

DÁIL ÉIREANN

AN COMHCHOISTE UM SHLÁINTE

JOINT COMMITTEE ON HEALTH

Dé Céadaoin, 1 Nollaig 2021

Wednesday, 1 December 2021

Tháinig an Comhchoiste le chéile ag 9.30 a.m.

The Joint Committee met at 9.30 a.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	Seanadóirí / Senators
Colm Burke,	Martin Conway,
Bernard J. Durkan,	Annie Hoey,
Thomas Gould,	Seán Kyne,
Neasa Hourigan,	Lynn Ruane.
Gino Kenny,	
John Lahart,	
Róisín Shortall.	

Teachta / Deputy Seán Crowe sa Chathaoir / in the Chair.

Business of Joint Committee

Chairman: We have a quorum. Apologies have been received from Deputy David Cullinane who will be substituted by Deputy Thomas Gould, and Senator Frances Black who will be substituted by Senator Lynn Ruane. Can I take it that the draft minutes of our private joint committee meetings on 16 and 24 November 2021 and the draft minutes of our public meetings on 17 and 24 November 2021 are agreed? Agreed.

Substance Misuse and its Impact on Communities: Discussion

Chairman: I welcome the following: Ms Anna Quigley, co-ordinator, CityWide Drugs Crisis Campaign; Ms Grace Hill, co-ordinator, the Tallaght Drug and Alcohol Task Force; and Mr. Shane Hamilton, co-ordinator, Jobstown Assisting Drug Dependency, JADD, Project. They are here to discuss the landscape of substance misuse and its impact on communities.

Before the opening statements, I must point out to witnesses that there is uncertainty as to whether parliamentary privilege will apply to their evidence from a location outside of the parliamentary precincts of Leinster House. Therefore, if they are directed by me to cease giving evidence in relation to a particular matter, they must respect that direction.

I first call on Ms Anna Quigley to make her opening remarks and she is very welcome.

Ms Anna Quigley: I thank the committee for the opportunity to be here because this is a crucial time for the drugs strategy.

CityWide is the representative body for the community sector in terms of the national drugs strategy. I suppose people will know that CityWide has warned for the last couple of years that the partnership approach in the drugs strategy has been in danger of collapse. As people will know, in 1996 the State finally acknowledged that it had not listened to the voices from the community at the time about the growing heroin problem and that led to a radical new approach in drugs policy. The approach has been re-affirmed by every single Government that we have had since because it works. It is built on community participation and on partnership inter-agency working. Crucially, it is built on local decision-making and the guys from Tallaght will be very strong about the importance of that. We know from experience that these things are crucial in order to have an effective response to drugs.

The current national drugs strategy Reducing Harm, Supporting Recovery was launched in 2017. The strategy clearly recommits to this approach as follows: “It recognises the importance of supporting the participation of communities in key decision making structures”, which is a crucial phrase, “so that their experience and knowledge informs the development of solutions to solve problems”. We are really sorry to say that the words in the strategy have not been delivered on because the decision-making authority at national, regional and local levels has been taken away from the partnership structures whether that is the national committee, on which CityWide participates, or the task forces that Mr. Hamilton and Ms Hill will talk about. The decision-making power has reverted back to the Department of Health and the HSE. They make key decisions centrally and without consultation with communities.

The national oversight committee is the main national committee. Its terms of references makes it sound like a really powerful committee as it gives leadership, direction, prioritisation

and allocates resources. We can say, having been representatives on that for the last three years, that we have not been involved in one significant decision in all that time.

As members will know, the drug and alcohol task forces have done amazing work over the years in responding to the needs that emerge in communities. However, their ability to carry out that role has been undermined by the recentralisation of the decision-making process. I am sure that people will be very familiar with the fact that there has been a failure to properly recognise and fund the community drugs projects, which are the absolute backbone of service delivery in this country. The members will hear more about this matter from the guys from Tallaght.

Why is this a significant time? Last week, the report of the mid-term review of the current drugs strategy was published and it has confirmed all of our worst fears. The report has a fundamental flaw in that it has failed to recognise the central role played by communities in the national drugs strategy, which puts it at odds with all of the overwhelming evidence. That evidence shows the crucial role played by communities and brings extensive knowledge to bear on all of the emerging issues, and communities have led the way on so many issues.

Unfortunately, the review has chosen to ignore experience. How can we learn from and build on the knowledge and experience of communities when we do not even name it? How can we develop effective services when we fail to recognise the unique role played by community drugs projects? They work across a whole range of actions and not just the addiction issues but a spectrum of issues, including housing, education, mental health, domestic violence and intimidation. The review did not recognise the centrality of that role.

With the mid-term review the Department has written the community sector out of the national drugs strategy. That has happened at a time when we know, across the country, that the number of areas experiencing a community drug problem has significantly increased. Now more than ever we need a community and State partnership.

Let me explain why the review is so significant. Next Friday, the national oversight committee will meet. At that meeting the Department intends to remove the community and voluntary networks that have played a representative role in the national drugs strategy. I wish to note that CityWide has done so for 25 years and many of the other networks have been around for many years.

The Department intends to remove us from our national representative role without a review, explanation or discussion. If this is allowed to go ahead next Friday then it will bring down the curtain on the inter-agency partnership approach that has been at the heart of the drugs strategy since 1996. That means we will be turning our back on communities like Tallaght and all of the communities around the country that so badly need to be heard. I call on the Government and all parliamentarians to make sure that this does not happen.

I thank the members for their time and look forward to questions. In particular, I look forward to hearing from Mr. Hamilton and Mr. Hill about the great work that their organisations do in Tallaght.

Ms Grace Hill: It is great to see so many people here and I thank Ms Quigley for setting us up really well.

I thank the Chairperson and members of the committee for the invitation to attend following our launch of our research on the topic of the landscape of substance misuse and its impact on

the communities we serve, which is Tallaght and Whitechurch. In summary, the report provides an insight into the current picture of drug use in Tallaght and Whitechurch. We want to address the impact of crack cocaine in our areas and discuss what community projects are doing with limited resources to support these issues. We want to discuss why we now have a crisis in our communities and why we urgently need a Government response in terms of funding.

I am joined by Mr. Shane Hamilton who is the manager of Jobstown Assisting Drug Dependency, JADD. He is here to talk about the organisation's work to tackle crack cocaine use.

The report has confirmed that over the past ten years Tallaght has seen a significant growth in population, deprivation, substance misuse and drug-related crime. The area has a population of 100,000 and it is still expanding. The size of the area exceeds cities like Limerick and Galway. Tallaght is also surrounded by areas such as Citywest, Saggart, Rathcoole and Knocklyon and referrals often come from those areas too. The number of people accessing drug treatment in our area has doubled in the past ten years, with most people using two or more substances. While heroin was the most used drug in 2020 in our area, cocaine came in second with crack cocaine use proving the most problematic for individuals and families.

After consulting with our front-line services and community representatives, the task force named crack cocaine as its number one issue in 2021 and that is supported by feedback from the public consultation, with terminology such as "epidemic" and "tsunami" used to describe what was happening on the ground. What this looks like is open drug dealing happening all day long, drug-related intimidation and crime, and drug users presenting with complex needs. Mr. Hamilton will touch on more of that.

Already in 2021, more than 4,000 crack pipes have been distributed by our community harm reduction services. This figure exceeds the total number of pipes issued this year in the whole mid-west region, which includes Limerick city and beyond, according to Ana Liffey Drug Project. Interim funding for our task force is approximately €1.2 million, below the level of funding we were getting in 2010. Despite Government funding increasing by approximately 50% in the past decade and a health budget of €21 billion, we have not seen any increase at the front line. This is also the case for the other 13 drug and alcohol task forces in Dublin and Cork.

The Tallaght Drugs and Alcohol Task Force, while discussing our research findings, of which the committee may have seen the considerable media coverage, has been very open with its views concerning the proposed budget for the national drugs strategy next year and notes it lacks the urgency required to support front-line community drug services that are struggling now.

With respect to the crack cocaine issue, the budget of €500,000 for the entire country lacks any understanding of the scale of the problem on the ground and level of supports required to address it. We know that crack cocaine is an issue for other task force areas, but not every community is seeing the same concentration that we are, teamed with the level of poverty in Tallaght and the co-morbidity rates. We know that targeting of any available funds, albeit limited, is very important.

When we launched the research earlier this month, we made the case for an additional allocation of €1 million for a task force. Most pressing on our needs list was to address the crack cocaine issue and support struggling front-line community services. As a task force, our role is to empower community drug services to meet the needs of their communities and the same rationale applies to the crack cocaine issue.

In 2018, we set up two crack cocaine-specific programmes, in Jobstown and Killinarden. These programmes are effectively working with crack users around their many complex issues, albeit on a part-time and quite limited basis. Come 1 January, we will have no funds to sustain this crucial work on the current crisis and we urgently need support. We also know crack cocaine is only a symptom of years of neglect in terms of empowering drugs services and the community sector more broadly, as Ms Quigley spoke about.

With four weeks to the end of this year, it is vital that the allocation of funding announced, although limited, is targeted and allocated as a matter of urgency. We call on the Government to allocate this funding to Tallaght and other areas impacted by crack cocaine, as soon as possible. We welcome the fact that the Minister of State, Deputy Feighan, has indicated that he will come to Tallaght before the end of the year and we look forward to discussing our report and the need for urgent funding with him.

Before handing over to Mr. Hamilton, I will give the committee a more practical view of the work being done here. Recovery is possible and recovery communities are active in our communities, which is great to see. I want to promote that positive news. In tandem with launching our report, we launched a series of videos on what recovery looks like, which are available on our website and YouTube channel. They have considerably helped people connect with the drug issue, teamed with the grim findings within our research and we welcome that move.

Last Thursday night, I accompanied community drug workers from the crack cocaine outreach service run by JADD out into the community on their assertive outreach run which supports the most vulnerable drug users across the Jobstown and west Tallaght area. From the experience, I can say many things with complete certainty, one of which is the supports being provided by community drug services in response to crack cocaine, through the community addiction response programme, CARP, the JADD Project and community drug work are extremely essential, front line and lifesaving. That might sound sensational, but they are. No other organisations are providing such rounded services in terms of nourishment from food, contact point, harm reduction in terms of clean works, sign posting and referrals. Community drug services are well placed and, in our view, best placed to do this work within the community where they are based, if funded to do so.

Mr. Shane Hamilton: I thank Ms Quigley and Ms Hill for opening up this discussion on this important issue, specifically for front-line services impacted by crack cocaine. As Ms Hill alluded to, until 2018, heroin was the primary drug of choice among individuals accessing services in JADD and services were developed primarily to respond to the problems associated with heroin use. However, since 2018, crack cocaine has emerged and become the primary problematic drug in Jobstown and the surrounding areas, including Killinarden and throughout west Tallaght.

Crack cocaine is no longer an emerging drug. Its availability and use are widespread throughout Tallaght and highly problematic. Crack cocaine use is a permanent feature in most addiction services in Tallaght and will be for the foreseeable future. Crack cocaine is a completely different drug to heroin. There is no substitute pharmacological treatment or silver bullet to address this issue.

