

# DÁIL ÉIREANN

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## AN COMHCHOISTE UM SHLÁINTE

## JOINT COMMITTEE ON HEALTH

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*Dé Céadaoin, 19 Eanáir 2022*

*Wednesday, 19 January 2022*

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Tháinig an Comhchoiste le chéile ag 9.30 a.m.

The Joint Committee met at 9.30 a.m.

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Comhaltaí a bhí i láthair/Members present:

Teachtaí Dála/Deputies	Seanadóirí/Senators
Colm Burke,	Lorraine Clifford-Lee,
Cathal Crowe,	Martin Conway,
Bernard J. Durkan,	Annie Hoey,
Thomas Gould,*	Lynn Ruane.*
Neasa Hourigan,	
Gino Kenny,	
John Lahart,	
Róisín Shortall.	

\* In éagmais/In the absence of Deputy David Cullinane and Senator Frances Black.

Teachta/Deputy Seán Crowe sa Chathaoir/in the Chair.

## Business of Joint Committee

**Chairman:** There are two pieces of housekeeping to be dealt with before I bring in the witnesses. Deputy Cullinane will be substituted by Deputy Gould, and Senator Black will be substituted by Senator Ruane. Apologies have also been received from Senator Kyne.

May I take it that the draft minutes of our private meetings of 30 November 2021 and 7 December 2021 and our last public meeting of Wednesday, 15 December 2021, are agreed? Agreed.

### National Drugs Strategy: Minister of State at the Department of Health

**Chairman:** I welcome the Minister of State with responsibility for public health, well-being and the national drugs strategy, Deputy Feighan, who will provide the committee with an update on the national drugs strategy. I also welcome Mr. Jim Walsh, principal officer, from the drugs policy and social inclusion unit in the Department of Health, and Dr. Eamon Keenan, national clinical lead in addiction services, from the HSE.

Before we hear the Minister of State's opening statement, I need to point out to our witnesses that there is uncertainty as to whether parliamentary privilege will apply to their evidence if given from a location outside the parliamentary precincts of Leinster House. If, therefore, I direct them to cease giving evidence relating to a particular matter, they must respect that direction. I understand the witnesses are all within the precincts of Leinster House anyway.

All witnesses are reminded of the long-standing parliamentary practice to the effect that they should not criticise or make charges against any person or entity by name or in such a way as to make him, her or it identifiable or otherwise engage in speech that might be regarded as damaging to the good name of a person or entity. If, therefore, their statements are potentially defamatory in respect of an identifiable person or entity, they will be directed to discontinue their remarks. It is imperative they comply with any such direction.

I call the Minister of State to make his opening remarks.

**Minister of State at the Department of Health (Deputy Frankie Feighan):** Thank you, Chairman, for your invitation to appear before the Oireachtas Joint Committee on Health to discuss the implementation of the national drugs strategy 2021-25. As you said, I am joined by two officials: the principal officer in the drugs policy and social inclusion unit of the Department of Health, Mr. Jim Walsh, and the HSE national clinical lead for addiction, Dr. Eamon Keenan. I am honoured to appear before the committee for the first time as Minister of State with responsibility for the national drugs strategy. The timing of my appearance is significant as I recently set out our new strategic priorities for this period. While I address this meeting as a Minister of State in the Department of Health, I emphasise that the national drugs strategy is a whole-of-government policy that involves many other Departments and is accountable to the Department of the Taoiseach and the Cabinet committee on social affairs and equality.

My first message for the committee is that drugs continue to be a major policy challenge for Irish society. I remind the committee of some of the components of the challenge. A total of 9% of the population used an illegal drug in the past year. This rises to one in four among males aged 25 to 34. In 2017, 376 individuals died from a drugs overdose. In 2020, 9,700 cases were

treated for problem drug use, with another 5,800 cases treated for problem alcohol use. Many people experience the collateral impact of drugs, including children, families and communities, as documented in recent reports on Ballymun, Drogheda, Darndale, Tallaght, the north-east inner city and Dublin south-central. More than €200 million per annum in labelled public expenditure is spent on drugs policy, including €136 million from the Department of Health, with unlabelled expenditure and productivity costs amounting to in excess of €650 million. Then there is the scale of the drugs economy and criminal activity.

My second message is the commitment to a health-led approach in the national drugs strategy, whereby drug use is treated as a public health issue and not primarily as a criminal justice matter. Let me be clear: a war on drugs is not an effective response to drug use.

My third message is about the effectiveness of the national drugs strategy to date in addressing these challenges, in particular delivery on the 50 actions in the first period of the strategy, from 2017 to 2020. The recently published midterm review found that 25 actions either have been delivered on completely or are broadly on track. A further 20 actions are progressing but with a minor or major delivery issue. Specific achievements include prevention of the harmful effects of drug and alcohol use; improved access and availability of drug and alcohol treatment services; alternatives to possession of drugs for personal use; public awareness of the drug-related intimidation reporting programme; opportunities to exchange knowledge as to what works and to inform policy development; and engagement with the British-Irish Council and the European Union.

I now turn to the strategic priorities for 2021 to 2025 under the national drugs strategy. The priorities provide the framework for the actions to be decided for the remaining four years of the strategy. They are based on the evidence gathered during the midterm review of the strategy, covering 2017 to 2020, which I published in September. These priorities are also informed by the lessons of the Covid-19 pandemic and the new EU drugs strategy and action plan 2021-25. The strategic priorities seek to better align Government policies on drugs and to strengthen inter-agency partnership, including collaboration with the voluntary and community sectors. In addition, the priorities strengthen the health-led approach and connect with the EU drugs strategy and action plan 2021-25.

The first priority focuses on protecting children and young people from drug use and the associated harms, based on the UN Convention on the Rights of the Child. The second priority is to enhance access and delivery of drug and alcohol services in the community. This includes both HSE addiction services and community-based services. The third priority is about harm reduction and integrated care pathways for high-risk drug users. The fourth priority addresses the social determinants and consequences of drug use in disadvantaged communities. The fifth priority is to promote alternatives to coercive sanctions for drug-related offences, which is a litmus test for the achievement of a health-led approach. The sixth priority is to strengthen the performance of the strategy by promoting evidence-informed and outcomes-focused practice and policies. The priorities will be linked to outcome indicators so that we can measure the impact of the strategy. Indicators will include cannabis use among young people, the number of people receiving treatment, the number of drug-related deaths, experiences of drug-related violence and intimidation and convictions for possession of drugs. The vision values and the goals of reducing harm and supporting the recovery will continue for the remaining period of the strategy. The content of the strategy is, therefore, unchanged, as is the commitment to the inter-agency partnership between the statutory, community and voluntary sectors.

I will make a comment on the financial underpinning of the strategic priorities. In the previ-

ous two budgets I allocated €70 million in additional resources to the national drugs strategy. I reiterate my support for the rural drug and alcohol task forces to access local needs and enhance the provision of community-based drug and alcohol services. To this end, I have established a community service enhancement fund of €2 million on a recurring basis.

I pay tribute to the work of front-line drug and alcohol services during the Covid-19 pandemic. The designation of drug services as essential services at the start of the pandemic was a significant acknowledgement by the Government of the importance of the sector. I thank committee members for their attention and I look forward to their comments and questions.

**Deputy Thomas Gould:** As the Minister of State will be aware, there are issues with the national oversight committee. Will he confirm that all community and voluntary networks will retain their place on the oversight committee for the duration of the current phase of the national drugs network? Will he confirm that any change that takes place will be open and transparent? This has not happened. Will the Minister of State confirm that membership will be guaranteed? Will he give a commitment that the proposed civil society forum will also be fully transparent and open to consultation?

He must agree that addiction nurses have been treated with disrespect by being removed from the national oversight committee and that this is shocking. They should be reappointed to it. Addiction nurses have been forced to come out publicly to raise this issue with him instead of it being resolved. For them to find out through the press that he would meet them is another show of disrespect. Will he confirm that addiction nurses will be reinstated to the oversight committee, considering the pivotal role they play and the vital experience and on the ground knowledge they bring? I have a number of other questions but I would appreciate it if he dealt with these first.

**Deputy Frankie Feighan:** The work of the national oversight committee is ongoing. The Deputy spoke about nurses. I hope to meet the nurses committee in the coming days. There have been a few issues that we need to resolve and I hope to meet them. The civil society forum will be open and transparent. I would like to think the national oversight committee has been open and transparent. There have been issues and I hope we can clarify them by meeting the group. I will meet them next week and I hope this matter can be clarified.

**Deputy Thomas Gould:** They were removed with no consultation or reason given. With the Minister of State confirm they will be reinstated? Who is making the arbitrary decisions to remove people from the oversight committee without discussion or engagement? It is not good enough. There needs to be an explanation as to why this has happened. Will the Minister of State commit to reinstating them?

**Deputy Frankie Feighan:** I value the work they have done. I have had discussions. I hope to meet them in the coming weeks. I hope this can be resolved. I absolutely value their commitment and expertise. I do not want to give a full commitment because it is an ongoing process. The vast number of people have been accommodated. I will meet this group in the coming weeks. I hope we can deal with this by meeting in person.

**Deputy Thomas Gould:** That is disappointing. I hope the meeting will be successful. This was done without consultation or prior knowledge. No one can understand why it was done. I will park it now until the meeting is held. Will the Minister of State confirm that the civil society forum will be open and fully transparent and will involve consultation with everyone?

**Deputy Frankie Feighan:** The Irish chapter of the nurses society was disappointed. Perhaps there were one or two issues of a lack of correspondence. I will meet them next Thursday. We have already appointed a chair of the national oversight committee. Everything that we do will be above board and will be open and transparent. I really appreciate the Deputy's interest in this.

**Deputy Thomas Gould:** With regard to the national oversight committee, many people are worried that there is an agenda to remove some, if not all, of the community and voluntary networks. Certainly we have seen issues before and since Christmas. Will the Minister of State give a commitment that he will retain all of the community and voluntary groups on the national oversight committee?

**Deputy Frankie Feighan:** I will not say there is a change in direction but there is a change in the way we are doing it. Of course everything evolves. The vast majority will be accommodated. There will be different structures but I would like to think we will be able to accommodate all the people who have shown an interest. Sometimes people are afraid not of change but that a different process would be in place. The process will be able to accommodate them and I will do everything I can to accommodate them.

**Deputy Thomas Gould:** The Minister of State has spoken about new processes. Surely this should happen in consultation with local community and voluntary groups. This, and not excluding them from the process, is the key to developing the strategy. I am very concerned with the Minister of State's responses here this morning, talking about changes and involving new processes. From what I am hearing, the people who run the front line, the task forces and the community groups, and know what is happening on the ground, are not involved in this process for this consultation. That is very concerning to me. Will the Minister of State indicate who is making these decisions? They are not being inclusive of these groups. Other Deputies and Senators are also meeting with these groups and they are getting the same feedback as me. I am very concerned with the points made by the Minister of State this morning.

With regard to the north inner city, is the Minister of State, Deputy Feighan, aware that the Department no longer provides operational funding to the north inner city drug and alcohol task force? Unless this funding is reinstated, in effect this task force is being shut down and its two staff are being made redundant. What does the Minister of State have to say about this? It is very serious. I am aware that the local Deputies, including my own party leader, are very concerned about this. Will the Minister of State give a commitment now to reinstate that funding and let that task force get on with the vital work it is doing?

**Deputy Frankie Feighan:** On the Deputy's first question, the community and voluntary networks will be retained on the national oversight committee. Again, there are one or two groups that are anxious to get onto that. I believe that they will be accommodated in an ongoing process. The process has been hugely significant and most people have bought into it.

Funding is guaranteed to the north inner city. I understand that my Department has been engaged with the north inner city drug and alcohol task force in recent months. There are issues and those issues have been articulated to me and across the media. There is an impasse and I hope we will be able to deal with it in the coming weeks. My door is always open. There is no diminution of services. Services are continuing. I absolutely support the autonomy of the task forces. There are issues but my officials are currently engaged in a consultation process with all of the stakeholders to try to resolve them.

**Deputy Thomas Gould:** Is my time up?

**Chairman:** It is.

**Deputy Thomas Gould:** I will come back in later on. I thank the Chairman.

**Deputy Colm Burke:** I thank the Minister of State for his presentation. I will start with the issue of cocaine and crack cocaine, the use of which has hugely increased in the last number of years. I understand that there were more than 50 deaths in 2017 as result of crack cocaine, but I do not have more up-to-date figures. What action is being taken to deal with this? It is a new challenge in the past four to five years but it is becoming more serious. What action is being taken to deal with that issue? This is not just a Dublin or a Cork problem; it is right around the country. Will the Minister of State please deal with this issue?

**Deputy Frankie Feighan:** Crack cocaine use is a huge issue. The drug has become more prevalent in Ireland, with 2.3% of the population reportedly using the drug. The national drug reporting system shows an increase of more than 400% in crack cocaine use between 2014 and 2020. There has been a huge problem with cocaine use in Ireland and the emergence of crack cocaine use in certain marginalised areas. I have announced €850,000 in recurring funding for a HSE-led initiative to reduce health-related harms associated with the use of cocaine and crack cocaine.

**Senator Colm Burke:** I am aware that the €850,000 has been made available but can we see action in the next two to three months? It is fine to allocate the money but we need to see actual action on it. It is a growing problem and is becoming very serious in certain communities.

**Deputy Frankie Feighan:** Exactly. The action is targeting interventions in these disadvantaged areas, and a few areas come to mind. There are or five different areas that can put in proposals. That €850,000 will be delivered over three years, along with other funding. We have given €240,000 to various community health organisation areas around the country. There are other ways to access the funding. We have done a lot of work with this funding, including the release of the Ballymun and Tallaght initiatives. This funding will be-----

**Senator Colm Burke:** If at the end of the 12 months we find that it is not having an effect, can we get further funding allocated to give support to the people who are trying to deal with this issue?

