

The landscape of substance misuse and its impact on the communities of Tallaght Drugs & Alcohol Task Force

Updated Report August 2022



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Executive Summary

Tallaght Drugs & Alcohol Task Force (TDATF) was one of 14 Local Drugs Task Forces set up in the late 1990's to facilitate a more effective local response to the issue of problematic drug use. In the subsequent years, the communities of TDATF have seen significant variation in trends and patterns of drug misuse in addition to population increases and demographic changes. TDATF commissioned this work to research, define and reflect on the current substance misuse landscape and the responses required, with a view to informing their new strategy commencing 2022. This executive summary sets out the key findings from this research and should be read in the context of the full report. The data in this report is revised to include end of year 2021 data and supersedes all previous reports.

Area Profile

The catchment area for TDATF is expanding rapidly with a current population of 93,897 comprising 15 Electoral Divisions (ED's) and more than 300 Small Areas (SA's). Tallaght is the largest settlement, and county town, of South Dublin and the largest satellite town of Dublin. Its population grew at a rate of 6.95% per year between the period 1971 to 2006 and at circa 1.8% per annum in the subsequent period to 2016¹. It has a young population with 37% aged 0-24. 9% of the population (circa 9,000) are living in Electoral Divisions (ED's) comprised of Small Areas (SA's) classified as very disadvantaged. (Deprivation score of -20 or lower)

Deprivation manifests in a number of indicators, across the TDATF area, 35% of families are headed by a lone parent (compared with a state average of 25%), in one SA, the lone parent rate exceeds 70%. Less people are achieving third level education and more people are achieving primary education only in the TDATF area compared to the state average. The area has higher levels of male and female unemployment than state averages and changes to social welfare payments has increased the vulnerability of families to poverty and benefit dependency.

The majority of housing in areas of high disadvantage are local authority rented accommodation, in some SA's this figure is close to 80%. Tallaght Killinarden was ranked 10th in the 50 most deprived ED's in Ireland in 2016 using the Trinity Index with Tallaght Fettercairn 31st.

There is robust evidence in literature to indicate that high levels of deprivation are associated with addiction, stress, mental health problems and crime. Disadvantaged communities do not have the resources to respond to drug problems in the way that more affluent communities can and consequently the problems become embedded in areas of high deprivation.

¹ <http://population.city/ireland/tallaght/>.

Substance Misuse Statistics

The TDATF area has among the highest rates of substance misuse in Ireland. In 2021, 967 cases received an intervention from TDATF funded services². Cocaine has overtaken heroin as the main problem drug treated by TDATF funded services. 36% (n=352) of those in receipt of an intervention in 2021 reported problem cocaine use. 19% (n=187) reported problematic heroin use with 15% (144) and 13% (n=123) treated for alcohol and cannabis respectively. 8% (n=82) of the caseload presenting to TDATF services in 2021 were “concerned persons” seeking an intervention as a result of the substance misuse of a family member.

In 2021, the second highest numbers accessing drug treatment nationwide resided in the HSE CHO 7 area which also had the second highest presentation of new cases³. In 2019 TDATF had the third highest number of clients (621) on methadone treatment across all the Local and Regional Drug & Alcohol Task Force areas, only the North (821) & South Inner City (641) DATF’s had more clients engaging in methadone programmes⁴. There is a strong correlation between methadone and crack cocaine use with services anecdotally reporting as many as 70% of people on some TDATF methadone programmes also using crack cocaine.

Crack Cocaine & Polydrug Use

86 (24%) of the problematic cocaine use cases treated by TDATF funded services in 2021 were for crack cocaine with a further 59 cases treated for crack as an additional problem drug⁵. Services feel that these figures do not reflect the extent of the problem as crack cocaine users are frequently so chaotic that a full assessment for input into the NDTRS system is just not possible. It is the statistics in relation to crack pipes and harm reduction that amplify the problem.

In 2021, 5827⁶ crack pipes were given out by TDATF services to clients as part of their harm reduction approach, while over 400 people (33% female) are in regular contact with TDATF services in relation to their crack cocaine use. It was identified by stakeholders as by far the most pressing substance misuse issue facing front line drug services and the communities of TDATF. Terminology such as “epidemic” and “tsunami” were used by experienced front-line workers to describe its impact and acceleration in use throughout the TDATF area.

² Source; NDTRS 2021 Provisional prevalence reports for TDATF funded services. HRB – May 17th, 2022. Prevalence data includes entries to treatment in 2021 and cases continuing in treatment from previous years
³ Kelleher C, Condrón I, and Lyons S (2022) *Drug Treatment in Ireland 2015 to 2021*. HRB StatLink Series 8. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/36071> and at www.hrb.ie/publications.

⁴ HSE Central Treatments List 2019

⁵ Source: NDTRS 2021 prevalence Cases treated for Crack Cocaine in TDATF funded Services, May 17th, 2022

⁶ Data supplied by CARP, JADD, and St. Aengus’s

Complex needs (at risk of homelessness, child protection, criminal justice issues and mental health) contributes to an increased demand on services, as crack cocaine users are generally chaotic and have disengaged from other services and agencies. Consequently, TDATF funded services have to invest more case management and key working time. The physical and emotional impacts of crack cocaine are more serious than for other drugs and the rate at which it drives the onset of chaos in user's lives is much more intense.

NDTRS 2021 prevalence reports for TDATF funded services⁷ indicate more than one problem drug (polydrug use) for 56% (n=538) of cases treated, however TDATF front-line services believe that almost all problematic drug use has some element of polydrug use attached though the service user may not recognise the secondary drug as a problem. For many, poly drug use often manifests in managing the "horrific" come down from crack cocaine.

Impact on the TDATF Community

The visibility of drug consumption, drug dealing, anti-social behaviour, violence and intimidation and the trappings of the drugs economy across multiple estates and hotspots in Tallaght is indicative of the normalisation of substance misuse and its impact on communities. Crack cocaine users are very noticeable in the community with increased begging at shops and public areas.

The location of a significant number of 'crack houses' are known to the local community. The public health risks within such houses are profound and some may have young children living in them which increases exposure at an early age and the associated risk of inter-generational addiction. This is most evident in areas with the highest levels of socio-economic disadvantage in West Tallaght and perceived to be less visible in the more affluent parts of the TDATF area.

The Next Generation Research (2016) estimated that close to 7,000 young people aged 0-18 in the TDATF area could be impacted negatively by substance misuse. The absence of positive role models and deficits in resilience due to deprivation and poverty factors, makes it very difficult for a young person raised in poverty to resist the lure of the drugs economy. Involvement in same can be transformational for the young person and the sense of hopelessness, lack of belonging and low self-esteem that they might have experienced previously disappears.

Mental health issues are increasingly prevalent in the TDATF community, including above the national average numbers of suicides, self-harming, and drug-related deaths; increased anxiety seen in young people whose parents misuse substances; increasingly erratic behaviour and poor mental health in crack cocaine users, and a huge emotional burden on children and grandparents caused by the impact of substance misuse in families.

⁷ NDTRS 2021 Provisional prevalence reports for TDATF funded services provided by the HRB – May 17th, 2022, Prevalence data includes entries to treatment in 2021 and cases continuing in treatment from previous years

Drug Related Intimidation (DRI) is entrenched in many communities in the TDATA area, creating an atmosphere of hopelessness where the only alternatives are drug consumption and subservience to the criminal gangs. Increased crack cocaine and polydrug use expands the market with more people wanting an accessible range of substances. This increases the risk of people accumulating debt and their vulnerability to DRI.

In a specially commissioned survey for this research, 27% of respondents indicated that they expect to be living in the TDATA area in the long term regardless of current and future impacts of substance misuse, 31% are becoming increasingly concerned but for the moment are happy to remain in the area. 32% indicated that any significant deterioration in the landscape would prompt them to seriously consider moving out of the area while 10% are currently actively looking to move out of the area.

TDATA Resources

In respect of HSE Section 39 funding TDATA received the second highest allocation across the LDATA's in the CHO7 area in 2021. However, TDATA ranks eight out of fourteen in interim funding⁸ allocation per LDATA area behind areas of Dublin with smaller, populations and numbers accessing drug services. Since 2010, TDATA has experienced a 5.5% reduction in interim funding over the subsequent ten-year period against the backdrop of spiraling population growth, urban sprawl, increased prevalence of substance misuse and inflation at 10.7%.

Frontline services are operating under severe resource constraints with budget cuts coupled with the increasing need presenting exacerbated by crack cocaine and polydrug use. Of particular concern is the difficulties around staff recruitment and retention which is resulting in an over dependence on CE staff. TDATA funded front line services are at "breaking point" and additional resources are needed immediately.

⁸ Interim funding is approved by the Drugs Policy Unit (DPU) on an annual basis

An Garda Síochána (AGS) Resources

The Tallaght policing district has two stations, in Tallaght & Rathfarnham, which service a total population of 143,000. It has a dedicated drugs unit with one sergeant and nine Gardaí. Community policing is resourced by three sergeants and 27 community Gardaí. There are 17 Garda divisions with higher staffing allocations per 1,000 population in Ireland than the Dublin Southern division where the Tallaght district is located.

Drug related crime in the district increased by 75% (400 to 700) between 2017 and 2018, while the value of drug seizures tripled in this same period. Cannabis, heroin, and cocaine have been consistently the three highest value drugs seized in addition to increasing amounts of cash. CSO statistics for crime nationwide from 2003-19 inclusive show that Tallaght Garda station had the fourth highest number of crimes reported.

There is a perception in some TDATF communities that Gardaí are not visible enough and that some areas remain largely unpoliced due to the risks associated for Gardaí. Gardaí acknowledge the challenges they have in connecting with certain areas through community policing and such a disconnect can create a vacuum which stimulates the growth of no-go areas which has been intensified by the boarding up of properties and prevalence of anti-social behaviour.

The lack of consequences for those aged under 18 for criminal activity is a constraint for policing. This is also used by gangs who are increasingly recruiting young people under 18 for their criminal activities in the knowledge that Gardaí powers around arrest and prosecution are limited for this age range.

Recommendations

A number of recommendations are offered for consideration.

1 Increased Investment in TDATAF

The findings highlight the funding disparity that exists between TDATAF and other Local Drug & Alcohol Task Force (LDATF) areas with smaller populations and numbers accessing drug and alcohol services. TDATAF must submit a request to, the Minister of State for Drugs Policy, the HSE and the Department of Health, for an immediate increase in interim funding of €1million per annum to address the emerging needs and mitigate the impacts of substance misuse in the communities of TDATAF. This additional funding should be invested in the following programmes.

- €400,000 in the front-line community-based services which equates to one additional staff member per community addiction project (€50,000 x 8) In addition to meeting demand and easing the burden of current staff, this will free up senior management to develop strategic models of delivery that are responsive to needs and trends in the area.
- €250,000 for a detached youth work project to engage on the streets, the most at risk, marginalised young people, aged between 10-24yrs who are not accessing services.
- €190,000 to upscale the crack cocaine programmes and family support provisions that are currently in place to ensure that services can meet the upsurge in demand.
- €80,000 (€10,000 x 8 projects) to absorb the cost of managing client information systems and the administration required to ensure compliance with governance and national standards. This will resource the 10 hours additional admin per week required to meet this need.
- €60,000 to fund additional residential places (costed on the basis of 8 people x one treatment episode of six weeks (€7500 x 8)
- €20,000 to help build recovery capital, contributing to the development of the recovery community in Tallaght & Whitechurch

2 Residential Treatment

The impact of residential treatment for crack cocaine users was amplified during a consultation with service users. TDAF should include access to residential treatment as one of their responses to addressing crack cocaine use where the addiction is embedded. In addition to the investment outlined in Recommendation 1 for residential treatment, TDAF need to engage with the HSE Rehabilitation Manager for CHO 6 & 7 to highlight the need for funding more residential beds for males and females living in the TDAF area impacted by crack cocaine.

TDAF should engage with South Dublin County Council about the possibility of transferring tenancies for those coming out of treatment to another local authority area. This is often needed by people who do not wish to return immediately to their local areas and avoid triggers to revert to previous behaviours.

3 Review of TDAF Area

17% (n=169) of cases treated or assessed by TDAF funded services in 2021⁹ were people residing in the South West Regional Drug & Alcohol Task Force (SWRDATF) area. Those living in areas such as City West, Rathcoole and Saggart which though in the SWRDATF area often identify much more closely with the TDAF area. This is a legacy of the urban sprawl from South Dublin into Kildare and West Wicklow. TDAF should undertake a review to establish the future level of demand for its services in areas currently outside its catchment and its impact on budgets and future planning.

4 Area Based Approach

One of the actions for the Strategic Implementation Group under priority area four from the mid-term review of the National Drugs Strategy is expanding the North East Inner City (NEIC) model to other comparable disadvantaged areas with a key role for DATF's in identifying local need in communities and supporting targeted initiatives.

Considering this, the development of an area-based approach in response to the impact of substance misuse in the TDAF area should be progressed. Led by South Dublin County Partnership (SDCP), this must include tackling drugs and crime, maximising education, training, and employment opportunities, targeting young people most at risk through detached youth work, creating an integrated services pathway and improving the physical landscape of the area.

⁹ NDTRS 2021 prevalence reports for TDAF funded services provided by the HRB – May 17th, 2022. Prevalence data includes entries to treatment in 2021 and cases continuing in treatment from previous years.

5 Building a Sense of Community

TDATF should use the dissemination of this research to reengage with the local communities and reassure them that actions and commitments are in place to address the issues related to substance misuse. This should include a call to get involved in local community development initiatives. The platform for the launch of this research could be a series of public meetings in the County Hall and other community venues throughout the TDATF area.

6 Drug Related Intimidation (DRI) Model

A recently devised data driven Intervention model to respond effectively to drug related intimidation and violence in communities in Ireland is likely to shape future national responses to DRI in Ireland. TDATF were involved in the development of this model and need to remain closely connected to its implementation to ensure that any allocation of resources reflects the incidence and gravity of DRI in the TDATF area. One immediate area of concern is the absence of safe passage for service users to and from TDATF funded services and to the post office and shops. TDATF should engage with the local Gardaí to ensure that service users can access post offices and local shops in a safe manner.

7 Additional Garda Resources

An Garda Síochána (AGS) in the Tallaght District do not currently have the capacity and resources to respond to the magnitude of drug related issues and provide the type of policing envisaged in the The Future of Policing in Ireland report which proposes a new model of community or district policing that focuses on problem-orientated policing. TDATF need to engage with the local AGS in relation to the findings of this research and work collaboratively to ensure that additional community policing resources are secured for the area.

Section 1: Introduction

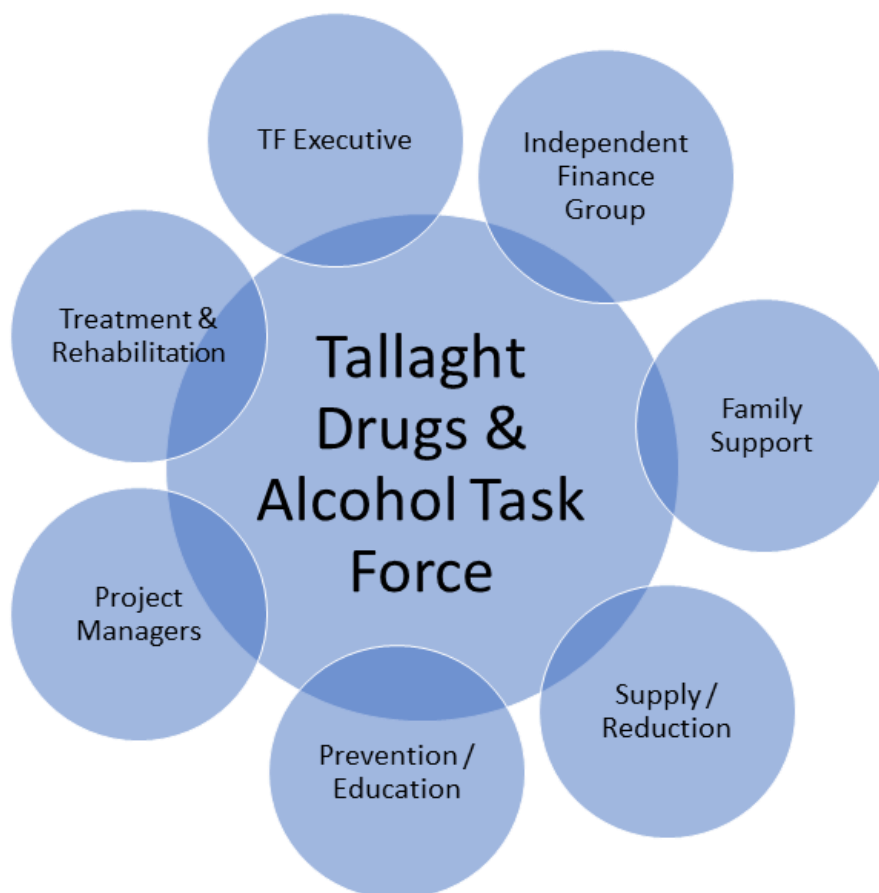


Figure 1: TDATF Structure

TDATF was one of 14 Local Drugs Task Forces set up in 1997 to facilitate a more effective response to the issue of problematic drug use in communities. The vision of TDATF is to be the central coordinating body in Tallaght and Whitechurch advocating on behalf of individuals, families, and communities in relation to alcohol and substance misuse and associated harm.

Located in the HSE Community Healthcare Organisation (CHO) 7 which includes Dublin South Central, Dublin South West, Dublin West and Kildare / West Wicklow, TDATF is a subgroup of South Dublin County Partnership (SDCP). As part of this infrastructure, TDATF is accountable to the Board of SDCP who are responsible for overseeing the broad strategy and policies for TDATF.

