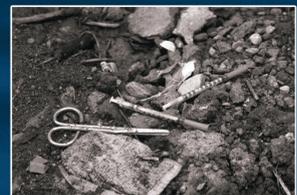
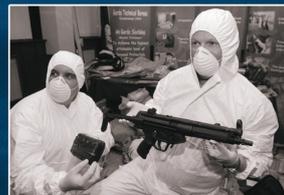


Injecting Urgency

Sinn Féin Priorities for the National Drugs Strategy 2009-2016



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Injecting Urgency – Table of Contents

Foreword by Aengus Ó Snodaigh, TD

Introduction

Executive Summary

Part I - Three overarching requirements

1. Democratic responsibility for development and delivery

- Democratic accountability – where does the buck stop?
- Partnership
- Robust Local Structures

2. Seamless service delivery

3. Retargeting the justice system

Part II - Seven Pillar Approach

1. Prevention

- Prevention through the effective targeting of resources
- Prevention through formal education
- Prevention through the availability of alternatives
- Preventing growth of perceptions of social acceptability of certain drugs
- Community Action Point

2. Treatment

- Community Action Point

3. Research

- Estimating the financial dimensions of the drug trade
- Community Action Point

4. Supply Reduction

- An Garda Síochána
- Revenue Customs Service
- The Naval Service
- Community Action Point

5. Rehabilitation

- Community Action Point

6. Harm Reduction

- Effective education to prevent drug-related disease and death
- Methadone treatment
- Needle exchange
- Reducing risk of death from emerging threats
- Harm reduction in the prison system
- Reducing harm on the roads
- Community Action Point

7. Family Support

- Community Action Point

Part III - Emerging Drugs

- Crack Cocaine
- Crystal Methamphetamine

Part IV - Alcohol

Injecting Urgency – Foreword by Aengus Ó Snodaigh, TD

History tells us that recession and drugs crises go hand in hand. The recession of the eighties prompted the explosion of heroin and related crime in our capital. The government of the day, and subsequent governments, failed to invest in the communities worst affected. We cannot afford to repeat that same mistake – the cost is too high.

Failure to properly invest in and fully implement a comprehensive drugs strategy gives rise to mammoth costs for the Exchequer. We are spending on prisons, in A&E departments, on dole queues even in times of high employment, on various social welfare payments and on tax foregone. We also risk making spending on much needed regeneration projects a futile exercise if we fail to tackle the underlying problems including drugs, as evidenced by the regeneration efforts undertaken some years ago in parts of Moyross and Southill in Limerick at a cost of millions. In addition there is the high cost to business of associated sick leave. Not to mention the human cost to individuals, families, communities and society itself.

It is economically prudent to invest now in the type of approach advocated by Sinn Féin.

The existing National Drugs Strategy concluded in 2008 and the Minister of State commenced a consultation process. Sinn Féin representatives and members actively participated in that consultation by attending local forums, and last December I wrote to the Minister outlining a number of priorities for inclusion in the new strategy. This document builds on that work. It is informed by the lengthy experience of Sinn Féin representatives, some of whom including myself are members of Local Drugs Task Forces, and what they have learned from working with their communities on this issue.

I sincerely hope that the priorities outlined in this document will be given comparable emphasis in the long awaited new National Drugs Strategy which is scheduled to be approved by Cabinet this summer.



Aengus Ó Snodaigh, TD
Spokesperson on Justice, Equality and Human Rights
6th May 2009



Injecting Urgency – Introduction

The National Drugs Strategy 2001-2008 concluded last year. The Minister of State initiated a consultation programme linked to the development of a new plan to cover the period 2009-2016. Sinn Féin participated in that consultation in an ongoing way. Party representatives and members participated in the public forums and in December 2008 a short written submission was made to the responsible Minister of State. Now Sinn Féin are publishing and submitting to Government this more detailed set of priorities for the new strategy.

The National Drugs Strategy 2001-2008 contained many very positive measures as the new strategy will undoubtedly also. This document is not an exhaustive or alternative strategy rather it is intended to highlight areas and proposals which either did not feature in the last strategy or did not enjoy sufficient priority during its implementation.

It is hoped that this document will constructively inform the final deliberations of Government as it prepares to finalise the National Drugs Strategy 2009-2016.

The sections and proposals that follow are all underpinned by Sinn Féin's Policy Principles on Drugs published in 2005. These principles can be summarised as follows:

- Any effective approach to the problem of drugs needs to be based on strategies designed to reduce social, community and individual harm. Furthermore the degree to which an approach succeeds in social, community and individual harm reduction is the criterion upon which the effectiveness of that approach can be judged.
- The principle of evidence-based practice necessitates that measures which have demonstrated reduction of harm should be supported and conversely where there is no evidence of benefit from a particular

measure it does not merit support. This requirement for practice to be evidence-based should not, however, be taken to imply a rejection of properly accountable trials of innovative approaches to dealing with drug-related problems.

- We all have a right to be protected from drug related harm and distress, and society has the right to sanction those individuals who behave in a way that is harmful to others. The state also has a responsibility to ensure that those who have been convicted of criminal behaviour as a result of drug use are given every opportunity and encouragement to end their problem drug use.
- Only through a real partnership of equals between local communities and state agencies, including the Gardaí, is there any possibility of radically reducing both problem drug use and the power of organised criminal gangs.
- Harmful drug use has a complex relationship with class, inequality and poverty. Unless poverty and inequality are tackled, the scourge of drugs will continue.

This document is structured as follows. First, three overarching requirements of any new strategy are discussed and proposed namely clear responsibility for the ongoing development and delivery of the new strategy, the imperative that service delivery be seamless and the need for a fundamental review of the justice system as it interacts with drugs.

Next, a seven pillar approach is advocated comprising prevention, treatment, research, supply reduction, rehabilitation, harm reduction and family support. Detailed demands are made of various Ministerial departments and state agencies under each pillar. A constructive proposal for focused community action is also

Injecting Urgency - Introduction

made in relation to each.

Then the document highlights the threat posed and calls for action in response to emerging threats including crack cocaine and crystal methamphetamine.

While the principal focus of the document is on illicit drugs it concludes by addressing alcohol, the nation's primary drug of choice.

Injecting Urgency – Executive Summary of key proposals

Three overarching requirements

The new National Drugs Strategy must be subject to clear democratic accountability, underpinned by the fundamental principle of partnership and involve robust local structures.

The new strategy must work towards seamless service delivery.

The justice system should ultimately be reviewed and retargeted to ensure that law enforcement resources are matched to the relative harms caused to individuals, communities and society by the different types of drug-related crime.

Seven Pillar Approach

1. Prevention

- Funding must be directed at prevention strategies aimed at priority targets, children, young people and communities most at risk of becoming engaged in problem drug use.
- Early Start Programmes should be immediately expanded to cover all RAPID and CLÁR areas.
- Pre and afterschool activities, parenting support and access to return to education programmes should be fully resourced and expedited for identified at risk communities.
- Widespread, well-resourced, accurate and credible drugs education programmes and awareness campaigns for children and parents must be established throughout the country.
- Cuts to special needs classes must be reversed.
- Resources for schools operating in RAPID and CLÁR areas must be prioritised with additional supports tailored to the complex needs of children affected by drugs, either directly in their own family or indirectly in their wider community.
- The Sports Capital Grant must be reinstated with a focus on the areas

worst effected by drugs alongside staffing grants via the CE scheme to help run the facilities.

