
Assertive Outreach Action Research

Insights into the level of engagement with support services for people who use drugs or alcohol in 'hotspots' in the South Inner City.

Final Report

Gerard Delaney 2021



Community Response and South Inner City Drug and Alcohol Task Force, 2021



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Project summary

An assertive outreach model was identified to engage people and determine why people are using 'hot spots' predominantly in the Liberties area. The intention was to establish their needs and where possible, encourage people to avail of the appropriate services and supports. The action research will help to inform how services in the South Inner City can provide a unified response to some of the most vulnerable people in the community and seek a response to their needs that will be of benefit to them and the community.

Introduction

This report will present collated data from the action research conducted by Community Response in collaboration with the South Inner City Drug and Alcohol Task Force (SICDATF). The focus of the research was to engage with people who use alcohol or drugs in public places in the south inner city, with a predominant focus on the Liberties area. The aim of the project was to gain insights into their level of interaction with local support services.

The key objectives:

1. To engage with people using the hot spots. These are sites that had been identified by the community where people use drugs and alcohol and there is discarded drug-related litter.
2. To establish the number of people using these sites and if they are using other services. If they wish to have support, information, or a referral to an appropriate service and to reinforce inter-agency work that will benefit the service users and the community.
3. To collate all the gathered information and to liaise with community groups, networks, and services.
4. To reinforce Inter-agency work that will benefit the service users and the community.

Literature Review

Literature was reviewed from similar research projects in Ireland and the UK. This was conducted through website reviews and examinations of recent reports. The reports informed best practices in outreach models/ interventions, working with the client group, insight into the methods used and recommendations from the reports were employed to maximise the effectiveness of the project.

- Devaney, E., 2020. The New Communities Street drinking assertive outreach project: an evaluation of the pilot project. Dublin: Community Response and CKU Centre for Counselling and Therapy.
- Dolphin, E., 2016. Evaluation Report. Assertive Case Management Team Pilot. Dublin: Health Service Executive.
- O’Heaire, G., 2013. Cracking on: a harm reduction report. Dublin: Bawnogue Youth and Family Support Group.
- Bennett, L., 2020. St Mungo’s Recovery Approach: Rapid evidence review. London: St. Mungo’s.
- Russell, S., 2010. Evaluating the Effectiveness of an Assertive Outreach Service for Street Drinkers in Liverpool. Liverpool: John Moores University Centre for Public Health.
- Kavanagh J, Trouton A, Oakley A, Powell C., 2006. A systematic review of the evidence for incentive schemes to encourage positive health and other social behaviours in young people. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Methodology

An assertive outreach model was used whereby the outreach workers targeted identified hotspots consistently. The outreach worker engaged with the client in the hotspot where the client was actively engaged in drug or alcohol use. Outreach work took place in teams of two, using experienced project workers from Community Response, MQI and Coolmine. Recommendations from the New Communities research report (Devaney, E. 2020) provided key insights into the times when outreach sessions would access more people.

A questionnaire survey was developed and piloted with service users from Community Response before being utilised as the tool for gathering the data. The survey had both open and closed questions, generating qualitative and quantitative data through the responses. The qualitative data was thematically analysed by grouping responses.

All engagements were conducted using carefully considered ethical principles. Each engagement was only conducted with people who were actively drinking or using drugs. All participants were informed of the aims of the research and were given an opportunity to be involved. An incentivised voucher system was another tool used by outreach workers. Research from (Kavanagh, J. et al, 2006) shows an increase in engagements and positive behaviour changes through incentivised interventions.

A trauma-informed approach was used when engaging with respondents. After a client consented to take part in the research a questionnaire survey was utilised, and all the responses were accurately written onto paper sheets. The information was inputted into google forms software by the worker in the office. A brief intervention model was used through the questionnaire process when the focus went to addiction or health-related sections. A typical intervention lasted 20 - 25 minutes. Interventions were a harm reduction person-centred approach, whereby the signposting was based on the response and need of the respondent.

Ethical Considerations

A discussion took place between the outreach worker and the team leader at Community Response to incorporate best ethical practices within the research project:

- Voluntary participation - Respondents were free to opt into the study and opt-out at any time during the questionnaire.
- Informed consent - Participants knew the purpose, benefits, risks, and funding behind the study before they agreed or declined to join.
- Anonymity - The reader does not know the identities of the participants. Personally, identifiable data is not collected.
- Confidentiality - Information was kept hidden from everyone else. Anonymise personally identifiable data so that it can't be linked to other data by anyone else.
- Potential for harm - Physical, social, psychological and all other types of harm are kept to an absolute minimum.

The ethical framework was adhered to throughout the research project. Consent forms were created for respondents who wanted to be called for a follow-up. Their names and phone numbers were logged, and all information was handled securely according to GDPR protocols. Participants were over the age of 18.

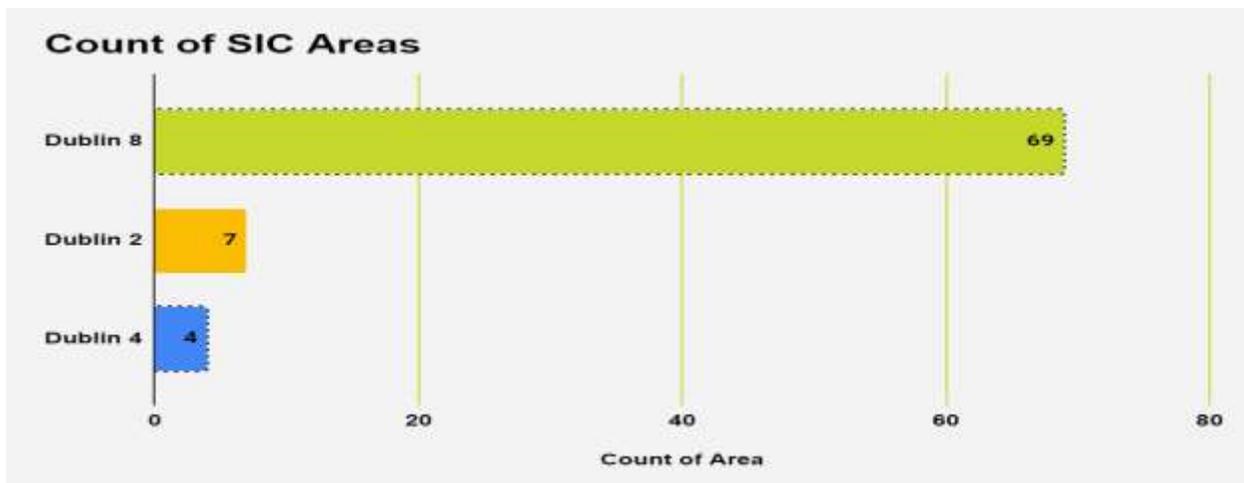
Action Research

Objective 1

To engage with people using 'hotspots' that have been identified by the community, where people are using drugs, alcohol, and there is discarded drug-related litter.

'Hotspots'

The chart below shows a breakdown of areas in the south inner city where surveys were completed:



The data shows that Dublin 8 had the highest number of participants with 69.

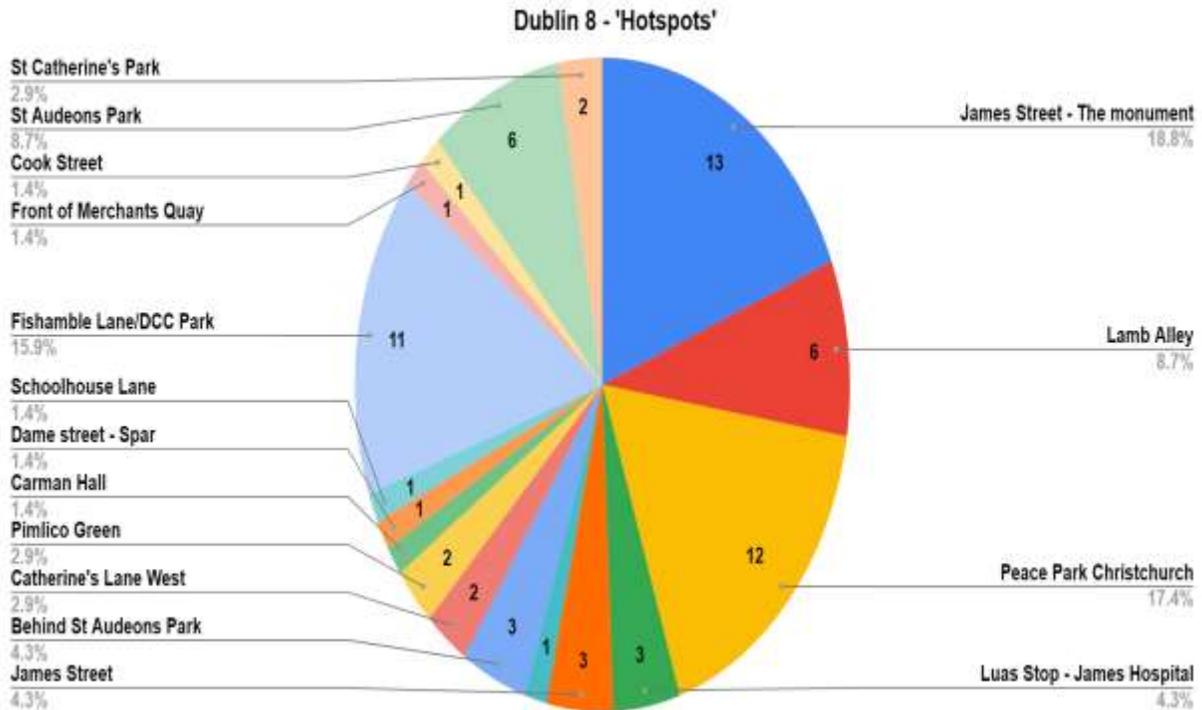
- All Dublin 4 engagements occurred in Ringsend Park.

Dublin 2 participants' specific locations are broken down below.

- 5 questionnaires were completed in Digges Lane.
- 1 questionnaire was completed on Aungier Street (D.I.T).
- 1 questionnaire was completed on Camden Street.

On the next page of the report is an exact breakdown of the Dublin 8 locations.

The action research had a predominant focus on the Liberties area of the South Inner city, the pie chart below depicts exact locations of the interactions in the Dublin 8 area:



The data shows that the greatest number of completed surveys were:

- The Monument on James' Street - 13
- The Peace Park in Christchurch - 12
- Fishamble Lane Areas - 11
- Lamb Alley - 6
- St Audoen's Park - 6*

Observations from scoping and engagements throughout the research would show that an increase in drug use in the Fishamble lane areas coincide with a dramatic decrease in drug-using activity on Merchants Quay.

Furthermore, surveys completed at both The Monument, James Street and The Peace Park, Christchurch were all respondents that were engaged in alcohol use.

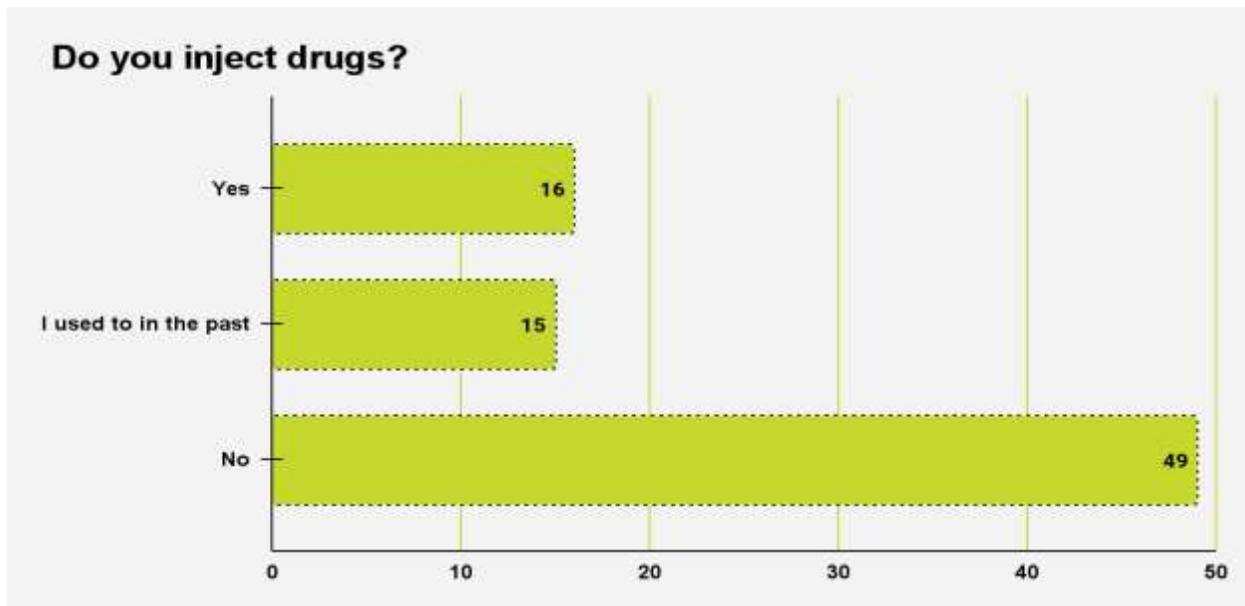
In Dublin 2, 'The Digges Lane' location was only discovered in the last outreach session where 5 questionnaires were completed. All respondents were smoking crack cocaine.