The Board of SDCP operates to best practice corporate governance principles and is subject to EU audit and compliance regulatory standards. SDCP has responsibility for the TDATF employment and financial policies, and procedures and project funding outlined in the HSE service level agreement contract.

The main role of TDATF is to implement the National Drugs Strategy (NDS) -Reducing Harm Supporting Recovery 2017 – 2025 through leading an area-based response to mitigate the impact of substance misuse in the Tallaght and Whitechurch area. The NDS aims to provide an integrated public health approach to substance misuse and assigns many actions to DATF’s. Membership of TDATF includes representatives from the statutory, community, voluntary and political sectors. Through a partnership approach, TDATF provides oversight for the implementation of action plans, which co-ordinate all relevant alcohol and substance misuse programmes and initiatives in the local area.

Local organisations are funded to deliver ongoing activities and interventions along the continuum of care of targeted prevention, family support, treatment and rehabilitation, supply reduction and coordination, and prevention and education. The demand for services to support the complex interconnected impacts of substance misuse in the communities of TDATF is increasing rapidly. The HSE grant 8 service agreements with community drug projects in TDATF area and 1 service agreement to SDCP to implement the work of TDATF as per Table 1.

Agency Acronym	Full Agency Title
Lorien	Barnardos Intensive Family Support Project for children, young people and families impacted by substance misuse
CARP	Community Addiction Response Programme
JADD	Jobstown Assisting Drug Dependency
WASP	Whitechurch Addiction Support Group
St Aengus	St. Aengus Community Action Group
St. Dominics	St. Dominics Community Response Project
TASP	Tallaght Addiction Support Project
TRP	Tallaght Rehabilitation Project
SDCP	South Dublin County Partnership

Table 1: HSE/TDATF Service Level Agreements

The HSE require all projects to be represented on Task Force substructures, submit their service agreement details, workplans and financial projections to TDATF in addition to HSE addiction services and financial monitoring to the HSE compliance unit. The Drugs Policy Unit (DPU) fund 5 TDATF projects through two channels of funding a. Dublin Education Training Board and b. South Dublin County Council as per Table 2.

Agency Acronym	Full Agency Title
TDEI, Foroige	Tallaght Drug Education Initiative, Foroige
St Aengus	St. Aengus Community Action Group
CARP	Community Addiction Response Programme
FCYC	Fettercairn Estate Management
KCCYP	Killinarden Estate Management

Table 2: DPU Funded Projects

The DPU require an annual report from TDATAF each year which also includes submissions from all Tallaght Drug Alcohol Task Force Projects. Residential Treatment in the TDATAF area is provided by New Hope whose main Residential Treatment Centre has 16 beds with a further 9 step down beds in Tallaght. It supports and contributes to the priorities of TDATAF though it has no service level agreement in place with either the HSE or DPU.

1.1 Background to this Research

The *Next Generation Research (2016)* prevalence data estimated that between 15% and 24%¹⁰ of children were possibly impacted by illicit drug use in the Tallaght and Whitechurch areas. In addition to those in treatment and those dependent on substances, this research highlighted that in excess of 50% of the population were using substances (including alcohol) harmfully and hazardously (National Alcohol Diary Survey, 2013).

The culture of substance misuse within communities' changes over time and consequently responses may need to be reprioritised and funded appropriately. The communities of TDATAF have seen much change in recent years with regard to drug and alcohol misuse in addition to population and demographic trends. The emergence of a poly drug and crack cocaine culture within the communities of Tallaght and Whitechurch is a development that TDATAF and its funded services has been witnessing and seeking to address in the past number of years.

Responses to poly drug and crack cocaine use and the related issues they present are complex and multifaceted. TDATAF felt it was timely and necessary to research, define and reflect on these changes and the responses required, with a view to informing the formation of their new strategy commencing 2022. TDATAF therefore commissioned this research with the following terms of reference.

- Undertake a demographic profile of the TDATAF catchment area.
- Analyse the strategic context that shapes the TDATAF operating environment.
- Explore the culture of substance misuse in the TDATAF area, including the various complex issues presenting as a result and how this has changed in recent years.
- Identify the impact of crack cocaine and poly drug use on individuals, families, and communities.
- Assess the allocation of resources to TDATAF, to tackle drug & alcohol problems in Tallaght and Whitechurch, reflecting sustainability of frontline community drug services and Task Force budgets.
- Explore the allocation of Garda resources within the TDATAF area dedicated to addressing the drugs problem in TDATAF communities.
- Develop recommendations for inclusion in TDATAF Strategy and budget from 2022

¹⁰ Based on 24% of people aged 0-18 in the TDATAF area, this figure is 6,827

1.2 Methodology

The methodology adopted to meet the terms of reference for this research was participatory and flexible and included:

- A desk review process to develop a deeper understanding of the work of TDATF.
- The design of a consultation framework customised to each stakeholder group to capture the qualitative data necessary to meet the terms of reference. The framework included a questionnaire and additional theme- based questions.
- Semi-structured 1-1 engagement with management and key informants in all nine of the TDATF funded services.
- Facilitated focus group discussion with 35 people currently accessing TDATF funded services.
- Facilitated focus group discussion with 10 young people currently accessing youth work supports funded by TDATF.
- Semi-structured 1-1 engagement with An Garda Síochána (AGS) and Tusla in the Tallaght and Dublin South City areas.
- Facilitated focus group discussion with the TDATF committee.
- Design and analysis of a questionnaire survey completed by 308 people living or linked with the TDATF area.
- Thematic analysis of the data.
- A succinct final report to meet all the terms of reference for the research with findings and recommendations for TDATF's 2022 strategy and budget.

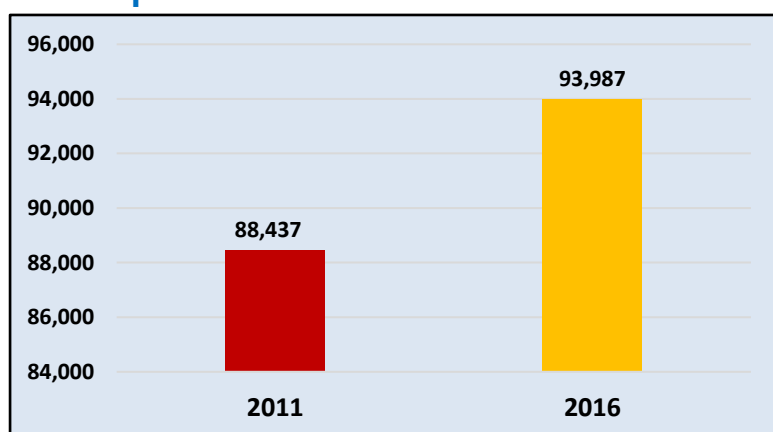
A desk-based review of secondary data and information, including qualitative research studies and National Drug Treatment Reporting System (NDTRS) prevalence data for TDATF funded services including cases living in and outside the TDATF area was undertaken. Prevalence data includes entries to treatment in TDATF funded services in 2021 and cases continuing in treatment from previous years. A review of policy relevant to substance misuse and associated issues in Tallaght, South Dublin and nationwide was also carried out. Online news articles were also accessed and reviewed to gather background information on the impact of substance misuse on the communities of Tallaght & Whitechurch.

Section 2: Area Profile

This section presents a profile of the TDATA area based on a range of data sources including the 2016 Census, National Drug Treatment Reporting System (NDTRS), the Central Statistics Office (CSO) and Gardaí Police Using Leading Systems Effectively (PULSE) crime statistics. The TDATA catchment area defined for this research includes Tallaght and Whitechurch comprising all the Electoral Divisions (ED's) in Dublin 24 and those in Edmondstown and Ballyboden. It is bordered by the Clondalkin and Dun Laoghaire Rathdown local Drug & Alcohol Task Forces and the South Western Regional Drug & Alcohol Task Force (SWRDATA).

Such close proximity to other Task Force areas can often result in people presenting to TDATA funded services while technically living in an area within the boundary for another Task Force area. This is most frequent for those impacted by substance misuse in City West, Saggart and Rathcoole who will present to TDATA services out of necessity as the closest frontline service within the SWRDATA is based in Newbridge. (See Recommendation 7.4)

2.1 Population



There was a 6.8% increase in the population between 2011 and 2016. The population age profile for Tallaght & Whitechurch indicates that 37% are in the 0-24 age range which is above the national average of 31%¹¹, with 53% in the 25-64 age bracket and 10% in the 65 plus category.

The total population of the area is 93,987 though it should be highlighted that were areas such as City West, Firhouse and Knocklyon where referrals often present to TDATA funded services, added to the TDATA catchment area population, it would exceed 110,000.

2.2 Deprivation

Pobal's HP Deprivation Index is a tool frequently used by academics, economists, and social scientists to analyse deprivation from Census Data. The 2016 Pobal Index shows the level of overall affluence and deprivation in Ireland across 3,440 Electoral Divisions (ED's) and 18,488 Small Areas (SA's). The indicators used in for this Index are, unemployment, education attainment, single parents and the % of households headed by semi-skilled or unskilled manual workers.

¹¹ CSO Summary Results 2016

Using this Index, South Dublin is the eleventh (of 31) most affluent local authority in the state, with a score of 0.3 (marginally above average). Table 3 presents the data from the 2016 Pobal HP deprivation index for the 15 ED's of Tallaght & Whitechurch.

Electoral Division (ED)	Population	Deprivation Description 2016	Deprivation Score
Tallaght-Killinardan	3,958	Disadvantaged	-19.54
Tallaght-Avonbeg	1,531	Disadvantaged	-17.56
Tallaght-Fettercairn	8,380	Disadvantaged	-12.60
Tallaght-Tymon	4,956	Disadvantaged	-11.30
Tallaght-Millbrook	3,386	Marginally Below Average	-9.05
Tallaght-Jobstown	17,824	Marginally Below Average	-6.90
Tallaght-Kiltipper	8,478	Marginally Below Average	-5.88
Tallaght- Belgard	8,692	Marginally Below Average	-4.08
Tallaght-Oldbawn	4,579	Marginally Below Average	-3.45
Tallaght-Kilnamanagh	4,386	Marginally Below Average	-2.90
Tallaght-Springfield	11,012	Marginally Below Average	-2.72
Tallaght-Glenview	1,934	Marginally Below Average	-1.18
Tallaght-Kingswood	3,996	Marginally Below Average	-1.09
Edmondstown	5,757	Marginally above average	4.4
Ballyboden	5,028	Affluent	11.18
Total	93,897		

Table 3: Tallaght Electoral Divisions & Deprivation 2016 Census

The TDATF ED's combined had an average deprivation score of -5.5 in 2016 down slightly from 5.7 in 2011; four are classified as disadvantaged with nine as marginally below average. Ballyboden and Edmondstown are classified as affluent and marginally above average respectively. This indicates that there are pockets of affluence alongside high levels of deprivation which can be challenging for services and community cohesion generally. Of the 15 most disadvantaged ED's in the SDCP area, nine are in the TDATF catchment area.

The slight improvement in the overall TDATF area HP Deprivation scores from 2011, can be attributed to some housing developments within the area with a more affluent population moving into these new homes. However, the deprivation scores for three out of the four most disadvantaged ED's (Killinarden, Avonbeg & Tymon) increased in the period from 2011 to 2016.

SA's are a national boundary dataset, which subdivides the existing ED boundaries into substantially smaller units; these were first used for the 2011 Census and allow more detailed analysis. Each SA contains an average of 90 households and are classified from the most disadvantaged (-40) to the least disadvantaged (+40). Analysing SA data facilitates the location of pockets of disadvantage or affluence that would otherwise be missed if only analysing ED's.

Across the 15 Tallaght & Whitechurch ED's, there are over 300 SA's, a further analysis of 240 of these reveals that 79 are classified as being disadvantaged (deprivation score between -10 and -20) with 21 very disadvantaged (deprivation score between -20 and -30). The majority of disadvantaged areas are concentrated in the areas of Killinarden, Fettercairn and Jobstown in West Tallaght and within this area, four of the TDATF services¹² are located.

All the SA's in Tallaght Killinarden are either disadvantaged (7) or very disadvantaged (4). Over 85% of the SA's in Tallaght Fettercairn are either disadvantaged (16) or very disadvantaged (3). Tallaght Jobstown has the highest number of SA's totalling 56 of which 18 are disadvantaged and 8 very disadvantaged.

The Trinity National Deprivation Index 2016 is another tool used to assess deprivation; it combines four indicators from the Census to give a deprivation score to each ED. The four indicators that are used in the Trinity index are, unemployment, low social class, local authority rented housing and not owning a car. Tallaght Killinarden was ranked 10th in the 50 most deprived ED's in 2016 using the Trinity Index with Tallaght Fettercairn 45th.

The influence of policy decisions in Ireland on producing and reproducing poverty is analysed and set out by O'Gorman et al (2016)¹³. The policy decision to set the level of welfare payments below the poverty line was found to accentuate poverty, this has a particularly adverse effect on areas of disadvantage in Tallaght & Whitechurch.¹⁴ It must be acknowledged that in the five years since the 2016 Census, there have been continued population growth and shifts in demographic trends which is likely to impact the deprivation index measures for some of the TDATF ED's and SA's in the 2022 Census.

¹² TASP, TRP, JADD & CARP

¹³ *'Outcomes: Drug Harms, Policy Harms, Poverty & Inequality 2016 (Aileen O'Gorman, Alan Driscoll, Kerri Moore, Doireann Roantree)*

¹⁴ *As per the 2016 research, Job seekers benefit, Job Seekers Allowance, Disability Allowance (€203 per week) and the Supplementary Welfare allowance (€201 per week) remain below the poverty line in Ireland at €239.95 per week.*

2.3 Education

The State average for the proportion of residents who were educated to primary level only in 2016 was 13%. For all ED's in Tallaght, the figure for this educational indicator is above the national average, sitting at 19.7% in 2016 with Avonbeg and Killinarden having the highest prevalence of primary education only at 32% and 29% respectively. Further analysis of the SA data reveals that there are 44 SA's where the figure for primary school education only is above 50%.

The State average for the proportion of residents with a third level education in 2016 was 36%, for Tallaght, this figure was 21%. In both primary education only and third level progression, the data evidences below average levels of participation and attainment for the TDATF area.

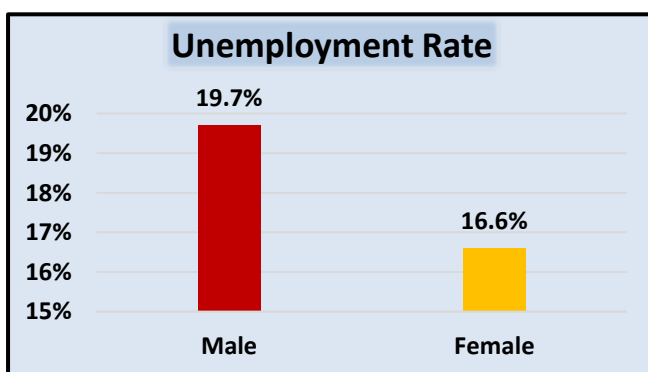
2.4 Ethnicity

74% of the population in the TDATF area are White Irish with "Other White" comprising 10.5% of the total population. Black or Black Irish represent the ethnic origin of 5% of the population while Asian or Asian Irish constitutes 4% of the total population. The national average for White Irish ethnic origin is 84.4% and for Black or Black Irish, it is 1.4%. In some Small Areas (SA's) of the TDATF area such as that where the Mac Uilliam estate is located the figure for Black or Black Irish is above 40%.

2.5 Lone Parents Ratio

The lone parent ratio in Ireland in 2016 was 19%, in the TDATF area it was 35%, across the nine ED's which were marginally below average in the HP deprivation index (see Table 1), one third of the families were headed by a lone parent. In the four ED's classified as disadvantaged, 45% of families were headed by a lone parent.

2.6 Unemployment



The unemployment rate in Ireland at the 2016 census for males was 14.1% and for females it was 12.2%.

Unemployment levels are above the national average for both genders in the Tallaght ED's and below the national average in Ballyboden and Edmonstown. Youth unemployment nationally fell consistently in the period from 2011 but

has risen sharply since Q2 2020 and by August 2021 was at 16.9%.

The needs of those young people in the Tallaght Whitechurch area most removed from the labour market with multiple barriers to advancement require significant ongoing investment in programmes to increase their capacity to progress and sustain in the labour market. Given the number of families in receipt of the one parent family payment which is above 50% in some TDATF ED's, there are considerable challenges for Tallaght residents wishing to return to or begin work. The changes to social welfare payments (e.g., reduced incentives for CE schemes, one parent family payments) have increased the vulnerability of families to poverty and benefit dependency in the TDATF area.

2.7 Housing

Across the 15 Tallaght ED's in the Tallaght & Whitechurch area, 17% of the population live in Local Authority rented housing. This figure increases to 23% in the nine most disadvantaged ED's and increases significantly (in some cases close to 80%) in the most disadvantaged SA's. Stakeholder interviews in the later sections of this report reported evictions and cuckooing¹⁵, however the extent of the homelessness problem in the area is obscured somewhat by transitional housing, the homeless hubs and those currently housed in local hotels.

This, along with the inflated private rented costs and the continued shortage of suitable social and transitional housing stock will continue to increase the social, behavioural, and emotional needs of the affected families in the area. It is also compounded by the increasing incidence of overcrowding in housing with multiple families occupying the same dwelling.

¹⁵ Cuckooing is a form of crime, termed by the police, in which drug dealers take over the home of a vulnerable person to use it as a base for drug trafficking.

2.8 Substance Misuse Treatment Statistics

Table 4 segments the number of cases receiving an intervention from TDATF funded services by main problem drug in 2021¹⁶.

