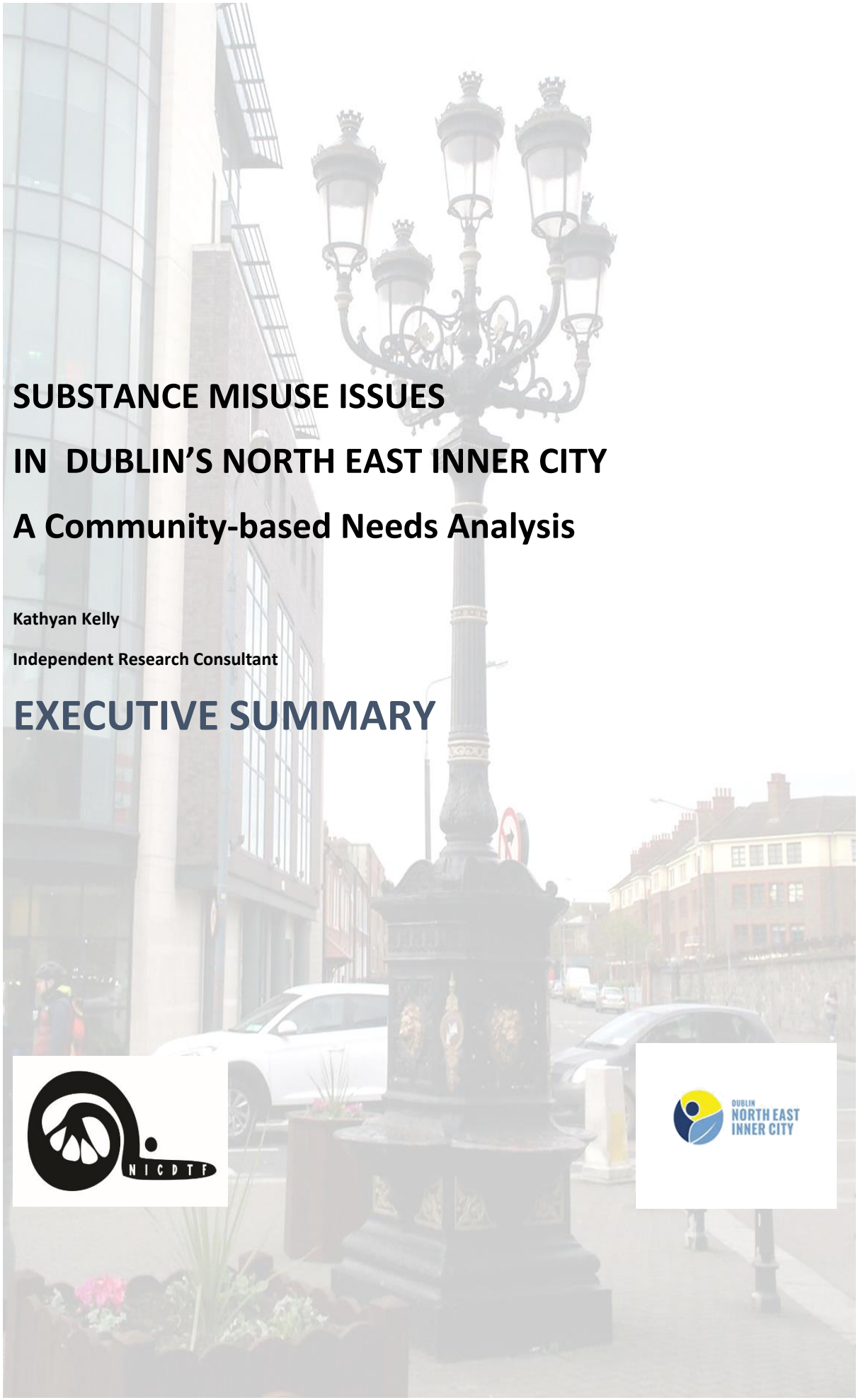

SUBSTANCE MISUSE ISSUES IN DUBLIN'S NORTH EAST INNER CITY

A Community-based Needs Analysis

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EXECUTIVE SUMMARY

Executive Summary

This Needs Analysis on substance misuse issues in the North East Inner City (NEIC) of Dublin was commissioned by the North Inner City Drugs and Alcohol Task Force (NIC DATF) as part of its contribution to the NEIC initiative. It is a community-based analysis informed by the opinions of the people who are experiencing substance misuse issues (who may or may not be engaged in services), families who have (or have had in the past) a member with a substance misuse issue as well as community representatives and those tasked with service provision and overseeing change.

