SUBMISSION BY THE LABOUR PARTY

To

THE MID-TERM REVIEW OF THE NATIONAL DRUGS STRATEGY

2001-2008

INTRODUCTION

The Garda Síochána statistics on crime for the second quarter of 2004 were published on Wednesday 28 July. They reveal a whopping 30% reduction in the seizure of drugs for sale or supply over the same period in 2003. That statistic will come as some surprise to people who are involved in combating drug abuse and in treating addicts.

On the previous day, Wednesday 27th July, the seven Health Board Areas outside of the Eastern Regional Health Authority published their five-year figures on the drug problem and revealed that “both the incidence and prevalence of treated problem drug use almost trebled between 1998 and 2002.” These shocking figures represent an increase in the number of users presenting for treatment from 24.8 per 100,000 of the population in 1998 to 69.7 per 100,000 in 2002.

Unfortunately, treatment figures for the Dublin area for the 1998 – 2002 period are not yet available. However, larger numbers of people are presenting for treatment across Dublin’s Local Drug Task Forces than there is capacity to treat. Likewise, the supply and variety of drugs is clearly on the increase in Dublin. Over 14,000 heroin addicts sought help from the Merchants Quay Project in Dublin last year.

Clearly, the 30% reduction in drug seizures by the Gardai in their quarterly report is not an indication of supply reduction but is a measure of the failure of the Gardai to seize cannabis, ecstasy, heroin and cocaine which are being sold under their noses throughout Dublin and now, increasingly, in country towns and cities.

COCAINE AND HEROIN

In March 2004 the City Wide Drugs Crisis Campaign published the results of a survey they had carried out on 59 community drug projects in the Dublin area. 92.6% of respondents confirmed that existing clients were using cocaine and that it was very much on the increase. Crime against property, aggression, violence and noise pollution were identified in the survey as the direct social consequences of the new cocaine usage.

The Community Addiction Response Programme (CARP) estimates that almost two million is spent on cocaine in the Killinarden area of Tallaght yearly with users requiring 500 to 600 Euro to feed their habit weekly.
Cocaine is readily available, cheaper than heroin, and perceived by a younger generation as an exciting and relatively harmless social drug. Cocaine is the hallmark drug of the Celtic Tiger and new millennium, as heroin was the hallmark drug of the 1980’s and 1990’s and cannabis the drug of the 1960’s and 1970’s. Yet in October 2003 the Minister of State with responsibility for drugs, Noel Ahern TD, said in the Dáil that additional guidelines were not required to deal with cocaine abuse in Ireland because the number of people presenting for treatment represented only 1% of those receiving help for drug abuse. This one-dimensional response to the arrival of new drugs is fatal.

What the Minister fails to appreciate is that the pattern of drug use and abuse is changing rapidly and for the worse in Ireland. Consequently, a rapid response is essential.

Before 1979 there was no heroin abuse in Dublin. For 15 years heroin was available everywhere in Dublin but, miraculously, was contained within Dublin. That could not last. In the last decade heroin has spread to every county in Ireland. There are 2,200 heroin addicts presenting for treatment outside of Dublin at present according to Minister Ahern. That huge window of opportunity to act decisively was missed and is now gone forever.

In 2000 cocaine was scarcely known in the sprawling disadvantaged communities of Dublin. Now it is widespread in Dublin and spreading rapidly to the provinces because the drug networks and criminal networks are now in place nationwide. Although the National Drugs Strategy recognised cocaine as an emerging problem in 2001 little was done to prevent the supply and reduce the harm. Cocaine specific treatment is wholly inadequately resourced and there is now a reported increase in HIV infections resulting from cocaine injection.

THE NATIONAL DRUGS STRATEGY 2001-2008

The original National Drugs Strategy was established after the journalist Veronica Guerin was assassinated by drug barons in 1996. A Ministerial Task Force chaired by the then Minister for State to the Government, Pat Rabbitte TD, was established to co-ordinate the Government’s response to the growing drug problem. At the same time the Government introduced a tough package of legislative measures to curb the supply of drugs. The Criminal Assets Bureau and the Proceeds of Crime Act targeted the drug barons and their ill-gotten assets with great success. However the Fianna Fáil/PD Coalition Government which came to power in 1997 allowed the initiative and the momentum slip away. It wasn’t until 2001 that the Coalition managed to produce its first drugs strategy. This was the National Drugs Strategy 2001 – 2008.

