# Community Response

*A report of a seminar on drug problems*
*in the south inner city*
*held in Kevin Street College of Technology*
*on November 3rd, 1990*

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# Background

*An outline of the background to Community Response*

The effects of drugs, and now HIV, are having a devastating impact on the south inner city community. With an increasing death toll from AIDS no one member of the community has escaped these serious problems. The suffering and grief of some parents is unique in that they have experienced the negative results of the early 1980s drug epidemic, saw their children end up in prisons, treatment centres, hospital, have been involved with social workers on child care issues and now the main questions are - How much does a funeral cost? Will they leave the coffin open? Will everybody know that my child died of AIDS? The extent of the grief is highlighted by two simple pieces of information. Firstly, two small parishes alongside each other in the areas have in the last three years experienced ten AIDS related deaths. Secondly, in one particular area where four families experienced six deaths between them, fourteen children between the ages of 6-16 years are directly affected with grief, stigma and loss, yet devoid of any resources to cater for these needs.

The background to this problem lies in the decline of the inner city, the lack of a political and social policy will to reverse this decline, the onset of the drugs problem in the late 1970s and early 1980s and the failure to develop a comprehensive response to this devastating problem. In the late seventies there was a dramatic increase in the availability of illicit supplies of heroin and other dangerous drugs in Dublin. These increases were the result of changes in international market supplies of heroin and other dangerous drugs in Dublin. These increases were the result of changes in international market supplies, the involvement, for the first time, of criminal elements in the organized distribution of drugs, as well as increased demand, particularly in working class estates throughout the city. Prior to this Ireland's drug problem was negligible. In the mid-seventies there was a gradual increase in the number of opiate users in Dublin and in particular in increase in the use of synthetic opiates, Diconal and Palfium. By 1977 a small number of opiate users had been observed in south inner city flat complexes. By the early 1980s there was a heroin epidemic throughout inner city flat complexes and this later spread to suburban housing estates.

The inner city was wide open to this dramatic development. The heavily populated flat complexes, built in the early fifties, had within thirty years become run-down; unemployment was rife; there was a high turnover of tenancies; there was a decline in the level and quality of flats maintenance; and there was an emerging youth problem. The lifestyle of many youth consisted of robbery, car theft, joyriding, cider and hash parties, court appearances and prison sentences. Towards the end of the seventies experimenting first with palfium and then with heroin, can be added to this list. The supply of heroin was principally organized by a number of criminal families who moved into the area to consolidate their criminal activities. The drug using youth became dominant within their communities. First they became involved in local crime in order to support their habit, and later many of them became involved in the supply and distribution of heroin for outsiders. Such research that has been done on the prevalence of drug use has clearly identified inner city and suburban working class communities as particularly vulnerable. The drug problem is a community problem; it demands a community response.

Throughout the early 1980s there have been various attempts at community responses. These include local information meetings addressed by Gardai and treatment services; the appointment of addiction counselor; the setting up temporary youth projects (which were *very* temporary); the setting up and development of voluntary services and the setting up of groups of concerned parent against drugs. There have also been institutional responses - the purpose-built medical centre in Pearse Street, the enlargement of the Garda drug squad and the strengthening of drugs legislation. In the decade of the 1980s these varied responses have not always coexisted in harmony. Their interactions have often been characterized by hostility and suspicion. They have lacked unity and coordination and there has been conflict and in the midst of this confusion the drug problem did not go away. The time has come for people who are seriously concerned with responding effectively to this problem to "bury the hatchet into the problem and not into each other". Community Response is one attempt to do just that.

Community response started in January 1990, when a group of people came together to plan a number of activities to coincide with the Liam Brady "Give Drug The Boot" campaign. This campaign was held at the time of Brady's Testimonial match and took the form of football and sport tournaments with Brady himself presenting trophies at a number of venues throughout the city, including St Patrick's Park in the south inner city. The campaign was a great success and after it people who had been involved in the organising decided to stay together to develop Community Response further.

Members of Community Response included individuals from the community, i.e. tenants organisation, community groups, Gardai representatives, social workers, public health nurses, community workers,

voluntary workers, home help organisation, etc. all initially expressed feelings of frustration, apathy, sadness and isolating. It was agreed that while an open discussion on frustration was certainly useful, the answers to the problem lay in attempting to develop positive solutions. It was also agreed that all of the resources, ie statutory, formal and informal, voluntary, etc. had made mistakes in the past; the main purpose of Community Response was to develop a positive, united front for the future. All interested groups, whatever their basic ideology, political or religious affiliations were welcome, provided they left their respective "ass and carts" outside. Therefore the one common aim of Community Response was toward working together to develop and devise practical and pragmatic solution to the problems devastating Dublin's south inner city. Community response was not to be a marathon talking shop, immediate constructive action was called for.

For the purposes of attracting more members from the community and other interested agencies, it was decided to organise a working seminar. The seminar took place on November 3rd at Kevin Street School of Technology. Invitations were sent out to all relevant bodies. There was a large attendance at the seminar which comprised of eight workshops on the following topics: drug problems; economic roots of the problem; treatment; AIDS; crime/drugs; early prevention any youth work; elderly; and models of response. The seminar was introduced by Hugh Cahill on behalf of Community response, and was chaired by Mary Ellen McCann from the Ballymun Youth Action Project.

Prior to the seminar a questionnaire was circulated to a number of tenants and community organisations in the area seeking information on the extent of the local drug problem, crime, other problems and their knowledge of drugs services. The information gathered from these questionnaires was presented at the seminar by Mick Lacey.

