



Canal Communities Local Drugs & Alcohol Task Force

Submission to the public consultation process for the new National Drugs and Alcohol Strategy 2017 - 2027

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Treatment & Rehab Subgroup

Stuart Fraser - Inchicore and Bluebell Community Addiction Team (IBCAT)
Tony Coffey, Trevor Keogh - Canal Communities Training Programme, TURAS
Nicola Perry - Community Response
Margaret Lamrani - Community Lynx Project
Esther Wolfe - HSE Addiction Service Representative
Tony Foley - Probation Service
Christine O'Byrne - Community Adult Mental Health Service
Alan Cleere, Marguerite Woods - Rialto Community Addiction Team
Norah Byrne, Pat Gates - Canal Communities Regional Addiction Service
Cathy Kerrigan - Local Employment Service
Aisling Holland - Connect Programme

Rialto Public Consultation Group

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Rosin Ryder
Dean Burke
Alan Cleere

CCLDATF Special Meeting

Alan Cleere – Rialto Community Drug Team
Aengus O'Snodaigh – TD
Bronagh O'Neill – Canal Communities Regional Youth Service – Acting Chair
Inspector David Harrington – Gardai
Freado Hudson – Service User Representative
Greg Kelly – DCC Councillor
Jim Monaghan – Dolphin House Community Representative
Margaret Lamrani – Community Lynks Project
Pat Gates – Canal Communities Regional Addiction Team
Detective Inspector Paul Cleary - Gardai
Roisin Ryder – Fatima Groups United, Community Representative
Tommy Coombes – Bluebell Community Representative
Tony May – Rialto Community Representative
John Bissett – Community Representative Support Worker
Nat O'Connor – Incoming chairperson

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Introduction

This document is the submission from the Canal Communities Local Drug & Alcohol Task Force to the public consultation for the new National Drugs and Alcohol Strategy 2017 – 2027. Along with a DVD video created by local community reps, it is the culmination of a range of consultation meetings and written submissions from key stakeholder groups and individuals representing the local community, voluntary and statutory sectors, and includes contributions from service users, service providers and community members.

Overview

The Executive Summary below groups the major themes that emerged from our consultation process under seven headings. These headings reflect those that are currently taking place at national level: Supply & Demand, Prevention & Education, Continuum of Care, Evidence & Information, Alcohol, and Community, Inequality and Sustainability.

The following section presents the main points and recommendations in more detail. While there are many ways to collate and organise the feedback we received, it was decided to present it in way that reflects the local stakeholder groups and structures. The main issues and recommendations are reported in bullet-point form from each of the seven groups: Service User Subgroup, Treatment & Rehabilitation Subgroup, Alcohol Subgroup, Bluebell Public Consultation, Rialto Public Consultation, Inchicore Public Consultation, and CCLDATF Special Meeting.

Each stakeholder group/structure submission is presented in full in the appendix. The documentation in the appendices is replete with detail and references and the reader is encouraged to consult carefully with these sections.

We would like to thank you for the opportunity to make this submission and hope that the views represented herein are reflected in the new strategy.

On behalf of the CCLDATF

Bronagh O'Neill

Bronagh O'Neill
Acting Chairperson
CCLDATF

Executive Summary

This section summarises the key findings and recommendations under six subheadings: Supply & Demand, Prevention & Education, Continuum of Care, Evidence & Information, Alcohol, and Community, Inequality and Sustainability.

Supply and Demand

Concerns about Community Safety and Community Policing were raised in all of the public consultation meetings, especially in relation to the effects of drug dealing and drug related violence and intimidation. There are a disproportionate number of premises in the local area licensed to sell of alcohol, 89 outlets alone in Garda District A.

Prevention and Education

There is significant shortage of programmes and initiatives to meet the increasing number of young people with complex and wide-ranging needs. Education programmes and preventative measures are needed in communities and in schools from early years to adulthood. These measures should be provided as part of a coherent strategy that also supports meaningful employment and training options as soon as young people are ready. The need for Prevention and Education work across individual, family and community levels was raised in all public consultation meetings.

Continuum of Care

Service users should be placed at the centre of any new strategy. Service user participation in services needs to be much stronger and more meaningful. Service user representatives and their work to be resourced properly including office space and materials and necessary training provided to fulfil the role. Specific addiction treatment services for young people should feature as priority in the new strategy. Improving and extending the breadth and range of drug free options available. Overall, the continuum of care model needs to be supported with sufficient funding and coordination (i.e. LDATE coordinators, and rehab coordinators) with full participation in the national rehabilitation framework among all community, voluntary and statutory agencies.

Evidence and Information

Promote resources and sustain research into changing patterns and trends of drug and alcohol use in the CCLDATE area including drug use patterns and patterns of dealing. The shift from an opiate driven drug using culture to polydrug use: one that is today built on the use of tablets such as benzodiazepines, z drugs, prescription drugs and weed, needs to be reflected in the new strategy.

Alcohol

Clear delineation of the nature and status of the alcohol section of the new strategy and the provision of appropriate funding to the scale of the task is essential. Make alcohol a public health issue and remove it

from its central place in Irish cultural life. Resource alcohol specific services in the CCLDATF area and increase in line with demand the number of detox beds for those with alcohol addiction.

Community, Inequality and Sustainability

The establishment of an explicit community pillar within the new strategy with necessary actions and resources. One of the most important of these is the support for and development of strategies of community participation. The foundation of this new pillar is in the already existing Local Drugs Task Forces. Community knowledge is as important as that of professionals as exemplified in the film made by the community representatives which we have included in our submission. <https://youtu.be/CKCn1EQK1eE>

Place the eradication of inequality at the heart of the drugs strategy. The National Drugs Strategy should be both Human Rights and Equality proofed. Make the connection between inequality, poverty and drug use.

Connect National Drugs and Alcohol Strategy to economic development plans and city development and other relevant plans.

Restoration of funding to projects and programmes in the CCLDATF area that was taken away during the austerity years from 2008 onwards. Establish parity between community sector and statutory sector on pay and pensions. Service providers were in full agreement that multi annual funding should be provided to projects.

Stakeholder Groups/Structures – Main Points

1. Service User Subgroup

- Provide supports, resources and training to service user representatives on LDATFs. E.g. Training in advocacy, motivational interviewing, naloxone administration, computers and social media, data protection, STORM/ASIST and Community Development.
- Continuous updating on the changing nature of drug use and new patterns that are emerging.
- There should be adequate provision of office space, phone cover and stationery,
- Treat service user reps with the same equality of respect and recognition as all other reps.

2. Treatment and Rehabilitation Subgroup

- Provide treatment and rehab response to alcohol
- Need for a Youth addiction treatment local response
- Establish a fully integrated and recovery focused community service for adults with co-occurring disorders in the CC area.
- Synergies between National Hep C programme and National Strategy for Hep C document
- A high profile awareness campaign on weed
- Establish an Expert group to review benzo prescribing protocols
- Consumption rooms to be funded from separate sources
- Funding for a range of acute specialised family welfare interventions
- Secure accommodation for drug users at all levels of addiction cycle.
- Rehab projects to report to the HRB in a similar way to Treatment services
- Additional payment of 10/15 euros a day to service users on top of their social welfare payments to attend services. Call it a Community Training and Development Scheme.
- Rehab co-ordinator post for the CC area.
- Multi-annual funding.
- Maintain Local Drugs Task Force Structures
- Establish a ministerial post for drugs at cabinet level.
- Incentives for employers to employ drug users through wage payments, supported employment and tailored training
- Recommend a Social Enterprise co-ordinator for the sector
- Fund the Irish Social Enterprise Network to assist in the development of policy, advocate for social placements, and develop a strategy for pathways for service users into supported employment.
- Legislation on spent convictions to be high on the agenda of the new strategy.
- There should be an amnesty and restorative practice position taken in response to prison records.
- Apply National Standards similar to DANOS and support the National Drug Rehab Framework model

3. Alcohol Subgroup

- Research: Continuation of CCLDATF research into Alcohol and work arising.
- Supply Reduction/Prevention: Implement and enact the measures in the Public Alcohol Bill 2013
- Treatment and Rehabilitation: Resource alcohol specific services in the CCLDATF area and increase in line with demand the number of detox beds for those with alcohol addiction.

4. Bluebell Public Consultation

Main themes

1. Awareness and Education around drug use.
2. Develop and sustain projects and services
3. Policing

General Themes and Recommendations

- Establish addiction/counselling services for young people and provide new options.
- Drugs Education and Prevention in primary schools and throughout the school system and for parents and families.
- Provide information and education on the dangers of alcohol.
- Make the link between inequalities and addiction.
- Establish a new Community Pillar in the new strategy.
- Provide supports for families with addiction.
- Provide supports for adults and older people in addiction in Bluebell.
- Resource and improve mental health services in the Bluebell area
- Invest in community resources which combat isolation for e.g. the arts, sports, music, bingo in Bluebell.
- Do work on the alcohol issue with older men in sheltered housing and provide resources.
- Provide stronger community policing
- Reduce the scale of prescription drugs and tablet use in general.
- Accessible local drugs project on the same basis as Inchicore.

5. Rialto Public Consultation

Main Themes

1. Service user participation strengthened and validated.
2. Education and Prevention
3. Establish new Community Pillar in the new strategy
4. Restore the projects and funding that was taken away during austerity budgets
1. Establishment of a new Community Pillar in the new strategy
2. Training, employment and enterprise pathways for people in addiction.
3. Addressing alcohol use in multiple ways.
4. Restore funding that was removed during austerity years.

