

Policy Submission

**National Drugs Strategy
2007-2016**

**Submission to the Department of
Community, Rural & Gaeltacht Affairs**

June 2008



**Submission on the development of the new National Drugs
Strategy 2007 - 2016**

June, 2008

- **Introduction**

The Combat Poverty Agency is a state advisory agency developing and promoting evidence-based proposals and measures to combat poverty in Ireland. One of the functions of Combat Poverty is to advise the government on all aspects of social and economic policy pertaining to poverty.

Combat Poverty welcomes the opportunity to comment on the development of the new National Drugs Strategy. Whilst we are no longer involved in direct work on the issue of drugs, the submission draws from previous work in this area, from written material available, from discussions with those involved in drugs work and from our experience in supporting the participation of disadvantaged communities and groups in inter-agency initiatives.

The submission focuses on the following 4 areas:

1. The link between poverty and drug use
2. Community participation
3. Routes out of poverty –integrated services
4. Research and evaluation

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1. Link between poverty and drug use

Continued focus on poverty and social exclusion

- In 1997, Combat Poverty published a report on the link between poverty and problematic drug use in Ireland.¹ The review concluded that problematic drug use is not randomly distributed over geographical areas or across different socio-economic groups. Serious drugs problems tended to be concentrated in disadvantaged areas with a great deal of poverty, unemployment and deprivation. Although patterns of drug use have changed since then, evidence suggests that this continues to be the case.
- The most recent data from the National Drug Treatment Reporting System (NDTRS) shows that problematic drug use has become a nationwide issue rather than a predominantly Dublin issue. However, problematic drug use continues to be disproportionately concentrated in certain disadvantaged communities in Dublin and other large urban centres. In addition, those presenting for treatment outside Dublin have a similar profile to those in Dublin and are more likely to be young and male, have low levels of education, be unemployed and have no stable homes.² Therefore, poverty and social exclusion remain inextricably linked as stated in a recent Health Research Board report: 'Social exclusion, in the form of homelessness and insecure accommodation, inadequate education and poor employment skills, is closely associated with problematic drug use'.³
- While Combat Poverty acknowledges the need for the new drugs strategy to deal with the increasing prevalence of drug use in Irish society, high priority should continue to be given (as it was in previous strategies) to disadvantaged individuals, families and communities affected by problematic drug use.
- In the recent *National Action Plan for Social Inclusion 2007 – 2016* programmes to address problems arising from drugs misuse are highlighted as a cross-cutting issue and key targets from the National Drugs Strategy are summarised. It is important that a link is made in the new Drugs Strategy with the *National Action Plan* to ensure complementary targets are set as it is likely that a reduction in poverty will lead to a reduction in problematic drug use.

¹ O'Higgins, K. 1997. *Review of Literature and Policy on the Links between Poverty and Drug Abuse*. Dublin: Combat Poverty.

² Reynolds, S., Fanagan, S., Bellerose, D. and Long, J. 2008. *Trends in Treated Problem Drug Use in Ireland, 2001 to 2006*. Dublin: Health Research Board, HRB trends Series.

³ Keane, M. 2007. *Social Reintegration as a Response to Drug Use in Ireland. Overview 5*. Dublin: Health Research Board.

2. Community participation

Continued focus on participation of disadvantaged communities and groups

- Combat Poverty strongly supports the focus on disadvantaged communities that has characterised previous strategies. Whilst acknowledging the need for the new strategy to deal with drug use in a variety of settings, we believe that the context for effective responses is crucial and that high priority should continue to be given to community based responses. The strategy should maintain a primary focus on communities and groups that experience high levels of disadvantage, where no/low levels of service are in place and where individuals do not generally have access to private health care.
- The structures put in place in 1996 to support inter-agency working and community participation have been key to delivering the previous strategy and to the development of decision making at local level. These structures should be maintained and strengthened. Our experience suggests that community participation needs to be supported and resourced on an ongoing basis to ensure that people have the skills and confidence to participate effectively and the capacity to link local experience of drugs issues to policy development. Consideration should also be given to the development of agreed standards of engagement that facilitate constructive dialogue between all stakeholders.
- A new strategy provides the opportunity to renew and strengthen the mandate of community representatives. Local communities should be resourced to identify/ support the development of effective mechanisms/networks from which to draw representation and provide accountability back to the community. Such mechanisms need to be tailored to specific contexts and should build on existing processes within the area. At regional level, community representation is only meaningful if representatives have opportunities to draw from and feed back through agreed structures, for example through community based initiatives. In order to ensure a focus on disadvantage at regional level, sub-groups targeting areas and groups experiencing disadvantage should be established.
- Consideration needs to be given to the most appropriate way to involve particular groups that experience disadvantage but whose needs may not adequately be addressed through area based approaches alone e.g. Travellers and new communities. In this context, Combat Poverty supports the approach of the National Advisory Committee on Drugs in its submission to the HSE National Intercultural Strategy, which promotes the development of 'cultural competence' and suggests that 'future National Drugs Strategies include managing diversity as an objective, to ensure that diversity issues are