Main Problem Drugs	Cases
Cocaine	352
Heroin	187
Alcohol	144
Cannabis	123
Concerned Person	82
Benzodiazepines	35
Other Opiates	28
Other	16
Total	967

Table 4: Main Problem Drug Treated by TDATF Funded Services in 2021

Cocaine was the most frequent main problem drug treated in TDATF funded services in 2021 with 36% of total cases (n=352). 19% (n=187) were treated for problematic heroin use with 15% (144) and 13% (n=123) treated for alcohol and cannabis respectively. 8% (n=82) of treated cases by TDATF funded services in 2021 were “concerned persons” from the substance misuse of a family member. 24% (n=86) of the problematic cocaine cases treated were for crack cocaine with a further 59 cases treated for crack as an additional problem drug¹⁷.

Polydrug use was reported for 56% (538) of TDATF funded services treated cases in 2021. The extent of polydrug use evidenced by the number of cases reporting more than one problem drug in the initial assessment for the 2021 caseload is presented in Table 5

Number of Problem Drugs	Cases	% of total cases
Two	275	28
Three	184	19
Four	62	7
Five	17	2
Total	538	56

Table 5: Polydrug use in TDATF Funded Services 2021

¹⁶ Source: NDTRS 2021 prevalence reports for TDATF funded services provided by the HRB – May 17th, 2022. Prevalence data includes entries to treatment in 2021 and cases continuing in treatment from previous years

¹⁷ Source: NDTRS Team, 2021 prevalence reports of cases treated for Crack Cocaine in TDATF funded Services, May 17th, 2022. Prevalence data includes entries to treatment in 2021 and cases continuing in treatment from previous years

In relation to Under 18's, Youth Drug & Alcohol (YoDA) Service statistics for the TDATA area in 2019 reveal that 29 young people aged under 18 from the TDATA area were treated with 77% reporting cannabis as their main problem drug. YoDA also report that the majority of cases presenting have dual diagnosis with a very high presentations of ASD and ADHD diagnosed adolescents and teenagers with low mood and anxiety who are engaging in deliberate self-harm.

Based on HSE data included in the Central Treatments List, TDATA had in 2019 the third highest number of clients (621) on methadone treatment across all the Local and Regional Drug & Alcohol Task Force areas. Only the North (821) & South Inner City (641) DATF's had more clients engaging in methadone programmes.

2.9 Crime

CSO statistics for crime nationwide from 2003-19 inclusive show that Tallaght Garda station had the fourth highest number of crimes reported on the PULSE system over this 17-year period behind Bridewell, Store Street & Pearse Street Garda stations in Dublin¹⁸. The Dublin Metropolitan Region (DMR) South policing division where the Tallaght District is located had the seventh highest rate of murders and attempted murders across all divisions over the period 2016-20 with a rate of 7.3 murders/attempted murders per 100,000 population. The national average was 5.3¹⁹.

2.10 Summary

The area profile provides a sense of the magnitude of some of the socio-economic challenges within the TDATA area which helps to contextualise the findings and recommendations in later sections of this report. The catchment area for TDATA is expanding rapidly with a current population of 93,897 comprising 15 ED's and more than 300 SA's. Tallaght is the largest settlement, and county town, of South Dublin and the largest satellite town of Dublin. Its population grew at a rate of 6.95% per year between the period 1971 to 2006 and at circa 1.8% per annum in the subsequent period to 2016.

The South Dublin County Council area ranks as the eleventh most affluent in the State and there are a number of affluent ED's and SA's which potentially mask several clusters of extremely high levels of deprivation. Gardai, HSE and local Authority have different area boundaries which can lead to confusion around the exact catchment area of South Dublin. The impact of substance misuse disproportionately affects people whose lives are rooted in poverty and inequality, the deprivation statistics for the TDATA area amplify the extent of the challenge.

¹⁸ [Most crime-ridden districts in Ireland unveiled as stats show worst-hit garda stations - Irish Mirror Online](#)

¹⁹ Central Statistics Office 2021

Where poverty clusters at a neighbourhood level, drug-related harms cluster too²⁰. The policies of austerity post 2008 continue to impact on the communities of TDATF with high levels of unemployment and poverty, ill health, and homelessness. While four out of the fifteen TDATF ED's are classified as disadvantaged as per the Pobal HP Deprivation Index, further analysis of 240 SA's in the TDATF reveal that one third are disadvantaged and 12% very disadvantaged with most of these areas situated in West Tallaght.

Cross referencing census data with SA deprivation, we estimate that circa 9,000 people in the TDATF area are living in ED's comprised of SA's with high levels of disadvantage. (Deprivation score of -20 or lower)

- ❖ This disadvantage manifests in high levels of lone parent families, across the TDATF area, the lone parent rate is 35% (compared with a state average of 25%), in one SA, this rate exceeds 70%.
- ❖ Significantly less people are achieving third level education and significantly more people are achieving only primary education in the TDATF area compared to the state average.
- ❖ TDATF area has higher youth, male and female unemployment than state averages.
- ❖ Housing and planning policies have led to a substantial population increase within the TDATF area from approximately 55,000 in the 1990's to in excess of 93,000 today. The services and infrastructure required to sustain this development have not been put in place.

While there are many contributory factors to substance misuse, the role that deprivation plays should not be understated. There is robust evidence in literature to suggest that high levels of deprivation are associated with addiction, stress, mental health problems and crime (Wilkinson and Pickett, 2009). The report, "Drug Misuse and the Environment" (Advisory Council on the Misuse of Drugs, 1998) articulates the link between deprivation and substance misuse.

Deprivation can lead to psychological stress and some people can self-medicate with drugs to relieve stress and provide excitement and stimulation. For young people with low education attainment and job skills deficits, drug dealing can offer an easy way of making a living and confer status in the local area which can be transformational. Disadvantaged communities may not have the resources to respond to drug problems in the way that more affluent communities can and consequently the problems become embedded in areas of high deprivation. (Montague A, 2020)

²⁰ *'Outcomes: Drug Harms, Policy Harms, Poverty & Inequality 2016 (Aileen O'Gorman, Alan Driscoll, Kerri Moore, Doireann Roantree)*

Section 3: Strategic Context

3.1 Introduction

This section provides a high-level summary of the strategic, and policy context which informs the work of the TDATF and its funded services.

3.2 National Drugs Strategy (NDS)

The current national drug strategy for 2017-2025²¹ is the first integrated drug and alcohol



strategy and is structured around five key goals, with a vision of creating a healthier and safer Ireland, where public health and safety is protected, and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life. It is framed around five key goals and associated underpinning objectives.

Goal 1: To promote and protect health and wellbeing

- Promoting and protecting health and wellbeing to ensure that the commitment to an integrated public health approach is delivered and that evidence-based approaches to action on alcohol problems are promoted.

- Preventing the use of drugs and alcohol at a young age. This includes supporting Social,

Personal and Health Education by promoting effective communications between schools and Drug and Alcohol Task Forces, improving supports and services for at risk children, and facilitating the use of school buildings, where feasible, for afterschool care and out-of-hours use to support local communities.

- Developing harm reduction interventions targeting at risk groups including parents with substance misuse issues via services for addiction, maternity, health, and social care.

²¹ Department of Health (2017). Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 – 2025

Goal 2: To minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

- To attain better health and social outcomes for people who experience harm from substance misuse and meet their recovery and rehabilitation needs.
- To reduce harm among high-risk users by providing enhanced clinical support to people who inject substances, and to target a reduction in drug-related death and non-fatal overdoses by expanding the availability of naloxone.

Goal 3: To address the harms of drug markets and reduce access to drugs for harmful use

- To provide a comprehensive and responsive misuse of drugs control framework which ensures the proper control, management, and regulation of drug supply.
- To implement effective law enforcement and supply reduction strategies and actions to prevent, disrupt, and reduce illicit drug availability through drug market monitoring and the possible use of Community Impact Statements in the criminal justice system.
- To develop effective monitoring and responses to evolving trends, public health threats, and the emergence of new drug markets.

Goal 4: To support participation of individuals, families, and communities

- To strengthen the resilience of communities and build their capacity to respond through supported and promoted structures at local, regional, and national level, and measuring the impact of drug related crime on communities.
- To enable participation of both users of services and their families through building capacity within the problem substance use sector to develop a patient safety approach and involving service users and families in decision-making structures.

Goal 5: To develop sound and comprehensive evidence-informed policies and actions

- To strengthen Ireland's drug monitoring system
- To strengthen the National Drug Treatment Reporting System
- To improve knowledge of rehabilitation outcomes by conducting studies on service user and family experience.

Under its goals and objectives, the NDS identified a set of key actions to be delivered between 2017 and 2020 and provides an opportunity to develop further actions from 2021-2025 to address the needs that may emerge later in the lifetime of the strategy. These emerging needs were addressed in the recent mid-term review which identified six priority areas to strengthen the implementation of the national drugs strategy for the period 2021-2025. The strategic priorities reflect the lessons and the stakeholder feedback from the mid-term review and capture the commitments in the Programme for Government.

The six strategic priorities are designed to reinforce the health led approach to drug and alcohol use. They are consistent with the Sláintecare Implementation Strategy and Action Plan 2021-2023 and the Healthy Ireland Strategic Action Plan 2021-2025. The priorities also align with relevant priorities in the EU Drugs Strategy and Action Plan and UN policies on drugs, children, and sustainable development.

1. Strengthen the prevention of drug and alcohol use and the associated harms among children and young people.
2. Enhance access to and delivery of drug and alcohol services in the community.
3. Develop integrated care pathways for high-risk drug users to achieve better health outcomes.
4. Address the social determinants and consequences of drug use in disadvantaged communities.
5. Promote alternatives to coercive sanctions for drug-related offences.
6. Strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation.

The priority to address the social determinants and consequences of drug use on disadvantaged communities means that early intervention and youth strategy and policy will become increasingly relevant to the TDATF in the future. (See Recommendation 7.5)

3.3 Early Intervention

Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes. Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life. Early intervention can take different forms, from home visiting programmes to support for vulnerable parents, to school-based programmes to improve children's social and emotional skills, to mentoring schemes for young people who are vulnerable to involvement in crime.

While many have argued that early intervention may have its strongest impact when offered during the first few years of life, the best evidence shows that effective interventions can improve children’s life chances at any point during childhood and adolescence²². In areas of higher deprivation, the need for early intervention is most profound. It is increasingly recognised that the greatest impact on socio-economic indicators such as health, education and employment will be delivered through early intervention.

Tusla’s Prevention Partnership and Family Support (PPFS) mainstreaming programme includes transformational measures in relation to family needs assessment (Meitheal) and Parenting Support. The parenting strand of PPFS has five main projects which seek to help the improvement of family wellbeing and outcomes for children. International research on child development shows that good quality, evidenced-based parenting education and support contributes significantly to improved child protection by supporting vulnerable families and children; improved childhood resilience, health, school readiness, and educational outcomes; enhanced infant and child mental health and well-being and reduced incidences of youth delinquency and violence.

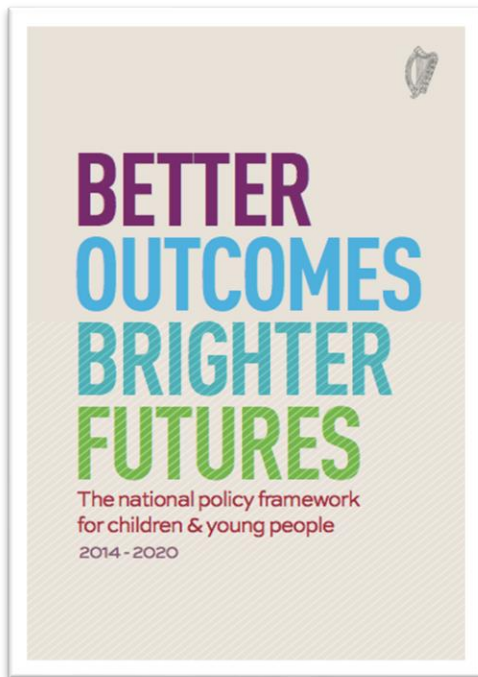
Tusla’s new Child Protection & Welfare Strategy 2017-22 emanated from their core child protection responsibility under the Child Care Act 1991 and the Children First Act 2015. The Strategy sets out six interconnected elements to transform child protection in Ireland, the first of which is the adoption of “Signs of Safety” as the national approach to best practice. This is an innovative strengths-based method of child protection casework grounded in partnership and collaboration with children, families, and their wider networks of support.

Adverse Childhood Experiences (ACE), Hidden Harm²³, other traumas, and the lack of understanding of their impact on individuals, can create difficulties in relationships between service users and service providers. It is most likely to be manifest in families where there are key risk factors in relation to addiction mental health and domestic violence. Safe and nurturing relationships between staff and service users is fundamental to recovery from trauma and positive engagement in services.

²² [What is early intervention? | Early Intervention Foundation \(eif.org.uk\)](http://eif.org.uk)

²³ Hidden Harm describes the situation of many children and young people affected by parental alcohol and drug misuse

3.4 Children & Young People (0-24)



Ireland's National Children's Strategy, *Better Outcomes Brighter Futures*²⁴ (BOBF) has at its core, the aim to support all children to achieve five key outcomes which are, that children and young people:

- are active and healthy, with positive physical and mental well being
- are achieving their full potential in all areas of learning and development
- are safe and protected from harm
- have economic security and opportunity
- are connected, respected, and contributing

BOBF is the first overarching national policy framework for children and young people (aged 0-24 years) It integrates a whole-of-Government focus and emphasises the importance of quality and evidence in young people's services, which is captured in one

of the 5 'transitional' goals of the strategy noting that: "Government investment in children will be more outcomes driven and informed by national and international evidence on the effectiveness of expenditure on child related services, with the aim of improving child outcomes and reducing inequalities."

The Department of Children, Equality, Disability, Integration and Youth (DCEDIY) through the new UBU funding framework introduced in July 2020²⁵ suggest that there are seven areas of skills and strengths, referred to as 'potent mechanisms' that young people attending youth services should be supported to develop, including:

- Communication skills
- Confidence and agency
- Planning and problem solving
- Relationships
- Creativity and imagination
- Resilience and determination
- Emotional intelligence

²⁴ The National Policy Framework for Children and Young People, 2014-2020, the new Framework for Children & Young People will be launched in 2021.

²⁵ <https://ubu.gov.ie/home>

To secure funding, youth work services must demonstrate that they are delivering interventions that reflect an 80% at risk and 20% mainstream profile. Within the 'at risk' definition includes *“Young people who are affected by issues linked to substance misuse including but not limited to family members use/misuse, personal use, involvement in drug dealing, drug debts with a particular focus on young men.”*

This more targeted youth work-based approach for young people impacted or already involved in substance misuse and the drugs economy could lead to duplication where youth projects are already funded by the TDATF to provide a specific drug education/prevention intervention to at risk groups.

3.5 Youth Justice Strategy

The guiding principles of the Irish Youth Justice Strategy 2020-26 reflect Ireland's international obligations under the United Nations Convention on the Rights of the Child (UNCRC), and a commitment to upholding the rights of children and young people, while acknowledging the impact of offending on society and victims of crime. They stipulate that:

- Young people in conflict with the law will be treated as children first, with due respect for their rights, in a way that promotes their reintegration and strengthens their capacities, and that reinforces respect for the human rights and freedoms of others
- The development of policies, programmes and systems will be informed by the voices of children and young people, (including those who have and who have not had contact with the criminal justice system), and children and young people will be supported to participate effectively at all stages of any contact they may have with the youth justice system
- Young people should be diverted from the formal youth justice system to the greatest extent possible, with due regard for the welfare of communities and society in general

3.6 Future of Policing

Given An Garda Síochána's (AGS's) involvement in the TDATF and the crucial role that they play in community safety, recent strategic and legislative developments in relation to policing are relevant to the future strategic direction of TDATF and their funded services. In 2018 the Commission for the Future of Policing in Ireland published its report²⁶ which proposed a framework for policing, security, and community safety, underpinned by 10 principles:

- Human rights are the foundation and purpose of policing
- Policing and national security are not the responsibility of the police alone
- Accountability and oversight structures should be clear and effective
- International governance must be strong and efficient
- Police duties should be clearly defined, and resources deployed accordingly
- An Garda Síochána should be structured and managed to support front line policing
- The police and people of An Garda Síochána are its greatest resource
- Policing must be information-led
- Policing should be seen as a profession
- Policing must be adaptive, innovative, and cost effective

3.6.1 District Policing Model

The 2018 culture audit of An Garda Síochána found that the community policing system was under strain and front-line Gardaí did not have sufficient support. It found that the number of community Gardaí deployed was reducing as personnel were redeployed to other duties. The Future of Policing in Ireland report articulates a new model of community or district policing which focuses on problem-orientated policing.

In this model all Gardaí at a district level would be considered community police, some focused on responding to emergencies, others to long-term problem solving, but working in conjunction to solve problems relating to community safety. The report reinforces the need to build on the achievements of Local Policing Fora in providing effective mechanisms for strengthening relationships between AGS and local communities.

²⁶ Government of Ireland (2019). A policing service for the future. Implementing the Report of the Commission on the Future of Policing in Ireland. Government of Ireland, Dublin

3.6.2 Community Safety Partnerships (CSP's)

Community Safety Partnerships²⁷ are being piloted in Dublin's North Inner City, Longford, and Waterford. The Partnerships were developed in recognition that there is a role for agencies of Government other than AGS in community safety and funding will be channelled from the Department of Justice.

With the overall goal of safer communities, CSP's will develop a Local Community Safety Plan to determine how the community wants to respond to crime, reflecting community priorities and local concerns. CSP's will provide a forum for State agencies and local community representatives to work together to act on community concerns. They will have a broader remit and membership than the joint policing committees they will replace.