General Themes and Recommendations

- Service user rights and participation to be strongly validated. Human Rights Approach to be established for this work.
- Integrated approach to the work of projects and services in the area.
- Addressing mental health aspects of drug use in a profound way.
- Understanding and addressing the changing nature of drug use from an opiate based one to the poly drug use, synthetic/tablet/prescription drug culture that exists today. New treatment programmes are needed.
- More regular forums to share information and knowledge

6. Inchicore Public Consultation

Main Themes

1. Put an Intense Focus on Young people and provide appropriate resources.
2. Tackle Alcohol Addiction.
3. Establish Community and Youth Pillar in the new Strategy
4. Education and Prevention
5. Policing and Community Safety

General Themes and recommendations

- Need for a Youth Addiction Service.
- Provide meaningful work, training and education for young people.
- Tackle drug dealing violence and intimidation in Inchicore e.g. Vincent street corridor from LUAS to Emmet road.
- Provide effective responses to the growth of synthetic and prescription drugs.
- Address gross material, cultural and social inequalities in Task Force areas.
- More Gardai for Policing and Community Safety to deal with Deal with Drug dealing, Intimidation and Violence.
- Education and Prevention in Schools Families and broader Community.
- Decriminalisation of drug use would free up vast resources.
- Make alcohol/drug addiction the number one public health issue.
- Restore funding to Community Organisations in the CCLDATF Area.
- Have specific youth drugs workers in all youth services.
- Resourcing of Youth work and options for young people.

7. CCLDATF Special Meeting (F2 Centre 14/10/16)

Main Themes

- Alcohol: Large number of outlets in the area. Increase the penalties for selling alcohol to those underage. Deal with alcohol advertising on sports events etc. Enact the Alcohol Bill of 2013. Alcohol development worker.
- Drugs awareness education should be done at a younger age.
- Multi annual funding security to projects.
- Reversal of cuts to projects
- Work with older people.
- Young people as a focus of any new strategy.
- Integrating social/community with the new strategy.
- Keep the CCLDATF as it is. Do not merge as it will lose its effectiveness.
- Introduce a caution system for small amounts of drugs like they have in Britain.
- Human Rights and Equality Proof the new strategy.
- Obtain a breakdown of stats on prescription drugs etc.
- Establish a Community Pillar within the new strategy.
- Housing is central to the addiction issue.

Appendix 1: Inchicore Public Consultation

Inchicore Consultation Meeting Tuesday October 11, 2016 New National Drug Strategy 2017

Eric Caffrey welcomed everyone to the Inchicore Youth Centre and thanked the attendees for their attendance.

Ailish Comerford also welcomed and thanked everyone for attending. Everyone was invited to introduce themselves. Ailish then gave a general introduction to the public consultation process and explained that this was the third National Drug Strategy Plan to be developed and contextualised the Community consultation process over the last 20 years by explaining the focus of the first submission was on the individual, the family and the community. In the second consultation process a similar approach was taken and incorporated supporting the person with the addiction and also exploring the needs of the family and the community. She spoke about the importance of not just having a medical approach but a community development approach to tackling drug issues and addiction. Eilish emphasised the need for a distinct Community Pillar alongside existing pillars such as supply reduction, prevention, treatment and rehabilitation.

John Bissett gave an overview of the purpose and rationale for the meeting which is to hear the community's view around the drugs issues. He explained the changes in the consultation process since the last strategy was developed. He said that in 2009 prior to the last strategic plan that there were over 16 consultation meetings arranged over an extended period of time to give everyone time to express their views and contribute to the process. This time there just 4 meetings and a submission process that individuals could utilise and the window of opportunity for submissions was very short (6 – 18 Oct). So in the absence of direct community consultation these meetings were arranged so that views could be heard and collated. There had been a meeting on Monday evening in Bluebell, Inchicore this evening and Thursday evening, and Rialto. John also introduced Senators Lynn Ruane and Collette Kelleher. He spoke about the importance of having political support throughout the community engagement process.

Senator Lynn Ruane was also invited to say a few words and she spoke about her own personal experience of drug addiction and coming from a marginalised community and then her own experiences of setting up addiction services in the Bluebell Community. She reiterated the point that the emphasis on the community consultation process had indeed shrunk significantly and how important it is to have a process for every community to contribute to this process. Lynn is currently working with other colleagues in the Seanad including Senator Frances Black to emphasise the need to move forward with the bill for decriminalisation. Senator Collette Kelleher spoke about the importance of connecting what is happening at a policy level with the experiences in the community and the importance of community activism.

The assembled attendees were divided into four groups and asked to focus on the following three questions:

1. ***What do you think is important for you around drug use and alcohol in Inchicore in general?***
2. ***What can be done to change the situation?***
3. ***What should be included in the New National Drug Strategy?***

Group 1 Feedback:

1. **What do you think is important for you around drug use and alcohol in Inchicore in general?**
 - Drug dealing, anti-social behaviour
 - Huge issues with police and lack of police presence in the area and no support from police
 - Young people who don't live here are dealing here
 - Concerns expressed around the apartment blocks at Tyrone Place – sitting on the stairs drinking and urinating
 - Residents in fear, residents afraid in their own homes.

2. **What can be done to change the situation?**
 - Police need to be more involved, need to get out of their cars and approach stairs and come up to landing – 25 years on and still the same issues
 - Police putting more services into gangs and not residents
 - Funding needs to be put back into community organisations
 - Funding needs to be made available for more private counselling services

3. **What should be included in the New National Drug Strategy?**
 - Have a distinct COMMUNITY and YOUTH PILLAR: Easier access for young people. This pillar would have a specific role in prevention, education and intervention.
 - Specific drug youth worker in all youth services as the services are experiencing high levels of drug use and dealing.

GROUP 2 FEEDBACK:

1. **What do you think is important for you around drug use and alcohol in Inchicore in general?**
 - Don't feel safe walking up the road (Vincent St, Tyrconnell Road)
 - Gangs outside the shops – don't know what they are doing
 - Not all from this area – drinking in stairwells, terrorising people on streets and in flats
 - Gardai sending mixed messages – joking with people who are causing the problems
 - Safe houses – people are being preyed on and intimidated
 - These behaviours are linked to underage drinking and drug use
 - People feel like soft targets
 - Non-nationals being targeted on the road between the Luas and on the main street
 - Openly drinking in the local areas
 - Denial of services to people because they cannot have delivery services – services afraid to deliver in this area
 - Community response needed not individual response

- Alternative activities for minors
- Different drug use produce different behaviours – Cocaine making people aggressive
- Workers in the area feel intimidated to do their work because of young peoples' behaviour.
- Different age groups – 10 years and older
- More difficult to work with – they are too young to go into youth services
- Young people on the fringes are being dragged into the drug scene
- Have to time children when they leave the house as afraid of what would happen
- Fear for children who are out playing
- People are staying in at the evening for fear of going out and not being safe
- Day long cycles of 'benders'
- Taking over the neighbourhood and young people
- Localised in lower Inchicore

2. What can be done to change the situation?

- Neighbourhood Watch System – Number that people can ring
- Live monitoring of CCTV footage – nobody is watching (only record 29 days)
- More trust developed between community and Gardai
- Problems not been taken seriously
- Community police and cars etc
- More resources needed for infrastructure for community development
- Community Gardai to be replaced
- No security (additional gardai resources) when there is a community event such as a football match
- Young people need alternatives
- Resourcing of youth work and good initiatives
- Safe zones needed for young people to gather (youth café?)
- Greater presence of gardai on the streets
- Play areas and community fitness areas,
- Outdoor recreational facilities
- YPS should be invested in

3. What should be included in the New National Drug Strategy?

- Reinstatement of YPS
- Reversal of cuts for youth and community sector
- More staff for youth projects
- More Gardai assigned to the area and patrolling
- More specific projects/ work for younger people to divert them – early intervention
- More education in schools etc around the dangers of drug use
- Drug awareness programmes in schools / youth projects
- Education for parents / workers in the area to see the signs
- **Need YOUTH ADDICTION SERVICE**
- Price of alcohol should be increased
- Reduce the outlets and availability of alcohol
- Changes in attitudes towards drink
- Communities need to be strengthened through community development
- More information available for families – a place to go – phone number
- More resources for family support
- Counselling services
- Awareness programmes
- Domestic Violence resources
- Resources to monitor the live CCTV footage in the area

GROUP 3 FEEDBACK:

1. What do you think is important for you around drug use and alcohol in Inchicore in general?

- The services were initially set up to deal with predominately opiate addiction, the changing nature of drug use over the last number of years, the increase of polydrug & alcohol use and the wide ranging associated anti-social behaviours including aggression, mental health disorders, drug induced psychosis have over-stretched the capacity and extent of the predominately opiate based services and services need to be resourced to adapt to the changing nature of drug problems
- Community staff, addiction services and youth services are experiencing and endeavouring to deal with high levels of aggression and anti-social behaviours
- No SPECIFIC treatment service for minors/ youth
- Community services that have been built up over the last 20 years and slowly being eroded due to reduced funding
- Community feels ignored and undervalued by the lack of acknowledgement and process throughout this consultation process. The questions within the template to simple to address the complex nature of drug issues within communities
- Workers experiencing vicarious trauma working with highly complex needs of service users

2. What can be done to change the situation?

- Decriminalisation of drug use would free up vast resources from probation services, prison services and legal system to invest into properly resourced treatment services
- Addiction is a complex issue and need a community development multifaceted response to deal with to the associated mental health issues and environmental issues and
- Need centres of excellence that are adequately resources to provide long term, comprehensive rehabilitation to drug addiction
- Question the experience and expertise at a ministerial level for the member of government charged with the drugs issue and development of the new national drugs strategy – is a week-long consultation process enough to develop a 10 year strategy?
- Need a strategic task force response to tackle drug debt, intimidation, gang related crime & warfare
- Public health initiative for differing needs of recreational drug use and more chronic dependant drug users
- Not enough residential treatment services to deal with benzodiazepine addiction, the complexities of polydrug use, proper services that meet the specialised needs of women in addiction
- Proper and adequate investment into existing resources so that existing staff have proper clinical supervision, supports, training and educational development

