearance of an area is allowed to run down more anti social behaviour is generated. Experience with regard to joint working with the Gardai and local authorities for instance was mixed across areas.

Disadvantaged areas traditionally do not have positive relations with the Gardai and a number of initiatives have sought to address this, including Community Gardai, Community Safety Forums under the RAPID programme and, in the context of addressing community drug problems the establishment of Community Policing Forums. The impact of forums has been very uneven. Although the strategy provides for them to be established in all task force areas, this has never been achieved. Adequate resources for effective coordination were not put in place in most areas. In areas without a coordinator, the view is that effectiveness is largely dependent on the individual Gardai involved. However there are examples of best practice which include the Dublin North Inner City Community Policing Forum that has been in existence for ten years and has been positively evaluated. Guidelines were published by the Department of Justice¹⁵, with inputs from Citywide and others, which,

if followed, could lead to effective community policing approaches.

There are some factors complicating the involvement of local residents and drugs services in policing forums. If services are known to be cooperating with the Gardai, users can be reluctant to engage with those services. In addition involvement with the forums can attract intimidation against individuals or services in some areas.

These initiatives have been subject to funding cutbacks and in the course of consultation for this document one forum was informed of a 75% reduction in funds, effectively rendering it defunct. The Dial to Stop Dealing help line was a community led response and provided a confidential way of local people reporting incidences of drug dealing. This was considered to be successful by the Gardai, which it describes on its website as “a great bank of community intelligence which has helped Gardai build numerous criminal cases against known individuals”. As part of the cutbacks during January 2012 this service was abolished, without consultation or direct communication with the communities affected.

Continued and increased violence and intimidation related to drug debt

An even more serious disruption of community safety is direct intimidation by drug dealers and gangs, related to drug debt. This was reported from all task force areas. While intimidation is not a new problem, it has become more violent and lethal, largely related to the availability of firearms. The issue been highlighted before by CityWide and others¹⁶ and incidents are regularly reported in the media. There is no relationship between the size of the debt and the level and type of intimidation and some very serious attacks are carried out on

¹⁵ Dept of Justice Equality & Law Reform, Guidelines for Local Policing Fora in Local Drug Task Force area, July 2009

¹⁶ See for example: CityWide (2011). Working Together – Tackling Intimidation. CityWide Seminar 19th May 2011.

people with debt of only a couple of hundred euro. Neither are the perpetrators specific about who they target. Families of individuals in debt, particularly mothers, are also singled out. Intimidation includes actual physical violence such as stabbings, sexual violence, beatings, shootings and murder; threats of such violence and bullying; and attacks on property and pets. Houses are petrol bombed and burgled, windows smashed, cars smashed up, pets killed.

Local people have observed increases in suicide connected with drug debt. Debts are not written off when someone dies but are passed on to the victim's family and if a debtor happens to receive a prison sentence, the intimidation continues there. In an effort to settle debts, families are turning to money lenders who engage in their own form of threats and violence to extract repayments. Some individuals are being forced into drug dealing as a way of repaying their drug debts while others are intimidated into allowing their homes to be used to hide, store and deal drugs. Women are particularly vulnerable to these threats and to sexual violence and exploitation. In some areas the homes and gardens of local residents are used to store drugs, often without their knowledge. If they do become aware, they are too afraid to do anything to challenge it.

A major obstacle to challenging and addressing this form of intimidation is that people who either witness it or experience it directly are terrified to report it in case of reprisals from gangs. This fear is not allayed by the legal system, which requires that anyone making an accusation must go to court to testify. Where reports of intimidation are made, there is no programme of witness protection and it can be several months between a report and a court case, during which time the complainant is in fear of reprisals.

Experience at local level where reports were made was mixed with some areas reporting Gardai to be largely unresponsive and

appearing either reluctant to pursue cases or not knowing how to. Others had more positive experiences. For instance, intimidation among Travellers in Finglas was a serious problem but individuals were afraid to go to the Gardai because they had minor legal infringements such as parking or speeding tickets. By setting up a local clinic to deal with these issues, the Gardai were also able to build relationships and tackle intimidation. Following research in 2009¹⁷ a joint pilot project between the Family Support Network and the Gardai was established to facilitate confidential reporting of intimidation.