During the seminar there was a great sense of goodwill among the various individuals and groups to work together to develop a cohesive response to the problem. There was a strong commitment to getting greater participation between members of the community, voluntary and statutory bodies. However there was also a strong feeling of frustration and dissatisfaction with the ongoing drugs problem, the rise of HIV and AIDS and the lack of coordinated responses to these and many other local problems

This document is a report on the seminar. It includes the opening comments by Hugh Cahill and behalf of Community Response; the views of the seminar chairperson Mary Ellen McCann, an outline of information collected from questionnaires, summaries of the eight workshops, and a summary of workshop recommendations. The workshop outlines and recommendations were prepared by Community Response on the basis of notes and records of the seminar.

The organising of the seminar and the production of this document were assisted by a grant from the Combat Poverty Agency. The next stage for Community Response is to develop a programme for organising information meetings, based on this report, in each of the south inner city flat complexes.

# Introduction to the day

*Hugh Cahill on behalf of Community Response*

On behalf of Community Response I wish to formally welcome everyone. Community Response is comprised of voluntary community associations and statutory personnel in the south inner city. The group came together ten months ago to gain understanding of each other approach to the drug problem and the effect it has on the community. Community Response hopes to discover new ways in which together we can tackle this problem effectively.

There are many reasons why our youth become involved with drugs. Some are social and some are deliberate but by and large the drug problem is confined to the working class areas of the inner city of Dublin. To find ways of tackling drugs we have to firstly understand the problem. During the course of this day you will hear from many people who have studies the drug problem for years-doctors,

nurses, social workers and voluntary groups who will present information on the extent of drug use and HIV. These people have worked tirelessly over the years to combat and prevent the drug problem in Dublin, but for all their efforts the drug problem has escalated and for our efforts drugs are more freely available now than five years ago. There are many factors which have influenced the increase in drug addiction, the HIV infections and drug related crime. Because of the constant and ever increasing drugs problem and drugs related crime, parts of the south inner city have become dangerous to live and rear children in. There are many parts of the city that are no go areas not only for the people who live there but particularly for old folks, tourist - areas that the police ever find difficult to manage. These no go areas did not come about by accident. Some people will say that they are the direct result of the Dublin Corporation's housing policy and attitude towards inner city tenants. They have allowed vast areas of inner city flatland to be rundown and thereby creating a base for undesirable tenants. These in turn use this base to run criminal activities which encourage drug addicts into these areas to sell stolen goods and deal in drugs. This in turn creates an environment where no decent family can live. Many leave the area and you find that their accommodation is taken over by more undesirable elements. After a short period of time you will find where you once had a prosperous close-knit community, it is now a no-go area, where drugs, muggings, protections rackets are an everyday occurrence. What chance has a child got growing up in this environment. The corporation must share the blame for creating or allowing these conditions to be created by their housing policy. In one week in early September this year 85 families in Corporation dwellings were subject to violence or threats. Several had their homes burned down. The majority of them were wrecked. The Corporation response to this was to issue legal proceedings. As you know to acquire the eviction of undesirable tenants could take years. In the meantime the fabric of community life disintegrates.

There are many other factors involved; the role of the community itself; the role of the statutory organisation; the role of the police and the courts. The courts in particular must share the blame for the continuing drug problem of our young people. The response so far to the drug problem is to lock up the addicts. Although this is understandable in some cases as the crimes some addicts commit are horrendous and often against old people. In these circumstances it is easy to understand the courts reaction and the hostility and apathy shown to addicts by the public at large.

Nobody wants drug addicts, but they area fact of life and are not going to go away. We have failed in the last ten years to respond comprehensively to this problem - many addicts have died as a result of overdoses, suicides or HIV. Many have left Dublin altogether and sought treatment in services in London and elsewhere. The decision of this latter group to leave has made it easier for us to bury our heads in the sands and hope the problem will go away. But it hasn't gone. Today, we are faced with the problem of a whole new generation of drug addicts that won't go away. They are our children, our sons and daughters. We as a community are responsible for them, and no matter what it takes or how long it takes, we will have to find some effective way of dealing with drug abuse in the city.

It is hoped that during the discussions today in the workshops that some new ideas will come from the community itself that would help us with this very serious problem there is no one in Dublin today that is not affected by the drug problem - be it an addict in the family or the victim of an addict's criminal activity. Everyone is suffering and we feel that by coming together as a group putting aside all differences and working with a genuine concern for the problem that only this way can there be a successful end to this horrendous problem.

# Comment from Seminar Chairperson

*A look back at the seminar by Mary Ellen McCann*

Last November (1990) I was asked to chair the seminar being organised by Community Response, to take a new look at the drugs problem in the area. It was an attempt to try again to build an effective response to drug abuse in a community which has been one of the most badly wounded by drug related problems, and is now facing even more pain with the development of AIDS. It is also a community where attempts have been made before to rid itself of illegal drugs and one with a history, like many other communities, of conflict around this issue. Therefore it was with no small amount of trepidation that I appeared on the appointed day to chair the seminar! Much preparatory work had been done, and I hoped that the day could be conducted in the spirit of that preparatory work, a spirit of concern and hope with a realization of the ever present urgency of the situation.

We began the day with reminders that in this area, the drugs area, there are no absolutes. We just don't have any answers, this is not because we're stupid, or not in touch with current knowledge, but because of the mere reality of the issue. It is very complex, multi-faceted, and away more powerful that any single one of us, or single agency. Each of us, from the most learned, most experienced, to the newest person to get involved, has felt powerless about it. We've all questioned what on earth are we doing? What can be done? Is there any hope? We've all felt grossly inadequate when people desperate for help have south that from us. We've all felt devastated when all our efforts fail, and young people die.

