

Dun Laoghaire Rathdown Drug and Alcohol Task Force (DLR
DATF) Community Consultation Process:
Consultation Report

July 2021

By: Sarah Murphy

Independent Research Consultant

Contents

Abbreviations.....	4
Introduction	6
Section 1: Methodology for this stakeholder consultation process	7
1.1 Purpose of the consultation process	7
1.2 Consultation Process design	7
1.2.1 Online Consultation Meetings	7
1.1.2 Written Submissions via Online Survey	8
1.3 Planning process	8
1.4 Sample for Consultation Meetings and Written Submissions	8
1.4.1 Recruitment of participants and invitations	8
1.4.2 Attendance at Consultation Meetings	8
1.4.3 Participation in Online Survey.....	9
1.5 Recording of findings	9
Section 2: Overview of findings from Consultation Meetings and Online Survey.....	10
2.1 Overview of findings from Consultation Meetings	10
2.1.1 Adult Substance Misuse.....	10
2.1.2 Alcohol and drugs: Young people’s voices.....	12
2.1.3 Substance misuse prevention and education	14
2.1.4 Services for children, young people and families affected by substance misuse.....	16
2.1.5 Substance misuse and wider social and community issues.....	17
2.1.6 Additional follow-up consultation meeting with young people	19
2.2 Overview of findings from Written Submissions via Online Survey and individual submissions.....	19
2.2.1 Individual written submissions	19
2.2.2 Written Submissions via the Online Survey	20
Section 3: Themes and issues arising.....	28
3.1 Normalisation of drug and alcohol use.....	28
3.2 Early intervention and prevention.....	28
3.3 Impact of drug and alcohol misuse on families and communities	29
3.4 Collaboration, integration and coordination of Services.....	30
Section 4: Conclusion	31
Appendices.....	32
Appendix 1: Invite to the Consultation Meetings.....	32
Appendix 2: Online Survey.....	33

Appendix 3: Jam Boards for Consultation Meetings..... 37

3.1 Consultation Meeting 1: Adult Substance Misuse..... 37

3.2 Consultation Meeting 2: Alcohol and drugs: Young people’s voices..... 37

3.3 Consultation Meeting 3: Substance misuse prevention and education..... 38

3.4 Consultation Meeting 4: Services for children, young people and families affected by
substance misuse..... 38

3.5 Consultation Meeting 5: Substance misuse and wider social and community issues..... 39

Abbreviations

CAT	Community Addiction Team
CDP	Community Development Project
CFSN	Child and Family Support Network
CLG	Company Limited by Guarantee
CRC	Community Resource Centre
CSO	Central Statistics Office
DATF	Drug and Alcohol Task Force
DED	District Electoral Division
DEIS	Delivering Equality of Opportunity in Schools
DLR	Dun Laoghaire Rathdown
DROP	Dun Laoghaire Rathdown Outreach Project
EIT	Early Intervention Team
FRC	Family Resource Centre
GYDP	Garda Youth Diversion Project
HSE	Health Service Executive
JLO	Juvenile Liaison Officer
Meitheal	A Tusla-led case co-ordination process for families with additional needs who require multi-agency intervention but who do not meet the threshold for referral to the Social Work Department under Children First
NS	National School
NYP	Neighbourhood Youth Project
OT	Occupational Therapy
PCT	Primary Care Team
PPFS	Prevention, Partnership and Family Support
SCP	School Completion Programme
SLA	Service Level Agreement
SLT	Speech and Language Therapy

YoDA Youth Drug and Alcohol Service.

Introduction

As part of its process to develop a new Strategic Plan for the period 2022-25, the Dun Laoghaire Rathdown Drug and Alcohol Task Force (DLRDATF) conducted a consultation process which consisted of a series of online consultations and written submissions between April and June 2021. This Consultation Report summarises the findings of this process. This process was the first in a five-step programme of work the DLRDATF is undertaking to develop its new Strategic Plan. These steps are as follows:

1. Stakeholder Consultation Process
2. Engagement with statutory funders
3. Engagement with current and prospective service providers
4. Finalisation of Global grant recommendations (3 years, 2022-24; with option of additional year)
5. Launch of Strategic Plan in December 2021.