- The focus of the Young Peoples Services Fund as a key component part of delivering the National Drugs Strategy must be maintained.
- The message that even ‘recreational’ drug use can cause death should be reinforced. Those engaged in casual drug use must also be reminded that there are social consequences for their actions.

Community Action Point

Community-based projects and groups can promote awareness of the genuine dangers of and harms caused by drug use. Communities can also play a positive role by making alternatives for young people available and attractive. Communities must be resourced to do this.

2. Treatment

- The unacceptable shortage of adolescent addiction supports must be addressed.
- Full spectrum addiction services (for alcohol, prescription drugs, illegal drugs and solvents) must be made available to all who need them, when they present for help.
- Addiction treatment waiting lists must be eliminated.
- The provision of residential treatment beds must be immediately increased.
- An All-Ireland Action Plan to Combat Cocaine Use should be immediately formulated, resourced and implemented

Community Action Point

Communication, coordination and cooperation between service providers and local communities must be promoted. Legitimate concerns of communities must be respected when it comes to the geographical location and nature of local treatment services. However, ill-informed or unjustified ‘not in my backyard’ objections must be confronted by all.

Injecting Urgency – Executive Summary of key proposals

3. Research

- Ongoing thorough analysis of illicit drugs markets at varying levels of the supply chain and the value of drugs relative to the local and mainstream economies must inform public policy. This would allow the factors that lead many to get involved in the drugs trade to be targeted effectively.

Community Action Point

Public policy initiatives from the above research must involve local input. Local communities are best placed to point to gaps in local economic and socially productive activity that, with education and training, could be constructively filled by young people and others who might otherwise be attracted into a life of crime.

4. Supply Reduction

- The Dial to Stop Drug Dealing Campaign should be rolled out throughout the State and its future financially secured.
- The state should continue to pursue major drug traffickers and allocate assets/funds seized by the Criminal Assets Bureau for community development in neighbourhoods worst affected by the illegal drugs trade.
- The resources available to Garda Drug Units should be at least doubled and at all times they should strive to operate at full capacity with dedicated personnel.
- Community input should be sought via Joint Policing Committees and Community Policing Fora or like bodies, where these exist, into the use of these resources.
- Regulations and standards in line with best international practice governing dealings with informers or ‘intelligence sources’ should be developed and kept under independent review to ensure that no informer is allowed to amass a criminal empire on foot of a Garda decision to deprioritise their crimes in favour of a possible bigger fish.
- The number of sniffer dog and handler teams skilled in the detection of drugs and

firearms should be increased to ensure availability for every Garda Division to carry out supply reduction operations.

- Proceeds from this illegal trade must be promptly confiscated.
- No further delay in the coming on stream of the Navy’s new cutter can be permitted. The number of cutters must be kept under review and further boats or equipment if necessary should be made available as a priority.
- All major commercial ports with high volumes of haulage traffic should have an X-ray container scanner.
- Customs’ activities at private airports, airstrips and aerodromes should be increased.
- Customs must be properly resourced with staff resources, canine support and the most effective technologies to ensure supply reduction at our borders is optimised.
- The Navy’s involvement in international and cross agency co-operation like the MAOC(N) supplemented by agreements with other countries has led to massive seizures at sea. Such co-operation should be enhanced.
- There is a need for a radical re-prioritisation in the use of Navy resources. Emphasis should be shifted away from Irish fishers and onto targeting illegal drug smugglers whose trade wreaks havoc on many communities across the country.

Community Action Point

As with every pillar communities also have a role to play in efforts to reduce supply. The most important of which is our shared responsibility to report drug-related crime. The success of An Garda Síochána, Customs etc depends in large part on the quantity and quality of intelligence from the community. Structures, including witness protection supports, should be put in place to enhance community co-operation with the Gardaí and other enforcement agencies against drug crime.

Members of the Community should be able to report drug-related activities directly or indirectly to An

Injecting Urgency – Executive Summary of key proposals

Garda Síochána, and if need be without identifying themselves via the freephone Dial to Stop Drug Dealing number 1800 220 220.

Also information or suspicions relating to the import/export of drugs and money can be passed confidentially to Customs Drugs Watch 1800 295 295.

5. Rehabilitation

- The number of Community Employment Scheme places for recovering drug users should be increased, along with the necessary supports.
- There is an urgent need for the introduction of a spent conviction regime.

Community Action Point

The ultimate goal of rehabilitation is to work towards the full reintegration of recovering drug users into family and community life. Communities can play their part in the promotion of this goal by, for example, participating in mentoring schemes and restorative justice projects where these operate. Volunteering bodies and local businesses can also consciously decide not to discriminate in anyway that is not objectively justified when considering applications from recovering or former drug users.

6. Harm Reduction

- Awareness programmes, harm reduction education and services to reduce unnecessary deaths through alcohol poisoning/solvent use/overdose, HIV or Hepatitis C, or drug and alcohol related road accidents must be promoted and resourced.
- Methadone Treatment access must be expanded to ensure that it is promptly available no matter where the user lives.
- Further measures must be explored to reduce the risk of overdose among this group.
- Exit strategies must be developed and resourced to support those people who wish to cease their dependency on drugs (including Methadone) completely to do so.

- Needle exchange programmes to reduce the risk of HIV and hepatitis C infection should be expanded, including in Irish prisons.
- In the event of contaminated/potentially fatal batches of drugs being on the street, that publicity campaigns be embarked on to warn drug users of the danger and every effort must be made to take this batch off the streets as a matter of priority.
- Where rare conditions such as botulism outbreaks occur, health workers etc must be made aware of the symptoms and the precautions needed when dealing with cases presenting at hospitals, health centres etc.
- Drug barons should receive prison sentences that reflect the devastating impact of their activities on individuals, families and communities, commensurate with their command and control responsibilities.
- There should be increased use of alternatives to prison for certain drug-related crimes where this would be more appropriate.
- A more balanced approach must be pursued that prioritises prisoners' access to continuous health care and prevention services including harm reduction strategies equivalent to those available in the wider community, while at the same time pursuing the suppliers of drugs into the prison system.
- The number of sniffer dogs must be increased so that operations involving their presence at random breath testing checkpoints can be rolled out.

Community Action Point

Communities must be mindful of local children and alert to the danger of discarded syringes in public spaces. Discarded syringes should be routinely reported to the local authorities for safe disposal. Local needle exchange facilities usually reduce the number of discarded needles, thus reducing community harm from needle stick injuries and associated infections.