We've responded to those feelings of powerlessness and inadequacy in different ways. We've blamed the addicts themselves when they didn't "do something" about their problem; we've blamed their patents - "where are they when their kids were messing up?" etc., etc. Sometimes agencies and groups have blamed one another for the lack of improvement - hence much of the conflict! We've rationalised the situation, found excuses for why it was happening, explained what we thought were the causes. Everybody has their pet theory on that!

We've minimized what was happening. "It's not that bad". We can do that until things happen which face us fairly and squarely with the realities - like whole families who are HIV positive. We've tried to control drug abuse. Much of our response has come from the law and order arena. We have new laws, heavier sentences etc. but despite all these efforts, we still have major drug problem in our city. Perhaps some of us have learned to live in spite of this. It certainly doesn't seem to be on our agendas the way it was in the early 1980s.

So, this day for this community in Dublin, was a day to look again, and to ask "Is there another way?" It was a day for listening and searching. There were people there who had been in conflict with one another for a long time. They were asked to bring in their concern, to acknowledge that there are no absolutes, to participate, listen and search. They were asked to take responsibilities. There has to be many untapped resources in the room - there was obviously a lot of concern, as was evidenced by the very mixed attendance, and the very active participation by all who came.

The day was designed to allow maximum participation, and the key speakers for each workshop were limited to seven minutes each, to introduce the main topics for the workshop. The rest of the day was for those who came to take a full role in discussing what they thought needed to be included in any effective response to drug abuse in their area.

The feedback from the workshops proved that everyone had been very busy, and it is to all the participants' credit that such a comprehensive total overview of all aspects of this problem emerged by the end of the day.

Throughout the day a great effort was made to keep the focus of the seminar, i.e. listening and sharing. Once again, there were no answers, no magic wands. It is to be hoped that the genuine effort and concern put into this seminar can be developed and responded to, in a manner which will lead to effective caring responses and lasting change for this vulnerable community. The seminar showed that the willingness to work is there. Now it needs effective follow–up to replace the hopelessness with hope.

# Questionnaire Report

*An outline of the information reported in questionnaire presented by Mick Lacey*

Prior to organising the seminar, Community Response devised a questionnaire for distribution to a number of local tenants and community organisations for the purposes of compiling indicating figures on the extent and effects of drug problems in the south inner city locality. The questionnaire included questions on their knowledge of drug problems, the type and sources of drugs used, related crime, services for drug users and other social problems. Fourteen tenants and community groups returned the questionnaire.

Overall there was a high reporting of drugs problems with 7 (50%) of the groups reporting an increase in the heroin problem. Other groups reported an increase in Naps/DF118s (pharmaceutically prepared drugs sold on black market) and cannabis. There was also concern with the increasing use of alcohol by young people. None of the groups reported a problem with cocaine or crack. Community groups knowledge of existing drug services was limited, if non-existent. Some expressed concern at the absence of local drugs services.

Organised drug pushers were considered to be the primary source of supply of drugs. There was concern that some of the big drug pushers were still around the area and that they continued to use drug users to push the drugs for them. There was considerable concern that drug-selling and-buying activities continued to have a demoralising effect on local communities. It was very hard for people to remain committed to their areas when they were watching drug users injecting openly on balconies and stairways. It was also pointed out that a large number of the drugs being sold on the streets originated from chemists' pharmacies and GP surgeries, either as a result of robberies or forged prescriptions.

Crime was reported as the most serious problem in the area with groups expressing concern about burglaries, robberies, shoplifting, handbag snatching, muggings and stolen cars. Some people, particularly the elderly, were living in fear as a result of the petty crime associated with the drug problem. It was pointed out that in one area firearms were openly used during the executing of a particular crime. Some of the groups however expressed the view that not all of the crime was being done by local people. Some crime was done by people - perhaps drug users - coming into the area for a drug supply and in the course of doing this committing a crime. There was also complaints that often cars were dumped into flat complexes by outsiders and burned out for insurance purposes.

There was reports of a breakdown in local morale in relation to crime - that people were becoming less interested in reporting crime or in becoming involved in doing something about it. There were different views on the efforts of Gardai in combating crime. There was some concern at the lack of a sufficient Garda presence on the ground to police the area and that they were slow in responding to calls. It was also pointed out that the Gardai can also be a great help to local community effort.

Unemployment was also identified as a serious local problem. There was some concern that it appeared impossible to do anything about this problem, it was so major. The community groups expressed wide concern at the lack of local community, recreational and social facilities. This point was made particularly so in relation to young people. There was a lack of youth clubs. Youth projects and training schemes.

Young people were leaving school early because they couldn't cope with the structures and they were not being picked up by youth services. It was suggested that there should be more training workshops, more after-school programmes for children, life skills training in schools, more play areas and more preschools. There was one suggestion that a good stock car racing project would help deal with the joyriding problem. Most groups complained of the lack of funding for community based activities. It was pointed out that if there was more leadership training available for local community workers a lot could be achieved in terms of dealing with local problems on a community basis. Some of these skills could be passed on to other within the community and this would have the effect of reversing the trend towards apathy.