3.6.3 Joint Policing Committees (JPC's)

Joint Policing Committees are provided for in legislation²⁸ and are overseen by the Department of Justice. JPC's are in each local authority area and act as a forum for consultation and cooperation on policing and crime issues between the public, community officials, the community and voluntary sector, elected officials and AGS. JPC's are responsible for reviewing levels and patterns of crime and antisocial behaviour in the area, any underlying factors contributing to crime, and advising AGS on how best to perform their functions.

3.6.4 Community Crime Impact Initiative (CCIA)

The Community Crime Impact Assessment (CCIA) stems from the Building Community Resilience Strategy²⁹. It will enable front line community workers to collate data on crime based on what they have witnessed through their community work and present to the Gardaí. No individuals need to be identified in the information which must be accepted as evidence by the Gardaí and may lead to further investigation. An integral part of the CCIA is the designation of a local forum where CCIA's are discussed, and the representative agencies explore what to do to address the issues identified in the CCIA's.

²⁷ Community Safety Partnerships - <http://www.justice.ie/en/JELR/Pages/PR20000261>

²⁸ Section 35 Garda Síochána Act 2005 - <http://www.irishstatutebook.ie/eli/2005/act/20/enacted/en/print#sec35>

²⁹ Connolly, Johnny and Mulcahy, Jane (2019) Building community resilience. Responding to criminal and anti-social behaviour networks across Dublin South Central: a research study. Dublin: Four Forum Network and Dublin City Council

3.7 Crack Cocaine

- The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in 2018 reported Ireland in the top four countries across Europe for cocaine use among young adults. They also noted that availability and purity of cocaine was increasing.
- Nationally, Cocaine was the second most common drug reported in 2021, accounting for 30.2% (3,248) of all cases³⁰.
- In 2021, crack cocaine accounted for 17% of all cases treated for cocaine as a main problem in Ireland, increasing from 9% of cases in 2015³¹.
- In relation to crack cocaine users in Ireland, there is a higher lifetime prevalence rate (35.6%) for high-risk populations, such as sex workers, the homeless, and prisoners (Bates, 2017).
- Research by the EMCDDA (2018) found that 40% of all those seeking treatment for crack cocaine reported heroin as their secondary drug of choice.

³⁰ Kelleher C, Condrón I, and Lyons S (2022) *Drug Treatment in Ireland 2015 to 2021*. HRB StatLink Series 8. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/36071> and at www.hrb.ie/publications.

³¹ Kelleher C, Condrón I, and Lyons S (2022) *Drug Treatment in Ireland 2015 to 2021*. HRB StatLink Series 8. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/36071> and at www.hrb.ie/publications.

Section 4: Survey Findings

This section sets out the findings from a survey to elicit views on prevalence and nature of substance misuse, it's impact on TDATF communities and appropriate responses, which was completed on-line/in hard copy by 308 respondents. The survey was co-designed with TDATF and was informed by the early semi-structured interviews with front line services and external stakeholders. Verbatim quotations are included to provide further clarity and context to the responses. For some of the questions, we have included the responses from our Focus Group with young people to further validate the results.

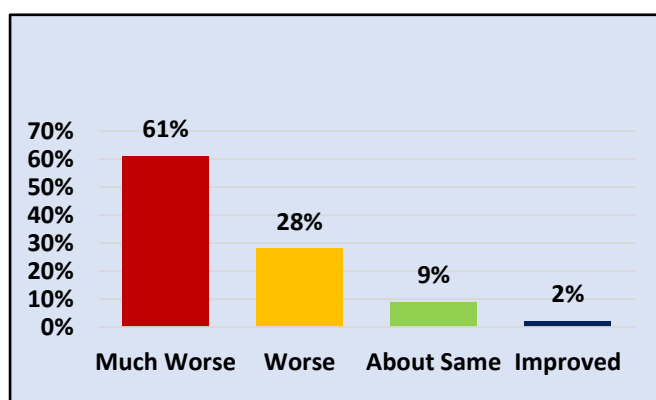
4.1 Profile of Respondents

- 72% were female (n=222) with 28% male (n=86)
- 63% (n=194) live in the TDATF area while 47% (n=144) also work in the area, 17% (n=52) have family or attend education in the area.
- 80% of respondents (n=246) have lived in the area for five or more years while 69% of this cohort have lived in the area for over 10 years.
- The majority of respondents were from Tallaght Jobstown, Tallaght Killinarden, Tallaght Brookefield and Tallaght Fettercairn ED's. 70% (n = 216) of respondents live or work in ED's with concentrations of small areas that are classified as disadvantaged or very disadvantaged.
- Adults aged 36-45 made up the majority of respondents (n = 139), followed by adults aged 46-55 (n = 62) and adults aged 26-35 (n=43).
- Young people aged 25 and under made up 10% of responses (n = 32) with people aged 55+ also accounting for 10% of the responses (n = 32).

4.2 Key Findings

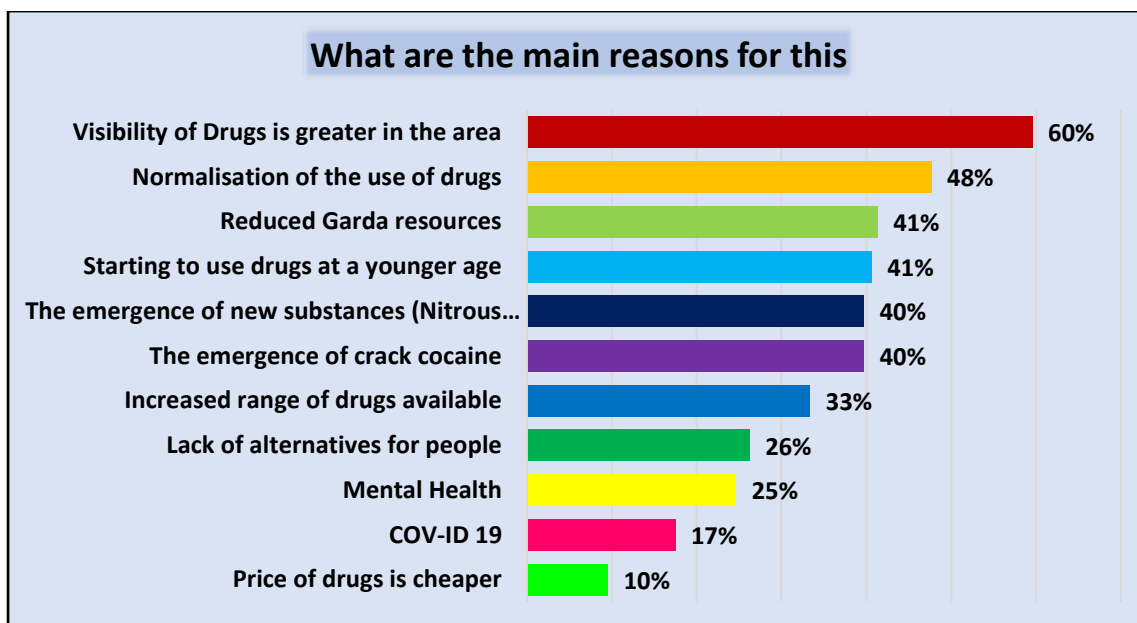
The following offers descriptive statistics from the survey findings.

4.2.1 Current Situation



Respondents were asked about their perception of the extent to which the substance misuse and its impacts have improved or worsened over the past three years. 89% (n=271) felt that the situation was worse or much worse while 11% felt it had remained unchanged or had improved. The view that the situation is much worse than it was three years ago

was shared by the young people and service users engaged during the consultation.



When asked as to what they felt the reasons for their much worse/worse responses with the option of choosing three responses, 60% (n=185) felt that the greater visibility of drugs was the primary underlying factor with 48% (148) selecting the normalisation of use as the primary reason. 40% (n=122) indicated that the emergence of new substances, crack cocaine in addition to the increased range of drugs available were the main causation factors for the escalation of substance misuse in the Tallaght & Whitechurch area. 68% (n=207) felt that a combination of poor mental health, lack of alternatives and COVID – 19 were underpinning reasons for the deteriorating situation.

41% of respondents (n=125) felt that people using drugs at a younger age was the main contributing factor to the worsening situation, this question was discussed further during the focus group discussion with young people who agreed that this was the case and added that young people were most likely to be introduced to drugs in the first instance on the streets or in school.

“Drug use has become poly drug use, and this often makes traditional treatment / interventions less effective. Drugs have become more accessible and very public in terms of supply and therefore communities become de-sensitised to it”.

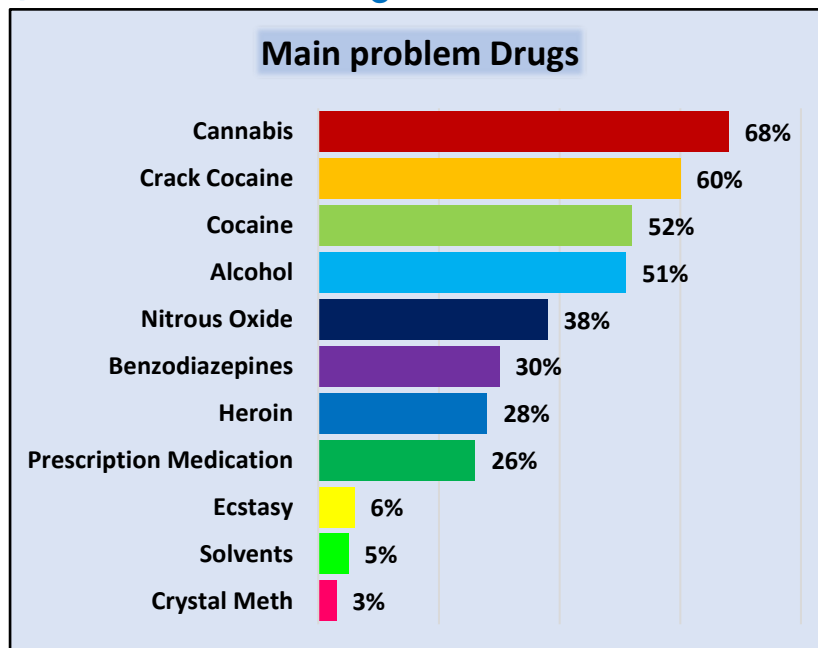
“Drug use is normalised at a younger age and drugs like Crack and Xanax and higher strength weed make the needs of users more complex and the younger they start the harder it is to identify other issues that may be going on such as mental health”.

“The drugs economy as a viable income and the glorification of the lifestyle makes it really hard to reach young people and divert them away from the life. Drug prevention and education needs to start in primary school and there is a need to look at community resilience which has completely broken down in many areas”.

“Specific houses in the area have been identified as “crack houses”. The usage of nitrous oxide is clear due to discarded cannisters. The visibility at gathering points is clear to all to see. Usage of the Community Centre and local clubs has been impacted by the pandemic. Opportunities for those leaving school have been undermined further by increased precarity and labour exploitation”.

“Crack is rampant and available at a phone call it was tablets three years ago now it is so much worse, the level of prostitution is so sad. The fear of owing money and saying no when they pay money off their debt is too tempting so their debt just grows. There needs to be more guards and house raids and power to search houses.”

4.2.2 Main Problem Drugs



Survey respondents were asked to identify the main problem drug in their area. They had the option of choosing three options from a pre-set list. Cannabis, Crack Cocaine, and Cocaine were identified as the three main problem drugs.

Alcohol, Nitrous Oxide and Benzodiazepines were the next three most prominent problem drugs identified by respondents followed

closely by Heroin and Prescription Medication. The sense that Crystal Meth was emerging as a problem drug expressed by stakeholders in Section 5 was not reinforced in the questionnaire survey with only 1% (n=3) feeling that it was a problem drug.

“Young people have moved away from opiates due to the stigma attached to it but there are serious problems with 'socially acceptable' drugs such as weed, benzos and cocaine. A lot of people using these drugs function to a certain degree in their use until it impacts on their mental health, or they have serious drug debt because of it or pick up charges”

“In terms of opiates / crack - the number of users is smaller but the impact greater due to the nature of the drug, the physical and mental impact on the individual and the family and the community which is chaotic”.

“Difficult to know as not involved directly and much of public opinion is driven by word of mouth and sensationalised media commentary. Crack cocaine has been identified as a legitimate concern by those actively involved in service provision. The physical wear and tear of using crack cocaine is more serious than other drugs, even heroin. The area has a history of dealing with drugs such as heroin and therefore there are vulnerable addicts/recovered addicts in the community.”

“Crack Cocaine is on the increase in all areas, I am impacted through family, friends, and the community. I see intimidation on a daily basis, older people afraid to go to the shops because of what they might face on the streets. People fighting and money being taken from people the minute they leave the Post Office, it’s going on everywhere”.

“I’ve no clue what other drugs are being sold as I don’t use them, but I can smell the cannabis just walking out my back garden from neighbours and physically see the nitrous oxide canisters on the street. Dealing happens opposite my door but I don’t know what they’re dealing.”

4.2.3 Cannabis Survey

To garner further insights into the prevalence and impact of Cannabis identified as the main problem drug in 4.2.2, TDATF circulated a survey to a range of publics in their catchment area in early 2022. The key findings to emerge were

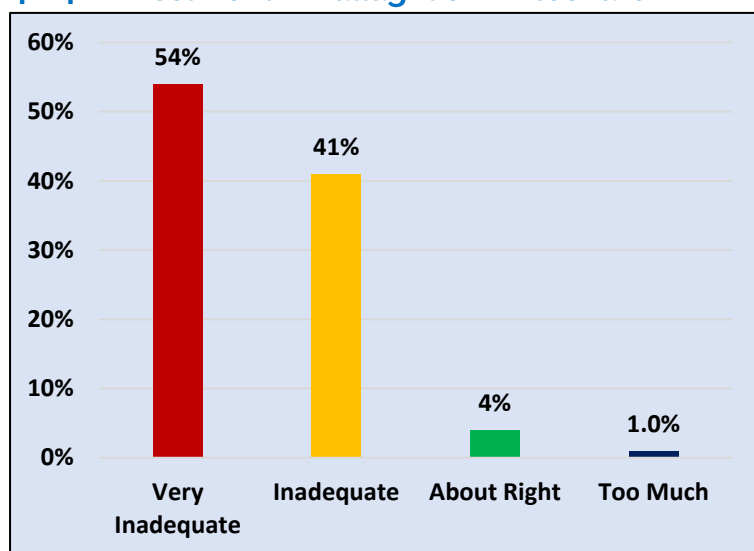
- 75% (n=113) agreed with the statement “Cannabis use is a normal part of everyday life for many in my area”
- 61% of respondents (n=72) who know someone that uses cannabis felt that they used “some of the time”
- 20% (n=22) felt the perception that cannabis is a harmless natural herb with no serious health effects unlike alcohol or cigarettes and can be used for medicinal purposes contributes to its normalisation
- 39% (n=59) of respondents pointed to the health harms caused by cannabis use for young people which include the non-immediately visible long-term mental health problems
- 19% (n=29) indicated that the lack of motivation stemming from normalised cannabis use negatively impacts education attainment and employment and career prospects
- Intimidation and Anti Social Behaviour are the most negative impacts according to 13% (n=20) of respondents.
- Cannabis use at a young age becoming a gateway to harder drugs and entrenched addiction was the worst harm in the view of 11% (n=16) of respondents.
- The increased risk of mortality and suicide ideation associated with entrenched cannabis use was highlighted by 8% (n=13) of the sample

Table 6 sets out the responses offered by survey respondents to reduce the problems associated with normalised cannabis use.

Educating in schools telling them about the impact of weed on them	25%
Legalisation of cannabis	17%
Tougher penalties for possession and dealing of cannabis	16%
More community gardai on the ground	14%
Treatment/harm reducing programmes outside of the standard drug services	8%
Providing activities for older teenagers with things to do in the evenings	6%
A support group for people to share what they are going through	6%
More pathways for young people who are at risk of leaving school early	4%
Efficient mental health service	4%

Table 6: Responses to reduce the problems associated with cannabis use

4.2.4 Investment in Tallaght & Whitechurch



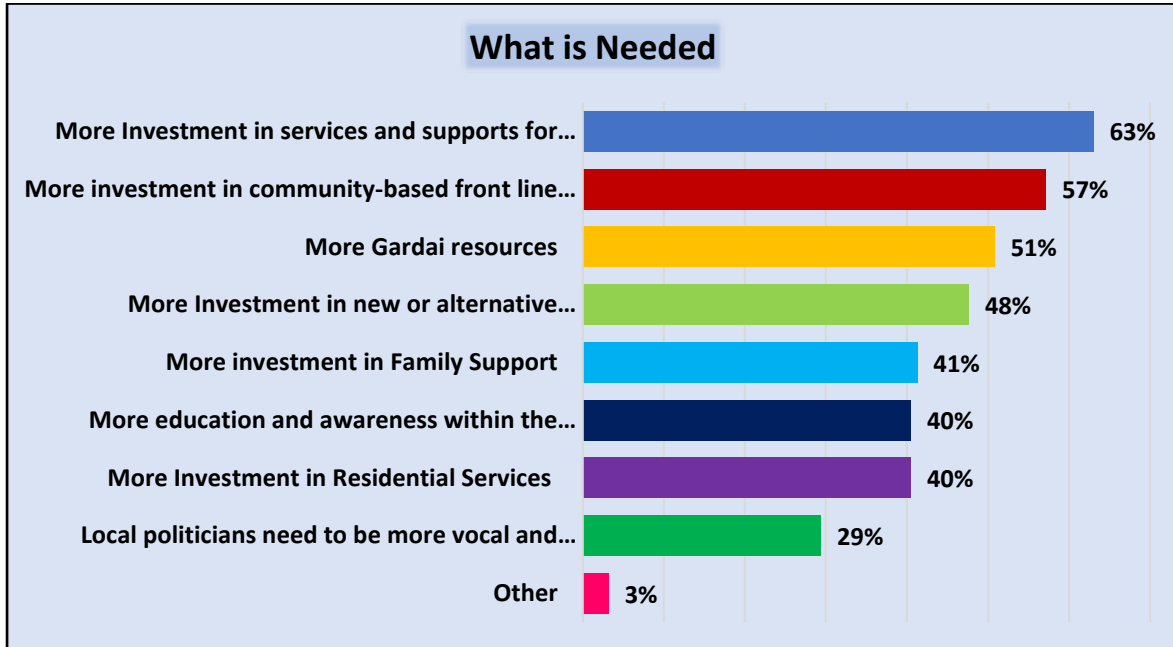
In response to the question on the level of resources currently available in Tallaght & Whitechurch to address substance misuse issues, 95% (n=288) felt that the current level of investment was either inadequate or very inadequate. Only 4% (n=12) felt that the current investment was adequate.