This research forms part of a response to numerous drug related shootings resulting in a number of deaths in the NEIC, resulting in The Mulvey Report (Mulvey 2107). This report emerged from a community which had experienced multiple violent attacks arising from extreme criminal activity linked to drugs, many during daylight hours. One of the outcomes of that report was the establishment of a Programme Implementation Board (PIB) which comprised a number of sub-committees to ensure that issues facing those in the NEIC would be met with a co-ordinated response across Statutory and non-Statutory agencies.

The PIB established a substance use/misuse group to identify and implement improvements in addiction treatment and rehabilitation services. These services are being developed to provide an integrated model of care for service users with complex needs, including poly drug use, mental health issues, entrenched homelessness and social isolation. This needs analysis is a contribution to that objective.

Aims and Research Methods

The overall aim of the research was to assess the needs of people involved in substance misuse issues in the NEIC.

To achieve this, a needs analysis was conducted to elicit the views of people both living and working in the NEIC who have a direct involvement in substance misuse, at a personal level (people in addiction and their families) or those in a professional capacity (as policy makers, service providers, and community representatives)

Specifically, the research objectives were to obtain the views of the following:

- **service users with substance use issues on gaps in the current configuration of services**
- **substance users who are not formally engaged in services**
- **families who have a member experiencing a substance misuse issue**
- **policy makers, service providers and community representatives on the effectiveness of current policy and practice**

Based on these views to make recommendations for change.

In order to achieve these objectives, a qualitative research method was employed, allowing for a broad and unrestricted response. The specific approach taken was based on Grounded Theory which is inductive and allows for new theory to emerge from the participants' input. Each participant was asked to give their views in an open-ended interview, allowing for an exploration of their opinion on substance misuse issues in the area generally as well as service provision and engagement. Participants were invited to take part in either a one-to-one or focus group interview.

Data collection was divided into two groups:

Group A policy makers, service providers, community representatives working in the NEIC

Group B service users and families, either engaged or not formally engaged in services and normally resident in the NEIC

Participants were recruited through the NIC DATF, and in the case of Group A comprised a number of agencies working directly in the NEIC area from the Community/Voluntary, NGO and Statutory sectors. One working group was included which additionally comprised professionals providing services in the area, but not necessarily based in the NEIC.

In order to gain access to Group B, a number of service providers were asked to act as Gatekeepers to ensure that participants (service users, non-service users, families with a member in addiction) were fully aware of their involvement in the needs analysis and had the capacity to give informed consent.

Participant Profile

Interviews were conducted in the period November 2018 to February 2019, with a total of 54 participants. The majority (n=52) met the study criteria and data was analysed for thematic trends.

Participant profiles were drawn up for Group A (n=34) using gender and professional capacity, while Group B profiles (n=18) included general demographics (age, education, employment) as well as housing history, substance use where relevant (historic and current).

Group A

Senior Stakeholders

This focus group comprised eight participants engaged either directly or indirectly (at policy level) in service provision and support. Six were male and two were female. Four were from Statutory Agencies, with a further two each from Community/Voluntary and Cross Section Agencies.

Service Providers

In total eighteen service providers were interviewed. Of that number, seven were directly involved in service provision in the NEIC area, two male and five female. Over half (n=4) were from Community/Voluntary Agencies, two were from Statutory Agencies and one was from an NGO. Five of these interviews were carried out on a one-to-one basis and one in a focus group of two people.

A further 11 participants were representatives of a working sub-group and were either directly or indirectly involved in service provision for substance misuse in the NEIC. Of that number, four were from NGOs, three from the Voluntary/Community sector, three from Statutory Agencies and one participant was from a Cross-Section Agency. Six were male and five were female. This group were interviewed as a focus group.

Community Representatives

Eight community representatives were interviewed in a focus group, all of whom were from the Community/Voluntary sector engaged in development, project or support work in the NEIC area. Many, but not all, were resident in the NEIC area or had been in the past. Seven were female, one was male.

Group B

Family Members

Eight family members were interviewed – six of these were interviewed in focus groups of three participants while the remainder were interviewed one-to-one.