**Deputy Frankie Feighan:** As I have said, this is a recurring funding over three years. The calls for the €850,000 fund will be coming in the next few weeks. I might bring in our HSE director, Dr. Eamon Keenan, to elaborate more on this funding.

**Senator Colm Burke:** I thank the Minister of State.

**Dr. Eamon Keenan:** I thank the Minister of State for asking me to comment on this issue. As the Minister of State has indicated, we have seen year-on-year increases in the numbers of people presenting to all services suffering from physical and psychological problems associated with cocaine use. The figures are dramatic, with 36% of all new cases presenting to HSE services in 2020 being associated with cocaine. Of that, a smaller number of 15% had problems associated with crack cocaine use, which is a more intense form of cocaine that we are seeing in more marginalised communities. It is important to say, however, that this initiative and the funding will treat and target cocaine users in the broader sense and also consider those marginalised communities where crack cocaine is a problem. It may be interesting for



the members to note that a report will be released tomorrow in relation to drug use in higher education institutes. This survey was carried out with 11,500 students across the country. It indicates that there has been a substantial increase in cocaine use in this population also. With the €850,000 funding identified by the Minister of State, we will allocate some €50,000 for training so that across the country we can provide training for staff to deliver appropriate and evidence-based interventions to people who are presenting with health problems associated with cocaine and crack cocaine use. Before the end of January we will be going out for a call to the CHO areas for submissions in relation to initiatives they will work on around cocaine and crack cocaine use.

**Senator Colm Burke:** Will the report that is due out tomorrow have recommendations and what kind of timescale are we talking about for the implementation of those recommendations?

**Dr. Eamon Keenan:** I do not want to pre-empt the report to be released tomorrow, but I just wanted to highlight the fact that there are cocaine problems right across society. This report will call for work to implement the framework to respond to illicit drug use in higher education. I ask the members to keep an eye on that report, which is being launched tomorrow. Dr. Michael Byrne from University College Cork has spearheaded that report, which was commissioned on foot of a request from Mary Mitchell O'Connor in her role as the Minister of State with responsibility for higher education.

With regard to the €850,000 funding, I will speak briefly now about the initiatives. We have asked the services that have submitted initiatives to show that there is a need identified within the CHO area; a readiness of the service to deliver the intervention; an infrastructure in place; governance to oversee the project; and potential for integrating with local networks and care pathways. An evaluation needs to be built into that initiative in order that, as the Deputy said, after a year where we have received funding for the next three years, if this initiative is not producing the improvements and the services that we would hope for, it can be re-evaluated. This is the first opportunity that we have had to effectively address cocaine, including crack cocaine. We were looking forward to this as that call is going to go out before the end of January. Submissions will then be evaluated by my office, the National Social Inclusion Office, and we hope to start these initiatives in the second quarter of this year.

**Deputy Colm Burke:** I thank Mr. Walsh. Can I go back to the Minister of State, please, on the funding for community services? My understanding is that moneys were allocated for community services. How will that be implemented and are all areas in the country to be taken into account in dealing with the support funding that is required at community level?

**Chairman:** Can the Minister of State put his headset back on, please?

**Deputy Frankie Feighan:** Is that better?

**Chairman:** Yes, it is.

**Deputy Frankie Feighan:** In respect of the €2 million for enhancement services, €200,000 and €240,000 has gone to the nine community healthcare organisations, CHOs. I report that 25% of that funding is ring-fenced access for the provision of drug and alcohol services for women, ethnic minorities and the LGBTQI+ community who often face barriers in accessing drug and alcohol services.

**Deputy Colm Burke:** The Minister of State is saying that this funding has been allocated to nine different CHOs. Is he satisfied that that is catering for a sufficient number of groups

across the country?

**Deputy Frankie Feighan:** This funding is on top of most of the funding that goes to the CHOs. This €200,000 and €240,000 is an enhancement fund, as described, to support community drug and alcohol services. Perhaps I will bring in my colleague, Dr. Eamon Keenan, from the HSE who may have more to add on this issue.

**Dr. Eamon Keenan:** I thank the Minister of State. The funding provided will be identified for task forces. It will be based on population need in those areas where there are specific problems associated with substance use, which will then be able to avail of targeted funding. It is a great initiative to be able to say that there is now €2 million available across community-based services. This is going to be an enhancement of services in those areas of most need, in the broadest substance misuse sense.

**Deputy Colm Burke:** If a community comes to the HSE or to the Department over the next 12 to 18 months, will their concerns be taken on board in respect of receiving the necessary support because the reaction time seems to be very slow? The big concern that is being raised with me by communities is the delay in getting access to the necessary support.

**Dr. Eamon Keenan:** Starting in quarter 1 this year, there will be engagement between the HSE and the task forces on the allocation of this funding. Specific amounts have been earmarked for specific areas. Each area across the country will receive specific access to this funding in as quick a manner as possible.

**Deputy Frankie Feighan:** Am I correct that most of this funding is administered through the CHOs and the HSE, and they have expertise in the way that this funding is delivered?

**Dr. Eamon Keenan:** That would be correct.

**Deputy Colm Burke:** Finally, on support within the HSE, is there an adequate number of people available with the expertise to assist with communities? Do more people need to be recruited in that area?

**Dr. Eamon Keenan:** Recruitment across the HSE has been an issue for some time now, particularly in light of the recent pandemic. We will try to prioritise staff working with community-based services to develop and to get this funding out to the communities as much as possible. Recruitment, certainly, across the health sector has been a challenge.

**Deputy Colm Burke:** I thank the Chairman.

**Chairman:** I thank the Deputy and I will move on now to Deputy Shortall.

**Deputy Róisín Shortall:** I thank the Chairman and the Minister of State for coming in to the committee.

First, the Government is committed to a citizens' assembly on drugs in 2022. What is the up-to-date position in that and when is it likely to commence?

**Deputy Frankie Feighan:** At the moment, the programme for Government commits to convening a citizens' assembly on matters in respect of drug use, at the Deputy stated. We have not confirmed this yet. As she will be aware, the citizens' assemblies require large gatherings to be truly effective and there has been a delay due to the public health situation. Consideration is being given to the methodology for a citizens' assembly. The Department of Health were



liaising with the Department of the Taoiseach on the timing and format of a proposed citizens' assembly on drug use. A number of citizens' assemblies will be established-----

**Deputy Róisín Shortall:** Is there a proposed date for-----

**Deputy Frankie Feighan:** There is no proposed date but we are expecting that it will take place during the lifetime of this Government. I have been consulting with the Taoiseach's Department and with the leaders of the three parties.

**Deputy Róisín Shortall:** Is it the Minister of State's intention to start it this year, assuming that restrictions will be shortly lifted?

**Deputy Frankie Feighan:** As soon as restrictions are lifted I believe we can discuss it again. This is a matter for the Taoiseach's Department and we have written to his Department on a number of occasions.

**Deputy Róisín Shortall:** There is no date, then, as of now.

**Deputy Frankie Feighan:** We are liaising with the Taoiseach's Department on this but Covid-19 has effectively stymied much of the preparation for a citizens' assembly.

**Deputy Róisín Shortall:** I thank the Minister of State for his reply.

Through his press statement we received the intended membership of the national oversight committee and some omissions have been addressed. Is it his intention that the people who are currently appointed to the new committee will remain members for the duration of the strategy up to 2025 because there is confusing talk about civic society group-appointed people? He might clarify that point, please?

**Deputy Frankie Feighan:** I would like to think that, yes, those members will remain there for the lifetime of the strategy.

**Deputy Róisín Shortall:** What is the thinking about a civic society group?

**Deputy Frankie Feighan:** There are different aspects to how various groups and different people can come into various initiatives.

**Deputy Róisín Shortall:** These would then be additional people to be appointed rather than alternative people. Is that the case?

**Deputy Frankie Feighan:** No, they are part of the process. I might bring in my colleague, Mr. Walsh, to assist with the answer to this question.

**Mr. Jim Walsh:** We can confirm that the community voluntary networks will be retaining their membership for the period of the strategy. That is, the three networks that are named, which are the Citywide Drugs Crisis Campaign; the Union for Improved Services, Communication and Education, UISCE; and one more to be identified.

The civil society group involvement is to broaden the membership as we are setting up new structures and we want more people to be involved in that to make it as open and as transparent as possible. I thank the Deputy.

**Deputy Róisín Shortall:** I thank Mr. Walsh for that reply.

I would like to go back to the fact that no nurses are represented on the national oversight committee, an issue that has been raised. I ask that the thinking on this be explained, when there is a very heavy representation from psychiatrists, for example. They, obviously, have a role but it seems extraordinary that the Minister of State has a number of psychiatrists and no experienced nurse in the area of addiction on the committee. Nurses play a central role in the provision of services to people with addiction. What is the thinking on that and why on earth have nurses been left out?

**Deputy Frankie Feighan:** Again, it is a new way of bringing various areas of expertise into the national oversight committee.

**Deputy Róisín Shortall:** My apologies to the Minister of State but I do not understand what he means by that comment.

**Deputy Frankie Feighan:** Before this, people were just appointed but now there are different strands in respect of getting involved. I am meeting with the nurses and I hope it will be resolved.

**Deputy Róisín Shortall:** What is the Minister of State's view on the need to have representation from addiction nurses and specialist nurses in this area? Why have they been excluded? Surely they should be key members of the oversight committee.

**Deputy Frankie Feighan:** They have not been excluded yet. All I will say is that I very much value their expertise. I would hope that in the coming days we can meet. I would hope that they would be included in the national oversight committee.

**Deputy Róisín Shortall:** It just seems strange to announce the membership of the NOC without addiction nurses.

**Deputy Frankie Feighan:** I think there was a breakdown in communication and I would hope that would have been resolved.

**Deputy Róisín Shortall:** Can I take it that it is the Minister of State's intention to appoint an addiction nurse representative?

**Deputy Frankie Feighan:** Once I meet with them, I have that facility, yes.

**Deputy Róisín Shortall:** Is that the Minister of State's intention?

**Deputy Frankie Feighan:** I would certainly think it is, yes.

**Deputy Róisín Shortall:** It has long been recommended that addiction nurses should prescribe within the drugs services. This was recommended going back to the Carroll report. Why have we not seen any progress in that area? Nurses are centrally involved in the provision of services yet they cannot prescribe. Why is that restricted to doctors?

**Deputy Frankie Feighan:** I will bring in Dr. Keenan, the HSE lead in addiction services. He might be able to clarify that.

**Dr. Eamon Keenan:** There have been some discussions with the Department of Health and the Chief Nursing Officer. There are legal impediments to having nurses prescribing opiate substitution treatment, OST. The other thing is that it has to be determined if there is a need for that. We have seen over the course of the pandemic that the HSE and general practitioners

in the community have responded in a very significant way to induct and continue significant numbers of people on OST. We have about 11,500 people now on OST including about 600 people on buprenorphine. If a need for nurse prescribing is clearly identified, departmental and legislative changes could happen. That discussion does require the Chief Nursing Officer in the Department of Health to be involved.

**Deputy Róisín Shortall:** I do not understand the rationale there. It is long recommended that nurses play a central role in prescribing across a whole lot of areas but particularly in the addiction area. It was recommended several years ago. I cannot understand why it is not happening now. Nurses are working in the treatment centres. It would make absolute sense that they would do the prescribing. They take a broader view and are more engaged with the clients. I cannot see why there is a difficulty there. If there needs to be legislative change, why is that not happening?

**Dr. Eamon Keenan:** There is nurse prescribing happening, but not for opiate substitution treatment. Nurses can prescribe other medications and there are nurse prescribers within the addiction services. Legislative changes are required.

**Deputy Róisín Shortall:** That does not explain why it is not happening. I ask the Minister of State to give attention to this. It is long overdue. I am also really concerned about the fact that while people talk the talk of recovery, the actual services that are being provided do not encourage recovery. They do not encourage progression through OST. It is clear from the figures that large numbers of people get stuck in methadone treatment. That is largely as a result of the over-medicalised approach and the lack of other supports such as education, counselling and so on. Why is it that so many people are stuck long term in OST and do not make progress or see a recovery? We know that is possible with the right supports.

**Deputy Frankie Feighan:** That is an interesting question. There were 1,000 clients who were given access to opiate substitution treatments in 2020 and 2021. This is under the Covid-19 contingency plan.

**Deputy Róisín Shortall:** I am not talking about the Covid plan. I am talking about thousands of people who are stuck in this limbo of OST long term without the supports to move on, progress and aim for recovery.

**Deputy Frankie Feighan:** I will ask Dr. Keenan to articulate this.

**Deputy Róisín Shortall:** With all due respect, the Minister of State referred to this as an interesting point. It is a lot more than that. It is a central point in respect of providing the kind of supports that help people look forward and aspire to recovery. Why is that not a central tenet of the approach to drug treatment?

**Deputy Frankie Feighan:** We are committed to working with people on their journey to recovery. I will bring in Dr. Keenan to articulate exactly his views as clinical lead in this area.

**Dr. Eamon Keenan:** There is a commitment towards recovery. We have significant numbers of detoxification beds. We employ significant numbers of counsellors across services both in the HSE and in the community and voluntary sector to work with people around developing care plans. Sometimes that care plan may be to continue on methadone and get back into the workplace. It is not necessarily a bad thing that somebody has been retained on a methadone programme for a number of years. It has allowed them to look at their family, employment and life circumstances and to get their lives back on track. The fact that they have remained

on methadone or on buprenorphine is not necessarily a bad thing. For individuals who want to move off that, there are supports available in terms of recovery. The Deputy is right that recovery is a central part of addiction services and treatment. We are committed to working on that.