“Gardaí are understaffed in the area resulting in an inability to

police the area effectively. There is a not enough in the way of employment readiness programmes for young people in an area with low school retention rates. Drug dealing is seen by many as an attractive and legitimate way of making an income”.

Inadequate in that Gardaí and other authorities are not tackling the issues, allowing situations to build up and even when a crisis happens only sometimes not always responding. Individual Gardaí in the area are very clued in and enthusiastic – but this is not the case across the board. Garda resources should be targeted to areas of need, if there is no police presence at hotspots and no engagement then it is ineffective policing and not addressing the needs of the area. South Dublin County Council (SDCC) are pretty much the same.

“I do see the work that people are trying to do but the number of drug users is growing faster than these organisations can handle and without the resources, funding, and general changes in society it is an uphill battle. Why is it that if you are born in Jobstown there is a bigger chance of you becoming a drug abuser than if you are born in Old Bawn? This should not be the case”



In relation to what was needed in terms of additional resources to mitigate the under investment in the TDATF area, respondents had the option of selecting three responses. More investment in, services for children and teenagers, front line community drug services and Gardaí were the preferred options for the majority of respondents. Investment in family support, new and alternative treatments, and residential services (See Recommendation 7.3) were the preferred options for over 40% of respondents.

Section 5: Stakeholder Engagement

This section sets out a summary of the semi structured interviews with a range of key informants and stakeholders (See Section 1.2). For clarity and ease of reference, the analysis is framed around four key headings to explore the landscape of substance misuse and its impact on the communities of TDAF.

1. Prevalence of crack cocaine and polydrug use
2. Impact on the TDAF community
3. The allocation of resources to TDAF, to tackle drug & alcohol problems in their catchment area.
4. The allocation of Garda resources within the TDAF area dedicated to addressing the drugs problem.

A number of subheadings are identified under each, within are overviews of the consultation findings, on occasion interspersed with direct quotes from those consulted. The data in this report has been revised to include end of year 2021 data and supersedes previous reports.

5.1 Crack cocaine & polydrug use

Crack cocaine misuse was the dominant theme in respect of current need to emerge from the consultations with front line services and TDAF members. It was emphasised that crack cocaine should no longer be classified as an emerging trend in patterns of use, rather *“it is by far the biggest single problem facing the services and communities of TDAF, it is of epidemic proportions and if it is not addressed immediately, it will dwarf the heroin epidemic of the 80’s”*

Although the use of crack cocaine was reported in Tallaght going back to the 2000’s, it tended to be periodic and in phases. For example, in 2008, only three individuals reported crack cocaine as their primary problematic drug of choice (Johnny Connolly, 2008). In the subsequent period the landscape has changed radically.

Cocaine was the main problem drug treated by TDAF funded services in 2021 with 36% (n=352³²) of all treated cases. 24% (n=86) of the problematic cocaine cases treated by TDAF funded services in 2021 were for crack cocaine with a further 59 cases treated for crack as an additional problem drug³³.

³² Source: NDTRS Team, 2021 prevalence cases treated for Crack Cocaine in TDAF funded Services, May 17th, 2022. Prevalence data includes entries to treatment in 2021 and cases continuing in treatment from previous years

³³ Source: NDTRS Team, 2021 prevalence cases treated for Crack Cocaine in TDAF funded Services, May 17th, 2022. Prevalence data includes entries to treatment in 2021 and cases continuing in treatment from previous years

5.1.1 Crack Cocaine Services

Jobstown Assisting Drug Dependency (JADD) and the Community Addiction Response Project (CARP) have been part funded by TDAF since 2018 to provide supports to individuals reporting problematic crack cocaine use. This need for specialist intervention was identified from the prevalence data from CARP’s administration of crack cocaine pipes from mid-2018 onwards as illustrated in Figure 2. By the end of 2021 a total of 1054 crack pipes were distributed by CARP (795 to males and 259 to females) to 134 unique individuals. The use of crack cocaine pipes mitigates the risks of overdose associated with home-made pipes and other unsafe equipment.

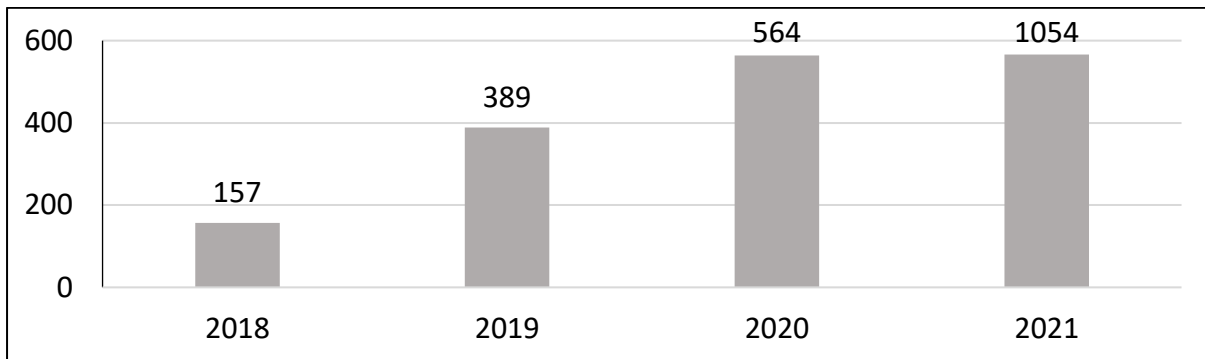


Figure 2: CARP Crack Cocaine Pipes 2018-21

CARP’s crack cocaine programme for women incorporates evidenced based approaches and non-judgemental engagement to support up to 25 women with problematic crack cocaine use where they are at in their life. CARP’s intensive work with WASP Family support service has also identified a high rate of prevalence, 14 of the 17 families engaged report crack cocaine use in the family.

By the end of 2021, JADD had administered 4723 crack cocaine pipes (See Figure 3) to 140 unique individuals. Through their treatment/key working, OST departments and harm reduction service, JADD highlighted another 20-30 of their service using their own home-made equipment. Interventions mainly consist of brief interventions and harm reduction advice. *“It is difficult to engage in one to one, unless there is a significant crisis, such as tenancy under review by housing body, criminal justice issues, or child protection issue.”*

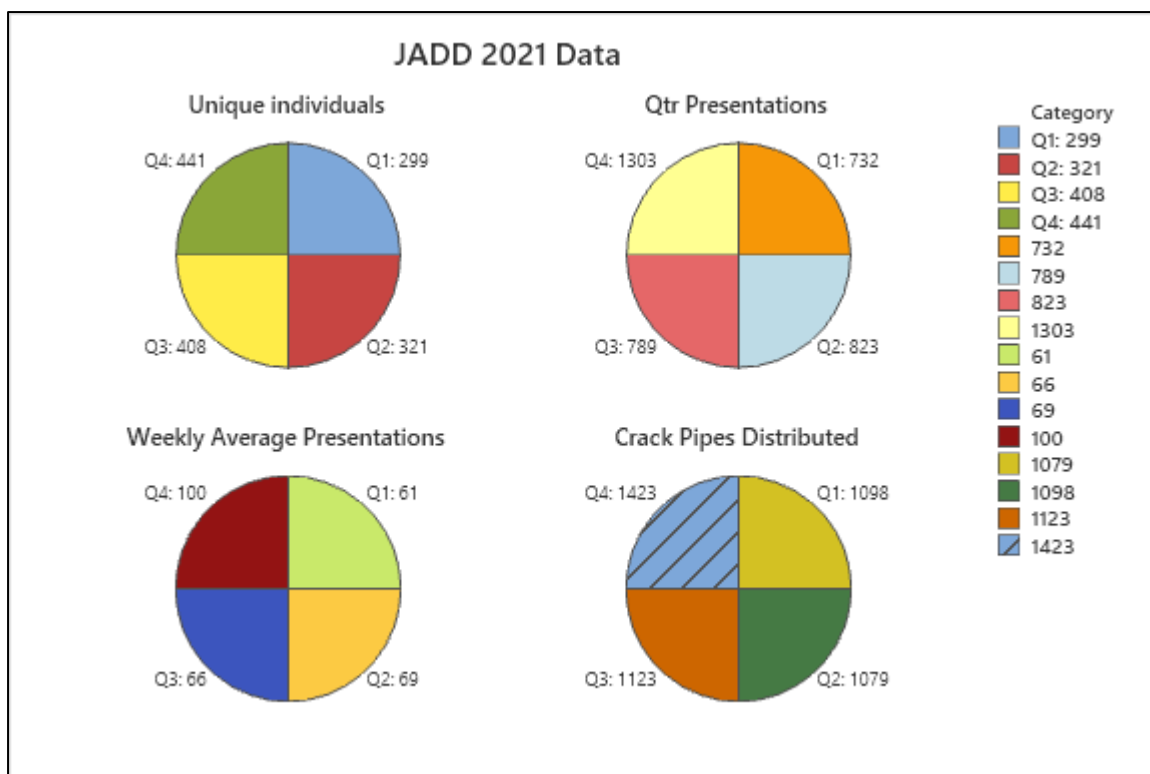


Figure 3: JADD 2021 Data

JADD have 26 people presenting daily to their harm reduction services for case management in relation to crack cocaine. The high number of daily contacts has brought considerable pressures in terms of challenging behaviours, particularly when service users present under the influence of crack. JADD also have nine women engaged in a weekly crack cocaine programme.

JADD have directed a significant amount of staff resources towards tenancy support for service users accessing the crack cocaine service. This interagency work has resulted in JADD developing a working group with The South Dublin County Council around tenancy support, which has been supported by the Development Worker of the TDATE. JADD's tenancy support has also resulted in more intensive work with Cluid Housing, Focus Ireland, and homeless services, as the impact of crack cocaine use has resulted in several evictions and loss of accommodation.

JADD are involved in interagency plans with the Probation services and Tusla in response to an increase in criminal charges and child protection reports over the course of 2021. Such complex needs (at risk of homelessness, child protection issues, criminal justice issues and mental health) contributes to an increased demand on services, as service users using crack cocaine are generally disengaging from other services and agencies, and consequently TDATE funded services must invest more case management and key working time.

Both JADD and CARP believe that those engaging in harm reduction for crack cocaine (5827 crack cocaine pipes given out in 2021) does not represent the full scale of the problem. There is particular concern at the minimal contact they have with a considerable number of service users who they know are using crack, but don't attend very often. *"Those that we give crack pipes to and provide harm reduction support represent those who are stable enough to engage, there are many more who are so chaotic that they are not accessing any service, we have to try to reach this group also"*

Services report that most individuals using crack cocaine are polydrug users and that there is a particularly strong correlation between crack cocaine and opiate use. Of the 63 people currently accessing methadone treatment in JADD, 68% (42) are accessing crack cocaine supports *"A high proportion of the crack cocaine group would have been previously stable on methadone, on takeaway doses, etc., but are now back on daily doses because of their crack cocaine use, and concurrent heroin use"*.

Contributors felt that there remains a deficit in knowledge and data regarding the true nature and extent of the crack cocaine issue in Tallaght among the community, policy makers and funders which is inhibiting the implementation of properly funded evidenced based responses.

NDTRS statistics for the TDATA funded services in 2021 report a second problem drug (polydrug use) for over 56% of cases treated, however front-line services believe that almost all problematic drug use has some element of polydrug use attached though the service user may not recognise the secondary drug as a problem. *"The come down from crack is horrific and people will take alcohol, tablets and benzos to manage this, this is how poly drug use manifests for crack cocaine users"*

TDATA funded services pointed to the normalisation of cannabis use across all age ranges. It was also highlighted that statistically alcohol remains a commonly used drug in the TDATA community, and the increased use and prominence of Nitrous Oxide and Benzodiazepines is also evident. *"Crystal Meth is also a drug that is appearing on the streets of Tallaght which is a massive concern"*.

5.1.2 Young People – Patterns of Use

Stakeholders indicated that that drug consumption, and involvement in the drugs economy can begin age 10 or younger. Children and young people are starting with alcohol and weed and may also experiment with Benzodiazepines, tablets, and Nitrous Oxide. The perception amongst some young people is that weed is socially acceptable, and their use is vindicated by the legalisation of cannabis movement. *“It should be legal just like alcohol and cigarettes.”*

The dangerous misconception of weed as a socially acceptable drug is augmented by the number of young people presenting to YoDA with addiction and mental health problems brought on and exacerbated by what they perceive as normalised cannabis use. *“Weed is so much stronger now and young people who have started smoking weed at 10 or 11, by the time they are 16 they have not only problematic use issues, but may also be experiencing first stage psychosis”*

Services highlighted the high incidence of polydrug use among many young people involving weed, alcohol and from age 15- 16 onwards cocaine. However, there is a cohort that will become addicted to cannabis/weed and will not dabble in other drugs. Their dependency will be such that *“they become more withdrawn, lose contact with their peer groups and mental health issues will present more and due to their embedded use of weed.*

5.2 Impact on the TDATF Community

Stakeholders reported that those impacted by crack cocaine use are very visible in the community with increased begging at shops and public areas in many parts of Tallaght. The consensus was that the increase in the number of crack cocaine houses in the TDATF area is the most visible manifestation of the impact of the crack cocaine issue on the local community. *“Though I don’t agree with the sensationalist media coverage of crack cocaine houses, there is no doubt they (crack cocaine houses) are on the increase, this is all the evidence needed that usage of crack is rampant and it brings crisis to the door far more quickly than any other substance”*

While some disagreed with the labelling and definition, JADD offered the following definition of a ‘*crack house as a dwelling where individuals can use crack cocaine without restriction, or fear of being asked to leave because of such use*’. Feedback from the front-line services and the public on-line survey suggest that the location of at least 100 crack houses are known to the local community.

The public health risks within such houses are profound and some may have young children living in them which increases exposure at an early age and the associated risk of inter-generational addiction. Figure 4 provides detail on the type of activity happening in the crack houses illustrating the severe impact of crack cocaine on communities in terms of public order, intimidation, dealing, violence, mental and physical health, child welfare, deprivation, neglect, forced prostitution and homelessness. TDATA work with JADD, SDCC to mitigate against immediate eviction and put supports in place for those displaced.

Type 1	Type 2	Type 3	Type 4
Acquisition & use of crack. Generally smoked, no injecting.	Purchase of crack only, no using, however, homeowner is a crack user. Close peer group use in the dwelling. Dealers prepare and bag crack in this type.	Acquisition of crack, use on site, sex for crack exchange, injecting allowed, and generally more chaotic, with potential for violence.	Use of crack only. Generally smoked, not injected.

Figure 4: Crack Cocaine Houses – Type

5.2.1 Visibility & Normalisation

The visibility and public order implications of drug consumption, drug dealing, anti-social behaviour, violence and intimidation and the trappings of the drugs economy across multiple estates and hotspots in Tallaght is indicative of the normalisation of substance misuse and its impact. This is most evident in areas with the highest levels of socio-economic disadvantage in West Tallaght and perceived to be less visible in the more affluent parts of Tallaght. Stakeholders talked about the public witnessing drug dealing and consumption, to the point where it is normalised, hence the community becomes de-sensitised to it.

The normalisation of drug use is evident in its recreational use, there are a large cohort of mature people in Tallaght who are working, training or still in full time education who will take drugs at the weekend. The ease at which people can access drugs and the fact that it can be a cheap night out with the various deals that are on offer makes it an attractive option. *“It’s like a Mac Donald’s Drive Thru, people arrive and pick up in seconds”*

Intergenerational involvement with drugs and addiction and its impact on the current generation of young people was a recurring theme in the consultations. The normalisation of drug consumption is evident in the references to drugs like weed as socially acceptable, and in its comparison to the historic and intergenerational use of other drugs such as heroin, which *“is seen as a dirty drug”* especially by young people.

The heroin epidemic in Dublin in the 1980's and 1990's has impacted two generations hence. Frontline services in the area are now supporting the children of their service users from the past. While the drugs of choice have changed in the past 30 years, contributors felt that the children of parents who had drug and addiction issues are more likely to experience similar issues. Learned behaviour is also evident among children whose parents were/are involved in the drugs economy and contributes to a sense of normalisation.

Service providers and young people described the high visibility of the benefits and trappings of involvement in the drugs economy. Young people, many under 18 have quad bikes, scooters, Canada Goose jackets, new flashy trainers, and designer clothing. These young people in turn become the role models for the next generation in a glorification of the drugs economy, which, combined with limited other prospects is perceived to be one of the key motivations for involvement. *“Young people aspire to the bling, they become more daring, hold and deliver bigger packages, take more risks and do whatever is needed in terms of violence and intimidation to get the trappings.”*

The lack of positive role models and deficits in resilience due to the deprivation and poverty factors, makes it very difficult for a young person raised in poverty to resist the lure of *“quick and easy money”*. In some cases, this can be transformational for the young person as they can quickly become independent through their involvement in the drug economy and the sense of hopelessness, lack of belonging and low self-esteem that they might have experienced previously disappears.