Injecting Urgency – Executive Summary of key proposals

7. Family Support

- Gardaí must work in partnership with families and family support services to tackle the issue of intimidation by drug dealers to whom the drug users are indebted.
- The introduction of an allowance equivalent to fostering for grandparents (or other relatives) who have become primary carers for the children of their own offspring for reasons relating to problem drug use. This should be accompanied by further supports and mechanisms to enhance and protect the welfare of these children.
- There is also a need for more advocacy, information and training for family members and for more support services directed at siblings.

Community Action Point

The Family Support Network model supports families to become a resource for their own community. Community based groups and residents associations might invite participation by representatives of their local family support group or where such a peer support group does not exist, they might consider helping to establish one.

Emerging Drugs

- Important emerging trends that must be anticipated and confronted currently are crack cocaine and crystal meth, other drugs may emerge as a threat in the future.
- It is crucial to examine international best practice evidence from other jurisdictions with established problems with these substances, most importantly to avoid replicating what does not work.
- A specific plan to tackle Cocaine and the particular harms caused by it must be developed and implemented with input from all relevant stakeholders.
- The United States and Australia have taken regulatory steps to restrict the sale of products containing pseudoephedrine,

the principle ingredient of crystal meth. Serious consideration should be given to the introduction of similar or equivalent provisions here to guard against the production and sale of this very dangerous drug taking hold.

Alcohol

- Harm reduction to be promoted through stringent legislative control of alcohol including well-monitored and enforced licensing legislation.
- Mandatory recognised training for staff to promote safe serving practices.
- Greater involvement of local authorities and local communities in the liquor licensing control process. Local Licensing Fora should be introduced including elected representatives, statutory authorities, licensed trade representatives, community representatives, and other stakeholders such as those involved in addiction services.

Part I

**THREE OVERARCHING
REQUIREMENTS**

Injecting Urgency

Injecting Urgency – Three overarching requirements

1. Democratic responsibility for development and delivery

Democratic accountability – where does the buck stop?

Sinn Féin had long proposed the introduction of a dedicated Minister of State with sole responsibility for pursuing the objectives of the National Drugs Strategy. For some time the post of Junior Minister combined responsibility for drugs and housing both of which were in the throes of national crisis. In 2007 a junior minister with sole responsibility for the National Drugs Strategy was finally introduced. However the post has not delivered on expectations. The Junior Minister simply did not have the clout within the key Ministries of Finance, Health and Justice to bring about implementation of the national strategy. Side stepping of democratic accountability also continued as successive Ministers denied responsibility for various aspects of the state's approach to illegal drugs.

Problematic drug use is not simply a matter for the Department of Health or Justice a comprehensive interdisciplinary approach is required and must be embraced by every Ministry. Early drafts of the new National Drugs Strategy emanating from the Junior Minister during the first quarter of 2009 indicated that a new Super-Junior Ministerial Model for delivery of the strategy was to be introduced, based on the example of the Office of the Minister for Children. This concept may have had merit if it guaranteed a seat for the Minister for Drugs at Cabinet and meaningful input into the budgetary decisions of key departments such as Finance, Health, Education, Employment and Justice. However there was also legitimate concern that the new structure would be introduced at the expense of the partnership approach, community input into decision making and major disruption to services.

The status of this particular proposal, and the likelihood of it being in anyway effective is now much in doubt. In a move typical of the incoherent government approach to the drugs crisis, at the end of April 2009 the Taoiseach announced the downgrading and dilution of the focused ministerial drugs post created in 2007 from Minister of State with responsibility for the National Drugs Strategy to Minister of State with special responsibility for Integration and Community. This dilution of the post happened just weeks prior to the demise of the National Drugs Strategy Team (NDST) and of the expiration of the NDST's staff's contracts which had already been decreed by government. The government justified its decision to dissolve the NDST on the premise that a super-Junior Minister with sole responsibility for drugs would be introduced. Instead the post regressed to its unfocused pre-2007 status.

While any unnecessary duplication of roles and/or bureaucratic hindrances should rightly be addressed, no significant parts of the structures driving and overseeing the drugs strategy should be axed prior to the introduction and bedding down of sufficient replacements. Crucially the government must not dissolve the NDST and lay off its staff. Rather these must be retained at least until an alternative mechanism is in place with the capacity to manage Local and Regional Drug Task Force (L/RDTFs) monitoring and financial procedures including a community participatory dimension.

There is a need for strong democratic line management to ensure the implementation of a cohesive multi-departmental approach the policy underpinning which must be developed through partnership with communities, front-line service providers and users.

Partnership

The core principle of partnership has been eroded by successive governments causing community/voluntary sector representatives to resign in protest from the official structures. The Minister made draft proposals for the new

Injecting Urgency – Three overarching requirements

structures of the new National Drugs Strategy with absolute disregard for the views of LDTFs and the Community/Voluntary sector. This is further evidence of the erosion of partnership.

The Minister's proposals attempt to reduce the role of LDTFs to one of accounting to Department's for the outputs and expenditures of local projects. They deny the invaluable role played by LDTFs in terms of informing the strategic direction and development of the approach to drugs at a local and regional level. This key role of LDTFs and RDTFs must be acknowledged, supported and retained.

All key interests concerned with the response to the drugs crisis must be centrally involved in the development and finalisation of the new National Drugs Strategy. People who use drugs themselves must be consulted around the identification of need, service delivery and all relevant matters.

Robust Local Structures

Sufficient budgets must be available for both LDTFs and RDTFs. This is especially important now that alcohol abuse is to be added to the responsibilities of the taskforces. There is a very real danger the resulting workload for the structures will increase exponentially in size without an equivalent increase in funding and resources. The incorporation of alcohol into a combined National Substance Misuse Strategy must not be allowed to undermine the existing funding base which was inadequate to begin with and all existing monies spent on alcohol abuse should be transferred into the overall taskforce budget. Properly funding these task forces now will prevent much greater social, human and financial costs later if the national drugs strategy is not fully implemented.

It must also be acknowledged that a geographically focused sub-committee of an RDTF is not always an adequate substitute for an LDTF. RDTFs do not have equivalent funding to LDTFs nor do they involve comparable local democratic participation in that elected representatives do not hold membership of RDTFs. Dedicated LDTFs are warranted and should be introduced

in a number of cities or large urban centres including Limerick, Waterford and others.

Local Drugs Task Forces should be established wherever local need is established.

2. Seamless service delivery

Most problem drug users have multiple and complex needs. Their support needs may include addiction treatments, health supports including mental health, accommodation, training, employment and other social service interventions.

The disjointed nature of the range of services in existence can result in a failure to meet related needs, the absence of strategic sequencing of services and the duplication of or gaps in services. This causes frustration and may jeopardise the prospect of recovery from problematic or dependent drug use despite the actual provision of certain much needed treatments and supports of a high standard. For example, the absence of secure drug-free accommodation after completion of a residential detoxification programme may prompt relapse. Likewise, the absence of employment, and the daily structure and self-worth to which employment gives rise, may prompt relapse.

Research considered by the Drug Policy Action Group suggests that the factors contributing to positive outcomes from engagement with services are: rapid intake, systematic assessment and service tailoring, a comprehensive approach to care management, retention in service and interagency coordination. The achievement of these factors necessitates that supports and services: be ready and available when they are needed and not subject to lengthy waiting lists, be tailored to the multiple and complex needs of the individual, involve carefully formulated care plans with short and long term goals subject to ongoing review, be delivered in a flexible and supportive environment and involve close interagency cooperation.