# Workshop 1

**Title:** ***The socio-economic roots of the drug problem in the south inner city***
**Facilitator:** ***John Gallagher***
**Resource Person:** ***Mervyn Ennis***

This workshop focused on the concomitant relationship between economic and social decline in the south inner city and the emerging drug problem from the mid 1970s on. Endemic poverty and generational unemployment were at the root of the area's decline. Traditional industries which provided semi-skilled work for inner city residents and which, during their period, were closed or relocated, were not replaced. Such expansion in employment as did occur was in white collar, service and technical industries which required a workforce with greater skills and educational achievement, and which were filled in the main by commuting workers.

Accompanying this decline of traditional industry there was a slow, protracted, and drawn out change in land use. Sites earmarked for new development or road proposals have been left idle and derelict for decades reinforcing further decline. Many families, including those with greatest skills and resources left the inner city and moved to the suburbs to find (and not always successfully) new houses, new communities and new employment.

With a decrease in numbers attending local schools, educational resources also decreased and so also inevitably did standards. Inner city schools do not have the capacity to attract subsidised voluntary funds from children's parents. With the result there seems to be an increasing number of young people leaving school with even less educational achievement than their patents. Young people with poor educational opportunities and restricted life chances become sucked into poverty traps; leaving school to take up a short term training programme which pays an allowance; having children which can provide a status, a home, and an income. Programmes for employment are piecemeal training schemes designed as "menial work for idle hands". Some Fas schemes are seem locally as an inadequate substitute for the deficiencies of an educational system which has failed working class communities.

Underlying this decline is a lack of political will and commitment to plan for the inner city in part explained by the fact that few local political representative live in the communities which they represent. At a time of growing social need throughout the 1980s social service spending was reduce. Community care services were particularly affected - greater local demand for services at a time when resources became even more restricted.

It was this situation of economic decline and decay and cutback in social expenditure that a vulnerability developed in the inner city communities making them susceptible to encroaching drug problems. An ultimate solution to the drug problem therefore must include a strategy for effectively tackling the economic and social decline of the inner city.

**Recommendations:**

(1) The south inner city be targeted as a priority area for redevelopment and employment generation with particular attention to the employment needs of the traditional working class population.

(2) A re-examination of the school curriculum in south inner city schools with particular attention to refocusing education on the needs, culture and aspirations of local children.

(3) Positive discrimination in relation to the resourcing of educational facilities in the south inner city

(4) The provision of extra support services for women, i.e. educational, personal development and assertiveness, and training, with the provision of crèche facilities to enable them to attend such courses. Similar programmes should also be developed for men's groups in the areas.

(5) A Dublin Corporation programme for tackling dereliction.

(6) A radical reform of Local Government to ensure a more effective representation of local communities and to make political representatives more accountable locally.

# Workshop 2

**Title:** ***Drug Problems***

**Facilitator:** ***Christy Hill***

**Resource Person:** ***Shane Butler***

The central focus of this workshop was the need to de-mythylogise drugs. Drugs symbolised degradation, horror, etc. Society has placed drug in a situation where they appear as the ultimate evil. Society seems to be more motivated to deal in a controlling way with drugs than it is with tackling the problems of poverty and inequality. We seem to be more tolerant of these graver and much more fundamental issues

There is too much willingness to focus on the individual attributes of persons who use drugs and to seek answers to this problem within their personalities, their psychic and psychological makeup. Yet the drug problem as we know it is as much a consequence of society's incoherent response to drug taking as it is the social and criminal behaviour of those who use, buy, distribute and sell illegal drugs.

There is a need for a fuller re-evaluation of the drug problem - a more rational re-evaluation. Using drug is an everyday occurrence, e.g. drinking coffee or alcohol. There is a human tendency to want to change consciousness - that is why people use drugs. There is nothing new in this tendency. People from all societies have used drugs. Drugs do not necessarily by themselves cause social problems, but the potential is there - there is a vulnerability. When people have problem; when families and communities have problems, they are consequently more vulnerable, especially when they have little power to control their own destinies. Drug use becomes a major social problem only when it is compounded by other more serious problems such as family breakdown, poverty, community disintegration and powerlessness.

Our response to drug problems over the years has tended to over concentrate on controlling the drugs. Society's inability to respond rational is no greater understood than by drug users themselves. At the receiving end of drug policies drug users clearly see policy inconsistencies, their lack of rational basis and their lack of hope for the future.

There is a need for greater and more widespread dialogue on these issues. For too long we have focused on the myths comfortable with the view of drug use as something which affects others in situations which will never affect us. The onset of HIV/AIDS has forced a change to this approach. Clearly with HIV transmission such an important public health issue, the problem of drug use has the potential to affect the whole of society. This is yet a further argument for more dialogue.

**Recommendations:**

(1) There government should constitute a National Forum with statutory powers and resources for the purposes of generating research, discussion and policy development on drug problems, in consultation with statutory, voluntary and community groups.

(2) A full-time Drug Coordinator needs to be appoint for the Dublin area.

(3) The Eastern Health Board should in consultation with other statutory, voluntary and community organisations organise seminars, workshops and other fora for discussion, analysing and developing policies on drug problems.

(4) Community Response should continue to use whatever mechanisms available to involve communities in the south inner city in seeking local answers to drug problems.

# Workshop 3

**Title:** ***Drug Treatment***
**Facilitator:** ***Sean Cassin***
**Resource Person:** ***Barry Cullen***

Problem drug use is a relatively new phenomenon in Dublin. In the late seventies the problem escalated and Dublin, during the period 1979-83, was described as having experienced on opiate epidemic. Although there was a levelling off of opiate use during the years 1984/5 the problem still remains and currently there is further evidence of new opiate users.