With increased confidence and bravado derived from their involvement in the drug economy, young people can quickly realise that age is no barrier to progression. Bowden (2019)³⁴, highlights the language developing around drug dealing with terms such as 'economy' 'the market', 'credit', 'distribution channels' which adds a legitimacy to it as an economic activity and thus normalising it as a viable alternative to employment and education especially for young people.

“Not only are young people experimenting with drug use at a much younger age, they are also getting involved in the drugs economy much earlier. They are dealing at age 10 and 11 and by the time they are 15 or 16, they are holding packages worth 40 to 50,000 in some cases. They get used to the trappings and will do whatever it takes to hold on to their territory, as a result the violence and intimidation gets worse”

³⁴ *The Drug Economy and Youth Interventions: An Exploratory Research Project on Working with Young People Involved in the Illegal Drugs Trade (Matt Bowden, 2019)*

The need to engage with young people where they are at, is a gap which TDATF and SDCP have been highlighting for some time. While Tallaght has a reasonable amount of services and amenities, many young people are still falling victim to the allure of the drugs economy and more targeted interventions such as detached street youth work to reach young people at risk are urgently required. (See Recommendations 7.1 & 7.5)

5.2.2 Drug Related Intimidation (DRI)

DRI is carried out by those who are using drugs, or those involved in the distribution of drugs. Contributors referenced community-wide' low level intimidation such as groups making themselves visible by patrolling neighbourhoods, cruising on scrambler bikes or hanging out on corners creating "no go areas" for older people and young families.

"There are threats of violence or putting windows through or damaging cars. This escalates to beatings and forcing someone to intimidate another person to settle a debt. Then there's the more serious stuff such as of people's houses being torched, or people being murdered. "Women especially those who use crack cocaine are increasingly vulnerable to intimidation and forced behaviours, they are forced into selling themselves to settle debts"

Threatening presence outside of someone's home or individuals being followed are other examples of intimidation that contributes to a tangible, consistent, and underlying threat of violence in communities, engendering a sense of fear. "the hold that they have over some communities and estates is frightening" As the empires of criminal gangs expand so too does their stranglehold on communities and more nuanced forms of DRI are focused on breaking down community spirit, dividing neighbourhoods and families, creating an atmosphere of hopelessness where the only alternatives are drug consumption and subservience to the criminal gangs for a quiet life. (See Recommendation 7.6)

While crack cocaine is deemed to be cheaper than many other substances, the rate of consumption and the associated psychological need for more, increases the vulnerability of users to quickly racking up drug debts which they cannot pay and subsequently may result in intimidation and coercive control by the dealers. Increased polydrug use expands the market with more people at a younger age wanting a range of substances. This increases the risk of people being unable to pay and being vulnerable to DRI.

Criminal gangs will often orchestrate ruthless violence against smaller debts to send out a warning to the rest of the community about the consequences of not paying. Levels of interest applied to late debt payments can fluctuate and change daily and contributors also referenced the manufacturing of debt where vulnerable individuals or families are targeted.

Underpinning the escalation of crack cocaine houses in the TDATA area is the act of hostile takeover of houses known as 'Cuckooing' whereby drug gangs actively select and target a vulnerable drug user or family, then take over their property and use it as a base to sell drugs and oversee forced behaviours and actions such as prostitution to settle a drug debt.

It is also evident that intimidation spans all areas of Tallaght and families from all socio-economic backgrounds have been impacted. As in the 2016 'Lifting the Lid on Greentown' study³⁵, there is evidence that people don't feel protected enough to come forward and engage with the Gardaí and the community does not have the resources to offer sufficient protection. However, it should be acknowledged that one of the few successful convictions for Drug Related Intimidation in Ireland in 2021 occurred in the TDATA area (See Recommendation 7.7)

5.2.3 Mental Health

There are growing concerns about mental health issues in the community, including increasing numbers of suicides at above the national average and drug-related deaths; increased anxiety seen in young people whose parents misuse substances; increasingly erratic behaviour and poor mental health in crack cocaine users, and a huge emotional burden on children and grandparents caused by the impact of substance misuse in families.

It is important to note the relationship between substance misuse, self-harm, suicide, and mental health. Galligan and Comiskey's hidden harm research evidenced the impact of parental substance misuse on children's mental health, and the prevalence of children affected. Self-Harm is the single biggest risk factor for completed suicide, increasing the risk of suicide 40-fold³⁶.

The 2019 National Self Harm Registry found that South Dublin had the eighth highest rate of Self Harm in Ireland for male and female (241 and 272 respectively) per 100,000 population, when cross referenced against drugs and alcohol as a causation factor for self-harm, South Dublin has the highest rate in Ireland.

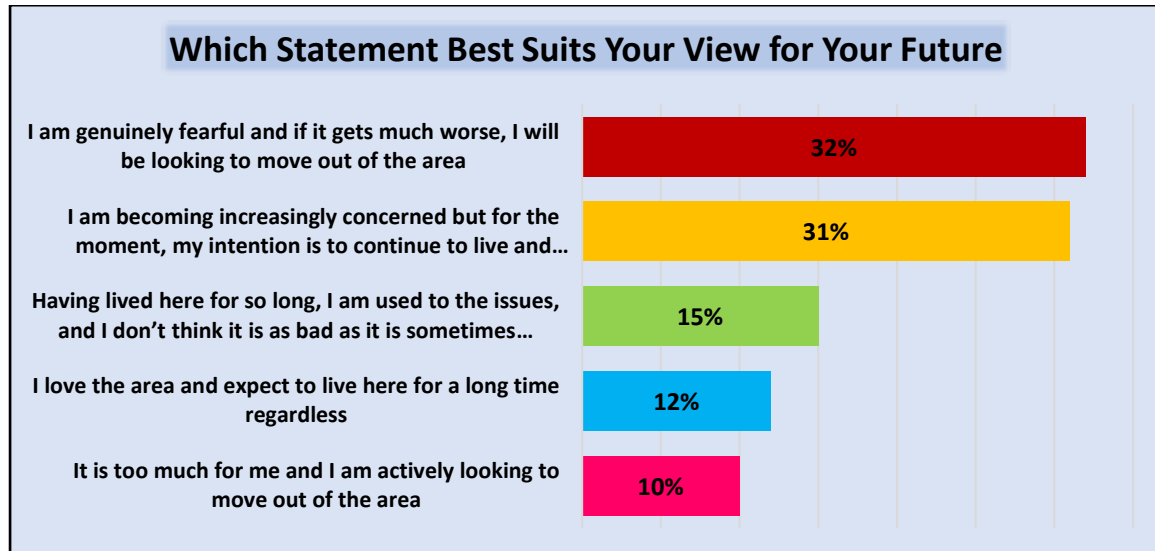
People with problematic substance misuse are also a priority group in the Connecting for Life Strategy for Dublin South, Kildare & West Wicklow with a number of actions focused on those who use drugs & alcohol due to the high risk of suicide and self-harm. The delay in assessment and diagnosis for young people with mental health problems has been frequently highlighted by TDATA stakeholders which could be addressed through the area based integrated services approach advocated for in Recommendation 7.5.

³⁵ Department of Children and Youth Affairs (2016) *Lifting the Lid on Greentown – Why we should be concerned about the influence criminal networks have on children's offending behaviour in Ireland*. Dublin: Government Publication.

³⁶ <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/self-harm/>

5.2.4 Attitudes towards the area

To explore the cumulative impact of substance misuse on attitudes of the Tallaght public in relation to future intentions towards living in the area, respondents to the public on-line survey were asked to choose a statement which best reflected their future intentions.



27% of respondents (n=82) expected to be living in the TDATF area in the long term regardless of current and future impacts of substance misuse. The remainder had varying levels of reservation about their future in the area. 31% (n=95) are becoming increasingly concerned but for the moment are happy to remain in the area, while 32% (n=98) indicated that any significant deterioration in the landscape would prompt them to seriously consider moving out of the area. 10% are currently actively looking to move out of the area.

5.3 Allocation of Resources to TDATAF

In 1998, the TDATAF area had a population of 55,000 which in the subsequent years has increased to the current level of over 93,000. The economic crash of 2008 precipitated cumulative reductions³⁷ to the TDATAF budget in the subsequent decade and while budgets stabilised in 2014, there have been no additional increases in DATF budgets since then.

Resource constraints, continued growth in population and the increased complexity of drug related issues presenting within the TDATAF area have impacted on the ability of the task force to respond as effectively as it could. The TDATAF Coordinator along with the Independent Finance Committee continue to work to identify and review all spending and propose re-allocations to the TDATAF committee in line with priorities and emerging needs.

TDATF received in 2020 a total annual allocation of interim funding from the HSE & DOH amounting to €1,244,952, in 2010 this figure was €1,316,913. This represents a 5.5% reduction in interim funding over a 10-year period against the backdrop of spiraling population growth, urban sprawl, increased prevalence of substance misuse and inflation of 10.7%.

In real terms this reduction in the interim funding was greater than 5.5% over the 10-year period as TDATAF in the immediate years after 2008 managed the downturn by transferring some discretionary budgets to front line services. As per Table 7 based on 2020 interim funding, TDATAF ranks eight out of fourteen in funding per LDATF area behind or alongside DATF areas in Dublin with much smaller populations^{and} numbers accessing drug and alcohol services. (See Recommendation 7.1)

³⁷ TDATAF suffered a cumulative cut of 20.5% in mainstream funding between 2009 and 2013, affecting salaries, programme hours and overheads with some projects experiencing a 15% cut. In the same period, it experienced an accumulative reduction of 23.42% in interim funding

LDATF	2020 DOH	2020 HSE	Total
1. North Inner City	€394,856	€1,844,723	€2,239,579
2. South Inner City	€176,043	€1,878,014	€2,054,057
3. Cork	€411,988	€1,118,299	€1,530,287
4. Bray	€573,860	€926,271	€1,500,131
5. Ballyfermot	€255,446	€1,241,286	€1,496,732
6. Canal Communities	€338,605	€1,151,309	€1,489,914
7. Clondalkin	€388,114	€1,017,948	€1,406,062
8. Tallaght	€336,022	€908,930	€1,244,952
9. Ballymun	€422,958	€707,957	€1,130,915
10. Blanchardstown	€179,305	€923,589	€1,102,894
11. Dublin 12	€70,397	€1,003,750	€1,074,147
12. Dublin NE	€239,971	€787,116	€1,027,087
13. Finglas Cabra	€263,277	€637,960	€901,237
14. Dun Laoghaire	€94,676	€796,755	€891,431
Total	€4,145,518	€14,943,907	€19,089,425

Table 7: TDATA Funding

TDATA funded projects delivering on the treatment and rehabilitation pillar are JADD, CARP, Tallaght Addiction Support Project (TASP³⁸) St. Aengus Community Action Group, St. Dominic's Community Response Project, and Tallaght Rehabilitation Project (TRP). JADD, CARP, and St Aengus provide needle exchange clinics, with JADD providing a service 7 days a week.

Family Support is provided by the Barnardo's Lorien Project, TASP, Whitechurch Addiction Support Project (WASP), St. Dominics and JADD while Foroige deliver the Tallaght Drug Education Initiative. Eight of the TDATA funded projects receive HSE Section 39 funding annually and in 2021, this total allocation was €1,210,952 which was the second highest among the Local Drug and Alcohol Task Forces in the CHO7 area.

³⁸ Including SWAN family support

Services feel that there is an excellent continuum of care aligned to the National Drug Rehabilitation Framework (NDRF See Figure 5) across the TDATF funded services, but inadequate levels of resources are restricting its impact.

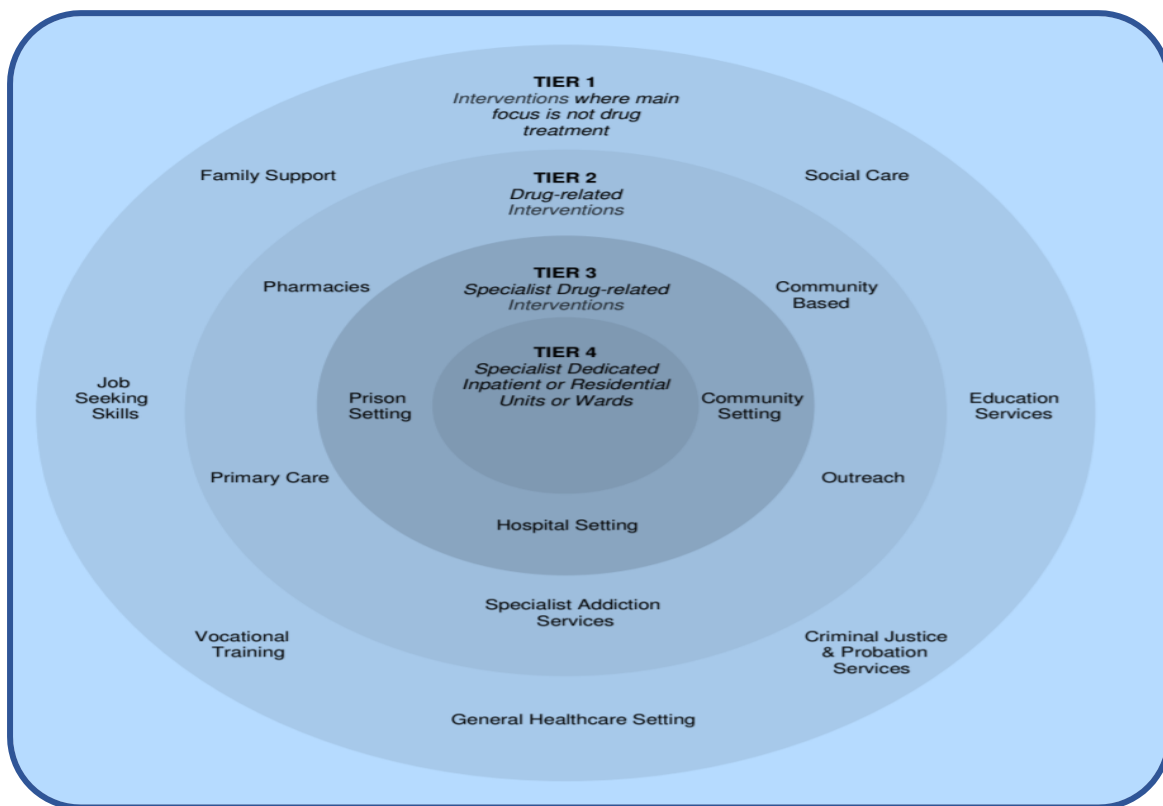


Figure 5 NDRF Tiers 1-4

Frontline services are operating under severe resource constraints with no annual uplift in funding during the past eight years. Due to the increasing need presenting, services are continuously challenged to do more with the same level of resources. There is a perception among stakeholders that there are more treatment options in other Task Force areas with smaller populations than TDATF.

“We are a community service, and we feel the pain of the community from the harms of drugs, we will therefore always go that extra mile to try to make a difference, but we feel we are approaching breaking point, staff are suffering from burn out, vacancies are difficult to fill, and we are very dependent on CE staff which is not sustainable”

Staff retention and over dependence on CE staff was a recurring theme to emerge from the consultation with front line services. Services reported that staff are moving to less pressurised roles in projects that are better resourced in the Northside of Dublin. To optimise collaborative working, frontline services have come together to form a committee comprising of service managers.

This group works to ensure that an appropriate referral pathway is in place between services to achieve the best outcome for the service user along the continuum of care. This mitigates against services holding on to clients and reduces the risk of any duplication. A notable example of this collaboration is the work of JADD and CARP on the crack cocaine programme.

In 2014 TDATAF like other TFs, were required by Government policy to include alcohol in their remit. Initial funding was provided through dormant accounts which allowed TDATAF to develop an alcohol action plan and recruit an alcohol development worker for 5 years with support from SDCC, and Healthy County Tallaght. The project focused on education and awareness until 2020 when an alcohol programme for the community was developed.

This programme was then taken on by Tallaght Addiction Support Project (TASP) and the TDATAF alcohol development worker moved on to work with that project in 2021. The TDATAF alcohol development worker post has not been continued due to lack of sustainable funding and this remains a gap in provision.

Services pointed to the importance of building recovery capital throughout the TDATAF area to sustain recovery and facilitate integration into the local community post treatment. TRP deliver an aftercare project but given the size of the TDATAF area more initiatives are required such as Recovery Café's, SMART Recovery Groups, and other peer support opportunities. (See Recommendation 7.1)

5.4 Allocation of Resources to An Garda Síochána

Tallaght is located within the Dublin Metropolitan Region (DMR) South and along with Crumlin & Terenure is one of three Garda districts in DMR South. The region's policing plan for 2019-21 sets out six strategic objectives, in relation to substance misuse and its impact on the communities of TDATAF the strategic objectives relating to community policing and protecting people are most relevant. Under the community policing objective there is a commitment to providing visible, responsive policing services tailored to community needs and to reduce the harm caused to individuals, families, and communities by substance misuse.

The Tallaght district has two stations in Tallaght & Rathfarnham which services a total population of 143,000. The Tallaght District has a dedicated drugs unit with one sergeant and nine guards whose primary role is the enforcement of drugs legislation. The unit targets street level dealers and in particular the lines of supply for crack cocaine which Gardaí recognise as the drug that is currently causing the most harm to the community.

