

About Citywide.

The Dublin Citywide Drugs Crisis Campaign was set up in 1995 to provide communities from across the city with a forum where they could support each other, share experiences and address policy issues around drugs. Citywide has a membership drawn from every part of Dublin (and wider) and is made up of community activists, trade unionists and the voluntary sector. This broad based membership has enabled Citywide to play a key role in campaigning for a state response to the drugs crisis.

Citywide produced its first policy document "Responding Together" in May 1996, which outlined the need for an integrated approach around issues of treatment, education/prevention and justice. An intensive consultation process through Working Groups and seminars ensured that the policy document was based on the real needs and real issues on the ground. Citywide members met with Government ministers, politicians and civil servants to lobby for implementation of its policies and there were marches to the Dail to highlight the need for immediate action.

Many people were actively involved in their own local communities in working on the drugs issue, developing services to respond to local needs. Citywide approached the Dept. of Social, Community and Family Affairs (formerly the Dept. of Social Welfare) who agreed to provide funding for Citywide to work as a support agency with local community organisations. The work involved includes helping groups to

- Clarify their aims and objectives
- Develop plans and set structures in place to implement them
- Review their progress to date
- Identify their support needs for the future.

Citywide is committed to a community development approach to tackling the drugs crisis. This means that local communities must be supported in developing the skills and resources necessary to tackle the drugs crisis. But it also means that local communities must be involved in developing policies and making decisions about how resources are spent. The development of effective partnership relationships, through structures like the Task Forces, is key to this process.

The support of the Trade Union movement has been important in giving Citywide access to a wider audience and to national policymaking processes such as Partnership 2000. Citywide welcomes the support of all organisations that share our aims and objectives.

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Introduction.

Dublin Citywide Drugs Crisis Campaign launched its first policy document “Responding Together” in May 1996. Since that document there have been a number of significant achievements and developments in relation to the drugs issue. It is important for all those involved in the campaign to recognise and value those achievements.

The First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs came out in October 1996. This report stated that “drug use is concentrated in communities that are characterised by large-scale social and economic deprivation and marginalisation. The physical/environmental conditions in these neighbourhoods are poor, as are the social and recreational infrastructures.” Government policy was finally giving official acknowledgement to the case which has been argued by communities for a long time, about the links between socio-economic conditions and drug use.

As a result of the Task Force Report, 13 Local Drugs Task Forces were established, 12 in Dublin and 1 in Cork. The Local Drugs Task Forces have enabled local community representatives to become involved in drawing up plans and implementing services and have resulted in the investment of much needed resources into local communities.

The Second Ministerial Task Force Report was published in May 1997 and one of its key recommendations was the setting up of a Youth Services Development Fund, as “high priority should be attached to developing youth facilities in areas where the problem of drug abuse is prevalent or where it may be likely to emerge.” Following an intensive community campaign, the Young Peoples Facilities and Services Fund was announced in January 1998 and is currently being allocated. Another positive development is the commitment by the Dept. of Education to introducing a drugs education programme in all primary schools by the end of 1999.

EHB treatment services have expanded rapidly over the last couple of years, with numbers in treatment rising from 1,861 in December 1996 to 3,675 in February 1999. The methadone protocol was introduced in October 1998 in order to regulate and control the supply of methadone.

The work of the Criminal Assets Bureau has been hugely important in targeting the assets of major drug dealers and the development of Community Policing Forums in local areas is an initiative to improve relations between Gardai and local communities. A Drugs Courts Planning Committee has been established and is looking at the setting up of a pilot drugs court programme in the Dublin District Court.

Underlying all of these achievements has been the continuing commitment of local communities to tackling the drugs crisis. The Task Forces have enabled local communities to access resources to develop the activities that so many people became involved in on a voluntary basis. Community-based training programmes for drugs

workers are enabling community activists to develop and enhance their skills in relation to drugs work.

So it is clear that there have been a number of achievements in tackling the drugs crisis since the first Citywide policy document in May 1996. Despite these achievements, **Citywide must state unequivocally that the drugs crisis continues.**

The most recent estimate for the number of opiate users in Dublin is 13,460.(Dr. C. M. Comiskey – Estimating the Prevalance of Opiate Drug Use in Dublin).The numbers currently in treatment in the EHB area are 3,675, which represents less than a third of the estimated numbers. Since the introduction of the methadone protocol, there are waiting lists for all treatment services. Figures produced by the Merchant’s Quay Project show an average of twenty new people every week coming forward to use their services during 1998. Drug related deaths are continuing on an ongoing basis across the city – they receive little publicity, but cause heartbreak and misery for families and communities.