**Deputy Róisín Shortall:** What percentage of people currently in methadone treatment have a care plan?

**Dr. Eamon Keenan:** I have not got a figure for that. It will vary from area to area. We have rolled out a new initiative around care planning in four separate areas. Care planning will be in conjunction with HSE services and community and voluntary services. All people in that area will have been provided with a care plan.

**Deputy Róisín Shortall:** Is it not the case that every person in treatment has a care plan? Should that not be the objective?

**Chairman:** The Deputy is out of time.

**Dr. Eamon Keenan:** Every person should have a care plan, absolutely.

**Deputy Róisín Shortall:** Why do they not?

**Chairman:** Deputy, you are way over time.

**Deputy Frankie Feighan:** If I may just clarify, I think I said there was 1,000 extra put on OST during the Covid pandemic.

**Chairman:** Okay. We are going to move on to Deputy Hourigan.

**Deputy Neasa Hourigan:** Just to finish up on that point, a comment was made that we do not have the numbers on the care plans. Could we be provided with those figures after the session? I would be interested in knowing if they are being collected and if we have access to them.

I want to return to the North Inner City Drugs and Alcohol Task Force for a moment. I am still slightly unclear. I would appreciate if the Minister of State could confirm that his Department has made an allocation for the operational budget of the task force for 2022 along with the 23 task forces nationally, and that this allocation for the north inner city task force is included in the HSE's budget for 2022.

**Deputy Frankie Feighan:** I am going to bring in Mr. Walsh or Dr. Keenan on that.

**Mr. Jim Walsh:** The allocation for the north inner city task force is €2.2 million and that is continuing in 2022.

**Deputy Neasa Hourigan:** For clarity, because sometimes the numbers can get a bit complicated, when Mr. Walsh says "continuing on" is there specific funding for 2022 or is that part of another package?

**Mr. Jim Walsh:** The €2.2 million is allocated for the north inner city for 2022. The details of that would be subject to discussions as part of the service level agreement, SLA, process. That is through our channels of funding the HSE and the youth services. They engage with the services and determine what services they are providing and what resources are required for those services. That is a Government process that is carried out and will take place, but the pot of money of €2.2 million remains the allocation for the north inner city.

**Deputy Neasa Hourigan:** Does the task force have access to that fund now?

**Mr. Jim Walsh:** Yes, it can engage with the-----

**Deputy Neasa Hourigan:** I am not asking about a process of asking for the money. Is the organisation in receipt of funds now?

**Mr. Jim Walsh:** As far as I know, it has not met with the HSE. The funding is available. The 2022 funding needs to be determined. That is a process that takes place at a local level as part of a discussion of SLAs.

**Deputy Neasa Hourigan:** Is Mr. Walsh aware of when there was last a meeting on that issue with the task force?

**Mr. Jim Walsh:** To my knowledge, the HSE met with the company associated with the task force in recent weeks to discuss what its plans are in terms of service delivery and what resources will be required to support that. The agency has been proactive on that matter and has-----

**Deputy Neasa Hourigan:** Is that specifically around the issue of funding? During this session, we have talked about a consultation process.

**Mr. Jim Walsh:** Yes, it was our-----

**Deputy Neasa Hourigan:** Will Mr. Walsh outline the nature of those meetings?

**Mr. Jim Walsh:** It was a discussion concerning the SLA and the continuation of the SLA in 2022.

**Deputy Neasa Hourigan:** It is January 2022 now. When does Mr. Walsh envisage there will be access to funding for that group?

**Mr. Jim Walsh:** When those discussions are completed. I understand-----

**Deputy Neasa Hourigan:** When will those discussions be completed?

**Mr. Jim Walsh:** I will check that out with the HSE and respond to the Deputy. It is a HSE-led process.

**Deputy Neasa Hourigan:** That is fair enough. I would just say that is my constituency, so I am a bit protective of the services we get. Obviously, every constituency does not experience the type of impacts from drugs and the requirements for recovery and addiction services we do in the north east inner city and the north city in general. I must say some of the language coming out of the Department at the moment looks to me like an ideological centralisation of some of those decision-making processes. I am sure the Minister of State is aware the best international practice is to take an integrated community approach. I am very mindful that, post Covid, we really do not know what the landscape is going to look like in terms of the impact of drugs. We are very likely to experience the ripple effect of Covid for a long time to come.

I would like to know, from the Minister of State, where that more centralised strategy is coming from. I do not necessarily believe it is in line with the national drugs strategy. One of the things he said in his opening statement was that it is a whole-of-government strategy. I agree with that. Part of the issue around drugs is that we need to look at housing provision, broader health issues and education in all of its senses. Has the Department undertaken a review, with other Departments, of that more centralised approach? For example, has it reached out to the



Department of Social Protection or the Department that deals with equality and looked at what is, to some extent, a meaningful reduction in community leadership around drugs and addiction? What was the nature of that review? How are we going to now gather evidence and information on the ground when community services are being disenfranchised, to some extent?

**Deputy Frankie Feighan:** There are 24 task forces. There will always be one or two issues. This is an issue we need to resolve. When I was brought into the Department first, we engaged with the Department of Housing, Local Government and Heritage. We have had good collaboration with that Department. The Deputy has a point. There needs to be much more collaboration between the Department of Health and the Departments of Justice and Education, and all the other Departments. When there is a cross-government approach through the Department of the Taoiseach, it certainly is leading in the direction. Far too many times, Departments have worked in their own silos dealing with their own issues and were probably busy doing so. It is good to have a cross-departmental approach.

**Deputy Neasa Hourigan:** Is that an active intent? Is there a cross-departmental approach? For example, are we hearing the voices of the Departments of the Ministers, Deputies O’Gorman and Humphreys?

**Deputy Frankie Feighan:** I would think so. A lot of that is in different detail. As I said, the first collaboration was between the Department of Health and the Department of Housing, Local Government and Heritage. You can see what happened with the wrap-around services. We were able to provide services to people who needed housing and who used drugs. It was a huge success. We need a lot more collaboration and that is ongoing. Perhaps I might refer to Mr. Walsh for his views on that.

**Mr. Jim Walsh:** I wish to emphasise the point that one of the priorities for 2022 and onwards is to address the social determinants and consequences of drug use in disadvantaged communities. We have set up a group to look at that, which will be chaired by one of the partnership companies. The secretariat is going to be provided by the Department of Rural and Community Development, led by the Minister of State, Deputy O’Brien. We want to emphasise the interdepartmental approach because there are so many issues. I see them myself, being involved in the north-east inner-city initiative----

**Deputy Neasa Hourigan:** I do not like to cut across Mr. Walsh but I am very aware of my time. Will he elaborate more on that group? What is that group called and who will sit on it?

**Mr. Jim Walsh:** Under the revised structures, we have a strategic implementation group looking at disadvantaged communities and the social determinants of drug use in those areas. It will be chaired by the co-ordinator from one of the partnership companies. All the Departments and community groups will be involved in that group to identify what is needed to address these issues in Ballymun, Darndale and Tallaght, and how to deliver a joined-up approach to address these kind of recurring fundamental structural issues to do with disadvantaged areas. Drawing on the lessons of the north east inner city and Drogheda, I think we need to do more in this area. That is one of the Minister of State’s priorities.

**Deputy Neasa Hourigan:** Is that group constituted already?

**Mr. Jim Walsh:** It is one of the groups we are setting up under the new structures.

**Deputy Neasa Hourigan:** When will it meet?



**Mr. Jim Walsh:** It will meet in this quarter because it will have to report back to the national oversight committee, NOC, with the action plan containing the actions the group wants to undertake. There is a tight timeframe for that. We have a chair and we are recruiting the members and asking for nominations from the NOC for that group. It is a priority.

**Deputy Frankie Feighan:** This is part of strategic priority 4. We are committed to a partnership approach across Departments and agencies and to tackling effectively the prevalence of poor health and social problems. The Deputy's question has been very pertinent. I hope a lot more collaboration between various Departments will happen.

**Deputy Gino Kenny:** I thank the Minister of State and the other witnesses for attending. I want to cut to the chase. The elephant in the room is whether the current drugs policy in Ireland is working. I would say it is not and will continue not to work in relation to the prevalence of drugs in our society. Obviously, drug prevalence has huge effects on the community. We have seen that the criminal justice system does not deal with the issue. A health-led approach has better outcomes.

If we want to look at a model that works, we must look at Portugal. There was a bad situation in Portugal before decriminalisation was introduced. Without going into the full workings of it, decriminalisation takes people away from the criminal justice system and takes an holistic approach to those in society who use drugs. To me, that is a better approach. Are we heading towards it? There are elements in the Government that are highly resistant to it, but there are other elements that are open to the idea. This has been talked about for decades, however, and nothing has really been done. People have sat on their hands and paid lip service to the ongoing situation. A different approach must be taken and it has to be radical. It must be very different from what has happened because, otherwise, we will be speaking about the same things in ten years' time. That approach is decriminalisation and possibly looking at the legalisation of certain other drugs. Is there a policy in the Department to change the current policy which essentially pays lip service to a health-led approach?

Criminalising people for drug use simply does not work. I refer to what is happening in the European Union at the moment, particularly in respect of cannabis use. Malta, Luxembourg and Germany will be legalising cannabis in the lifetime of this Government. One can see how this is going and that Ireland should lead on it because the current policy does not work. It alienates, marginalises and stigmatises people. We need a different approach. Will the Department take a different approach compared with what it has been doing, practically, for the past 25 years?

**Deputy Frankie Feighan:** I thank the Deputy. The national drugs strategy - Reducing Harm, Supporting Recovery - is the way forward. We established a working group in December 2017 to consider alternative approaches. It examined the option of decriminalising drugs and did not deem it an appropriate option in the Irish context due to legal difficulties and the fact that the group was very concerned it could lead to a *de facto* legalisation of drugs, as well as operational difficulties for the Garda. At the moment, there is no desire at Government level to decriminalise or legalise drugs, especially cannabis. I think we are talking about cannabis as well. Cannabis is a drug, and a dangerous one, as are tobacco and alcohol, and it needs to be regulated to a certain extent. I will bring in my colleague, Mr. Keenan, who deals with this issue, to offer his views.

**Dr. Eamon Keenan:** I thank the Minister of State and I thank the Deputy for his question. The Minister of State highlighted the report and the working group that identified that we should

be looking at health diversion for people who are caught in possession of drugs for personal use. There is a working group looking to implement that. The plan is that if a person is caught in a possession of drugs for personal use, in the first instance, that person will be directed to the health service for a screening and brief intervention. The HSE has been provided with money to set up that screening and brief intervention service, but there are legislative issues that need to be addressed to allow that referral to come in to the HSE. If we get a person coming in to us in that regard and we identify that the person has a problem, we can move him or her towards a health-based intervention. That is the idea behind health diversion. We are committed to that. The implementation working group is committed to it.

In the second instance, a person caught in possession could move down the route of an adult caution so that they do not end up with a criminal conviction. The Deputy is correct with regard to the significant impacts a criminal conviction could have on a young person. We are very much committed to trying to make that work so that a person who is caught can move to a health-based intervention. The working group did not go down the route of decriminalisation. In that context, I refer to the differences in legislative policy in Portugal and Ireland. Portugal can introduce a civil sanction, whereas we have been advised by legal representatives that we cannot have a civil sanction for individuals. It is worth pointing out that as well as decriminalisation, Portugal invested significant amounts of money in developing its addiction services. It was not simply one issue that led to improvements in that area.

The point being made by the Minister of State in respect of cannabis is that there are harms associated with it and we do see people presenting for treatment with cannabis. It is interesting that a recent report by the Tallaght drugs task force found that the drug causing most harm in that community was cannabis. Let us not move away from the fact that cannabis can cause harm. Rather, let us get people who are having problems associated with cannabis into the health service.

**Deputy Gino Kenny:** I do not wish to focus on one particular drug, namely, cannabis. There are far worse drugs in society than cannabis. There are drugs that will kill people and obliterate communities. That is factual. Some of the responses are kind of hysterical in terms of how people make observations regarding cannabis use in particular. Broadly speaking, the ongoing battle against drug crime and drug gangs can never be won, given the current policies. Making substances illegal, as all the illicit drugs in question have been, does not make society safer. I will pose this question but I probably will not get an answer. Does making something illegal make it safer? I believe it does not. In fact, it actually drives criminal gangs to fill that vacuum and there is no regulation or control in respect of drugs except the black market. That is the situation we have at the moment.

As regards funding and the drugs task force, the CHO 7 area that I represent, which is quite substantial, accounts for a quarter of the drugs task force. I know from the task force that I am more *au fait* with that there has been a culture in recent years in terms of not just that task force, but task forces across the country losing their independence. We need to remember where drug task forces were originally and why they were set up. They were set up because there was an epidemic of drug use in particular working-class areas where it was decimating communities. There had to be a reaction and that reaction was a community-based approach to how to deal with these very complex issues. They stem from socioeconomic disadvantage. Drug task forces have been very influential in the context of reacting but if they lose their independence and community-based element, it will make the problem much worse. It is important that drug task forces do not lose their independence in any guise.

**Deputy Frankie Feighan:** The Deputy referred to stigmatisation. We have to take the stigma away from people who use drugs. I refer to the health-led approach in recent years. In addition, the work ongoing with the Department of Justice has been considerable.

The Deputy referred to the drug task forces. They are the eyes and ears of the community. They bring to the attention of the HSE what needs to be funded and what areas need to be tackled. He is absolutely right that the services they have provided for decades have been incredible. In every task force and group, however, you need proper and good governance and you need structures in place. I am not saying the task force does not have those structures but things evolve, as does the way we do our business. I think there is a lot of good governance with officials working within the HSE.

