



Ireland's Local Drug and Alcohol Task Force's Submission to The Citizens Assembly 2023

Our Five Messages to the Citizens Assembly

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Who we Are

What is a Local Drug and Alcohol Task Force (LDATF)

LDATFs are local partnership organisations responding to the issue of drug and alcohol misuse in disadvantaged communities. There are fourteen LDATFs – eleven in Dublin, one in Bray Co Wicklow, one in Blanchardstown Co Fingal and one in Cork city.

LDATFs were set up in the late 1990s to address the drug crisis and play a central role in addressing current and emerging drug and alcohol challenges and trends in communities.

The idea of LDATFs is that local community organisations, community representatives, relevant statutory organisations and elected representatives reflect on drug and alcohol issues and develop and coordinate local responses

The LDATFs are responsible for developing and implementing local strategies which align to the national drug and alcohol strategy *Reducing Harm, Supporting Recovery (2017-2025)*.¹ We support a number of organisations and initiatives at local level which provide a range of services and activities meeting the needs of people who misuse substances.

You can see some of our work in this video. <https://youtu.be/VwCYsBKXyQ>

The LDATF Chairs Network

The Local Drug and Alcohol Task Forces Chairs Network is a network of chairpersons of Local Drug and Alcohol Task Forces. Chairpersons are voluntary and independent. The primary purpose of the LDATF Chair's Network is to be the representative voice of the Task Forces. It exists to facilitate the Chairs of the Task Forces to exchange information, discuss challenges impacting on LDATFs and where agreed, to develop common policies and positions. The network exists to strengthen the effectiveness and reach of the LDATFs and is not politically aligned. The network has a strong relationship with individual LDATFs and collaborates closely with the LDATF's Coordinator's Network. Each LDATF has a co-ordinator who is responsible for the delivery of the Task Forces' strategic and operational work plans.

¹ [gov.ie](http://www.gov.ie) - Taoiseach launches "Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025" (www.gov.ie)

What do we want to say to the Citizens Assembly?

We have four key messages for the Citizens' Assembly.

Message One - The connection between disadvantage and substance misuse needs to be understood in the discussion about drugs

Drug and alcohol misuse is a burden for all communities and neighbourhoods, but for some more than others. Misuse of substances causes huge issues for individuals and families across the country. There are widespread problems of addiction, debt, family breakup, distress to children, mental health crises etc. However, disadvantaged neighbourhoods are disproportionately impacted by substance misuse in two important ways.

A greater prevalence of drug and alcohol misuse

A recent Health Research Board (HRB) research report “*Drugs and Alcohol Data-analysis by geographical area and deprivation indicators*”² shows that all areas are impacted by drug use. However not all areas are impacted equally. This report shows the relationship between social exclusion and disadvantage and the prevalence of drug and alcohol treatment episodes.

For example, the findings (see Table 1 below) indicate that while just 14% of the national population live in areas classified as disadvantaged, very disadvantaged, or extremely disadvantaged in the Pobal HP Deprivation Index³, 42% of all drug treatment episodes, where opioids were the primary drug use, were reported from these areas.

This trend is replicated across all drug and alcohol use types. The report also shows that when treatment episodes per 10,000 population were analysed, there were 293 per 10,000 in the most disadvantaged areas, with just 61 to 66 in the above affluent areas.

Table 1

Deprivation band	Population (%)	All drugs types (%)	Alcohol (%)	Cannabis (%)	Cocaine (%)	Opioids (%)	Other drugs (%)
Extremely disadvantaged	0.09	0.18	0.11	0.18	0.24	0.13	0.57
Very disadvantaged	2.81	8.57	6.53	7.77	10.17	11.03	10.66
Disadvantaged	11.45	26.52	22.23	26.80	30.33	31.22	28.22
Marginally below average	31.52	29.87	33.19	30.80	28.23	25.58	25.92
Marginally above average	37.10	24.02	26.80	25.08	21.75	20.34	22.22
Affluent	15.24	9.61	10.13	8.53	7.93	9.91	11.24
Very affluent	1.75	1.21	0.99	0.84	1.35	1.79	1.17
Extremely affluent	0.05	0.01	0.03	0.00	0.00	0.00	0.00
Total	100	100	100	100	100	100	100

² “Drugs and Alcohol Data-analysis by geographical area and deprivation indicators”, Health Research Board, Supplement to the Winter 2023 issue of Drugnet Ireland.