- Creative approaches are needed to support the development of processes/mechanisms that capture the voice, views and experience of drug users and drug service users themselves.
- Whilst some opportunities for sharing learning and experience are facilitated through groups like Citywide in Dublin, there is a need to support and resource enhanced opportunities for sharing experience, learning and expertise more broadly within the new strategy and across rural and urban contexts. This could facilitate the identification and development of models of best practice; within communities, across communities and from local to national.

3. Routes out of poverty – integrated services

Appropriate services

- The new drug strategy needs to be a polydrug use strategy, including alcohol and prescribed drugs. The vast majority (72%) of new cases treated between 2001 and 2006 reported problem use of more than one substance.⁴ Many drug services also treat clients with problem alcohol use and there appears to be a growing consensus in recent years that responses to problem drug and alcohol use should be integrated.

Inter-agency approach

- Drug users present to services with a range of health-related issues and support needs. However, services tend to focus on individuals' 'single need' (be it treatment, accommodation/housing, mental health care or employment/training) in isolation to other needs.⁵ There is a need for a more integrated response to the issue, particularly among drug services, between drug services and homeless services, between drug services and social care services and drug services and health services, including mental health services. Therefore, Combat Poverty supports the Drug Policy Action Group's recommendation for the development of an inter-agency strategy to provide accessible entry to and retention within and across social care services in Ireland.

Continuum of care

⁴ Ibid.

⁵ Cox, G. and McVerry, P. 2006. *Social Care and Drug Users in Ireland*. Dublin: Drug Policy Action Group, Policy Paper 2.

- An effective inter-agency strategy is key to providing appropriate support and a continuum of care to drug users through each stage of drug recovery. Therefore Combat Poverty supports the implementation of action 47 of the current strategy to base plans for treatment services on a 'continuum of care' model and a 'key worker' approach to provide a seamless transition between each different phase of treatment. It is crucial that treatment is focused on the individual and is flexible and innovative and offers a broad spectrum of drug services ranging from innovative harm reduction services through to substitution treatment and drug-free options. Drug service provision needs to be integrated with other social services in order to meet drug users' diverse needs including health, social, housing, employment, educational and/or vocational.

Young people and prevention

- There is need for the further development of targeted education and awareness programmes in primary and secondary schools. Such programmes should be tailored to the particular contexts in which the schools are located. Wherever possible, they should link to community based responses to drugs and be delivered in partnership with local people and agencies involved in the issue of drugs. Peer education programmes that provide a sense of empowerment and self-esteem for young people and that relate to their own knowledge and experience of drugs as a social programme should also be supported.
- Almost one-fifth (18%) of all new cases treated for problematic drug use between 2001 and 2006 were under 18 years of age, while the proportion of cases who reported leaving school early was 23% among previously treated cases and 15% among new cases.⁶ Therefore while all young people are targeted through the "Walk Tall" and "On MY Own Two Feet" Programme in formal school settings, it is crucial that early school leavers and other vulnerable young people are targeted through non-school settings with appropriate services designed on international good practice.⁷
- The Young Peoples Facilities and Services Fund (YPFSF) is providing facilities and services for young people at risk. However, a study funded by Combat Poverty on the free-time and leisure needs of young people living in disadvantaged areas found that there is a distinct lack of free-time and leisure facilities and amenities within some disadvantaged areas. This report highlighted the need for direct consultation with young people when designing or planning any services or leisure facilities for young people and the need to improve support for community-run clubs.⁸ The YPFSF has played an

⁶ Reynolds *et al.* op. cit..

⁷ See: Morgan, M. 2001. *Drug Use Prevention: Overview of Research*. Dublin: National Advisory Committee on Drugs.