Returning to the decriminalisation or legalisation of drugs, in my journeys around the country I have gone to many treatment centres. I have engaged with the experiences of drug users. I asked them one question. These are mostly young men and I put the Deputy's question to them. I was absolutely surprised that the vast majority oppose any legalisation of cannabis, and they gave-----

**Deputy Gino Kenny:** The Minister of State is asking the wrong questions, unfortunately.

**Deputy Frankie Feighan:** I appreciate the Deputy's views but they spoke of the harm to themselves, their loved ones and their mental health. They also felt that no matter what grade cannabis was put in, most people would be looking for more of a high and young people under 18 years would still be targeted. I was surprised myself. When we have a citizens' assembly, and I hope we have it as quickly as possible, all the views, including those of the Deputy, which are also pertinent, will be brought to that. I can never forget my two interventions there, however, which I was quite surprised by because there is a narrative about decriminalising and legalising. We have gone an awfully long way with the national drugs strategy, reducing harm and public support for recovery and a health-led approach. That is the right approach.

The Deputy referred to the work done in Portugal. Portugal's approach, as Dr. Keenan said, is not compatible with the Irish legal system.

**Chairman:** We need to move on.

**Deputy Bernard J. Durkan:** I thank the Minister and his colleagues for coming before the committee. I am finding the conversation interesting. I was a member, in a previous incarnation, of a ministerial drugs task force and liaised with the community-based committees. I should say at the outset that I listened to the conversation there on the need for the legalisation of cannabis and I do not accept it at all. Cannabis is dangerous drug and is also a gateway drug. That has been proven beyond any shadow of a doubt. It is also hallucinatory. It is one of the drugs that is usually fed to kids deliberately to create a market for the people who supply that drug and more serious drugs.

As public representatives, we are all familiar with situations of severe drug or alcohol addiction or both combined. As Deputy Shortall said, the theme is we improve the situation so that people on methadone be encouraged to come off drugs altogether. I see Senator Ruane shaking her head but we all know a little bit about it. None of us is in absolute control of the one and only solution. If there was a solution, we would not have a drugs problem now, but we still have one.

I was involved in a previous incarnation in the Zürich and Amsterdam experiments and a

number of other experiments, and I must say they are still experimenting. We still have a drugs problem worldwide. It is not going away. As with alcohol, the first question is whether the person concerned can accept they have a problem. Then it is whether they can work with the authorities - local voluntary or statutory, or both - to tackle the situation. That is first.

How many people in the country are using methadone now?

**Deputy Frankie Feighan:** I believe it is 10,000.

**Deputy Bernard J. Durkan:** How has that number fluctuated?

**Dr. Eamon Keenan:** Currently 11,500 people are on methadone or opiate alternative treatments. That includes methadone or buprenorphine as substitutes.

**Deputy Frankie Feighan:** Does that include the extra 1,000 who came on during the Covid crisis?

**Dr. Eamon Keenan:** That includes the additional 1,000 who have commenced since January 2020.

**Deputy Bernard J. Durkan:** Are they progressing? Can progress be recorded? There is nothing as bad for or debilitating to anyone or his or her family trying to deal with this situation. We have all dealt with them. Invariably, the mothers in families will come out with a hard line that this has to stop, it cannot go on forever and we must improve the situation and reduce the level of dependency. How can we do that? Are we doing the right thing now? I, like everyone else, want to try to do the right thing to deal with the drug and alcoholism problem, but what do the Minister of State and the officials suggest is the best way forward at this stage?

**Deputy Frankie Feighan:** The best way forward to me is the national drugs strategy. We received more than 20,000 submissions in 2017 and we have had a midterm review. It is a health-led approach. I grew up in the 1980s. There was not a drug problem as such. We had a drug problem but it was alcohol and tobacco. We did not deal with alcohol very well. The way we deal with these things is by destigmatising addiction and working with all the stakeholders and communities to address the reasons these things happen in many marginalised areas. I will bring in Dr. Keenan if the Deputy wants to ask him something.

**Deputy Bernard J. Durkan:** Before that, I will give an idea of where I am coming from. There is nothing as soul-destroying as when one is dealing with families where there is a drug problem that grows and grows and eventually tears the family apart. The Minister of State spoke of stigma. The stigma is as a result of continued reliance on particular drugs. We need to address that. The whole concept of methadone is to encourage people away from dependency on drugs.

It has been suggested that if we legalise the drugs system, everything will be okay. When prohibition was abolished in the United States, the use of alcohol increased by 3,500%. Things do not change insofar as things like this are concerned. That is a fact of life. Are we spending enough time addressing medically and psychologically the issue of dependency on drugs, even the minor drugs that are gateway drugs, are proven to be and are recognised as serious?

**Deputy Frankie Feighan:** I will refer to Dr. Keenan.

**Dr. Eamon Keenan:** I will refer back to a question asked by Deputy Shortall earlier, which relates to the information sought by Deputy Durkan. On care planning of new entrants, which

includes all those who have been commenced on opiate substitution treatment in the past two years, among new entrants, 74% of those over the age of 18 years and 86% of those under the age of 18 years have a care plan in place. The target is 100% in all groups. It is only through care planning that people can move forward and get the appropriate treatment and interventions because the individual is involved in the development of the care plan him or herself.

The Deputy is quite right about family support services. We received additional funding to develop family support services to support those services that are working with families who are dealing with a young person with a substance misuse problem. That is an important issue to identify and support.

**Deputy Cathal Crowe:** Good morning everyone. I want to confirm that I am in Leinster House 2000. I welcome the Minister of State and thank him for being here today. I also thank him for the work that he and his team are continuously doing.

I will start by referring to Bushypark, a residential addiction support centre in Ennis. I know that the Minister of State has been in contact with the centre and has visited it in the past. It is incredible what the centre has done throughout Covid. Over the past two years as a Deputy I have met many people who have come out the other end, the success stories from Bushypark. The centre has been in operation for many years. Thanks to Bushypark many people are back on the straight and narrow, off alcohol and avoiding their gambling addictions. They are on a good pathway in life once more. I want to pay tribute to Ms Margaret Nash, Mr. Gerry Murphy and all of the team at the centre. A new building will open shortly at Bushypark which is very exciting. That has been supported and funded by the Government but there is a funding crisis across our residential addiction centres, including Bushypark. I ask the Minister of State to consider revising the block grant funding model under which funds are disbursed via the HSE. At the moment, funding is based on bed nights. In a year when bed nights fluctuate, and particularly during Covid when bed nights in non-acute services such as residential addiction services were reduced, a lot of these centres found their funding plummeting. At the same time, they still have the same staffing levels and overheads. This is not just a Covid-related problem. Year on year, centres like Bushypark have budgets that are just not stable which makes it very difficult for them to plan.

Another issue related to funding is the real need for multi-annual funding. At the moment there is an annual funding allocation made by the Department of Health. It is very difficult for Ms Margaret Nash and her team to plan for what happens next year and the following years. They may be getting new bricks and mortar but in terms of expanding their programmes, or enhancing what they already deliver, it is very difficult. I ask the Minister of State to respond to the question of revising the block grant model and introducing multi-annual funding to replace the current annual funding model.

**Deputy Frankie Feighan:** I thank the Deputy. I am looking forward to visiting Bushypark again. I have met Ms Margaret Nash on numerous occasions and am very aware of the great work she and her team have been doing at that centre. I will invite Dr. Keenan and Mr. Walsh to comment on the question of multi-annual funding.

**Dr. Eamon Keenan:** Currently we provide treatment in three or four residential services based on treatment episodes. In other words, we get block funding each year into the HSE, which was increased again last year, to allow us to provide treatment episodes. Treatment episodes for an additional 475 people were provided in 2021. This is an area which needs ongoing and consistent funding. I am aware of the work that Ms Margaret Nash is doing in Bushypark.



Obviously our residential services have been impacted by the public health restrictions in terms of the numbers of people who would be allowed into facilities. We also have to recognise that some of the facilities are old. They are not all new, purpose-built, swanky premises. They are old premises that have been adapted and any funding we can get to improve that is welcome. At the moment, we get funding for treatment episodes on an annual basis.

**Deputy Cathal Crowe:** I thank Dr. Keenan for that but that funding model does not really take full account all of the services that centres like Bushypark offer. Quite recently I saw a log of the phone calls the centre received from September until Christmas. It was absolutely inundated with calls from people, screaming out for help at home. These are people who are at the cusp of relapsing and going back to the bottle or back to the betting. It is not all about treatment episodes and people being in there for 28 day bed-stay periods. The funding model does not account for everything the centre does. Its costs have not remained static. If anything, they have increased but the funding model does not match that. This is not just about Bushypark. There is an alliance of these centres throughout the country. I believe Ms Nash actually heads up that alliance. The centres have come together as a group and argued to the Department that the current funding model does not work. While they are grateful for departmental funding, it does not account for what they need in terms of meeting their outlays each and every month. I have asked that the centres are invited to come before this committee in the coming weeks. I hope the committee can accede to that request because we really need to hear, first hand, from Ms Nash, Mr. Murphy and others in terms of how they are really put to the pin of their collar each and every month.

**Dr. Eamon Keenan:** We meet the centres regularly and are very supportive of the work they do. While I appreciate that they are getting lots of phone calls, I would point out that the enhancement of community services will allow them to divert people to community-based services. Not everyone will require residential treatment episodes for a substance abuse problem and they can avail of enhanced community services.

**Deputy Cathal Crowe:** I will respond to that, if I may. Mr. Gerry Murphy is the treatment manager in Bushypark. He is a very kind and compassionate man and he is not going to tell somebody who is in floods of tears that while he is qualified to talk to them, he will not talk to them today because he is tied up with other work. That is not how he works or how anyone in the sector works. With the greatest of respect, Dr. Keenan has given an answer which is not reflective of real life. That is not how these services work. People scream out in their hour of need. Sometimes it can be at 10 p.m. or 11 p.m. at night, when Mr. Murphy or one of his colleagues is about to go home and I do not think the current funding model really grasps all of that.

In my remaining time, I want to make one more point. I grew up in rural County Clare and in my lifetime I had only seen a handful of drug deals taking place, with drugs passing hand to hand. Since being elected to Dáil Éireann, I get the train to Heuston Station and cycle along the quays on a Dublin Bike every day. I am aware of the really good and compassionate work undertaken by Merchant's Quay Ireland. I am aware of the really good quality care that is given inside that building but each and every day that I cycle past that building, I am appalled to see drug dealers lurking around corners like vultures, little packages of tinfoil and little white sachets of dope being passed hand to hand in the open air. It is wrong. The dealers know what they are doing. It is such a ready market. Addicts are coming out the front door, down the ramp and the dealers are waiting to top up the methadone they have been given. They are waiting to top it up with fully illegal drugs. It is like looking at a fox in a henhouse and it is all wrong.



We need to look at that whole model. It bothers me that the last audit I saw by the HSE showed that up to 40% of those receiving methadone treatment had been receiving that treatment across a ten-year period. Merchant's Quay Ireland does fantastic work and I do not want to take from that but there is a need for a Garda presence. There has to be the hard law presence outside the building and the soft, caring presence inside. It bothers me that the people going through that door for treatment, for rehabilitation, are like lambs to the slaughter when they come back out because there is a drug dealer waiting there for them.

I want to add to what others have said about the need for a national debate on drugs, drug usage and decriminalisation. I am not sure exactly where I sit on that issue but there must be a debate on it. Perhaps it is time to remove a layer of criminality from it and to bring our health services further into that realm. We certainly do not want to become a gateway for all sorts of drugs but that debate needs to happen and this committee should lead it out.

I ask the Minister of State to respond to the key issue of addicts getting methadone treatment inside the Merchant's Quay Ireland building but when they go back out on the street, they are at the mercy of drug dealers. I also ask the Minister of State to speak today to those at the highest levels in An Garda Síochána to ensure that there is a constant policing presence in that area. We are not there to judge the addicts, the people receiving treatment, but by God, we have laws in Ireland bringing criminal justice to the realm of drug dealing and they need to be enforced at the doors of that building.

**Chairman:** Just before the Minister of State responds, I would argue that it is a bit unfair of the Deputy to identify one particular building where rehabilitation is going on. This is a problem across Dublin-----

**Deputy Cathal Crowe:** With the greatest respect, we should not try to sanitise this. I have made this point numerous times within the confines of this building. If we fluff over it, we are denying that it is happening.

**Chairman:** Can you let me finish please?

**Deputy Cathal Crowe:** I see it every day with my own eyes and I am happy to reference it. I know that it is happening elsewhere too-----

**Chairman:** Can you let me finish?

**Senator Martin Conway:** On a point of order, it is highly inappropriate to name one particular drug treatment centre where there may be certain activities taking place outside.

**Chairman:** That is the point I was trying to make.

**Senator Martin Conway:** It is an abuse of this committee to use it for that purpose. It is totally wrong and those comments should be withdrawn.

**Deputy Cathal Crowe:** I will not withdraw my comments. This is the problem with drugs in Ireland.

**Chairman:** Hold on-----

**Deputy Cathal Crowe:** We fluff over it. We fluff over it time and time again.

**Chairman:** Deputy Crowe, please.

**Deputy Cathal Crowe:** We are about supporting the addicts through the health realm but-

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**Chairman:** I ask the Deputy to stop talking. I am in the Chair-----

**Deputy Cathal Crowe:** -----we cannot turn a blind eye to what is going on outside that building.

**Chairman:** Is the Deputy going to stop talking?

**Senator Martin Conway:** It is an abuse of this committee.

**Chairman:** I ask Senator Conway to let me chair the meeting. I am making the point that there is a difficulty in a number of centres where there are supports for people who are trying to get rehabilitation; it is not just one. It is wrong to identify one building. If we are talking about going from Heuston Station, we only have to go up the boardwalk. It is all around Dublin. If people open their eyes, they will see drug dealing going on in many areas. Unfortunately, it is also outside of many drug rehabilitation centres. That is wrong. It is correct to call for the Garda to respond to this criminality, but it is wrong to identify one specific building. Does the Minister of State want to come in?