***St Audoen's Park, behind St Audoen's Park and Cook Street which are all in the same proximity increase the total to 10.**

Drug and alcohol-related litter

As part of the genesis for this project, there was feedback to the task force from community groups, local businesses, and community representatives concerning drug and alcohol-related litter in the area.

The questionnaire included questions about drug and alcohol paraphernalia. 80 participants were asked two questions in relation to needle use; 'Do you inject drugs'? and 'How do you dispose of your needles'? A further question asked, 'What do you do with your empty bottles/cans etc.?'

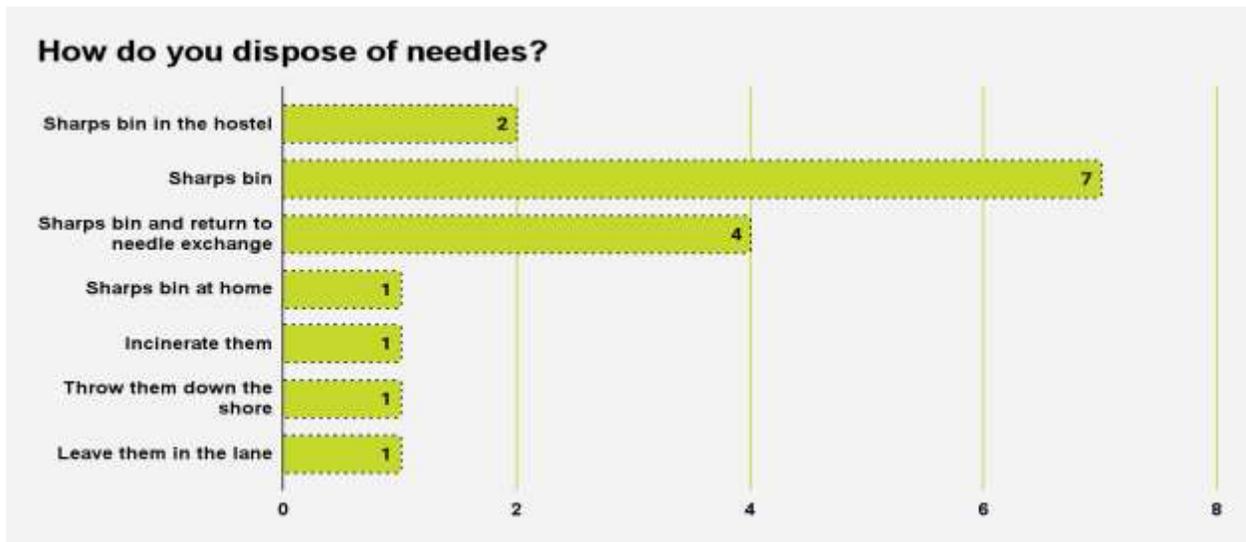


Participants were asked 'did they inject drugs?'

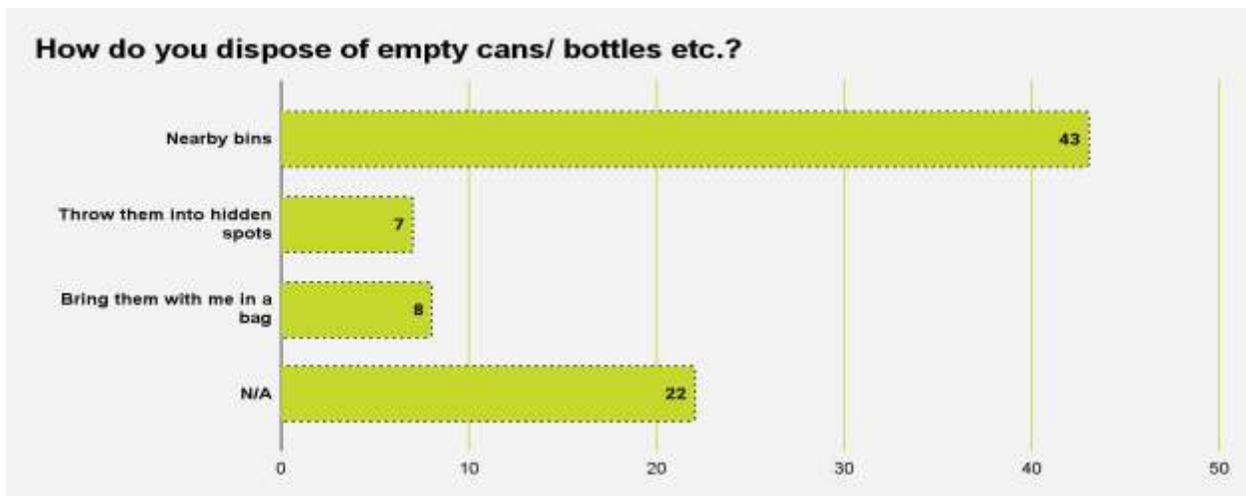
- 49 respondents do not inject drugs.
- 16 respondents said they do inject drugs.
- 15 respondents have injected drugs in the past.

Respondents were then asked how they disposed of their needles?

- 14 respondents used sharps bins, at home, exchanges or hostels.
- 1 incinerated the needles.
- 1 throws them down the shore.
- 1 respondent (*Used needles in the past*) left them in lanes.

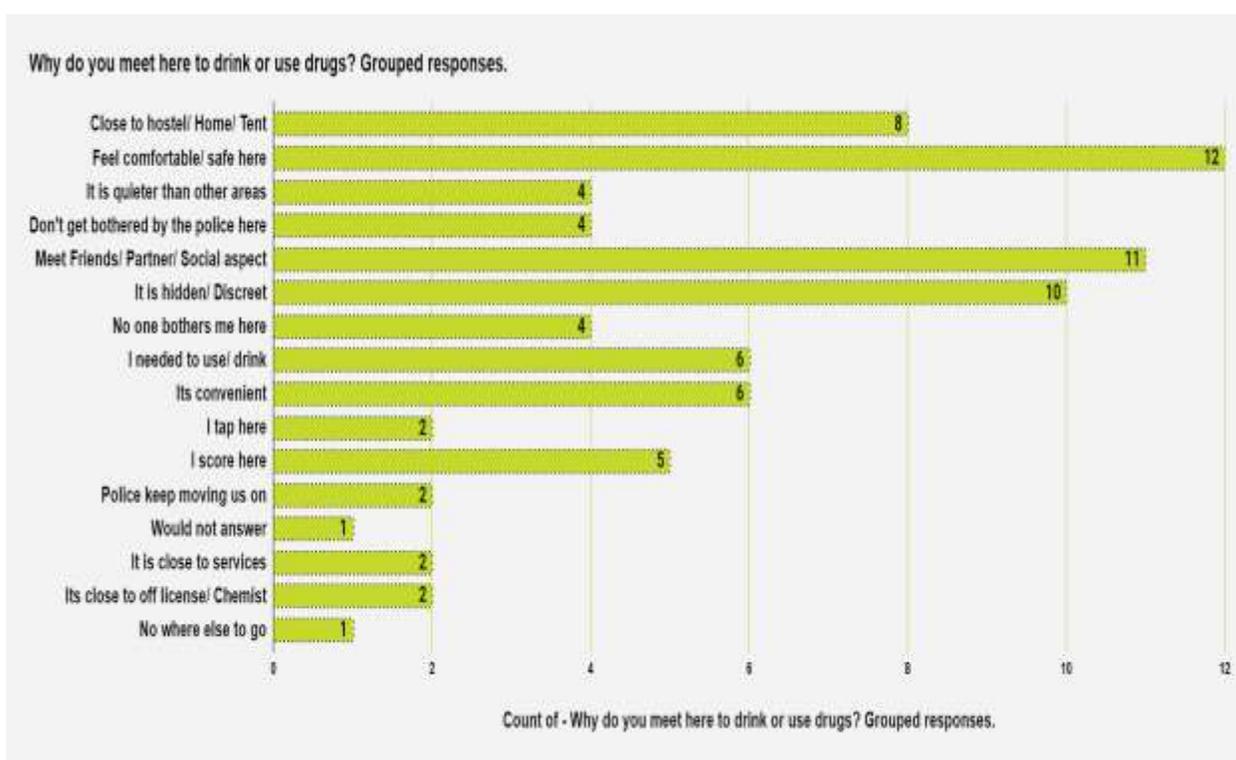


Furthermore, 80 participants were asked 'How do you dispose of your empty cans/bottles etc.?'



- 43 respondents used nearby bins.
- 8 respondents took them away in a bag.
- 7 respondents said they would hide them. (Behind walls, over railings, bushes).
- 22 responses come in as N/A (these respondents did not use alcohol).

Participants were asked ‘Why do you meet here to drink or use drugs’:



Qualitative responses were thematically analysed, and groups were created, the data shows:

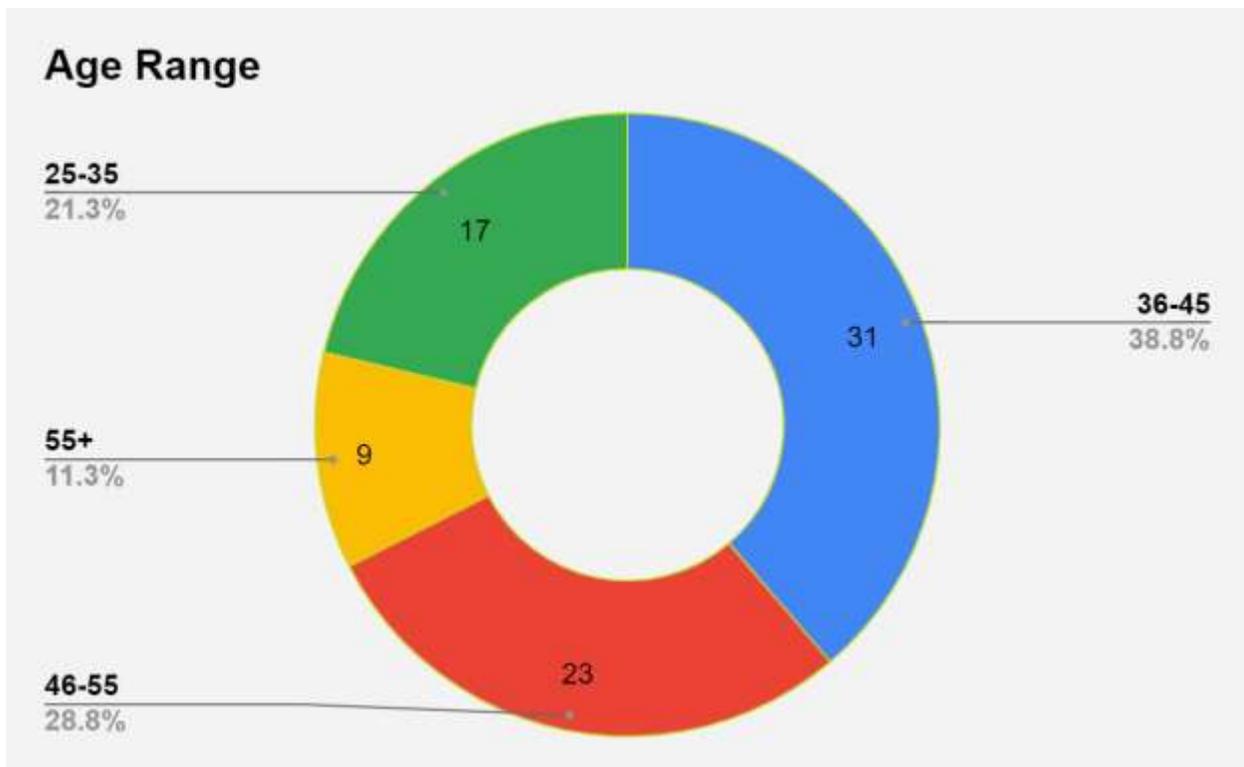
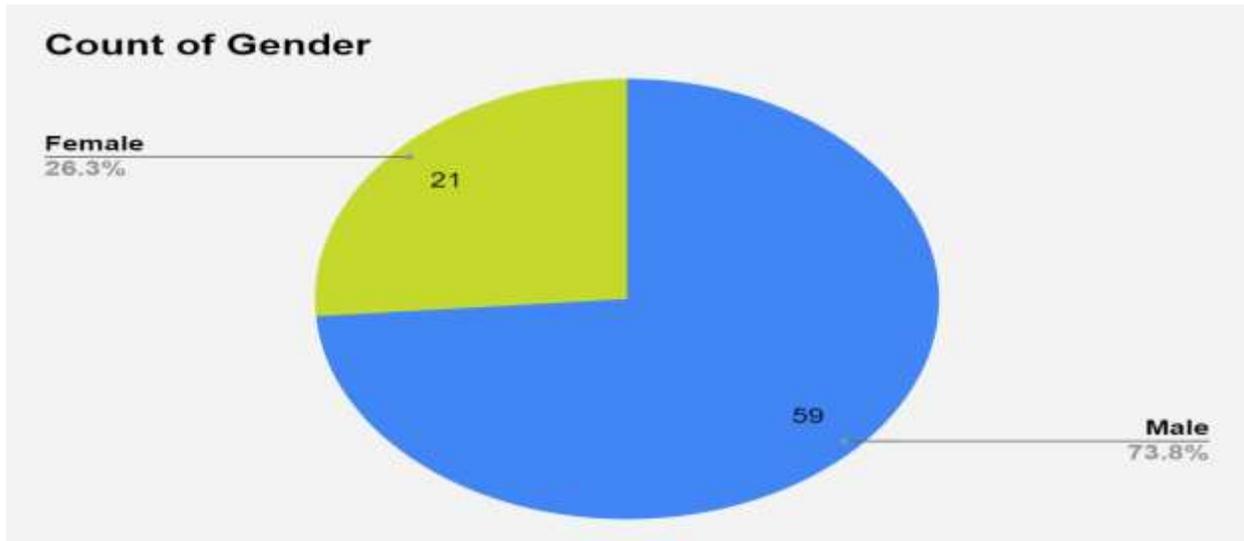
- 12 respondents use particular areas because they feel comfortable or safe there.
- 11 respondents describe a social aspect to particular areas, whereby they meet friends or partners and drink or use drugs together.
- 10 respondents use particular areas because it is hidden or discreet.
- 8 respondents use particular areas because it is close to hostels, their homes or tents.
- 6 respondents used a particular area because it was convenient for them at that time.
- 6 respondents used a particular area because they needed to use or drink (withdrawals).

-
- 5 respondents used a particular area because they scored there (bought their drugs there).
 - 4 respondents described that they used a particular area because it was quieter than other areas, 4 more said that they don't get bothered by the police and 4 more that nobody bothers them there, respectively.
 - Groups of 2 respondents described the area as being close to services, off-license/chemist or that they tap (beg for money) in the area as being the reason they use a particular area to drink or use drugs.

Objective 2

To establish the number of people using these sites.

Gender and age breakdowns



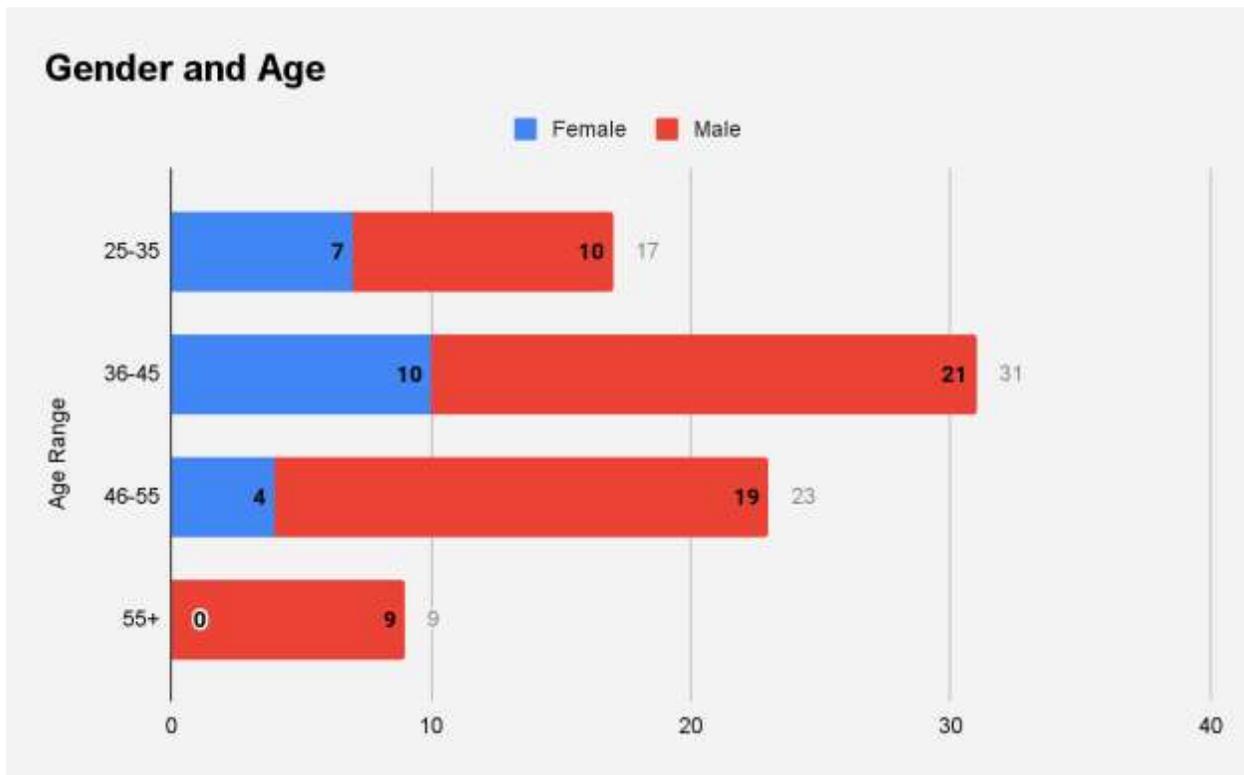
The charts illustrate the breakdown of gender and the age range of respondents.

Gender:

- Male were highest with 59.
- A total of 21 females responded.
- There were no respondents in the non-gender-specific category.

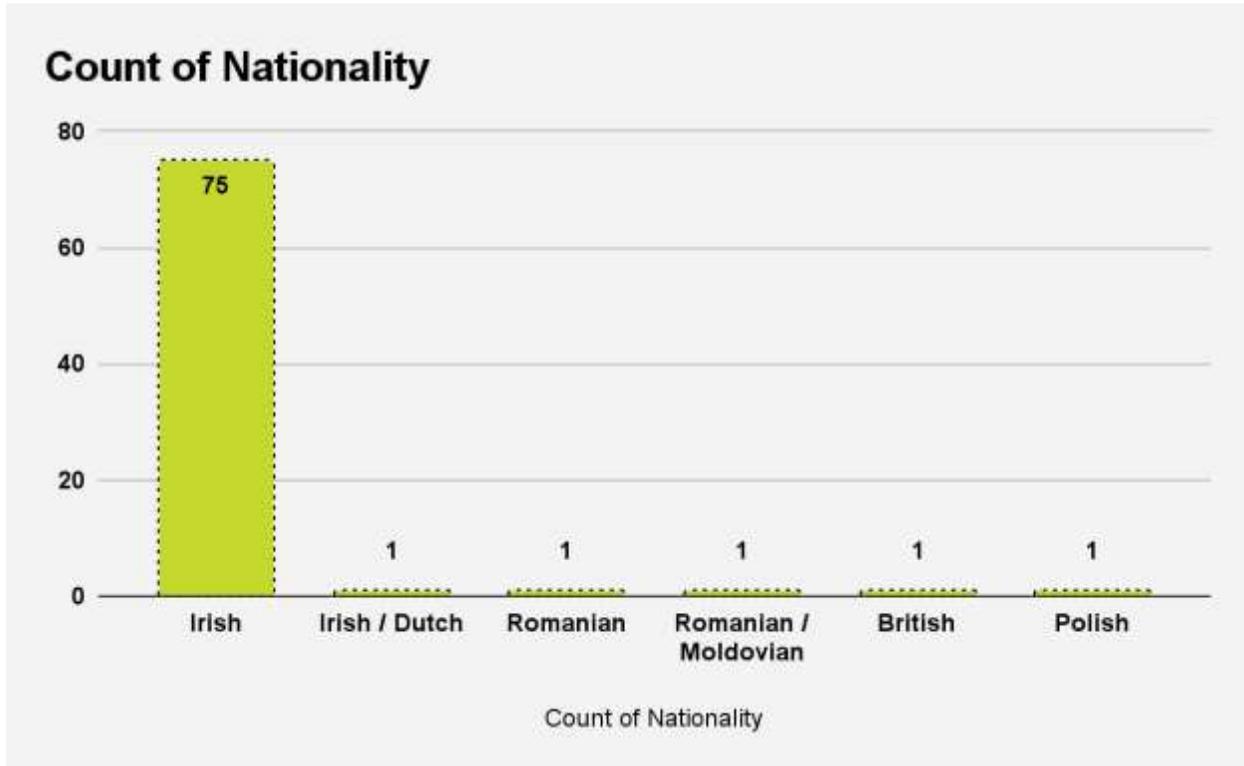
Age range:

- 36 - 45 range came in the highest with a total of 31.
- 46 - 55 range had a total of 23.
- 25 - 35 range had a total of 17.
- 55+ was lowest with 9 respondents.
- There were no respondents to the 18 - 24 age range.



- Males represented the higher respondents in each category than females.
- The highest number of female respondents were aged between 36-45 with no females being aged 55 and over.

Nationality:



From the 80 respondents:

- 75 respondents identified as being Irish.
- 1 respondent identified as being Irish/ Dutch.
- 1 respondent identified as being Romanian.
- 1 respondent identified as being Romanian/Moldovan.
- 1 respondent identified as being British.
- 1 respondent identified as being Polish.

The outreach worker communicated in English for 79 questionnaires without any difficulties in the engagements. 1 questionnaire was translated with the Polish respondent with the assistance of a Polish-speaking worker from CKU.

Business cards that contained information about support services were translated into, Lithuanian, Polish, Portuguese, and Romanian. All people that were encountered throughout the research were provided with information cards, including engagements with people who did not complete surveys.