⁸ Byrne, T., Nixon, E., Mayock, P. and Whyte, J. 2006. *Free-time and Leisure Needs of Young People Living in Disadvantaged Communities*. Dublin: Combat Poverty, Working Paper 06/02.

important role in providing resources in disadvantaged areas experiencing drug related problems and it should be maintained and enhanced to continue to perform this role.

- After-school services are another important service for vulnerable young people. Research funded by Combat Poverty on after-school services showed that these services have a potentially important role to play in disadvantaged communities and schools but there is a need for a coherent national policy on the development of these services if the sector is to develop its full potential.⁹
- It is also important that any initiatives targeted at vulnerable young people can offer the appropriate support to address their diverse needs (e.g. family breakdown; drug use etc.).

Vulnerable groups

- A number of vulnerable groups present with complex drug problems including homeless people, sex workers, minority ethnic groups and members of the Travelling community. Services need to respond in an innovative and co-ordinated way to the needs of these groups through outreach work and flexible service provision. There is evidence of drug use among minority ethnic groups and members of the Traveller community and studies have recommended that drug services need to be culturally and socially appropriate to ensure that they are inclusive to these groups.¹⁰
- A survey of 355 homeless people, found that 36% were problematic drug users. This research also found that homelessness exacerbates people's drug problems with many homeless people noting that their drug using patterns had worsened since becoming homeless (e.g. increased frequency/quantity; changes of primary drug to heroin). Also 77% of current users noted an increase in risk-taking behaviour such as lending and borrowing injecting equipment.¹¹ This research highlighted the need for increased co-ordination between homeless and drug services as well as the importance of homeless services adopting an inclusive approach to drug users as well as drug services responding to the complex needs of their homeless clients.

⁹ Hennessy, E. and Donnelly, M. 2005. *After-School Care in Disadvantaged Areas: the Perspectives of Children, Parents and Experts*. Dublin: Combat Poverty, Working Paper 05/01.

¹⁰ Corr, C. 2004. *Drug Use among New Communities in Ireland*. Dublin: Merchants Quay Ireland.
Fountain, J. 2006. *An Overview of the Nature and Extent of Illicit Drug Use amongst the Traveller Community: An Exploratory Study*. Dublin: National Advisory Committee on Drugs.

¹¹ Lawless, M. and Corr, C. 2005. *Drug Use Among the Homeless Population in Ireland*. Dublin: National Advisory Committee on Drugs.

- Sex workers are another vulnerable group who often become involved in sex work to finance their drug habit.¹² Therefore, poverty and disadvantage, together with drug use, may often lead women (as well as men) into sex work, which has obvious health and social implications. Therefore, it will be important to implement the recommendations of the forthcoming NACD study on sex workers.

Supporting children and families of drug users

- Combat Poverty considers early childhood care and education as a key issue in treatment and rehabilitation, especially for women, and therefore supports the implementation of action 54 of the current strategy, to consider, as a matter of priority, how best to integrate childcare facilities with treatment and rehabilitation centres and how childcare can best be provided in a residential treatment setting. This is important both in allowing users to get their drug use under control and to move on and also to enhance opportunities for vulnerable children to prepare and progress to mainstream education.
- Research in the UK found that the drug problem of a close family member creates enduring stress, anxiety and conflict that greatly affects the health and well-being of the family unit and its individual members.¹³ Families need to be given the appropriate support in order to deal with the drug use of a parent, sibling or child and encouraged to participate in the treatment and rehabilitation process of the drug user in an appropriate way.

Access to good quality public services

- Combat Poverty believes that while income and community supports are important, in modern Ireland, public services are critical in tackling poverty and promoting social inclusion. The National Economic and Social Council (NESC) has promoted the concept of the Developmental Welfare State.¹⁴ In a developmental welfare state, services, such as education, health and housing, would be available to all at quality standards and in ways that would be equitable and would be tailored to people's needs and circumstances.
- In relation to education, it is important that educational disadvantage and early school leaving are addressed in order to prevent problematic drug use developing among vulnerable young people.

¹² O'Neill, M. and A. M. O'Connor. 1999. *Drug Using Women Working in Prostitution*. European Intervention Project, AIDS Prevention for Prostitutes. T. W. s. H. Project. Dublin, Eastern Health Board.

Quinlan, M. and D. Wyse. 1997. *Men in Prostitution A study carried out by the gay men's health project*. (EHB) Dublin. E. Europap. Dublin.

¹³ Barnard, M. 2005. *Drugs in the family: The impact on parents and siblings*. London: Joseph Rowntree Foundation.