**Deputy Cathal Crowe:** Before the Minister of State responds, from the get-go, I have been highly complimentary-----

**Chairman:** Deputy Crowe should hold on.

**Deputy Cathal Crowe:** -----of the Minister of State and the people in Merchants Quay Ireland. I do not care if-----

**Chairman:** I do not care what Deputy Crowe is saying, I am cutting him off.

**Deputy Cathal Crowe:** I know what I see and-----

**Chairman:** I know. Deputy Crowe is grandstanding at this stage. Does the Minister of State want to come in?

**Deputy Frankie Feighan:** Deputy Crowe has articulated a point. It tells us that there is a great need for a supervised injection facility at Merchant's Quay. It is subject to planning permission from An Bord Pleanála. The sooner the better that we can get a pilot medically supervised injection facility. It may help some of those issues. I accept there are issues. There are issues concerning the Garda. I am fully supportive of the Government decision to establish this medically supervised injection facility. It is a key action in the national drugs strategy.

**Deputy Cathal Crowe:** I thank the Minister of State.

**Senator Lynn Ruane:** With all due respect, the past 45 minutes, in particular, of this meeting have been among the most excruciating I have ever had to listen to when speaking about drug use in Ireland. I cannot believe I am hearing it in 2022. A lot more that was wrong has been said in the past 45 minutes than the naming of a building in the city centre, but nobody picked up on that and intervened, such as myths being put forward about gateway drugs. I also take issue with the language that has been used, the moralisation of people's drug use and whether they stay on drugs or not, and that everybody needs to become abstinent.

I do not understand what is after happening here today. The Minister of State's statement

said: “Let me be clear: a war on drugs is not an effective response to drug use.” The past 45 minutes of this debate have been the complete opposite of that statement. The war on drugs has happened right in front of the Minister of State’s eyes here today. I would like people to look back at what they have just listened to today. The war on drugs costs the most. It is discriminatory, moralistic, a breach of civil rights, and it criminalises poverty. If members want to focus on drug use, they would need to forget the type of drug that is being used. They need to look at poverty and marginalisation - everything that this Government has got a say on. Poverty should be ended and criminalised not people for their drug use. Everything that I have heard here today is opposed to decriminalisation and suggests that the war on drugs can work. Will the Minister of State explain to me what he means by, “Let me be clear: a war on drugs is not an effective response to drug use”, because I have not witnessed that in this debate?

**Deputy Frankie Feighan:** I thank the Senator very much. I appreciate that her intention is very well meaning. We have said the war on drugs has not worked and that is why we brought in the national drugs strategy. In 2017, we-----

**Senator Lynn Ruane:** If it is appropriate, Chair, that is not why the national drugs strategy was brought in. The strategy has been around for a long time.

**Deputy Frankie Feighan:** Yes, but in 2017 we got a new-----

**Senator Lynn Ruane:** It is the version in my hand I am talking about. The war on drugs is criminalisation. Does the Minister of State understand that that is what that means? It is a reference to criminalisation.

**Deputy Frankie Feighan:** I do not believe that. I think-----

**Senator Lynn Ruane:** As a politician that stands over policy, does the Minister of State understand that the war on drugs is about the criminalisation of people who use drugs? Does he believe drug users are criminals?

**Deputy Frankie Feighan:** No. What I think is that we need to destigmatise issues around people who use drugs.

**Senator Lynn Ruane:** It is not about stigmatisation. I am going to have to outline the basics. The war on drugs is an American system that came through the UN treaty. If the Minister of State goes back right to the 1970s, to his party, Fine Gael, and to the Fianna Fáil Party, he will see the conversation on what the war on drugs means and where the drugs legislation came from. It originates from the UN treaty and the war on drugs, which was about prohibition and the criminalisation of people. We are not window-dressing any more; it is not a cosmetic thing that we just need to end stigmatisation. That is not what the war on drugs means. I am not going to allow the war on drugs as an effective response to go out in news articles today. People got hope from the statement, but that would not be the case if they heard what we have just listened to today. Does the Minister of State believe that people who use drugs are criminals?

**Deputy Frankie Feighan:** People who use drugs have human rights and we have met the group, Service Users’ Rights in Action. We have said that a health version is required and compassion not punishment. We are moving in the right direction with the Department of Justice.

**Senator Lynn Ruane:** I want to make the point that criminalisation cannot be uncoupled from a health-led approach and they cannot be offered up as two separate themes. They are intrinsically linked. We do not reduce harm or increase happiness unless we stop labelling and

criminalising people for their drug use.

**Deputy Bernard J. Durkan:** Does Senator Ruane not-----

**Senator Lynn Ruane:** I did not interrupt Deputy Durkan.

**Deputy Bernard J. Durkan:** No, she did not, but she showed dissent when I was speaking.

**Chairman:** Deputy Durkan should give the speaker the floor.

**Senator Lynn Ruane:** The working group received 22,000 submissions on decriminalisation. The evidence to the working group on decriminalisation was overwhelming, but the committee ignored it on the basis that we are not Portugal. Was the main conversation at that meeting that the Garda did not want to give up its powers to stop and search?

**Deputy Frankie Feighan:** That is a legal and justice issue.

**Senator Lynn Ruane:** Exactly, and we are politicians, and we make legislation. As a legislator, does the Minister of State realise what the situation is in respect of stop and search powers?

**Deputy Frankie Feighan:** Seeking to normalise drugs-----

**Senator Lynn Ruane:** It is not about normalising drugs; it is about people and what they do in their lives, their agency, their supports and their networks. It is about not excluding them from society because of their choice to take drugs. It is about fixing the poverty and inequality in communities where we have chaotic drug use. The Minister of State's statement was very strong, so much so that I texted him this morning to thank him for expressing such a strong sentiment. What I realise here today is that the war on drugs is an effective response from the Minister of State because we will stand over criminalisation.

**Deputy Frankie Feighan:** In effect, Senator Ruane has taken one sentence out of a statement.

**Senator Lynn Ruane:** It is a very important sentence.

**Deputy Frankie Feighan:** In the Department of Health, we do not favour criminalisation. We want to cure people.

**Senator Lynn Ruane:** The Department of Health does not favour decriminalisation. Is the Minister of State saying that the Department supports and stands over the criminalisation of people for their drug use?

**Deputy Frankie Feighan:** We do not favour criminalisation, but what we have is a health-led approach.

**Senator Lynn Ruane:** We do not have a health-led approach because we criminalise people for their drug use.

**Deputy Frankie Feighan:** It is not a black and white issue. It is a health-centred approach. Sometimes justice is not an adequate strategy.

**Deputy Bernard J. Durkan:** I wish to make a point of order, Chairman.

**Chairman:** I am not taking a point of order. Deputy Durkan should allow the exchange to

conclude.

**Senator Lynn Ruane:** I know I am coming in hard, but the Minister of State must remember that I do not visit a treatment centre and ask people if they support legalisation. What I do is I ask my friends if they think they are criminals. If I ask the father of my child if he is a criminal for his drug use, he will say “No”. I do not ask people if they think drugs should be legalised. We have to be careful about the questions we ask. People who have grown up in poverty and addiction have internalised the stigma the Minister of State speaks about. They feel they should be legalised, but because we buy into the moral panic, we do not talk to them about the conditions of the environment in which they live and grow up or why they have to self-medicate to that extent. There is a difference between drug use and drug abuse. Drug abuse is connected with poverty and inequality. Unless we can address that we cannot keep having these pretend conversations at committees where we make big statements such as “the war on drugs is not an effective response”, and then have a meeting that is in complete contradiction to that statement. The Minister of State should withdraw that sentence from the statement he gave to the committee today.

**Deputy Bernard J. Durkan:** Should there be a war on drug barons, that is, the people who supply the market?

**Senator Lynn Ruane:** Then legalise it and then we will remove that. Let us have the conversation on legalisation. We gave them the market. We gave drug dealers the market.

**Deputy Frankie Feighan:** I am confident in our approach. Look at the evidence-based-----

**Senator Lynn Ruane:** It is not evidence based. The working group ignored the evidence that was presented to it on criminalisation. It ignored the evidence so do not tell me that this policy is evidence based. It was one of three scenarios put forward and it was not the one that had the most evidence.

**Deputy Frankie Feighan:** We have a difference of opinion here.

**Senator Lynn Ruane:** It is not an opinion; it is a choice.

**Deputy Frankie Feighan:** I believe it is an opinion and it differs from others’ opinions. Effectively, it is important that we live up to the responsibilities. If we were starting out today, would we legalise alcohol, tobacco and things like that? The consequences of drug use-----

**Senator Lynn Ruane:** Basically, there is a drug disparity that health-led approaches are prohibitionist. We will also have that discussion. We have a prohibitionist drugs Minister.

**Deputy Frankie Feighan:** No, I think we have a compassionate approach.

**Senator Lynn Ruane:** It is the opposite.

**Deputy Frankie Feighan:** The Senator is right about one thing. We have to acknowledge the social determinants of drug use. I agree with her there. We might take different paths but I agree with her that there are social determinants in drug use as well.

**Chairman:** We have come to the end of this questioning session. Senator Conway is next to speak.

**Senator Martin Conway:** I thank the Minister of State and his team for coming in here to-

day. I listened to the engagement Senator Ruane had with the Minister of State. There is much on both sides that people have to listen to.

My line of questioning today was going to highlight a report that was done by the Joint Committee on Justice and Equality when I was a member of that committee. Unfortunately, much of society and many countries still see the problem with drugs as being justice-led whereas in actual fact, it needs to be health-led. I believe we are slowly but surely moving in that direction in this country.

When Deputy Stanton was Chairman of the justice committee, we went to Portugal and looked at what was being done. We engaged with various stakeholders there and learned that there had been a significant reduction in the amount of drug abuse and drug use in Portugal because it was decriminalised. There is a significant difference between legalising it and decriminalising the use of it. That is a very important point. It is a difficult discussion and there are elements within society that are totally against this discussion. I believe it is a discussion that must continue and evolve, however.

I also believe that slowly but surely, the whole issue of addiction is now coming under the realms of health. We are here today discussing this issue at the Joint Committee on Health. It is absolutely appropriate that it should be discussed at the health committee as opposed to the justice committee. I do not believe anybody on this committee wants to see somebody who has addiction problems ending up in Mountjoy or Limerick Prison because of his or her addiction.

Absolutely, we have a major job of work to do as a society in terms of the circumstances that lead people to addiction. There is unbelievable poverty in this country. There are areas of this country, whether it is urban or rural, where the level of poverty is absolutely appalling. It is an absolute shame on our society that successive Governments for decades have allowed that type of poverty to exist, continue and, if one likes, evolve and get worse. Until such time as we deal with the environments in which these young people and their families find themselves in the first place and ensure that people who go to school have access to proper equality and respect, we will have these problems. Whether it is cocaine, cannabis or whatever, there are people out there who will peddle these substances on vulnerable people.

I have a major issue with the professional classes. I refer to people who had the opportunities and benefitted from education in this country who are going out at weekends to nightclubs and house parties and so on and taking cocaine. They have the knowledge and benefit of everything that is good that our society, their families and our communities have offered and yet they are operating on and taking recreational drugs. Unfortunately, tens of thousands of young professional people who have had every advantage are doing it. These are the people who are supporting drug barons like the Kinahans of this world, who are bringing in drugs and making tens and hundreds of millions out of it.

What are we going to do in terms of educating or at least using the education system to educate these people whose actions are resulting in organised crime and criminality? They are supporting an underworld that most of them would criticise and work against in their day jobs.

I was engaged at one stage with a group in Blanchardstown called Think Before You Buy. We had meetings with the Garda Commissioner and previous Ministers and so on in terms of funding a campaign. It encouraged people to think before they buy and use drugs on a recreational basis and of the consequences of what happens.



I also wish to ask the Minister of State about the HSE drugs and alcohol helpline and the funding that is being given to that. I believe that is money very well spent. What are the plans for developing that helpline? What is the breakdown in terms of people who have suffered from alcohol abuse and drug use? Is it 50-50? Are more people calling the helpline who suffer from drug addiction as opposed to alcohol addiction?

**Deputy Frankie Feighan:** I thank Senator Conway very much. We are very aware of the issues. The Senator articulated very well that the impact of drugs in disadvantaged communities has been hugely significant. I want to pay tribute to the role played by the task forces in responding. I assure the Senator that the Government is committed to a joined up departmental approach to addressing substance misuse. Task forces have also played a very important role in co-ordinating the responses of the agencies at a local level.

The Senator went on to speak about drug users. There is a debate to be had there. We cannot be contradictory. The same people who are complaining about drug lords and drug use are probably taking recreational cocaine or cannabis. We all have responsibilities.

The HSE helpline is accessible Monday to Friday from 9.30 a.m. to 5.30 p.m. The figures have been quite huge. In short, there was a doubling of the number of calls from 2011 to 2020. It is another line of help and assistance. If either of my colleagues, Dr. Keenan or Mr. Walsh, want to comment on those remarks I would be only too happy to let them in.

**Dr. Eamon Keenan:** I will make a couple of comments. The issue around prevention is a really important one, which is why one of the strategic priorities following the mid-term review is around strengthening of the prevention of drug and alcohol use and the associated harms among children and young people. To that end, Know the Score needs to be rolled out within our secondary school system. This is the first senior cycle resource that addresses the topic of alcohol and drug use. It was launched in 2019. Training for teachers began in January 2020. Seventy teachers were being trained face-to-face, but that had to be paused due to the Covid pandemic. Since its launch, we have sent out 800 copies of Know the Score to schools. We need to get back to the training of teachers in this regard because there is a key element to be played in that in regard in terms of prevention.