With regard to the prevalence of crack cocaine use in JADD's methadone service, we have just over 60 patients who attend daily, 70% of whom report crack cocaine use. This high prevalence of crack cocaine use among opioid users is in line with European data, with those European figures stating that 40% of those seeking treatment for crack cocaine use report heroin as

their secondary drug of choice.

The majority of these patients in JADD would have previously had long periods of stability on methadone treatment. They would have completed education courses, returned to the workforce and managed successful and healthy family homes. However, the majority are now back attending the clinic on a daily basis, such is the extent of their respective crack cocaine use. Crack cocaine use is destabilising the recovery of a significant number of individuals on methadone treatment.

As outlined in the research, there is a considerable proportion of women using crack cocaine. This is in line with international data which states one third of all people seeking treatment for crack cocaine related problems are women. One study, in line with the figures locally, found that 90% of women reporting, reported involvement in the sex trade as a means to fund their addiction to crack cocaine. JADD is concerned about this and its impact on women and children, in particular.

Since 2018, JADD has supported 20 women whose children have been removed from their care because of their crack cocaine use and whose use is a barrier to those children returning to the family home. Among these 20 women, there are 45 children in care, with a sizeable number having previously attended JADD's childcare service. It is unlikely that these children will return to these homes any time soon, because of this crack cocaine use, as research has found that women involved in sex work who are single mothers have been found to develop the most chaotic crack cocaine dependency. Therefore, it is critically important that any response to this issue must include a broader, early intervention response to families affected by crack cocaine use.

We welcomed Kitty Holland from *The Irish Times* to come out with us in early November to meet some of these individuals and she was invited into the homes of some of these women impacted by crack cocaine. One of the examples Ms Holland was able to confirm and write about was:

Robyn (45) has been on drugs most of her life. "But crack cocaine has destroyed me in less than five years. I have lost my four beautiful children to [this drug]."

Ms Holland also reported that:

Theresa (43), almost lost the apartment she rents from an approved housing body due to her addiction. It is dark and cold. Her daughter's toys are everywhere, though she has not seen her for two years ... Aisling is trying to use less as she is hoping to get access visits with her children, who now live with her sister. She had a "total psychotic breakdown" about four months ago. "I couldn't come down. I got paranoid by a hundred, climbing out the windows, thought everyone was against me. It was very frightening." [Aisling] spent 19 nights in a psychiatric ward, but discharged herself. Thwarting her efforts to reduce are dealers "bombarding" her with text messages, offering "two-for-one" deals; saying "We drive to you, 24/7".

The role of a front-line crack cocaine service has evolved to provide extensive and intensive support services towards the most damaging and complex areas in a service user's life.

Over the last few months for example, JADD has had to dedicate significant resources into a partnership with a task force with South Dublin County Council specifically for tenancy sustainment for crack cocaine users. Drug use is a restrictive factor in many areas of an individual's life but it is exacerbated completely by crack cocaine use regarding accessing appropri-

ate residential treatments or domestic violence accommodation, or engaging successfully with multiple agencies. This has to be the role of any future agency.

In response to the extent of crack cocaine use, and wanting to understand the issue further, JADD self-funded an assertive outreach service from September 2021, as Ms Hill mentioned. This was to target the most vulnerable and isolated crack cocaine users including rough sleepers, those couch surfing, and those whose using in houses was permitted. This service has allowed JADD to scope the prevalence further and unfortunately we have identified many more service users within the immediate area, many in very unsafe environments, which is concerning from a public health perspective. These assertive outreach services are identifying many more individuals and situations with multiple users present, sharing drug using paraphernalia.

There is also an unintended consequence of stigmatising these houses as crack houses, which has been an issue for Tallaght to try and resolve. I would like to note to the committee that many of these homeowners are vulnerable women, whose homes are often controlled by others through violence, intimidation and so forth. Resolving these issues requires a compassionate and considered approach. Not all of these instances are of an antisocial nature.

These individuals, families and communities I have spoken about need members on their side. They need the support of this committee. As we all know, drugs are available in most communities, but they do not impact all communities in the same way. Crack cocaine is destroying the sense of community in parts of Tallaght, specifically in west Tallaght. I urge members to support our call for funding to keep individuals safe, to keep families in their homes, to keep children with their families, to minimise the public health risks and to increase treatment supports to individuals and families affected by crack cocaine use. The community response to this can be successful. It just has not been given the opportunity to be.

Chairman: Ms Quigley must leave at 11 a.m. We will divide the meeting into two sections. Normally, members would get nine or ten minutes but we are going to give just five minutes for the opening session so that people can ask questions of either group or both. They will get another five minutes in the second round. Ms Quigley made the point that the community role is crucial. Will she explain how the community role emerged? Was it because of a complete gap in services? If these groups do not get the necessary funding, what would that mean for communities such as those she represents?

Ms Anna Quigley: The story of community involvement around the drugs strategy began as campaigning, going back to the 1980s and 1990s. It was a case of the State not responding to the drug issue. There was an emerging heroine issue at the time. That problem was developing in some of the most disadvantaged parts of the country. It was not getting the kind of political response it needed. Communities got organised to campaign and call attention to the issue. They were not listened to for a long time. That was acknowledged by the Government in 1996, that it had not listened. This is something everyone knows. People who are active and engaged in our communities on the ground are aware, they see what is going on in their areas. They are the people, the community leaders, who saw the drugs issue emerging in their areas, in north Dublin inner city in the early days when heroine started to emerge. People had no idea what was going on. It was new. Like the story Mr. Hamilton related about crack cocaine, at one stage heroine was new and nobody in these communities knew what was going on. They knew something was going on, that this drug was available. They knew young people were using it and getting sick and it was having a huge impact on them. Because they are engaged on the ground, they have that knowledge.

It is important to say that is expertise. This is something we always say, as community representatives, because there is a tendency to believe that the experts are the people who know about particular types of treatment or the signs, and of course those are needed, they are crucial, but the expertise is there and we need to base our policies on reality. That is the key point here. What community brings to the table is reality. What Mr. Hamilton described here is reality, the reality in Tallaght. The reality will be different in communities throughout the country.

Recently we did a survey on the development of the drug problem in rural areas and we saw the same thing. It was community leaders, people who were engaged in their community were the people coming forward with the information. Another reason that is crucial is, from the beginning in our work we have seen communities, people who use drugs, and families together, unified. Sometimes in communities there is a huge stigma attached to drug use, particularly the most difficult experience such as crack cocaine. It is crucial we have people in our communities speaking out for a positive response in support of people who are using drugs and their families because it is easy for the problem here to be perceived as being the people who are using the drugs. It is easy for them to be seen as the root of the problem. That is why leadership and voices from within the community strongly saying "No", the people who are using the drugs and their families are all part of the one community and we want to work together.

One of the things Ms Hill spoke of - and it is a crucial part of what the community drug projects do - is the successes. I have been to many events in local communities. The local projects organise public events that are open to all of the community. Everybody comes in, from the schools, the clubs, the churches, together with the people who have been involved in those projects. That role is essential in our communities because there is too much potential for division, particularly now that there is so much intimidation and fear out there. It can be extremely difficult for people who use drugs and for their families. They are caught up in all that. For them to be able to come and speak out is incredibly difficult so we need our community representatives. We have always supported the view that people who use drugs and their families should have their own strong voice. We absolutely need that community representation.

On the point of funding, when that community expertise is not recognised and respected, and at the moment there is no sign that it is respected, then that shows in how funding decisions are made. We do not understand why, people will know that from 2008 to 2013, the years of the crux, the budgets to the task forces and to their projects were cut by a total of 34% which is far above the national average level of cuts to services. Since those cuts stopped in 2013, that is eight years ago, there has been no restoration of those budgets. The task forces are operating on budgets that were significantly reduced during the recession, and in all the years since, with all the new problems and challenges that have emerged, as Mr. Hamilton described, there has been no increase in the budgets. Additional money has been allocated to the national drugs strategy for the past five or six years, and it will be sought again this year, some €6 million, none of which comes to the projects on the ground. We do not understand why that is, especially as the projects are such good value for money.

Originally in the drugs strategy whatever actions each Government agency and Department were responsible for were funded from within their budgets, and the specific drug initiative budget for the task forces was separate and it went directly to the task forces. Now it goes to the HSE and the HSE decides what should be done with it. It needs to come back as a ring-fenced budget for the use of the task forces to fund the local drug projects, and not be absorbed into the HSE budget. That is crucial.

Chairman: I thank Ms Quigley. Ms Hill made the point about January. What does that

look like for people in Tallaght in regard to the response to the crack cocaine crisis? Can Ms Hill touch on the issues Ms Quigley raised about funding and emerging needs and trends, and the funding which task forces used to get but which was cut back?

Ms Grace Hill: There are two pieces there.

Ms Grace Hill: I thank the Chairman. There are two pieces there. The first concerns addressing and raising emerging needs. The current structures we have to do that are nothing short of a cat and mouse game. For instance, 12 months ago we met with the Minister of State with responsibility for drugs. He advised us to go to the mid-term review of the national drugs strategy and not to forget to go to the national office of the HSE. That meeting never happened with the national office. That sends us back down to HSE addiction services locally, which we work very well with, but they, like community drugs services, are not empowered to address our needs. There is, as Ms Quigley has said, a block in the system. We have a good relationship with the addiction services. We go to them and say: "Listen, crack cocaine, what can we do?" They ask us why we do not set up a project. That should not be the system. There is a clog in the system. The addiction services and HSE locally want to help us but the budgets are not coming to them either.

Regarding 1 January for us in Tallaght, we are concerned because we do not have any funding to address the crack issue. It is as simple as that. We have been plugging this with the very little money we have in a development fund because the task force is underfunded as well. We have been funding those two crack cocaine responses with €25,000 each. That equates to about three hours per week in terms of additional work on already struggling front-line services. It is serious for us. We have seen the value of what the services are doing on the ground.

As I said in my presentation, the figure of €500,000 demonstrates no understanding of how colossal this issue is. How long is a piece of string? We need to have that discussion. What does a real response to this issue look like? In terms of the country in Tallaght alone, €500,000 will not cut it. When we launched our report, we called for an additional €1 million fund. We felt we needed that to get us started and to be able to respond to this issue. I cannot even say that would be enough for the crack issue in Tallaght. That issue is only a symptom of the years of lack of restoration, as Ms Quigley talked about.

We need to make sure all front-line services are sustainable and equipped to address the challenges, given the years of cumulative budget reductions. As Mr. Hamilton said, an inter-agency approach is key. We need to make sure everybody is strong and able to respond to it on the ground.

We are worried about January because I have seen the service users that avail of these services. They are extremely vulnerable. We are in the winter months. As Mr. Hamilton said, some people are sleeping rough and we have women who have to resort to prostitution to pay off drug debts. I am concerned, as is our task force, that the supports are not there. By the nature of community drug services, they want to respond to these issues on the ground.

Chairman: Mr. Hamilton has his hand up. Can he give a quick reply? I am conscious I am eating into members' time.