The Task Force Strategic Plan takes direction from the Government's National Drug Strategy, 2017-25, Reducing Harm Supporting Recovery.

The DLRDATF Consultation Process was framed around five themes as follows:

- Services for adults with substance misuse problems;
- Young people's substance misuse: prevention, diversion and interventions;
- Prevention and education;
- Services for children and families affected by a family member's substance misuse;
- Substance misuse and wider community issues.

The Consultation process consisted of two elements:

- A series of five online consultation meetings in April and May 2021, as per the five themes above and a follow-up consultation with young people;
- Written submissions via an online survey and related individual submissions invited from interested organisations, individuals and the wider public.

A multi-agency Planning Group was established to guide and oversee the consultation process and the consultation meetings were hosted by DLRDATF and facilitated by Ali Warner and staff from partner organisations and agencies working in areas of addiction and youth and family support in DLR.

The sections of this Consultation Report include:

- Section 1: Methodology for this stakeholder consultation process
- Section 2: Overview of the findings from consultation meetings and written submissions
- Section 3: Discussion of main themes arising
- Section 4: Conclusion.

Section 1: Methodology for this stakeholder consultation process

This section outlines the purpose for the consultation process, the way in which this process was designed and planned; how participants were recruited and who attended; and how findings were recorded.

1.1 Purpose of the consultation process

As mentioned in the introduction to this report, the Dun Laoghaire Rathdown Drug and Alcohol Task Force (DLRDATF) conducted a consultation process which consisted of a series of online consultations and written submissions between April and June 2021 to inform the development of its forthcoming Strategic Plan for the period 2022-25. The purpose of this process was to enable a wide range of stakeholders to have their say about issues relating to drug and alcohol misuse that were concerning them or that they were particularly interested in.

1.2 Consultation Process design

The Consultation process consisted of two main elements:

- A series of five online consultation meetings in April and May 2021, as per the five themes above and a related follow-up consultation with young people;
- Written submissions via an online survey and related individual submissions invited from interested organisations, individuals and the wider public.

1.2.1 Online Consultation Meetings

The two-hour online Consultation Meetings were framed around five themes and took place online on the following dates and times:

Theme	Date	Time
Adult Substance Misuse	29 April	11am – 1pm
Alcohol and drugs: Young people's voices	4 May	6.30pm – 8.30pm
Substance misuse prevention and education	6 May	11am – 1pm
Services for children, young people and families affected by substance misuse	13 May	11am-1pm
Substance misuse and wider social and community issues	25 May	11am – 1pm

The method selected for the Consultation Meetings was a World Café style consultation method, modified to suit an online platform. All Consultation Meetings were hosted by DLRDATF and facilitated by Ali Warner. Participants in Consultation Meetings were asked to share the issues of most concern to them relating to the topic of the meeting in breakout rooms and also with the larger group at the end of meetings to harvest feedback. Breakout discussions lasted for 20-30 minutes and were facilitated by partner stakeholders working with addiction services or with young people and families in DLR. Google Jam boards were developed from each meeting to highlight the main points raised. These are included in the appendices of this report.

1.1.2 Written Submissions via Online Survey

The online survey was designed to facilitate the receipt of written submissions from stakeholders. It was intended that these submissions would involve responses to questions designed to delve further into some issues raised as part of consultation meetings as well providing an opportunity for people to raise their own concerns and general comments relating to drug and alcohol misuse in DLR. The online survey consisted of 31 questions and these are included in the appendices of this report.

Information for making submissions were issued on 16 April 2021. The survey was launched on 31 May 2021 and a deadline was set of 4 June 2021 for receipt of submissions. Due to the cyberattack on health services which had impacted the email accounts of HSE and Tusla employees, a decision was taken to extend this deadline until 12 June. However, this resulted in only two additional submissions as email accounts remained affected beyond that date.