Because this is a new problem and one which was never previously experienced in this country (and particularly so in reaction to intravenous drug use) it can be deduced that there are no expert solutions. Treatment responses which have been tried in other countries are not automatically applicable to the Irish situation. Worthwhile responses must be based on a rational analysis of the particular characteristics of the Irish problem. Twelve years after this problem first escalated in Dublin we now know that the problem is concentrated in a small number of Dublin communities which are characterised by unemployment and generalised deprivation. The effects of the problem have been most greatly felt within the same communities and these include crime, vandalism, family breakdown, illness, death and community conflict.

Drug treatment however has been concentrated outside the community within specialist, centralised services. This has had the effect of neutralising the involvement of community groups in treatment and of deskilling health and social service personnel who are based in community care services.

The drug problem is perceived by statutory treatment agencies as primarily, and almost exclusively, an individualised problem. There is pessimism that little can be done to change this from within those same agencies because of the amount of power, resources and careers tied up in keeping it as it is. Statutory agencies are not alone in looking at the problem and in individual one. Even some community responses - including the Concerned Parents Against Drugs - appeared to have an individualised analysis of the drug problem.

The main treatment model over the year has been based on the premise that individuals seeking treatment must make a prior commitment to drug abstinence. The treatment scenario is akin to a drowning man being told by the skipper of a lifeboat to swim the last few metres on his own before a lifebuoy could be thrown. The reliance on the abstinence model of treatment has been an expensive failure over the years and there was now much greater room and necessity for exploring new treatment options. What is required is a shift back into a community focus. The community was where the problem was most manifest; it was therefore the place where most satisfactory answers could be found. It was necessary to look at the community not simply as a place which contributed to the problem but one which could be resourced to respond to it.

**Recommendations:**

(1) State resources for drug treatment should become more concentrated in communities where the drug problem has been most concentrated, particularly the inner city and a number of local authority housing estates in the suburbs.

(2) Community Drug Teams which involve local GPs, social workers, nurses, voluntary and community agencies should be set up in these areas to provide a service to local drug users.

(3) Drug users should be provided with a wider range of treatment options including methadone maintenance, and non-residential rehabilitation programme.

(4) The Gardai should be able to recommend that persons being charged with drug-related offences for the first time be remanded onto a treatment programme.

(5) There should be a custodial drug treatment centre for convicted drug users with a full range of medical, counselling and social supports.

# Workshop 4

**Title:** ***Drugs, crime and law enforcement***
**Facilitator:** ***Peter Charleton***
**Resource Person:** ***Supt. John McGroarty***

In the 1970s the drug problem in Ireland was mainly confined to cannabis and break-ins in chemist shops-pill popping. There wasn't a big heroin problem before 1979. It can cost DD 100 per day to feed a heroin habit - this is not possible without crime. Heroin addiction and related crime eats into the fabric of a community. It takes from young people any incentive to work and gradually turns them into a constant source of trouble and danger, to their neighbours. The craving for drugs removes any social instincts and places the addict outside the accepted standard of behaviours and further into crime and even violent crime. Addicts will often have lost the mental reactions which guard against reckless behaviour. Consequently the addict is prone to responding in a violent fashion. If the problem in to be countered there must be a robust response from the law enforcement front allied to education/prevention and an effective treatment programme for addicts within the community. The Gardai have attempted to forge strong links with the community - the Juvenile Liaison system are never seen in court again - unfortunately 20% do go to prison eventually. Ultimately the Gardai however, are concerned with law enforcement and the Misuse of Drugs Act is a tough piece of legislation which Gardai must enforce. Much of the Garda work is hidden and focused on prevention supplies coming into the country. Customs regulations and procedures need constant review in relation to maximising the effectiveness of this work.

However Garda activity therefore has been most apparent in areas where the problem is most prevalent. Local people have been critical of some of these activities pointing out that the constant presence and surveillance of community members undermined moral. There is concern at the manner in which local people are addressed and treated by the Gardai and that when requests are made to the Gardai to attend local meeting these are met with an unhelpful response. Furthermore, local people believe that the Concerned Parent Against Drugs, who were disapproved by the Gardai, were justified in their activities, even though some of these were of an illegal nature. Overall the level of commitment to cooperation with the Gardai in relation to the reporting, detection and conviction of drug offenders was minimal.

The Gardai, however had a tough job. It many inner city communities Garda members were subject to violent attacks - Gardai had been hospitalised, vehicles had been put out of action, and attempts at seeking cooperation, particularly in relation to drugs offences, had been met with outright hostility. The Gardai have to be concerned that a response by the community which was directed away from the courts and towards measures of self-policing and adjudication, and attacks on Gardai, were illegal, and contrary to the democratic institutions and likely to contribute to anarchy.

There is a difficulty in relation to the community and the Gardai regarding each other with hostility and one likely consequence of this is that each side perceives the other as lacking human characteristics. Frank, candid exchanges can contribute to a greater understanding. However little progress can be made until such time as mutual respect replaces the current belligerent attitude. It is obvious that structures need to be put in place whereby the community and those enforcing law can exchange ideas without fear, in circumstances where objective detachment can foster a mutual understanding and consensus as to the correct response to the problem.

There was also concern that some GPs had been investigated by the Medical Council for over-prescribing and the question was asked whether the Gardai had any role in relation to controlling this.

**Recommendations:**

(1) There is need to set up structures with which Gardai can meet on a regular, liaison basis with community representative.

(2) There is a need for informal exchanges between Gardai and local people, perhaps through sporting, social and cultural activities.

