

# CityWide Conference Report

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## "COMMUNITY DRUGS PROBLEM: DEFINING THE PROBLEM - DEFENDING THE RESPONSES"

In this report we summarise the contributions from our speakers at the **Citywide Conference on Oct 15th 2010**. You can view the speaker's power-point presentations and conference photos at [www.citywide.ie](http://www.citywide.ie)

The theme of the conference was **"A Community Drug Problem - defining the problem - defending the responses"**. The conference was divided into three main sections:

- Engaging "Communities of Interest" locally, regionally & nationally in service provision and policy development.
- Challenges for communities with the Alcohol Strategy roll-out and findings in one area of changing pattern of drug use.
- Community Safety - overview of local, national and international responses.

Our key note speaker was **Brian Harvey**. Brian has just completed research on the impact of the last budget on the community and voluntary sector. He addressed the conference specifically on the impact of government cuts on communities and community drugs services.



## Community Drug Problems – Community Responses - Daithi Doolan -

### Citywide Drugs Crisis Campaign

In his address Daithi set out the rationale for the conference, he introduced the concept of a community drugs problem and spoke about how communities have responded to these problems with imagination and resilience.

### What is a Community Drugs Problem?

Drug use is first and foremost a problem for the individual drug user. A community drug problem emerges when a) a significant number of problem drug users are concentrated in a particular area and b) the community does not have adequate resources to deal with the problem. There are a number of key indicators of a community drug problem:

- Availability & range of drug use (poly drug use) including alcohol
- Visibility
- Familiarity/normality
- Social nuisance/community spaces
- Community safety
- Community pride/image/social networks
- Lack of resources to respond

The problems of individual addiction is compounded in communities by public drug dealing, by the ease in which drugs are available, by the normalisation of drug use, by a lack of access to services, by intimidation on a nerve shattering level and by inadequate public services. Play grounds, parks and recreational areas are usurped for the drugs trade. Parks, streets and services become no go areas. High levels of unemployment, lower levels of secondary school completion & a high concentration of social housing can leave communities inadequately resourced to deal with these problems. All these brush strokes paint a picture of a community drug problem that is very familiar to the communities we work with.

### What are the solutions?

The introduction of the Local Drug Task Force Handbook penned by Minister Chris Flood states that **...*"the LDTF's were set up to ensure a fully integrated response to the drug problem in the worst hit areas which takes account of specific needs of those areas. Of equal importance, the Task Force process allows local communities - the people most affected by the problem - to work with the State Agencies and voluntary organisations in designing and delivering that response."***

The responses we develop to tackle community drugs problems must be holistic, integrated and partnership based. We must not lose sight of the vision that saw the establishment of LDTF's. The responses need to be local, they need to be community based, they need to involve the people most affected by the problem in finding solutions that work for their communities, and they need to be adequately resourced.

The responses developed over the last 15 years are some of the most imaginative and unique even on a global level. Following the Rabbitte Report an innovative new way of doing business was piloted, a Minister was appointed to take responsibility for the National Drug Strategy, Local Drug Task Forces were set up in areas of most need, a National Drugs Strategy Team was set up, and eventually Regional Drug Task Forces were established. The core of all these approaches was

partnership. This partnership approach is now under attack and by extension the community response to the drug crisis is under attack. We must not let this happen.

We need to work together to support each other during the difficult times. We need to build solidarity between each other, across projects, across communities and across the island. We need the Minister with responsibility for the Drug Strategy to defend the responses we have worked so hard to put in place. Today's conference will allow all of us an opportunity to learn from each other and to provide the necessary support to not only defend the response to a community drug problem to actually build on these responses.

## **Pat Carey, Minister for Community, Equality & Gaeltacht Affairs**

Minister Carey opened the conference and made the following points:

### **Partnership is key!**

Minister Carey stressed that partnership is the key to responding to the problems caused by drugs and alcohol and said that he will continue to support a partnership approach in the delivery of the National Drugs Strategy. He stated that he is grounded in community development principles and doesn't believe in top down policy making.