Sadly, that National Strategy has been a failure. Indeed the first half of its operation has coincided with the greatest expansion of drug abuse in Ireland ever. The National Drugs Strategy has four objectives or pillars – Supply Reduction; Prevention; Treatment and Research. None of these four pillars of the National Drugs Strategy have been implemented effectively and none of the lessons of the past have been learned.
SUPPLY REDUCTION

The first objective of the Strategy was to reduce the supply and availability of illicit drugs. Implementation of this objective is crucial. However, it has been a total failure. The quantity and variety of drugs available have never been greater and the supply and distribution networks have expanded to every county in Ireland.

There are a number of reasons for this:
1) Garda policy is not focused on pursuing drug pushers in the community. The Gardaí have no stomach and no strategy for doing so. Drug pushing in disadvantaged communities goes largely unpolicied and unpunished.
2) The Courts show huge inconsistencies in their sentencing policy. There are no sentencing guidelines for the judiciary and consequently there is no consistency.
3) The Government in its zero tolerance mode passed the Criminal Justice Act 1998 which imposed a mandatory 10 year sentence for possession of €12,700 (£10,000) worth of drugs. No distinction was made between hard and soft drugs nor was any criteria established for assessment of their value. Consequently, the judiciary has consistently availed of a legal loophole to avoid imposing the mandatory sentence. Indeed, four years after the legislation was introduced less than 2% of those sentenced for drug offences were serving prison sentences of ten years or more. (Incidentally, 2002 is the last year for which prison figures are available.) Sloppy legislation by the Government and the absence of sentencing guidelines for the judiciary has created huge anomalies in the sentencing process.
4) Our main prisons are drug dens where drugs are readily available. A drug pusher/addict who is imprisoned for his/her activities will continue to abuse drugs while in prison and will also have a big debt to pay off on release – a debt that can only be met through further crime. Thus the cycle continues. That nobody has every been charged with selling or abusing illegal drugs in prison underlines the utter madness of the present prison system. The cost of a year’s imprisonment is estimated at €90,000 per annum. Yet there is a lack of drug free places in prisons and there is complete failure to resource the prison actions identified in the National Drugs Strategy. Meanwhile the Minister for Justice rants and raves about his drug free prisons, which everybody except the Minister knows are non-existent!!
5) In the past, frustrated communities marched on the drug pushers and made life uncomfortable for them and the community treated them like pariahs. Ironically, the partnership of the State and Community under the National Drugs Strategy framework has resulted in inertia on the supply reduction front as the community now working from inside the tent through the local Drugs Task Forces rightly expects the State Authorities to carry out the policing of the Strategy.
6) The Government has totally failed to provide the necessary leadership and resources for the NDS to fulfil its mandate.
PREVENTION AND TREATMENT

While the availability and variety of hard drugs is increasing and the supply reduction pillar of the National Drugs Strategy has collapsed the second and third pillars, namely, prevention and treatment objectives are difficult to develop and maintain. The Local Drugs Task Forces and State Agencies are a major part of the answer but they are overwhelmed by the enormity of the problem and the lack of resources.

How do you equip young people and vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development as the prevention objective requires, when the quantity and supply of drugs is so pervasive in their communities? Where are the resources for the early interventions, the school programmes, the general public awareness programmes, the community and leisure activities and facilities for vulnerable youth? Where are the family supports for those who are addicted or supporting addicts? What is the value of a methadone maintenance programme that stops with substitution treatment through lack of resources? What is the value of a treatment programme that is unable to link the medical problem to the social environment? Why are hundreds left in short-term B&Bs in a chaotic lifestyle at risk to themselves and the community?

RESOURCES

The failure in all these objectives is the failure to provide the resources and personnel to carry out the programmes. In 2000 the Government promised €2 billion through the Revitalising Areas by Planning, Investment and Development Programme (RAPID) as part of the National Development Plan to provide the desperately needed childcare and leisure facilities, the supports and projects to renew the swathes of blighted urban communities and rural blackspots. Those funds were to be distributed in tandem with the rolling out of the National Drugs Strategy. They never materialised.