¹⁴ National Economic and Social Council (NESC). 2005. *The Developmental Welfare State*. Dublin: NESC, Report No. 113.

- Drug users present with a range of physical and mental health issues and there are relatively high levels of HIV, hepatitis B and C infection among intravenous drug users. Therefore, access to good quality primary health care is crucial for drug users. Members of new primary health teams and networks need to be equipped with an understanding of these issues and of the needs and circumstances of particular groups likely to present with drug related health issues. In addition barriers to accessing medical cards need to be removed
- Combat Poverty recommends that a range of housing options are required to meet the diverse needs of drug users at different stages of their drug careers, from low-threshold through to transitional housing and long-term supported housing options. This is particularly important for vulnerable groups such as homeless drug users and ex-prisoners.

Routes out of poverty

- Rehabilitation is crucial to ensure routes out of poverty for drug users and recovering drug users. Therefore Combat Poverty supports the *Report of the Working Group on Drugs Rehabilitation* and emphasises the importance of implementing the recommendations.
- Combat Poverty believes that social reintegration is a crucial part of drug treatment and rehabilitation in order to provide responses to accommodation, education, vocational training and employment support needs of problem drug users. Rehabilitation should be person centred and provide progression pathways based on individual needs.
- Many drug users have low levels of formal education and have left school early. Therefore appropriate education needs to be provided to drug users either through mainstream provision or informal sectors. The emphasis should be placed on education and training that will enhance the life chances of drug users so that they do not end up in low-paid, unskilled jobs and therefore at risk of poverty.
- Employment is a major factor in preventing relapse among recovering drug users. Currently the ring-fencing of Community Employment (CE) places has created important posts for drug users. However, the 3-year period for these placements is often too short as part of a rehabilitation programme and the length of these placements should be extended to provide both adequate support for recovery and rehabilitation, as well as pre-employment opportunities and preparation for entry to the labour market.
- As highlighted in the *Report of the Working Group on Drugs Rehabilitation*, CE Employment schemes allow participants to gain work experience and to develop a working routine but these schemes are not an end in themselves.

Initiatives should therefore be introduced to support drug users into mainstream employment.

- A review of international research on social reintegration found that drug users viewed employment as an important part of recovery and they do not see methadone maintenance as a barrier to being employed. Therefore, job opportunities need to be created for those on methadone maintenance, and prescribing options need to become more flexible in order to facilitate employment.
- A number of poverty traps exist for drug users and other low income groups to taking up education and employment (e.g. childcare costs; transport costs; loss of secondary benefits etc.). These barriers need to be dismantled to encourage participation in education and employment.

4. Research and Evaluation

Role of National Advisory Committee on Drugs (NACD)

- The NACD was established in July 2000 under the auspices of the Department of Tourism, Sport and Recreation to conduct, commission and analyse research on issues relating to drugs and to advise Government on policy development in the area. While the NACD has made a significant impact in addressing gaps in research, it is important that focus is also placed on implementing the policy recommendations of the research.
- While recognising the extent of the NACD research programme since 2000, Combat Poverty feels there are still some gaps in research that should be fulfilled under the new Drugs Strategy including:
 - The link between poverty, problematic drug use and rural areas
 - The financial costs related to problematic drug use, in particular cocaine use, for drug users and their families and the relationship with over-indebtedness
 - Possible pathways out of problematic drug use and into employment.

Mainstreaming social inclusion

- Research carried out by Combat Poverty for the European Commission highlighted the importance of monitoring and evaluating policies.¹⁵ Combat Poverty recommends that a greater focus is placed in the new drugs strategy on monitoring and evaluating the development and implementation of policies and programmes and identifying and disseminating models of good practice. Positive independent evaluations of pilot initiatives should lead to the mainstreaming of successful activities and approaches.

¹⁵ O'Kelly, K. and Litewska, I. 2006. *Better Policies, Better Outcomes: Promoting Mainstreaming Social Inclusion*. Dublin: Combat Poverty.

- A Combat Poverty policy statement addressed the need for stronger local to national linkages in tackling poverty and social exclusion.¹⁶ This needs to be reflected in the new drugs strategy with local targets developed as well as national targets. These should also be included in local anti-poverty and social inclusion strategies developed at city/county authority level.
- The new National Drugs Strategy should be subject to rigorous poverty impact assessment

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June 2008

¹⁶ Combat Poverty. 2007. *Linking Local and National Structures: Tackling Poverty and Promoting Social Inclusion*. Dublin: Combat Poverty.