Gender, Age, Martial Status, Children

The eight family members interviewed had an age range of 30 to 69 years, with an average age of 44.5 years. They were all female. Six participants were single and had between one and three children each. A further two were married, one with children and one without. Seven of the eight had left school prior to Junior Certificate, with only one continuing to Leaving Certificate.

Employment and Housing

Five of the participants were employed, two were on a CE scheme and one was unemployed. Three participants were in stable housing, two had been homeless at some stage in their lives and three had experienced housing instability.

Bereavement

While not asked if they had experienced the death of a family member through substance misuse, half (n=4) volunteered that they had experienced bereavement of a close family member.

Service and Non-Service Users

Six of these participants were interviewed as two focus groups made up of three participants each. The remaining (n=4) were interviewed on a one-to-one basis. These four were not formally engaged in services.

Gender, Age, Marital Status and Children

Of the ten participant interviews, four were male and six were female. Their age range was 23 to 54 years with an average age of 32 years. All of the six women were single parents with between one and four children each. All of the men were single and had no children.

Education and Employment

Six of the ten participants were early school leavers – three had not progressed past primary school. Three had left school prior to the Junior Certificate and three completed the Leaving Certificate. Three of the women were employed on a CE scheme and two of the men were working full time. The remaining participants (n=5) were unemployed at the time of the study.

Housing

Six of the female participants (all of whom had children) were in stable housing at the time of the study but had experienced both homelessness and housing instability throughout their lives. All of the males (n=4) were living in the family home.

Substance Use History and Current Use

The majority (n=9) of the substance users had started substance use in their early teen years. With the exception of one outlier (female aged 27) the average age of first substance use was 12.6 years.

Of the ten substance users, eight were poly-substances users with only two using one substance (one had taken heroin only, once alcohol only). All of these described their initiation into substance misuse as starting with one or two substances which quickly escalated into poly-substance use. Substance misuse included marijuana, street cocaine, street crack cocaine, heroin, street crystal meth, ecstasy and ketamine as well as street tablets (including Benzodiazepines, Zimovane, Lyrica) and over-the-counter tablets (codeine). More than two thirds (n=7) were using alcohol.

The four males were not formally engaged in services – two were in receipt of an assertive outreach programme in the area and were using on average four substances each. A further two males were informally engaged in a service that they had used in their early years – one of these was substance free at the time of the study, the other described weekend-only substance use.

Four of the women were substance free at the time of the study, a further two were engaged in MMT and one of these was using street tablets in addition to prescribed methadone.

Findings

Analysis of the data saw the emergence of a number of themes broadly evident in all of the groups from both A and B. These themes focussed on three main issues around substance misuse in the NEIC.

- ***Systemic issues*** **- the systems and policy around substance misuse and how this can act as a barrier to service provision and engagement**
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- ***Social issues -*** **around substance misuse which affect service provision and engagement – housing, the social effects of drug markets as well as family supports**
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- ***Moving Forward/Recovery*** **- what the participants felt was needed to move forward and included findings on the meaning of recovery.**

Systemic Barriers to Service Engagement and Provision

Much of the discourse around systemic barriers can be traced back to the historic response to substance use issues in Ireland at Government policy level. A reactive response to the first 'heroin epidemic' in the 1980s set the tone for much of the development of solutions for substance misuse, situating substance misuse as a criminal rather than a health issue. The reductive nature of Government policy led to the development of services by Community/Voluntary and NGO agencies which emerged as a community struggled to find solutions to the problems arising from substance misuse in the NEIC. However, while policy is now shifting more towards a health-led model of care, the legacy of original policy is evident in a lack of flexibility in response to changing drug trends, an absence of embedded care planning and treatment choice as well as a number of specific gaps in service provision.

Specifically, the issues raised around systemic barriers to service engagement and provision include:

Poly-substance use and inapt treatment criteria

Absence of alcohol treatment programmes

Lack of stabilisation/detoxification beds

Care planning, case management and treatment choice not embedded

Absence of services for men in addiction

Inadequate mental health and substance misuse links/the dual diagnosis issue

Inconsistent Inter-Agency co-operation

Unsuitable buildings and facilities

Funding cutbacks and bureaucratic burdens

Poor knowledge of services

Social Issues around Substance Misuse

The second major theme - that of social issues around substance misuse – saw the emergence of a number of problem areas that had a direct impact on service provision and engagement for both service users and providers. In the instance of housing and homelessness, for example, many felt that it was the single greatest barrier to achieving stability and or recovery for people in addiction. Drug Related Intimidation, associated with open drugs markets, also had serious implications for both service provision and engagement, particularly in the NEIC which serves as a focal point for a drug feud.