³ [ArcGIS Web Application \(pobal.ie\)](https://www.pobal.ie/)

Our LDATFs operate in many of these most disadvantaged communities in the country, where individuals, families and communities have endured the most hardship from the impact of drug use over many decades.

A much greater exposure to the impacts of the illegal drug trade.

Our communities live with the impact of the illegal drug trade in a way that most communities rarely experience. In our areas, residents live alongside open drug dealing. They experience persistent drug-debt intimidation including threats or violence and actual violence, sexual exploitation, and coercion into illegal activities. They live with *grooming* of children into drug-trade activity and persistent exposure to the consumption of drugs and consequential anti-social behaviour.

Recent Community Crime Impact Assessments⁴ undertaken in a number of disadvantaged communities captured the experience of residents living with these threats. Here are some sample contributions by people living in some of our communities.

“The main concern I would have is with the open drug dealing that is happening in the area. I see this in many spots but in particular openly in the park itself at the wall near the back of the school, there is a gang that stands there all day long dealing.”

“This is intimidating for all residents. It’s also not safe to let your child out to play and has a negative impact on all aspects of life”

“Majority of people I think are afraid to say anything in fear of been targeted by gangs, commonly known if you talk to authorities; house will be vandalised. Many families live in fear so stay quiet and say nothing”

“It could be on a Sunday morning at 8am..... shouting, roaring, nothing discreet about how they do it, dealing pills, crack heroin in front of your eyes, they have no shame.”

“People are afraid to walk up and down stairs because there is dealing on the stairs”

“One parent told me her child had a real interest in nature, but she was afraid to let them out of the flat, because of the drug dealing. The child is seven”

“Young people get started and then get trapped and it affects the whole family- parents end up having to pay back debt and getting threatened”

“There’s loads of ways to groom the young ones, you bring them to places and show them how to rob cars – they get a big rush from it and look up to you. You make the situations for danger and violence and then get them into it”

Though drug misuse is present in households across Ireland, these experiences are thankfully not a regular part of life in many communities. They are however familiar and, in some cases, routine experiences for people living in parts of our communities.

⁴ Community Crime Impact Assessments are used to track the impact of drug related crime and anti-social behaviour in a community. They are unpublished to protect the anonymity of communities. See here <https://youtu.be/9IDiikQFzCw>

Message Two - The link between childhood trauma and substance misuse needs to be understood

In recent times, there has been a growing understanding of how Adverse Childhood Experiences (ACEs) traumatise children and that those children carry that impact into their adult lives.

Experiences such as physical, sexual, or emotional abuse, witnessing domestic abuse, addiction in the household or parental separation can combine to cause lasting trauma. Research shows clear links between ACEs and negative outcomes in adulthood⁵.

“Findings from a recent systematic review of all ACE studies completed since 1998, for instance, observed that experiencing four or more ACEs, in comparison to experiencing no ACEs, typically:

- *doubles the risk of obesity, physical inactivity, and diabetes*
- *triples the risk of smoking, cancer, heart disease or respiratory disease*
- *quadruples the risk of sexual risk-taking, mental health problems and problematic alcohol use*
- ***increases the risk of problematic drug use and interpersonal and self-directed violence by seven-fold***

It is clear that high levels of adverse experiences occurring in childhood significantly increase the chances of a number of negative outcomes in adulthood”

It is important to note that while ACE’s will place a person in dramatically increased risk of negative adult outcomes, including substance misuse, this is not inevitable. Supports and targeting interventions can greatly offset these risks. Studies have identified many interventions that will have this affect. These range from screening for ACEs as part of public health to community-based programmes such as strengthening families and therapy interventions such as Multidimensional Family Therapy.

Not all people who become addicted to substances have experienced significant childhood trauma but the evidence shows that many do. In our communities, factors exacerbating trauma for children are more prevalent, while responses to mitigate its effects are more inadequate than in other communities.

⁵ See [adverse-childhood-experiences-summary.pdf \(drugsandalcohol.ie\)](https://www.drugsandalcohol.ie/2018/01/115/115.pdf)