The Senator asked about the helpline. In 2021, there were 4,400 contacts to the drug and alcohol helpline from people seeking support and help. Some 2,200 of those contacts were in regard to alcohol and the remaining 2,200 were in regard to drugs. The enhanced funding for the helpline will allow us to recruit additional staff members and to expand the hours of availability of the helpline into the evening and, maybe, the weekends as well. That is to be welcomed. The Senator also made a point about cocaine and its use within society. We would hope that the initiatives which come towards us for funding in the upcoming call will address cocaine use in its broadest sense.

**Senator Martin Conway:** What is the spend in terms of education and do we run any educational campaigns in schools and colleges on the difficulties and harm done by drugs? That should be an important element. I ask Dr. Keenan to respond to the question on education.

**Deputy Frankie Feighan:** I would like to come in at this point, if I may. In addition to Know the Score, there is a programme called Planet Youth. We have met with steering groups. It is an interesting idea that came from Iceland. It is not included in the national drugs strategy, but there is huge scope there in terms of Planet Youth. I will hand over to Dr. Keenan or Mr. Walsh for further comment.

**Dr. Eamon Keenan:** In terms of Know the Score, it was rolled out through the Department of Education to secondary schools. We have information regularly on our *drugs.ie* website targeting young people. We have a particularly strong collaboration with the Union of Students in Ireland, looking at resources available for all higher education institutes in this country. We think it is a very important element. As the committee will know, in the context of the reopening of society again in October of last year, we produced information identifying the harm that could be associated with substance abuse as the night-time economy emerged. It is an area on which we will be focusing as the night-time economy is opened up again. It is important to recognise there can be risks associated with substance use - alcohol and drugs - in that economy and it is important we address those risks through *askaboutalcohol.ie* and *drugs.ie* and the campaigns we have developed that regard.

**Senator Martin Conway:** Is there any collaboration with counterparts in Northern Ireland and England? Are there learnings in this area? This is an international problem. Unfortunately, drugs do not respect borders or boundaries. We need to share knowledge and to benefit from that sharing of knowledge with our international counterparts. Have any such programmes been developed? Has there been any engagement with ministers in Northern Ireland, London and so on? Is there any sharing of knowledge and experiences from which the Department and the HSE have benefited or hope to benefit?

**Deputy Frankie Feighan:** We have an international section through which we work very closely with the British-Irish Council. A few months ago, I chaired a meeting of the various jurisdictions. It was quite interesting because they are experiencing the same problems. They also have solutions. It was a very worthwhile collaboration. That collaboration is ongoing, but we need to do a lot more. We have a great deal more in common with cities such as Liverpool, Belfast, Glasgow and London than we have with other cities. That collaboration is very worthwhile but it probably needs to be enhanced.

**Senator Martin Conway:** I thank the Minister of State and the witnesses for their responses.

**Deputy John Lahart:** I thank the Minister of State and his officials for attending. I acknowledge the allocation last week announced by the Minister of State in regard to dealing with crack cocaine. It is rolling funding, which is very much appreciated by the community I represent and by the Tallaght drug and alcohol task force, the board of which I sit on along with the chairman of this committee.

In the short available to me, I want to focus on the Tallaght piece. The Minister of State will be familiar with the report the Tallaght drug and alcohol task force produced in terms of the landscape of substance misuse and its impact on the communities of that task force. In the Dáil debate on this issue, the four Deputies representing the area, who sit on the drug task force, made a contribution. There is always a danger of stigmatisation of a whole community. Tallaght is made up of such a blend and mix of communities. I want to focus on the part of the community that is especially challenged.

If I told the Minister of State that in 2020, the Tallaght drug and alcohol task force was allocated funding of approximately €1.2 million and that in 2010, it received approximately €1.3 million, what would his response be?

**Deputy Frankie Feighan:** I am glad the Deputy has welcomed the €850,000 initiative. The Tallaght drug and alcohol task force put forward a very powerful argument for that fund-

ing. That task force highlighted the problem through its very informative report. Tallaght is an area that has intergenerational issues, with some families and children caught up in a cycle of drug use, addiction, trauma and harm. The report on drug use in Tallaght pointed to the need for an inter-agency response involving An Garda Síochána, youth services, the HSE and local development and community organisations. I again pay tribute to the task force for its leadership in highlighting the issues.

**Deputy John Lahart:** The Minister of State is not answering the question.

**Deputy Frankie Feighan:** I am coming to the question now. On the €1.2 million funding, I will ask my officials to comment further, but I suspect there are streams of funding coming from other agencies.

**Deputy John Lahart:** I am not trying to grandstand the Minister of State, but I do want to send a very strong message to him from the point of view of the preparation of next year's budget. In ten years, the funding to Tallaght drug and alcohol task force from the Department of Health and the HSE decreased. I welcome the recent allocation, but it is only a start. That is the message I have to get across to the Minister of State.

In terms of the funding of the 14 drug task forces, the Tallaght drug and alcohol task force ranks eighth. That is not acceptable. I make that point to the Minister of State's officials. They need to look hard at this. I have nothing against any other areas, but this figure has really stood out to me over the past year. In terms of funding of drug and alcohol task forces by the Department of Health, in 2020 Bray received approximately €575,000 and Tallaght received €336,000. Anybody who has the barest knowledge of the impact of drugs on communities would find that figure startling. In 2020, Bray received almost €1 million from the HSE and Tallaght received just over €900,000. These figures have to be interrogated over the next year. They really do. The Minister of State does not have to respond to this now, but we will have to keep coming back to this theme. I applaud the previous Government for the effort and resources that went into tackling drugs and the crime-related issues in Dublin's north inner city. We can only look on in envy at that. Does the Minister of State understand that the scale of the problem is no less in the community that I represent and that the Chair also represents? The resources devoted to it are significantly less. Only politics can answer that. I am aware that the scale of effort and background research that went into trying to tackle the issue with Dublin's north inner city was driven from the Department of the Taoiseach. A number of key people, such sportspeople and other well-known people, were drafted in over a period of time to assist in the challenge that Dublin's north inner city faces in relation to drugs. Again, we can only look on in envy from the Tallaght perspective.

I would like to look at the whole policing piece. One of the key findings of the report from the Tallaght Drug and Alcohol Task Force was just how normalised issues like the selling of drugs have become as part of the whole normalisation of drugs. Policing is not part of criminalising this, but it is certainly part of addressing it. Policing comes in when the wholesale, open, visible sale of drugs outside schools or shops is taking place. In the Dublin south metropolitan division, the number of An Garda Síochána personnel per 1,000 people falls well short of other policing divisions in Dublin, never mind other counties in the country. I ask the Minister of State to take this on board. In some cases, the Garda provision in the area is less than half of the Garda provision in some other policing divisions. I have a plea to the Minister of State at the Department of Health today. What is stopping him and other Ministers allied to the Department from adopting an approach that suits an area like Tallaght, similar to the approach that has been taken in Dublin's north inner city? What is stopping him from doing that?

**Deputy Frankie Feighan:** I have received an invitation to visit Tallaght. I will call to visit. We need to take a multidimensional approach. We need to work with the Department of the Taoiseach and many other Departments to get-----

**Deputy John Lahart:** Will the Minister of State champion that? I see him as a colleague.

**Deputy Frankie Feighan:** I have championed it. Since my appointment to this role, I have secured extra funding for the national drugs portfolio. I believe Tallaght put a reasonable case with respect to the €850 million because it is in a difficult situation. I think it will be successful, but I cannot determine that until I see the report coming in.

**Deputy John Lahart:** Sure.

**Deputy Frankie Feighan:** I want to go back to the funding. I very much welcome the invitation. I will call out and we will sit down to try to address these issues. I will bring in Mr. Jim Walsh regarding funding, because he might be more aware of the funding streams.

**Mr. Jim Walsh:** The Deputy has identified a huge inequity in the allocation of the existing funding of €28 million for task forces. It is not fairly distributed. That is why we have adopted a different model for the new €2 million service enhancement fund. We are calling it a population-based resource allocation model. It will allocate resources in a more equitable way to CHOs. Then the CHOs will identify where the population need is. We are not ring-fencing moneys for this area or that area. We are saying that they should find out where the need is and then allocate the resources using that approach. It will take some time to see the full benefit of the resource allocation model. However, it will address the issue that Deputy Lahart has raised about Tallaght, where there has been a population growth and a growth in drug use. More resources need to be directed there. However, the new resource allocation model is a significant step towards favouring areas where there are emerging issues.

**Deputy John Lahart:** I thank Mr. Walsh for that. I want to acknowledge the role that the Minister of State took in determining that. My time is running out. There has been an admission that the model up until now has been unfair and that it has not been much use to the community that I represent. I hope this represents a continuing change in direction. I want to acknowledge the Minister of State's role in the sea change in that approach, as well as in the additional funding, which is hugely welcome.

I want to finish by making a plea to the Minister of State. That funding deals with the end problem. It deals with the problem as it is manifesting, but it does not deal with the root problem. As part of the Dublin north inner city funding approach, which arose from the consultation that took place, they sought out the needs of the community. They then went about addressing them with funding, with personnel and with a multi-agency approach. I would love to see the Minister of State, in tandem with the stakeholders and the members of the community in Tallaght, saying that this is going to be reset. He is throwing funding at the problem, but he needs to look at the underlying issues that are causing this problem. They need to be significantly funded as well. I thank the Chair for allowing me some latitude.

**Deputy Frankie Feighan:** I commend the Tallaght Drug and Alcohol Task Force on that report, because now we have a roadmap we can follow. That is a huge benefit to the Department, as it is across agencies.

**Deputy John Lahart:** I appreciate those comments too. I thank the Minister of State.

**Chairman:** I will follow on from that with the Minister of State. He is speaking about the informative report. However, the task force in the area will say that there has been no formal engagement. There have been reports from Ballymun and Finglas and there have been other reports, particularly around crack cocaine and the challenges facing many communities. Will there be some sort of formal structure by which the Minister of State can engage with people on these reports?

**Deputy Frankie Feighan:** The Chair has highlighted this issue on many occasions. The points he has articulated, along with Deputies Lahart and Brophy and many others, came out in the report.

I am looking forward to calling out. I was hoping to call out before Christmas. Unfortunately, I got Covid and I was off for three weeks. As well as this, we had the lockdown. I want to go out as soon as I can and meet with them. The Chair can be assured that the Government is committed to a joined-up approach, as Deputies Lahart and Cathal Crowe rightly said. I want to say that the role that the task forces played in co-ordinating the responses at the local level, as well as the report, is very valuable.

**Chairman:** People are saying to me, and this is my view as well, that they have never seen it as bad. Open drug dealing has been mentioned. The amount of crack cocaine, as well as the fact that people are being addicted to crack cocaine, is the game changer that people are worried about. It is having an impact not only on individuals, families and children within those families, but also on communities. I will go back to that report. The €850,000 to focus on cocaine and crack cocaine is welcome. However, the Tallaght report talked about €1 million. That is the scale of the issue and the challenge in that particular area. The Minister of State is talking about spreading that money over four, five or more groups. That funding might sound like an awful lot to the people listening to this meeting but when it is broken down and we consider staff and outreach to people who are addicted to crack cocaine, it is small money. The Minister of State might look again at that funding issue.

One of the changes that has happened in recent years has been the doing away with the idea of emerging trends. One of the emerging trends in Tallaght and many other areas of Dublin, and in Limerick and elsewhere, is crack cocaine. There needs to be flexibility within the task force. Would the Minister of State agree that there needs to be a funding stream for task forces to deal with emerging needs that are impacting their communities? What is the Minister of State's view on the idea of a fund being set aside for emerging needs?

**Deputy Frankie Feighan:** The report, entitled The Landscape of Substance Misuse and its Impact on the Communities of Tallaght Drug and Alcohol Task Force, highlighted that issue. The Chairman spoke about emerging trends. We have, in one aspect, tried to deal with emerging trends through the funding of €850,000 over three years and the €240,000 going to the relevant community healthcare organisation, CHO. The emerging drug trend and drug checking working group published a report in September. It contained a considerable amount of analysis and evidence-based findings. I absolutely agree with the Chairman. We aim to strengthen harm reduction and responses to the current and emerging trends and patterns of drug use. I feel that the report on emerging trends in Tallaght and other areas fits in with what we are looking at. We have the data and I am looking forward to sitting down with all the various stakeholders in Tallaght and many other areas in which there are emerging trends in order to try to address these issues as best we can.

**Chairman:** The disparity of funding needs to be looked at. I welcome the fact that the



Minister of State is starting to make those changes. I have been on the task forces practically since they were established so I have seen a lot of changes, many of them positive. I still do not understand how the funding model the Department has been using came about. Perhaps the Minister of State could write a note to the committee in that regard.

At the start of the meeting, Mr. Walsh talked about new structures being established. Can our guests send us a note about who is engaging in discussions about these new structures? Representatives of the CityWide Drugs Crisis Campaign attended a recent committee meeting. They were concerned that the community element seemed to have been done away with under the new structures. I am glad that there has been a change there. People involved in the drugs task forces do not understand how these changes are happening. They are not clearly involved in the changes. Everyone needs to be involved in discussions about any change at all. That would be helpful.

It is not unusual for people suffering from the side effects of crack cocaine or cocaine to attend accident and emergency departments. I am aware of people in their 70s attending accident and emergency departments. I know there is a pilot scheme in Tallaght Hospital to deal with people experiencing difficulties with addiction. They can be forwarded on and there are supports available in that area. That pilot scheme is working well. Perhaps that is something the Minister of State could consider implementing for other areas and not just Tallaght.