3. What should be included in the New National Drug Strategy?

- Youth and Community Pillar in addition to existing pillars
- Public Health Alcohol Bill to be enacted
- Community development to be valued and invested in – not just tokenism
- Work with marginalised and disadvantaged communities to provide family support for early intervention; help make communities safe through adequately resourced police force, proper environmental and mental health approach to dealing with addiction issues.
- Questionable if the new strategy is really setting out to include community mobilisation and development.
- Address the poverty, social exclusion, lack of resources, inequality
- Community services are not listened to – have no voice at national level – feel undervalued by statutory services – has become competitive and destructive- working on the cold face and yet not supported, resourced or properly invested in

GROUP 4 FEEDBACK (John notes):

1. What do you think is important for you around drug use and alcohol in Inchicore in general?

- Combat dealing that goes on up and down Vincent street west from the LUAS stop all the way down to Emmet road. It was said that drug dealing is rampant and takes place all day and even outside of the primary school. Dealing has become normalised for children and in the area. There is dealing going on outside the schools that would not be tolerated in England where the police move very quickly to stop people dealing outside schools. It was said on a number of

occasions that dealing is a policing issue and should be dealt with on that basis. It was said that the policing forum is crap.

- The relocation of the service users using the Curlew Road clinic to the primary Health Care Clinic at Richmond Barracks and the capacity of the clinic and the area to cope with the increase in numbers.
- There is a significant increase in the amount of Prescription drugs that are being sold and used in the area.
- Alcohol is also a significant problem in the area.
- Stigma – no supports for people who don't want to be labelled a 'drug user' – associated with it. if people want to access supports but don't want to be seen going into one of the drugs projects they felt this might be difficult for some
- The question was asked whether the youth project would work to offset this?
- Fear of violent assault – young people

2. What can be done to change the situation?

- Small services
- Private/ confidential – without stigma
- Curlew road – no consultation
- Dealing = policing forum inadequate
- No work here for young people when they leave school and for prolonged periods this creates the conditions for using. – ridiculous
- Change the causes that create the conditions for people to use in the first instance. There is significant poverty, lack of education and inequality in the area here
- People 'use' to block out their problems. Dealing is the culture – see their friends. When people see drug wealth they want it too. How do we change it so that this is not as attractive to young people and that there are other more viable options
- Needs to be more stuff / opportunities for youth leaving school
- Forums with young people – see what young people have to say
- 'Unsavable' = not just them – there are older kids who need it
- The 'badder' you are the more attention you get
- Would never give up on any of them
- Young people like boundaries. They know where the line is and sometimes they cross the line but they need you to bring them back.

3. What should be included in the New National Drug Strategy?

- Police response – immediate
- Education = schools – young people in 1st class
- Youth clubs / youth work
- **Support for Communities – Community part of strategy – Can the Strategy Support the Community?**
- People smoking on the canal = log the incidents
- All the resources tied up in Crumlin / Drimnagh due to the feud. We need resources to deal with it here in Inchicore.
- Gardai resources tied up in one place due to the feud or other things.
- People from here need work, college, education.
- Gang warfare needs to be addressed

Appendix 2: Rialto Consultation Group

Table 1

- Service users not being listened to
- People think it's their own fault – hep C/B
- Human rights training in Dolphin = recommendations just stayed on the shelf before this. Collective complaint for service users. Do your diploma but learned more from service users.
- When Dolphin House got into the media – how do you put person in responsibility under pressure?
- The shame of addiction prohibits people's empowerment
- 8 years of austerity. Sessional work all went – therapeutic work, getting self esteem – sessions helped – reiki one to one reflexology massage cut backs in the communities – people going back using when crisis hit. Need to fund communities. If we don't fund community projects people sell. Put back the money & resources. Saturday morning clinic was a huge benefit to the community.
- Collective complaint = community pillar is needed as opposed to a recovery pillar. Isolates us again. Need drug free alternatives = e.g. pubs - ? day
- alcohol issue and the drugs issue – alcohol is revered – Obama
- 3 people a day dying, 1,500 people in hospital. If we don't look at the alcohol harmful drinking = impact it will have on children = parents not present
- Equality between alcohol and drugs. How do we integrate all of the services? Joined up continuum of care. Serious on preventative ways into? on impact on children = 'hidden harm' children do what they see – educate people
- Women on alcohol = rise programme = women in prison = compo? For themselves knowing why they were dry
- Drugs scene changed in 09/10 wit head shops. Alcohol 25-30+ Alcohol under 25 = alcohol as part of polydrug use
- People under 25 = pills & powder weed & vodka
- Alcohol industry has a seat on policy committees.
- Alcohol on MLDT slapped down – no dept of education
- 6 deaths in last 12 months RCDT. All alcohol related – drinking on methadone. People coming to clinics have alcohol issues.
- children being born to mothers with alcohol issues = health issues resulting = next generation
- support through drug team very important
- people going from one addiction to another
- Saturday morning clinic
- Mental health is very important. Dual diagnosis clinic = no supports = serious issues down the line = psychiatric illness
- Tablets = benzo stabilisation & detox clinics
- New appropriate treatments for the drugs being taken
- Prescriptions – young mothers dealing
- Numbers of off-licences
- Weed/glass/sand
- Integrated services a priority
- Prevention to stop people

- Education into the homes & families
- Programmes for families
- Eradicating of poverty
- Community NGOs on NDS level
- Community pillar explicit

Table 2

- Young people drinking regularly – 10/12 yrs from Dolphin & Fatima – how do they get the drink?
- Smoking weed from 12 years very regularly
- vulnerable young people being groomed
- Violent repercussions if debts not paid
- Normality of drugs offered when people are stressed, e.g. funerals ‘like passing a bar of chocolate’
- Constant connection between celebration and alcohol. Need new culture of enjoyment without alcohol/drugs
- More resources for fun activities for young people
- Doctors issuing benzos too easily
- Oxycodone/hillbillies too addictive being prescribed by doctors & hospitals
- Alcohol industry too powerful still – needs to be challenged by government especially the link with alcohol and sport
- Shortage of ‘runners’ for drug dealers so the dealers are grooming the young people
- Rialto area is the centre of selling/dealing for south central area – need to copy the north inner city strategy and set up an integrated task force
- Level of violence by young people on community members and others because they know people are afraid of them
- Young people need formal and informal work – enterprise pathways
- Training and jobs is critical
- Communities knowledge is as important as professional
- Community is critical to a successful response to the drug issue
- Political reps should be approached to reinforce the community combined response (e.g. Community reps film)
- Health and Wellbeing agenda needs to be supported in schools
- TUSLA financial support for children affected by addiction is being reduced through lower funding for community crèches – yet they want increased outcomes
- Risk of closing childcare services in rialto because of uncertain financial future
- Gaps in services for children and families
- Childcare workers hard to find because there is no career path
- Cocaine for socialising has become normalised
- There should be more opportunities like these forums to input regularly into the Task Force

Appendix 3: Bluebell Public Consultation

Public Consultation Meeting: New National Drugs and Alcohol Strategy

10th October, 2016

Bluebell Community Centre

Notes from Consultation

1. Awareness and Education

2. Services

3. Policing

- There are no addiction/counselling services for young people, up to 18yrs of age, in the community. Need more options for young people around addiction supports etc...
- There is a perceived poor relationship between Gardai and some residents, particularly with young people. Lack presence in the community was mentioned with one resident referring to the way that Gardai speak to kids who are just playing on the street.
- Education regarding drug awareness and prevention, at primary school level starting at a young age. Same young people, get into the same situations over and over again. Need to have a more rounded education that helps kids to develop a sense of themselves, society, their mental health and issues around bullying etc.
- Promote education and community involvement at all ages and work on prevention.
- Need to address the causes that lead to people abusing drugs and alcohol, in a holistic way i.e. parents, schools, community..."drugs are only a symptom."
- Information for parents, with constant updates and engagement with police and schools. Help parents to become "drug-wise" and alert them to dangers of prescription drugs and alcohol in the home.
- Communication of supports available in the community centre.
- Need more resources in the local community. Better living conditions for older people and families struggling with the fallout of addiction.
- Mental Health services – none in the local community.
- Community Investment: tackle social exclusion and isolation, e.g. through more community activities such as arts, music, sports, bingo etc...
- Alcohol sales to young people are a problem. Alcohol advertisements are an issue also (e.g. Heineken football cup). In shops, alcohol is on display, whereas compared to cigarettes there is a big difference. Need more information broadcast about the dangers of alcohol, and education in schools around this.
- Big alcohol issue with older population in sheltered housing.

- Community policing and safety. There is an atmosphere of intimidation, public drinking, anti-social behaviour, selling and using of drugs in flats stairwells. Jamestown Court is closed up and used by young people for selling/taking drugs. In Bernard Curtis Houses the fear and intimidation is such that people are afraid to leave their flats “people are prisoners in their own homes”.
- Lack of police presence in Bluebell was a big issue and was raised again and again by each of the sub-groups at the consultation. Need a bigger police presence. A ‘Neighbourhood Watch’ program could be useful but there is a concern around the dangers of this for the people involved, and social intimidation is already an issue for some.
- Family/generational supports – specifically inter-generational. Support the well-being of families in general who are dealing with the fallouts of addiction, in a holistic way. Look out for the education and well-being of children.
- GP accountability and oversight with over-prescription drugs, e.g. anti-depressants. More information about the dangers of prescription drugs in general.
- Communication: Don’t know what supports are available at a local level. Need more information regarding what’s happening in the community (events etc), supports for family and neighbours. Drugs team newsletter?
- The need for a forum in the community with the local projects including the drug team, youth project, community development project and other stakeholders where the voice of the local community in relation to drugs is heard was recommended.
- St. Pats had flags for drug awareness at sporting events – good to see.