1.3 Planning process

A multi-agency Planning Group was established to guide and oversee the consultation process and the consultation meetings were hosted by DLRDATF and facilitated by Ali Warner. Breakout groups were facilitated by staff from partner organisations and agencies working in areas of addiction and youth and family support in DLR. The membership of the Planning Group included core membership representing DLRDATF and nominees from each sector for the purposes of thematic planning for each meeting. The author of this report, independent Research Consultant Sarah Murphy, was present at all Planning Group Meetings and Consultation Meetings. Planning meetings included:

- One two-hour overall planning meeting about the five Online Consultation Meetings: 13 April at 10am-12pm;
- Five one-hour consultation planning meetings for each Online Consultation Meeting;
- Five one-hour walk-through meetings before each Online Consultation Meeting;
- One two-hour overall review meeting: 1 June at 11am-1pm.

In addition to planning meetings, members of the Planning Group were also responsible for reviewing and approving invitation and information material and reaching out to contacts and partners to encourage participation in the meetings.

1.4 Sample for Consultation Meetings and Written Submissions

1.4.1 Recruitment of participants and invitations

Invitations to the Consultation Meetings and to take part in the Online Survey were distributed widely by email. DLRDATF sent over 400 invites to all contacts in their database and this was passed on by partner organisations and agencies.

1.4.2 Attendance at Consultation Meetings

According to registration data, the attendance at meetings ranged from 20 to 41 participants with an average attendance for each of the five meetings of 27. While there was some duplication with individuals attending several of the meetings, a total of 77 people took part, including members of the Planning Group. Participants included:

- Local residents; parents and young people;
- Personnel from community addiction services including a GP practice prescribing methadone under the protocol, Dun Laoghaire Rathdown Outreach Project (DROP) and Dun Laoghaire Rathdown Community Addiction Team (CAT);
- Staff from HSE Addiction Service and Youth Drug and Alcohol Service (YoDA)

- Staff from organisations working and agencies working with children, young people and families, including TUSLA; Crosscare; Barnardos; My Project; Rosemount Family Resource Centre; Holly House Community Centre; Hillview Resource Centre CLG; School Completion programme; Southside Partnership and Southside Travellers;
- Staff from Garda including Juvenile Liaison Officer;
- Staff from Dun Laoghaire Rathdown County Council.

1.4.3 Participation in Online Survey

There were 138 responses to the online survey. The average number of responses to each question was 80.

1.5 Recording of findings

There were note-takers assigned to each breakout room and meetings were also audio-recorded, with participants' consent, for the singular purpose of verifying notes. Participants were assured that all feedback would remain confidential and that all information in the final report and related quotes would be anonymised. Participants were informed in the invitation and information materials of the objective of the consultations and the topics for questions and discussion. Recordings and transcripts of notes from the meetings as well as survey data were stored securely and destroyed following the approval of this Consultation Report, in line with best practice, DLRDATF Data Protection policies and procedures and GDPR legislation. All research was carried out within a human rights conceptual framework and in a way that was appropriate and accessible to the individual stakeholder participating. These consultations were executed to the highest of ethical and confidentiality standards, in compliance with the code of ethics for social researchers established by the Sociological Association of Ireland and best practice in terms of confidentiality, data protection and storage.

Section 2: Overview of findings from Consultation Meetings and Online Survey

The findings from the Consultation Meetings and online survey are included in this section. Quotes are provided from the Consultation Meetings and transcripts from survey responses in order to enable the voice of participants to be heard. This information has been anonymised and all identifiable data removed to ensure that privacy and confidentiality are protected.

2.1 Overview of findings from Consultation Meetings

Below is a summary of the issues raised during discussions as part of each of the Consultation Meetings. Quotes are included below in italics.