There are still major developments and improvements required in existing treatment services. Of the 3,675 in treatment, only a couple of hundred have access to aftercare and rehabilitation programmes. Yet these programmes are recognised as being an essential part of effective drugs treatment.

The existence of the Local Drugs Task Forces has been very important for local communities, yet there is still a long way to go before real partnership relationships exist between local communities and statutory agencies. The development of genuine partnership arrangements to tackle the drugs crisis must continue to be worked on. One of the key lessons from the Task Force experience is the importance of community development as a process that supports and facilitates local people in playing a full role in partnership structures. In areas where there is a history and tradition of community development, local representatives have access to greater resources and supports in carrying out their role. Investment in community development is a key contribution to real and effective partnership.

The families of drug users have also played a key role in communities’ responses to drugs through the setting up of Family Support Groups. For many communities, these groups are an important first step in acknowledging and addressing the issues around drugs. The development of Family Support Groups needs to be encouraged and supported.

There are groups within our society who have particular needs in relation to the development of drugs policy and services and these groups must be involved in the planning and implementation process. The Travellers have been recognised as a separate community of interest within the Area-based Partnership structure and a similar arrangement should be looked at in relation to the National Drugs Strategy.

There is also a need for the National Drugs Strategy to become genuinely national, with a clear and co-ordinated strategy for prevention, which will link education, youth, family

and community development services. It would be absolutely inexcusable for any other city or town in Ireland to experience a heroin epidemic similar to Dublin, yet this will happen unless preventative strategies are put in place before heroin has taken hold in other cities or towns. Waiting until there is a heroin problem is leaving it too late.

Finally, and most importantly, the scourge of heroin will continue to affect communities until the real problems of poverty and marginalisation are tackled. Major investment is required in the infrastructure of these communities – investment in education, health services, childcare, training, employment, housing, recreational facilities, public transport. Unless this kind of investment takes place, the conditions that have given rise to the current drugs crisis will continue and the future of many more of our young people will be under threat. Citywide will use this policy document as part of the campaign to ensure a better future for all our children and communities.

The policy proposals outlined in this document have been drawn up over a number of months following an intensive consultation process which involved

- Discussions by Working Groups and other groups meeting through Citywide e.g. Task Force Community Representatives
- Circulation of draft documents for comment
- General meeting of Citywide membership.

The document is based on a huge wealth of knowledge and experience in relation to the drugs issue and Citywide would like to express its appreciation to all of the people who contributed their ideas and comments.

EDUCATION AND PREVENTION.

Schools.

1. Drugs awareness should be included as part of the general school curriculum. A drugs awareness module can be included as part of the P.S.H.E.(Personal, Social and Health Education) Programme, which is being introduced in all schools.
2. The general programme of drugs awareness in schools needs to be backed up by local contacts. Links should be made between the schools and local community organisations that are dealing with the drugs issue. This would help to make the general programme more relevant to local circumstances and would allow for a community development approach to drugs education. The experiences of recovering drug users should also form part of drugs education in schools.
3. Drugs awareness work with young people in schools needs to be backed up by similar programmes for parents.
4. The Management Board of each school should develop a policy statement on drugs, so that they are aware of the agencies and organisations that can be called on for support, should any pupil be experiencing problems as a result of drug misuse.

Dept. of Education.

5. The Dept. of Education should develop a national policy statement on the issue of drugs and drugs education. This policy should be based on the principle of partnership and act as a guideline for schools at local level.
6. The Dept. of Education should provide funding for all teachers to take part in drug awareness programmes to increase their understanding of the issue. Community based organisations who are involved in drugs education and training should be funded to deliver this training in local areas.
7. The Dept. of Education should liaise with the Dept. of Health in relation to setting up a drugs information freephone help-line in each Health Board area, for use by parents and pupils.
8. In addition to the existing VEC representation, the Dept. of Education should nominate representatives on to each of the Local Drugs Task Forces.

Educational material

9. The educational material produced by Health Boards should be suitable and appropriate (in terms of language, format and delivery) for the target group for which it is intended. The work being done within local communities in developing their own materials should be recognised and supported. Travellers should be involved in developing their own culturally appropriate materials.

Youth Programmes.

10. All programmes which are being run for early school leavers should include drugs awareness as part of their programme.
11. Drugs awareness should be part of all training programmes for youth workers.

Prevention.