Appendix 4: Service User's Forum

Public Consultation for New National Drug Strategy

Professional Submission From: The Canal Communities Service User's Forum

Submitted by: Emma Fox, Project Development Worker

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Tell us your views on the existing strategy:

We feel there were aspects of the strategy that worked well, but there were also aspects that were not so effective. The introduction of Action 42 was a very significant change and extremely positive in the promotion of service user involvement. However, voluntary SU reps need resources. They need a base, an office, as they are required to keep documents and notes to support the service users they are representing. SU reps, like all task force reps, want to show accountability and need space and resources to do their job. Service user involvement needs to be more meaningful in services, and within the role as volunteer rep. Service User reps need investment in training. Currently they receive minimal training (if any) to do their jobs. Service user reps need training in advocacy, motivational interviewing, naloxone administration, computers and social media, data protection, STORM/ASIST, and community development. They also need to be recognised as professional by the local Task Forces and projects. Task Forces need to support this by investing in their reps by providing training and resources, and a local service user involvement strategy.

The inclusion of alcohol into the strategy was also very important as our services, task forces, government and wider society need to address our culture with alcohol. It is the number one problem at the moment. However we feel this inclusion was late and that the new strategy needs to keep up with changing needs of service users.

Also the current strategy has not come far enough in eradicating practices that are demoralising and undignified, such as the process of supervised urinalysis. These practices perpetuate the problem and create a sense of institutionalisation. GA's in clinics are not medical staff and are often the ones supervising urinalysis. They themselves need to be properly trained on how to communicate with service users.

GP's should also be trained/informed better on the social aspects associated with drug use, such as how it manifests, why people become dependent, motivational interviewing training for addiction etc. This understanding is not always felt by service users in a clinical setting, and might lead to better outcomes.

A lot more information is needed and emphasis on stigma and social aspect of how drug use manifests.

What do you think are the most harmful drugs in your community?

No 1. Craic Cocaine, No 2. Alcohol, No 3. Tablets: Benzodiazepines and Lyrica/Pregabalin.

Supply Reduction: Views on the availability of drugs in Ireland:

Drugs are extremely easy to get in Dublin. If you have money you can get anything anytime. Alcohol is too widely available. Availability has increased dramatically in the past few years.

The Gardai play a role in reducing availability.

Decriminalisation would create less of a black market for some drugs.

New legislation regarding prescription drugs is badly needed. The government need to respond quicker. There is a very serious problem in our area with Lyrica at the moment and nothing is being done about it. There is also an increase in crystal meth use and there has been no response to this yet. Better supports are needed for people coming out of prison from drug-related offences, so they don't get back into crime.

Pillars: Five pillar structure could be reviewed, as it is missing some important aspects. A communication pillar should be included as structures are unclear. A community pillar should be included, as there is no current focus on this, or the importance of community reps. Also mental health needs to be included.

The New strategy should be informed by evidence based and international best practice.

Prevention: Describe how well informed you think you are about the dangers of drug use:

We feel we are well informed. There is a lot of really good information out there compared to a few years ago. More education/awareness is needed on the reasons that lead to drug use, not just a focus on the dangers and risks. This would create a better understanding and self awareness.

More education is needed in schools, targeting young people. Drug education should be on all secondary school curriculums and children should be educated from the age of 12-13.

Parents need advisory services in schools and communities. Information about websites and how to use them/access them (like drugs.ie). Delivery to parents is very important; information should be tailored to parents.

Treatment: Views on how easy it is to get treatment for drug and alcohol problems in Ireland:

It's not easy or straight forward to get treatment. There are many treatment options but huge waiting lists and not enough variety. There are too many blocks to accessing treatment such as housing/homelessness, other addictions, mental health problems, and issues with GP referring. It's very difficult to get off methadone maintenance and there are few other methadone substitutes available. Alternatives to methadone need to be offered to people. GP's need to support this and protocols need to be reviewed. People are left on methadone for life. Meaningful reviews of treatment plans need to happen with service users, and they need to be empowered to be involved in their treatment.

Some treatment services are good but some are not up to standard. There is no consistency. Most services are understaffed and under resourced. Treatment needs to be more holistic. Aftercare is not enough without other issues being addressed such as housing, social needs, education, employment etc. People need meaningful connections.

Rehabilitation: How do you think people can be assisted to lead a drug free lifestyle?

Developing social supports are vital, as well as good aftercare plans, housing, education, employment. Ongoing support with coping is needed, years after treatment, and relapse prevention structures.

Service users need more choice with their rehabilitation options. Options need to focus not only becoming drug free, but making connections with people, family, friends and the community.

Research: What research would you like to see carried out in Ireland in the future?

Research on the attitudes of the public towards the substances currently being used. Research into quality of services currently in operation. Research into what services want in terms of treatment.

Appendix 5: Alcohol Group

New National Drug Strategy, Public Consultation

Submission Document from the Alcohol Task-Group of the Canal Communities Local Drug and Alcohol Task Force

Background:

In 2009, The Government decided to include alcohol in a National Substance Misuse Strategy. Arising from this decision, a Steering Group (chaired by the Department of Health) was established to advise Ministers on a new Strategy. The Substance Misuse Strategy focused on alcohol in particular and in conjunction with the National Drugs Strategy (2009–2016) as the overall National Substance Misuse Strategy until the end of 2016. Thereafter it was envisaged that a single combined document would be involved. Following the publication of the national Substance Misuse Strategy Steering Group report in 2012, discussion ensued within all the Drugs Task Forces as to how the inclusion of alcohol within their remit might happen. While alcohol was one of the drugs used by many of those presenting to the services overseen by the Drugs Task Forces and was addressed by the service providers, alcohol as an issue that affects a much broader, diverse group within the community and its impact affects individuals, families and the entire community in very different ways was not within the Drugs Task Force remit.

Establishment of Alcohol Task Group for the Canal Communities Local Drug and Alcohol Task Force

The Canal Communities Local Drug & Alcohol Task Force (CCLDATF) agreed to look at the how best to ensure this information was available within the local context. While there were many contemporary national and international reports in relation to alcohol misuse, there was little coherent information on the nature and extent of alcohol misuse within the local area. The inclusion of alcohol with the CCLDATF remit therefore demanded local research to ensure there was a base line against which a measurement could be taken in relation to national and international statistics, and for use in measuring changes locally over the coming years. This research would look at what best evidence responses existed to ensure good practice for any proposed actions to be undertaken. An Alcohol Task Group was set up which included representatives from across the sectors – Statutory, Community, Voluntary, Youth and others. This group devised the brief and when approved by the Task Force put it to tender in February 2015. The first meeting with the successful tender, Archways, took place in late March 2015. The Task Group worked closely with the researchers over the six month period and the draft report was presented to the Task Force at its September 2015 meeting. The report is the first stage of the research the Task Force would like to

carry out over the coming years and which will form the basis of the planning for policy development locally and the planning for appropriate service delivery to those in need.

Research Summary

The research established the prevalence, pattern and trend of alcohol use within Canal Communities Local Drug & Alcohol Task Force (CCLDATF) areas. The findings produced, indicate that the potential impact of alcohol use on both community functioning and effective service delivery could be pronounced and that adequate resourcing and training for services will be a requirement if these services are to meet what would appear to be an embedded and growing problem. Two questionnaires were designed and utilized in gathering data from the two cohorts within the communities of Bluebell, Inchicore and Rialto. It is generally known that alcohol is widely *used* in Ireland but very little is known about the use and misuse of alcohol in marginalised areas. It was apparent from the findings that alcohol use within CCLDATF exceeds national alcohol consumption in many areas. It was no surprise however that the level of harm resulting from alcohol use on not only the drinker, but the immediate community was also higher in these communities.

Key findings of Research

Key findings of the research in the areas of Bluebell, Inchicore and Rialto showed clearly that the majority of adults surveyed (87%) were classified as harmful drinkers. The study also explored drinking patterns and attitudes with 16 and 17 year olds. Although the young people surveyed had experienced accident and/or injury as a result of alcohol consumption (23.1%) the research indicated that they still have an overwhelming positive perception of alcohol. Over half of those surveyed had accessed alcohol illegally and three out of four knew of someone who had gotten alcohol illegally. The majority of youths surveyed have tried alcohol before the age of 16 with, to the researchers' surprise, a higher percentage of young women than young men. Beer and alcopops were the named favourite alcoholic drinks for those surveyed. Alcohol is clearly having detrimental effects both at the level of the individual and the local community. The survey also shows that knowledge about low risk drinking and what constitutes a 'standard' drink is not understood with nearly half of the adult's surveyed saying that they had never heard of either.

Response to the Research

The next stage of the process in 2016 was to conduct further local research into the knowledge, attitudes, skills and competence of community workers who are dealing with alcohol related issues within various community sectors across the 4 tiers. Using Dormant accounts funding, an alcohol project worker was recruited to carry out local research and to respond to the emerging needs for training, resources and service delivery. To date, the survey has indicated that community workers, who have predominately worked within opiate driven drug services, need further training, resources and development to tackle the growing problem of alcohol related issues within the community. To begin to meet these needs we are hosting a professional seminar on alcohol for community workers in October 2016. We also plan to develop an online resource pack that will complement the work of community workers in conducting brief interventions and making referrals where appropriate.