Drug gangs grooming young people

A relatively new phenomenon is the engagement of young people by drug gangs and their induction into drug dealing and associated activities. Often the children who are targeted are very young and are used by gangs initially to deliver or collect drugs, money or fire arms. Gangs are calculated in who they approach, concentrating on those they see as susceptible to their approaches but who are not known to Gardai, so that they will not raise any suspicions in their couriers; and those who may have relations already involved. Either way, they are sworn to secrecy by the gang and are too afraid to speak about the activity. For some young people, drugs are such an integral part of their family life that they are encouraged in this activity by parents and siblings. Given the lack of employment prospects in disadvantaged areas, drug dealing is often an attractive option.

¹⁷ O'Leary, M. (2009). Intimidation of Families. Family Support Network.

Community engagement

Partnership approach no longer valued

Ireland was at the vanguard of the partnership approach and involving communities most affected by problem drug use in tackling the issue and this is now internationally recognised as the most effective approach. While successive drugs strategies in Ireland have embraced and promoted this approach, the current strategy has made changes to its structures which have undermined the partnership.

In the context of addressing problem drug use, partnership must provide opportunities for meaningful dialogue and joint problem solving through the development of consensus. This was the practice under the previous structures where by the local partnership bodies (drugs task forces) had a direct link with the central decision making body, the National Drugs Strategy Team which itself reflected the inter agency composition of local task forces, at a senior level. This structure enabled a process of joint consideration of issues at local level by relevant community and statutory bodies and the bringing of these issues to the central level for ratification and policy and other changes as necessary. In turn the National Drugs Strategy Team had direct communication with a Minister (with responsibility for the drugs strategy) and through him to the Cabinet, ensuring that there was clear oversight and leadership of the strategy's implementation. Regular and direct contact between the Minister and local communities was also a feature of the previous arrangements.

The current strategy structure removed the National Drugs Strategy Team in favour of an Office of the Minister for Drugs, which was subsequently abolished following the transfer of responsibility for the strategy to the Department of Health and Children. Two separate units, the Drugs Programme Unit and the Drugs Policy Unit were established.

An Oversight Forum on Drugs is nominally responsible for high level monitoring of strategy implementation but given that it meets just quarterly it has not had sufficient time to get to grips to with this brief.

A Drugs Advisory Group set up under the Office of the Minister for Drugs has been retained. In principle its functions are to advise the Minister on operational and policy matters relating to the strategy, drive the implementation of the strategy, support the work of local task forces and ensure that policy is informed by their work; and to play a liaison and representative role between them and the Minister. In practice, the Group meets for two hours once a month to consider feedback from local task forces but without the opportunity to focus on policy issues or interagency coordination; or support the engagement of community and voluntary organisations. Another key weakness is that other groups and bodies such as the National Advisory Committee on Drugs, NDRIC and Young Persons Facilities and Services Fund are not directly included in these structures but working in parallel to it.

In this context it is perhaps not surprising that participation by crucial statutory bodies is at best mixed. The Departments of the Taoiseach and Education and Science have withdrawn from national structures and at local level every drugs task force reported the absence of statutory representatives from meetings and repeated failures by statutory bodies to fill vacant places. Such practice conveys a government attitude that is not wholly committed to tackling the drugs crisis.

Many obstacles to community participation

Community representatives on drugs task forces are voluntary. Their role is to represent the views, issues and needs of the community at task force meetings and to feedback to the communities they represent. There are a number of obstacles to these roles being fulfilled effectively and a number of areas reported difficulties recruiting volunteers to the role. This can lead to a lack of turnover of task force membership, so that the same people have been representatives for a number of years. This is a situation common to many structures and is both a cause and a result of inactive community engagement. People who are in feel as if no one else is interested in replacing them and the people who are outside feel as if there is no opportunity for change. Although a handbook has been developed for drugs task forces, which sets out procedures for their operation, including selection and succession of community representatives, there has been no monitoring of the extent to which the guidelines are being implemented in practice.

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Community Networks are a crucial element of the infrastructure to support community representation on task forces and for ensuring that drugs issues are kept on the agenda of other community based forums and issue based networks but it will be difficult to sustain Networks in light of current funding cutbacks, which will remove an important link and support for community engagement.

A key current problem is the fact that in some task force areas community representatives have been subject to intimidation in the recent past so that people are afraid to be seen to be involved in these local structures.

More mundane but none the less important are the fact that Task Force meetings are not arranged to suit the circumstances of volunteers who may not be available during work time because they have work or childcare or other commitments and the support, training and information they

receive is not always adequate to making them feel confident and able to participate fully in meetings.