In terms of community policing, there are three sergeants and 27 community Gardaí assigned to the Tallaght District. However, there are 17 Garda Divisions with higher staffing allocations per 1,000 population than the Dublin Southern Division where TDATE are located, as illustrated in Table 8³⁹

Rank	Garda Division	Population	Garda Staffing	Gardaí per 1000 Population
1	Dublin North Central	94535	681	7.2
2	Dublin South Central	131290	734	5.6
3	Waterford	116176	379	3.3
4	Sligo/Leitrim	97579	311	3.2
5	Westmeath	88770	274	3.1
6	Limerick	194899	601	3.1
7	Louth	128884	391	3
8	Roscommon/Longford	105417	314	3
9	Donegal	159192	464	2.9
10	Cavan/Monaghan	137562	393	2.9
11	Cork City	258500	725	2.8
12	Clare	118817	316	2.7
13	Mayo	130507	343	2.6
14	Tipperary	159553	413	2.6
15	Kerry	147707	359	2.4
16	Galway	258058	623	2.4
17	Dublin Western	321511	770	2.4
18	Dublin Southern	248070	591	2.4

Table 8: Garda Division Staffing Level per 1,000 population

Of the six Garda Divisions in Dublin, the Southern Division has the joint third lowest number of Gardaí per head of population. The North Central Division has three times the number of Gardaí per head of population (Figure 6)⁴⁰

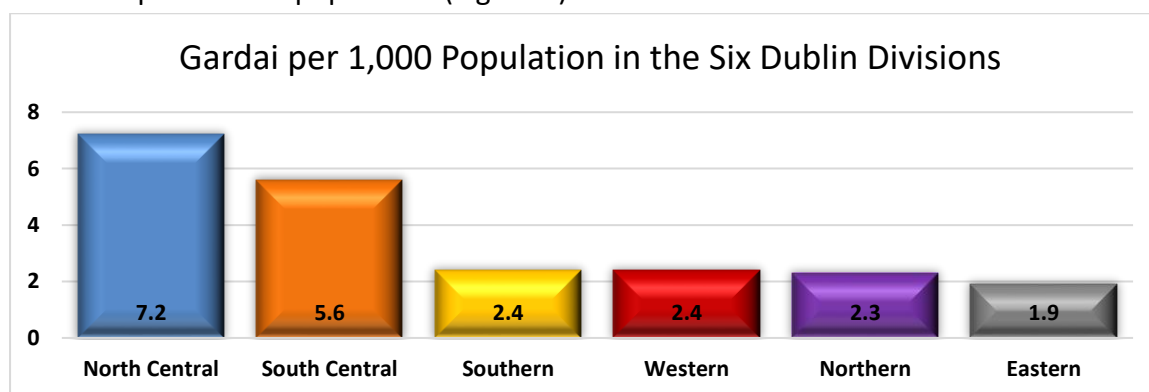


Figure 6: Gardaí per 1,000 population in Dublin Garda Divisions

³⁹ Source: Reply to Parliamentary Question by Paul McAuliffe, T.D. in BALLYMUN – A BRIGHTER FUTURE A plan to tackle the underlying causes of addiction and crime and to tackle open drug dealing by Andrew Montague

⁴⁰ Source: Reply to Parliamentary Question by Paul McAuliffe, T.D. in BALLYMUN – A BRIGHTER FUTURE A plan to tackle the underlying causes of addiction and crime and to tackle open drug dealing by Andrew Montague

The Tallaght drugs unit has a specific remit around the suppression of crime and need the support of the community to increase seizures and prosecutions and mitigate the risks associated with DRI. Data on drug related crimes made available⁴¹ to this research reveals that in 2017, there were in excess of 400 drug related offences recorded, this increased to over 700 in 2018.

In 2017 there were 173 cases investigated for sale and supply of illegal substances which increased to 205 in 2018. In 2017, drug seizures were valued at one million euro which increased to over three million euro in 2018 and reduced to 2.6 million euro in 2019. The Gardaí in their presentation of figures to TDATF in 2019 highlighted that this is likely to represent only 10% of the drugs economy in the Tallaght/Rathfarnham communities.

Cannabis, heroin, and cocaine were the three highest value drugs seized in 2019 and 2020 as illustrated in Figure 7 and though increasing, the amount and value of seizures of crack cocaine remains low (€5,132 in 2019, €17,485 in 2020) in comparison. This is due primarily to the quick consumption of crack cocaine by users “if they have it, they will consume it” which limits the quantity in storage and the potential for Gardaí to seizures.

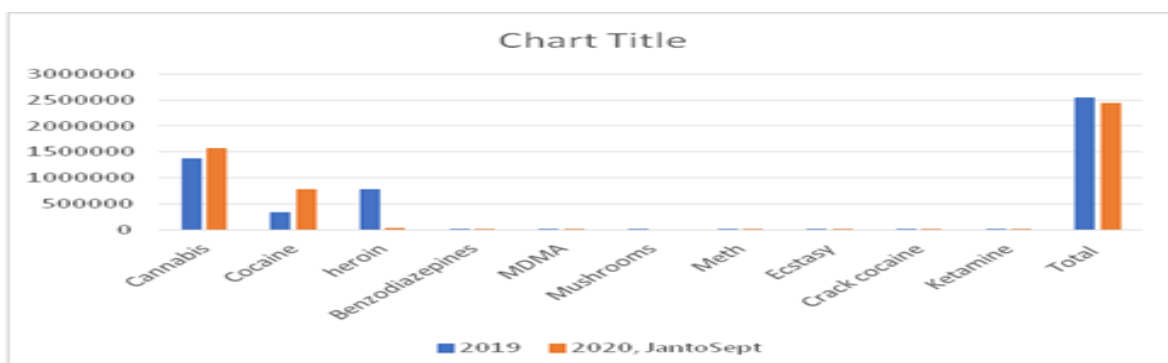


Figure 7: Comparison of drug seizures 2019 & 2020

Gardaí acknowledge the challenges they have in connecting with some areas in Tallaght such as the Mac Uilliam Estate⁴² where some 40% are from a minority ethnic background. Such a disconnect creates a vacuum which stimulates the growth of no-go areas which has been exacerbated by the boarding up of properties and prevalence of anti-social behaviour. The New Joint Policing Committees and Community Crime Impact Assessments will give the community greater input to community policing through collaboration on the identification of local need and balanced and proportionate policing responses.

⁴¹ From TDATF Annual Reports

⁴² [Postal services suspended in Mac Uilliam estate in Tallaght due to anti-social behaviour - Dublin Live](#)

The need for more community Gardaí in Tallaght has been reinforced through the stakeholder consultations and public questionnaires. This would provide the increased visibility needed to reassure the community. There are also six Garda Youth Diversion Programmes (GYDP) in the Tallaght & Whitechurch area to target those young people primarily 12-17 years who are on the cusp of anti-social behaviour, not engaging with services and may be vulnerable to manipulation by criminal gangs.

The lack of consequences for those aged under 18 for criminal activity is a constraint as being assigned a Juvenile Liaison Officer (JLO) is viewed as a 'badge of honour' by some young people and not seen as a deterrent. This is also used by gangs who are increasingly recruiting young people under 18 for their criminal activities in the knowledge that AGS powers around arrest and prosecution are limited for this age range.

Tallaght has a named Inspector for the Drug Related Intimidation Reporting Programme (DRIRP), and the district has been successful in prosecutions relating to DRI. Tallaght has experienced a number of high-profile drug related fatalities in recent times and the risks associated with policing the area have increased enormously in recent years. Garda cars being shot at or subject to vandalism are commonplace and perpetrators are becoming more ruthless and volatile.

Section 6: Key Findings

The discussion in the main body of this report has already pointed towards conclusions, with varying degree of explicitness. This section sets out a summary discussion and analysis of the main findings. The analysis is framed to inform the recommendations in section 7.

6.1 Area Profile

Section 2 highlights the extent of disadvantage in the TDATF area which is characterised by rapid population growth over the past 30 years without the underpinning service and housing infrastructure, high unemployment, low education attainment, and a high proportion of families headed by a lone parent. The consultation and engagement with all TDATF stakeholders suggest that the area is characterised by high visibility of drug consumption and drug distribution, high levels of intimidation and violence which impact negatively in respect of mental health, safety and security, community cohesion, employment, educational attainment, and prospects for young people.

The research findings point to an embedded normalisation of substance misuse in the TDATF area which is shaped by the gravity of the socio-economic challenges within the area with as many as 9,000 people in the TDATF living in very disadvantaged areas. There is robust evidence to corroborate the link between areas of socio-economic inequality and drug related risk, harm, and violence (Buchanan, 2006; O’Gorman, 2000; Shaw, Egan & Gillespie, 2007), caused primarily by increased exposure to additional risk factors such as unstable home life, unemployment, and adverse childhood experiences.

Poverty and deprivation are also cited as key barriers in overcoming issues associated with drug use or involvement, often because protective factors such as suitable housing and employment are less accessible. The 2016 Next Generation Research found that as many as 6,827 young people aged 0-18 living in the TDATF area could be impacted by substance misuse.

6.2 Drug Statistics

In 2021, there were 967 cases treated by TDATF funded services. Cocaine was the main problem drug for 36% of cases treated by TDATF funded services in 2021. Polydrug use was recorded for 56% of all TDATF funded services treated cases in 2021 with 49% of this cohort reporting problematic use of three or more drugs⁴³. In relation to Under 18’s, Youth Drug & Alcohol (YoDA) Service statistics⁴⁴ for the TDATF area in 2019 reveal that 77% reported cannabis was the main problem drug and that the majority of cases presenting have dual diagnosis with a very high presentations of ASD and ADHD diagnosed adolescents in particular and teenagers with low mood and anxiety who are engaging in deliberate self-harm.

⁴³ Source; NDTRS 2021 Provisional prevalence reports for TDATF funded services. HRB – May 17th, 2022

⁴⁴ Provided by YoDA to TDATF

6.3 Strategic Relevance

The work of TDATF is strategically relevant across the areas of health and well-being, child protection, youth development, and community cohesion and safety. The recent mid-term review of the national drug strategy identified six priority areas for the period 2021-25 which are consistent with the Sláintecare Implementation Strategy and Action Plan 2021-2023 and the Healthy Ireland Strategic Action Plan 2021-2025. The priorities also align with relevant priorities in the EU Drugs Strategy and Action Plan and UN policies on drugs, children, and sustainable development.

TDATF funded services are well positioned to deliver against each priority area. The directive to address the social determinants and consequences of drug use on disadvantaged communities means that strategy and policy in relation to early intervention and young people will become increasingly relevant to the TDATF in the short to medium term.

6.4 Perceptions of the TDATF Community

308 people who live and/or work in the TDATF area completed a survey to inform this research. 89% of respondents felt that the situation in relation to substance misuse and its impact on the area was worse or much worse while 11% felt it had remained unchanged or had improved. The view that the situation is much worse than it was three years ago was shared by the young people and service users that were engaged during the consultation.

Visibility of drugs in the area, the normalisation of use and reductions in Garda resources were cited as the three main reasons for the escalating situation. Cannabis, Crack Cocaine, and Cocaine were identified as the three main problem drugs followed closely by Alcohol, Nitrous Oxide and Benzodiazepines. 95% of respondents felt that the current level of investment to respond to the substance misuse issues in the TDATF area was either inadequate or very inadequate. Only 4% felt that the current investment was adequate.

In relation to what was needed in terms of additional resources to mitigate the under investment in the TDATF area, more investment in, services for children and teenagers, front line community drug services and Gardaí were the preferred options for the majority of respondents. Investment in family support, new and alternative treatments and residential services were the preferred options for over 40% of respondents.

6.5 Crack Cocaine & Polydrug Use

Crack cocaine was identified by stakeholders as the most pressing issue facing front line drug services and the communities of TDATF. JADD and CARP have been funded by TDATF since 2018 to provide supports to individuals reporting crack cocaine as a problematic behaviour. Both programmes incorporate evidenced based approaches and non-judgemental engagement to support those with problematic crack cocaine use where they are at in their life. Crack cocaine users frequently present with complex needs (at risk of homelessness, child protection issues, criminal justice issues and mental health) which requires TDATF funded services to invest more case management and key working time.

Front line services believe that almost all problematic drug use has some element of polydrug use attached though the service user may not recognise the secondary drug as a problem. The intensity of the come down from crack cocaine is so horrific that people will take alcohol, tablets, and benzos to manage this, which is how poly drug use manifests for crack cocaine users. The dangerous misconception of weed as a socially acceptable drug is amplified by the number of young people presenting to YoDA with addiction and mental health problems brought on and exacerbated by what they perceive as normalised cannabis use.

6.6 Community Impacts

Crack cocaine users are very visible in the community with increased begging at shops and public areas in many parts of Tallaght. It has a very detrimental impact on local communities in terms of public order, intimidation, dealing, violence, mental and physical health, child welfare, deprivation, neglect and forced prostitution. The location of a significant number of 'crack houses' are known to the local community. The public health risks within such houses are profound and some may have young children living in them which increases exposure at an early age and the associated risk of inter-generational addiction.

The visibility of drug consumption, drug dealing, anti-social behaviour, violence and intimidation and the trappings of the drugs economy across estates and hotspots in Tallaght is symptomatic of the normalisation of substance misuse and its impact. This is most evident in areas with the highest levels of socio-economic disadvantage in West Tallaght and perceived to be less visible in the more affluent parts of the TDATF area.

The heroin epidemic in Dublin in the 1980's and 1990's has impacted two generations hence. While the drugs of choice have changed, the children of parents who had drug and addiction issues are more likely to experience similar issues. Learned behaviour is also evident among children whose parents were/are involved in the drugs economy and contributes to a sense of normalisation.

The absence of positive role models and deficits in resilience due to the deprivation and poverty factors, makes it very difficult for a young person raised in poverty to resist the lure of the drugs economy. Involvement in same can be transformational for the young person and the sense of hopelessness, lack of belonging and low self-esteem that they might have experienced previously disappears.

Mental health issues are increasingly presenting in the TDATF community, including numbers of suicides at above the national average and drug-related deaths; increased anxiety seen in young people whose parents misuse substances; increasingly erratic behaviour and poor mental health in crack cocaine users, and a huge emotional burden on children and grandparents caused by the impact of substance misuse in families. Feedback from projects highlighted self-harm amongst teenagers which is a concern given the link between self-harm and suicide ideation.

Despite the adverse community impacts, 27% of respondents to the on-line survey expect to be living in the TDATF area in the long term regardless of current and future impacts of substance misuse. The remainder had varying levels of reservation about their future in the area. 31% are becoming increasingly concerned but for the moment are happy to remain in the area, while 32% indicated that any significant deterioration in the landscape would prompt them to seriously consider moving out of the area. 10% are actively looking to move out of their area.

6.7 Drug Related Intimidation (DRI)

DRI permeates communities in the TDATF area and takes many forms ranging from extreme violence to explicit threats and more nuanced implicit intimidation focused on breaking down community spirit, dividing neighbourhoods and families, creating a sense of hopelessness where the only alternatives are drug consumption and subservience to the criminal gangs.

Increased crack cocaine and polydrug use expands the market with more people at a wanting an accessible range of substances. This increases the risk of people being unable to pay and their vulnerability to DRI. Underpinning the escalation of crack cocaine houses in the TDATF area is the act of hostile takeover of houses whereby drug gangs target a vulnerable drug user or family, then take over their property and use it as a base to sell drugs and oversee forced behaviours and actions such as prostitution to settle a drug debt.

DRI spans all areas of Tallaght and families from all socio-economic backgrounds have been impacted. While most people don't feel protected enough to come forward and engage with the Gardaí to report intimidation, one of the few successful convictions for Drug Related Intimidation in Ireland in 2021 occurred in the TDATF area with a custodial sentence for the harassment of a family.

6.8 TDATF Resources

When TDATF was established in 1998, funding allocations were based on a much smaller population and need than what has evolved in the subsequent period. TDATF have in the intervening period been trying to manage this historic underfunding. It ranks eight out of fourteen in funding per LDATF area behind areas of Dublin with much smaller populations and numbers accessing drug and alcohol services.

The economic crash of 2008 precipitated the onset of cumulative cuts to the TDATF budget over the subsequent decade. TDATF endured a 5.5% reduction in funding over the 10-year period (2010-20) against the backdrop of spiraling population growth, urban sprawl, and increased prevalence of substance misuse. When viewed against inflation at 10.7% over this 10-year period and the transfer of some discretionary budgets by TDATF to front line services, the scale of the reductions is much greater than 5.5%.

Resource constraints, continued growth in population and the increased incidence and complexity of drug related issues presenting within the TDATF area have impacted on the ability of the task force to respond as effectively. Projects are working with a deficit and having to introduce cost cutting measures. Due to the increasing need presenting, services are continuously challenged to do more with the same level of resources. Of particular concern is the challenges around staff recruitment and retention which is resulting in an over dependence on CE staff.

TDATF fund nine projects across the continuum of care including treatment and rehabilitation, family support and education and prevention. While recognising the value of education and prevention, front line services feel that if additional funding is not available from the HSE or DoH, the TDATF should look at redirecting funding from education and prevention to front line services to cater for the increased demand. However, it should be noted that education and prevention remain a key tenet within the National Drug Strategy (See Section 3.2) and was a need identified by 40% of respondents to the public questionnaire. (See Section 4.2.3)

6.9 Garda Resources

Tallaght is located within the Dublin Metropolitan Region (DMR) South which along with Crumlin & Terenure is one of three Garda districts in DMR South. The Tallaght district also has a dedicated drugs unit whose primary role is the enforcement of drugs legislation, focussed on the sale and supply of controlled. Cannabis, heroin, and cocaine are consistently the three highest value drugs seized and though increasing, the amount and value of seizures of crack cocaine remains low.

In the Tallaght District, the number of drug offences has almost doubled in recent years from over 400 offences in 2017 to over 700 in 2018. There are many drug markets in Tallaght including those locally and the demand created by the people travel from other areas of Dublin and Ireland to purchase drugs in the TDATE area. The detrimental impact of open drug dealing on communities such as fear, creation of no-go areas and withdrawal from civic and community life leading to a spiral of neglect and increased criminality has been documented through Sections 3, 4 and 5 of this report.