### **In relation to rehabilitation:**

The 2008 rehab report is taking a long time to implement. Rehabilitation is more than detox beds, services need to intervene at the earliest stage and keep at it after detox stage. This is a long process and there has to be other supports from education, housing, employment etc or it will not work. He recognises the value of the work being done by Special CE schemes; there are not many places available outside Dublin.

### **In relation to resources:**

He recognises that it has been difficult in the past year for many communities with budgetary cuts and many projects are struggling. He is working to ensure that the status quo remains through next year. His department is a small provider of money and the Departments of Education, Trade and the HSE all have to commit funding to supporting the delivery of the NDS.

## Communities of Interest

### Travelling Community - John Paul Collins, Pavee Point Traveller Specific Drugs Initiative

John Paul gave an overview of the drugs problem within Traveller communities:

- There had been a 66% increase in the number of Travellers accessing treatment between 2007 & 2009 and the main problems are with alcohol, heroin, & cocaine.
- The suicide rate within the Traveller population is six times higher than the settled population and that the majority of these are drug related.
- It is more difficult for Travellers to access services because of stigma and embarrassment, lack of awareness of existing services and lack of formal education.

**He listed five practical steps to make services more accessible to Travellers:**

1. Increase service awareness and traveller engagement
2. Implement a social inclusion policy
3. Cultural sensitivity to the needs of travellers
4. Actively promote traveller participation
5. Meaningful Traveller issues brought to Drugs Task Forces

John Paul acknowledged that:

- The research they are conducting has shown that there is a lot of great work being done with Travellers struggling with drug and alcohol addiction.
- The best response is collaborative working by facilitating the sharing of knowledge, skills, experience and resources.
- Work needs to continue with the Traveller community to address the issue of stigma and embarrassment while services need to ensure they are visible to those most at risk.

**Contact Pavee Point Traveller Specific Drugs Initiative** at: 46 North Great Charles Street Dublin 1.  
Ph: 01 8780255 E-mail: [info@pavee.ie](mailto:info@pavee.ie)

### New Communities - Reginald Okoflex Inya, New Communities' Partnership

Reginald explained that:

- Drugs culture differs among ethnic groups and encouraged the audience to remember that one cap does not fit all.
- Drug use is breaking families apart.
- Suicide is a big issue for new communities.
- Asylum seekers are vulnerable to taking and dealing drugs because of their situation.
- There is a lack of knowledge and data around minority ethnic drug use.
- Like Travellers, New Communities need to be more involved in decision making and have their voices heard by being included instead of excluded.

**Contact: New Communities Partnership, 10 Cornmarket, Dublin 8. Ph: +353 1 6713639 E-mail: [info@newcommunities.ie](mailto:info@newcommunities.ie)**

## Drug Users Forum - Emily Reaper, UISCE

Emily explained that UISCE

- Is a forum for drug users in the North Inner City.
- Focus groups meet to discuss certain issues for service users, an example of a recent focus group that was held to talk about the Head Shop substances and how they were affecting service users.
- UISCE have helped other Drugs Task Forces to set up other forums for drug users.
- The magazine 'Brass Munkie' that UISCE produces features information about drugs issues as well as submissions from service users and ratings of other services by drug users. This is delivered to drug users through outreach work and workers ask them about their health, services and other issues.
- UISCE carry out research, are involved in health promotion campaigns and work with other groups and services.

UISCE would like a drug user to be nominated from the national forum to sit on the Drugs Advisory Group and believe that better resources should be provided to support drug users who sit on Drugs Task Forces.

**Contact : UISCE, The Eriu Centre, 53 Parnell Square, Dublin 1. Tel: 01-8733799 Fax: 01-8733174 E-mail: uiscepost@hotmail.com**

## Young LGBT people Gillian Brien, BeLonGTo

BeLonG To's Drugs Service was set up in late 2006 to support Lesbian, Gay, Bisexual & Transgender (LGBT) young people (14-23yrs old) in relation to drug and alcohol use. It is a one-worker service and is the only designated LGBT drugs education and prevention service in Ireland.