The social issues of most concern to participants include:

Housing and homelessness/housing discrimination/housing safety

Drug related intimidation/policing/drug debt

Absence of family supports

Children and young people and adequate care supports

Community fragmentation

New community integration

Stigma around substance misuse – specifically in relation to heroin/MMT

Moving Forward and Recovery

The lack of an integrated, agreed and consistent education and prevention strategy across all ages was of concern to the majority of the participants, and particularly problematic in the NEIC where substance use and drug gang initiation reportedly started at primary school-going age. Apart from this, there was general concern at a lack of addiction awareness in many of the statutory agencies interacting with community/voluntary and NGO agencies in the NEIC.

On recovery, the recent development of a health led model of care for those experiencing substance misuse underlines the need to develop what has been termed 'recovery capital' and an acknowledgement that recovery is about more than substance use. Recovery capital has four main elements - social (family memberships and ties), physical (housing, employment), human (skills, health) and cultural (social reintegration). Of particular concern in the NEIC is physical capital – especially around employment where early criminalisation can lead to a criminal record which at the moment cannot be expunged resulting in limited options for employment.

The issues raised most frequently around recovery and moving forward include:

Education and Prevention

Recovery Capital

- Adequately addressing spent convictions of possession and acquisitive crime

Community Treatment Hubs

Conclusion and Recommendations

There is a clear distinction in the findings section of this research between what can be considered issues that can only be addressed at a national level (approaches to treatment, policy mandates, housing, drug-related intimidation and employment) and those that can be achieved at a local level by the NIC DATF, which is tasked with coordinating the inter-agency and community response to drug and alcohol problems at a local level, in close consultation with the PIB.

As a result, the following recommendations are presented according to those which require national input and those that can be realistically achieved at a local level.

National Recommendations

Overcoming Systemic Barriers to Service Provision and Engagement	
Treatment	
	Reconfigure treatment criteria
	Provide real treatment choice
Inter-Agency Co-operation	
	Establish policy mandate to ensure co-operation
Overcoming Social Issues around Substance Misuse	
Housing	*Review HAP for single persons/substance users*
	Oversight for private hostel owners
	Co-ordinated response to housing safety issues
Drug Related Intimidation	
	Increased Garda presence on the streets
	Streamline reporting system
Moving Forward/Recovery	
	Review MMT Programme
	Address issue of spent convictions

Local Recommendations

Overcoming Systemic Barriers to Service Provision and Engagement	
Treatment	
	Reconfigure treatment criteria
	Provide community stabilisation beds
	Increase access to detoxification beds
	Embed care planning/case management
	Appoint psychiatric/psychological/counselling services into existing services
	Provide drop in, outreach and phone counselling services
	Create community based alcohol misuse service
	Establish community based service for men in addiction
	Increase awareness of service engagement options
	Increase staffing/funding across all services
	Provide compliance/governance support
	Create/relocate fit for purpose buildings for service provision
Family Support	
	Drop-in family support centre and/or outreach
	Dedicated family co-ordinator, bereavement counsellor and family advocate
Overcoming Social Issues around Substance Misuse	
Housing	
	Provision of substance free lodging with support services
	Support Housing First initiatives at local level to support and sustain recovery pathways
Drug Related Intimidation	
	Support community efforts to provide safe spaces to support and sustain recovery pathways and re-establish a sense of community
Children and Young People Care Support Provision	
	Consistent education/prevention strategies – all ages
	Increase access to mental health supports including developmental/psycho-educational assessment
	Provide addiction aware child care
	Child care places for parents in recovery
	Increase out of school services (youth groups/training)
Moving Forward/Recovery	
	Provide wrap around support in recovery (life skills, training, employment, housing)
	Create addiction/mental health 'community hubs' with trained peer workers
	Addiction awareness training for all service providers in the NEIC – ETB, DSP, education providers all age ranges