12. All schools in Drugs Task Force areas should have adequate remedial services and access to counselling facilities for their pupils. Bereavement counselling should be available for children who have lost a family member through drugs.
13. The Young Peoples Facilities and Services Fund should be clearly targeted and focussed on the areas of greatest need. It should target the young people most at risk and allow much needed resources to be invested on the ground in local communities. The Fund needs to be extended beyond the current three-year timescale.
14. The Development Groups which were set up to draw up plans for the YPFSS should be extended to include adequate community representation.
15. The community sector has developed a range of innovative responses to the needs of young people at risk e.g. After Schools Projects, Adventure Sports Projects, and other models have been developed in partnership with the Health Boards and Fas e.g. Community Training Workshops(CTWs), Neighbourhood Youth Projects(NYPs). These projects should be looked at as models in relation to drug prevention work in local communities and a prevention plan drawn up jointly by each Local Task Force and Local YPFSS Development Group. Adequate funding needs to be allocated to enable these prevention plans to be implemented.
16. Areas which are outside existing Task Force boundaries, but which include a significant number of young people at risk from drug misuse, should be allocated funding to develop prevention plans.
17. Young people who become homeless are at very serious risk of becoming involved in drug misuse. Early intervention is essential to prevent this; adequate bed places must be provided for homeless young people to take them off the streets.

HEALTH AND TREATMENT.

Treatment Services.

1. There has been some progress made at a local level in relation to the development and establishment of treatment facilities; there are now over 3,500 people on registered methadone programmes in the Eastern Health Board (EHB) area. However, it must be stated clearly that a methadone service does not in itself constitute treatment. CityWide will continue to campaign for a holistic approach to drug treatment services: the full range of support services, family services, aftercare and rehabilitation are all essential elements of treatment. This means that a range of state agencies, including FAS, Department of Social, Community and Family Affairs, Department of Education etc., need to be involved along with the EHB in the development of these services. Services need to be developed on the basis of the needs of the client group and not on the needs of any particular agency.
2. Locally based treatment services, based on the holistic model, should be available in all areas that need them. This means not only the extension of methadone programmes; but also as outlined above the appropriate range of support services, family services, aftercare and rehabilitation. These services should be developed and operated in conjunction with the Local Drugs Task Forces.
3. A centralised treatment service, also based on the holistic model, should be in place for those users for whom locally based treatment services are not suitable. There should be formal and structured links between the centralised and local treatment services, so that when it is appropriate referrals can be made from one service to the other.
4. The centralised treatment service should be able to cater for the needs of homeless people who are drug users. A working group should be established consisting of homeless services, the local authorities, the EHB and the Department of Health and local community representatives to look at how the needs of this particular target group can be met. The work of the current Homeless Initiative could be expanded to cover this remit.
5. For some drug users, residential detox is a more appropriate option than community-based services. The inadequacy of existing residential detox facilities is clear from the waiting lists that exist and the EHB should carry out an immediate assessment of the number of detox beds required, in consultation with the existing detox services and other services that refer clients to detox. With an estimated 13,000 drug users in Dublin the provision of additional detox beds must be made a priority concern.
6. For many active Drug users detox may not be an immediate option. However there is often a need for a period of residential stabilisation or respite care to obviate release

into chaotic drug use. There are currently no respite care facilities and this gap must be given priority consideration.

7. The particular needs of women drug users and the issues that can affect their access to treatment need to be addressed. A co-ordinated strategy on the issue of childcare provision needs to be developed immediately, both in relation to improving women's access to services and also providing support services for the children of drug users.
8. The particular needs of the Travelling community in relation to access to appropriate treatment services should be addressed, in consultation with Traveller groups.
9. Some community-based projects have focussed on younger drug users as their target group and they have identified some of the particular issues that affect work with this age group. A working group should be set up consisting of young users projects, the EHB and the Dept. of Education to develop an appropriate policy for the treatment of the younger age group.

General Health.

10. It is the responsibility of the general hospitals to deal with medical emergencies in relation to drugs. Drug users also attend hospitals as ordinary patients. There is a need for training and awareness work in the general hospitals around their attitudes to drug users and for a protocol to be drawn up for the treatment of drug users in hospitals. A Working Group should be set up consisting of treatment groups, the EHB and the Dept. of Health to look at these issues.
11. There are a number of serious health issues which are related to drug use that need to be addressed both by medical services and communities. There is a need for a co-ordinated strategy around Hepatitis C which addresses information needs, service requirements and support structures for people with Hepatitis C. Community Drug Teams(CDTs) have a key role to play in co-ordinating an overall health strategy for drug users.
12. There needs to be co-ordination of services for people who are in treatment for drug use and who also have a psychiatric problem.
13. Babies who are born addicted as a result of their mother's drug use need an intensive programme of support in the early stages of their lives. The Dept. Of Health should ensure that such a programme is put in place.
14. While the hospitals are responsible for dealing with medical emergencies, there is a need for a 24 hour crisis support service to deal with other emergencies. The service would provide access to counselling and advice in crisis situations and then referral on to the appropriate services.