Mr. Shane Hamilton: Regarding coming into 1 January, the stream of data and information that we are basing a public health response on will dry up come January. There will be no information available to respond and get out ahead of this. There are multiples out there. There is

only a self-funded outreach programme able to collate data on how many vulnerable individuals are sharing paraphernalia in this community. We will not have that data so the public health response will be blind. We talk about the growth of populations in Tallaght. It is not dispersed equally over the huge size of Tallaght; it is in communities already challenged with multiple social issues. That is where crack cocaine is presenting itself and we will see more of this.

Chairman: I call Senator Kyne and apologise for delaying bringing him in.

Senator Seán Kyne: I thank the witnesses for coming in. I am not from Tallaght or Dublin; I am from Galway but am not naive enough to think there are not drugs issues in Galway city and rural areas. I know of good people who have, unfortunately, ended up with issues.

Ms Quigley said there is a meeting on Friday of the national oversight committee which would be chaired by the Minister of State ordinarily, if I am correct, and that it is intended at that stage to remove the community and voluntary network. I suggest we need to approach the Minister of State or the officials in the Department in advance of that. Ms Quigley says no rationale or explanation has been given but Departments always have to have a reason and be able to explain why they propose something. What reasons are they giving as to why this is being done? Presumably Ms Quigley can counter that view.

As time is short, I open the next question up to whoever. There is treatment versus prevention. The drugs budget has gone up by €6 million but in terms of prevention there are issues like housing, education, apprenticeships, sport recreation the need for gardaí, particularly community gardaí, and employment issues. In treating addiction and hoping for full recovery, those issues are important. Are these resources lacking? We know about the housing issue and, unfortunately, could talk about that all day. In terms of the other areas mentioned, are they lacking in the witnesses' area? Could additional investment help stop people, particularly younger people, going down the route of drug addiction?

Ms Anna Quigley: It would seem logical there has to be a reason that the Department is doing what it is doing but it has not given us any reasons. We asked as part of the mid-term review that there be a review of the structures to look at how effective they were. There was no such review so there is nothing there. There is no report or anything to give evidence that this is a good thing to do.

It was at the last national oversight committee meeting that the Department presented the idea of a civil society grouping, which would be a wider grouping than the current networks. The networks are totally open to that. We said the more voices we have involved the better. We told the Department we were happy to have discussions around that with it, which we always are. In the discussions it quickly became clear that the Department was thinking of the civil society grouping as a replacement for our networks, while we saw it as a good additional resource to bring in more people.

Our networks are named in the national drugs strategy. That is not by accident. There is a clear rationale as to why we need representation of particular communities and groups like families and people who use drugs. The rationale is clear that we need representation of the people most affected by the issues. That rationale is still there now as it was. We have not been presented with any argument against that. Having had a couple of meetings to discuss this with the Department, the networks went back and said we were happy to have ongoing discussions about the broader civil society grouping but that we were clear on the rationale as to why our networks with 25 years' experience should continue to be written in as core constituents of the

national drugs strategy. The response to that was basically “Well, it’s going ahead on Friday anyway”. We do not have a rationale, unfortunately.

I say this with respect to everybody but in the last couple of years there has been for the first time in our 25 years’ involvement a sense of silencing of the community sector and that the space for voices that are questioning or dissenting is not there anymore. I am not saying that is the reasoning but we have not been given any other reasoning. I do not know the reason. We have no statement of the reason. We asked the Minister of State to meet the community networks a couple of months ago. We did not get a reply to the request.

Senator Seán Kyne: Perhaps Ms Hill or Mr. Hamilton want to come in on the second point regarding treatment and prevention.

Ms Grace Hill: Could the Senator remind me of the second part?

Senator Seán Kyne: The other elements involve addiction treatment versus prevention and areas such as housing, education, apprenticeships, sport, recreation, gardaí, community gardaí and employment, all of which come into the mix in terms of prevention. Do those areas need to be strengthened due to issues in the witnesses’ localities?

Ms Grace Hill: Absolutely. One positive thing that came out of the mid-term review of the national drugs strategy was the call for an area-based approach. That is a recommendation in our research as well and is a key piece that the local authority would play a part of. I am an employee of South Dublin County Partnership and a lot of that work is already happening. We liaise regularly and have great relationships with gardaí. A key recommendation in the research is for more community gardaí on the street. However, that inter-agency piece is happening.

As the Senator said, there is definitely a need for balance between treatment and prevention. Certainly, one of our recommendations is strengthening the front line. It is about finding a different way to work with young people, for instance. We want to have a pilot around detached street work. We have to constantly be looking at new ways to do that. There is definitely a balance to be struck there. The re-emphasis on an area-based approach is a positive thing that came out of the mid-term review. It is great in theory. However, there is an awful lot of work to be done in practice around that because, as I said in my previous point, the current structures do not afford that.

As I said, the Minister of State will tell us to do things in a regional way and one goes to the national office of the HSE. However, that does not happen. It does not respond; it just refers people to their community health organisation, CHO, 7 addiction services. As I said, that section is not empowered to meet our needs as well. We work with them closely on the ground, but in terms of resources - and I am sorry to be constantly bringing it back there - there is a lot of work to be done. The area-based approach can definitely be improved on. There is always room for improvement. However, the issue for us at the moment is resources needed in order to address those key areas and all the pillars of the national drugs strategy. Would Mr. Hamilton like to add anything?

Mr. Shane Hamilton: The only thing I would add is that what we need to welcome at a forum such as this is to modernise and articulate the modern context of the impact on the community from a drug policy sense. I put it in the presentation because it is not an emerging trend. Five years of a substance being reported within a local community is not an emerging trend; it is the modern world we live in. Community projects are the ones that found these trends, brought

the information to the task forces and requested money from the HSE CHO 7 or any other CHO. That is the form it should be going.

We have treatments and prevention and these are important and vital pillars within any response to the drug strategy. From a front-line manager's perspective, sitting in the community and looking at this on a daily basis, a colleague of mine has called this a college industry. This is now coming across in every element of this local area, from young people through poverty and desperation getting involved in the distribution of it to people being vulnerable and intimidated into production. It is presenting in every element of a very vulnerable community. When we look at prevention and treatment, we also need to look at what kind of symptomatic issues are part of this and make sure that we invest in the communities that can respond to this effectively. Five or six years is a concerning length of time to get to this forum to start discussing what needs to happen on the ground.

Deputy Thomas Gould: I welcome Ms Quigley, Ms Hill and Mr. Hamilton. Their contributions are very important. I am very concerned about this shift in relation to the mid-term review. This decision goes against the national drugs strategy. I have questions for Ms Quigley. What support could we give? Does she believe that allowing this to happen is a political decision or is it just a lack of political will by the Government? Are communities in crisis at the moment? Is it fair to say the community sector is in crisis after this mid-term review? Are the Government and the Department working against the community sector? I would like to come in with additional questions for Ms Hill and Mr. Hamilton if that is possible.

Chairman: Can Ms Quigley keep her reply short?

Ms Anna Quigley: Yes, I will keep it very brief. My apologies, I see that I should be addressing people as "Deputy" or "Senator", and I have been using first names. The decision has been made within the Department by the officials in the Department. The Minister has not opposed it. What hope for a political response. There needs to be political response saying that this is not acceptable. It is not acceptable to take the existing networks away from the representative role in the drugs strategy. That has been a core part of the approach and we would ask both the Minister of State and the senior Minister for a strong political response on that. Again, as people know, last week, the Taoiseach addressed our conference and talked about his commitment to this partnership approach. Therefore, this needs an intervention at the highest political level to say this is not acceptable and should not happen.

The definition of community has been changed within that document to focus on people who are using services or people who are representing people who are using services. We cannot reduce the people in our communities, the people who have so many different issues going on in their lives, the people whose drug use is related to so many other issues and the general people in the community to "people who use a service". That definition has to change and we call on that.

The Citizens' Assembly has been talked about and from a practical point of view, it would be important for it to happen because our national drugs strategy has lost its way and we need to put it back on track. The Citizens' Assembly is an evidenced-based forum where we can look at evidence in a more informed way and with more space and time to do it. That is essential for us to move forward.

Deputy Thomas Gould: On the back of what Ms Quigley said and addressing Mr. Hamilton, is it possible for the Minister of State to come before this committee to discuss both the

changes to the mid-term review and also the crisis of funding that would happen in January? These are -----

Chairman: We have lost Deputy Gould. I think we have lost everyone. Apologies to people watching at home.

Deputy Gould, we lost you for a couple of seconds. Could you start again?

Deputy Thomas Gould: Yes, Chair. As I said, I propose that the Minister of State come into the committee to deal with the changes in the mid-term review and the funding crisis that will happen in Tallaght in January. That has to be dealt with urgently. Mr. Hamilton commented on the increase in women's crack cocaine use. Is there funding needed for women-specific services? From my discussions with women in recovery, this is a huge area that is not being addressed. What is Mr. Hamilton's view on that?

Chairman: Who would like to take that? Mr. Hamilton, would you like to kick off first?

Mr. Shane Hamilton: I would agree that we need specific responses for gender-based services. Those individuals who are crack cocaine users, for example, as I said in my presentation, are not accessing domestic violence accommodation quite often because they are substance users. They are also the ones who are involved in coercive control and multiple other challenges that other genders do not experience as much. We need to be getting more responsive and less reactive. We need to invest in the proper approaches to get out ahead of this and make sure services match this. It is in our research, it is in international research and it has been in a recent supporting women to access appropriate treatment study. The evidence is there, we just do not have the resources to do it.

Ms Anna Quigley: We only have one women-specific drug service in the country in terms of the community base. We are lucky to have the seasamhact, ábaltacht, obair, léann, SAOL, project, based in the north inner city - people might know of it. It is an extraordinary project that does groundbreaking and innovating work with women. It is a community drug project and the same kind that Mr. Hamilton and Ms Quigley have been talking about. It has grown from the ground up in a local community and is absolutely rooted in that community and it does extraordinary work. We have the model that tackles the huge issue of engaging with women and addressing their specific needs. We have a model that is probably one of the best in the world. We have it there and it has grown from our drug strategy, so let us learn from that, please.

Chairman: There are no residential beds or supports for a single woman bringing children along to that residential element, for example. There is nothing like that at moment either, is there? This a huge gap for anybody who is seeking treatment. Would Ms Hill like to come in?

Ms Grace Hill: The recent research done by the supporting women access appropriate treatment, SWAAT, looks at how to support women in accessing treatment more fluidly. It shows a huge number of gaps for women accessing treatment. Part of that was residential for women, as well as childcare provision. There are many gender-specific things we need to look at, as Mr. Hamilton said. I would personally welcome Deputy Gould's proposal around the Minister of State coming in. We felt that the budget for 2022 lacks urgency. I am glad to hear around the table that people are sensing that urgency and desperation that we feel within the community at the moment. It is coming to a crescendo. We did the research. As Mr. Hamilton said, this is not an emerging issue for us. People need support. Part of that discussion needs to be with the Minister of State, to say how communities will be supported in January and beyond.

There is talk about development and drug policy development more broadly. I welcome the Citizens' Assembly to which Ms Quigley has alluded, as well as those discussions. However, the resource issue is extremely urgent, and I would welcome the Minister of State's view on it.