The BeLonG To experience through delivering this work, which is mirrored in major Irish research, shows that LGBT young people can experience marginalisation, fear, isolation, bullying, harassment, family and peer rejection, which can lead to them being more vulnerable to drug & alcohol use. The service was set up in conjunction with a national study of drug use amongst LGBT young people

### **Supporting LGBT Lives**

Most common age people knew they were LGBT = 12

Most common age they first told anyone = 17

58% reported homophobic bullying in their school

25% were physically threatened by their school peers

27% of LGBT people had self-harmed at least once

50% of LGBT people under 25 years had seriously thought about ending their lives

20% of LGBT people under 25 years had attempted suicide at least once

### **Gillian informed the audience that:**

Research has shown that 65% of young people who accessed the service had used drugs before and that LGBT young people are 2 to 5 times more likely to use drugs.

- Most young people realise their sexual preference when they are twelve yet most only come out to friends or family when they are seventeen and therefore carry a lot of emotion and are vulnerable to substance abuse.

- The LGBT community want to be included on the Treatment and Rehabilitation Board and on Drugs Task Forces because their voices need to be heard since they make up 10% of the population.
- The common theme between all of the 'communities of interest' is inclusion.

**Contact: BeLonG To, Parliament House, 13 Parliament Street, Dublin 2. Ph: 01-6706223 E-mail: [info@belongto.org](mailto:info@belongto.org) Web: <http://www.belongto.org/>**

## **Female sex workers - Karen Murphy - Chrysalis Community Drug Project**

Karen explained that:

- The majority of sex workers Chrysalis encounter are: white, Irish, aged between 25 and 35 and dependant on drugs and alcohol.
- Despite popular assumptions, teenagers are not engaged in this type of work anymore.
- The majority of these women work on the street in order to support their drug use as well as to buy food, pay bills and pay for accommodation - they get into this type of work because they can earn money quickly.
- These women experience rape, violence and assault.

### **Current Issues for sex Workers**

- Violence
- Stigma
- Housing -moving between hostels, B&Bs and substandard rented accommodation
- Drug and alcohol use -barriers to accessing stabilisation programmes e.g. childcare & time restraints (work unsocial hours)
- Limited access to needle exchange
- Lack of informed support from agencies such as homeless, drug, alcohol, and health services

### **Common Support Service Needs**

- Assertive outreach
- Referral to drug/alcohol detox and rehab
- Crisis intervention
- One to one support
- Counselling
- Community events/activities
- Mobile Health Clinic
- Link to SATU unit
- Case Management
- Sex Work Resource Library

Chrysalises engages in harm reduction outreach and provides sex workers with condoms and encourage them to report those who abuse them. They have set up an information sharing system so women can warn each other about violent men and they provide a mobile health clinic.

**Chrysalis Community Drugs Project, 33 Manor St, Dublin 7 Ph: 018823362 Fax: 018683351 E-mail: [info@chrysalisdrugproject.org](mailto:info@chrysalisdrugproject.org)**

## Homeless - Tony Geoghan, Merchant's Quay Ireland

Merchants Quay provides a wide range of services to people who are homeless and for drug users.

Tony informed the audience that Government statistics indicate that there are about 5,000 persons homeless in Ireland at any one time.

- There are 2366 adults and 576 children homeless in Dublin
- Figures from 2008 show 110 Rough sleepers
- Demand for services increasing following on economic downturn. MQI 17% increase in demand for homeless services in 2010.
- There is an interrelationship between drugs and homelessness and they reinforce each other and cause a vicious circle.
- 59% of homeless people are using drugs and over a quarter of these are injecting. Homeless people use drugs more frequently and less safely because they do not have a safe place to use them so they are more likely to get caught and use needles in an unhygienic manner.
- The amount of homeless drug users has doubled in a four year period and there are eight drug deaths per week.
- 70% of homeless people abuse alcohol, which is nine times higher than the general population.
- The profile of a homeless drug user is linked with poverty and disadvantage.