Injecting Urgency – Three overarching requirements

DPAG conclude:

“The separate specialist social care model that currently exists in Ireland fails to provide for the complex nature of drug users’ needs. Individuals invariably receive a series of single interventions often with incompatible treatment methods by a range of services operating in isolation, where the sequence of care is often arbitrary. As a consequence rather than receiving a single targeted intervention to meet their whole needs, drug users often experience an unpredictable and repetitive journey around different services. A ‘one size fits all approach’ to the provision of social care for drug users with complex needs is ineffective.”

So we must move towards a situation where regardless of what agency a problem drug user seeking help presents to, be it a specialised drug treatment service, a local authority housing unit, a GP or hospital or indeed should they come before the courts for offending behaviour, that first agency should be in a position to kick-start a holistic, targeted and flexible response planned and agreed by all to be involved in its delivery.

3. Retargeting the justice system

Problem drug use, including that of alcohol, gives rises to and is associated with a range of different types of crime as does the related black economy. The spectrum of drug related crime must be understood if justice and public policy is to effectively reduce such crime. The Drug Policy Action Group categorise drug crime as systemic, economic compulsive and psychopharmacological crime. Systemic crime are the activities involved in drug trafficking, dealing and use e.g. importation, supply, possession, gangland crime such as violence, murders and intimidation and associated financial crimes including tax evasion and money laundering. An example of economic compulsive crime is stealing to feed a drug habit and psychopharmacological crime includes violence or property destruction caused by the mental or behavioral effects of drugs taken.

Law enforcement efforts and resources must be matched to the priorities arising from an objective understanding of the different types of drug-related crime, their prevalence and the relative harm to which they each give rise for individuals, families, communities and society at large.

2008 was a record year for Garda drug seizures. They estimate the total value of illegal drug seizures to have been €212.3 million, compared with €167.5 million in 2007.

There is however an imbalance between the statistics in Gardaí drug seizures and the criminal offences detected relating to drug possession, sale or importation. Looking at the 2008 figures Gardaí seized by €131.7 million of cocaine, up from €123.4 million in 2007.

Heroin seizures were estimated to be €40.2 million compared with €29.7 million in 2007. Cannabis with an estimated value of €38.4 million was seized in 2008, up from €10.5 million in 2007. Ecstasy seizures in 2008 fell to €1.99 million from €2.88 million in 2007. However a 2006 Health Research Services Board study published in 2006 found that in 2004 cannabis related prosecutions “accounted for 62% of the total number of drug related prosecutions”. Heroin related prosecutions accounted for 11.2 % of the cases, Cocaine accounted for 11% of the 2004 related prosecutions.

The prosecutions are seriously at variance to the proportions of drug seizures and the relative individual and social harm caused by these drugs.

The focus of policing efforts should be systematically matched to the relative harm caused by the various drugs, employing a holistic understanding of harm to include both harm to individuals and to communities.

Figures used by Gardaí in the past have suggested that upwards of 70% of crime in Ireland is drug-related. This general crime statistic is high and it is also a fact that most shootings in both Limerick and Dublin in the recent past have been related to feuding drug gangs.

Injecting Urgency - Three overarching requirements

The administration of criminal justice as it interacts with drug-related crime should be reviewed, reformed and tailored to more effectively address and reduce systemic crime, economic compulsive crime and psychopharmacological crime. A broad societal debate considering every possible approach and all relevant evidence from other jurisdictions including those that have experimented with decriminalization and/or legalization is warranted to this end.

New approaches must be informed by the most credible emerging evidence and international best practice.

Part II

**SEVEN PILLAR
APPROACH**

Injecting Urgency – Seven pillar approach

Injecting Urgency – Seven pillar approach

The latest National Drugs Strategy originally comprised 4 pillars – prevention, treatment, supply reduction and research. Following the mid term review of the strategy this was supplemented by the additional pillar – rehabilitation. We are proposing that two further key pillars underpin the states approach to tackling drugs. These are harm reduction and family support.

While the principle of harm reduction was a key part of the last strategy it was not routinely mainstreamed or seen as an imperative by all relevant departments and agencies for example the prison service almost ignored it. Expressly identifying harm reduction as a pillar will help to enhance its significance to the implementation of the new strategy.

The second additional pillar that we are recommending be introduced is that of family support. Family supports both specialised and mainstreamed are essential if problem drug use and the resulting harm caused are to be reduced. There are now over 70 groups involved in the provision of support to families, underlining the extent of need that exists. Family supports are particularly important if cycles of problematic use and dependency are to be effectively broken.

1. Prevention

Prevention through the effective targeting of resources

As the saying goes prevention is better than cure. An effective prevention strategy must be underpinned by targeted social investment in vulnerable communities and in young people in particular; and targeted provision of comprehensive social supports for vulnerable families and children at risk.

A recent study from the Children's Court, published in 2008 using data gathered from 2004, found that children from the most deprived parts of Dublin were 30 times more likely to end up in the criminal justice system compared

with those from other parts of the city. The children, young people and communities most at risk of becoming engaged in problem drug use and hence the priority targets for prevention strategies are easily identifiable. Funding must be directed accordingly.

Ultimately the causes of problematic drug use and the rise of the illegal drugs trade should be targeted by working for the elimination of poverty and inequality in this State, including educational disadvantage. RAPID and CLÁR funding must be increased for proven, effective prevention resources to disadvantaged areas hardest hit and where individuals are most at risk.

Prevention through formal education

Specifically the Early Start Programme should be immediately expanded to cover all RAPID and CLÁR areas. Pre and afterschool activities, parenting support and access to return to education programmes should be fully resourced and expedited for identified at risk communities.

A 2008 study by the Tallaght LDTF recommended mentoring systems for children at risk of problem drug use while also noting the growing prevalence of cocaine use among children. Widespread, well-resourced, accurate and credible drugs education programmes and awareness campaigns for children and parents must be established, based on international best practice models proven effective, in schools and in the community.

Recent cuts in the area of special needs education including the government decision to abolish special needs classes in a large number of schools some of which are situated in the areas worst hit by the drugs crisis will have a detrimental impact on efforts to alleviate the complex harms caused by drug use. The outcome of this is that children with a Mild General Learning Disability will be forced to reenter mainstream education in classes that are already in many instances acutely overcrowded, where they are less likely to get the level of attention they need to reach their full potential. In communities

Injecting Urgency – Seven pillar approach

where problem drug use and its impact are concentrated, children in need of additional supports will now be forced to go without, and teachers will be placed under extraordinary pressure with negative consequences for all.

Resources for schools operating in RAPID and CLÁR areas must be prioritised with additional supports tailored to the complex needs of children affected by drugs, either directly in their own family or indirectly in their wider community, made available as of right.