Recommendations on Alcohol for the New National Drug Strategy

- **Research Pillar:** The Alcohol Task Group established by the CCLDATF has worked cohesively and comprehensively in the last two years to respond to the crisis of alcohol related issues in the local area. However this work needs to be continued developed and resourced if we are to address alcohol related harms that are affecting individuals, families and the community as a whole and the hidden harms that are affecting children growing up with the consequences of parental binge drinking.
- **Supply Reduction / Prevention Pillars:** The new national drug strategy needs to build on the work of the existing strategy and in particular, the emphasis on the public health (alcohol) bill 2013. The Public Health (Alcohol) Bill contains a package of measures designed to tackle our harmful relationship with alcohol, reducing alcohol consumption and the related harms. The measures proposed for inclusion in the Bill were announced by Government in October 2013 and are based on the recommendations of the Steering Group Report on the National Substance Misuse Strategy, which was published in February 2012. The public health bill urgently needs to be enacted as part of the new national drug strategy going forward from 2017.

- **Treatment and Rehabilitation Pillar:** The CCLDATF have a number of alcohol specific services and initiatives within the local communities and further resourcing and developing of these services are needed as part of the treatment and rehabilitation pillar within the new strategy for 2017. Issues re the number of residential treatment options and resources available all compound the ability of services to provide a timely intervention to clients seeking alcohol detoxification. In Dublin there are 23 public beds available for detoxification (*Hyper 2008 & Drugnet Ireland 2007*).The Health Service Executive have assessed that there is a shortfall of 104 beds for Medical Detoxification & Stabilisation. 15 Community based detoxification beds (*shortfall not identified to date*). 634.5 Residential Rehab beds with 31% available for alcohol with a shortfall of 225.5. At present there are 155 Step-down / Halfway House with 76% used by males with a shortfall of 141, (*Alcohol & Drug Research Unit 2007*).

Alcohol Group Members: Nicola Perry, Norah Byrne, Lyndsey Connelly, Roisin Ryder, Lisa Buckely, Ailish Comerford, Greg Christodoulo, Aisling Holland.

Treatment & Rehabilitation Subgroup Submission

National Drug and Alcohol Strategy October 2016

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Introductions

The following proposals were compiled at a Canal Communities Drugs and Alcohol Task Force Treatment and Rehabilitation Sub Group meeting on the 7th October 2016 during a strategic planning session. The group is made up of service managers and practitioners. The client facing organisations are proposing a number of recommendations that currently are unmet within the Drug and Alcohol Task Force area or areas under treatment and rehabilitation that require strengthening.

Stuart Fraser

Stuart Fraser
*Chair of the Treatment and Rehabilitation
Sub group
Canal Communities Local Drug and Alcohol Task Force*

Recommendations

Our recommendations are broken down into distinct areas:

- Emerging Treatment Initiatives
- Sustainable Resources Required
- Training & Education

We believe that these areas need to be addressed within the next National Drug Strategy as a matter of urgency and that the resources are made available.

Emerging Treatment Initiatives

A concerted focus on Youth Addiction treatment (13-19 year olds)

There is evidence coming out from services within the Canals Area that show there is a need for specific stand-alone addiction treatment services for young people. A recent commissioned study, 'A study of pattern and trend of alcohol use within Canal Communities Drug & Alcohol Task Force areas (Bluebell, Inchicore and Rialto) 2015', explored attitudes, trends and patterns of alcohol consumption. Alarming around a quarter of the young people surveyed (42 16-17 year olds) had experienced accident and/or injury as a result of alcohol consumption (23.1%) however the research indicated that young people still had an overwhelming positive perception of alcohol. Over half of those surveyed had accessed alcohol illegally and three out of four knew of someone who had gotten alcohol illegally. The majority of youths surveyed have tried alcohol before the age of 16 with, to the researchers' surprise, a higher percentage of young women than young men. Beer and alcopops were the named favourite alcoholic drinks for those surveyed.

Feedback from the local community services is that there are serious polydrug trends emerging within the youth population along with alcohol consumption and include weed, tablets and other psychoactive substances. Anti-social behaviour, community intimidation, crime, vandalism, drug debt and drug dealing are now becoming the 'norm' within the residential areas of Bluebell, Inchicore and Rialto.

The young people that are presenting in this area are displaying behaviours and drug use beyond the scope of youth projects which does not include drug treatment. We believe that young people's treatment should be incorporated into the new drug and alcohol strategy and also believe there should be local response within canals as part of a national strategy inclusive of young people. There is international practice to show this strategy has been formed in other jurisdictions successfully. This initiative should have new funding stream to initiate this emerging need and chronic poly drug use with persons less than 18yrs.

Alcohol – local programmes

There has been recent debate about the inclusion of alcohol in the new strategy we believe unequivocally that alcohol should firmly remain in the new strategy. Further on from the research the Canal Drug and Alcohol Task Force carried out locally which showed alarming results that the task force area is 30% above the national average for alcohol use and particularly with young people. We recommend that there is adequate and separate funding made available to initiate some form of treatment and rehabilitation response. This would build on the experience gained in Ballymun Task Force where initiatives carried out recently have proved to be very successful.

Dual diagnosis / Co-Occurring Disorders

Currently there are massive gaps and blocks in serving citizens with dual diagnosis. There is no joint up thinking being done between Mental Health Services and Addiction services; this is further marked in the sometimes difficult relationship between statutory and voluntary/ community sector. The presentation of co-occurring disorders (substance misuse and mental health problems) is now considered to be more the norm than the exception. It presents many challenges for health care professionals and services, is difficult to treat and also has poorer outcomes such as increased risk of suicide and self-harm, higher rates of hospitalisation, longer duration of admission and increased risk of violence and offending. According to Irish and International literature, there is a clear consensus that integration between mental health and addiction services is sorely needed and long overdue. Over the last two decades there has been a shift towards person centred recovery oriented mental health and addiction services, and there is an equally pressing need for transformation to recovery oriented care in both systems.

It is clear from national protocols and policy informing documents governing both services (such as A Vision for Change, National Strategy for Action on Suicide Prevention, National Substance Misuse Strategy and HSE Primary Care/Mental Health Division Operational Plans 2015) that working in accordance with the concept of recovery, empathy and engaging in evidence based practice with the service user at the centre, is critical to effective

treatment. There is a great emphasis on working together across sectors of care and integrating services to better meet the needs of the individuals with complex clinical presentations.

Efforts have already been made through a pilot project in North Tipperary in attempts to improve access to addiction services for people with mental health problems, and to deliver integrated and recovery based treatments with good results so far.

(<http://www.dualdiagnosis.ie/wp-content/uploads/2011/05/No-wrong-Door-Proposal-Tippeary.pdf>)

There also has been a pilot scheme of 'Open Dialogue' treatment strategy based on the highly successful evidenced base Finnish model carried out in West Cork which is showing promising results as well.

We propose to develop a fully integrated and recovery focused community service for adults with co-occurring disorders and complex needs in the Canal Communities. It is envisaged that such a service could serve as a bridge between primary and secondary care, work under a shared care model to help improve access and engagement in treatment, as well as outcomes for people with co-occurring conditions.

Hepatitis C

Recent estimates indicate that prevalence of Hepatitis C is likely to be 0.5-0.7% (20,000-30,000). In Ireland the main route of transmission is through intravenous drug users sharing needles and drug paraphernalia and accounts for almost 75% of the infected population, giving a likely population of 15,000 – 22,500 former or current IVDUS at present. We recommend that where possible synergies are developed between the National Hepatitis C Treatment programme and the National Strategy for Hepatitis C document- especially in the areas of education, prevention and treatment. A successful synergy between the National HCV Office, the Recommendations of the National Drug Strategy and direct service providers will assist in the national aim of making HCV a rare disease by 2026.

Problematic weed/ Benzo

There is a normalisation of high potency cannabis use mostly amongst young people as a presenting need showing different addiction trends, which has had little or no response. We recommend that there is a high profile awareness campaign and more discussion on a wider roll out on residential detox opportunities for this cohort.

On benzodiazepine

A recent local snapshot study by the Treatment & Rehabilitation Committee of the CCLDAFT into Benzodiazepine use amongst service users attending local services demonstrated that the average consumption of benzodiazepine range from 20mg per week to 1400 mg per week. 64% of attending service users across a range of 6 services with 55 service users completing the questionnaire is taking non-prescribed benzodiazepines along with other drugs and alcohol. 45% of the cohort are combining the above with prescribed methadone, 33% of the above are combining this with weed and 22% are combining with alcohol. While more than 20% of the service users who participated in the questionnaire have reported overdosing on Benzodiazepines.

We recommend that an expert group should come together to review prescribing protocols within the sector. The first longitudinal study which was carried out by the HRB stated that most drug related deaths were attributed to benzodiazepines and alcohol. We recommend the need to review and update the community detox initiatives that has been rolled out previously in the inner city.

Harm reduction

While we recognise the need to invest in treatment services we need to also have parity with harm reduction strategies and wish to ensure stays on the agenda. However, in relation to consumption rooms, which in principle we support, we refer to the letter the Task Force has already written to the previous Minister. We feel that this initiative should be ring-fenced with separate finance from the Department of Health and not be taken from any new monies coming into the drug treatment budget. All community projects have been drastically reduced in their budgets over the last 8yrs (40% reduction nationally), we need to breathe life and energy back into them and look to restore previous funding arrangements nationally. In order to keep pace with demand and need for these services.