Chairman: Again, as a committee, we will look in our next private meeting at trying to bring in the Minister of State to respond to some of the remarks that have been made today, so that we can develop on from what we are hearing today.

Deputy Thomas Gould: I have to step off the meeting because I am going into the Dáil Chamber and then I am going to the CityWide briefing. I will log back on after those.

Chairman: That is fine. We will hopefully have a second round anyway. Our next member is Deputy Shortall.

Deputy Róisín Shortall: I did not realise I was next. I would like to welcome the guests and thank them for their presentations. I wanted to check something first. I had the honour of being able to chair some of those national oversight committees back in 2011 and 2012. Certainly, my experience at that time was that one got a real insight into the drugs scene at local level from the community and voluntary sector representatives. That was undoubtedly the case in the community. This came back from organisations like CityWide, but also from the local drugs task forces. That is how one found out what was happening on the ground.

In the voluntary sector, different representatives represented those voluntary community services, like Merchants Quay and so many others. One heard on the ground what it is like dealing directly with people with addiction problems. There was essential feedback from the real world about what was happening on the ground. Down through the years, I have never heard any complaints about that whatsoever. It was important that both of those voices were heard clearly and that they informed policy. However, down through the years, there were constant complaints about representatives from other agencies - in the main these were State agencies - about their non-attendance at task force meetings, their non-attendance at the national level, or the attendance by people who did not speak at all and did not contribute to any of the debate or any of the insight. That was a constant refrain, particularly in the education area. Representatives refused to attend local task forces.

I can remember sitting through many of those meetings. Thinking back, if there had not been input from the community and voluntary sector, meetings would have wrapped up after probably half an hour. This is because no contributions were being made by anybody else. It was really placeholders in the main, as well as people who were there because they were required to be there, rather than having any particular interest. That is very much the way that things had worked.

I cannot for the life of me understand how there can be any rationale for writing out those critical voices. They are critical because they are essential. They are also critical because they criticise Government policy where it is not effective and where it is not adequately resourced. That is essential. I cannot understand why this position has been taken. We as a committee have to take steps to block that decision and to seek to have it reversed as a matter of urgency. It is a good idea to have the Minister of State in. I do not know when he will be available. It will be in the new year and it will be some time away. We have to act urgently now after hearing the presentations today. I completely support the proposal made by Senator Kyne that we, as a committee, now write to the Minister of State expressing our serious concern about this proposal, that we say it is a retrograde step and that we seek to have it reversed by Friday. We

should do that in the strongest possible terms. I suspect that there is support across the board for that kind of approach.

Ms Quigley said she had requested a meeting with the Minister of State. Again, if the Minister of State is not engaging with people who are working on the front line, how can he possibly have a clear picture of what is happening? Apart from the formal meetings, it is essential that the Minister of State gets out and visits the area that is most affected by this. This is particularly the case when we have a Minister of State who does not represent the urban areas that are most seriously affected. It is hard to get a handle on areas where there are high levels of urban deprivation, disadvantage across the board in relation to housing, low levels of policing, lack of local health services, etc. Poverty is the overriding factor. All those factors contribute to drug misuse. Engagement is essential for the Minister of State and he cannot have any kind of understanding unless-----

Chairman: We agreed at the start of the meeting that we would have five minutes for the first round of questions and then we would come back for a second round.

Deputy Róisín Shortall: Apologies, I will not be around for the second round because I will be speaking in the Dáil. I have to go very shortly. I just want to ask about that €500,000 that Ms Hill spoke about. Is she seriously saying that figure is to be spread between all of the task forces? It seems incredible. The other aspect of that, as I understand it, is that the figure is to be also shared over two cohorts in relation to cocaine use. Those are the crack cocaine cohort and the night-time economy cohort. These are two very different cohorts of people, in their drug use. Is that the case? As a national response to the widespread use of cocaine of all sorts, the figure is unbelievably small. Can Ms Hill confirm that that is the case? Even within the narrow confines of the €500,000, what are the proposals about how it would be shared?

Ms Grace Hill: I will answer that, if that is alright. I thank Deputy Shortall and it is great to see her again. We are in equal disbelief as the Deputy about the €500,000 proposed. We are doubly so, because we had already informed the Minister of State about the issues we face at the moment. He has had our proposal for over a year now about what we wanted to do to address crack cocaine. The €500,000, to our understanding, is for the entire country to deal with crack cocaine. It is for night-time economy piece, and it is for naloxone as well. That is why we said that the figure lacks total understanding of the gravity of this issue. We feel that the €6 million in total does as well.

In addition to the €500,000, there is €1 million there - again for the entire country - to improve accessibly into front-line drugs services. For us, this is a huge thing. Usually, the Minister of State says "Great, we have €5 million extra and here is how it is going to be spent". It looks like there will be proposals invited for that. The €500,000 already puts us on the back foot. We are asking how much of that could be for Tallaght, considering the proportions of what we are dealing with. If the funding is going to be targeted, we would find some comfort in that. The Minister previously committed, in the Dáil Chamber, to supporting the victims of the crack issue in Tallaght, Ballymun and Ballyfermot, the areas which have talked about the issue most. I do not know where that is at because there has been no guidance. We are in the dark as much as the Deputy is. That is why we urgently need insight. We need the Government to come out and make an announcement.

As far as I know, €1 million was put aside for task forces last year. Today, 1 December a year later, there has been no word about how that €1 million is to be spent. That is an example of the lack of urgency we are talking about. There has been a lack of urgency over the budget.

We have been highlighting this issue since 2017.

Ms Anna Quigley: Funding is crucial. As Ms Hill mentioned, there will be an opportunity to submit proposals to the Department. That shows the change. There was a time the task force was allocated a budget and all the members of the task force, working together in their own areas, could decide how to use the funding. Now there is a process whereby the task force in Tallaght must apply to the Department of Health, which will consult with the HSE, and the HSE will come back to the task force. The process probably costs more money to administer than is available to the task forces. Why are we going through that kind of process when we have the structures on the ground to deal with the issue? Those are fundamental issues, as well as the amounts of money, which are obviously crucial.

I return to the point that if the core funding of task forces had been increased every year since 2013 when the cuts ended, there would not be loads of money available but task forces would certainly be in a better position than they are now.

Deputy John Lahart: I thank Ms Hill and Mr. Hamilton; it is good to see them. I thank the Chair for facilitating me. I had a problem accessing Teams this morning, unusually, so I missed my turn. I will ask Ms Hill to tell us a little about the use of crack cocaine, for the record of the Oireachtas committee.

Ms Grace Hill: I will pass over to Mr. Hamilton to reply, if that is okay.

Mr. Shane Hamilton: I thank the Deputy and Ms Hill. Crack cocaine is just another form of cocaine. It is treated in a way that allows it to be smoked instead of snorted or nasally ingested. It is an extremely addictive substance. It costs between €10 and €20 for a rock, which is then put into a pipe and smoked. People are using insurmountable amounts of it in the course of a day. It is an extremely addictive high, an extreme high, as it is a stimulant, and there is quite an intense comedown thereafter, which means people want to use it over and over again. That is why it is having such a damaging impact on the community.

As I alluded to earlier, another problem with crack cocaine is that it has become a cottage industry. It is being produced within homes, distributed by young people, sold outside shops and transported up and down outside our drug services every day by young people on scooters. It has become an industry within the area that is targeting the most vulnerable people. The data will show that people who start using crack cocaine are usually from already vulnerable cohorts and demographics. It is people who are already vulnerable within our society who start using the drug. They are building up massive debts by using the drug daily. They are unable to engage with their healthcare and social care providers, or with any other support systems with which they would previously have been engaging. Without being too sensational, crack is a game-changer when it comes to responding to the issue through a drugs strategy.

Deputy John Lahart: What makes it such a game-changer?

Mr. Shane Hamilton: There was a pharmacological treatment for opiates, which was what the original drugs strategy set out to do. There was a medical treatment that could stabilise individuals so they could still engage in society and their lives, and which allowed them to achieve things academically and in employment. Those things could be done. Individuals are now losing their homes in the space of months, not years, and are sleeping rough. In west Tallaght, people who reared children and sometimes grandchildren in their homes are now begging for money outside local shops. That is the case outside every corner shop and petrol station. That

is in Tallaght, which is a suburban area. I am not talking about the inner city. That makes a difference to the landscape and the visibility of the issue. Houses are boarded up. People are unable to put out rubbish outside their houses. This was shocking and controversial when we started raising the issue. People were uneasy about the terminology we were using. That shows how important it is for community projects to be on the ground and reporting realities. That is the reality for a massive population of west Tallaght, and broader areas of Tallaght. That is the importance of noting game-changers.

The drug is now embedded into the community and is not going away. We talked about the need for residential services and treatment services. All of those things are available if we can be resourced properly and get people on track. We must remove the devastating barriers people are dealing with. We are not here to victimise those who are already the most vulnerable individuals within our communities. We are here to protect them, raise them up and ensure they have access to appropriate care and support systems. That is what we need to do with crack cocaine. It is not just about psychotherapy or drug counselling. It is about ensuring these individuals are not sleeping rough and their children are not going into care. We need a nuanced, more articulate and sophisticated approach to very vulnerable people in the community.

Deputy John Lahart: That is why the Chair and I have prioritised this meeting. It is unusual for a drugs task force to come before the Joint Committee on Health. Will Ms Hill tell us a little about debt, how it accumulates and the consequent impacts of that?

Ms Grace Hill: I will. I thank the Deputy. I passed the last question to Mr. Hamilton because I knew he had the answer ready to go. It was a brilliant answer.

Drug-related debts and intimidation are things we have been highlighting. We have been working on those issues since approximately 2012. Ms Quigley will know that the National Family Support Network was hugely instrumental in developing that drug-related intimidation report and programme.

Debt is a bit different with regard to crack cocaine use. As Mr. Hamilton said, people are using bigger amounts of the drug more often and more quickly. They are, therefore, building up bigger amounts of debt quite speedily. As I said in my presentation at the start of the meeting, some women presenting to services have had to engage in prostitution in order to pay off drug debts. That is frightening stuff.

We are trying to deal with the issue in Tallaght. The introduction of designated inspectors to deal with the intimidation issue has been welcomed and has worked well. Our family support services are on the ground and trying to support families who are targeted as a result of debt. We recently set up a support service in CARP in Killinarden. It is an advice clinic for intimidation and drug debt issues. That is welcome.

We are struggling with these issues, as was reflected in the report. We have been active on the ground in addressing the issues. It has gone up another level and crack cocaine is a game-changer, as Mr. Hamilton said.

Deputy John Lahart: Perhaps Ms Hill could share the details of one or two cases, as examples.

Ms Grace Hill: One recent case, which was dealt with and supported by Whitechurch addiction support programme, went to the High Court. It was a two-year process under which that programme was supporting an individual to bring the case. Many such cases do not go to court.

It is often a matter of the inspector, in plain clothes, meeting the family members and talking about what they can do and the best practice pieces around-----

Deputy John Lahart: Can Ms Hill tell us anything about the narrative behind that and how it developed?