Prevention through the availability of alternatives

Substantial funding should be provided to set up alcohol and drug-free social environments, such as late opening youth cafés, aimed at teenagers in particular in all villages, towns and city districts. Local sports and cultural facilities and programmes can support people avoiding or overcoming drug dependency and problem use. Such amenities should be made accessible and affordable to everyone in a local community equally and regardless of ability to pay.

Budget 2009 abolished the Sports Capital Grant. This must be reinstated with a focus on the areas worst effected by drugs alongside staffing grants via the CE scheme to help run the facilities. Responsibility for the Young Peoples Services Fund was transferred from the Junior Drugs Minister to the Office of the Minister for Children, and there is a real danger that the focus on using this fund as part of a broad strategy to tackle drugs will be diluted as a consequence. The focus of this fund as a key component part of delivering the National Drugs Strategy must be maintained.

Garda Youth Diversion Projects should be more widely available to young people at risk of engaging in drug related crime.

Preventing growth of perceptions of social acceptability of certain drugs

The message that even ‘recreational’ drug use

can cause death should be reinforced. Those engaged in casual drug use must also be reminded that there are social consequences for their actions. By adding to the market demand for illegal drugs, a market over which serious criminals will resort to extreme violence to be primary supplier, these users are complicit to a degree in the associated crime.

Community Action Point

Community-based projects and groups can promote awareness of the genuine dangers of and harms caused by drug use. Communities can also play a positive role by making alternatives for young people available and attractive. Communities must be resourced to do this.

2. Treatment

Many effective interventions are available to assist people to overcome drug dependency, or at least to minimise its most harmful effects. Yet many of these crucial services are not available in our local communities. This means people who desperately need help sit on waiting lists, or must travel long distances for treatment, or simply never get access at all. Often the only service available locally is not the right one for the individual, so people continue to go without. This is wrong. When appropriate addiction services are not available it makes drug dependent people even more vulnerable to predatory drug dealers, locking them, their families and communities into addiction-related harm.

The outrageous shortage of child-specific psychiatric services in Ireland is mirrored by a shortage of adolescent addiction supports. Young people under 18 years of age in particular should not be forced to travel long distances to access addiction supports. The ongoing HSE recruitment freeze has meant that even areas where the need for such supports was identified and approval for their introduction granted by the HSE itself they have not been introduced. This is not acceptable.

Injecting Urgency – Seven pillar approach

Full spectrum addiction services (for alcohol, prescription drugs, illegal drugs and solvents) must be made available to all who need them.

Treatment should be made available as soon as the drug dependent person is ready for help. Addiction treatment waiting lists must be eliminated.

The HSE by its own admission is short more than 350 detox and rehab beds. They have less than half the number of beds currently required. The provision of residential treatment beds must be immediately increased. And local residential treatment should be provided so that users need not face unnecessary isolation from their children, family or other social supports as they recover.

Statistics from the Dublin City Coroner for 2007 show that cocaine was a factor in one third of Dublin's drug related deaths. A study published in 2008 by the UCD School of Psychology found that use of cocaine by Irish teenagers is five times that of the EU average with almost half of the young people in the sample reporting having used drugs at some stage. Funding for cocaine treatment projects must be secured and successful cocaine-focused treatment pilots mainstreamed without undue delay and with the required funding. Ultimately an All-Ireland Action Plan to Combat Cocaine Use should be immediately formulated, resourced and implemented.

Community Action Point

Communication, coordination and cooperation between service providers and local communities must be promoted. Legitimate concerns of communities must be respected when it comes to the geographical location and nature of local treatment services. However, ill-informed or unjustified 'not in my backyard' objections must be confronted by all.

3. Research

Estimating the financial dimensions of the drug trade

Any credible National Drugs Strategy must measure, take cognisance of and respond to the value of the illegal drugs trade and the lucrative profits to be made which are extremely attractive pull factors for those involved in the trade at various levels.

A 2007 study undertaken under the auspices of the London School of Economics for the British Home Office, 'The Illicit Drug trade in the United Kingdom' estimates that in Britain there are 300 major drug importers, 3,000 wholesalers and 70,000 dealers. The lower estimate for the annual turnover of the drugs trade was just over €7.5 billion.

Accommodating for population size the situation in the 26 counties is even worse. The Drug Misuse Research Division of the Health Research Board put the total retail market value of cannabis, heroin, cocaine, amphetamine and ecstasy across the Irish state at €646 million in 2003. With the subsequent exponential increase in cocaine use the current Irish figure would be higher again. This research needs to be updated regularly and the scope of the problem measured by equally credible objective and accurate monitoring. In 2007 and 2008 Gardaí seized drugs valued at €167 million and €212 million respectively. Using the accepted rule of thumb, employed by law enforcement agencies internationally, which holds that police and customs seize only approximately 10% of the illicit drugs in any given market the total value the 26 County market may now stand at anything up to €2 billion annually.

Profit margins are exceptionally high. Mark ups in the drugs supply chain in Britain varied from 15,800% for cocaine to 16,800% for heroin. Public policy could be usefully informed by thorough analysis of illicit drugs markets at varying levels of the supply chain and of their value relative to local mainstream economies.

Injecting Urgency – Seven pillar approach

Proceeds from this illegal trade must be promptly eliminated by the responsible state agencies and alternative life aspirations and career options made available and achievable for all at risk of involvement.

Community Action Point

The public policy initiatives to which the findings of this research give rise must be informed to the largest extent possible by input from local communities. Local communities are best placed to point to gaps in local economic and socially productive activity that, with education and training, could be constructively filled by young people and others who might otherwise be attracted into a life of crime.

4. Supply Reduction

An Garda Síochána

The Dial to Stop Drug Dealing Campaign should be rolled out throughout the State and its future secured.

This non-Garda confidential phonenumber was first piloted in Blanchardstown in 2006 and found to be successful. Sinn Féin campaigned for its immediate extension across the state and towards the end of 2008 the government announced that it would be rolled out to selected areas. Within months, despite its success which the government readily acknowledged, the government refused to secure its future funding. Sinn Féin believe that the government should guarantee the future of the 'dial to stop drug dealing' non-Garda confidential phone-line.

In the absence of secure funding it may cease to operate imminently despite its success in generating intelligence tip-offs from the community. These tip-offs have contributed to Garda investigations with over 2,200 calls being made to the centre resulting in approximately 600 information reports being passed to Gardaí.

However just €300,000 in funding was allocated for 2009 to cover both public advertising and

the price of calls. The Junior Minister for Drugs has confirmed that there is a fixed price per call and when the funding runs out the phonenumber will cease to operate. Therefore the more calls it receives (i.e. the more successful it is) the quicker it will disappear.

This low cost and successful initiative is being withdrawn in a context of very real community fear of reporting drug related crimes and despite the very high human and economic cost of drug related crime. We recommend that some of the money seized by the Criminal Assets Bureau be employed to secure the future of the phonenumber.

The state should continue to pursue major drug traffickers and allocate funds seized from them by the Criminal Assets Bureau for community development in those neighbourhoods worst affected by the illegal drugs trade.

The Garda profile and visibility in areas experiencing chronic problems of public drug dealing and use should be increased through higher frequency of targeted patrols on foot and bicycles in particular.