Childcare – Early intervention with parents in addiction

We have evidence to say that there are now inter-generational addiction issues where children are interfacing with addiction early on and continuing the cycle. We feel there is a need for an integrated approach with specific protocols and interventions between social services and Addiction services, to provide an early intervention approach to support the family in terms of education, health and safety, nutrition and parenting. This requires new funding to provide the coordination of the range of acute specialised family welfare interventions. While Meitheal is an effective framework for early intervention that is run out by TUSLA, our evidence base and experience shows that these families are past the threshold for Meitheal and need a more enhanced support package to prevent it moving to crisis situations and child protection. In the recent HIQA report South Dublin Tusla only met 8 out of 27 standards around child protection and welfare (<https://www.hiqa.ie/press-release/2016-06-02-hiqa-publishes-its-annual-overview-report-irish-children%E2%80%99s-services-2015>)

Homelessness

The relationship between homelessness and addiction is ever present, we would like to support the recommendations made by homeless agencies such as MQI, Dublin Simon, Focus and City Wide in the need for secure accommodation for drug users at all levels of addiction cycle- ranging from active addiction to coming out of successful rehabilitation.

Community Employment

There is an unclear distinction between treatment services and rehabilitation services. The former must report through the HRB forms while the latter do not, even though psycho-social interventions are delivered in both types. We would recommend that rehab services like Community Employment drugs project report to the HRB using the Ecass client management system.

Service users' access to day programmes including rehabilitative CE schemes could be improved further with the community reinforcement approach of contingency management by incentivising attendance with a nominal payment of €10/15 per day in addition to their current social welfare payment. All other arrangements should remain the same. This separate scheme could be called something like a 'community training & development' scheme so not to stigmatise recovering drug users. It would address many of gaps and blocks identified by CE rehab schemes and other day programme (see Barriers and Bridges 2014 – Citywide). It would be a cost neutral initiative if implemented for the 1000 ring fenced places for CE rehab, and cost reducing overall to the state by reducing the numbers of substance misusers not in treatment.

Resources required

Rehabilitation Coordinator position under Treatment & Rehabilitation Framework

There is an ad hoc approach to this initiative set out in the 2007 Rehabilitation Report where some Task Force have rehabilitation coordinators and some do not. We are asking for a consistent approach to this initiative and adhere to the national rehabilitation framework approach. Canal Communities is currently without a rehab coordinator post and we are requesting funding to fill this position as soon as practicable, in order for us to maximise existing services.

Multi annual funding for effective services

We recommend that there needs to be security of funding over a 3yr period with annual reporting so that services can plan service delivery and be strategic when responding to emerging needs and trends.

Local drugs task force structures maintained

We recommend that there is a need to maintain a local coordinated response to the addiction issues within our community and a local continuum of care. We recommend that the National Rehab Framework is adhered to and its protocols followed by Local Drug Task Forces. We recommend appropriately structured local drug and alcohol task forces can be effective in strategizing and providing targeted on the ground responses. A review of the functionality of Task Forces may be required in the light of changes in the fiscal governance. of funding.

A Cabinet Minister with Portfolio

We recommend that there is a need for a Minister for Drugs with a full cabinet position for the effective implementation of the National Drug Strategy. This has been endorsed and evidenced by the City Wide Campaign and position paper.

Reintegration after rehabilitation

For many service users' progression and social reintegration following treatment and rehabilitation is poor. It is a significant block at that juncture of the continuum of care. We recommend employers should be incentivised to offer opportunities to recovering drug users and persons with dual diagnosis who are stable and qualified for the workplace. Incentives could include wage payments, supported employment and tailored training, and social enterprise organisations with a pro-active approach. Positive discrimination policies should also be considered in an appropriate and sensitive manner within industry. This has successfully been achieved in the disability sector with employability so there is precedence.

Also there has to be protocols put into place to make sure that following residential treatment there is a plan to allocate people on discharge from rehab to secure accommodation. This would improve outcomes dramatically and investment in treatment wouldn't be wasted.

Social Enterprise

We recommend the development of Social Enterprises as mentioned previously to aid in the employment of recovering service users, ex-prisoners and dual diagnosis. We recommend a new initiative of a Social Enterprise Network Coordinator for the sector. This initiative would be to fully fund a post for finding, networking, coordinating and assisting in the development of trading social enterprises. The aim would be to provide opportunity and support for recovering service users in Ireland to find meaningful employment and aid their recovery journey. Ireland has fallen behind in its targets for social enterprise development, ranking 43rd out of 45th for social entrepreneurship support and representation. (Thomson Reuters Trust Law Report 2016). This deficit jeopardises successful placement within sustainable employment for ex-drug users etc. A successful transition for service users into the workforce relies on social enterprises to provide meaningful and sustainable employment.

We believe that an existing network such as the Irish Social Enterprise Network which is the dedicated network for the sector needs to be fully funded to assist in the development of policy, advocate for social enterprise placements, and develop a strategy for pathways for service users into supported employment. The Irish Prison

Service have already trail blazed this idea with appointing a social enterprise coordinator for the Irish Prison Service. We recommend the same strategy for the Addiction Sector.

Prison records

We recommend an extension of the legislation on spent convictions (<http://www.irishstatutebook.ie/eli/2016/act/4/enacted/en/html>) and the decriminalisation of personal drug use should be high on the agenda of the new national drugs strategy. It is consistent with the continuum of care and holistic care approach. It dovetails with the points made above on social reintegration, progression pathways and meaningful recovery. We believe that the merits of an amnesty and restorative practice position taken in response to prison records / criminal records that can be non-declared/ expunged from citizen's records following a number of years should be explored. There should also has a common sense approach taking into consideration the severity of the crime, there will always be exception to the rules i.e. violent/ sex offences that may have to be considered differently and risk assessed. However, on the whole this new approach is giving citizens who have had criminal records to have a level playing field when applying for employment or training and to be reintegrated back into society.

Personal drug use / Decriminalisation

We recommend the approach taken in Portugal and supported by city wide (http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2013/2013_citywide_decriminalisation_leaflet.pdf), where there is decriminalisation of personal drug use. We believe this would de-clog the court system free up Garda time and redirect resource to where it's needed.

Community Return / Social Return of Investment/ Impact measurement/ Outcomes based approach

We recommend that the HRB look at the longitudinal study of social return of investment / community return/ impact measurement/ outcomes to deliver an economic argument for investment into drug services and savings the state can make.

Human rights / Service User Consultation

Many recommendations have been made over the last number of years that relate to the methadone maintenance protocol. Delays in assessment, urine testing instead of swab testing and access, poor patient involvement in the treatment and punitive sanctions are just some of the issues raised in the context of client-centred care and human rights for service users. These issues should also be addressed comprehensively in the new strategy and we recommend that there should be a National Consultation of Service Users for input and co design of service delivery.

National standards body (independent) for service providers

We recommend the following items and professionalization of the sector by

- National standards for rehabilitation professionals
- National standards: competencies, qualifications, continuous professional development
- Same as DANOS in the UK
- Protected terms, keyworkers, drug, alcohol and addiction professional
- Pay restoration, parity of esteem and benchmark with HSE including pensions
- Come under HIQUA. Develop a change strategy with the sector
- Ombudsman for the Sector

Training & Education

ETB tutors should be offered training to work with learners in the rehabilitation process. This will greatly assist CE schemes, day programmes and individuals progressing on from high support programme to the next step on their journey to independence by engage with further and higher education. We recommend the restoration of pre austerity budget levels in relation to education grants for community employment rehab places.

Members of the Sub Group and Organisations

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Appendix 7: Poly Drug and Alcohol Workers Submission

Public Consultation for New National Drug Strategy

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Did you know that Ireland has a National Drug Strategy for the years 2009 – 2016? If yes, tell us your views?

Yes, the polydrug and alcohol initiative primarily focuses on the Treatment & Rehabilitation Pillar and includes some aspects of the Prevention Pillar within tier 2 (primary care/ outreach) and tier 3 (community addiction services)¹. The initiative responds to problematic use of alcohol and polydrug use among people on drug treatment and their families within the local areas that are designated as socially and economically disadvantaged and marginalised and include local areas and estates of Rialto, Inchicore and Bluebell (Actions 32 and also 28, 36, 38, 41 & 44).² At a macro level the initiative corresponds to actions under the Treatment & Rehabilitation and Prevention Pillars, which highlight the need to develop understanding of the danger/harm of problem drug/alcohol use and to develop an integrated treatment and rehabilitation service using the four tiered model approach. The goal is to encourage problem substance misusers to engage with and use such services. The initiative also corresponds to actions specified in the Steering Group Report, namely, to further develop prevention measures aimed at families deemed to be at risk and to improve access to appropriate interventions for clients with alcohol/substance misuse disorders.³

Tell us what you think about the five pillars of the existing National Drug Strategy

The polydrug and alcohol Initiative corresponds to actions specified under local strategic plans.⁴ Local plans specify the need to identify and work with those who present with problematic alcohol use who present to the services in the region and to highlight the issues of polydrug use who present to the service.

Tell us what you think are important issues to be considered in the New National Drugs Strategy

The area is designated as a disadvantaged community. Disadvantage is evidenced by high rates in unemployment that span across 2/3 generations, early school leaving, low numbers entering into third level education, crime, primarily, but not solely related to drug and alcohol problems, family break-down and single-parent families, community intimidation, prejudice and discrimination, hazardous environmental living conditions, cramped living conditions, lack of recreational facilities and homelessness. Cullen (2003) highlights that “since treatment data began to be systematically collected, firstly in Dublin only (1990), and then later (1995) throughout the whole country, treated drug misuse has been concentrated in urban areas, particularly Dublin, public housing estates, that are characterised by poverty,

¹ Dept of Community Rural and Gaeltacht Affairs (2009). National Drugs Strategy 2009 – 2016.