Ms Grace Hill: That case was about a family that was targeted. It is often the case that the family of an addict is targeted for an enormous amount of debt and-----

Deputy John Lahart: Was the debt was incurred by a family member through the purchase of crack cocaine?

Ms Grace Hill: That was exactly the case. Sometimes a person who incurred debt could be away, due to the chaos of drug use, or could be in prison. That debt remains and the drug user's family will be targeted in his or her absence.

Deputy John Lahart: How are those families targeted?

Ms Grace Hill: We recently brought a proposal to the joint policing committee about practical supports for families who have experienced intimidation because of drug debt. We asked the committee to assist in that regard. Families could need help because a brick was put through a window in their house. There are also death threats sometimes. The lack of practical supports is another resource issue. Families need to have fire blankets on site in case things happen and they need them in the evening time. Ringing doorbells and CCTV are also helpful. There is a human element to the issue. The inspector in this area is great and meets, in plain clothes, with family members to talk about their lives. Generally, people are paying. We previously had a very good inspector, Ray Blake, who used to talk to parents. He said that while they probably will not act on the threats, that is neither here nor there; parents will pay because of the fear which is palpable in the community.

Earlier I spoke about the constant drug dealing in many shopping centres in Tallaght. I get calls in the evening and I get straight on to the drugs unit about it. Not only is it impacting families affected by drug use, but it is also impacting the wider community because people are so anxious about what is happening in front of their door. They are sending kids to the shops and it is happening all the time. I was recently contacted by someone from St. Mark's GAA Club who was really concerned about the amount of drug-related litter. Obviously, we talked to the local authority about that. It is getting into people. It is building up their anxiety levels and affecting their mental health. That is why people use drugs.

Mr. Shane Hamilton: I will outline the insidious nature of drug-related intimidation and accruing debts. A very vulnerable woman, for example, could be using substances in the home and building up a debt. She is allowed accrue an even larger debt and then individuals will start to use her house to produce more crack cocaine, hold drugs or let other men into the house to use drugs in the house with impunity. That vulnerable woman might also feel stigma about coming forward to a local service to discuss her fears because of other implications that might have for her and her family. That is why we need skilled practitioners on the ground able to manage these vulnerable individuals. Not every home is a crack-using or distributing centre from which people need to be evicted. We do not want to displace large numbers of people onto the streets because we missed the opportunity to intervene effectively. This is why we need better systems and responses to this. We can no longer be reactive.

Chairman: The next speaker is Deputy Hourigan.

Deputy Neasa Hourigan: I think some of the witnesses wanted to come back in there.

Ms Grace Hill: I just wish to add to what Mr. Hamilton said in response to Deputy Lahart. Intimidation happens in many forms. The crack cocaine piece brought us to a different level where service users were being targeted and being tempted with other substances. People who might have been dabbling with heroin, weed or whatever were being offered free samples of crack cocaine in order to get them hooked on that substance. We have seen a new level of intimidation which can happen in many forms.

Ms Anna Quigley: Many of the family support groups and networks are doing brilliant work on intimidation reporting in partnership with the Garda. That gives great support to families. We have learned that it is not just the simple idea of bad people doing these things. It is disgraceful that young people growing up in our communities see getting involved in the drugs trade as probably the best economic option open to them. They have the chance of making what for a young person is a lot of money in a short space of time by holding something or carrying something. They may even get drugs for themselves and their friends on tick. Given the process by which young people are getting drawn into this, we need to be wary of simplistic ideas to solve it. It cannot all be dealt with through policing. It is not all about there being bad and good people out there. The reality is that in some communities the most attractive economic option for young people is the drugs trade. That is shocking and needs to be taken on board. In the short term, people immediately need support with the terrible situation they are facing. However, if we do not look at the long-term stuff, the problem will continue.

Deputy Neasa Hourigan: I completely agree with Ms Quigley. In my area some of the gangs target children who are under the age of criminal responsibility. People do not realise that we are talking about kids as young as nine, ten or 11 getting dragged into this kind of thing.

I have a few questions and I will probably come back for a second round to talk to Ms Quigley about the drugs citizens' assembly. I completely agree with Senator Kyne, and Deputies Gould and Shortall that the changes suggested in the review are deeply concerning. I would go further and say that in my constituency on the north side of Dublin, we have seen an active and co-ordinated attempt by the Department to remove community voices from some of the strategies. I am deeply concerned about it. I have been in contact with some of those groups. If we cannot reverse it by Friday, we should certainly ask for a pause on any changes until the Minister of State can appear before the committee to explain why those changes are being made.

I am delighted to hear Ms Quigley talk about the SAOL Project which does incredible work. This brings up something else contained in the report, that is, the complex resources and supports people need when they are in this situation. Those involved in the SAOL Project frequently tell me that particularly for women the issues of tenancy support and childcare are core to their recovery. What kind of supports should be put in that adjacent category of incredibly important but not necessarily always seen as central to addiction support? If the community service-provision voice is removed from some of that decision-making, how difficult will it be to communicate between different services? If someone with addiction issues is being given tenancy support, how difficult will it be if that becomes a very centralised process?

Mr. Shane Hamilton: I will respond regarding the approach that might be missing some elements that we might not see through traditional drug treatment responses. This is more relevant than ever due to the crack cocaine issue. If we just wait for people to present to JADD, for example, to receive drug treatment to help reduce or stop their crack cocaine use, we will get a very small proportion of the crack cocaine users in. It needs to involve a public health

response. It needs to reduce the harm within the community. It needs to reduce the spread of blood-borne viruses which are leading to the deterioration of health in the community. It certainly needs to involve that.

We need a multifaceted approach. There is considerable growth in the need for case management. We need to facilitate multiple agencies working with those very vulnerable individuals at the centre of this. We cannot expect the individual to co-ordinate very complex mediation services and tenancy-sustainment issues while dealing with intimidation and poverty that might exist in the home. There are serious challenges. We need to be front and centre with the individuals to ensure we reduce harm, not just to the individual but to the family and community as a whole. Any approach to this needs to have that. We still do not know the full extent of this issue.

We have been doing an assertive outreach programme targeting individuals. For every ten individuals we meet, we find five new individuals. We have staff who have been working in the middle of Jobstown for over 20 years. They are going five minutes up the road to these new housing estates that have been built in the past 15 years. They never met these individuals before. They are not connected to any other harm-reduction services. They are not aware of what JADD has done. These people are using drugs paraphernalia. They have no support or advice. They are living in homes where very vulnerable people are. We need a considered and compassionate approach that is multifaceted. We cannot always wait for them to come in and want to make changes. We need to get out there and help them. We need to ensure we reduce the harm.

Children need to be front and centre in this. We cannot forget that children are part of this issue and the solution must also involve them. Destigmatisation needs to happen. We cannot be using any terminology that makes individuals afraid to come forward when they want help. People want help and support. This year we ran a summer project in partnership with the task force, Barnardos and Tusla because we had access to the most vulnerable families and children in those families. The reason they came to that summer project was because they had a relationship with the drugs services. We were trying to promote that to connect with Foróige and youth services to make sure we were on the first step to get them into the right services. We need to start modernising the language. It is not just treatment and prevention. It is treatment, prevention, early detection and interventions.

Ms Anna Quigley: I will quickly respond to Deputy Hourigan's question. She hit on something crucial around the role of the community drug projects. As we know, the HSE has a statutory obligation to provide treatment services. If I were to go in for my treatment and had an issue with my children, that is not the HSE's role so it cannot deal with that. It would have to pass me to somebody else. The whole idea of the community drug projects is that they are able to deliver that integrated approach.

If I were to walk into my community drug project, I might not be able to think about my drug use because I am about to be evicted, or there is an issue around my children, or I am being intimidated. The community drug projects can respond to whatever the issues are. That is their core. They were set up to be the place where that integrated approach is delivered. The statutory agencies have their statutory obligations and it is essential that they deliver them. What is unique about the community drug projects is that they can respond to all those needs. Clearly, the childcare service is an essential dimension of the SAOL Project because when one is working with women, that need will arise.

It is crucial that we get what the community drug projects are about. It is about being able

to address the needs, at whatever level they present, of people and that is the kind of flexibility they have which the statutory agents cannot bring to it. That is where the partnership is so important. The statutory agencies are needed when those more specialist services are required. We need the integrated approach when a person comes in to a service. It has to deal with whatever the key issue on the table is for them and try to work with him or her on that. That is a crucial element to the model. We have it but we need to support it an awful lot more than we do at present. It comes back to what Ms Hill said about success. We know it can work. It is part of the heartbreak when one knows how many more people could be helped and how much more success we could have if the support was there.

Deputy Neasa Hourigan: I am probably over time. On the holistic approach for women and children, and children have to be at the forefront of this, it is really only community organisations that can provide that.

Deputy Gino Kenny: I thank Ms Quigley, Mr. Hamilton and Ms Hill for their insightful testimony. The report from Tallaght's drugs task force was an alert, even though the witnesses have seen on the ground that this is an ongoing and evolving situation. It was an alert to wider society on what should be done. I am slightly sceptical that society and the Government *in situ* can act on this situation.

In the past 25 years, the situation has come a long way. The drug industry has evolved but have society and Government evolved in how to tackle this situation? I would argue that they have not and have failed very visibly. I have said this many times: we have to take a different approach to drug use in society. The present policy does not work and is counterproductive. We have to look at something different. It is not easy. It can be very ugly, but we have to do it. Other jurisdictions have shown that with a different approach there are better outcomes for everybody. It is worrying, as Ms Quigley said. The community approach was the cutting edge in the 1980s and 1990s in the approach to drug use in working class communities that were literally obliterated and will always be the cutting edge in tackling drug use in communities.

There was a web seminar two weeks ago. The figures CityWide released last week were literally striking. Since 1996, there has been a 225% rise in drug deaths in Ireland and a 500% rise in drug prosecutions. What does that say? It says a lot in that the present policy does not work, and we have to look at something very different. In the here and now in what is happening in the Tallaght area, obviously there is an issue with resources. Fintan O'Toole wrote a really good article in *The Irish Times* on Saturday. He said that if we look at what was given between 2010 to 2021, there has actually been a reduction in resources to drug task forces. What does that say about society? If this is left unchecked, although, hopefully it will be addressed with more resources and other societal approaches, and we have seen what happens if things are left unchecked, what will the consequences be in years to come?

Mr. Shane Hamilton: Going back to Deputy Hourigan's response, how will we know if this goes unchecked? It will be visible from the statutory bodies. Our colleagues in the statutory agencies will be the indicators of this. We will see metrics through increased numbers of displaced people moving into homelessness. There will be more visibility of that. More homes will be lost. Public health issues will increase. We will definitely see a rise in blood borne viruses. We will see more children in care. The visibility of this within the community will increase as well. We can guarantee this. We looked at a very small sample of two evenings a week since September, and we have already encountered multiple individuals who we have not been in contact with before. We will have to be sensitive to this. It was a small sample of 12 weeks. We have to be cognisant of how big this issue is out there; it could be a sleeping

giant. Reflecting on Fintan O'Toole's articles, having Kitty Holland coming out with us and going back to the Rabbitte report, I find it hard to say anything different than has not been said already. The infrastructure might not be equipped to manage this without real reflection on the values of what we want to achieve from a drugs strategy. The Government's position has to be established and what it wants community projects to achieve. We are positioned to do it, but we need to be able to do it.