Changes to community infrastructure in recent years, together with more recent funding cutbacks have also had an impact on community participation. In a review of the local development programme, community development projects, the mainstay of much community activity were either abolished or absorbed into the local area partnership structure. Community development accounts for a very small proportion of partnership activities and fears were expressed about community development projects becoming lost within these structures and, as more funding cuts hit, the job of community based projects addressing problem drug use becoming impossible.

SECTION THREE

RESPONDING TO THE CHALLENGES – AN AGENDA FOR ACTION

Following on from the last section where the key current issues and problems were identified and reviewed, this section presents the proposals communities believe would address the presenting challenges. CityWide believes that these provide a clear agenda for action for government, CityWide and communities and if implemented could provide an opportunity for joint working to resolve many of the issues that are likely to emerge in the coming years as a result of increased unemployment and service cut backs.

Make partnership work

Current structures are not supporting partnership or the achievement of objectives and it is proposed that Government revise the structures and commit to a reinvigoration of the partnership by:

- Recognising the concentration of community drug problems in the poorest communities and ensuring that responses are carefully targeted at need.
- Committing to actively supporting and working in partnership locally, regionally and nationally with affected communities, to design, deliver and monitor agreed responses.

- Providing clear leadership for implementation of all actions in the NDS.
- Simplifying the structure by maintaining the *Oversight Forum* of senior officials and community & voluntary sector representatives to provide high level monitoring and report to a cabinet sub-committee; establishing a cross departmental *Implementation Group* with membership from voluntary and community sectors to drive and support implementation; and retaining task forces to develop, monitor and report on local plans.
- Holding lead agencies to account, through robust monitoring of their progress in implementing NDS actions and strategy objectives.
- Implementing practices and procedures set out in the Task force handbook for membership and responsibilities.
- Integrating the National Advisory Drugs Committee, the National Drugs Rehabilitation Implementation Committee and the Young Persons Facilities and Services Funds into the work of the implementation and oversight functions of the structures and committing to implementing recommendations made them

- Responding to new and emerging needs as they are reported from local areas.
- Supporting the involvement of communities and community representatives.
- Introducing agreed national standards for community engagement and using these to monitor and measure its quality and effectiveness¹⁸.

CityWide and communities will play their part in a reinvigorated partnership and achieving agreed objectives by:

- Enhancing contact with and support to community representatives
- Increasing networking opportunities for task forces, community representatives, drugs services and other relevant bodies
- Improving knowledge sharing and learning between community based drugs services, task forces and other relevant players such as clinicians and academics, policymakers and other experts by hosting seminars on current issues, thinking and practice
- Building solidarity across national, regional and local organisations with an interest in social justice, equality and inclusion on the drugs crisis
- Developing a system to capture and report on the experience at local level of changing patterns of community drug problems, including drug use, gang activity, incidents of intimidation and other issues as they arise.
- Collating papers, articles, and information from local areas on new and emerging issues and responses to them.

Support and Resource Community Drug Projects

- Community drug projects are expert in responding to the problems associated with drug misuse. It is widely recognised that they have the knowledge, flexibility and skills to respond quickly to emerging local needs. Drug Projects are estimated to have suffered a 29% reduction in Government funding between 2008 and 2012.
- The special CE Drug Rehab Projects are central to their communities and provide an incentive for those caught up with drug problems by providing hope, support, expertise, training and a way out of drug addiction. These programmes are currently under threat because of budgetary decisions which will see their training and running costs dramatically reduced. The consequences of these decisions will reduce the ability of projects to provide appropriate supports and training and in some cases may result in the closure of projects.
- These cuts cannot be sustained without serious consequences for individuals, families and communities. These community drug projects must be supported and resourced.

¹⁸ National standards exist in Scotland and are: Involvement, Support, Planning, Methods, Working Together, Information Sharing, Working with Others, Improvement, Feedback and Monitoring and Evaluation.