An Garda Síochána must step squarely up to the challenge posed by drug gangs who would seek to take over a geographic area placing the community under siege, as was recently attempted by drug dealers in Dolphins Barn, Dublin. Criminals there made a concerted effort to intimidate residents and in particular community leaders by vandalizing cars, planting a suspect device at a community meeting causing a bomb scare and rioting into the early hours of the morning. Communities must be enabled to rely in full confidence on the Gardaí to face down such efforts by criminals to challenge the rule of law, to drive residents, and key community leaders in particular, out of their areas and ultimately to exercise control of such areas.

The resources available to Garda Drug Units should be at least doubled and at all times they should strive to operate at full capacity with dedicated personnel (in the past positions in the Drugs Units have sat vacant and members of Drugs Units are frequently diverted away from

Injecting Urgency – Seven pillar approach

this work in response to other policing needs). Community input should be sought via JPCs and Community Policing Fora or like bodies, where these exist, into the use of these resources. All communities should have access to these bodies which foster Community-Garda cooperation and dialogue.

The resources and members freed up by a disbandment of Special Branch should be redeployed to properly tackle serious drug-related crime.

Regulations and standards in line with best international practice governing dealings with informers or 'intelligence sources' should be developed and kept under review to ensure that no informer is allowed to amass a criminal empire on foot of a Garda decision to deprioritise their crimes in favour of a possible bigger fish.

The number of sniffer dog and handler teams skilled in the detection of drugs and firearms should be increased in order that they be available to every Garda Division to undertake valuable supply reduction work including but not limited to intelligence led operations.

Revenue Customs Service

Revenue's Customs Service has primary responsibility for the prevention, detection, interception and seizure of controlled drugs at importation. Customs have particular responsibility for implementing import and export controls at all points of entry to and exit from the state including ports, airports, licensed airfields and the border.

In terms of supply reduction for the bulk of illicit drugs Customs are our first line defence. And they have been inexcusably under-resourced given the importance of this function.

Despite Ireland being an island, the Customs Service currently have just one cutter, a purpose built offshore patrol vessel to target drug runners around the coastline. A long overdue additional cutter is scheduled to come on stream by the end of 2009. We cannot afford any further delay

in relation to this. The number of cutters must be kept under review and should it become clear that further boats or equipment are necessary these should be made available as a matter of priority.

Likewise Customs have been forced to share just one X-ray Container Scanner across all of Ireland's ports. This allows major drugs importers to decide which port to smuggle their drugs through on the basis of where the container scanner is situated at any given time or to at least hedge their bets and minimise the risk of seizure. All major commercial ports with high volumes of haulier traffic should have a permanent X-ray container scanner in place.

Private airports are a largely overlooked point of entry for illegal drugs. According to reports published in 2008 seven aerodromes visited by planes of international origin had not been inspected by Customs. There is a need for the situation at private airports, airstrips and aerodromes to be tightened up.

Customs have been under-resourced despite operating in an environment on which the introduction of the Internal Market and Free Movement across the EU has had a major impact. These developments resulted in the abolition of routine and systematic customs checks on passengers and goods moving around the EU and the elimination of customs controls on the baggage of intra-Community passengers other than anti-smuggling checks. Customs must be properly resourced with staff resources, canine support and the most effective technologies to ensure supply reduction at our borders is optimised.

The Naval Service

Illegal drugs chains of supply are inter-country in nature and international waters are the chosen route for huge consignments. As such Ireland's Naval Service also has an important role to play in supply reduction. We welcome the establishment of, and Irish involvement in, the Maritime Analysis and Operations Centre (Narcotics) in Lisbon. MAOC (N) works

Injecting Urgency – Seven pillar approach

closely with its sister organisation in the United States the Joint Inter-Agency Task Force (South) particularly to target international smuggling of cocaine. The intelligence generated by the Centre is fed to the Navy who can engage in targeted drug seizures at sea with assistance from the Air Corps' CASA maritime surveillance craft who pin point the position of targets. This type of international and cross agency co-operation, which is supplemented by agreements with other countries, has led to massive seizures at sea, it is very welcome and should be built upon and enhanced.

Officers above the rank of Petty Officer have criminal enforcement powers at sea. A major and increasing emphasis of Navy resources has been on targeting Irish fishing boats. This is an indigenous industry whose only crime is their struggle to survive in the context of an EU quota distribution that is grossly unfair to Irish fishing communities. There is a need for a radical re-prioritisation in the use of Navy resources. Emphasis should be shifted away from Irish fishers and onto targeting illegal drug smugglers whose trade wreaks havoc on many communities across the country.

The Navy must have a modern fleet, the most appropriate equipment and legal training to conduct their supply reduction role to best effect.

Community Action Point

As with every pillar communities also have a role to play in efforts to reduce supply. The most important of which is our shared responsibility to report drug-related crime. The success of statutory agencies operating in this field depends in large part on the quantity and quality of intelligence fed to them by the community. Structures, including witness protection supports, should be put in place to enhance community co-operation with the Gardaí and other enforcement agencies against drug crime, and to hold the enforcement agencies and the Gardaí in particular accountable for their action or inaction in this area.

Members of the Community can report drug-related

activities directly to Gardaí or indirectly to Gardaí and without identifying themselves via the freephone Dial to Stop Drug Dealing number 1800 220 220. Alternatively information or suspicions relating to the import/export of drugs and money can be passed confidentially to Customs Drugs Watch 1800 295 295.

5. Rehabilitation

The mid-term review of the most recent National Drugs Strategy prompted the introduction of a fifth pillar – Rehabilitation. This was a welcome development in principle. Unfortunately this was contextualized by a failure to expand the number of Community Employment Scheme placement opportunities for recovering drug users and a failure to put in place the supports necessary for the needed expansion.

In addition the government saw CE scheme placements in general merely as a transitional short stop route to employment in the labour market and while this may represent the ideal it denies the very real value of these placements and the work undertaken by those on the schemes in and of itself. In the context of growing private sector unemployment these placements are all the more important and must be increased for all groups who would benefit from these opportunities including recovering drug users.

The limited government approach also failed to acknowledge the barriers faced by many former drug users attempting to gain employment upon completion of CE scheme placements or otherwise. One such barrier is that of unjustified discrimination. There is an urgent need for the introduction of a spent conviction regime.

Spent conviction regimes exist in many developed countries but not in the 26 counties. Such a regime would allow for certain types of convictions to be considered spent for the purposes of seeking employment where the nature of the conviction is irrelevant to the type of employment sought and where the person had demonstrated their successful efforts at rehabilitation by maintaining a conviction free

Injecting Urgency – Seven pillar approach

period. A major barrier to employment, and hence rehabilitation and full re-integration, for many recovering or former drug users would be removed.

Community Action Point

The ultimate goal of rehabilitation is to work towards the full reintegration of recovering drug users into family and community life. Communities can play their part in the promotion of this goal by, for example, participating in mentoring schemes and restorative justice projects where these operate. Volunteering bodies and local businesses can also consciously decide not to discriminate in anyway that is not objectively justified when considering applications from recovering or former drug users.