The Tallaght District needs additional community Gardaí in the area to provide the increased visibility needed to reassure the community. There are also six Garda Youth Diversion Programmes (GYDP) in the Tallaght & Whitechurch working with young people aged 10-25 who have disengaged from services. Recent policy changes in relation to the future of policing, the piloting of community safety partnerships and the community crime impact assessment are designed to give communities greater involvement in community safety. Sufficient funding will need to be invested in areas of highest deprivation to facilitate these policy shifts.

Section 7 Recommendations

A number of recommendations are proposed for consideration. They include some to be actioned by TDATF and others that will require collaboration and inter agency working.

7.1 Increased Investment in TDATF

We recommend increased investment in TDATF to enable it to respond more effectively to the escalating challenges of substance misuse in the area.

The findings from our analysis of TDATF funding in Section 5.3 highlight the funding disparity that exists between TDATF and other LDATF areas with smaller populations and numbers accessing drug and alcohol services. TDATF should use this finding to request from the Minister of State for Drugs Policy, the HSE and the Department of Health⁴⁵, an immediate increase in interim funding of €1 million per annum to address the emerging prevalence and impact of substance misuse and bring it on a par with areas of similar need such as the North and South Inner-City areas. The remainder of this section outlines how this additional investment would be allocated across the eight TDATF services.

€400,000 is required for front-line community-based services.⁴⁶ In addition to meeting demand and easing the burden of current staff, this will free up senior management to effectively map current services and identify gaps in provision and develop strategic models of delivery that are responsive to needs and trends in the area. This additional investment should trigger a review of staff terms and conditions to ensure that they are equivalent to those in comparable roles in the voluntary, community and public sectors. As alcohol continues to present as the third most problematic substance, additional resources should be invested in alcohol support programmes such as the one currently delivered by TASP.

As part of the Area Based Approach propagated in Recommendation 7.5, €250,000 is needed for a detached youth work project to engage on the streets, the most at risk, marginalised young people, aged between 10-24yrs who are not accessing services. This initiative will seek to reduce the numbers of at-risk young people falling victim to the allure of the drugs economy.

A further €190,000 is necessary to mainstream and upscale the crack cocaine programmes that are currently in place to ensure that services can cater for additional numbers and recruit and retain the skills and competencies necessary to facilitate positive outcomes for participants.

⁴⁵ Other funding opportunities may be available through the Community Safety Partnership initiative and the commitment to divert proceeds accrued by the Criminal Assets Bureau back into the communities impacted most by organised crime.

⁴⁶ This equates to one additional staff member per community addiction project (€50,000 x 8)

To address the deficits in data regarding the true extent of the crack cocaine issue in Tallaght and the associated barriers that this presents in developing and implementing evidenced based responses a further €80,000 (€10,000 x 8 projects) is needed. This will meet the costs of an additional 10 hours per week staff time for, targeted data collection, management of client information systems and the administration required to ensure compliance with the National Standards for Safer Better Healthcare and the Charitable Governance Code.

As per Recommendation 7.3, €60,000 is needed to fund additional residential places (costed on the basis of 8 people x one treatment episode of six weeks, €7500 x 8) while a further €20,000 should be invested to build recovery capital, contributing to the development of the recovery community in Tallaght & Whitechurch. This would provide much needed resources for Recovery Café's, and other peer support opportunities.

TDATF along with other TFs should also advocate for the restoration of the emerging needs fund which used to be in place for TFs to apply for funding for new need not planned for or envisaged within annual operational plans. Drug trends and patterns move very quickly and adapt to demand and legislative and enforcement strategies. Services therefore need to be agile and have the capacity to access funding quickly to respond quickly. An emerging needs fund with applications in the Autumn of each year would provide services with the opportunity to respond to trends and developments not foreseen earlier in the year.

7.2 Treatment & Prevention

As part of their 2022 strategy, TDATF should assess their current allocation of funding vis a vis treatment and prevention. There is an ongoing debate across drug and alcohol services nationally and internationally in relation to how funding should be allocated between these two areas.

It is easier to see the impact of treatment and direct intervention as services see the client regularly and can monitor engagement and progression. What is more challenging is to measure the impact of education and prevention on young people where the main objective is to ensure that they do not have to engage with drug and alcohol services as they get older. Therefore, in most cases the only indicator of effectiveness is the number engaging.

The policy position appears to be moving towards supporting more investment in treatment and rehabilitation as articulated in (Haase, Trutz and Pratschke, Jonathan 2017) The transition to UBU funding for youth work programmes is predicated upon programmes targeting those most at risk or vulnerable rather than the previous more universal approach. It is hoped that this will engage and divert young people still at the exploratory stage of recreational drug use. While investment in education and prevention is important, it remains to be seen if this work should be wholly funded by the TDATF in light of limited resources.

7.3 Residential Beds

The impact of residential treatment for crack cocaine users was amplified during the consultations with service users. Contributors described their need to get out of Tallaght to escape from the easy availability of drugs, in order to stabilise their lives. Engaging in an intensive programme in a neutral environment provides the space to address addiction issues and build capacity to reintegrate into society with the option of a step-down facility before leaving treatment. We recommend that TDAF include access to residential treatment as one of their responses to addressing crack cocaine use where the addiction is embedded.

The HSE Rehabilitation Manager for CHO 6 & 7 has responsibility for funding residential beds for those living in the TDAF area. Funding for residential treatment should follow the client wherever they wish to access the treatment which may be outside the TDAF area. There is currently one residential male only facility (New Hope Residential Centre) in the TDAF area. There remains a need for female residential treatment facilities which also cater for childcare needs. In addition to the investment in residential treatment proposed in Recommendation 7.1, TDAF should emphasise the need for increased residential options and funding to the HSE for men and women impacted by Crack Cocaine.

TDAF funded services provide aftercare community-based supports to help people sustain their recovery in the community. To augment this, TDAF should engage with South Dublin County Council about the possibility of transferring tenancies for those coming out of treatment to another local authority area. This is often needed by people who do not wish to return immediately to their local areas and avoid triggers to revert to previous behaviours.

7.4 Review of TDAF Area

TDAF is bordered by the Clondalkin and Dun Laoghaire Rathdown (DLR) local Drug & Alcohol Task Forces and the South Western Regional Drug & Alcohol Task Force (SWRDAF). Out of the 1011 cases that were assessed or treated⁴⁷ by TDAF funded services in 2021, a relatively small proportion came from neighbouring or close proximity LDATAFs such as D12, Clondalkin, Dun Laoghaire, Dublin North East, Canal Communities, and the South Inner City.

This is a normal occurrence as people may prefer to access services a distance from where they live. It also reflects the complex boundaries of LDATAFs where a person may be much closer to services in another LDATAF and for practical purposes such as travel, costs and time chooses to attend the closest service to them.

⁴⁷ Source; NDTRS 2021 Provisional prevalence reports for TDAF funded services. HRB – May 17th, 2022. Prevalence data includes entries to treatment/assessment in 2021 and cases continuing in treatment from previous years

However, the numbers assessed/treated by TDATF funded services in 2021 from the SWRDATF area require further analysis. 17% (n=169) of cases that were assessed or treated by TDATF funded services in 2021 were resident in the SWRDATF area. Areas such as City West, Rathcoole and Saggart which though in the SWRDATF area identify much more closely with the TDATF area. This is a legacy of the urban sprawl from South Dublin into Kildare and West Wicklow.

The closest SWRDATF funded services are in Newbridge which is a considerable distance for those in City West and Saggart. While it is important to ensure clients have access to services as close as possible to them, TDATF need to be resourced to meet needs of clients outside its catchment area. We recommend that TDATF should undertake a review to establish the future level of demand for its services in areas currently outside its catchment and its impact on budgets, which may include the potential for funding to follow the clients. This review must involve consultation with SWRDATF, HSE CHO7, services, clients, and other key stakeholders.

7.5 Area Based Approach

Given the TDATF link with SDCP, there exists an opportunity to develop an area-based approach in response to the impact of substance misuse in the TDATF area. Led by SDCP, this should include tackling drugs and crime, maximising education, training, and employment opportunities, creating an integrated services pathway and improving the physical landscape of the area.

There are various agencies including TDATF, SDCP, South Dublin County Council (SDCC), AGS, HSE, Tusla, Tallaght Institute of Technology, local schools, and the Childhood Development Initiative (CDI) among others that are already working towards all these objectives. This area-based approach should also be cognisant and align where possible with the SDCC community plan.

In the first instance each of the above agencies and others operating in the area should map what they are already delivering and available funding and through this exercise, gaps in provision will be identified. Priority areas should include key life milestones for nurturing and development such as, early intervention and assessment, access to early years education, transition from primary to secondary school, after schools' provision, youth work, youth justice programme and tailored further education, training, and employability programmes including Third Level Access programmes.

The Department of Education⁴⁸ analysis of school data also shows the gap in student retention between disadvantaged schools and non-disadvantaged schools has halved since 2001. This means that the gaps in accessing third level education and apprenticeship are not necessarily attributable to academic ability or not meeting minimum entry requirements but perhaps challenges of access, awareness and incentivisation.

Third level Access programmes can address such deficits to optimise the opportunities available to students from DEIS⁴⁹ schools. SDCP have already exhibited leadership in responding to local need through their work to secure funding for assertive outreach workers in Killinarden and Jobstown to engage with young people who are not in education, employment or training and may be at risk. This detached youth work engages the most at risk, marginalised young people, aged between 10-24yrs, on the streets rather than in a conventional youth work setting.

Where funding to meet gaps identified is not available through any of the local statutory agencies as part of their normal funding allocation, SDCP should take the lead in seeking sources of alternative funding through other departmental and philanthropic sources. An evaluation framework should also be developed to monitor the success and impact of the project. This area-based approach has been best exemplified through the Dublin North East Inner-City Initiative which spawned from the 2017 Mulvey Report.

It is noteworthy that one of the actions for the Strategic Implementation Group under priority area four from the mid-term review of the National Drugs Strategy is expanding the NEIC model to other comparable disadvantaged areas with a key role for DATF's in identifying local need in communities and supporting targeted initiatives. This provides the policy impetus for TDATF and SDCP to lead on the area-based approach.

⁴⁸ <https://www.irishtimes.com/news/education/record-numbers-stay-in-school-until-leaving-cert-finished-1.3297645>

⁴⁹ Delivering Equality of Opportunity in Schools (DEIS) the Action Plan for Educational Inclusion, is the Department of Education and Skills policy instrument to address educational disadvantage. The action plan focuses on addressing and prioritising the educational needs of children and young people from disadvantaged communities, from pre-school through second-level education (3 to 18 years)

7.6 Building A Sense of Community

One of the main impacts of substance misuse is the dilution of the sense of community that is often felt, and this has come through strongly in the consultations for this research. Population growth, new communities and nationalities, the visibility and normalisation of drug use and the associated violence and intimidation pushes people to retreat and hence become less engaged in local civic society.

TDATF through their community representatives have a voice throughout their catchment area. We recommend that TDATF and SDCP use the dissemination of this research to reengage with the local communities and reassure them that actions and commitments are in place to address the issues. This should also include a call to local communities to get involved in local community development and activism. The platform for the launch of this research could be a series of public meetings in the County Hall and other community venues throughout the TDATF area.

7.7 Drug Related Intimidation

A recent data driven Intervention model to respond effectively to drug related intimidation and violence in communities in Ireland commissioned by the Drug Related Intimidation & Violence Engagement (DRIVE) committee which TDATF contributed to, is expected to shape the national response to DRI in Ireland in the short to medium term. We recommend that TDATF remains closely connected to the implementation of this model and ensures that any allocation of resources reflects the intensity and incidence of DRI in their area.

At a local level, one immediate area of concern is the absence of safe passage for service users to and from TDATF funded services and to the post office and shops. TDATF should engage with the local Gardaí to ensure that service users can access post offices and local shops in a safe manner.

7.8 Garda Resources

Policing the impacts of substance misuse and the associated markets and providing the local community with the reassurance that something meaningful is being done requires large numbers of Gardaí. AGS in the Tallaght District don't have the resources or capacity to respond to the drug related issues and provide the type of District policing model envisaged in the The Future of Policing in Ireland report (See Section 3.6.1)

This proposes a new model of community or district policing which focuses on problem-orientated policing. We recommend that TDATF communicate the findings of this research to the local AGS and collaborate with them to ensure that additional community policing resources are secured for the area.

References

1. Advisory Council on the Misuse of Drugs (1998), Drug Misuse and the Environment London, The Stationary Office.
2. 2018 An Garda Síochána Play Your Part Cultural Audit
3. Bowden, Matt, Technological University Dublin 2019, The Drug Economy, and Youth Interventions: An Exploratory Research Project on Working with Young People Involved in the Illegal Drugs Trade
4. Central Statistics Office, (2020), Census 2016 Small Area Population Statistics, Available at <http://census.cso.ie/sapmap/>
5. Central Statistics Office, (2021), Recorded Crime Offences. Available [Crime and Justice - CSO - Central Statistics Office](#)
6. Commission on the Future of Policing in Ireland (2018), The Future of Policing in Ireland [The Future of Policing in Ireland\(web\).pdf \(policereform.ie\)](#)
7. Connolly J and Donovan A (2014) *Illicit drug markets in Ireland*. National Advisory Committee on Drugs and Alcohol and Health Research Board. Dublin: Government Publications
8. Connolly, Johnny and Mulcahy, Jane, (2019), Building community resilience. Responding to criminal and anti-social behaviour networks across Dublin South Central: a research study. Dublin: Four Forum Network and Dublin City Council.
9. Connolly J, Foran S, Donovan A, Carew A and Long J (2008) Crack cocaine in the Dublin region: an evidence base for a Dublin crack cocaine strategy. HRB Research Series 6. Dublin: Health Research Board
10. Department of Health (2017). Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 – 2025
11. Department of Children and Youth Affairs (2016) Lifting the Lid on Greentown – Why we should be concerned about the influence criminal networks have on children’s offending behaviour in Ireland. Dublin: Government Publication www.dcyva.ie/
12. Druglink supplement 1998 – Advisory Council on the Misuse of Drugs (ACMD) Drug misuse and the environment: A summary - Drugwise
13. European Monitoring Centre for Drugs and Drug Addiction (2018), European Drug Report 2018: Trends and Developments, Publications Office of the European Union, Luxembourg
14. Galligan, Karen and Comiskey, Catherine (2017) Estimating the number of children of parents who misuse substances, including alcohol across the communities of the Tallaght Drug and Alcohol Task Force (TDATF) region. Dublin: Tallaght Drug & Alcohol Task Force.

15. Government of Ireland (2019). A policing service for the future. Implementing the Report of the Commission on the Future of Policing in Ireland. Government of Ireland, Dublin.
16. Haase, T. & Pratschke, J. (2017) The 2016 Pobal HP Deprivation Index for Small Areas (SA)
17. Haase, Trutz and Pratschke, Jonathan, A Performance Measurement Framework for Drug and Alcohol Task Forces (2017)
18. Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction. (2021) Ireland: national report for 2020 - drug markets and crime.
19. Health Research Board (2019) National Drug Deaths Index 2008 to 2017 Available at: <http://www.drugsandalcohol.ie/31275> and at www.hrb.ie/publications
20. Ivers, Jo-Hanna Professor, Giulini, Francesca, Paul, Gillian Dr (2021) Supporting Women to Access Appropriate Treatment (SWAAT) Study
21. Kelleher C, Carew AM, and Lyons S (2020) Drug Treatment in Ireland 2014 to 2020. HRB StatLink Series 6. Dublin: Health Research Board. Available at: www.drugsandalcohol.ie/34162 and at www.hrb.ie/publications
22. Kelleher C, Condon I, and Lyons S (2022) *Drug Treatment in Ireland 2015 to 2021*. HRB StatLink Series 8. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/36071> and at www.hrb.ie/publications.
23. Kelleher, Patricia PhD, O'Neill Cathleen MA, (October 2018) The Systematic Destruction of the Community Development, Anti-Poverty and Equality Movement (2002-2015)
24. Montague A, (2020) BALLYMUN – A BRIGHTER FUTURE A plan to tackle the underlying causes of addiction and crime and to tackle open drug dealing. Dublin City Council, Ballymun Local Drug & Alcohol Task Force.
25. Murphy L, Farragher L, Keane M, Galvin B and Long J (2017) Drug-related intimidation. The Irish situation and international responses: an evidence review. HRB Drug and Alcohol Evidence Review 4. Dublin: Health Research Board.
26. Mulvey, Kieran (2017) "Creating a brighter future ". An outline plan for the social and economic regeneration of Dublin's North East Inner City. Dublin: Government Publications
27. National Alcohol Diary Survey, (2013).
28. O'Gorman, A., Driscoll, A., Moore, K., & Roantree, D. (2016). Outcomes: Drug harms, policy harms, poverty, and inequality: Final report to the Clondalkin Drug and Alcohol Task Force. Clondalkin Drugs & Alcohol Task Force.

29. Professor Jo-Hanna Ivers, Ms. Francesca Giulini, Dr. Gillian Paul (May 2021) Supporting Women to Access Appropriate Treatment (SWAAT) Study. Trinity College Dublin.
30. Redmond, Sean, (2016a), The Science of Youth Crime and the Rise of the Practitioner Craft – Criminal Justice in Ireland.
31. Redmond, Sean, (2016b), Lifting the Lid on Greentown. Why we should be concerned about the influence criminal networks have on children’s offending behaviour in Ireland.
32. Redmond, Sean and Naughton, Catherine, (2017), National prevalence study. Do the findings from the Greentown study of children’s involvement in criminal networks (2015) extend beyond Greentown? Interim report. Limerick: School of Law, University of Limerick.
33. Shaw, April and Egan, James and Gillespie, Morag (2007) Drugs and poverty: a literature review. Edinburgh: Scottish Drug Forum
34. Wilkinson, R. D., & Pickett, K., (2009), The spirit level: Why more equal societies almost always do better. Allen Lane/Penguin Group UK; Bloomsbury Publishing.