The Minister of State mentioned the importance of the task force. There are different pillars involved in drug rehabilitation, including education, rehabilitation and so on. This is an old chestnut but it is important that key people have seats around the task force table. It is important that the Garda is represented and there is representation for the justice element. It is also important that local authorities and political voices are represented. It is also important that the Department of Education, the voluntary sector and other Departments are represented. Will the Minister of State look at that as a possible way forward? When we originally talked about the task force being established, it was envisaged that the various Departments would be represented. There seemed to be kickback from various Departments on that. If we are talking about people moving on with their lives, the Department of Social Protection needs to be represented and there is a requirement for representation from the Department with responsibility for jobs. All those elements need to be included, to have a voice and to engage. The work of the task force would be much more positive if that were the case. I am putting that proposal to the Minister of State. He might consider it.

How does the Minister of State envisage the 96 new community healthcare networks impacting on targeted funding when they are implemented through Sláintecare? We already have a difficulty with funding for CHO 7, as has been mentioned already. It is getting less funding than it was ten years ago. How will this structure impact that? Will it be positive with regard to funding or does the Minister of State have any idea?

The Minister of State mentioned the 50 actions taken during the first period of the national drugs strategy, of which 25 have been delivered and 20 delayed. What about the other five? The Minister of State might give us a note on that point.

The Minister of State gave a figure for the number of deaths. Those are 2017 figures. One of the issues that many of the drug task forces come across is the amount of drug-related suicides and the difficulty of getting evidence in that regard. Is there any possibility of looking at something in that regard?



An holistic approach to the drug crisis is important, including the active engagement of all parties. That is key. We need more people around the drug task force area.

The following point, concerning front-line services, has already been mentioned this morning. People are on the same income they were ten years ago. That applies to section 39 workers. They need a voice. We are losing key personnel to the private sector. That needs to be addressed.

We need a champion for change and the Minister of State needs to be that champion, that voice around the Cabinet table. There is a view out there that we are losing the challenge that is facing many communities. We can look back at what happened in the late 1980s and 1990s in Dublin. The fear in many communities, not just in Dublin, is that we are going to face an epidemic of crack cocaine use similar to the heroin epidemic of the past. There is a pathway forward but we need changes. We need to evolve not only task forces but also our communities. Change needs to happen. Does the Minister of State want to respond to any of the points I have made?

**Deputy Frankie Feighan:** Through the NOC, we have created working groups to drive the implementation of priorities. Those groups will strengthen the inter-agency partnership. They are independent. We selected six independent chairs who are there to ensure accountability for all the stakeholders, including the Department. They will bring impartiality, insight and experience in addressing the challenges we all face.

I am going to bring in my colleagues on the question the Chairman asked about section 39 workers. I am not as familiar with the details of that. I will also ask my colleague to address the deaths from 2017. The Chairman asked about the five outstanding issues in the 50 areas of the national drugs strategy. I will bring in my colleague to address that as well.

**Chairman:** I ask the Minister of State to provide a note on some of those outstanding issues.

**Deputy Frankie Feighan:** I will bring in Mr. Walsh on Sláintecare because he has more knowledge of that finer detail.

**Mr. Jim Walsh:** One of the things we want to do is better align community-based drug and alcohol services with the broader approach of community services as set out in Sláintecare. The new community health networks are a building block of that and that is why we want that new funding to be integrated into existing provision and building on existing community-based provision. That is the model Sláintecare has set out and the resource allocation model is also part of that. We are driving and promoting the Sláintecare agenda in the new €2 million community enhancement fund.

**Dr. Eamon Keenan:** I am glad the Chairman highlighted the issue of drug-related deaths. The most recent figures we have are from 2017. The reason for that is that identifying drug-related deaths is a process that requires staff to go in, look at coronial records and discuss things with the coroner. These are very sensitive records and due to Covid people have not been able to access those records. We hope to have a joint figure for 2018 and 2019 reported this year.

Returning to the matter of suicides, that is an important area. The increase in suicidal behaviour among people who use drugs is recognised in the Irish suicide prevention strategy Connecting for Life. We sit on that group and we are engaged with that. One measure we hope will improve matters in this regard is the establishment of the dual diagnosis clinical programme in mental health. It is recognised that overlap between substance use issues and mental health

issues may be a factor in suicidal behaviour. The establishment of that clinical programme, which is just about to sign off on its model of care and will be implemented in two areas in 2022 with further areas after that, will be of real benefit for the service user and particularly those people who experience mental health problems associated with their substance use.

**Chairman:** Does the Minister of State have a view on the task forces and the different Departments? Does he think it would be a good idea?

**Deputy Frankie Feighan:** The national oversight committee will deal with that. Again, we need much more collaboration. A lot has been done in the last few years but in order to deal with these very difficult issues we need cross-government, cross-community collaboration at all times.

**Chairman:** It is touch and go with some strategy agencies attending drug task forces right across the country. Some areas have good attendance and others do not. It is something that needs to be addressed.

**Deputy Frankie Feighan:** The Chairman has raised this previously, in fairness to him. If an agency or person is on a task force or is part of the national oversight committee, the least you would expect is that they would show up to hear the views of the communities and represent their various agencies or Departments. The Chairman is absolutely right about that.

**Chairman:** I call Deputy Hourigan.

**Deputy Neasa Hourigan:** Before I get into my question, I am glad to hear contributions such as Deputy Cathal Crowe's around the citizens' assembly. If there is one thing we have gotten from this session it is that there is a broad spectrum of opinions around what we should be doing on the drugs issue. It is still a fraught and debatable area and that citizens' assembly cannot come soon enough because it would allow us to take some of the heat out of the discussion and look at the evidence. I am glad to hear that there is support for that on this committee.

This is one of the perils of a committee session being broadcast live. To go back to the north inner city task force, it seems somebody from that task force is watching the session because they have informed me that they met with the Department on 13 January and were told by the HSE that there is no allocation in its operational budget for 2022. Would the Minister of State like to respond to that?

**Deputy Frankie Feighan:** I do not have that detail but I will ask my officials to respond.

**Mr. Jim Walsh:** They met with the HSE. I am not sure of the exact date but I understand-----

**Deputy Neasa Hourigan:** It was 13 January.

**Mr. Jim Walsh:** Funding is available for the provision of services within the €2.2 million. That pot of money is still there. The task forces have to agree a service-level agreement, SLA, with the HSE and that will encourage them to engage with the HSE. We would be supportive of that. It needs to be-----

**Deputy Neasa Hourigan:** Right now the task force has been told that there is no allocation for its group. Mr. Walsh will appreciate that, from a local representative's point of view, it does look like the Department is running down the clock on this. This has been going on since 6 July and the task force is still not in receipt of funds. In any community engagement there is always work to be done on governance and there are always ways to make things better and

ensure good governance but I have yet to see any proof that there is not good governance in this particular group. Nobody has put that in black and white in front of me. There is an implication here that, since the group has been told there is no funding allocated, there is some strangulation of this organisation. We are in 2022 now. It marches onward and the people of the north-east inner city desperately need those services.

**Mr. Jim Walsh:** I assure the Deputy that there is funding available to that company but an SLA needs to then be discussed and agreed as to what that funding can be used for. Funding is available but what it will be used for must be discussed.

**Deputy Neasa Hourigan:** That is not the issue. Could Mr. Walsh shed any light-----

**Mr. Jim Walsh:** I will follow up with the Deputy and get a note for her from the HSE to be clear on that. Clearly she is not getting the full story.

**Deputy Bernard J. Durkan:** There is a point that we need to emphasise in this debate. The previous speaker referred to the broad spectrum of opinion that is emerging and that is quite true. I find one thing difficult to understand. We have read, for instance, in reports from Tallaght and so on about young mothers being forced into prostitution to pay for drugs. Whether that is crack cocaine or a beginner drug like cannabis is immaterial. The fact of the matter is that the people who gain most from all this are the drug barons. The late Tony Gregory, with whom I served in this House for many years, targeted the drug barons throughout his constituency and outside it, at his own risk. I believe he was right to do so. We have to target the supply and do it in a very forceful way. I compliment the Garda for its successes in recent times in that area. The *modus operandi* of the drug barons is quite simple. They create the habit and they feed the habit. They start off with young teenagers or even children at primary school level and they create the habit among them with what are known as passable drugs or less harmful drugs. All drugs are harmful. The more addicted the unfortunate child becomes, the more harmful they are. The people who have the most to gain are the drug barons. The drug barons do not make poor people rich. They simply make them poorer. We have to recognise that. The persecution and prosecution of the drug barons who are the suppliers must continue in a meaningful way. Any suggestion to scale down that or reduce activity in that area will be fatal when it comes to dealing with drug addiction. The Garda treats initial cases with a fair amount of consideration and it does not prosecute and create a record for first-time offenders and so on. We need to be careful not to create a situation in the future whereby it becomes acceptable, particularly with recreational drugs as well. How are we expected to face people when they say to us-----

**Chairman:** Will Deputy Durkan ask his questions, please?

**Deputy Bernard J. Durkan:** How do we deal with it? Do we cut off the supply? If we do not cut off or limit the supply severely, we will make the situation worse.

**Deputy Frankie Feighan:** I will come in. There are many things happening. The revision of the adult caution scheme has led to a significant reduction in the number of prosecutions for simple possession. In addition, we are, as a Government, committed to tackling serious and organised crime in all its forms. We can see from the Commissioner that they want to dismantle the operations of criminal organisations. I commend the Garda and customs on disrupting the activities of these criminal groups. They are implementing strong measures to destroy and dismantle all of these organised crime networks, and that is very welcome.

**Deputy Thomas Gould:** I have a few questions but I will be as quick as I can. First of all,

the Minister of State and the officials referenced the Tallaght drug and alcohol task force report, which is an excellent report. It made the point that there is an urgent need to address the impact of crack cocaine on individuals, families and communities. This report said that, even before Covid-19, there was chronic underfunding. It looked for €1 million. Will the Minister of State and the Department provide that €1 million? That is my first question.

My second question relates to inner-city Dublin. I believe the Department has acted in contravention of the task force handbook in the appointment of the new chair. The actions that have been taken by the officials since then have been truly shocking. I listened to Mr. Walsh reply to Deputy Hourigan. It still does not answer the question. Is the funding there for the north inner city task force to keep doing the work it is doing? Like other Deputies, I see no evidence in relation to issues about governance, and if there are issues, this has to be an open and transparent conversation. I have serious issues with what is happening in the north inner city.

In relation to Keltoi Rehabilitation Unit, will the Minister of State give a commitment now that it will be reopened? It has been closed during the Covid-19 pandemic and I believe that has had serious implications. I am looking for that commitment.

On the 50 actions in the drug strategy for 2017-2020, there are five that seem to be missing. One of those is an action directly involving service and support for women who are pregnant. Will the Minister of State give me a response to that and to my other questions? If I have more time I hope to come back in. I ask the Minister of State and the officials to keep their responses brief because I have loads of questions we need answers to.

**Deputy Frankie Feighan:** First of all, regarding the funding and Tallaght, as the Deputy has raised again, €240,000 that has been given to the community health organisation, CHO, in that area-----

**Deputy Thomas Gould:** In the report it asked for a million. It is a yes or no question.

**Chairman:** Let the Minister of State answer.

**Deputy Frankie Feighan:** There is €240,000 that has gone to that area, but also we have allocated €850,000 over three years. There would be perhaps four or five different groups, but that would tell me there will be more than €220,000 or €250,000 per year for three years. Our officials can sit down with the HSE as well and address the Tallaght issue. It is part of the report that it was looking for €1 million, but we have allocated a sizeable amount of money for emerging trends and also to deal with cocaine and crack cocaine.

**Deputy Thomas Gould:** So the answer to that is “No”. In relation to the north inner city-----

**Deputy Frankie Feighan:** The answer to that is we have come a long way towards €1 million.

**Deputy Thomas Gould:** There is an epidemic of crack cocaine use at the moment. I have the report here. The Minister of State has the same report.

**Deputy Frankie Feighan:** We have got €850,000 per year to do it.

**Deputy Thomas Gould:** We have never restored funding to task forces. Ten years ago a task force was getting more funding. Deputy Feighan is the Minister of State now. Just to let him know how far behind I feel he and the Department are, in my budget submission that I put

in as part of Sinn Féin's budget, I looked for an additional €45 million to go into drug and recovery services. What he announced in his budget was €6 million, with €1.8 million of that being for the homeless, which should not have been included in his drugs budget submission. He offered €4 million and we are looking for €45 million. That will not even solve the problems. That is just the start of what needs to be done.

Could I get answers on Keltoi and the north inner city, please?

**Deputy Frankie Feighan:** As I said, we can go back and forth regarding funding and we will work with the Deputy regarding funding. Regarding Keltoi, we all know it provided a very valuable facility, but unfortunately it was used as an isolation facility for the marginalised and vulnerable during Covid-19. It seems to still be in significant demand for isolation and it will be maintained as a Covid isolation facility for the coming winter period. This is being reviewed on an ongoing basis. To get more information, the Deputy might talk to Dr. Keenan. Does Dr. Keenan have anything to add to that?

**Dr. Eamon Keenan:** It is still being used as an isolation facility for marginalised and vulnerable people. However, the HSE remains committed to enhancing the residential addiction services, and that includes the reopening of Keltoi once it is no longer required as part of the Covid-19 response. I point out that the counselling staff from Keltoi continue to provide after-care support to individuals via the HSE Stanhope Street Treatment Centre. As much as possible, it continues to provide that counselling support.

**Deputy Frankie Feighan:** Perhaps Mr. Walsh could come in on the north inner city and the five outstanding issues that were mentioned.