Objective 3

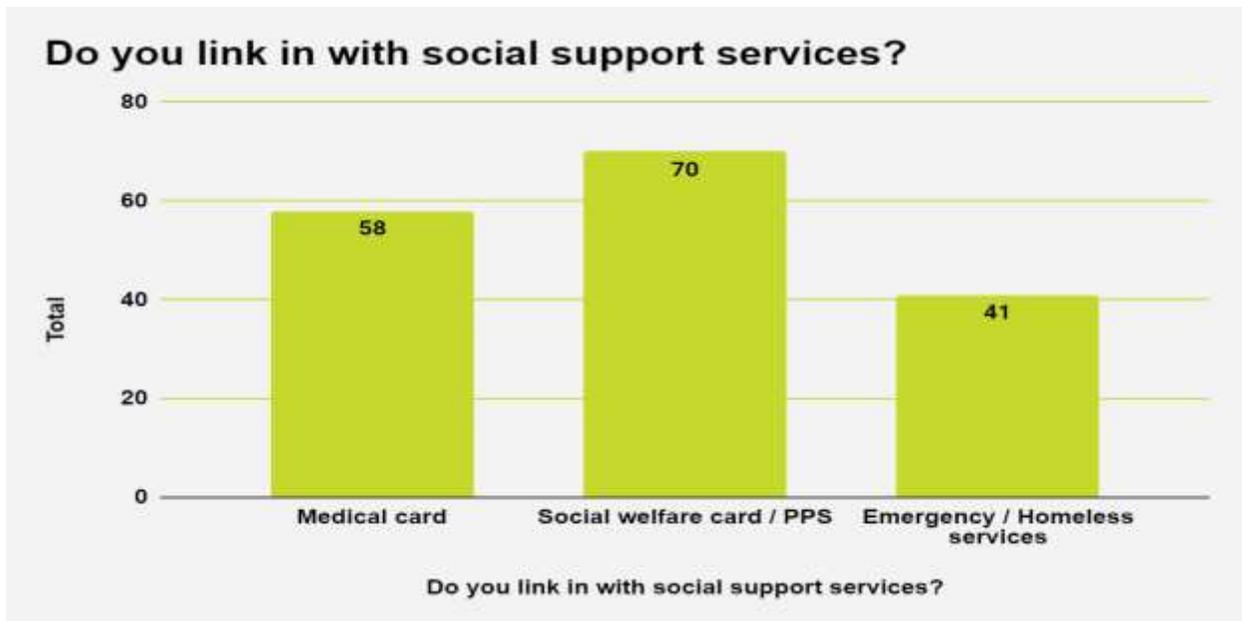
To establish if people are using other services or if they wish to have support, information, or referral to appropriate services.

Accessing services

To gain a better understanding of the level of engagements with support services, this was broken down into 3 key areas. Social supports, Health supports and Addiction supports.

Social Supports

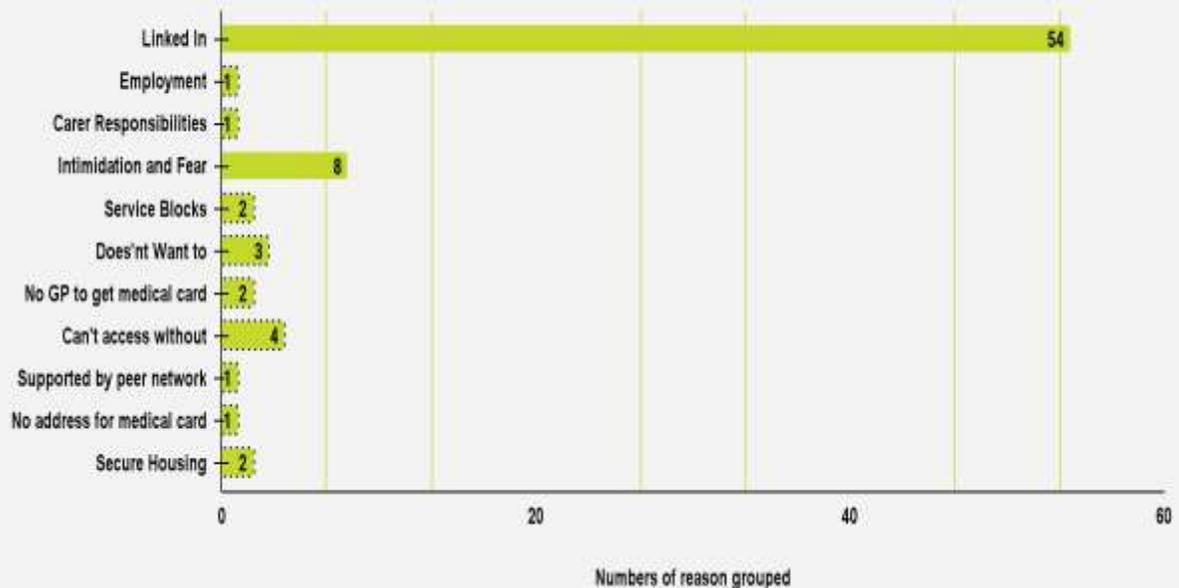
80 respondents were asked a series of questions that focused on access to medical cards, social welfare cards and access to Homeless / Emergency accommodation. They were also asked if there was any reason that they did not access them.



Data from the 80 respondents:

- 70 have access to social welfare services / PPS Number.
- 58 have access to a Medical Card.
- 41 are accessing Emergency homeless services.

Is there any reason why you do not link in with Social Support Services?



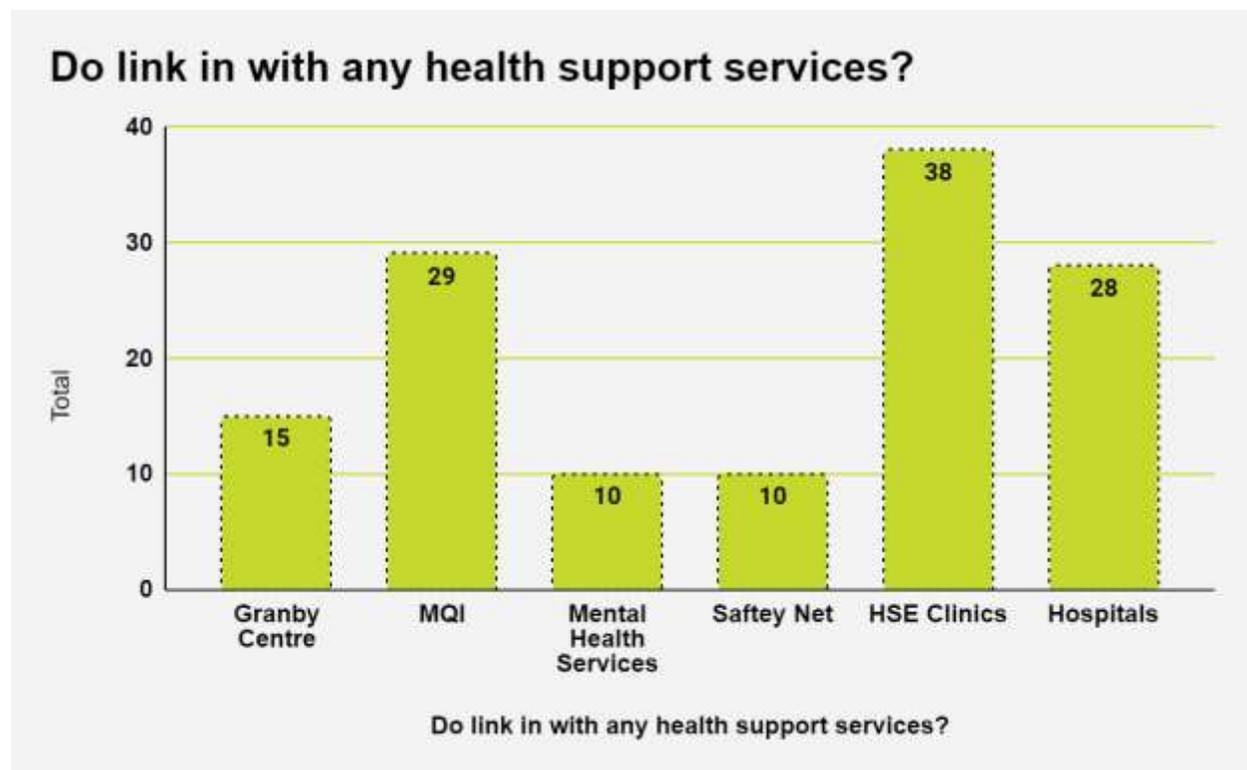
Responses were grouped as the data was qualitative:

- 54 were linked in with the 3 social support services.
- 8 respondents said intimidation and fear was a factor in not accessing hostels.
- 4 could not access them because of a lack of documentation.
- 3 respondents did not want to access them.
- 1 respondent was in employment and did not have access to services.
- Service blocks refer to people not accessing homeless services because they were in relationships where partners could not stay.
- 1 respondent was unable to access a medical card due to a lack of address.

Medical Supports

80 respondents were asked a series of questions that focused on access to medical support. They were also asked if there was any reason that they did not access them.

80 participants were asked 'Do you link in with any health support services?'

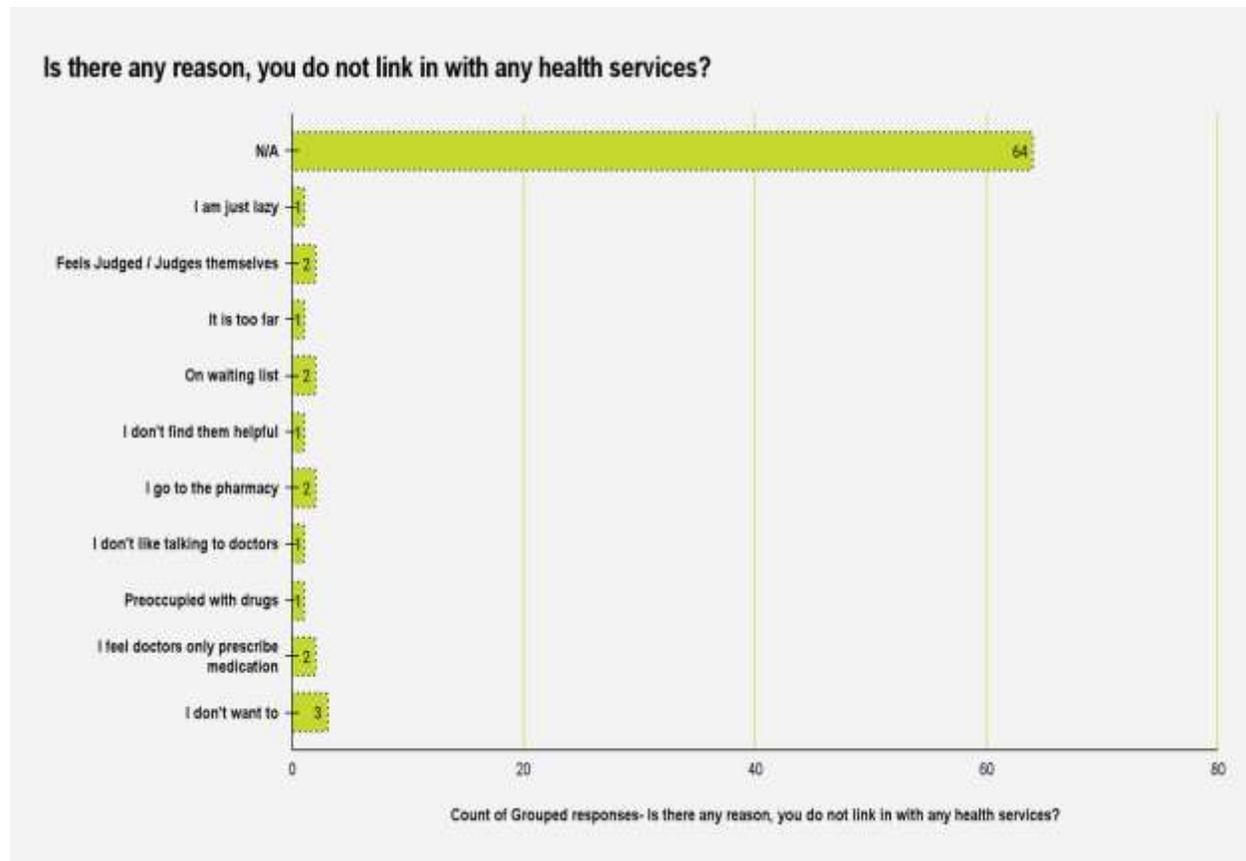


- The highest number of respondents was HSE Clinics at 38.
- 29 respondents used medical service at Merchants Quay Ireland (MQI).
- 28 respondents used hospitals.
- 15 respondents access support in the Granby Center.
- 10 respondents have accessed health support with Safety net.
- While 10 respondents access mental health services.

80 respondents were asked if they had a GP?