When the FF/PD Coalition Government was re-elected in 2002 the RAPID Programme and its promised funding were jettisoned. The projects planned by the local Drugs Task Forces were put on hold, scaled down or forgotten. A further squeeze was put on vulnerable communities through the reduction in Community Employment Schemes and Jobs Initiative Schemes. Lone parents and women trying to get back into the workforce were hardest hit as 75% of CE scheme participants were women. Consequently more families became more vulnerable. Social welfare cuts affecting community employment, childcare, dietary supplements and rent supplements are creating bureaucratic barriers to people in recovery and rehabilitation programmes that make overcoming addiction all the more difficult.

LABOUR PARTY RECOMMENDATIONS

The Four Pillars of the NDS – namely, Supply Reduction, Prevention, Treatment and Research need to be restated and reaffirmed by the
Government to create a fresh beginning. There must be improved co-ordinated decision-making at inter-departmental group level. Regular monthly meetings as specified in the Strategy should be held – not three times a year as at present.

1) The Government should emphasise its commitment to dealing with the drug epidemic in Ireland by appointing a dedicated Minister of State with responsibility for drugs and with direct access to the Cabinet. The current Minister is responsible for drugs and housing and reports only to the subcommittee on social inclusion.

2) Rehabilitation should be designated as a fifth pillar to underline the importance of people moving on in their lives and living drug free after a period of treatment.

3) The RAPID programme and the resource commitments in the NDS should be guaranteed and copper-fastened. Education and project commitments should be honoured.

4) The Gardaí should devise new strategies for drug detection and supply reduction. They should engage with vulnerable communities and they must embrace community policing.

5) The Courts should enforce the full rigours of the law against drug pushers. At the same time the pilot drug court should be mainstreamed and other drug courts established to keep the maximum number of drug addicts out of prison and away from re-offending.

6) A special task force should respond immediately to the arrival of new illicit drugs. They should be specifically targeted with a view to swiftly identifying the source of supply and eliminating it.

7) The Local Drugs Task Forces should be fully resourced to be able to deliver a high quality of local service. There is need to minimise the over-complicated bureaucracies. An immediate commitment must be made to the future of the LDTFs. Their budgets must be allocated on time thus eliminating the present uncertainty, enabling staff to concentrate exclusively on their work and enabling projects to proceed in a planned and coherent manner.

8) Problems experienced by families of drug users and the need for family support were not initially recognised in the National Drugs Strategy. They need to be included now.

9) The treatment and rehabilitation process should be integrated and community employment and social economy employment should be a means to full employment or an objective in its own right for all rehabilitated addicts. There should be greater involvement of family and clients in treatment decisions. There is need for a variety of alternative medical and non-medical treatments to be client-focused and to address more than just heroin addiction. A service-users' charter needs to be provided and promoted with service users.

10) The establishment of a register of drug related deaths – including overdose and suicide – is necessary to provide statistics and develop prevention strategies and bereavement services, while remaining sensitive to individuals memories and family concerns in an environment of blame and stigma.

11) Community based drug projects like Merchants Quay and SAOL, North-West Training and Development Programme and Aftercare Recovery Group, should not have to go public regularly and criticise the Government
for shortfalls in funding. They should be adequately resourced at all times and supported as models of good practice.

12) Drug crime assets confiscated by the Criminal Assets Bureau should be reinvested in the local communities from which the drug barons have extracted their ill-gotten gains.

13) United Kingdom studies suggest that investment in juvenile diversion and early treatment intervention can save €5 of police time and resources for every €1 invested.

14) Alcohol abuse and drug abuse are increasingly interlinked. It is time that the National Drugs Strategy considered alcohol as part of the family of drugs and brought pressure on the National Alcohol Strategy Team to act, to develop local plans. Moreover the NDS needs to address issues of poly-drug use including alcohol and cocaine, particularly among young people at risk, living in disadvantaged areas.

15) Finally, it is clear that the “war on drugs” has not succeeded either in Ireland or elsewhere and has been a total waste of money. The state has failed lamentably to protect its citizens, its young and old, from the scourge and ravages of drugs. 90% of crime committed annually in Ireland is property-related. Most of that is drug-related. Three quarters of the occupants of Mountjoy prison complex are drug users. The cost in financial terms is easily €1billion to the taxpayer annually. The cost in human terms is incalculable. UK studies suggest investment in juvenile diversion and early treatment intervention will save €5 of police time and resources for every €1 invested.

The victims who are robbed in the street and burgled in their homes live in fear. The addicts live in a vortex of self-destruction. Their families live in constant worry.

The National Drugs Strategy is delivering too little too late. Unless there is a major midterm overhaul of the Strategy, the drugs problem will only get worse.