2.1.1 Adult Substance Misuse

This meeting was attended by residents, staff working with addiction services, GPs, the Gardaí, as well as service users. Issues of concern raised at the Consultation Meeting included discussion around the normalisation of drinking and the harm that this was causing as people were drinking more at home since the pandemic began:

The normalisation of drinking, we have a real problem with alcohol, I treat alcohol more than any other drug...we see the full range of it, suicide is rife; particularly males...Covid has changed things, it's all at home, the nature of it at home, they are dying on their arse, killing themselves slowly; horrible to see it.

The discussion also included trends in drug use and that while trends, types of drugs taken and related problems were changing and polydrug use becoming more common, policy and services were not changing to adapt and as such were not as tailored as they should be to presenting needs of service users. Services were criticised as being overly framed around particular drugs to the detriment of service users using other drugs and requiring different treatment approaches:

All the new drugs – I knew a girl recently with MDMA issue but she was sent to the Methadone Clinic.

New drugs, including new forms of processed cannabis and cocaine were having more of an impact on mental health of young adults than heroin had in the past:

The impact of new drugs on mental health is probably a lot more than heroin would have previously. Young people say they'll never take heroin but what they're taking now will be five times worse in the long run for their mental health – scary to see how mental health is impacted and they could be very young when it is...Weed now is nothing like what is used to be.

An increase in gang violence and the involvement of young adults in an underground drug culture was stated to be a cause for concern:

Younger adults – levels of deaths (during Covid), vulnerabilities, things they are being asked to do, carrying or dealing drugs, getting into a more serious offending, higher levels of criminality, it's normalised, they're exposed to a whole new drug culture, they can't go to certain areas (to access services) because feuding with the lads there.

Insecurity of funding was also cited as an issue for services which impacted negatively on service users. It was discussed that sometimes what health professionals interpret as 'harm reduction' can vary among professionals and that at times the focus can stray from what is meaningful to service users themselves. Participants spoke of the need for a refocusing of approach and that the service user should be at the centre of this or 'in the driving seat'. Examples given of what service users would like support with included housing issues, social wellbeing and mental health:

Training of doctors in this space is absent... We can't even agree in harm reduction space, what's important to prioritise...If we stick to the fundamental – the person and their goals – not what I as a doctor want, it's what they want.

Potential legalisation was also discussed and the danger that drug laws could increase drug-related harm. Concern was expressed in relation to high initial methadone doses which could create barriers preventing access to other treatment options. The need for more weekend and out of hours' services was also mentioned by participants and there was criticism of the fact that there had been a loss of community wraparound services as a result of closures during the Covid 19 pandemic and that interagency working had deteriorated as a result of it becoming more difficult for services to communicate.

Participants spoke specifically of mental health issues and the need for a clear strategy around dual diagnosis and formalised ways for addiction and mental health services to work together. The need for enhanced interagency and collaboration and coordination among services, in particular mental services and addiction services, was identified to create clear and accessible pathways for service users. There was also a need articulated for mental health supports and pathways to be provided to adults, including behavioural therapy and anger management. Staff from general practice, addiction services and the Gardaí spoke of the difficulties of supporting adults, including young adults in prison or otherwise engaged with the criminal justice system, to receive much needed support with mental health issues. Participants suggested that DLRDATF could have a role in connecting services and they called for a senior mental health service professional such as a Clinical Psychologist, to sit on the DLRDATF, ideally someone with an interest or experience of working with dual diagnosis/ co-morbidity. Practitioners in addiction service spoke of the potential benefits for addiction services and service users if mental health providers could be actively involved with care plans.

There is a disconnect between services – addiction and mental health – a need for communication between services – service users should be directed and told where to go for mental health etc., pathways, there should be a Meitheal programme for drug users.

Mental health is a Cinderella service, dual diagnosis is non-existent; we treat the issues in silos, that they can't deal with that person until they have sorted their addiction is a myth, I have gone back and called them out on it and even when the person isn't using mental health still won't see them, not a service. People are going to die, trying to get psychiatric services.

Not just a resourcing issue, no formalised way of working together.