- 58 respondents have a GP.
- 14 respondents do not have a GP.
- 4 respondents have a GP but do not link in.
- 3 respondents use the Doctor in the Granby Center
- 1 respondent uses the Doctor in MQI.

Participants were then asked, ‘was there any reason they did not link in with health services?’



- The data shows that 64 participants were accessing health support.
- 3 respondents 'do not want to access health support.
- 2 respondents said they were on waiting lists.

- 2 respondents said they did not access health support because they feel judged or place judgement on themselves.
- 2 respondents use the pharmacy as their source of medical support.
- 1 respondent does not access health supports because they don't find them helpful.
- 1 respondent does not access health support because of preoccupation with drug use.
- While 1 respondent stated they were too lazy, and another said the health services were too far as reasons they did not access health supports.

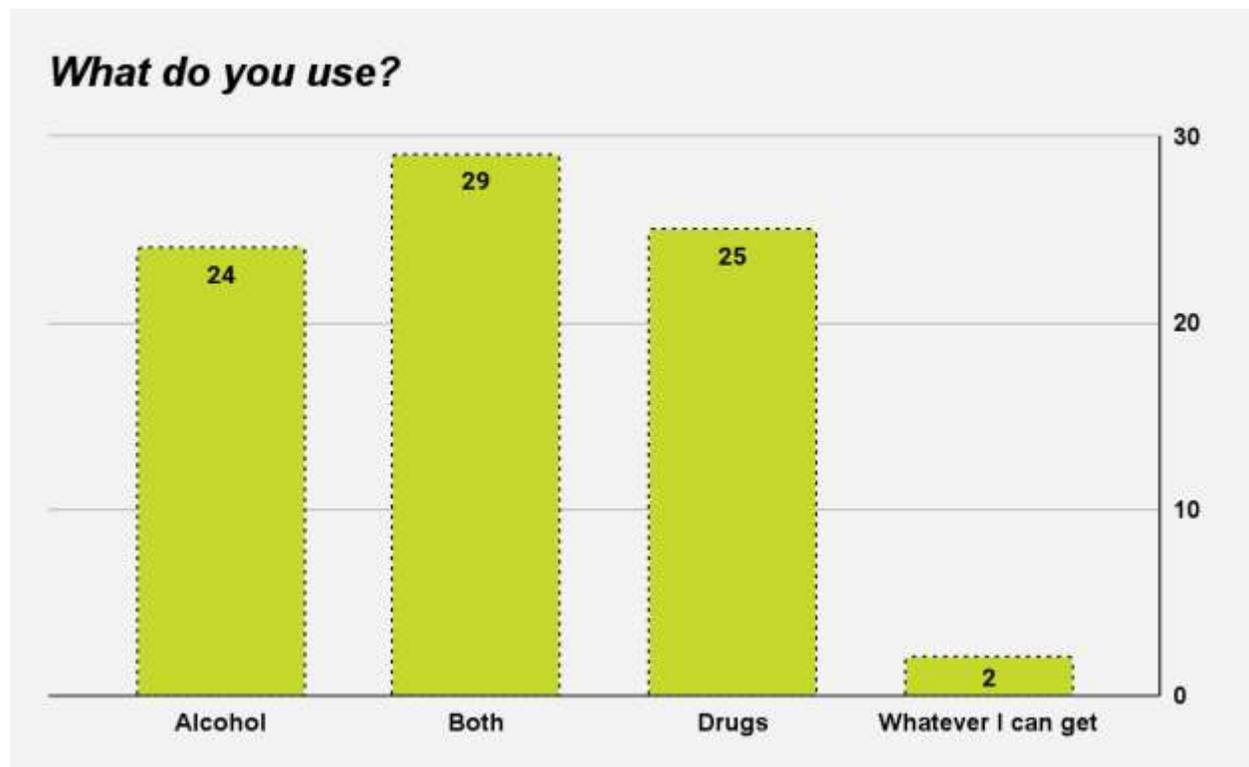
Addiction Supports

80 respondents were asked a series of questions that focused on their level of engagement with addiction support services. They were also asked if there was any reason that they did not access them.

All participants were asked 'Do you use drugs/alcohol?'

All 80 responded yes to this question (All respondents were actively using drugs or alcohol at times of engagements).

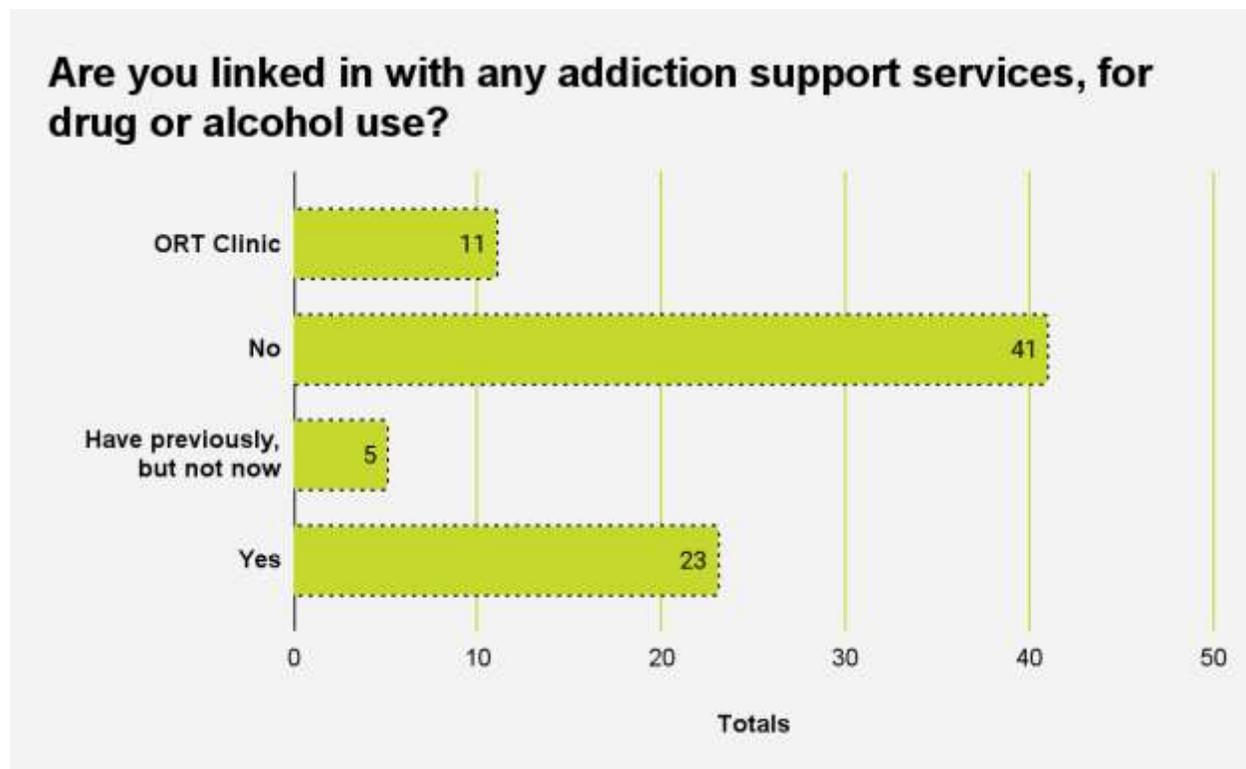
Participants were then asked, 'What do you use?'



The chart depicts the responses to multiple-choice questions. Thematic analysis was conducted on responses as an option for 'Other' generated open responses.

- The data shows the highest number of responses 29, were for individuals who use both alcohol and drugs.
- 25 responses for drug use only.
- 24 responses for alcohol use only.
- 2 responses said they take whatever they can get.

Are you linked in with any addiction support services, for drug or alcohol use?

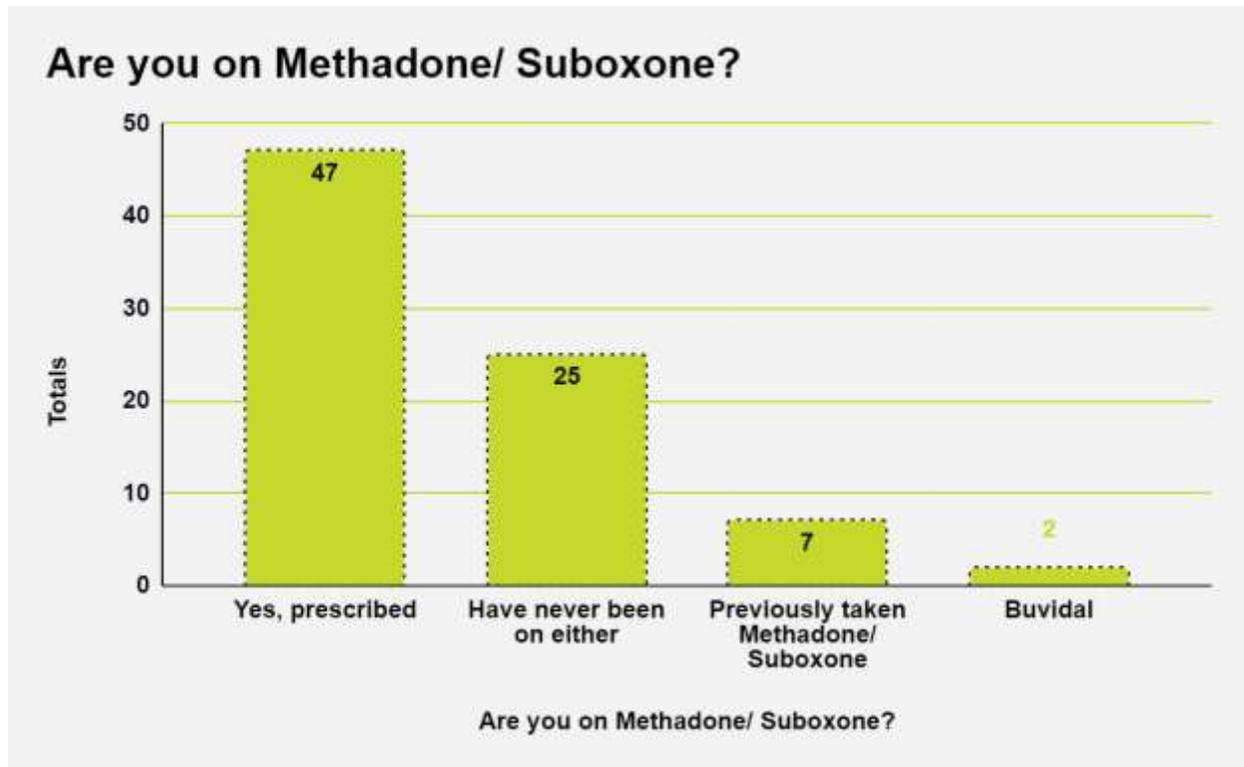


This question had open options to gain further insights. Thematic analysis was carried out on the data.

- 41 respondents are not linked with addiction support services.
- 23 respondents said they are linked in with addiction support services.
- 5 respondents said they have been linked with addiction support services in the past, but not currently.
- 11 respondents said they are only linked with their ORT Clinics.

The data shows that a total of 34 respondents are linked in with addiction support services.

The next question asked respondents, were they on Methadone/Suboxone?

