

THE DRUGS CRISIS IN LOCAL COMMUNITIES

**REPORT FROM MEETING HELD BY CITYWIDE DRUGS CRISIS
CAMPAIGN SEPTEMBER 11TH 2003**

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Introduction.

The street campaigns of the mid 1990s and the citywide campaign that grew out of them were driven by the reality of the drugs situation in local communities. Things had got so bad and so little was being done that people took to the streets and campaigned to try and improve the situation.

The anger of local communities and the campaigns that grew out of that anger played a major role in finally making the drugs crisis a political priority in 1996. We saw the setting up of the Task Forces, based on the community-led partnership model developed by the Interagency Project in the North Inner City. For the next few years, it seemed that the political will was there to tackle the drugs crisis and many projects and programmes came into being, offering hope for a better future for our drug users and their communities.

But where are we now? Despite the fact that many of these projects and programmes have helped to give us glimpses of a better future, the drugs issue is no longer seen as a political priority. Experience shows us that it is only when there is political will to tackle the problem that real progress can be made. Communities cannot and will not do it on their own.

We have got to start campaigning to make the drugs crisis a political priority again and as in the mid 90s, the campaign has to be driven by the reality of the drugs situation on the ground in local communities.

“The drugs crisis in local communities.”

So what is the reality in relation to the drugs crisis in local communities in 2003?

Citywide Drugs Crisis held a general meeting for community organisations on September 11th in Ozanam House Mountjoy Square to look at this question. Over a hundred people attended the meeting, which was titled “The drugs crisis in local communities” and the purpose was to look at the reality in 2003 of the drugs situation on the ground.

The session on September 11th had three aims:

- To describe and record the reality of the drugs situation today in local communities
- To put this reality back at the centre of our agenda so that it can drive us in our campaigning
- To begin a campaign to re-establish the drugs issue as a political priority, leading up to the local elections in June 2004.

The meeting began with a brief outline of the history since 1995, looking at how community campaigning in the mid 90s led to the setting up of Local Drug Task Forces in 1996 and tracing how the initial political impetus behind dealing with the drugs issue has faded, despite the successes that have been achieved in the years since 1996. A photographic exhibition and slideshow were on show in the hall, looking at events in each year since 1995 and providing a hugely effective visual backdrop to the history of community involvement in the drugs crisis.

The meeting continued with workshops. The purpose of the workshops was:

1. To give people an opportunity to talk about the reality of the drugs situation in their communities
2. To give people an opportunity to identify the changes they want to see in relation to the drugs situation in their communities.

What is the drugs situation like in your community now?

How visible are drugs, how available are drugs, who is using (age groups etc), where and when, what types of drugs are being used? What are the impacts of the drug use, on the drug users themselves, on their families, on community spaces, community safety, on how people feel about their community?

What changes do you want to see around the drugs situation in your community?

Is there anything that has changed for the better in the last few years, what do you think brought about those changes, how can we build on those positive changes in the future? What were the things you hoped for back in 1996 that have not been achieved? What are the things that have not changed for the better and have maybe changed for the worse? What has contributed to making things worse?

The meeting ended with an open forum attended by a number of media and political representatives, at which the key issues discussed in the workshops were presented. This report is based on the discussions that took place in the workshops.

Introduction to workshop discussions.

Many of the people at the meeting are directly involved both in the delivery of services to drug users, which have expanded in a major way since 1996 and many are also involved in local structures like the LDTFs. They are clearly aware of and have been directly involved in much of the progress that has been made, in partnership with a range of state agencies.

Communities are now involved in structures, where there were no structures for them in 1995.

Yet, the overall impression in 2003 is of communities that are tired, disillusioned and worried.

Communities are tired, (they) feel shafted, feel disempowered, feel blamed.

(There is a) wider acceptance among people of drug use.

Communities are tired. There is a tolerance of the situation and communities feel shafted.

People are throwing in the towel. The hope of leadership and tackling it (the drugs crisis) has gone

Communities feel ground down, there is a “reluctant acceptance” of the drugs issue.

People are no longer approaching their politicians for help, Councillors are no longer approached by the community about drugs issues.

Communities are demoralised and need to be re-motivated.

The heart has gone out of communities in relation to the issue, communities are drained of energy.

Why do communities feel like this after seven years of the Drugs Strategy, when the progress and achievements since 1996 are both clearly recognised and acknowledged?