### Responding to the Needs of Homeless Drug Users

- There is a need for a housing first approach as well as safe injecting facilities and more wet hostels.
- Greater Integration of Homeless & Drug Services
- Ensuring Access to Treatment
- Addressing compliance issues

Expanding services:

- Out of Hours Needle Exchange
- Respite Care
- Detoxification
- Safer Drug Use Facilities
- Social Support

### Policy Recommendations

- Housing First for drug users too.
- Make drug services more accessible to homeless drug users
- Targeted harm reduction interventions with homeless drug users
- Open up homeless services to active drug users
- Responses to anti-social behaviour that do not result in increased homelessness should be developed

Merchant's Quay Ireland, Merchants Quay, Dublin 8. Web: [www.mqi.ie](http://www.mqi.ie) Tel: 01 524 0160,  
Email: [info@mqi.ie](mailto:info@mqi.ie)

## Changing Patterns of Drug Use and Alcohol Fiona O' Reilly, Department of Anthropology, NUIM

### 'An ethnographic study of drug use in Canals Communities LDTF area'

Fiona introduced her work as a study of changing patterns of drug use in Inchicore, Rialto, and Bluebell, the areas served by the Canal Communities Local Drugs Task Force (CCLDTF), using data collected from September 2007 until the end of 2008, with some follow-up work in 2009. This report grows out of a belief within the Task Force that the ideas and structures that emerged as a response to the 'drugs' crisis (almost exclusively defined in terms of opiates) in the 1990s might not be as relevant as they once were to drug use today, given the area's rapidly developing built environment, changing demographic make-up, and the sense that the younger generation has a different understanding of (and perhaps different appetites for) 'drugs'.

While such data is, by its very nature, difficult to summarize, their most important findings are:

Poly-drug use (almost always combining illegal drugs, legally-obtained pharmaceuticals and illegally-obtained, but otherwise legal pharmaceuticals) is the norm for the overwhelming majority of drug use in the Canal Communities area (and, they suspect, in most other places in Ireland).

Nearly all of their qualitative and quantitative data demonstrates that the population 'in treatment' for opiate use has a range of unmet needs. It should be kept in mind, then, that people, not drugs, are the focus of any meaningful definition of treatment.

While they lack a true baseline, they believe that crack use is increasing. In particular, its use seems to be increasing among those users already 'in treatment' for opiates.

There are few clear, locally meaningful markers of problematic cocaine (either powder or crack) use, especially in comparison with problematic opiate use. Nonetheless, injecting cocaine ('banging') is widely considered to be very dangerous.

Overall, drug-dealing is professionalizing at its entry level, and leaving drug use for 'treatment' does not necessarily mean that one leaves the business of drugs.

The clear-cut categories of government policy, such as 'drug-user' and 'treatment' are difficult to discern at the local level. At the same time, ironically, the flexible understanding of 'treatment' by Local Drugs Task Forces is often difficult to justify to government funders. This divide needs to be bridged.

Fiona concluded by saying that all of these findings have implications for how drug use is imagined as an issue and, consequently, what responses are appropriate to address the problem. They all require a more comprehensive understanding of the complexities of use and a more mature reflection on the meaning of such terms as 'treatment' and 'services' for drugs problems.

**You can get a copy of this study by contacting the Canals LDTF, Co Addiction Services, Bridge House, Cherry Orchard Hospital, Ballyfermot, D10. Phone: 01 6206413 /6455**



## The Alcohol Strategy - Fergus McCabe, CityWide & OFD Community Rep

Statistics on alcohol consumption in Ireland - Irish people are among the highest consumers of alcohol in the world. We in Ireland are risky and problematic drinkers. The patterns of drinking are as follows:

- It is estimated that 250,000 people are alcohol dependant
- 10% of drinkers drink more than the recommended weekly limit (21 standard drinks for men, 14 for women)
- 28% engage in weekly binge drinking (consuming at least 60g of alcohol on a single occasion)
- A European study in 2006 showed that 54% of respondents in Ireland consumed at least five drinks on one occasion at least weekly. The European average was 28%

### In relation to young people:

- A 2006 HBSC study showed that over half of schoolchildren aged 16 or over reported ever having been drunk
- Heavy drinking in adolescence is related to problem alcohol use in adulthood
- People who begin drinking before age 15 are four times more likely to develop alcohol dependence at some time in their lives than those who have their first drink aged 20 or older
- The American Medical Association (2002) stated that an adolescent need only drink half as much as an adult to experience the same negative effects and even occasional binge drinking can damage the young brain