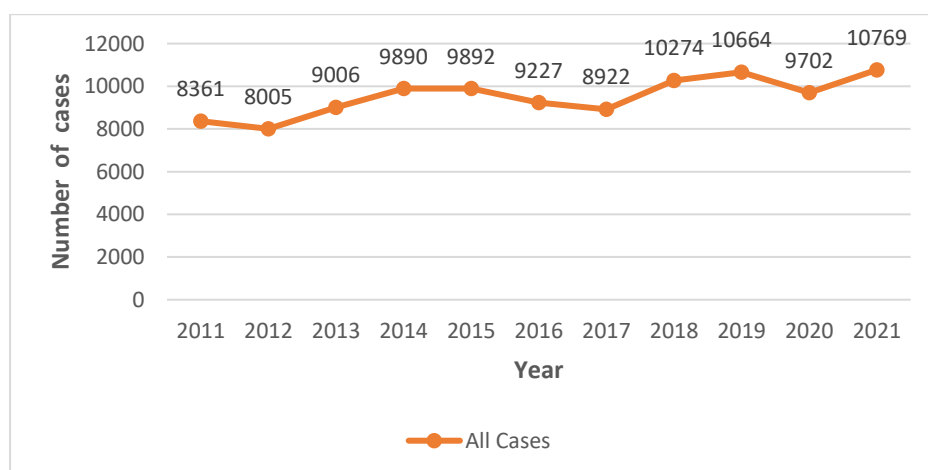
Message Three - We do a lot, but we are chronically under-resourced

There are a variety of local responses within LDATF communities to drug and alcohol misuse. We work on prevention and education to deter people, especially young people, from problematic use of substances. There is treatment, harm reduction and rehabilitation for those who do misuse substances. We work to respond to the community safety threats arising from the drug-trade. We bring integrated local thinking to the issues. We research, we innovate, we coordinate, and we channel funding to local responses.

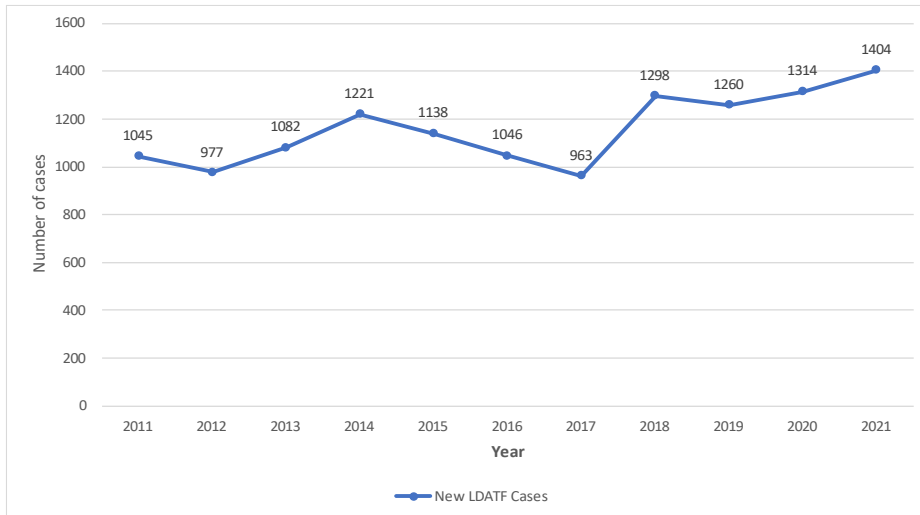
However, the LDATF programme has not had an increase in funding since 2008. This despite the fact that in 2012, overall Government expenditure was €67.6bn, and by 2022 this figure increased by 43% to 97.6bn⁶. During this period the overall health budget increased by 56% from €14.2bn to €22.2bn.

This flatlining of LDATF funding coincides with a significant increase in the need. There has been a significant increase in demand for treatment and support services in our areas since 2012 as evidenced by the data from the National Drug Treatment Reporting System (NTDRS). An analysis of the NDTRS figures show both the total number of cases and the total of new cases for the LDATF areas for the period 2011 to 2021.

Tables 2 and 3



⁶ Where my Money Goes <https://whereyourmoneygoes.gov.ie/en/2022/>



In 2012, there were 5,166 people in treatment services in our LDATF areas, by 2021 this had risen to 7,223⁷ or by almost 40%. On further analysis, it becomes clear that while the numbers in receipt of treatment for alcohol addiction has increased marginally by 5%, there has been a very significant 60% increase in those undertaking treatment for drugs in our fourteen LDATF areas. While there has been an increase nationally in the overall numbers in treatment services, the increase here has been much more modest at 6.4%. This data reflects the huge pressures which services and supports on the ground in our areas have experienced in the last decade and demonstrates the urgent need for additional resources.