The area in which communities have been most actively involved is that of treatment. They are now far more knowledgeable about treatment than they were in 1996: this means they are much clearer about the limitations of existing services, the issues of quality both in statutory and community services, and about some of the things that need to be done to address this. The government and state agencies have produced a drugs strategy which clearly acknowledges the need for major developments in the treatment services. The lack of delivery of the actions outlined in the drugs strategy, combined with health board cutbacks in budgets for projects that were supposedly ringfenced as part of the drugs strategy, has generated huge disillusionment in communities around the current state and future development of the treatment services.

Despite all of the difficulties, communities are clearly engaged around the treatment issue and have clear ideas about what needs to be done. Around supply issues and related issues of anti-social behaviour, the picture from communities is much bleaker. This is

where many of the most negative feelings arise and where it is hardest for people to see where any progress has been made.

The issues arising from the workshops can be summarised under three headings:

- 1) Poly-drug use
- 2) Drug supply and impact on communities
- 3) Young people and drug use.

There was also some discussion on the particular experience of Travellers in relation to drug use.

Issue 1) Poly-drug use.

Heroin use continues to be a devastating problem, but it is now best described as a problem of poly drug use. People who are using heroin are not using it on its own, they are using a mixture of all sorts of drugs. While poly drug use is not a new phenomenon and has always been there, people believe there is an increase in the scale and extent of it and in the range of drugs being used now.

(There is) more use of combinations of drugs, this is a worry.

A variety of drugs is being used even by those on treatment. There are more poly drug users now.

(There is a)new cocktailing/injecting snowballing problem – nicotine, solvents, hash, cocaine, alcohol, heroin, benzos all being used.

This means that it is no longer appropriate to look at or deal with someone's primary drug of use without looking at the other drugs as well. Heroin, cocaine, alcohol, benzos and other drugs are all being taken together.

Users that are stable on one drug are starting on another.

Heroin is still widely used but other drugs and patterns of use are making the situation more complex.

The concoctions of drugs being used is definitely changing to some extent with alcohol and cocaine being used increasingly...the drugs being used vary from place to place depending on availability.

There were a number of comments on the current drought in heroin supplies that is affecting many areas of the city.

The drought in regard to heroin in the last few weeks is leading to rubbish being sold.

(There is a) drought of heroin but an increase of cocaine.

At present, all over the city and suburbs, the supply of heroin is drying up. Perhaps, as a consequence, more people will avail of treatment or they may turn to using other drugs particularly cocaine given its increased availability.

(There has been a) 4-week drought of heroin; people are coming in to Tallaght from different areas to score. Price has gone up.

Alcohol has always been an issue, but abuse of alcohol is now a bigger part of poly drug use. The fact that alcohol is a legal drug used by the wider community adds to the difficulty of dealing with it as part of poly drug use.

(There is a) visible rise in alcohol use by those who are traditional opiate users.

The most dangerous drug for those on methadone is alcohol.

Alcohol & tablets are being used widely with cocaine as well as methadone.

(There is increased) alcohol consumption by "opiate" users, in combination with methadone.

Cocaine use has increased significantly in the last couple of years. It is being used with heroin, it is being used by people who have never taken heroin, people who have got clean from heroin are going onto cocaine.

Increase in use of cocaine has had a negative impact on a) people who were stable in treatment and b) people new to drug use.

A combination of heroin and cocaine is being used, there is IV use.

(There is) a real fear of the outcome of increasing cocaine use. Cocaine has been described as the new ecstasy - with the accompanying need to use heroin to come down.

Cocaine is now common everywhere. A lot of young people are using cocaine and with alcohol over long weekends in a 'binging' pattern. Cocaine users view themselves as very different & 'above' heroin users.

(There is) some IV use of cocaine, some crack smoking in areas.

Cocaine and 'E' are seen as cleaner drugs and heroin is thought of as a "dirty" drug

Crack is not widely available as of yet, but in a small number of specific areas, it is available and being sold in identified locations in the local community.

What does the National Drugs Strategy say?

The National Drugs Strategy outlines the following actions in relation to treatment services.

Action 48

To have in place, in each Health Board area, a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser, by end 2002. This approach will provide a series of options for the drug misuser, appropriate for his/her needs and circumstances and should assist in their reintegration back into society.

Action 51

To have a clearly co-ordinated and well-publicised plan in place for each Health Board area by end 2002 for the provision of a comprehensive and locally accessible range of treatments for drug misusers.

Action 55.

To explore immediately the scope for introducing greater provision of alternative medical and non-medical treatment types, which allow greater flexibility and choice. This may increase the numbers of drug users presenting for treatment, as it is evident that a “one size fits all” approach is not appropriate to the characteristics of Irish drug use.