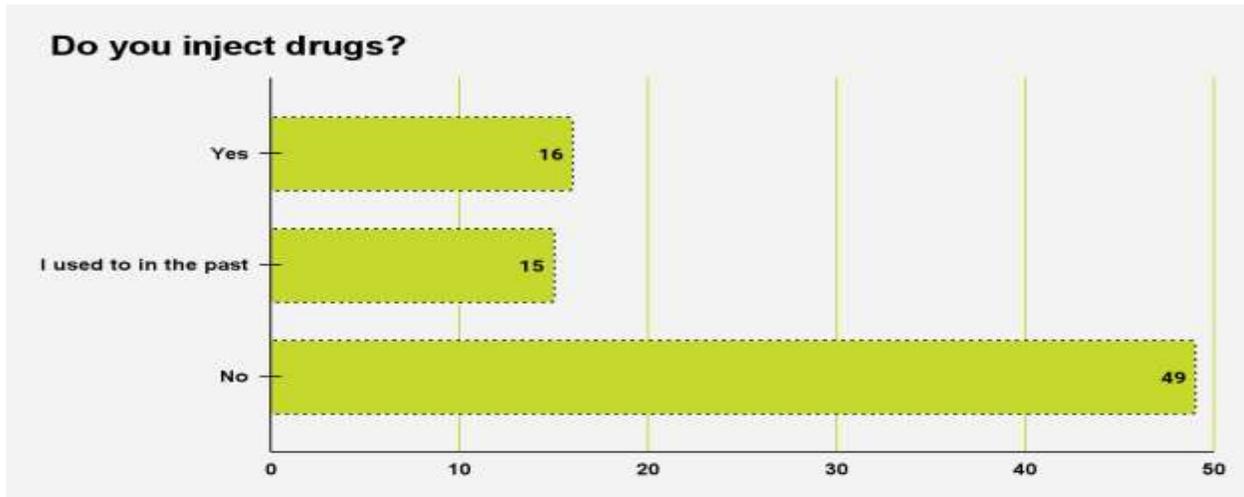


The data shows:

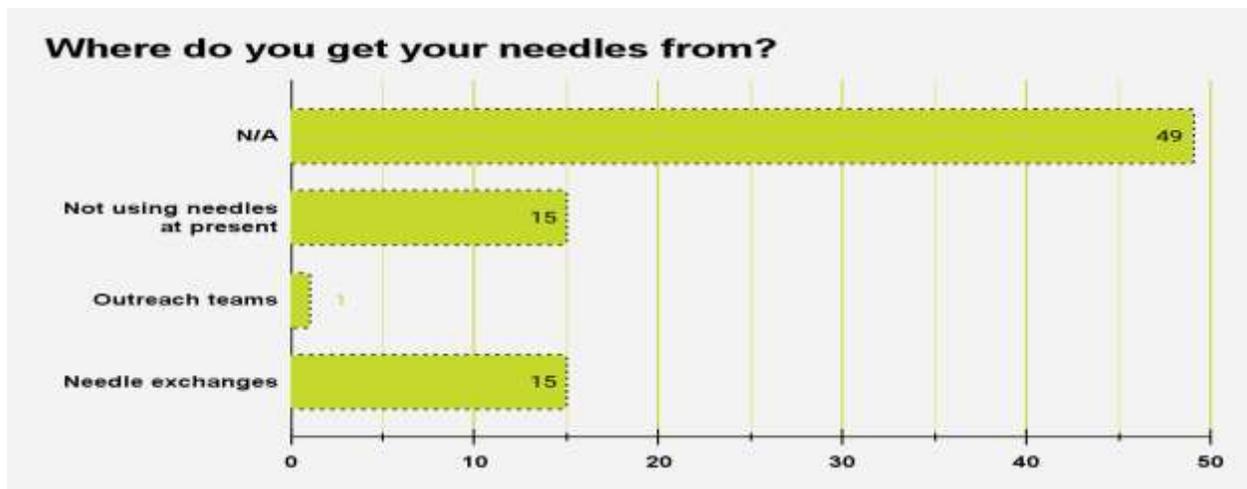
- 47 respondents are currently on prescribed Methadone/ Suboxone.
- 25 respondents have never taken Methadone / Suboxone.
- 7 respondents have previously taken Methadone/ Suboxone (not currently).
- 2 respondents are on Buvidal. *1

¹ Buvidal; A new option for opioid dependence treatment. In Dublin, a pilot Buvidal programme started in December 2020 at two treatment sites. (Source Brass Munkie, Issue 39, Winter 2021)

80 Respondents were asked 'Do you inject drugs?' and a follow-up question of 'Where do you get your needles from?'

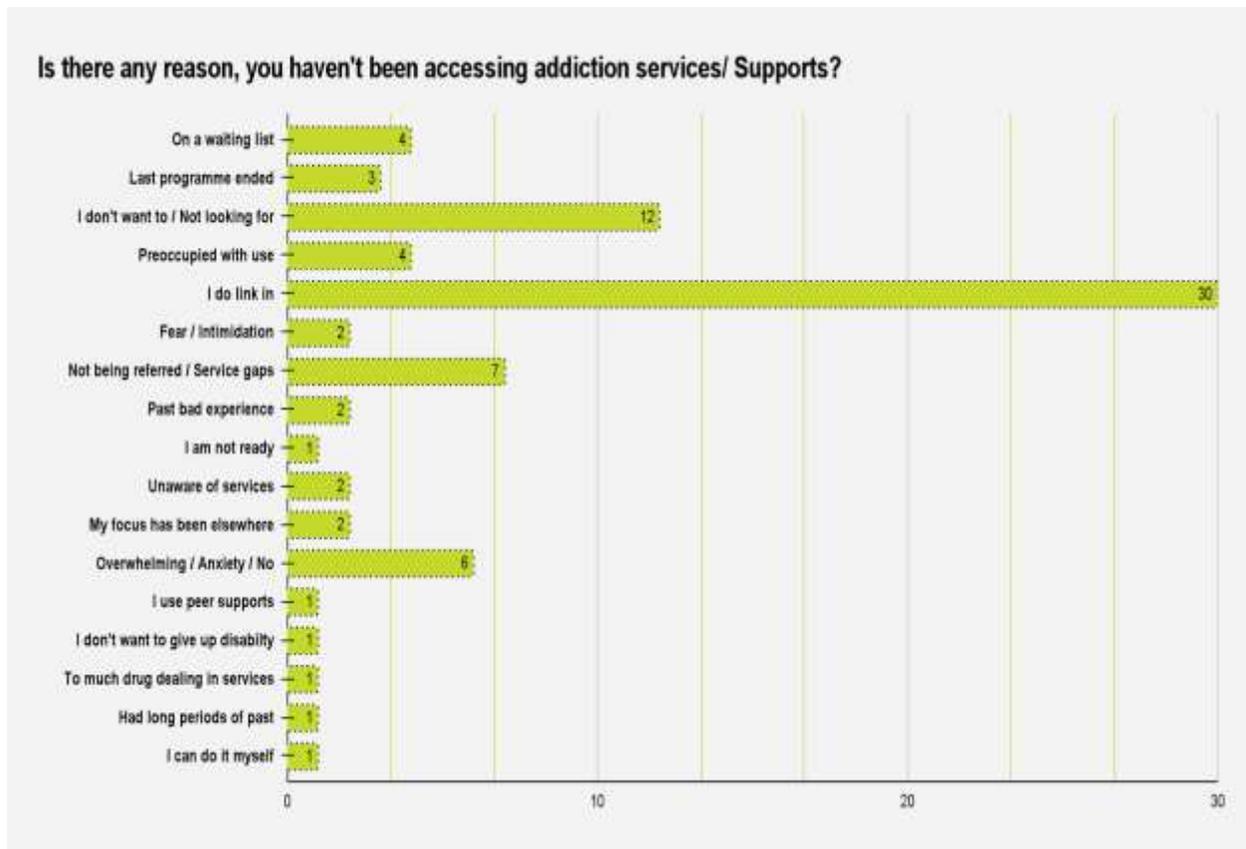


- 49 respondents do not inject drugs.
- 16 respondents do inject drugs.
- 15 respondents have injected drugs in the past.



- 15 respondents get their needles from needle exchanges.
- 1 respondent gets needles from outreach teams.

Participants were asked ‘Is there any reason you haven’t been accessing addiction support services?’

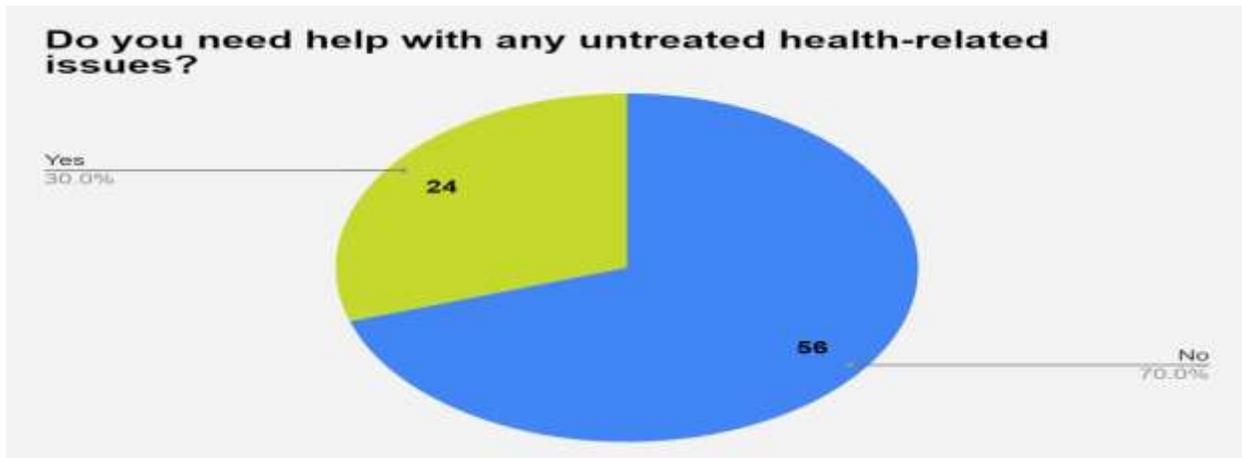


The data collated was qualitative and thematic analysis was used by grouping responses.

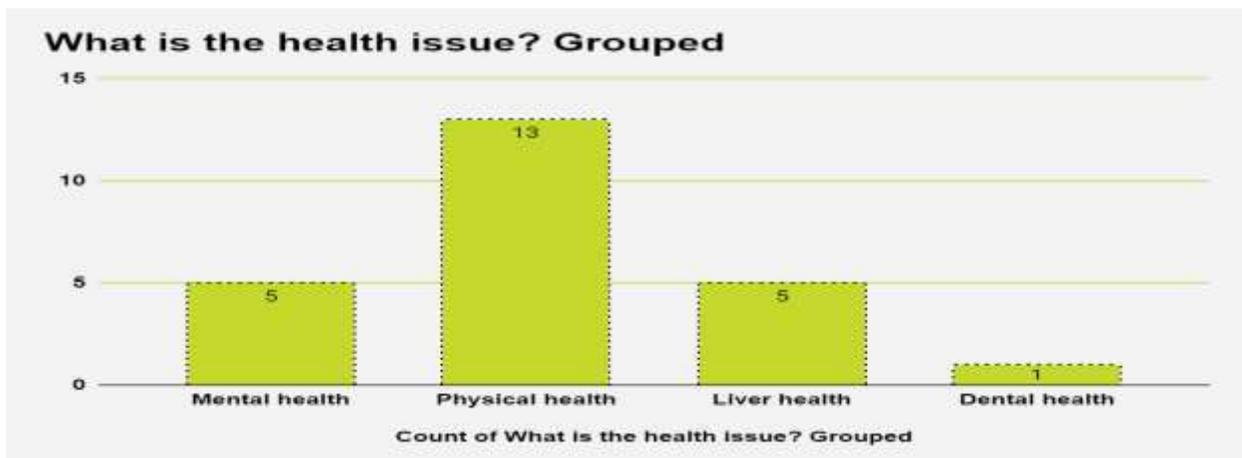
- The data shows that 30 are engaged with an addiction service in some capacity.
- 12 respondents do not want support or are not looking for support.
- 7 respondents have not been referred to addiction services from other support services.
- 6 respondents describe a sense of being overwhelmed, anxious or low motivation as barriers to engagement.
- 4 respondents were preoccupied with drug/alcohol use to the extent that seeking support was not a priority
- 4 respondents were currently on waiting lists for addiction support services.
- Other respondents were unaware of services, they were not ready to make a change, were focused on family situations / other priorities, a lack of awareness of services and fear/ intimidation came in as barriers to accessing services.

Interventions

In the *Health* section of the survey, participants were asked if they need help with any untreated health-related issues.