(3) The Juvenile Liaison Officer scheme needs further expansion and development.

(4) Medical and pharmaceutical personnel who illegally supply dangerous drugs should be prosecuted.

# Workshop 5

**Title:** ***AIDS/HIV***
**Facilitator:** ***Mick Quinlan***
**Resource Person:** ***Dave Esson***

AIDS is a social phenomenon. The virus which causes AIDS, HIV is transmitted social. Persons who are most vulnerable to HIV transmission belong to certain social groups. In the absence of a cure the best the can be achieved is though education, prevention and care. AIDS demands a social and community response. Ultimately, success in this response will be measured in terms of the quality of community and social care provided and a reduction in HIV transmission. Such objectives require a rational, caring response by the community and society in general.

AIDS is a life threatening disease. Confidentially to those who have this disease or who have HIV is vital to their well being. But can be guarantee confidentially if affected persons must queue in the same open waiting room in the one hospital unit providing treatment? Is the use of red stickers on the medical charts of those persons with HIV for the purposes of protecting their confidentiality or to warn hospital staff members to be careful? At what stage is it in the patient's interest for information on HIV status to be shared with medical and other professionals?

In reaction to preventing HIV transmission the cooperation of those persons who either have, or who have reason to believe they have HIV, is vital. The question needs to be asked: Can this cooperation be secured if these same persons are to be stigmatised and discriminated against as a result of their condition? Such discrimination highlights people's lack of understanding of AIDS and their fear of it.

Often the fear is dealt with by denying it is something which can happen you. It is more convenient to thing of it as something which is confined to other groups ("undesirable" groups) - gays, and drug users. This denial is dangerous and counterproductive. It is dangerous because it contributes further to discriminating attitudes and counterproductive because it avoids the necessity of everybody taking seriously their own protection against HIV infection.

The lack of appropriate education is a key issue of concern. Information on safe sex, drug use avoidance, safer drug use are mechanisms for avoiding HIV transmission, but there is an apparent reluctance to confront this issue head on. Furthermore there is an inadequate provision of harm-reduction approaches in drug treatment. Some of the existing approaches are too controlling and alienate many drug users. There is a need to change attitudes at this level.

There is a very positive sense however, that a lot is happening is the voluntary sector. People from the different groups are coming together to analyse and discuss the problems and persons who are directly affected are speaking out and contributing greatly to this discussion.

**Recommendations:**

(1) Measures need to be drawn up in hospitals, prisons, other institutions and other services, to protect the confidentiality of persons who have HIV.
(2) Services for HIV affected persons must be substantially upgraded, funded, resourced and developed.
(3) GPs should be resourced to become involved in monitoring persons with HIV, in providing appropriate treatments and thus avoiding the necessity for such persons to attend specialised services, inappropriately.
(4) There should be a public education campaign directed at changing negative and discriminatory public attitudes towards persons who are affected by AIDS/HIV
(5) There should be education campaigns on drug avoidance, safe sex, safer drug use, targeted specifically at young people and most particularly young people who live in disadvantaged communities.
(6) Drugs education programme should be incorporated into school curricula and should also be used in youth clubs for out-of-school youth.
(7) There is a need for greater openness in drug treatment services towards providing harm reduction measures and more user-friendly services.
(8) There is a need for greater support to the voluntary sector and self-organised groups of persons affected by HIV in order to facilitate more their contribution to dealing with this problem.

# Workshop 6

**Title:** ***Early Prevention and Youth Work***

**Facilitator:** ***Dan Connolly***

**Resources Person:** ***Jim Lawlor***

The reality for a lot of young people in the south inner city is that their opportunities to hear and understand preventive and educational messages is limited. For many the formal educational system is not relevant and does not take into account their life experience. It also gives contradictory messages, emphasising young people's need for status and possession, whilst access to achieving these is denied. With the result most young people drop-out at an early age and for most of these, dropping out of education is dropping into unemployment.

Therefore, many young people, at a crucial stage in their growth and development, are often apathetic. Being stoned eases the pain of unemployment and lack of hope. For some, suicide is a real option. Relationships often mean sex after a night's drinking or smoking hash, and lasting for one night. Safe sex is for someone else and using a condom is not macho. While structures for AIDS prevention messages are virtually non-existent, AIDS itself is a central part of life - many young people are affected either directly or though family members, friends or other members of their community.

Youth work is a crucial service for responding to this situation. In youth work there relationship between worker and young person is of paramount importance. Without a strong face-to-face relationship, youth work loses its value, and for this reason more youth workers on the ground are required. Youth work should be based on the needs of young people. Good youth work practice is about the development of the whole persons taking into account the personal, economic, social, environmental and educational situation in which young people find themselves. This means that we take young people seriously; that we pass on new and relevant skills and that we work *with* young people rather *for* them. Youth work is about working through a process, empowering young people and giving them real responsibility. It is about encouraging and creating structures for real participation and challenging the inequalities that prevent growth and opportunity. Youth work is also about providing relevant, informal education, dealing openly with issues of concern to young people eg sexuality, relationships, AIDS, drugs, unemployment, recreation, etc., and providing support services for young people when they are going through a difficult time.

Youth work should not only take place in youth clubs, football clubs, etc. Most young people don't become involved in such clubs and are outside any community based activities. Youth workers need to make good outreach contacts in the community and involve local people (both young and old) who have taken on leadership roles. Good youth work also demands a commitment from all to work in partnership. This partnership should include voluntary, statutory, full-time workers, local people and young people in a combined effort to devise ways and means of changing misconceptions, organising programmes, and providing resources to those who want them and need them.