Table 3

Profile	2012	2021	% increase/decrease
National Treatment	16,614	17,678	6.4%
LDATF Treatment-Drugs & Alcohol	5,166	7,223	39.8%
LDATF-Treatment Drugs Only	3,252	5,210	60.2%
LDATF-Treatment Alcohol Only	1,914	2,013	5.1%
Cocaine-Treatment	377	1,610	427%

Further analysis of the NTDRS data illustrates the impact of specific drugs in all LDATF areas. In 2012, there were 377 people in treatment where cocaine was the primary drug addiction. By 2021 this had increased to 1,610 or by 427%. Cocaine and crack cocaine are having a devastating impact on individuals, families, and communities. According to a 2021 HRB⁸ report, there has been a threefold increase in the number of cases treated for problem cocaine use in 2020 compared to 2014. The increase in the misuse of crack cocaine has placed huge demands on community drugs services in recent years and has wreaked havoc in the lives of many in our LDATF areas.

⁷ National Drug Treatment Reporting System (NDTRS), Health Research Board, <https://www.drugsandalcohol.ie/tables/>

⁸ Health Research Board, 2014 – 2020 Drug Treatment Data, July 2021, <https://www.hrb.ie/news/press-releases/single-press-release/article/hrb-reports-rise-in-cocaine-and-crack-cocaine-treatment/>

Message Four - There is a need for more targeting in allocating resources

Tackling drug and alcohol misuse needs to be considered holistically. Responding to the need is not limited to drug treatment and rehabilitation. It requires wraparound supports related to housing, education and employment, family supports, access to primary healthcare etc. As we have demonstrated, the burden of drug and alcohol misuse issues falls disproportionately on LDATF communities while funding to address the problems in these communities has flatlined for over a decade.

In addition, there has been a mismatch between need and resources in relation to those wraparound services. For example, there are fewer GPs in disadvantaged areas than in more advantaged ones.

“More deprived areas generally have fewer GPs which can make it more difficult for patients to access services. Nationally, there is one GP per 1,600 of population. In North Dublin, there is one GP per 2,500 population”⁹

Areas with higher murder rates have fewer Gardaí than those with lower serious crime. For example, the average murder rate between 2003 and 2022 in the country is 0.9 murders per 100,000 population per year. The average staffing level at the end of 2022 was 2.5 staff per 1,000 population. The second highest murder rate is Dublin West – which includes Finglas, Blanchardstown, Clondalkin and Cherry Orchard. Their murder rate is 2.0 murders per 100,000 per year but they have below average staffing levels – (2.2 Gardaí per 1,000 population). Dublin North, which includes Ballymun, Darndale, Balbriggan and the Airport, also has above average murder rate over the last 20 years of 1.1 murders per 100,000 population. But the staffing is also below average at 2.2 Gardaí per 1,000 population.¹⁰

In general terms, we need a better alignment between need and resources. There are also many examples of excellent responses to very specific needs that could be replicated across disadvantaged communities. For example, intensive programmes targeting mothers with an addiction who have new-born babies can lead to effective early intervention change for those families. The resourcing of those interventions that offset the impacts of childhood trauma referred to earlier in disadvantaged communities can also be a means to align need with resources.

This call for a more targeted approach is supported by the HRB report cited earlier, which concludes that, in relation to a response to drugs misuse -

“The Sláintecare programme envisages a radical shift from acute hospital settings to community health supports with greater emphasis on self-care and prevention. This will entail a more targeted distribution of resources to ensure services are provided where they are most needed”¹¹

⁹ Osborne Dr Brian, *Irish General Practice working with deprivation* The Irish College of General Practitioners 2015

¹⁰ Garda.ie

¹¹ “Drugs and Alcohol Data-analysis by geographical area and deprivation indicators”, Health Research Board. P 12 See [Drugnet 84 INSERT.pdf \(drugsandalcohol.ie\)](#)

Message Five - There is a need for stronger political recognition of the issue

The flatlining of funding support for tackling the drugs and alcohol issue where it is felt most acutely (in our communities), is indicative of the issue not being given adequate weight in the political system. This needs to be addressed, not just in the resourcing of the work, but in the structuring of the government response.

It is important that the post of “super –junior” minister for drugs, with a seat at Cabinet, is restored. (The current minister does have a seat at Cabinet, but only in her role as Chief Whip)

Such a positioning of political responsibility will strengthen the agenda of addressing the issue of substance misuse within Government and of interlinking it with other relevant portfolios, such as Justice, Education and Housing.

We hope that the Citizens Assembly, as part of the Programme for Government, will lead to increased commitment by Government to tackling drug and alcohol misuse, its causes and consequences, in our neighbourhoods. In short, we need a whole of government approach coordinated by a government minister who sits at the cabinet table.