### In relation to crime:

- It is clear that there are connections between alcohol and criminal violence
- Garda pulse data for the years 2003-2007 show that the number of drunkenness, public order and assault offences increased by 30%
- The 18-24 age group accounted for 17% of offenders

Fergus explained that reports have been written on the alcohol problem in Ireland in 1996, 2002, 2004 and 2008 yet little action has been taken. He said that he believes that the National Substance Misuse Steering Group will come up with a lot of good and effective proposals in relation to addressing the alcohol issue which will probably include the following sort of actions:

- Increased pricing in general
- Strict restrictions on access to alcohol
- Phasing out advertising and promotions
- A social responsibility levy
- Codes of practice to be regulated by state
- Actions re: underage drinking
- Better monitoring of enforcement

Fergus warned that it will be tough to implement these proposals if they are agreed upon and urged those who know how serious an issue this is to lobby both this government and the opposition parties who are likely to form the next government. He predicts that there will be opposition from the drinks industry and many of the major sporting bodies.

## Brian Harvey - KEY NOTE SPEAKER

CityWide commissioned Brian Harvey, a highly respected social researcher to look at the Impacts of Cuts on Communities and Drugs Services

Brian outlined his findings:

- Although the government had conveyed the impression that all sections of society should take the pain equally and that cuts were taking place across the board, in reality social, voluntary and community services had been worst hit. 41 state agencies have been abolished, most in the social policy area. Although poverty, disadvantaged communities and drugs are intimately connected, the Combat Poverty Agency has been abolished.
- The success of the present national drugs strategy (2009 -2016) is at serious risk because of the cuts to drug services that have been imposed in the two years that followed the adoption of the strategy.
- There is no formal input model for the drugs budget. The State gives 3 figures for drugs budget:
  - Comptroller & Auditor General
  - CRAG, in National drugs strategy 2009-2016
  - Ireland report to European monitoring centre in Lisbon, Portugal

From €140m to€264.276m to €275m
- The budget for voluntary and community drugs services has been reduced by 20% over the past two years, at a time when the national budget has actually risen +4.2%. This year, in 2010 alone, overall government spending was down -1.8%, but spending on voluntary and community drugs services was down -11%. Worryingly, there were significant reductions in budgets for flanking organizations dealing with the supply of drugs and the prevention of crime (e.g. the garda budget) and rehabilitation (the probation services budget).
- The rates of drug use in Ireland are higher than the European average. Calculations from Britain and further afield showed that for every €1 invested in voluntary and community drugs services, between €3 and €9 were saved in health services, unemployment, criminality and policing.
- The government is ignoring the advice of a report which it had itself commissioned, the Goodbody review of local voluntary and community drugs services. This review found that such services were effective in promoting trust between communities and the gardai, identifying the sources of supply, reducing drug use, preventing children from using drugs, helping teachers to intervene, challenging dealing, keeping people drug free, helping abusers normalize their lives and preventing relapse.
- There is now a real danger that these gains are at risk and the progress made in the most disadvantaged communities lost. Already, there is evidence of jobs lost in voluntary and community organizations engaged in community development in general and in drug related work in particular. The Merchants Quay project has in only the past weeks painted an alarming picture of increased demands on its services.

- The community sector must document the effects of cuts themselves to put the situation right in the future because nobody else is going to do it. There are low levels of research on measuring the impact of community work on the community. Apart from the Goodbody review there is no primary research on the effectiveness or local outcomes of community work.

Brian warned that the cuts, if continued, were likely to lead to:

- Fewer people using services (e.g. methadone treatment)
- Longer waiting lists
- Higher prevalence rates in a country already high by European standards
- Earlier addiction by children
- More ill-health attributable to drugs, including premature death
- More crime, especially intimidation, anti-social behaviour, break-ins, jump-overs
- A failure to stop supply and challenge dealing
- A diminished ability of the gardai to respond and search for drugs
- A decline in social capital and quality of life in already disadvantaged communities,

**You can view Brian's power point presentation on the Citywide Website ([www.citywide.ie](http://www.citywide.ie))**

## **Johnny Connolly, Drugs and Alcohol Unit, Health Research Board - issues of safety and intimidation**

In his presentation, Johnny Connolly set the experiences of communities responding to issues of safety and intimidation in a broader context, with a view to informing future policy responses.

