

HEARING THE VOICE OF PEOPLE WITH LIVING AND LIVED EXPERIENCE OF DRUGS, BY HILDEGARDE NAUGHTON TD, MINISTER OF STATE WITH RESPONSIBILITY FOR THE NATIONAL DRUGS STRATEGY.

As Minister with responsibility for the National Drugs Strategy, I look forward to reading the final report of the Citizens' Assembly on Drug Use which is due at the end of this year.

Never before have we had such a meaningful and informed discussion around an issue which affects people in all communities, rich and poor, in all parts of the country, urban and rural. UISCE played an important role in the Assembly's deliberations, through personal testimony, providing expertise to the Lived Experience Group and contributing a series of videos which were shown to members.

The view of the Assembly, set out in a press release issued last October, is clear: "The State needs to take a far more progressive, ambitious, comprehensive and coherent approach to drugs use in Ireland", it said. The report will set out in more detail the rationale for its 36 recommendations, and in 2024 a Dáil committee will further discuss the issue. Ireland, like many other countries across the EU and further afield, has a drug problem.

According to the most recent Healthy Ireland survey, 7% of the population had used illicit drugs in the previous year, with 3% reporting use in the previous month.

The budget to tackle addiction has risen in recent years, with some €145 million spent last year. More than 12,000 people benefited from treatment for problem drug use in 2022, versus just over 9,227 in 2016.

There have been many successes: Very few young people inject heroin or other opioids, and HIV rates have significantly reduced. Lives were undoubtedly saved during the recent spate of overdose cases in Dublin and Cork through use of Naloxone, often administered by family, friends or peers trained in its use. Next year, the first medically-supervised injecting facility will open on Merchants Quay, as will the Dublin Simon Community's medical facility for people who are homeless and with addiction on Usher's Island. But more funding – at least in the short term - is needed to build and expand education programmes to highlight the inherent risks associated with problematic drug use, to getting the treatment capacity right and the various services in place to give people the best chance of recovery.

One of my early engagements after being appointed as minister was with Uisce coordinator Andy O'Hara. During the course of a very useful meeting, Andy explained the work of Uisce, set out some concerns he had and described the attitude of some to people who use drugs (PWUD).

PWUD did not feel listened to, he said, many felt invisible. Others felt available services were not designed to cater for individuals. Mothers grappling with addiction were reluctant to seek help due to stigma and the fear of their children being taken away from them. Others wanted to return to work but didn't have a clear pathway.

The Government understands that addiction is a health issue and is working hard to get people access to the services they need.

Uisce plays an active role in government policy on drugs through its membership of the national oversight committee and its contribution to the strategic action plan for the national drugs strategy. Hearing the voice of people with living and lived experience of drugs ensures that policy is relevant, informed and client-oriented.

Later next year, the Department of Health will begin preparations for the next national drugs strategy. I expect that Uisce and similar organisations representing people with lived experience will play an important role in developing the new strategy.

Uisce also contributes to the delivery of services to hard-to-reach groups, such as training in the administration of naloxone. Uisce has informed the development of the supervised injecting facility and is currently working with MQI to support the delivery of existing and new services for homeless people using drugs.

Central to the Uisce approach is the use of peer workers in the delivery of health services for people who use drugs. Peers bring many strengths to service delivery – trust, understanding, availability and personal contact. There are more and more examples of peer working in the delivery of healthcare services to socially excluded groups which is welcomed.

Since taking responsibility for this area, I have secured additional funding for more treatment episodes, for education and awareness programmes, and for specific measures around recovery.

I know that more is needed, and I will continue to work hard to deliver what is required.

The voice of people with living and lived experience of drugs, expressed through organisations like Uisce, is so important in helping policymakers and politicians ensure that people get the right care, in the right place, at the right time.

My aim is that people who use drugs can access appropriate health services and not feel stigmatised and marginalised. If ever there was a reminder of the need for us all to be careful and to watch out for one another it is the terrible spate of overdoses in Dublin and Cork over recent weeks.

The HSE, emergency services, An Garda Síochána, NGOs and other agencies did superb work in helping people in distress and ensuring that the wider public and PWUD were aware of this dangerous batch of drugs.

But peers deserve enormous credit too. Thanks to your efforts, lives were saved. Family and friends did not have to go through the horrible ordeal of learning about the death of a loved one.

For all your work, thank you.