² Dept of Community Rural and Gaeltacht Affairs (2009). National Drugs Strategy 2009 – 2016 (p.100 – 101).

³ Dept of Health (2012). Steering Group Report on a National Substance Misuse Strategy

⁴ Canal Communities Local Drug Task Force (2004). Emerging Needs.

high unemployment and generalised deprivation.”⁵ Over the last fourteen years the task force has worked effectively to provide local integrated services, policies and protocols in coordination and collaboration with community, statutory and voluntary agencies. The main purpose of the task force is now an on-going objective in the efforts to provide an effective integrated response to the problems posed by on-going drug and alcohol misuse problems. As already highlighted research indicates that alcohol is a growing concern locally and nationally.⁶ Research also indicates that the majority of problematic drug users are polydrug users.⁷ The target group for the polydrug and alcohol initiative are locally based service users in local areas and estates. Problems were exacerbated by the global and national economic recession. The recession has impacted directly in the provision of drug/alcohol services through a series of reductions in funding and resources to the sector. Recent developments in the TF area include the induction, training, development, dissemination and piloting of the Integrated Care Pathway (ICP) system as designed by the National Drugs Rehabilitation Implementation Committee (NDRIC). Protocols and common assessment guidelines are now utilised by services within the TF area. However the TF has recognised that the overall implementation of the NDRIC is hampered by many gaps and blocks that include a lack of formal and informal collaboration between statutory and community based agencies, funding to provide adequate IT software systems to securely share information and a lack of concrete progression routes for service users who wish to pursue development in the stated domain areas of stable adequate and affordable housing, education, employment, physical and mental health, alternative recreational and social activities.

What do you think are the most harmful drugs in your community?

Polydrug Use: An ethnographic study of drug use in the canal communities was carried out in 2011 to establish the changing patterns of drug use within the areas of Bluebell, Rialto and Inchicore.⁸ The key findings of this report demonstrate that polydrug use is the norm for the overwhelming majority of drug use. This includes a combination of illegal drugs, legally obtained pharmaceuticals and illegally obtained, but otherwise legal pharmaceuticals. Whilst lacking a ‘true’ base line, the research indicated that Crack use is increasing and in particular its use seems to be increasing among those users already in treatment. A recent in-house study by the Treatment & Rehabilitation Committee of the CCLDAFT into the Benzodiazepine use amongst service users attending local services demonstrated that the average consumption of benzodiazepine range from 20mg per week to 1400 mg per week. 64% of attending service users across a range of 6 services with 55 service users completing the questionnaire is taking non-prescribed benzodiazepines along with other drugs and alcohol. 45% of the cohort is combining the above with prescribed methadone, 33% of the above are combining this with weed and 22% are combining with alcohol. 20% of the service users who participated in the questionnaire have reported overdosing on Benzodiazepines.

Alcohol: Recent local research into alcohol patterns and trends indicate that Key findings of the research in the areas of Bluebell, Inchicore and Rialto showed clearly that the majority of adults surveyed (87%) were classified as harmful drinkers. The study also explored drinking patterns and attitudes with 16 and 17 year olds. Although the young people surveyed had experienced accident and/or injury as a result of alcohol consumption (23.1%) the research indicated that they still have an overwhelming positive perception of alcohol. Over half of those surveyed had accessed alcohol. Illegally and three out of four knew of someone

⁵ Cullen (2003). Community and Drugs: A Discussion on the Context and Consequences of Community Drug Problems in Ireland 1976 – 2001. P.10.

⁶ Dept of Health. (2012). Steering Group Report on a National Substance Misuse Strategy.

⁸ Archways (2015). Alcohol Survey 2015: a Study of Pattern and Trends of Alcohol Use within the Canal Communities Local Drug & Alcohol Task Force.

⁹ HRB Trend Series (2011). Treated Problem Alcohol Use in Ireland.

⁸ Saris, J. & O’reilly, F. (2011). A Dizzying Array of Substances: An Ethnographic Study of Drug Use in the Canal Communities Area.

who had gotten alcohol illegally. The majority of youths surveyed have tried alcohol before the age of 16 with, to the researchers' surprise, a higher percentage of young women than young men. Beer and alcopops were the named favourite alcoholic drinks for those surveyed. Alcohol is clearly having detrimental effects both at the level of the individual and the local community. The survey also shows that knowledge about low risk drinking and what constitutes a 'standard' drink is not understood with nearly half of the adult's surveyed saying that they had never heard of either.⁹

Anecdotal feedback from working with a range of service users across the three areas of Inchicore, Bluebell and Rialto indicate that Cannabis use and in particular 'weed' is on the increase and is now becoming a 'norm' amongst the local community, particularly with the younger population. Debt from 'Weed' use is increasingly becoming a key issue with service users and their families. This feedback is correlating with recent studies. A recent study by Haase and Pratschke (2010) looked at the risk and protection factors for substance use among young people. In summary, their study found that early school leavers, compared to school attending students, were between 1.5 and 2.5 times more likely to smoke cigarettes, up to 1.2 times more likely to drink alcohol, between 2.4 and 4.4. times more likely to use cannabis and between 3.7 and 14.4 times more likely to use other drugs. This data shows that early school leavers are significantly more likely to use drugs than students remaining in school.¹⁰

Drugs (legal and illegal) and alcohol are readily available within the canal communities area and outside of this region also. Alcohol is sold in every shop, garage and supermarket around the area and is sold at discounted rates in larger multipacks. Service user's recently reported that a 700 ml bottle of vodka (containing approximately 21 standard drinks) is currently being sold at a discount supermarket for €13.00. One attendee at the Community Alcohol Education and Support Programme at Rialto Community Drug Team, explained that trying avoiding walking past alcohol sales outlet in the community was almost impossible and trying to detour past outlets is an almost impossible route. The research with youth conducted in 2015 within the Canal Communities demonstrate that alcohol is accessed illegally on a regular basis, with more than half surveyed having consumed a combination of alcopops, beer and cider before the ages of 16 years. The vast majority of young people had no difficulty accessing various alcohol beverages.¹¹

The survey carried out within the Canal Communities drug specific services in 2015 demonstrate that service users have no difficulty accessing various types of benzodiazepines or Z Drugs from the street. They are sold for approximately €14.00 per blister pack (14 approx). Many of the service users who are attending methadone maintenance clinics are taking non prescribed benzodiazepines with average consumption ranging from 20mg per week to 1400mg per week with average use being reported at 461mg.¹² Out of the 55 service users surveyed, many were using a mixture of prescribed and non-prescribed benzos on a regular basis. This in combination with methadone and alcohol increases the risk for overdose and accidental death.

Service users report anecdotally that there is an increase in the supply of drugs within the Canal Communities area (Rialto, Inchicore and Bluebell). Marijuana / Weed is widely sold for €20 approx per 1 gram and €50 for 2.5 grams. Frequently tablets and Weed are sold together with tablets coming in a variety of street names but include Valium, Zimovane, Zanax, Lyrica, Tramax selling for approximately €1

⁹ Archways (2015). Alcohol Survey 2015: a Study of Pattern and Trends of Alcohol Use within the Canal Communities Local Drug & Alcohol Task Force.

¹⁰ Haase, T. and Pratschke, J. (2010). Risk and Protection Factors for Substance Use Among young People. National Advisory Committee on Drugs.

¹¹ Archways (2015). Alcohol Survey 2015: a Study of Pattern and Trends of Alcohol Use within the Canal Communities Local Drug & Alcohol Task Force.

¹² Canal Communities Treatment and Rehabilitation Sub Group 2015. Benzodiazepine Snap Shot Survey.

- €2 per tablet. The most popular tablets are Zimmovane. Heroin is sold in 'Qs' and contains approx .1gm of heroin. Cocaine is sold in €50 (.5grams) and €100 (1.3grams) bag. Methadone is also sold frequently on the street, selling for approximately €20.00 per 100 milligrams. Crack is increasingly sold and rocks can be obtained for approximately €50 to €100. Opiate based pain killers such as Tramadol are also popular and are sold for €2 per tablet. Head shop products such with synthetic substances such as methadrone is also sold in bags for €50.00. Oxycontin is also available and increasingly used. Anecdotally service users report that minors are buying weed along with tablets and alcohol.

1. Do you think the availability of illicit drugs in Ireland has reduced or increased?

Increased as per research from HRB Trend Series.

2. Who in your community plays a role in reducing the availability of drugs?

The policing forum, community activists and community development initiatives

3. What do you think should be done to reduce the supply of illicit drugs?

Enact the Public Health (Alcohol) Bill 2013 and enact proposed controls with regards the sale of non-prescribed benzodiazepines.

Prevention: This area of the existing strategy aims to promote a greater awareness and understanding of the dangers of drug misuse in society. It also promotes healthier lifestyle choices.

4. Describe how well informed you think you are about the dangers of drug use.

As a professional worker I am well informed and work within the Canal Communities to provide accurate information so that individuals can make more informed choices about their drug use. Information giving is vitally important in preventive measures when working within the area of active addiction and abuse to try and reduce the harms associated with drug use such as overdose risk, blood born virus and sexually transmitted infection risk. However I am mindful that information is not enough to act as a preventative measure to combat drug misuse.