Conclusions.

These actions in the National Drugs Strategy have not been implemented and their implementation is an immediate priority.

The changes in the range and patterns of drug use have major implications for our existing treatment services, which have been developed in the main to provide methadone

treatment for heroin users. The patterns of poly drug use mean that drug specific treatments like methadone and methadone clinics cannot meet peoples overall needs.

- Heroin use continues to be a devastating problem. It is essential that services for heroin users continue to be developed as outlined in the National Drugs Strategy.
- When people are accessing treatment for heroin use, they need to be assessed and offered help for all other drugs they are using. Local community services should be supported by the Health Boards in developing their services to deal with other drugs.
- The longterm aim should be to have broad based addiction services that will focus on the individual, not the drug and will deal with any or all drugs that a person is using. But we are currently a long way from this ideal, and there is an immediate need to establish appropriate services on a pilot basis for non-heroin using cocaine users. Cocaine use must be dealt with **now**, not at some time in the future when it has got much worse.

Issue 2) Drug supply and impact on communities.

The whole range of drugs, including prescription drugs such as benzos, are widely and easily available. In many areas, they are very visibly available.

Drugs are very visible and widely available in local housing estates.

Drugs are very visible, widely available and everyone is using them.

All drugs are available in the area.

There are some communities where there seems to be no fear around visible drug dealing and people in those communities feel that it is going on all around them, in public places, on the street. In these communities, far from becoming more sophisticated, drug dealers appear to people to be becoming more blatant and more brutal.

All drugs are available in the area.
(There is a) strong trade in prescribed drugs.
Drugs are widely available in pubs.
Drugs are very visible, available to everyone aged 10, 11, 12 upwards- alcohol, hash, benzos, cocaine are available.
Open dealing is taking place, for example, in Parnell Street and Moore St.
(There is) selling in public parks, using in parks.
The same dealers of 5 years ago are still around.
CCTV is not deterring dealing in SIC flats.

Public drug dealing seems to have stopped in some areas, but it has been displaced to other nearby areas.

The drug trade is not that visible now in areas like O'Connell Street – it's cleaned up for tourists. It's now visible in Tara Street, the Customs House area, and in proximity to clinics
Drug users are visible – (they are) seen as problematic, it's now a public order issue, the authorities move them on, there seems to be an agenda of protecting tourist amenities.
Dealing can be displaced to other areas, there is a similar dealing cycle as in the 80's – 90's.
Community experience is very different between one street & next and one floor & the next in flat complexes.

A media report which was featured on RTE News on the day of the meeting illustrated this point very well. Previously, drug dealing had been going on very visibly in a particular location in one community. To the reporter, the dealing is no longer visible. But he was brought a short distance up the road to a shooting gallery, hidden under a bridge on a main route into town, where thousands of cars drive over every day, unaware of what is going on underneath the bridge.

The violence associated with the drugs trade is being experienced by some communities in particular.

In Finglas people are being murdered. There is poor policing and the Drug Squad have only been visible in the last few days.
A well-known drug dealer was shot dead in Blanchardstown, intimidation was happening in a local pub where drugs were being sold. What has been happening is described as gang warfare, with people locking themselves in their homes due to intimidation.
(There is now) an acceptance of drug violence .
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In other communities, dealing is less visible, but this does not seem to mean that there is any less availability. This is attributed in part to an increasing sophistication amongst drug dealers, who have access to more advanced technology, like electronic equipment, and have developed more skilled marketing techniques.

(There is) more sophisticated dealing – marketing strategies are being used to create dearth and create demand.

Dealing is carried out via mobile phones.

New technology like cell phones is being used in the drug sector.

If there is a glut of one drug the drug barons will limit its supply and push another drug – their marketing ploys.

The increased marketing skills of the suppliers are leading to an increase in polydrug use. More sophisticated dealing presents communities and services with unanswered challenges. New communities are dealing.

There was an overwhelming sense of the inevitability of dealing and powerlessness amongst communities to do anything about it. The belief that communities can do something to stop the sale of drugs, as in the mid 90s does not seem to be there anymore.

It's like seven years later, people have given up hope on that one.

The same fight is no longer in the community.

Community concern seems to have plateaued.

Local people and Gardai (have been) afraid over the years.

We need to be able to inform someone about drug dealing - someone who will listen and RESPOND. Then (we need) a mechanism to feedback what happens as a result of my phone call / my report.