He argued that the issue of drug-related intimidation raises fundamental questions about the way in which the drugs issue has been responded to since its emergence in the late 1980's. That this is reflected in the way in which the drugs problem and drug-related crime has impacted so differently on different sections of Irish society. Drug problems do not impact evenly across classes, drug-related deaths, drug dependency, drug-related crime and drug-related intimidation, despite being highlighted in the media, impact on the most marginalised and deprived sectors of society. Many have argued that the response to the drug problem reflects the priorities of those dominant in society. A case in point is the head shop phenomenon, which crossed classes. It has been suggested that the rapid and determined political response to this issue reflects that reality.

Despite the seriousness of community-based intimidation and violence in certain communities, something which has been highlighted by a number of studies over the last decade, the issue has seldom appeared high on the agenda. Indeed this is the first conference where the issue has been raised specifically.

Johnny's presentation covers the following areas:

- Community anti-drug activity in the 1990's
- Responding to the crisis
- A changing drug market
- Consequences of violence and intimidation
- Drug markets and their host communities
- An Irish solution - informed by international best practice
- Monitoring and evaluating success and failure

Johnny's speaking notes are available for download (PDF) on the Citywide website

**Alcohol and Drug Research Unit of the Health Research Board @ Third Floor, Knockmaun House, 42-47 Lower Mount Street, Dublin 2. Web: [www.hrb.ie](http://www.hrb.ie) Tel: 01 234 5000 Email: [hrb@hrb.ie](mailto:hrb@hrb.ie)**

## **Intimidation of Families - Megan O' Leary, Family Support Network**

Megan carried out research on intimidation of families through the Family Support Network; here are some of her key findings:

- 30 family support services knew of debt related intimidation that originated from a debt worth €500 or less
- There was an even spread in the largest amount of debt that respondents were aware of. The most common amount was €10,000 - €20,000.
- The most common forms of repayment that drug users used included cash payment and/or dealing and cash payment and/or holding or hiding drugs
- Verbal threats (39), physical violence (33) and damage to home/property (33) are the most common forms of intimidation used
- The family members most likely to be targeted are the mothers (35), siblings (23) & fathers (21) of drug users
- Persons working for drug dealers normally collect the debt (32)

### **Levels of violence:**

- Threatening Behaviour
- Personal Property
- Physical Violence
- Sexual Violence or Threats of Sexual Violence
- "Threatening behaviour to any of the residents committee members who may attempt to bring up the issue. Comments made, cars and property vandalised, their kids intimidated"
- Victims are too scared to report intimidation to the Gardai and do not trust them to do anything about it.
- Mothers whose children use drugs are most likely to be targeted

Action 5 of the National Drugs Strategy: *"To develop a framework to provide an appropriate response to the issue of drug related intimidation in the community."* Work is ongoing to

- To provide a single point of contact.
- Ensure a confidential and effective means of dealing with intimidation.
- Provide families with sufficient support from An Garda Síochána
- A pilot project has been devised that will link Family Support with a Nominated Inspector and a liaison officer who will manage cases with families to tackle intimidation.

**Contact the Family Support Network for a copy of the report: 16 Talbot Street, Dublin, Ireland. Phone: +353 (01) 8365 168. Phone: +353 (01) 874 7156. Email: [info@fsn.ie](mailto:info@fsn.ie) Web: [www.fsn.ie](http://www.fsn.ie)**

## **Local Response to Community Safety and Intimidation - Tony McCarthaigh, Rialto Community Drug Team**

Tony has been working in Rialto and in South Inner City for a long time as a drug worker and community development worker - dealing with the symptoms and causes of addiction and social exclusion - a world not simple and not black and white - but complicated and messy. This messiness is seen, amongst other things, in anti-social activities, intimidation and in communities feeling unsafe, insecure and abandoned. There needs to be a health warning to help to embrace and negotiate the mess.