**Mr. Jim Walsh:** Yes, on the missing five actions, what has happened is that we did not have enough information to make a definitive judgement as to the progress going on there. The Deputy mentioned action 20, which was about expanding addiction services for pregnant and postnatal women. Under that, there are six or seven or more subactions. There has been progress on some of them. The most obvious one is the drug and alcohol liaison midwives. We have now provided funding for a drug and alcohol liaison midwife across all the hospital groups in the country. That is a significant achievement. However, there are other aspects of that we do not have enough information on and we are working to make sure we get additional information on those actions. I will give the Deputy back a separate note on those because he has identified that gap which is very important to address.

**Deputy Thomas Gould:** This programme was from 2017 to 2020. We are now at the start of 2022. Some pregnant women, who are some of the most vulnerable people, are in throes of addiction and we have got nothing. It is shocking. I think the Minister of State needs to step in now. These are people who need support. It is unbelievable that out of 50 actions, it is not even included in the response and there are four others. It is not good enough. Something needs to be done and I also want to find out about the north inner city.

**Deputy Frankie Feighan:** I will call down in the coming weeks, once this Covid wave has receded.

**Deputy Thomas Gould:** A final point to note is that since Covid-19 started, we have lost 100 residential beds and 500 people are on the waiting list for those beds. That needs to be actioned. I know other Deputies and Senators want to come in and I will not take up their time, but addiction and recovery services have been among those worst affected by the Covid-19 cri-



sis and the onus is on us, the Minister of State and the Department to act urgently.

**Deputy Frankie Feighan:** That is a very pertinent point by Deputy Gould. I ask Dr. Keenan to address it.

**Dr. Eamon Keenan:** Like all services across the HSE, the Covid-19 pandemic has been extremely challenging to manage. We were very grateful to be identified as an essential service early on and that allowed us to target those people who were on waiting lists for opioid substitution treatment and engage them in treatment and we have been very successful in that regard.

I take the Deputy's point on the residential services which have had to scale back because of public health requirements. However, let us not miss the point that staff also have been affected by the Covid pandemic, whether that means being moved to deliver front-line services or having to isolate themselves. It has been a very challenging time.

**Senator Lynn Ruane:** I will not be too long. Perhaps Mr. Walsh is better off answering my question, which is a continuation of the conversation with Deputy Hourigan and adds to it. Maybe there is nothing in it, but Mr. Walsh has emphasised a couple of times that there was funding there for the company. It is just an odd phrase to use because usually one would say the funding is there for the task force. I wonder whether there is a reason Mr. Walsh has used the word "company" a few times. Has there been a separation in terms of how the HSE is engaging with the north inner city? Has he said "company" because the HSE is engaging with it in an administrative kind of way, rather than with the north inner city task force as a structure, with its members and chair? What is the differentiation, if there is one? Maybe I have picked it up wrong.

**Mr. Jim Walsh:** No, it is simply that the SLA - the funding arrangement with the HSE - is with a limited company. That is the mechanism and relationship. Funding distributed through the SLA does not go to the task force, but to the limited company. I use that as an administrative term.

**Senator Lynn Ruane:** I just wanted to figure that out. Being a chair of the task force, I am familiar with the SLA process and sat in those meetings recently in terms of the canal. Is there an issue with the current SLA, as it is being presented? Are there changes in this SLA, in comparison with the SLAs which used to be signed? They would usually be quite predictable and I wonder what the delay is in the company signing the SLA. Is there a requirement or stipulation in this SLA that is different from the past and is holding up the normal process that usually takes place with an SLA? I wonder whether there is something new in this SLA in terms of the appointment of the chair and the structure that holds everything up.

**Mr. Jim Walsh:** No. The funding has to be for certain activities. It is up to the company to set out its activities. We are conscious there are two staff there and we want to protect them, but we need to know what the company will do with the money when it gets it. That is a very simple thing to do. Like any other SLA, we need to know what will be delivered. The HSE has asked the company to engage with it. We have some money available and ask what will be done with the money.

**Deputy Róisín Shortall:** I will pick up on a number of points that were made. It is true to say that there is a sense among many people working at community level that there is a sort of anti-community attitude on the part of the Minister of State's Department currently, but one that has been developing over recent years. The Minister of State talked about a timeframe and this

being a 2017 strategy. Some of us have been involved much longer than that and it goes back to 1996 when the task force was first set up.

The key difference evident at that stage was that this was about listening to the experts on drug misuse. The experts are the ones who live with it on a day-to-day basis and who know the factors that contribute to people getting involved in the area of serious drug misuse and the blight that is on their lives, families and communities. It certainly was the case that task forces and community representatives were much more centrally involved.

I had the honour of chairing some of the oversight meetings in 2011 and 2012. I know from first-hand experience that those were the people who were dynamic in those meetings. They were bringing real, up-to-date, live information on the drug scene and talking about those contributory factors such as the whole-of-government stuff and the elements of serious disadvantage that were contributing to drug use. Those were the people who contributed most to those meetings.

We had different representatives from Departments who, in the main, were not touched by the problem of drug use. Those community people were absolutely essential. I have been a member of a drugs task force for a few decades and I was also a member of a second one for a certain period. Drugs task forces were highlighting the cocaine epidemic for many years, long before there was any recognition of that at official level, in the Minister of State's Department or in any other Department.

These were the people who were campaigning and saying we needed to respond and that this issue would get out of control and was destroying people's lives and communities. That was not listened to. Now, here the Minister of State is, in 2022, saying he is allocating €850,000 per year and we know one single task force is making a demand of €1 million. That is what it needs to respond to this issue. It is not a substantial allocation and I ask the Minister of State not to fool himself that it is so.

I read the press statement that went out with the announcement about that €850,000 going to the HSE and CHOs deciding how that would be spent. CHOs are grand in a whole lot of specialist areas in relation to health. In the main, they do not have expertise. HSE officials do not have great expertise at local level on the nature of the drug problem. The Minister of State is not even getting close to responding, on the level required, to the epidemic of cocaine.

I notice that the Taoiseach said in a debate in the Dáil last November, just a couple of months ago, that he wanted to see an expansion of supports for task forces. Where is that expansion of supports for task forces? They have been left on minimal budgets and even the additional €850,000 will not go directly to task forces. It is not on the scale that is required. We need to get real about the nature of the cocaine problem.

The Minister of State has used the term "whole-of-government response". We are not getting a whole-of-government response. In the early days, the drugs strategy was located within the Taoiseach's Department and the Taoiseach insisted on the relevant Departments responding at a senior level and in a meaningful way. That has stopped now. The response is not a meaningful one. I especially highlight education. The response is not meaningful at the national level, in terms of the oversight committee, and it is certainly not meaningful at local level, where many of the representatives of those Departments do not even bother attending anymore. Education, it has to be said, is by far the weakest link in all of this.

Can the Minister of State give us any sense that he will fight the case for additional substantial funding at local community level for task forces? They are the people who know this problem best, know the many aspects that feed into it and have proposals for addressing them. Will the Minister of State give us any encouragement that he is taking this seriously, that he recognises the particular strengths the task forces bring, that he will do what the Taoiseach said regarding the provision of additional supports and that he will insist that other Departments play a meaningful role, especially at local level? As I said, education at local level is a key factor in one of the many aspects of this issue. The contributory factors are educational disadvantage and early school leaving, which is a key factor in respect of those who go on to engage in drug use. Will the Minister of State give us some grounds for hope on that? Will he fight the fight for those communities that are most blighted by drug use?

**Deputy Frankie Feighan:** The Deputy raised some interesting points. I am committed. We have already increased the budget in my previous two budget terms as Minister of State. The Department funds 280 community drug projects throughout the country. We have to tackle the social determinants of drug use.

It is unfortunate and wrong that departmental officials do not attend various committees. Again, as I said to the Chairperson, if somebody from a Department, agency or other grouping is on these groups, the least that person should do is attend, show an interest and bring back the concerns of the communities to the various educational sections. The Deputy said that education is the weakest link. We need more education and we need to work more closely with the Department of Education to try that bit harder.

**Deputy Róisín Shortall:** Will the Minister of State do anything about that? Is it just words here or will he actually do anything? Has he recognised the fact that education is such a weak link? Will he tell us what he will do to urgently address this?

**Deputy Frankie Feighan:** The chairperson of the national oversight committee works together with all the various stakeholders. That is why we have the committee. I will of course work with it but, in essence, we need to work together. We need to tackle the determinants of disadvantage and the prevalence of drug use.

I liaise closely with the Department of the Taoiseach. There are some issues regarding funding on which I might bring in my two officials.

**Chairman:** I am conscious that we are running out of time. Senator Hoey is trying to come in.

**Mr. Jim Walsh:** It is important to note that our funding from the Department of Health goes to community drug projects. It does not go to task forces. We fund 280 community drug projects throughout the country. The funding that we will allocate to the crack-cocaine initiative will go to community projects to deliver the services. We want, however, a planned approach involving all the organisations, including the HSE and the task forces, to identify the needs and how we can best respond. We need strategy and planning as well as good delivery on the ground. We will have that in the crack-cocaine initiative. We will support services on the ground - I will allow Dr. Keenan to elaborate more on that - but we need them on a basis that is evidence-informed, strategic and that will have clear outcomes. Otherwise, we are just throwing money at a problem and that will not deliver any results. I emphasise that it is community response, but in a planned way.

**Deputy Róisín Shortall:** It would be great if the officials applied the same criteria to other Departments and State agencies so that they actually play a part and achieve results. That is not happening.

**Mr. Jim Walsh:** Okay.

**Chairman:** Senator Hoey has the last question.

**Senator Annie Hoey:** I thank the Chairman for allowing me in. I was listening as I was jogging back to Leinster House. From what I heard, there seems to be a bit of a mishmash between some of the things that have been said and some of the actions that have been taken. We talk about a health-led approach but, unfortunately, criminalising would not be compatible with that approach. A lot of the international evidence would show that. I just wanted to put that up. I know a number of other people, such as Senator Ruane and others, have talked about that.

The Minister of State said that there is no intention of either decriminalising or legalising drugs, which are two very separate things, by the way. Is he saying that because he does not want to pre-empt the work of the promised citizens' assembly on drug use or is it because that is now the official Government line for its period in office, regardless of what happens? Will there be no engagement or discussion on decriminalising, which is really where the conversation is at? Legalising is a whole other situation.

We talk about a health-led approach. Has the Minister of State had any engagement with the Minister for Housing, Local Government and Heritage regarding the Housing First policy and ensuring that people with drug addiction who are currently "live" drug addicts have access to housing? I know a number of schemes require people to "dry out" before they are able to avail of them but, again, that is not compatible with a health-led approach, such as that in the likes of Finland or the Housing First policy. Has he had any engagement with the Minister for Housing, Local Government and Heritage on that and how to progress the Housing First policy, which is proving to be very effective?

We briefly talked about medicinal cannabis. We have had high-level coverage today of another citizen being dragged through the courts. That person is using cannabis medicinally because he or she has epilepsy and has not had seizures for a number of years. What engagement has the Minister of State had with advocates for medicinal cannabis, or with officials, in progressing that?

**Deputy Frankie Feighan:** I am following the national drugs strategy, Reducing Harm, Supporting Recovery. There is discussion regarding a citizens' assembly on drug use, in effect. At present, we are following the Reducing Harm, Supporting Recover booklet in the Department until there is a change of direction. I am not sure there will be because legalising drugs would inevitably normalise drug use. That is just my opinion, but I am following the national drugs strategy. As I said, that is the roadmap we are using in the Department. What was the Senator's other issue?

**Senator Annie Hoey:** I asked about medicinal cannabis and the Minister of State's engagement with the Minister for Housing, Local Government and Heritage.

**Deputy Frankie Feighan:** The minute I was appointed I met with the Minister, Deputy O'Brien, and the Minister for Health, Deputy Donnelly, in the Custom House. It was a very interesting collaboration. I have visited the Housing First initiative in Waterford, which is really the way forward. If this Department's wraparound facilities for people who are homeless

and also use drugs during the Covid-19 crisis can be called a success, it has been a major one because we have saved hundreds of lives. I thank all the stakeholders for the work they have done on that. There is collaboration.

Finally, I do not think the issue of medicinal cannabis is in my brief but I will ask Dr. Keenan to respond.

**Dr. Eamon Keenan:** Medicinal cannabis is not within the brief of HSE addiction services and is not in the national drugs strategy. I will bring it back to Housing First in that €1.3 million has been made available under that plan to provide health supports for an additional 260 tenancies for people who are long-term homeless. We are also enhancing the integrated care and case management service for 4,000 single homeless people who have complex needs. The issue of addiction, homelessness and Housing First is very much to the fore. We are very much engaged with the Department of Housing, Local Government and Heritage regarding it. Housing First is a very good initiative and is one that we are supportive of.

**Senator Annie Hoey:** I will not ask any further questions, but I suggest that it is very important for his brief that the Minister of State understands the difference between decriminalisation and legalisation, the impact that will have on drug use, what we are saying and the perceived permission we are giving. They are two very different things. Conflating the two is not very helpful to the Minister of State, or to us, as we go forward in this conversation.

**Chairman:** I am going to move on. There were two areas we did not address on gaps in services. One was residential treatment for females, and the other area is the childcare needs of those who are in residential care. Can the Minister of State send us a note in regard to that? I do not have time to bring in Mr. Gould, my apologies. He might come back to us with a note on those two issues. I thank him and his officials for coming in this morning. It was a very useful discussion. As Chair I have no power in regard to the input from members on what they say or the questions they ask but I think it reflects the challenges that are out there in regard to this issue that people have various views on the way forward. I thank the Minister of State and his officials for coming in. It was useful. Anyone who is listening in who is in difficulty and needs treatment, there are supports out there.

The joint committee adjourned at 12.32 p.m. until 9.30 a.m. on Wednesday, 26 January 2022.