A comprehensive youth service cannot be effective within the community unless it is properly resourced. A massive injection of funds into communities is necessary in order to carry out drug prevention programmes. Pressure for this kind of funding should not only come from local groups but also the professional interests have a duty to speak up also.

**Recommendations:**

(1) Early drugs prevention should commence in primary schools curriculum. It should be informed by and reflect the pupils' social and economic situation, and cultural environment, and it should be designed in direct consultation with local community interests. It should continue into second level schools and incorporated into lifeskills training, sex education and AIDS prevention.

(2) Youth workers need to become directly involved in drugs and HIV prevention in community. The main focus of this activity should be one-to-one work but other approaches-posters, leaflets, audio-visuals, etc - should also be developed. It is crucial that these education/prevention programmes be developed through a coordinated effort involving voluntary and statutory workers, local people and young people themselves.

(3) Youth work in the south inner city requires a massive injection of funding and resources to be concentrated in those areas where young people are most vulnerable and at risk.

# Workshop 7

**Tile:** **Drug Use and the Elderly**
**Facilitator:** **Stepanie Joy**
**Resource person:** **Roisin Elliott**

In the inner city the drug problem affects the whole community. Apart from the large number of people who use drugs and the effects of this on their families and friends, there are other wider effects, particularly local crime and theft. Old people are particularly vulnerable. For some drug users old people are a particularly easy target.

In the south inner city area there are 3267 elderly people many of whom have been burgled, mugged, attacked and terrorized in the previous five years. As a group, the elderly attributed these acts to the youth using alcohol, glue sniffing and their use of dope and heroin. Underlying this perception is the fear many elderly have of young people. They feel that the younger groups in society isolate them and enforce a "feeling of dependence in society" on them. They feel kept apart by those involved in help the, ie by setting up groups and events for them without integrating them with other.

Growing old is a process that none of us can escape, yet we try to do so. We try to escape it by ignoring the elderly, by not valuing the social and economic contribution they continue to make, or be depriving them of the opportunities to make these contributions. There is a need for a change in attitude amongst younger groups - the elderly wish to be treated as a normal group. The maintenance of independence for the individual is vital for wellness and contentment. There is a concern that the services in existence for the elderly address illness, rather than wellness. There are no social workers for this group in the community and this is considered to be major gap in community care provision.

There is also concern that the elderly's use of alcohol and drugs is an issue to be looked at. Some elderly people feel that they are not listened to by their GPs. It appears that in some cases prescription drugs are used as a panacea and over prescribing for this group takes place. The use of alcohol in conjunction with prescribed or over-the-counter drugs is also a problem which requires attention.

The high level of unemployment in the area has contributed to the problems of isolation, fear and loneliness, felt by the elderly. It is easier to be active in a framework where one has previously worked. The lack of work experience by many elderly means that it is more difficult for them to organised their own activities. This contributes to a sense of apathy among the elderly.

Housing policy also has had a part to play in contributing to the isolation of the elderly - in many cases the extended families are forced to move to satellite towns of Tallaght and Clondalkin resulting in isolation from those who are near and dear. In planning housing developments there is insufficient attention to a closer integration between young and old.

**Recommendations:**

(1) There is a need for greater integration of all age groups at a local level. The elderly should be involved in meeting school children and mixing in younger settings. Young people need to be encouraged to visit and listen to the elderly at home. They should also be educated to understand elderly needs and the contribution elderly people have made to society. This would help to normalise the elderly as a group and allow for better communication and understanding of each other values and needs.

(2) Services and personnel who are involved with the elderly should be encouraged to adopt self-help approaches - to empower the elderly as both individuals and groups to determine their own priorities and needs, to maintain their independence and to feel good about their contribution to society.

# Workshop 8

**Title:** **Models of response**

**Facilitator:** **Hugh Cahill**

**Resource Person:** **Vincent Doherty**

Dublin's drug related HIV/AIDS problem is among the worst in Western Europe with almost 60% of the total HIV caseload comprised of injecting drugs users, former users and their sexual partners, and estimates of upwards of 35% HIV seroprevalence amongst drug users in certain areas. The problem in a direct result of the highly concentrated and social natural of opiate use, particularly the widespread practice of needle sharing during the administration of the drug. Such a phenomenon cannot be comprehended outside the context of some understanding of the local "drug culture".

It is impossible to understand the extent of opiate dependency in Ireland outside of its social and cultural contexts before we can address the illicit drug problem we must look at alcohol and other drugs. Why do we consider alcohol acceptable when it is as much a problem as drugs? We must stop making value judgements and seeing drugs as evil. If tobacco, which can harm others is legal, why is methadone illegal? The ethnics of society need to shift. Essentially drug use is a medical and social problem and not one of law enforcement. The response of the Gardai and the courts has been to lock people up. But prison is not the answer. The response to the problem must be one of social intervention based on an understanding of the social context in which it takes place.

Dublin Corporation's policies on the south inner city contributed on the drug problem. The flat complexes became run down and there were no amenities. No maintenance was carried out. People left the area for better accommodation. Flats were left empty and a criminal element moved in. The only answer is to give people a say in the running of their neighbourhood and a say in deciding where they live.