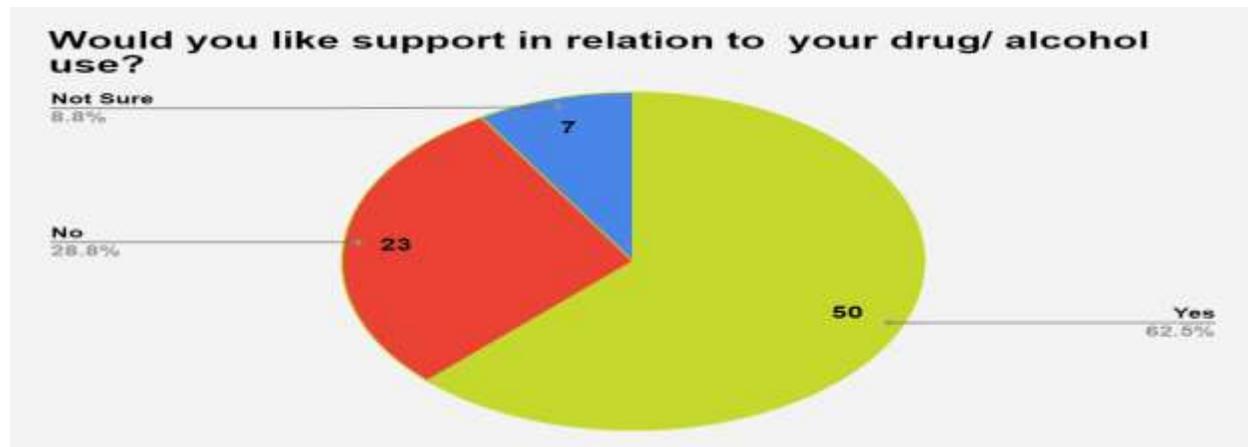
24 respondents were then asked, 'What was the health-related Issue?'



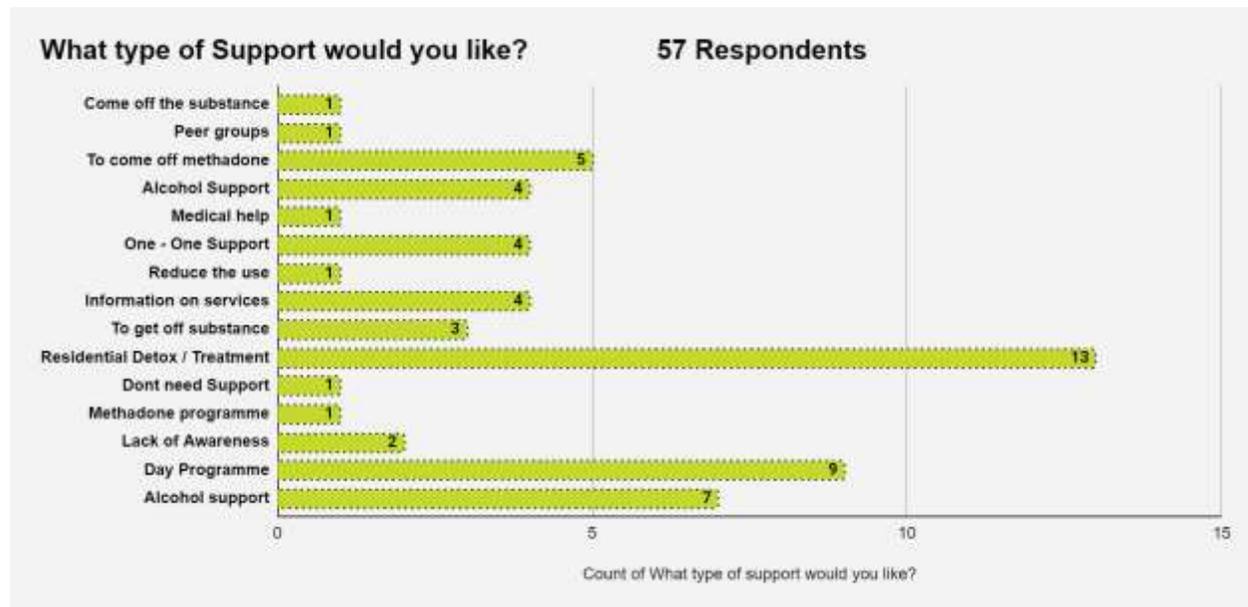
Qualitative data were grouped into themes.

1. Brief interventions were conducted with 24 participants using a harm reduction, person-centred approach.
2. Participants were signposted to services based on their individual needs.

In the Addiction section of the survey, participants were asked if they would like support in relation to their use?



- 50 respondents would like addiction related support.
- 23 respondents said they would not like addiction related support.
- 7 respondents were unsure whether they would like addiction related support or not.



Brief interventions were conducted with 57 participants using a harm reduction, person-centred approach.

Participants were signposted to services based on their individual needs.

Objective 4

To reinforce Inter-agency work that will benefit the service users and the community.

In total there were 33 interagency collaboration outreach sessions.

An objective of the project was to reinforce inter-agency work that will benefit the service users and the community. An interagency approach was adapted, and monthly task force subgroup meetings took place, agency visits, shadowing outreach sessions, as well as networking with community-based support services who were not involved in the subgroup.

In June 2021, meetings took place with Gerard Delaney; Outreach Worker with Community Response, Paul Merrigan; Assertive Inreach Case Worker with Merchants Quay Ireland, Stephen Lawless and Ciaran Mc Gee; Outreach Workers with Coolmine, whereby questions were developed in the creation of the survey used in engagements.

Agency visits with service providers in the SIC took place, utilizing the feedback from experts in the field to be better effective in engagements with clients. Visits to the Mendicity Project, The Lighthouse (Tiglin), Merchants Quay Ireland and Coolmine provided insights into current street trends and drug & alcohol patterns.

Visits with Louise, Project Worker with Community Response to Supported Temporary Accommodations (STA's) with Bernard West, Hepatitis Worker with the Mater Hospital took place early in the project. The STA hostels run by DePaul were staffed with dual diagnosis project workers and case managers. The aim was to engage with service users provide some information to the staff about the research and gain some insights into current street trends.

The Outreach worker collaborated with teams from Merchants Quay Ireland, the Community Engagement Team (CET) and the Assertive Outreach Team (AOT), initially to shadow the teams to build rapport and engage with street service users. There were 6 outreach sessions in total with MQI, whereby questionnaire surveys were also completed with an outreach worker from their team.

Interagency work with Coolmine was consistent and in partnership, The Outreach Worker worked alongside the Coolmine team in Private Emergency Hostels (PEA's). The Coolmine Outreach

workers in turn provided on street outreach partnerships. Stephen, Brian and Ciaran engaged with participants on separate sessions each week. The relationship created between these two services has been successful with service users now having a seamless referral pathway.

CKU (Centre for Counselling and Therapy) came on board in September and 4 outreach sessions took place to engage with members of new communities. Language was observed as a barrier to engagements and CKU provided workers that could translate Polish and Russian. CKU transcribed copies of questionnaires and consent forms into the Polish language, making the research more inclusive to minority groups.

Sueann Moore, a Community Activist based in Ringsend, worked alongside the outreach worker in 2 sessions and provided insights into trends in the Dublin 4 area of the SIC. 4 questionnaires were completed in Ringsend Park by the outreach worker in partnership with Sueann.

Interventions occurred in every engagement, including engagements that were not participants in the research. All interventions were completed with signposting to relevant services based on the need of the person. The worker reinforced interagency work that benefited the service user and communities. The signposting was to services that were local to the person who was on the street.

Furthermore, a local support services leaflet was created and included the immediate support needs of a person that uses alcohol or drugs on the streets. In each engagement, the person was provided with leaflets, phone numbers and a name for a worker in support services. Leaflets and posters were also placed in all Private Emergency Hostels in the interagency work with Coolmine.

Action Research - Phase 2

Of the 80 participants who completed surveys, 59 had signed consent forms agreeing to be contacted for a follow-up, should the need arise. Participants signed consent forms and provided their phone numbers or in some cases phone numbers to hostels where they would stay.

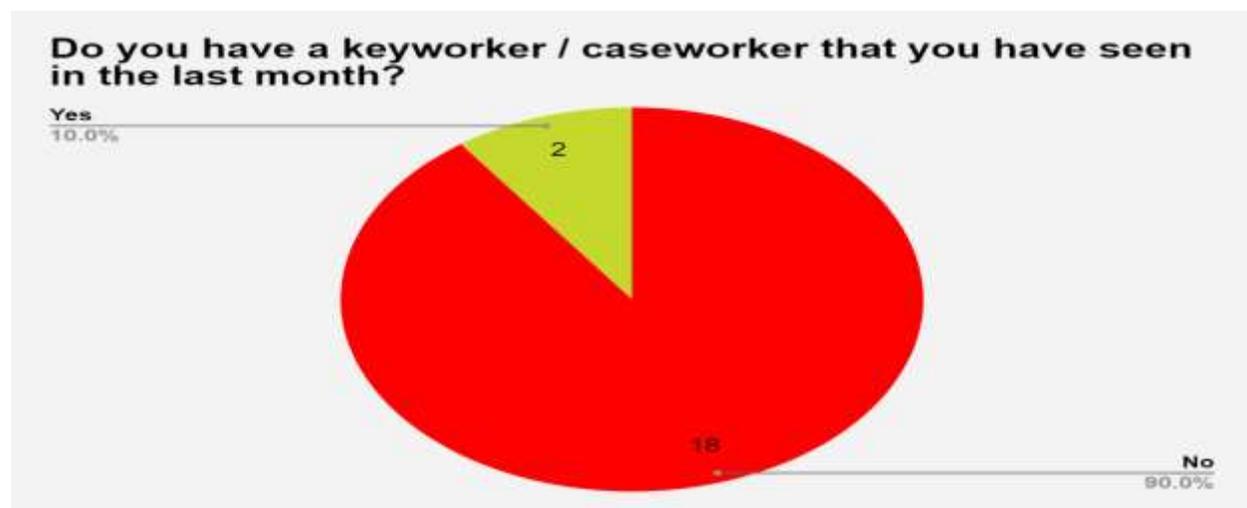
Data suggested that respondents were linked to services. Some data appeared to be contradictory in relation to the access to addiction support. Anecdotal evidence suggests through feedback and engagement with clients on the street, that service users are linked in, but the level of engagement is minimal.

To establish the level of engagement and participation, a secondary questionnaire survey was created. The survey had 3 questions and focused on specific areas of engagement and timeframes. Participants would be asked if they had a key worker/ case-worker that they had seen in the last month. They would be asked if they are currently working on an active care plan and finally have, engaged with or encountered any outreach teams in the last month.

Assessing the level of engagement

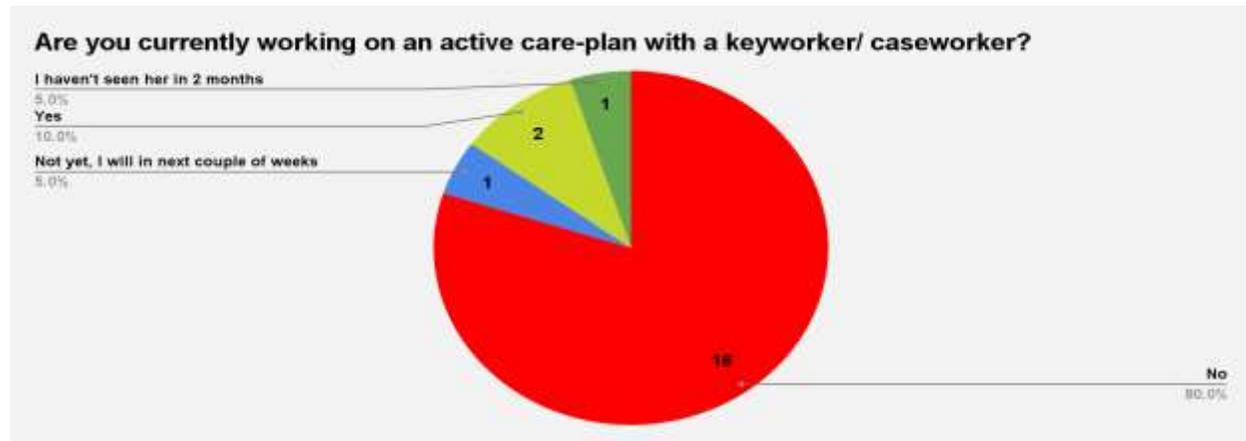
A systematic random sampling method was used to select 20 participants from the core list of 59. The questionnaires were conducted by telephone.