Ms Grace Hill: I thank Deputy Gino Kenny for that; we appreciate it. I will refer to what Mr. Hamilton has said, and the Deputy asked what could happen. When the Deputy referred to Fintan O'Toole's article, I thought it was excellent as well. It stated that not only could a public health crisis happen, but that it is happening. This is why we did the research. We did the research to evidence what we have been talking about since 2017. We are now coming into 2022 and we are no further along nationally. Locally, we have done something in trying to address this - firefighting, if you like. We want to focus on changing the narrative. We want to focus on changing drugs policy more widely, as Ms Quigley said. We are losing that because they are withdrawing the community voice from the national structures. We have to have that as the background.

There is a public health crisis happening now. Another reason for doing the research was that we knew the issue around crack was that it destroys communities. We also wanted to be ready for something else that could be coming down the road, which is crystal meth. We want to get the hang of this beforehand by preparing for something that we do not want to happen. The public health crisis is happening now and we do not want it to grow. In this meeting, we are talking about putting things in place. The discussion needs to happen with the Minister of State and the drug programme unit, and everyone needs to be at the same table. The HSE addiction services need to be equally empowered.

For us at the moment, through the research, we have come here today because of resources in the first instance, while we know the other piece needs to change. As Fintan O'Toole said, we need to learn those lessons of the past. Task forces were established at a time of crisis. Let us try to get ahead of this even now if we can.

Deputy Bernard J. Durkan: I welcome our witnesses and thank them profusely for their presentation. It was highly informative. It was a modern look at an evolving campaign by the leading drugs people, including criminal gangs, etc. It leads me to believe that we need a total re-evaluation of the way we deal with this issue. We must broaden the scope and work of the drug and alcohol task forces, individually and collectively. I speak as a former member of a ministerial drugs task force. We learned a lot during that work, but it was undertaken some 20 years ago. Since then, we have been beaten up by the growing breadth and depth of the illegal drugs industry. To combat it, we must have the health services on board at the local and national level. We must also have An Garda Síochána on board, as well as the teaching profession and schools' representatives. I say that because they are at the coalface. They see and know what is going on and they know that they are being beaten as well. This interference of those involved in the illegal drugs trade is also making it impossible to give young people a reasonable chance of a reasonable education.

I do not want to delay the meeting, and I have other meetings to go to as well. We must, however, re-examine the manner and means of how we are treating the drugs issue, including the use of methadone. I refer to whether the current approach is working and is effective or if it is being tarnished by events around it. There is no one way in which we can deal with this issue. It is, though, an important issue, which must be dealt with sooner rather than later. We

should not be talking about this issue again in six months' time. We must have something in place to deal with this issue in a new and modern fashion. The crack cocaine issue is getting worse. By driving through areas, one can readily recognise that drugs are readily available and that there is a big campaign by the people involved in illegal drugs to further expand and extend their market.

All that is certainly too big for the resistance campaign that we have under way nationally and locally. We must go through what we are doing in this context again. We must restructure and reform the drug and alcohol task forces. We must also deal with the funding aspect and determine why we are reducing funding while knowing what is happening as a result. In addition, we need regular reviews. There is no point in going away, coming back to the issue in a year's time and then saying that things are not going well and that we must think of something else. We must think about the required structures now. They must be enhanced, empowered and provided with what is necessary. If we do not do that now, then we will return to what will be an appalling vista in this regard in two or three years' time. I mean an appalling vista whereby it will be visibly apparent to everybody that we have failed in our battle against the illegal drugs people. That is all I wanted to say. I have another meeting or two to go to and I have to chair one of them. Those are the problems with the illegal drugs trade as I see it and I would be grateful for any comments. I will certainly do my bit, as I know will all our colleagues on the committee, to try to bring to the fore the issues which have been raised and to respond to them.

Chairman: Would Ms Hill or Mr. Hamilton like to respond?

Ms Grace Hill: I appreciate Deputy Durkan's comments. We must be careful, however, regarding saying that we must reinvent the wheel, because I do not think we do. I appreciate that work needs to be done and the citizens' assembly is a unique opportunity to do that. I want to stay on message and say that the issue for us in Tallaght now is resources. We have the area-based approach and interagency working. Those aspects are all happening now. The front-line services on the ground are ready and waiting and responding in as far as they can. For us, this is now a resource issue.

Deputy Bernard J. Durkan: The only point I will make in response is that if we reduce this situation to a resource-only one, then I do not think we are likely to be successful. We must show that we are successful in and capable of dealing with this issue. We must show results from what has happened in the past and how effective we are in dealing with this issue. I am not a supporter of allowing a certain level of drug use for personal reasons. Drugs are a blight on our communities. We must convince ourselves, for a start, that our approach is working or determine that it is not working in the context of when we are going to solve this problem or if we are ever going to solve it. Alternatively, are we going to say it is necessary to accept a certain level of drug abuse. That would mean that we would have to accept a certain level of abuse in the home, abuse of children and abuse of everybody involved and associated. I refer as well to all the social issues entailed in that regard. If we are forced to accept a certain level of abuse in any one of those areas, then we have lost the battle.

Chairman: I call Deputy Colm Burke.

Deputy Colm Burke: I thank our witnesses for their presentations and the work they are doing on the ground. It is a difficult area. As was set out clearly, it is not just one problem. A whole host of other problems exist concerning support for families, and especially where young families are involved. Turning to look at this issue in the context of funding, my understanding is that €29 million has been allocated for the drug and alcohol task forces and that there

are 24 individual task force groups. The question is how that funding is used. Do we have an idea of the breakdown of how that €29 million is allocated? The witnesses have highlighted that funding for their organisations has been reduced rather than increased because they have a greater workload. Do the witnesses have a breakdown of how the funding is used? Where can improvements be made? As well as ensuring that additional funding can be allocated in the coming year, this issue also involves ensuring that the funding is then used appropriately.

Chairman: The amount of money the Tallaght Drug and Alcohol Task Force gets and whether the total is up or down can be addressed first and then the broader issue.

Deputy Colm Burke: The problem is that when we go back to 2010 there were a smaller number of task force groups. The difficulty is that we have now increased the total to 24 different groups. Therefore, while the funding has increased marginally every year, it has not increased to the extent required to support so many groups.

Chairman: I will let the guests contribute, but I think the submission received by the committee states that the groups are receiving less money now than they were ten years ago. That is the situation even though the population has risen. I call Ms Hill.

Ms Grace Hill: I thank Deputy Colm Burke for his comments. The 24 drug and alcohol task forces are in place. The local task forces were established in 1997 and the regional groups were set up around 2006. In 2010, then, there were 24 drug and alcohol task forces. No funding has been coming to the front line in the cases of any of the task forces. That is the issue. As I said at the start, we send in our pre-budget submission as part of the Estimates process. The response from the Department unusually states that it has got €5 million or €6 million more in funding for this area. The problem, though, is that not a lot of that extra money is coming to the front line. I refer to the work being done at the coalface of this issue by Mr. Hamilton and JADD and all the other drugs services on the front line.

The Department will often state it is going to spend the money on residential beds, dual diagnosis or tier 4 services. It already has its own wish list in this regard. No additional funding has come to the front-line services in the last ten years. This year, it is proposed that €1 million for the whole country will be spread out to improve accessibility to front-line services. The 24 task forces are competing for a share of that €1 million, in addition to I do not know how many drugs projects also operating in those areas. There is also the €500,000 in funding allocated in the context of crack cocaine use. That is all that is proposed in funding for the front-line services. I feel that is where the disparity is.

Deputy Colm Burke: Ms Hill talks about the €29 million. How much of that €29 million is going to those 24 groups?

Ms Grace Hill: That will have to be clarified by the Department because I do not have the overarching view of the budget for the country. Our interim funding allocation is €1.2 million whereas other task forces are in receipt of about €4 million. Another thing we were highlighting through our research is, I suppose, the imbalance in those allocations. We welcome the recommendation in the mid-term review of the national drugs strategy which calls for a population-based approach. This might be a way in which bigger areas like Tallaght and Clondalkin can benefit because we have such a big populated area. We welcome that and we would hope to benefit from it. At the moment, however, that is not the case and we actually receive less funding than other task forces that are in smaller areas.

Deputy Colm Burke: I want to move on to the issue of the use of funding within the task force groups. Obviously, someone who is dealing in this area needs to have expertise. Is a sufficient level of training being provided for people who want to work in this area? I know the real training is the experience but I am referring to basic training. Whether in regard to education or health, outside of the funding for the drugs task forces, is training available for people who want to work and assist in this area?

Ms Grace Hill: Absolutely. The community drugs services are as professional and as qualified as statutory services at this point, and I am sure the Deputy can appreciate that. There has been huge development in this area in the last 15 years. In fact, it is often now the community sector that is writing the education courses that many people participate in, and I would point to organisations like Urrús in Ballymun. Much of the time, we no longer have to buy in that type of service and the expertise is on the ground within these services. The education level is high. Again, it is a resource issue in terms of empowering people to avail of education. We have an education bursary fund that supports people in recovery to go back and learn. Many of those people choose to give back and to work in that sector.

Deputy Colm Burke: Should we be putting more money into education to help people who want to come in and assist? Obviously, the task forces are looking for this under the education budget rather than the health budget.

Ms Grace Hill: There is always room for improvement. For sure, we could invest in those areas but, to be fair, people have been resourced in full with regard to seeking out that education themselves. Our project managers are educated to the highest level. As the Deputy said, a lot of the learning is on the ground. Perhaps Mr. Hamilton would like to say something about this, as a qualified project manager himself.

Mr. Shane Hamilton: I thank the Deputy. It is a great question and one I welcome. I celebrate the fact we are looking at how we invest better in front-line community projects. The clinical and social care governance and every other requirement that has been expected of the community sector has been met head-on, celebrated and invested in, and we continuously meet these standards. It is based on the passion and the belief that we always want to provide the best possible services. What I always encourage, and what I welcome, is for this conversation to look at not removing powers from community projects but encouraging the conversation that we should be investing more, professionalising the service more and making sure community settings and community front-line services are always to the best possible standard. I would always encourage that conversation to happen in the future.

We have the best skilled staff in the community doing this job. The challenge has always been, however, how we can continuously meet these standards without the funding and without the resources being put into it. We are dealing with increased population size, increased insurance costs and increased social care, financial and clinical governance, without competitive salaries to keep skilled and educated staff within the sector. That is a challenge. How do we keep quality staff working on the front lines when we refuse to pay them? It is difficult.

Deputy Colm Burke: The other area I want to touch on is youth work. As someone who worked with Foróige and who had the privilege of serving on its national executive a long number of years ago, I am very much aware of the work it is doing, and the witnesses referred to this earlier. Have we adequate supports in place in regard to voluntary youth organisations like Foróige? Schools can do a certain amount but there is nothing better than youth clubs and voluntary organisations for getting a clear message out there. Are we doing enough on that in

urban areas?