There is a fear of an emergence of vigilantism.

This feeling of powerlessness in the face of drug dealing goes across communities. All communities describe a reluctance to get involved in the issue now. However, the context varies considerably across communities, from some areas where there is a general unease about getting involved to others where there is a very real, definite and identifiable fear. This level of fear is strongly related to the levels of violence and intimidation that are attached to drug dealing in certain communities.

Drug users are particularly vulnerable to fear and intimidation and drug dealers use violence both against users and against each other. But the entire community is affected whether it is by nuisance, anti-social behaviour, intimidation or violence. Once this is happening in the community, everyone feels unsafe, even if they do not appear to be under direct personal threat.

People are afraid to come into the area.
Around safety, the fear is the same if not worse
(There is) prostitution, violence, shooting
(A lot of) anti-social activity at weekends - broken bottles/noise causing sleep problems
(There has been a) massive increase recently in burglaries in SIC.
(There are) bad effects on old people in terms of safety.
Drug users who owe money (are being) threatened.
Very vulnerable people are being targeted for intimidation.
Drug users are at risk due to dealers – also, there is no response to abuse of drug users by some Garda.

The growth of cocaine use means more profits for the drug dealers, a busier trade because of the rate that people can use cocaine. It is also having an impact in terms of increased nuisance and anti-social behaviour, because of its stimulant effect as opposed to the sedative effect of heroin.

People are becoming homeless as a result of their drug use. The problem of homelessness is impacting more and more on local communities. The situation of the drugs user gets worse and the presence of homeless drug users increases levels of fear and concern in the community.

What does the National Drugs Strategy say?

The National Drugs Strategy outlines the following actions in relation to policing.

Action 7.

To increase the level of Garda resources in LDTF areas by end 2001, building on lessons emanating from the Community Policing Forum model.

Action 8.

To establish a co-ordinating framework for drugs policy in each Garda district , to liaise with the community on drug-related matters and act as a source of information for parents and members of the public. Each Garda district and sub-district be required to produce a Drug Policing Plan to include multi-agency participation in targeting drug dealers.

Action 10.

To continue to target dealers at local level by making additional resources available to existing drug units and for the establishment of similar units in areas where they do not currently exist.

Conclusions.

These actions in the National Drugs Strategy have not been implemented and their implementation is an immediate priority.

Drug dealing is happening in all communities, but there a number of specific communities where more open, visible dealing, intimidation, violence and fear are concentrated. What people in these communities have to live with on a day to day basis is completely unacceptable. There needs to be an immediate specially targeted allocation of **policing and housing resources** into these communities to alleviate the current situation.

In some areas, the dealers are less visible, keeping out of sight and using better technology to run their businesses without drawing attention to themselves. The drug units (where they exist) in these areas do not seem to have the resources to keep up with the changing nature of the business – the drug dealers are in a better position to adapt to a changing drugs market than the Gardai.

Issue 3) Young people and drug use.

There is a strong culture of acceptance of drug use amongst young people, particularly around alcohol and hash, and this culture is supported by the adult culture around alcohol.

Young people are using alcohol, hash, benzos, cocaine.
Young people are developing coke and drink issues and we have no services to respond. Young people being 13, 14, 15, 16, 17 year olds and upwards.
(There is) development of a youth drug culture. This is fed by adult acceptance of certain drugs and levels of drug taking. Hash and Alcohol are not seen as drugs. This is making vulnerable young people more vulnerable!
(There is) open use of hash and alcohol by young teenagers
Where? Parks, Private houses, street drinking.
When? Evening time.
(There is an) impact on school attendance,(there are) family difficulties.
(There is) regular drug use amongst early school leavers.
Young People smoking hash/cannabis are being being excluded from Youth Clubs.

Drug users are getting younger, are starting to take drugs at a younger age, in particular alcohol and hash. Solvent use is an issue with the younger age group.

Young people from 10 years upward are using – but the younger ones using more alcohol and hash.
Age of cocaine and alcohol use is reducing.
(There is) alcohol use involving 11-12 year olds; this is leading to vandalism and violence.
People as young as 11 years old smoking hash regularly.
12 year old was sniffing glue and then moved onto gas.
Is solvent abuse coming back? It comes in waves. It is around since the 80's and we still haven't done anything about it.

Younger people see cocaine as an attractive drug and believe that it is clean and safe in comparison to heroin.

Cocaine is the drug of choice among some (younger people).More young people are using.
A lot of young people are using cocaine and with alcohol over long weekends in bingeing patterns. Cocaine users view themselves as very different and “above” heroin users.