Participants were asked:



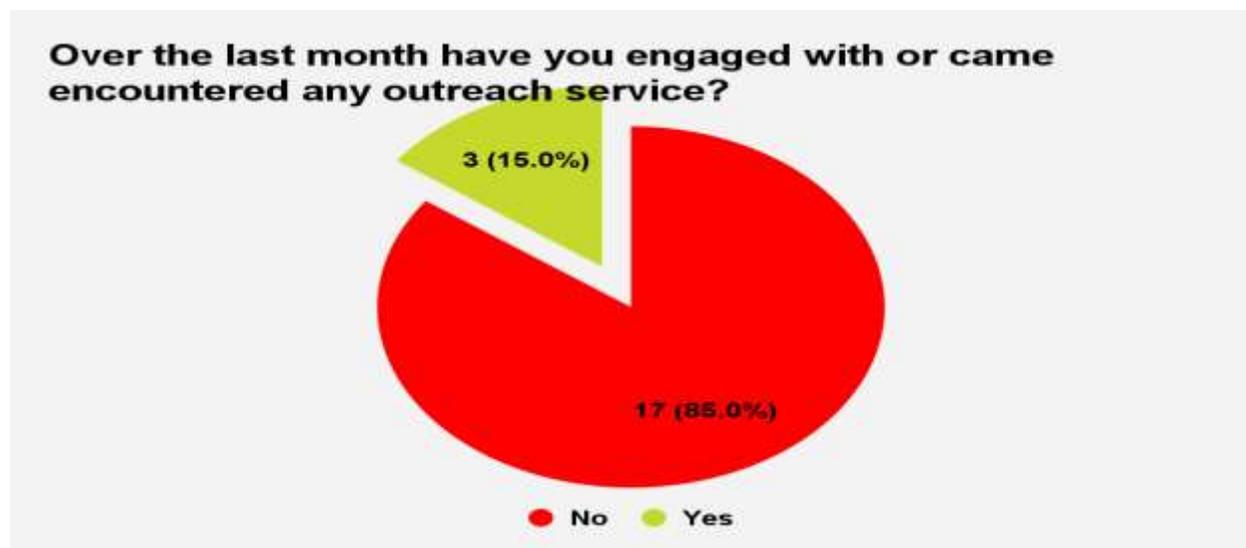
The data show that 90% of the participants do not have a keyworker or caseworker that they have seen in the last month. 10% of the participants have.

Participants were then asked:



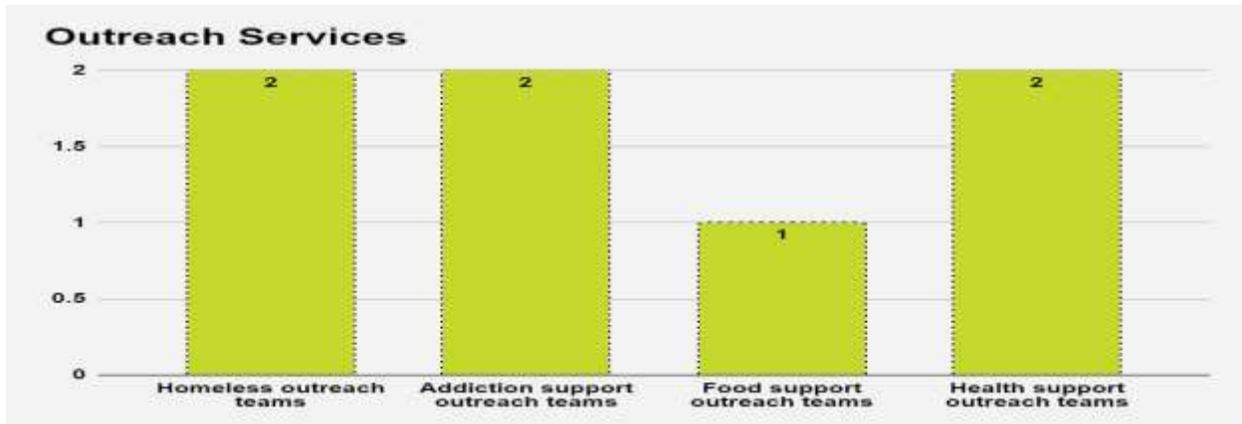
- 80% of participants said they are not working on an active care plan.
- 10% of participants said that they are working on an active care plan.
- 5% of participants have not engaged with a worker in 2 months.
- 5% of participants said they will be working on a care plan in the upcoming weeks.

Participants were then asked:



-
- 75% of participants said they have not engaged with or encountered any outreach service in the last month.
 - 3 participants or 15% said they have engaged with or encountered an outreach service in the last month.

The breakdown of the outreach teams from the 3 respondents are as follows:



Drug-related Litter

Phase 2 also followed up with services, community groups and business organisations in relation to drug-related litter:

- Statistics from Merchant Quay Ireland's Community Engagement Team show that year to date figures of drug-related paraphernalia have decreased by almost 40%.
- The total weight of the drug paraphernalia bin in (YTD) 2021 is 28.27kgs, compared to the total weight in 2020 which was 44.9kgs.
- Stephen Coyne of Liberties Business Area Improvement Initiative says that drug-related litter has lessened visually. This coincides with the refurbishments of parks.
- Dublin City Council Park workers describe a change in drug-related litter in parks in the last year. They say where there once were high levels of drug paraphernalia in some parks, which has decreased significantly.

Objective 5

Collate all the gathered data

The summary of the findings

The focus of the research was to establish are people accessing support services. Why were people using certain locations 'hotspots'? What was happening with their drug and alcohol litter, and finally would people like to access support?

Based on the data from 80 participants the key points are.

The hotspots where the highest level of people use alcohol, drugs in the South Inner City are:

- The Monument on James' Street.
- The Peace Park in Christchurch.
- Fishamble Lane Areas.
- St Audoen's Park Areas.

The demographic of the people in the hotspots:

- A total of 80 people participated in the research project.
- 74% Male to 26% Female using hotspots.
- The highest number of people using hotspots were in the 36-45 age range, a total of 31.
- The highest number of females were in the 36-45 age range, a total of 10.
- Irish nationals represent the majority with a total of 75.

Reasons people used 'Hotspots':

- 12 respondents use particular areas because they feel comfortable or safe there.
- 11 respondents describe a social aspect to particular areas, whereby they meet friends or partners and drink or use drugs together.
- 10 respondents stated that it is hidden or discreet.
- 8 respondents stated because it is close to hostels, their homes or tents.
- 6 respondents used a particular area because they needed to use or drink (withdrawals).

Level of engagements with social support services:

- 70 have access to social welfare services or PPS cards.
 - 58 have a medical card.
 - 41 are accessing homeless support services.
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- Lack of documentation prevents people from accessing social support.

Level of engagements with medical support:

- 64 participants are accessing medical support services.
- 58 people had GP's.
- 38 are linked in with HSE Clinics.
- 29 use medical services at MQI while 15 use the Granby centre.

Level of engagements with addiction support:

- Polysubstance use is the highest category with 31, compared to drugs 25 and alcohol 24.
- 46 respondents stated they are not currently linked in with addiction services.
- 49 people are on prescribed OST, (2 Buprenorphine).
- 23 people would not like addiction support.
- 67% of respondents would like further addiction support.

Interventions

- 57 brief interventions took place with participants who wanted addiction support and with those who were unsure. Each person was given support and provided information for the support they required.
- 24 brief interventions took place with participants who needed support with untreated health-related issues.

Drug-related litter

- Statistics from Merchant Quay Ireland's Community Engagement Team show that year to date figures of drug-related paraphernalia have decreased by almost 40% in comparison to 2020.
- Dublin City Council Park workers describe a change in drug-related litter in parks in the last year. They say where there once were high levels of drug paraphernalia in some parks, which has decreased significantly.
- The decrease in DRL could be a direct correlation to the increase in emergency homeless beds as a result of the Covid 19 pandemic along with the increase in crack cocaine.

From the evidence collated through the action research, there is an apparent fall-off in support for people who enter an opioid substitute therapy. 67% of people who use alcohol or drugs in hotspots are on OST. The data shows that the OST is the only support they are currently receiving. People who receive OST from private GP's or doctors become completely disengaged from addiction

related supports. 67% of participants would like community addiction support, day programmes, one-one support and therapeutic groups. A follow-up survey showed that 90% of people who drink or use drugs on the streets do not have a key worker or caseworker that they have seen in the last month. 90% are not working on an active care plan. Only 15% of the people surveyed have encountered outreach services in the last month at the time of the survey (November 2021).

Statistics from MQI show a 40% decrease in the drug-related litter, this is supported by staff from DCC park supervisors who also see a decrease in drug paraphernalia over the last year. An observable increase in crack cocaine use by the outreach worker along with anecdotal evidence could explain this profound drop. 20% of the 80 participants are currently IV drug users with a total of 16, 14 of the IV drug users dispose of their used needles in sharps bins. Alcohol use was present in a little over 70% of participants. 12% of those leave their empty cans or bottles in the area they are drinking while the remainder use nearby bins or take them away in bags to be disposed of later

Objective 6

To liaise with community groups, networks, and services

Alongside an interagency collaboration with support services and outreach groups, the outreach worker liaised with community groups based in the South Inner City. The Community Organisation and Residents Network (CORN) group and Dublin City Council (DCC) had provided a list of locations where people were using alcohol and drugs, discarding drug and alcohol related litter. This list formed the basis of the initial scoping sessions whereby the outreach worker visited the locations.

The list appeared to highlight anti-social behaviour and drug dealing with a small emphasis on drug-related litter. Although anti-social behaviour was not the focus of the research the list had some benefits as it contained parks in the Liberties area which was the predominant focus of the research. It was discovered that because of the Covid 19 pandemic restrictions, some parks had been closed and drug-related activity had changed.

To discover new street trends a series of agency visits took place with services that worked directly with the potential cohort of people. Services and organizations like MQI, Mendicity, Coolmine and Lighthouse provided some up-to-date current street trends while meetings also took place with workers from emergency homeless services in the city. These engagements alongside observations from scoping outreach sessions formulated targeted areas for the assertive approach.

As the project progressed, a local services leaflet was developed which contained information for people to access free support. The leaflet contained information on additional services, food collection services, medical support services, mental health support services and emergency homeless support services. All services on the leaflet were aware of the research project and provided up to date opening times and contact details.

Furthermore, communication with members of the business communities was included in the process. The outreach worker engaged with the Liberties Business Improvement Initiative (LBAll), informing them of the research project. Discussions took place about current street trends and LBAll provided further insights into current trends from the business community perspective.

Dublin City Council which operates some of the parks were also asked to input their perspectives into the research. Email communication occurred in intervals throughout the process and an online meeting took place with two workers as the research was coming to a close. These workers overseeing some of the hotspots that were targeted in the project were given an opportunity to input feedback regarding trends and drug-related litter.

Voices from the respondents

In closing the report, the author will now include some voices from the people who took part in the research project.

“I would like to see more things happening for alcohol supports. I would like to see the world opening again because when Covid came I got a sense of fear of going out and my drinking increased.”

“I am thankful because after this conversation it now makes me think about my drinking, I am 61 now and not getting any younger!”

“I would like to see people get help. I’ve seen a lot of good people in bad situations. It’s good to see you guys walking around, it’s needed!”

“There should be more people out and about like youse where people feel comfortable talking to you.”

“I am being disappointed all the time. I’m sleeping rough, begging and the same thing over and over again. I strongly believe it will always be the same. I’m never given options of what’s around”.

“It’s nice to see someone out here doing something about it. No one has ever come into this park from outside the area. No one from the (local addiction service) has ever come out here”.

“Without you and JM coming down here I know now that there is support out there. Some people are helping. I’m gonna take advantage of that. I was suicidal last night and believe in the law of attraction.

“I would love to see them do more stuff. Instead of ‘one fixes all’ which is methadone. Young fellas with young fellas and older drug users with older drug users. I never took heroin or used a needle and have been on a clinic since I am 17”.

“I feel safer on the streets than in some of the services”.

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