6. Harm Reduction

The National Drugs Strategy needs to be based on measures designed to reduce social, community and individual harm. And the effectiveness of the strategy must be judged against the degree to which social, community and individual harm are reduced. Harm reduction is not confined to supporting people in their efforts to break their drug dependency or problematic use. It is also a matter of trying to minimize the dangers to health posed by drug use. The practical workings of this public health imperative include the need for needle exchange programmes to reduce the risk of HIV, Hepatitis C and other infections, and the development of opiate overdose reduction strategies including the prescription of methadone.

Effective education to prevent drug-related disease and death

According to the latest figures from the National Drugs-Related Death Index which covers 1998-2005 there were approximately 2,500 drug-related deaths during that period. That's more than 300 people a year or very nearly one person every day. The index also demonstrated an increase of almost 67% in the number of drug related deaths from 1998 to 2005. Awareness programmes, harm reduction education and

services to reduce unnecessary deaths by alcohol poisoning/solvent use/overdose, HIV or Hepatitis C, or drug and alcohol related road accidents must be promoted and resourced.

Methadone treatment

Methadone maintenance has the potential to reduce crime, overdoses and the transmission of blood borne viruses. A study published in the British Journal of Criminology in 2005 concludes that for every 100 persons on methadone maintenance in New South Wales there are 12 fewer robberies, 57 fewer breaking and entering offences and 56 fewer car thefts. Methadone treatment helps to reduce risky injecting behaviour and offending behaviour and to stabilise people in education or employment. Treatment access must be expanded to ensure that it is equally and promptly available no matter where the user lives.

A cautionary note is warranted. Methadone is by no means a panacea. While it may enable many people with drug dependency to stabilise their lifestyles, the Minister of State recently acknowledged himself that of the 400 drug related deaths each year up to 60 occur among the 8,600 registered methadone recipients. Further measures must be explored to reduce the risk of overdose among this group including steps to ensure that the prescription of insufficient dosages, which can be a factor, is addressed.

Many users remain dependent on methadone for periods of years. Some people have been on methadone for over 15 years. Exit strategies must be developed and resourced to support those people who wish to cease their dependency on drugs completely to do so.

Needle exchange

The 2008 National Advisory Committee on Drugs (NACD) study on Needle Exchange Provision in Ireland reported that only 11 LDTFs have needle exchanges. There is no needle exchange facility in Cork or in the six RDTF areas. The NACD study recommends an increase "in the provision of high quality needle exchange services with

Injecting Urgency – Seven pillar approach

satisfactory coverage across all LDTF and RDTF areas.” Despite this recommendation a needle exchange facility in Inchicore, Dublin closed last year. Needle exchange programmes to reduce the risk of HIV and hepatitis C infection should be expanded, including to Irish prisons (see subsection below).

Reducing risk of death from emerging threats

Between January 2004 and December 2008 just six cases of botulism presented at hospitals in this state. Five of those cases presented in 2008 and four of them were amongst injecting drug users with presumed cases of wound botulism.

Published medical studies point to a number of risk factors contributing to cases of wound botulism including either contaminated batches of heroin, or higher purity heroin (because more acidulant must be used to make it soluble which increases the likelihood of skin wounds, or skin popping or muscle popping which also increase the likelihood of wounds).

Where clusters of overdoses, botulism or other life threatening conditions occur the cause must be urgently investigated including the possibility that unusually toxic or high purity batches of a drug are in circulation. Where this is suspected to be the case a publicity campaign must be embarked upon in order to warn drug users that there is a potentially fatal batch of a drug on the streets and every effort must be made to take this batch off the streets as a matter of priority.

If the threatening condition is found to be caused by bad practice on the part of drug users then a targeted public health information campaign for drug addicts around safer injecting habits must be initiated.

In addition, particularly with rare conditions such as botulism, health workers must also be made aware of the possibility of presentation at hospitals, health centres etc., of the symptoms to look out for and of the precautions that must be taken when dealing with these cases.

Harm reduction in the prison system

In terms of the judicial response to drug related crime, Sinn Fein believes that drug barons should receive prison sentences that reflect the devastating impact of their activities on individuals, families and communities, commensurate with their command and control responsibilities. Without prejudice to that, we also call for the increased availability and use of alternatives to prison for certain drug-related crimes where this would be more appropriate. This would include detention in specialised custodial treatment centres and Community Service Orders with treatment under the supervision of the Probation Service. To allow this to happen the government must cease starving the Probation Service of resources. This would reduce the harm caused by drug related crime by more effectively reducing re-offending. And where incarceration is determined the most appropriate outcome, all prisoners who need drug treatment should be enabled to avail of it while serving their sentences.

The higher rates of drug addiction, HIV and Hepatitis C amongst the prison population is a major concern. Unfortunately successive Justice Ministers and the Irish Prison Service have rejected the harm reduction approach outright. Their approach to the problem of drug use in prisons is counter-productive, dangerous and contrary to the thrust of the National Drugs Strategy, established international best practice including Council of Europe standards and to the principle of equivalence in healthcare.

A more balanced approach must be pursued that prioritises prisoners’ access to continuous health care and prevention services including harm reduction strategies equivalent to those available in the wider community, while at the same time pursuing the suppliers of drugs into the prison system.

The current refusal to allow harm reduction approaches such as needle exchange has detrimental consequences for prisoner health and for the health and safety of prisoner officers

Injecting Urgency – Seven pillar approach

also. Prison officers are more likely to be pricked by concealed needles in the absence of a needle exchange programme. In February 2009 the UN Special Rapporteur on Torture said that the absence of needle exchange in places of detention amounts to cruel, inhumane and degrading treatment as a consequence of greater unnecessary exposure to risk of infection. All harm reduction aspects of the National Drugs Strategy including needle exchange in particular must be extended and have full application within the prison system.

Part 10 of the new Prison Rules deals with healthcare but contains no mention of drug addiction treatments. It should provide that drug treatment programmes, including methadone maintenance, will be made available without undue delay to any prisoner who requests such treatment. This is particularly important given the Minister's fanciful notions of creating "drug-free prisons". Section 99 states that "the Minister may arrange for the provision of dental, psychiatric and other healthcare service as he or she considers appropriate". What the Minister "considers appropriate" is irrelevant. All health services available in the community including addiction treatments should be delivered to prisoners on the basis of need.

Reducing harm on the roads

Intoxication - whether by alcohol or by drugs - impairs driving and results in significant loss of life on Ireland's roads. Random breath testing is a welcome detection and deterrent measure aimed at drink driving. But more must be done by An Garda Síochána and others to address drug driving. In February 2008 Gardai in Donegal, Cavan and Monaghan undertook a unique operation in which sniffer dogs were borrowed from Dublin and deployed at random breath testing checkpoints. Operations like this may result in prosecutions for possession of illegal drugs and the prospect of a random encounter with a sniffer dog is also likely to act as a strong deterrent to drug driving. The number of sniffer dogs must be increased if operations such as this are to be rolled out.