Assimilation of young people into the drug culture is a social process, which in Dublin, as in other European cities is concentrated in identifiable areas and communities and amongst people who share a number of common social characteristics. Drug users cannot be treated in isolation from these social factors. The under laying problems must identified. Who do we take drug? Why is there unemployment? Why is our society structured in this way? Attempts have been made in the past to mobilise community effort in order to answer these questions, but some of these have resulted in conflict between community groups and statutory agencies. The Gardai have often been perceived as more concerned with clamping down on Concerned Parents Against Drugs than on the pushers. Statutory treatment agencies have been perceived as not concerned with dealing with local community group the services provided are all fragmented. There is no coordination between the drug agencies. State agencies seem incapable of taking the initiatives to assist the community in mobilising local effort and of working in a coordinated way with treatment services.

We also need to re-evaluate our treatment approaches. Treatment attitudes have focused on the individual and do not take account of the social and cultural environment in which drug use takes place. Drug treatment polices have not developed with change. In many ways they are still based on a policy of total abstinence, where the primary treatment objective is that drug users must become drug free. The HIV problem has raised the necessity for harm minimisation policies. Furthermore, drug users need to feature more in decisions about treatment. There should be more attention to facilitating the emergencies of self-help and self-organised groups of drug users run by themselves for themselves.

**Recommendations:**

(1) Drug addiction needs to be perceived primarily as a social and medical problem and not one of criminal law enforcement.

(2) The communities in which problem drug use takes place need to be empowered to take more control over the management of their own estates, particularly in the areas of housing allocations, maintenance, etc.

(3) Statutory agencies need to make more diligent efforts to consult local community groups in relation to developing local responses to the drug problems.

(4) Self-help and self-organised groups of drug users need to be resourced and assisted in developing their own particular responses to the drug problem.

# Summary Of Recommendations

**Socio-Economic Roots of Drug Problem**

(1) The south inner city be targeted as a priority area for redevelopment and employment generation with particular attention to the employment needs of the traditional working class population.
(2) A re-examination of the school curriculum in south inner city schools with particular attention to refocusing education on the needs, culture and aspirations of local children.
(3) Positive discrimination in relation to the resourcing of educational facilities in the south inner city.
(4) The provision of extra support services for women, i.e. educational, personal development and assertiveness, and training, with the provision of crèche facilities to enable them to attend such courses. Similar programmes should also be developed for men's groups in the area.
(5) A Dublin Corporation programme for tackling dereliction.
(6) A radical reform of Local Government to ensure a more effective representation of local communities and to make political representatives more accountable locally.

**Drug Problems**

(1) The government should constitute a National forum with statutory powers and resources for the purposes of generating research, discussion and policy development on drug problems, in consultation with statutory, voluntary and community groups.
(2) A full-time Drug Coordinator needs to be appointed for the Dublin area.
(3) The Eastern Health Board should in consultation with other statutory, voluntary and community organisations organise seminars, workshops and other fora for discussing, analysing and developing policies on drug problems.
(4) Community Response should continue to use whatever mechanism available to involve communities in the south inner city in seeking local answers to drug problems.

**Treatment**

(1) State resources for drug treatment should become more concentrated in communities where the drug problem has been most concentrated, particularly the inner city and a number of local authority housing estates in the suburbs.
(2) Community Drug Teams which involve local GPs, social workers, nurses, voluntary and community agencies should be set up in these areas to provide a service to local drug users.
(3) Drug users should be provided with a wider range of treatment options including methadone maintenance, and non-residential rehabilitation programmes.
(4) The Gardai should be able to recommend the persons being charged with drug-related offences for the first time be remanded onto a treatment programme.
(5) There should be a custodial drug treatment centre for convicted drug users with a full range of medical, counselling and social supports.

**Crime, Drug & Law Enforcement**

(1) There is a need to set up structures with which Gardai can meet on a regular, liaison basis with community representatives.
(2) There is a need for informal exchanges between Gardai and local people, perhaps through sporting, social and cultural activities.
(3) The Juvenile Liaison Officer scheme needs further expansion and development.
**(4)** Medical and pharmaceutical personnel who illegally supply dangerous drugs should be prosecuted.

**AIDS/HIV**

(1) Measures need to drawn up in hospitals, prisons, other institutions and other services, to protect the confidentiality of persons who have HIV.

(2) Services for HIV affected persons must be substantially upgraded, funded, resourced and developed.

(3) GPs should be resourced to become involved in monitoring persons with HIV, in providing appropriate treatments and thus avoiding the necessity for such persons to attend specialised services, inappropriately.

(4) There should be a public education campaign directed at changing negative and discriminatory public attitudes towards persons who are affected by AIDS/HIV.

(5) There should be education campaigns on drug avoidance, safe sex, safer drug use, target specifically at young people and most particularly young people who live in disadvantaged communities.

(6) Drugs education programmes should be incorporated into school curricula and should also be used in youth clubs for out-of-school youth.

(7) There is a need for greater openness in drug treatment services towards providing harm reduction measures and more user-friendly services.

(8) There is a need for greater support to the voluntary sector and self-organised groups of persons affected by HIV in order to facilitate more their contribution to dealing with this problem.

**Early Prevention and Youth Work**

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**Drugs and the Elderly**

(1) There is a need for greater integration of all age groups at local level. The elderly should be involved in meeting school children and mixing in younger settings. Young people need to be encouraged to visit and listen to the elderly at home. They should also be educated to understand elderly needs and the contribution elderly people have made to society. This would help to normalise the elderly as a group and allow for better communication and understanding of each others values and needs.

(2) Services and personnel who are involved with the elderly should be encouraged to adopt self-help approaches – to empower the elderly as both individuals and groups to determine their own priorities and needs, to maintain their independence and to feel good about their contribution to society.

**Models of Response**

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