Improve protection, reporting and prosecution of debt intimidation

The experience of communities with drug debt and intimidation requires urgent and high level attention and it is proposed that:

- The Implementation Group, recommended above, reviews policies, procedures and legal instruments to identify and address any impediments to tackling drug debt related intimidation
- Local task forces are required to establish a subcommittee dedicated to the issue with responsibility for reviewing the situation locally, considering solutions and potential blockages to them and reporting to the Implementation Group.
- Key issues to be considered nationally and locally are how victims of intimidation can be supported and protected to report incidents; how records of incidents are compiled; how reports, prosecutions and judicial outcomes of cases are tracked; and what options there might be for organising debt repayments.
- Following this phase a national three-year plan and local annual plans should be agreed and made public. Plans should be focused on achieving a measurable reduction in incidents of intimidation, an increase in prosecutions and convictions and an improvement in community safety and quality of life. Implementation of the plans to be monitored by the Oversight Forum.

Systematically tackle gang activity

Alongside the containment of drug debt intimidation, which should be achieved by the previous actions, it will be necessary to focus on tackling gang activity more generally. This must be done in a coordinated and systematic way to avoid moving, rather than addressing the problem. It is proposed that a plan be developed for doing this, based on an assessment of the existing situation and evidence of what works in tackling gang activity as follows:

- An assessment of gang activity is made using a rapid assessment or similar approach, based on Gardai data and intelligence and local key informants, observation, reports etc.
- A steering group of relevant practitioners, academics, Gardai, experts is established to oversee the development of a plan
- Evidence of what works is reviewed and assessed. There is now a strong body of evidence, which points to the need for responses to be multi-faceted and longitudinal, focused both at the young people who are vulnerable to being lured into gang life or new to it; and the leaders; and engaging community, youth, employment, police and other services¹⁹. In Scotland a public health approach is applied which seeks to identify the risk and protective factors to violence by looking at the individual, cultural and societal factors and developing tailored, multi agency responses to it.²⁰ Mediation and Community Restorative Justice have been successful in addressing gangs in Ireland²¹.

¹⁹ Called the "pulling levers" deterrence strategy this approach has been extensively in the United States in programmes such as Project Safe Communities and Drug Market Intervention and are these are considered in have been effective in reducing gang activities and violence. Gang members are offered a choice of engaging with pro social activities or facing prosecution, rigorously pursued. A project in Scotland, delivered by a voluntary organisation follows a similar approach of providing intensive supports to young people (see INCLUDEM <http://www.includem.org/>).

²⁰ A National Violence Reduction Team recently established by the Scottish Government (<http://www.actiononviolence.com/>)

²¹ Community Restorative Justice which has been used extensively in Northern Ireland as an alternative to self policing imposed by paramilitary organisations. Mediation has been successful with feuding Travellers.

- Once the evidence is gathered and any further investigation considered necessary is completed, the steering group should agree a plan, which is focused on the objective of reducing the number of gangs, the impact of gangs on communities and the diversion of young people from involvement in gangs.

Support families, children and young people most at risk

- There is now a strong body of evidence to indicate the risk factors to problematic drug use and other problematic behaviours and it is recommended that this information be used to target specific families and children in task force areas so that early, intensive, holistic and coordinated interventions are wrapped around them.
- This form of targeting would ensure that those most at risk are targeted for interventions. This targeting must be subtle so that individual families and children are not stigmatised. It is accepted that this is the general thrust of government policy but the application of policy is often uneven and not necessarily getting to those who most need it.
- In the context of drug use and involvement of young people in drug use and drug gangs it is considered that the generalised education and information programmes would not be effective and the most appropriate and effective way to protect them from this activity is to build their confidence and esteem; and their ability to make sound judgements using available information and to look for help when necessary.
- The normalisation of drug use in some areas changes the entire context of working with young people. The implications of 'normalisation' need to be considered when planning supports, programmes and interventions for young people.