Ms Grace Hill: Prevention is a huge part of our work. Foróige runs our drugs education initiative in Tallaght, working with young people, parents and teachers. We currently fund the youth café in Tallaght, which can help to weed out and identify young people who need to be targeted. Where we are short is in regard to more targeted areas. What we want to do at the moment is to pilot detached street work, which is working with young people where they are at and not necessarily in a formal setting. We know young people are gathering around shops, on street corners and in parks, and we are hoping to avail of that opportunity soon through South Dublin County Partnership to be able to meet with young people where they are at and then signpost them into services like Foróige and the community youth services.

I feel the formal youth services are supported equally by the task forces and we are supporting them as well. There are great youth services in Tallaght run by the partnership and community organisations. It is more the detached piece. Every young person is potentially at risk in Tallaght but who are the ones at risk? That is what we need to focus on. This year, we have been working around the issues impacting young people, particularly in Killinarden and Jobstown. Mental health is a huge issue. In our report, cannabis came out very strongly in terms of use among young people. We will be meeting with Dr. Bobby Smyth soon to talk about how we can address that cannabis issue, which is really impacting young people's mental health.

That is where we feel we are at with the prevention issue. We are happy to work with youth organisations such as Foróige.

Deputy Colm Burke: I also want to ask about community involvement with gardaí. Does Ms Hill feel enough is being done or could we do a lot more work in that area? I know there is a situation where people might want to distance themselves from the authorities. How can we get more of a positive influence on this issue? Are there changes that we need to make with regard to how gardaí approach it?

Ms Grace Hill: There really are. I thank the Deputy for the question. It was a key recommendation in our report to increase the number of gardaí on the ground. I should say that we have a really good relationship with the gardaí in Tallaght. Deputy Shortall alluded to the non-attendance of some statutory representatives at task forces. We have the Garda superintendent on our task force and it is a very good relationship. Equally, with the drug units, they are just a phone call away and I can report things and we can meet them confidentially as we need to.

What we need is more community gardaí and our research has shown that is what we are lacking per head of population. The current Garda division, which is the south Dublin division, has the lowest strength per head of population so that area really needs to be addressed.

As an informal point, what we want is gardaí on the ground who are capable and trained up. We welcome the introduction of drugs education at Templemore level, literally at entry level, so gardaí understand the complexities of families that are impacted by addiction. I think there has been a real improvement on that in the last ten years, with gardaí showing more empathy in the community, which is very welcome. I am from Ballyfermot. When I think back 20 years, I used to see houses being raided by gardaí on a Sunday morning where no empathy would be shown. That has really changed in Tallaght. The community gardaí on the ground know what is happening and they know the anxiety and frustration of the community from witnessing drug dealing daily. That understanding is there. I know the Chair will attest to that. However, we need more community gardaí. The Chair and Deputy Lahart were part of a meeting with the

chief superintendent recently to talk about some of the gaps in our community. The report calls for more community gardaí on the ground and visibility.

There have been specific operations in terms of seizures. Operation Tara is under way. That is talking about seizures and that can be the language when you talk about Garda stuff. Big seizures are great but how does that impact the drug dealing and daily visibility? That is our concern and I know it is a frustration for the gardaí as well. Sometimes there is a lot of work going on in the background that we do not know about. It is about us explaining to the community that even little bites of information can help the bigger picture and help to reduce that.

Deputy Neasa Hourigan: We are talking a lot about Tallaght, Ballymun and Ballyfermot but it is increasingly an issue in my constituency and I am aware, as somebody originally from Limerick, that it is increasingly a major issue there too. I was interested in some of the responses to the survey about the reasons for increases in particular drug usage. One of the most frequently cited was the visibility of drugs in the area. It is interesting that that was so high. It made me wonder what aspects Covid brought to this. Many people were under pressure and stuck in their home. Could we unpack a bit more about the challenges and unintended consequences of Covid that we have seen and will probably continue to see for a number of years?

I know Ms Quigley is not here anymore but I would be interested to know what the witnesses feel would be appropriate or interesting to have on the table when the drug citizens' assembly happens.

Ms Grace Hill: I will start on that and it would be great if Mr. Hamilton came in from a front-line service point of view. On Covid, one positive that came out of that was the confirmation of how essential front-line community drug services are to people at the coalface who needed support and a contact point at that time. There were many challenges. We did a survey of the impact of Covid on front-line services. Mr. Hamilton will attest that the big thing was the amount of resources of people at the door, in terms of cleaning and that type of thing. It was about dealing with and supporting people through that lack of connection when it was not safe to meet up.

The Deputy asked about the citizens' assembly. For me, it would be about focusing on the future. The chairs' network of the local drug task forces are looking to come together next year and develop a campaign in line with the 25th anniversary of drug task forces. I would love if that would look back, though I am not into looking back too much, at the positives and at what has been achieved. Some people forget what task forces do on the ground daily through community drug services. That is important. What have we learned? Fintan O'Toole article asked on Saturday what we have learned and how we can put it into practice. We have done so much already. I would love if the citizens' assembly could address that and look at other countries' ways of working. We have done that well in terms of decriminalisation and harm reduction strategies. If we could do that a bit more, that would be fantastic.

Mr. Shane Hamilton: On the impact of Covid on front-line service, as Ms Hill alluded to, we all remember the Taoiseach's speech on 16 March 2020. When the country closed down, drug services did not. They stayed open, have continued open and are often the only point of contact for vulnerable and marginalised individuals in the community. Luckily, we have great relationships with statutory bodies and local stakeholders such as Tusla, as well as charity organisations like Barnardos and others. We could be that point of contact with vulnerable people when other services were unable to work in the community face-to-face. They had to work remotely and were unable to get into the community. We have heard this again and again.

Out of my anxieties coming to such a forum as this, I looked up previous presentations to the Oireachtas and saw that Covid has been at the forefront for this committee and it has talked about it consistently. We have to acknowledge the individuals we often work with in drug services were already at the end of their tether and the bottom of the net when it came to accessing appropriate supports and services. They were marginalised, disadvantaged and on the fringes of an already challenging community to live within at times. Covid added enormous pressure on top of that in terms of food poverty and trying to manage utilities, keep the home warm and presses full of food. Drug services had to step in and provide these services. Going back to Ms Quigley's point earlier, this role goes unseen. This is the role of front-line community projects and we will not see the roles they fulfil until they stop.

On the citizens' assembly, I echo Ms Hill's point. We have to look forward towards the strategic objectives the Department wants to achieve with the drugs strategy. What specific roles will we provide within that and what will we see in five years' time as success? It needs to modernise, be more nuanced and to reflect what communities deal with.

Chairman: The point has been made about funding for the area. Mr. Hamilton spoke about how staff were upskilled and the best of staff being within the front-line services. A bit like the funding the drugs task force does not get, is it similar with community-based projects in that many of the workers are section 39 workers and have not had a rise in ten years? Is there a problem? It probably reflects the concern Ms Quigley had earlier about the community being written out of the drugs strategy. Are the projects losing key personnel to private projects and institutions because of the funding issue?

Mr. Shane Hamilton: I can only speak for our services and the challenges with ensuring the standards are in place for staff regarding training, education, social care and clinical governance and the fact we have always celebrated these increases in standards and made sure our services met them. Across the board, our colleagues in front-line services are struggling. They have to give year-on-year contracts and no permanent contracts. They cannot give a competitive rate of pay. We are trying to also ensure they also have the highest standards of education and training.

It would be remiss of me to think our services and sector will be able to do this based on continuous goodwill and passion when it is becoming a professionalised sector and it will be hard to keep some individuals working in the sector if there are better and more attractive terms and conditions and rates of pay in other areas in the social care sector. It is something we will have to look at but we are lucky with the passionate staff we have across all our services in Tallaght. The work people are doing is to the highest standard but we need to ensure that continues. No different to how populations and insurance costs have grown and the quality assurances we have to give have increased, so must the standards and terms and conditions for the staff working in these organisations.

Chairman: Mr. Hamilton talked about open drug dealing in the area. It sends the wrong message, particularly to young people within those communities. Mr. Hamilton also talked about the projects being kept open during the pandemic. Something else that happened during the pandemic was that people noticed gangs gathering at particular sites and so on more often. People could not understand it because they were being told they were not allowed to gather as a family when up to 20 or 30 individuals were standing outside local shops. No one should have to run a gauntlet to get a pint of milk and certainly no one who was in treatment should have to force themselves through that.

Mr. Hamilton also mentioned the drug-related intimidation of individuals. Will he elaborate

on the issue of children's allowance books being taken from people? Does he have any ideas about a buddy system? Can something be done to support vulnerable people in that situation?

Mr. Shane Hamilton: We have discussed the visibility of intimidation at shop fronts over the past year with our colleagues from Killinarden and other front-line drug services. Across Tallaght, specifically west Tallaght, every corner shop has large numbers of young people who are involved in the drug trade in some way standing outside it. We are not saying that every one of those individuals is a criminal. These are also vulnerable young people who have perhaps become mixed up in the wrong activities. However, they are standing around each shop. There are also orchestrated and sophisticated drug marketing gangs, who promote drugs through texts and social media. Members of those gangs stand outside post offices every day to ensure that when people collect their social welfare payments or go to pay their utility bills for heating and electricity, they must pay back the gang first. This is a stark and dystopian version of what is becoming a modern urban area. We need to look at how we can sophisticatedly respond.

We have had great conversations. As my colleague, Ms Hill, said, we have been speaking to community gardaí and looking at how we can respond. Those gardaí told us that seizures are one element but they cannot just move people 100 yd down the road and allow them to continue to be involved in the same market. I understand that challenge. However, how are families meant to enter and exit their local shops or achieve any levels of recovery in the community while having to deal with that issue? It takes us back to the same point, which is to ask how we can modernise the responses to this problem.

To return to the point the Chairman made about buddy systems, it is drug workers who will be driving down to a local shop to help someone pay a utility bill. Drug workers can organise family support workers to ensure families can go up to the shops, pay their heating and electricity bills, and do their shopping. These families need a lot of supports at these early stages of change. They need to try to remove themselves from these communities. However, gangs are using very sophisticated marketing strategies, as well as brutal intimidation outside shops. The question of how we are going to respond must be brought into the modern conversation.

Ms Grace Hill: I will come in on the point the Chairman made about the pandemic. We are very aware that Covid-19 did nothing to slow down the flow of drugs at all. Our sources in the Garda tell us that getting drugs in was not a problem. The Chairman also referred to young people hanging around street corners. That is what young people should do. They hang around together and we do not begrudge them that. However, we are hoping that the street work piece I mentioned will help to engage with young people in a more positive way.

I am also pushing through a number of inter-agency groups. There is a need to build more capacity for young people. They need more positive role models within the community. Ms Quigley earlier described the situation that young people are now, unfortunately, looking up to drug pushers because they are the people with the Range Rovers and Canada Goose jackets. We must show young people positive role models and we hope the street work piece will help in that regard.