Workplace.

15. Employers and Trade Unions have developed policies in relation to alcohol problems in the workplace and a similar policy needs to be developed in relation to the abuse of other drugs.

Community involvement.

16. The EHB needs to develop an effective partnership with the community organisations who are working to develop drug services. This should include the agreement of a protocol between EHB and local communities on how partnership works in practice and training in community development for EHB workers.
17. With more local communities becoming involved in the drugs issue, there is a need for training programmes for local community activists that recognise their skills and expertise and provide progress routes or pathways to accredited qualifications.
18. Many communities have experienced considerable opposition to the setting up of locally-based treatment services. There is an immediate need to undertake a promotional campaign to highlight the positive effects of treatment services for a local community.

Recovering users.

19. Recovering drug users have a unique experience to bring to the development of policy and services and this should be recognised by all of the organisations involved on the drugs issue. The development of a users forum should be encouraged and supported.

JUSTICE.

Courts.

1. The link between drug use and crime has been well established and many of those appearing before the courts do so as a result of their drug addiction. The proposal by the Dept. of Justice to implement a Pilot Drug Courts Project is an important step forward in addressing the causes of crime and meeting the needs of drug users for treatment. There are many issues to be worked out in planning the pilot project – however, it is clear that drugs courts can only work effectively if adequate treatment services are available and if the necessary resources are made available for support and back-up services for those referred to treatment.

Prisons.

2. Many of the current prison population are drug users and this will continue to be the case for the foreseeable future. Current provision of treatment services in Mountjoy Prison are seriously inadequate in relation to the need. The service within the prison must be expanded and developed to meet the real level of need for drugs treatment that exists within the prison population. The service also needs to provide treatment options around methadone and drug free facilities.
3. The EHB and the Dept. of Justice need to agree a protocol on how to ensure continuity of treatment services inside and outside of prison. People who are being released from prison while they are receiving treatment need to be referred to an appropriate treatment place outside of prison to ensure continuity of treatment. The protocol should also outline how continuity of treatment can be ensured for people on treatment who are then sent to prison.
4. The majority of women prisoners are heroin users and for many women prison can be a place of respite from multiple problems in their lives. The special needs of these women on leaving prison need to be addressed by the provision of high-level support services and where necessary, residential facilities for women and their children.

Drug dealing.

5. The work of the Criminal Assets Bureau(CAB) has been hugely important in pursuing drug dealers who are profiting from their dealing. A clear message that drug dealers will not be allowed to grow rich from their trade is very important for the morale of local communities. CAB needs to be resourced so that it can carry out it's work not just at the level of major dealers, but also in relation to middle level dealers who are continuing to reside in local communities.
6. The monies seized by CAB should be returned to the communities from which they came and invested in additional resources and facilities in local areas. While the money seized by CAB may need to be held by the State for a period of time,

equivalent sums should be designated for immediate investment in local communities.

7. There needs to be a speedier legal process and consistency of sentencing in relation to cases of major drug dealing.
8. The resources should be put in place to enable videotaping of all Garda interviews, particularly given the powers of seven day detention which have been introduced in drugs cases.

Policing.

9. A number of communities have been actively involved in developing community policing structures in their local areas to improve relationships between the Gardai and communities. Current arrangements have been very dependent on good will from individual members of the Gardai. There needs to be agreement on the key principles and structures of community policing forums between local communities and the Gardai and these key principles need to be adopted as policy by the Gardai. Once policy is agreed, there needs to be training for all Gardai on what the principles of community policing forums mean in practice.
10. The number of dedicated personnel available to the drugs squad in each local Garda district should be increased significantly.

Estate Management.

11. Estate management policies need to be developed, co-ordinated and resourced on a multi-agency basis and not just by the local authority alone. This is necessary to ensure that the most vulnerable members of society, who need high levels of social support, do not become the victims of allocations and eviction policies. There is a need to develop models of equitable and transparent practice in relation to estate management issues and to draw up a community charter around estate management principles and practice.

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