Build community resilience

- While understanding that these are core competencies fostered through the primary school curriculum and basic to youth, community development and other interventions, these need to be expanded to ensure that each child or young person at risk gets the necessary tailored support. To this end it is recommended that the Young Persons Services and Facilities Fund be retained and used to ensure that there are programmes and interventions in place in schools and youth services in all task force areas, to encourage the development these attributes.
- CityWide notes the commitment in the Programme for Government to a new area based approach to tackle child poverty, beginning with ten of the disadvantaged communities and it is recommended that problem drug use be taken into account as an indicator of embedded disadvantage when these areas are selected.
- With regard to children within families with drug using parents, a conference held last year considered this issue and produced a set of recommendations, centred on the principles of early, holistic, coordinated responses and CityWide endorses these recommendations²².
- A key resource to task force areas has been the Young Persons Facilities and Services Fund and it is recommended that this should now be focused, not on capital projects but on ensuring that there are programmes and interventions in place in schools and youth services in all task force areas, to encourage the development of pro social attributes.
- In addition to supporting individuals within communities, tackling community drug problems requires strengthening of community infrastructure so that resilience is built across the whole community, creating social capital and the potential replacement of the vicious cycle of deprivation and problem community drug use with a “virtuous cycle of stability, renewal and development”²³,
- Weak social capital is one of the indicators to problem community drug use identified in the community drugs study discussed in Section two. Strong social capital and community engagement can help prevent it. Building community resilience is an objective of community development and a range of activities take place in communities all over Ireland that contribute to community cohesion and active citizenship.
- It is these activities that are at most risk in the current climate of austerity where the emphasis, understandably, is on protecting frontline services. But this approach is limited in its vision. Services are an important part of building community resilience but no matter how well targeted and delivered; they are focused on individuals, usually as consumers of their services, not on citizens or the community as a whole.
- Improving services without investing in community infrastructure and addressing the community dimensions of local needs and problems will just not work. Neither will investing in services and community development but failing to invest in the physical infrastructure and economic opportunities available in an area.

²² National Advisory Committee on Drugs, 2011. A Family Affair? Supporting children living with parental substance misuse. A report of a national conference held in October 2011.

²³ As envisaged in the *Ministerial Task Force on Measures to Reduce Demand for Drugs*.

- Community resilience is necessary to tackling the drugs crisis but it cannot be done without a comprehensive approach of services, community development, improved physical infrastructure, commercial and public amenities; and employment and recreational opportunities. It is proposed that this is the approach taken by the Government.

Strengthen information and harm reduction messages

- Drug related deaths in Ireland are already high and polydrug use and the use of new psychoactive substances pose new risks to drug users, partly because their content and potential effects are not well understood. It is important to ensure that this information gap is addressed as a starting point to informing and educating users and potential users so that risks can be averted. In this regard CityWide broadly supports the recommendations of the National Drugs Advisory Committee report on new psychoactive substances (2011).
- Public health messages should be about harm reduction and delivered in a way that ensures they have some credibility with target audiences. Messages should contain information on the drugs available, their chemical components, individual immediate and longer term effects and effects if combined with other substances. Importantly, they should concentrate on communication channels relevant to the target groups, including social media sites.
- The Road Safety Authority has been effective in dramatically reducing the rate of road deaths and this experience may be able to inform the development of a similar strategy to tackle the high level of drug related deaths in Ireland.

Use CAB monies to fund services in local communities

- Significant profits are made legally and illegally from problem drug and alcohol use. The results of problem drug use can be catastrophic for individuals, their families and communities and can have negative impacts on society as a whole. It is recommended that a special fund be established to support initiatives in tackling problem drug use, through deployment of funds from CAB.
- This recommendation has been made by CityWide previously and has been supported by members of the current government when in opposition and by a number of local authorities. It was rejected by the previous government on the grounds that the assets seized must be returned to the exchequer and that the amounts seized in any year is unpredictable. CityWide does not accept these factors as insurmountable and reiterates its call for money from the poorest communities to be returned to them to help repair the damage that drugs have caused.

Establish an Alcohol Social Responsibility Fund

- It is recommended that a social responsibility levy be placed on the drinks industry. The introduction of such a levy would contribute to the costs of managing the impact of alcohol related harm and in particular, the social consequences. Income from this levy should be ring-fenced in a special fund.
- These new funds should be administered as part of the reformed drugs strategy support structures. They should be focused on encouraging innovative projects to address specific issues and will add value to existing services or initiatives. There should be a clear application process with criteria for allocation, and projects funded should be subject to rigorous evaluation in order to extract lessons on what works.

Debate decriminalisation

- There is a view that much of the harm related to drug use and drug dealing occurs because of their illicit nature and that if the criminal aspect of the problem were removed then the harm would be reduced. International evidence²⁴ shows that decriminalization initiatives do not result in significant increases in drug use. It is also widely recognised²⁵ that the global war on drugs has failed and it is time for us to challenge rather than reinforce common misconceptions about drug markets, drug use and drug dependence. Along with others, Citywide calls for an open debate about decriminalisation in Ireland.

²⁴ Hughes, C.E. and Stevens, A. (2010) "What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?" *British Journal of Criminology* Volume 50, Issue 6, pp.999-1022

²⁵ Report of the Global Commission on Drug Policy, June 2011

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