There is a multi generational problem with drug use in some communities. Not only are two generations affected in some families, but we are also seeing drugs affecting three, if not four, generations.

The services are not available in local communities to deal specifically with young peoples drug use. Probably of even greater concern, is the lack of any adequate social care services for young people.

(There is) huge parental concern about hash use, but (there is) very little awareness & prevention & virtual no state agency counselling
No services are available for this age group.

Young people have fallen through the net, support is not there.

(There is) stress & distress amongst families of drug users & young drug users
As with many services where they exist drug-related family services have very long waiting lists

(There are) no services for up and coming drugs/alcohol users
The social care systems are in critical condition.

Where drug use is prevalent in the community, it affects the lives of all children in that community, not just the young people who are using drugs. Childhood is being ruined for many children, because their parents don't feel that its safe to let them go out, they don't feel its alright to let them play around their own area because of fears related to drugs and the wide availability of drugs in the community. As they become teenagers, young people are now seen as problems within their own communities, they are seen as "problems" to be dealt with or if that fails to be moved out. Their normal behaviour –"hanging around" – is seen by parents and the community as risky behaviour, both for the young people themselves and for others in the community.

Young people are hanging around where the dealing occurs.

In the gangs, older young people are mixing with younger young people, so the younger ones follow the older ones.

What does the National Drugs Strategy say?

The National Drugs Strategy outlines the following actions in relation to young people and drugs.

Action 49.

To develop a protocol, where appropriate, for the treatment of under 18 year old presenting with serious drug problems especially in light of the legal and other dilemmas which are posed for professionals involved in this work. In this context, a Working Group should be established to develop this protocol. The group should also look at issues such as availability of appropriate residential and day treatment programmes, education and training rehabilitative measures and harm reduction responses for young people. The Group should report by mid 2002.

Action 51.

To have a clearly co-ordinated and well-publicised plan in place for each Health Board area by end 2002 for the provision of a comprehensive and locally accessible range of treatment for drug misusers, particularly for young people, the planning of such services to be linked to the national profile of drug misuse amongst young people and to areas where usage is most prevalent. These plans to be implemented by end 2004.

Action 59.

To secure easy access to counselling services for young people seeking assistance with drug related problems, especially given the correlation between suicide and drug misuse and the growing incidence of suicide amongst young people.

Conclusions.

These actions have not been implemented (Working Group on protocol has been set up, but there is no sign of its report) and their implementation is an immediate priority.

It has been argued on an ongoing basis by community representatives that the delivery of prevention initiatives i.e. YPFSS, should be directly the responsibility of Task Forces, with Local Assessment Committees acting as Task Force sub-committees. Local Drug Task Forces should also be given a role in looking at the delivery of social care and social work services in the local area, in particular around their impact on young people and young people's drug use.

Issue 4) The experience of Travellers.

Traditionally Travellers did not use heroin; this is changing dramatically with a major increase in injecting heroin, particularly by men; also an increasing use of hash, ecstasy and solvents. There is a clear sense that drug users are marginalised within the Traveller community.

There are few Travellers accessing services and they have a lot of fears around not being respected by either other clients or service providers. Those accessing services do so only when things are very bad and when the crisis is over, they stop using the service.

There is a need for a culturally-appropriate service for Travellers, which needs to include flexibility in relation to address and local residency.

There is drug dealing on Traveller sites by both Travellers and others. There are difficulties with the Gardai in relation to bringing them onto sites e.g. the whole site becomes a target of the Garda response, with a focus on car tax and insurance, etc.

NACD have commissioned research on drug use by Travellers and this is currently underway. Pavee Point is attempting to break down barriers between Travellers and service providers and there is a mediation team working with the Gardai.

Conclusion.

Heroin is still a devastating problem and the scale and extent of poly-drug use is having a significant impact. Treatment services need to begin meeting the challenge of dealing with poly-drug use. Drugs are widely and easily available in communities and people feel powerless now to do anything about this. This has an impact on all aspects of community life; the scale of the impact varies from community to community, with some particular areas living with fear, intimidation and violence. There is particular concern about young

people and drug use, both in terms of the lack of services for young people and the impact that drug use has on young people's lives, whether they themselves are using drugs or not. The overall impression is of communities that are tired, disillusioned and worried and we cannot afford to let this continue.

The implementation of the actions in the National Drugs Strategy identified in this report could have a significant impact on the problems and the implementation of these actions must be an immediate priority.