There has been positive news within the community. Since we launched the research three weeks ago, we have had a number of good responses from the community to say thanks and that it is great to know someone cares and is working in the background. Those messages told us we need to keep going and pushing. We must keep talking about the people who are not trying to destroy communities. We do not want to put people on platforms, by any means, but we want to say we are not going to accept the situation. We must keep going and raising the issue

at forums such as this one. It is important to keep the conversation going.

Deputy Thomas Gould: I apologise for my earlier absence. I had to go to the Dáil Chamber. I was here during the CityWide presentation. I know Ms Hill and Mr. Hamilton from an earlier debate.

The piece of work that the Tallaght Drug and Alcohol Task Force has done is very good. Its findings are shocking, let us be honest. Ms Hill earlier mentioned a tsunami of issues relating to crack cocaine. This goes to the heart of the matter we discussed earlier with Ms Quigley. The task forces providing services on the ground see these issues at first hand. They collate the data, which is vital. I am also a member of the Joint Committee on Housing, Local Government and Heritage. When we try to tackle homelessness, the first thing the experts say is that correct data is needed so we can tackle the issues. The same applies when we are dealing with drugs, alcohol and crime.

I apologise if I am being repetitive because I know Mr. Hamilton touched on these issues earlier but I have a couple of questions. When I am in Dublin, I see gangs and people hanging around outside shops, post offices and facilities. I have spoken to Sinn Féin Deputies Paul Donnelly, Ward, Ellis and the Chairman of the committee about the issue of intimidation. I know the Garda has given a commitment, but have we seen a reduction in the numbers of these types of gangs involved in intimidation around shops, etc.? Sinn Féin Deputies have raised the matter directly. I spoke to our justice spokesperson, Deputy Martin Kenny, about the issue. I see similar things in Cork, as does Deputy Quinlivan in Limerick, but the issue is particularly bad in Dublin. The Garda has given a commitment. Have our guests seen evidence of that working on the ground?

Mr. Shane Hamilton: I do not know if Ms Hill wants to jump in on that question. I cannot give the Deputy evidence or examples yet. I have not seen a reduction yet. I welcome and celebrate the idea of detached street work to target at-risk individuals and young people, and pull them away from the risks of falling into these groups. However, I have seen nothing yet to suggest a reduction.

Ms Grace Hill: I absolutely have not seen such a reduction either. That is not what we are reporting at all. In fact, the opposite is probably the case. We have seen an increase in young people gathering during the pandemic. It is understandable that young people want to gather. We have not seen a reduction in that.

I appreciate the Sinn Féin Deputies raising the issue of gangs. We are constantly raising that issue with the Garda because it can be very intimidating within a community. The street work piece is big. We will get support from the South Dublin County Partnership to run a pilot programme. I am sure other task forces could benefit from doing that as well. Deputy Colm Burke earlier made a point about the great youth services that are available in the communities. We need to be looking outside the box of formal youth services and examining new ways of engaging young people. Not every young person wants to go into a Foróige service or youth café. That is why it is important to look at projects such as Targeted Response with Youth in Dublin 8 and the Ballymun Regional Youth Resource. Other areas should trial this kind of stuff as well.

Deputy Thomas Gould: I thank our guests. Ms Hill touched on the issue of funding at the very start of the meeting. People will probably say we keep beating that drum, but the facts are the facts. The savage cuts the services faced from 2008 to 2010 have never been reversed. One of the Government Senators said earlier there was €6 million in the budget towards drugs and

alcohol services. We reckon it is €4.2 million. In the budget submission we in Sinn Féin made, the figure was €47 million, with €18 million specifically for the community sector. Following meetings I have had with numerous task forces, community groups and service providers, it is clear we have to put the funding on the ground, at the grassroots where the people are. If we are to make changes and tackle addiction, drugs and alcohol and support communities, we have to support the people on the ground. The announcement in this year's budget was a disgrace given the problems that exist in addiction services and the need to support those in recovery.

Deputy Bernard J. Durkan: I fully appreciate the seriousness of the issue. I have witnessed pitched battles between rival groups in broad daylight, under the noses of the authorities. This should not happen. Communities need to be protected, and whatever action is needed to do that, we must invoke it early. Otherwise, we will not get support from the powers that be. They will ask what we are doing and what is happening next. They will ask whether we are protecting the communities and law-abiding citizens or just ignoring what is going on. There is a grave danger.

It is understandable that those who are not directly affected will not feel the same way about it. The points our guests have raised apply very strictly to the people who are directly affected. That is a breaking down of society and community at local level, and of the collegiality that has always existed in this country in both town and city, to the extent other forces have intervened in society and now control it. It is crazy.

I was not referring to the reinvention of the wheel but rather hoping to make the wheel stronger, better and more capable of dealing with the challenges that exist. The weight on the wheel is growing, and whether it is capable of withstanding that kind of pressure will remain to be seen. That is why I emphasise, from my experience in this area, that we need to achieve results in order to be able to show the people what we have done and are doing, and what has had an effect. Nothing succeeds like success.

Ms Grace Hill: I really appreciate what Deputy Durkan said. It emphasises the need for any funding, albeit limited, to be targeted at areas that experience a high concentration of these issues. As he said, they do not affect every area in the same way, and we need to recognise that. The population model and drug programme unit that has been proposed go some way to acknowledging that but I look forward to it being implemented. It has been talked about for a number of years. It would help us strike a balance relating to population and need.

To respond to Deputy Gould, I appreciate his understanding that the proposed budget of €6 million is completely inadequate to address the issues. In fact, we have it on good authority that €4 million comprises unspent funds from the proposed injection centres, which makes the investment even more pitiful. It is an insult, if our guests do not mind me saying that. I appreciate the Deputy's understanding of our frustrations today.

Mr. Shane Hamilton: As was mentioned, there is a severe need for the safety and protection of vulnerable communities against intimidation. I return to the core message of the drugs strategy, which still holds firm. It is a health-led approach. Criminal justice will be part of that conversation, as will protecting the most vulnerable. From a front-line perspective, individuals may have been evicted due to antisocial issues when it was actually coercive control, perhaps a domestic issue or someone else having been forced into distributing substances out of intimidation. We will have to ensure that is at the forefront of any conversation in order that all definitions of a vulnerable individual will be protected and we will have a safe and destigmatised conversation.

Deputy Colm Burke: I wonder whether the committee should invite in representatives of the Department to deal with some of the issues raised here, in respect of both funding and the involvement of people in the community.

Chairman: Yes, we gave a commitment at the start of the meeting that we would discuss this at our next private session. There were calls for us to have a formal meeting with the Minister of State as well. I will take on board the Deputy's point. It is important we follow up.

Deputy Colm Burke: We need to get in the officials as well as the Minister of State because we need to see where we are going. It has been a difficult year that needs to be dealt with, and we need to deal with both the Minister of State and the Department on this.

I contacted someone in the Department to see exactly what is happening. I understand it is setting up a civil society group with 14 representatives on the oversight and implementation structures for the remaining four years of the strategy. I am not sure how those 14 members will be selected, but it is important that representatives of the Department appear before us at an early stage in order that we can ensure there is influence from the community groups working on the ground.

Chairman: I agree. It was also suggested we would write in the interim to the Minister of State and the Department, outlining our concerns about some of the issues. We will not have that meeting until the middle of January or later in the month, if it happens at all.

Deputy Colm Burke: We should have the Department in at an early stage for reasons relating to how the budget for the coming year is managed and the allocations to the groups working in the community. That is why I would seek to have the officials in at an early stage.

Chairman: Okay. In the interim, we can write to the Department and ask for that information.

Deputy Thomas Gould: On the Department's plan for civil society, we are reinventing the wheel. CityWide and the drugs and alcohol task forces, who are the people on the ground, will attend. There is an agenda here; let us be honest. The Department is trying to take the communities out of the national oversight committee. That is the issue. To me, bringing forward the civil society, 16-person group is a way of getting the community sector out of the picture. I do not agree with it. There is a system that has worked for years. If it was supported and funded, it would be successful. There is an agenda here. I agree with Deputy Burke that we need to get the top officials in the Department to appear before the committee to explain why these decisions are being taken and the rationale behind them. We want them to explain in detail how they have come up with this. None of the people I speak to, who understand these issues, agree with the strategy as proposed. I hope at the private meeting we can agree to get the Minister of State and the top departmental officials to appear before the committee. Deputy Hourigan proposed that taking CityWide out of the national oversight would be halted until the Minister of State and the officials appear before the committee. I fully support her call. We will be submitting Topical Issue matters parliamentary questions for the next few weeks to put the pressure on because what is happening here is wrong.

Ms Grace Hill: I welcome the proposal that the Minister of State and the officials, whom we deal with mostly, should appear before the committee. Given what Ms Quigley said earlier, what is the block? Deputy Colm Burke spoke about the €21 million funding the drugs strategy at the moment. Why is that not reaching the front line? Why is that not being used to support

the front-line work JADD is doing and all the other work going on around the country to address the crack cocaine issue we have been talking about for the past few years? Those are the key questions for the Department.

Deputy Colm Burke: It is actually €29 million.

Ms Grace Hill: It is €29 million in a health budget of €21 billion. We are only looking for €1 million.

Chairman: Considering the amount of money being made by international cartels with the drugs being shipped into Ireland and being sold, people are conscious that the Criminal Assets Bureau, CAB, has had many successes over the years. Yesterday I read about €1.3 million. We read this regularly in our newspapers. Drugs task forces and other groups have proposed that that money should be ring-fenced. People at home may be worrying about where this money will come from and may feel there may be more worthwhile causes that it could go to. These people are very much part of our community. They are the same as you and me. They are just unfortunate that they are caught up in an addiction. We need to give those people as much support as possible. I believe the consensus at this meeting is that we also need to support front-line, community-based organisations which have been working away tirelessly and remained open during the Covid pandemic.

We have listened to what the witnesses have had to say today and we have had a useful exchange. We will follow up on some of the issues they raised at the meeting. We have got a sense of some of the challenges that are facing people in the Tallaght and Whitechurch area. It is a challenge many are facing. It is a lucky family that has not been touched by the drug epidemic. It happens not only in cities but also in towns and villages. We know the impact it can have. We probably all know somebody who has died from a drugs overdose. We probably all know someone whose family has been caught up in the drugs scene with the awful consequences for those individuals and families.

We have touched on the intimidation that happens to individuals. I have come across families where guns are being put in children's mouths. Pipe bombs have been used and shots have been fired at houses. People have been beaten up and even killed all relating to drugs. I have talked to grandmothers who have been given the choice to sell their home or else a grandchild or other family member will be killed. These are awful things. In many cases the Garda's hands are tied and it is unable to support families in those situations.

The positive message the witnesses have brought today is that they have kept their services open and people move on. There are people who have gone through the services and are now drug free. They give example to people in addiction and others in their community that there is an alternative lifestyle and it can be done.

On behalf of the committee, I thank the witnesses for attending. I appreciate their candid answers to our questions. Hopefully we can make progress with some of the issues they have raised this morning.

The joint committee adjourned at 11.56 a.m. until 11 a.m. on Tuesday, 7 December 2021.