Community Action Point

Communities must be mindful of local children and alert to the danger of discarded syringes in public spaces. Discarded syringes should be routinely reported to the Council for safe disposal. It is important to point out that the presence of local needle exchange facilities is likely to reduce the number of discarded needles, thus reducing community harm from needle stick injuries and associated infections.

7. Family Support

Family supports both specialised and mainstreamed are essential if problem drug use and the resulting harm caused are to be reduced. There are now over 70 groups involved in the provision of support to families underlining the extent of need that exists. The Family Support Network (FSN) to which many of these groups are affiliated became an independent legal entity in 2007, again demonstrating the vital importance of such work.

Much family support is delivered on a peer support basis and the benefits highlighted by the FSN include: it interrupts the negative dynamic of drug use within the family; it helps family members look after their own needs; it helps families help the drug user to make constructive choices; it helps families to reinforce the work of the service agencies and; it enables families to be a resource to their own communities.

When an individual drug user becomes indebted to dealers not only does his or her own life and bodily integrity come under threat but family members are also often targeted. There is a pressing need for the Gardai to work in partnership with families and family support services to tackle the issue of intimidation. This emerged as the biggest priority from a residential conference organised by the FSN in October 2007 and attended by over 350 family members of drug users.

Additional financial and other supports for the families of drug users are also necessary,

Injecting Urgency – Seven pillar approach

such as support for grandparents caring for grandchildren including 'time out' opportunities for carers including after school activities and summer projects etc.

The government must also introduce some form of payment or allowance equivalent to fostering for grandparents who are acting as primary carers for the children of their own offspring for reasons relating to problem drug use. This should be accompanied by further supports and mechanisms to protect the welfare of these children.

There is also a need for more advocacy, information and training for family members and for more support services directed at siblings.

Community Action Point

The Family Support Network model supports families to become a resource for their own community. Community based groups and residents associations might invite participation by representatives of their local family support group or where such a peer support group does not exist, they might explore helping to establish one.

Part III

EMERGING DRUGS

Injecting Urgency – Emerging Drugs

At each mid-term or final review of Ireland's National Drugs Strategy new drugs enter the frame. Initially heroin was the principal drug of concern, supplemented subsequently by cocaine. Important emerging trends that must be anticipated and confronted on this occasion are those of crack cocaine and crystal meth.

It is crucial to examine international best practice evidence from other jurisdictions with established problems with these substances, most importantly to avoid duplicating what does not work.

Crack Cocaine

Crack cocaine is a different, more addictive and more dangerous form of cocaine, it is cheaper and therefore more accessible to low income users. Crack cocaine has emerged as a feature of poly-drug use for some and there are also a number of dependent users whose primary problem drug is crack.

Crack poses particular and significant implications for crime, emergency services and medical practitioners. A specific plan to tackle this drug and the particular harms caused by it must be developed and implemented with input from all relevant stakeholders.

Sinn Féin believe that everything possible must be done to prevent the establishment of a crack cocaine culture on this island.

In 2004 Sinn Féin stepped up its efforts to highlight the emergence of a trade in crack cocaine in Dublin, and continued to call on government to develop plans to prevent this worst case drugs scenario from taking hold. Unfortunately, while Government delayed, crack cocaine like other drugs, continued to spread beyond the capital. A report published in 2006 on illegal drug use in Cork and Kerry found that the percentage of people who had used crack cocaine went up fourfold over the period 1996 to 2004. Despite the evidence of the growing threat there is still no real acknowledgement by Government.

Crystal Methamphetamine

We know crystal methamphetamine (crystal meth) is available in Ireland's cities, towns and even rural settings already. There have been consistent seizures of it here since 2004 and the quantities seized, although considered relatively small, are rising. In July 2008 6kg of the drug were seized in Co. Offaly, this is a significant seizure.

Crystal meth can be produced in small, even mobile, laboratories using pseudoephedrine derived from cold and flu medicines. According to the Irish Pharmaceutical Union's Director of Pharmacy Services, "just thirty tablets, each containing 60 milligrams of pseudoephedrine, can produce more than 300 doses of crystal meth."

Crystal meth can be produced domestically bypassing our first line of defence (i.e. Customs Officers).

The United States and Australia have taken regulatory steps to restrict the sale of products containing pseudoephedrine and this has contributed to a decline in domestic production of crystal meth. In Australia products containing pseudoephedrine must be stored out of reach of customers and the pharmacist must be involved in their sale. Products containing in excess of 800mg (liquid) or 720mg (tablet) can be purchased on prescription only. And an alert system is triggered where an individual attempts to make purchases in excess of a pre-defined quantity during a specified timeframe. Serious consideration should be given to the introduction of similar or equivalent provisions here to guard against this very dangerous drug taking hold.

Part IV
ALCOHOL

Injecting Urgency - Alcohol

Injecting Urgency – Alcohol

Availability and price are internationally recognised as the two most powerful determinants of alcohol consumption. Holding a liquor license is a privilege not a right

Since early 2005 Sinn Féin have called for the liberalisation of licensing laws towards European models involving flexible opening and closing times to prevent drink-related disorder. We also advocate a significant role for the community in the determination of licensing restrictions including hours of sale through Local Licensing Fora (see below).

Some of Sinn Féin's key views are as follows:

- We support harm reduction through stringent legislative control of alcohol including well-monitored and enforced licensing legislation.
- We support the use of taxation policy to contribute to alcohol harm reduction through price deterrence and ringfencing of revenues to fund alcohol control and other harm reduction programmes.
- We support control of the availability of alcohol by restricting the number and type of outlets where it is sold, the number of licenses granted, and the hours and days of sale.
- We recognise the need to legislate and monitor for safe serving practices, including mandatory recognised training for staff.
- Introduction of an effective national framework for monitoring and evaluating alcohol consumption, related indicators of harm, and alcohol control responses.
- Support for the involvement of local authorities and local communities in the liquor licensing control process.
- Local Licensing Fora should include elected representatives, statutory authorities, licensed trade representatives, community representatives, and other stakeholders such as those involved in addiction services.
- Licenses should be awarded individually and on the basis of good practice and subject to annual review for compliance history. Group licensing should end.
- All applicants for new liquor licenses must be able to clearly demonstrate not only compliance but also proactive public health promotion and harm reduction actions.
- Offenders should face license suspension, withdrawal or other sanctions greater than potential profits to be made, as appropriate.
- Adequate powers to temporarily close licensed premises during the most profitable periods.
- We are willing to consider the introduction of a penalty points system for licensees, resulting in referral for license withdrawal and/or disqualification for persistent offenders.
- Legislation to require a prominent common standard health warning, information on the maximum daily recommended intake and indication of alcohol content by unit on all containers of alcohol sold.
- An independent regulator for the drinks industry with powers of enforcement, the ability to review complaints about manufacture, marketing and sales practices, and the ability to withdraw products that do not comply with set criteria.
- Support for significant investment in increasing alcohol-free social alternatives including attractive safe spaces for young people.
- Full implementation of the European Charter on Alcohol and the Declaration on Young People and Alcohol.
- Full alcohol legislation and policy harmonisation on an all-Ireland basis.