Tony suggested a chapter entitled "New Deviancy" by Jock Young in *New Introducing Sociology* as a starting point, he argues that our view of life ought not be one of a - taken for granted - uniform understanding of what constitutes a perfect society and the common good but rather a life comprised of differences, diversity, plurality, the porridge of life - the mess. Through working through the mess, the chaos, differences and conflicts by means of relationship building, dialogue, and addressing issues of power, by respecting the autonomy of people and by challenging the comfortable boxing off of 'deviants' that we arrive at a more wholesome and creative space.

### **Tony explained the situation in three areas of the Canals Communities:**

**In Rialto** in the mid-90's - the widespread drug use - intimidation of all sorts - community not feeling protected by the State - volatile public meetings - vigilantism of different types and then there was the tragic death of Josie Dwyer.

Christmas 1996, a meeting was called of community activists and Gardai to address the vacuum and palpable community fear. This led to the set up of the Rialto Community Policing Forum (RCPF) - bringing together Dublin Corporation, Gardai and community people, some whose focus was on community development and others whose focus was on getting drug pushers and drug users 'out'. The community wanted the Gardai and Dublin Corporation to take responsibility for protecting the community. The forum fizzled out because of the community's frustration with inaction.

**In Fatima Mansions:** There was a great effort of regeneration with the community there playing a leading role including impressive efforts put into transforming the area physically and socially. In designing and bringing about the new reality, the Gardai and Dublin City Council were very active in addressing safety and security matters. The 'new' Fatima Mansions had come about - new homes, public and private, new community facilities and extra social resources.

But in recent months, in spite of the tremendous physical and social inputs, there has been a frightening re-emergence of anti-social activities - huge gangs - big influx of outsiders - drug dealing and the sucking in of young people into these activities.

The community urgently needs Gardai and Dublin Corporation to manage the problems so regeneration can continue and does not turn into a waste of time and resources. Not to do so is utter madness and may kill the dream and bring about another example of the squandering of huge public monies.

**Dolphin House** has become the biggest social flat complex in city. Last year gangs of drug dealers had taken over completely and people would not speak up out of fear.

Around Easter as a result of increased Garda activity - individuals associated with gangs badly damaged in one night over 30 cars in the flats and warned people not to cooperate with the Gardai. This led to a public meeting, hosted by the Gardai and DCC, at which there was a large community attendance. There was the sense among the people that the State on this occasion was going to take their safety needs seriously.

Gardai made the community safe by being present 24/7. In time, walls were erected and CCTV cameras were installed and things changed.

People could breathe again and public spaces were reclaimed, children could play. People became engaged in community meetings and projects because the Gardai did what their job is: to make the community safe so people can carry on with ordinary life.

### **Rialto Youth Project's 'What's the Story?'**

This initiative, made up of young adults, community artists and youth leaders was about getting young people to tell their stories of experiences around power issues. Many of their stories tell of their experience of encounters with Gardai. Ordinary kids - not gone over to the darker side - generally speak negatively of their encounter with Gardai that they describe as an abuse of power. They have seemingly become caught on the one hand between Gardai whom they see abusing their power and on the other hand their peers who are associated with gangland activity. The 'What's the story' process led to facilitated meetings and dialogues between the young people and local Gardai. This dialogue and process is captured in an exhibition currently in The Lab, Foley Street. It is hoped that all of this will lead to further dialogue between these young people and the Gardai. Indeed the young people expect to have an input into a new training module of Gardai in community policing which is soon to take place.

Tony concluded his talk by saying that it is vital that communities receive protection from the state so that caring for vulnerable people can happen. We must ensure that dialogue can happen so the future can see a new culture of community policing. He quoted Padraig Pearse saying that this is what happened in Dolphin House when the community felt safe again:

***'Young children with bare feet,  
Upon the sands of some deep sea,  
Or playing on the streets of little towns in Connaught,  
Things young and happy, things bright and free.'***

Contact the Rialto Community Drug Team, Tel: 01 4540021