5. Give us your views on the actions taken to prevent drug misuse in Ireland.

Ireland is now endeavouring to treat alcohol as a public health concern and trying to provide policy measures that are evidenced based to reduce consumption. I think the same approach needs to be developed for preventative measures for drug misuse. The reason why a person starts using drugs is multifaceted and must be viewed through a number of perspectives in order to understand and prevent the risks. There is widespread evidence that environmental as well as individual and societal and psychological factors play a huge part in drug misuse. That is why preventative measures must focus on community development principals that support individuals, families and communities to become mobilised and self-directed in developing preventative measures. Holistic approaches which focus on treating and supporting families through early education and pre-school places, parenting supports such as the Strengthening Families interventions, adequately supported child care facilities, developing community infrastructure to promote and foster healthier lifestyles and adequate supports and initiatives for mental health supports. Community Development services have been grossly underfunded and under-resourced over the last number of years due to the recession. I think that the integrated care pathway was a very useful model for having a collaborative system of care between the statutory, community and other relevant bodies involved. I think greater cohesion and equality between all relevant agencies is required in order to develop a better approach to having preventative measures to drug misuse.

7. What can be done to inform people of the dangers of drug misuse?

See above response. Create and foster the development of alternative healthier lifestyles, support families and communities, provide quality childcare and evidence based parenting supports such as strengthening families, create cohesion between community development approaches as well as statutory supports.

8. What age should we start educating and informing our children about drugs?

Children are learning from the moment they are born and they learn based on their experiences at home and their experiences in the wider communities. I don't think there should be a set 'age' when children should be taught about the dangers of drugs. Education should be happening throughout their childhood, based on their innate curiosity about the world around them. Children need to be given age appropriate information; however there are always opportunities not just to develop their knowledge base but to help develop their attitudes and values by what they experience and learn about the world around them.

9. What kind of support/materials do you think parents would find useful in educating their children about drugs?

Based on my experience of working with service users, parents want information that is age appropriate but also information that supports them through challenging questions about their community and what they are witnessing in their own areas. Education programmes that include and incorporate the whole family are the best approach.

Treatment: This area in the existing strategy aims to help people with drug problems access treatment, supports and reduce the harms caused by drug misuse to them, their families and communities.

10. Tell us your view on how easy it is to get treatment for drug and alcohol problems in Ireland.

I have to start addressing this question by first raising the huge stigma, prejudice and discrimination that drug users experience at a community and societal level. Accessing treatment is never easy because of the most basic element of seeking help which is the real fear of being judged, criminalised and alienated by society. Treatment for drug and alcohol problems have long been separated from mental health treatment services in Ireland. And this is despite the fact that treatment needs to focus on, not only detoxification from the drug of choice, but helping the person to recover every aspect of their lives that their drug use has affected. Service users report to me that accessing services was always a 'last resort' and this is because of the stigmatisation, prejudice and discrimination experienced. This is because drug misuse in Ireland is criminalised rather than seen from a mental health perspective. Within the Canal Communities the existing community drug services are accessed by the most chaotic drug users, and are so, on a regular basis. However accessing treatment such as residential services is vastly under-resourced.

11. Tell us your views on the quality of treatment available for drug and alcohol problems in Ireland.

In my experience of working for over 20 years in community based treatment services I have found that the vast majority of workers are diligent, hard-working, passionate and dedicated to supporting and guiding drug users throughout the continuum of care. However the community sector is vastly under-resourced and community development initiatives are under-valued. Services need to be integrated within the community and should be developed as centres of excellence.

12. Describe how we should support those who continue to misuse drugs.

As above. Decriminalise drug use, address issues such as disadvantage, social exclusion, poverty. Provide community services within that are supported and integrated with the statutory agencies. Regardless of how good residential treatment services are, the drug user will end up back in their community and needs to be re-integrated and therefore community addiction and community development services are essential.

Rehabilitation: This area of the existing strategy aims to support those dealing with drug misuse problems to maximise their quality of life, and to re-integrate into their communities.

13. How do you think people can be assisted to lead a drug free lifestyle?

It is good to see this as a question on the National Strategy questionnaire. The collaborative endeavours of work done by The Statutory Agencies, Community Voluntary Sector, staff in the Drug Teams and Rehabilitation Projects, Medical Professionals, Researchers, Process and Linkages across the Task Forces to promote and assist The Drug Free Lifestyle Option is vindicated somewhat by this.

People can be further assisted to lead a drug free lifestyle from the implementation, continuation and consolidation of the services which have survived austerity plus the refunding of services and programmes which were cut due to austere measures i.e. Holistic programmes, Social Inclusion, Integration & Capacity Building Grants

Peer initiatives:

- Drug Free Social in Canal Communities area
- Recovery Coaching Initiatives
- The rolling out of Creative Safe Social Spaces...social and leisure outlets where people in drug free recovery are developing confidence and capacity

Such As:

- Drug Free Integration Group's Drug and Alcohol Free Dances,
- Funky Seomra
- Local theatre companies such as Raising Issues and other small theatre companies.

The entire above deliver on the provision of drug and alcohol free safe social interactive spaces while being organised by peers who have identified the needs of ex problematic drug users who wish to live a drug free lifestyle, and as such are being addressed.

Investment would be crucial for social projects like this to become sustainably effective. Specific planning of such projects could generate ease of implementation through basis of Community Development ethos addressing complexities with practical simplicity as seen in community based projects on a daily basis.

Societal Stigma & Judgementalism:

Whilst there has been some change and development in terms of the re integration of the previous generation of drug users / ex drug users back into the Canal Communities, a further acceptance and understanding is now needed by society in general that this is not really a **justice or criminal issue**. Although criminality has gone hand in hand with drug using desperation of users' needs this could be minimised by decriminalisation. Giving a starting chance to new offenders is possible using buddying and one to one & group peer support through those that have already achieved drug free status.

It is a social issue experienced across time almost since time began. Also it is a health issue accompanied by a huge and vast further threat of more serious mental health issues than have been presented already, including, special needs amongst young children being born with foetal alcohol syndrome;

14. What more do you think we can do to improve our treatment and rehabilitation services in Ireland?

- The continued search for creative and inventive solutions for modern day drug use and/or abuse should continue through young people. They should have the opportunity to input their say into what they feel works best for themselves and their peers in the area of good health & wellbeing, the dangers and possible solutions to addictions and behaviours that are specific to their age group
- A simple but effective health education and training programme on best self-care practices and treatment of oneself and others should be prioritised in education programmes rolled out right across the schools of all ages to include community based men's and women's groups and programmes targeted at adults and alternative school programmes i.e. Youthreach etc.
- Having participated in the most recent consultations across the area in the past few weeks I believe that a very good way forward would be to name and invest in the creation of **Community**, as a **Pillar of the strategy**.
- This has been named in several spaces
- **A Community Pillar** will potentially identify needs of all factions of the community i.e. Drug Free Cohort, Families of the DFC, Neighbours Friends and Relatives, Local Businesses and other stakeholders. Consultation and concerted effort to plan develop and implement specific and suitable programmes have been spoken about. Social Enterprise etc. Potentiality for the community to put their many ideas, real, practical solution based activities should be resourced under the Community Pillar. Recovery in its own right could be a faction of the Community Pillar. Rather than yet again alienate those in recovery further, they can be embraced within the Community Pillar placing them firmly back on the local map with full equal rights, love, opportunity and care which should be afforded to any member of the human race.

Appendix 8: Needs of Older Service Users: A life cycle approach

Service users – A life cycle approach

There is ever increasing evidence on the ground and anecdotal accounts about the needs of older drug users. This category of 'older drug user' is not an homogenous one, and may include those who are becoming engaged in problematic drug and alcohol use later in life or those who have used drugs throughout their adult lives and are now aging. The phenomenon of the 'greying of methadone' is often discussed but to date in Ireland, the issue and the needs of such service users have not been researched. However, the NDTRS figures between 1998 and 2008 show a steady increase in the number of drug users in treatment who are 40 years or more and the Central Treatment List suggests that the numbers of treated opiate users over forty years has quadrupled between 1994 and 2008 (Lyons, 2011, p. 6). The EMCDDA has seen fit to identify this as a significant issue across Europe and one that will impact over the coming years (EMCDDA, 2010).

The Rialto Community Drug Team is currently responding to six individuals, all male, between the ages of 50-59 years who are involved in the opiate substitution programme (OST) at the Centre. This service currently offers treatment to 39 individuals (17.10.2016). A further six individuals in this age group have died over the last number of years of drug related, Hep C, alcohol related issues among others. Nineteen service users in receipt of methadone are aged between 40 and 49 years. Therefore, of those currently in treatment almost two thirds are over the age of 40 years. However, it is important to emphasise that all of the service users are more than 30 years. The current average age of men is 44 years and of women, 40 years. The largest group is in the 45 – 49 years, which highlights the importance of recognising the needs of OST participants over 50 years of age into the future.

Within in the context of services for the older population, there is a requirement for services that meet the general health needs of this highly stigmatised group, and those which respond and can accommodate their specific health and mental health needs as long-term drug using and/or treated individuals.

There is a need for research into the needs of this population and for comprehensive and integrated planning for services, appropriate to their medical, social, psychological and housing needs. There may also be issues for sheltered housing, day care and end of life care, including hospice care in the form of residential and community outreach hospice response.

Supports for their families, their own aging parents in some cases, their children and grandchildren, for whom they are often the primary carers, are also necessary.

References

EMCDDA (2010). *Treatment and Care for Older Drug Users*. Luxembourg: Publications Office of the European Union.
Lyons, S. (2010). 'Older Drug Users in Ireland', *drugnet Ireland*, Health Research Board, Issue 36, pp.6-7.

Appendix 9: Community Representative Film

Please follow the link below:

<https://youtu.be/CKCn1EQK1eE>