Huge barrier trying to get services that will look at both mental health and addiction, they can't address addiction until mental health sorted, but they're medicating themselves because of the mental health, not a new problem, going on the last fifteen years.

There has been a discussion around the need to improve interagency relationships for over twelve or thirteen years, there has been no improvement...There is a block in collaboration. We can be too busy fighting over treatment approach/ philosophy of treatment e.g. abstinence-based service philosophy vs. Harm reduction...it should be about what the service user wants, the human being needs to be looked after.

Staff from addiction services also spoke of wanting to be respected. They felt that there was a parity of esteem issue at times where their experience was often not valued and that they were supporting service users with more than just addiction, helping them with social skills and reintegration into society, as well as proactive work connecting with other services:

Your opinion should be valued, you have experience, we're working with them 9-5, they (mental health) get to see them once a week at the most for an hour...we're strategising, helping people to live rather than just seeing them and assessing them once a month.

There's a hierarchy, community and voluntary sector seems at end of pecking order, psychology, psychiatry, clinicians, you need a high level of training, that brings with it an arrogance, we're seeing them (service users) every day but they don't listen to us...protocols in mental health don't fully align with addiction services, addiction services are working with people with addiction and mental health issues.

The impact of drug use on families was also discussed, as well as the stigma of addiction in local communities in DLR, which often meant that deaths related to drug use were not discussed as such due to perceptions and attitudes towards addiction. Given the aforementioned increasing prevalence of polydrug use, the importance of education for adults around the effects of combining different drugs, including prescription drugs, as well as the effects of certain drugs with alcohol was emphasised by participants as something that was currently lacking. The example was given of mixing Xanax with alcohol creating a new drug which could have serious psychological implications for individuals. Education was also called for to raise awareness about the dangers of recreational use becoming problem use.

2.1.2 Alcohol and drugs: Young people's voices

The normalisation of drug use, in particular cannabis and cocaine, and alcohol use was discussed as a primary issue of concern at this Consultation Meeting. The influence of the media in general and social media in particular was mentioned as key and influential with regard to this process of normalisation. Participants mentioned this role in terms of: promoting the glamorisation of drugs and drug dealing through TV programmes such as Top Boy; enhancing the accessibility to drugs through promoting drugs, targeting young people and drug dealing via social media and raffles for drugs taking place on Snapchat; as well as the promotion of certain desired body images and the message that drugs were used to achieve these ideals. The fact that alcohol such as beer was seen as more fattening than spirits or drugs was mentioned by participants, including those working with young people and young people themselves:

Body image, (drugs) help them lose weight, eating disorders, coke instead of drink, vodka instead of beer, models are stick thin on social media...body image also important for boys.

Particular issues were raised as impacting more on males than females, including certain versions of masculinity promoted via the media and participants mentioned that social standing within groups of boys or young men were related to drug use.

Drugs get them friends; makes them cool...access to drugs equals popularity.

Potential legalisation was discussed and that the fact that drugs are illegal had made them more glamorous or appealing to some young people as well as that their illegal status added to the power of drug dealers in communities. Drug dealing was mentioned as an intergenerational issue that can become the culture within a family and that currently there were insufficient deterrents to drug dealing. The need for further investment in education and early intervention was discussed as well as innovative approaches designed to work with young people and incentivise good behaviour and focusing on the benefits of physical and mental wellbeing rather than focusing on the harm caused by alcohol and drug use. The Icelandic Planet Youth model was mentioned in this regard as an example of such a model.

Important to have realistic education, not just 'don't drink or do drugs'.

It was felt by participants that there had been a lack of routine as a result of the pandemic which had brought about an increase in alcohol use and related violence in communities involving groups of young people. Young people drinking in local fields was described as a problem and preventative supports were needed for parents and families to address this, especially families that were hard to reach or engage with. Cannabis use was seen to have increased also and accessible to younger children.

Children as young as twelve are smoking weed, smoking is the thing now, as once the thing was going down the fields for a few cans.

Cannabis use was normalised and not interpreted as a problem by most young people, according to participants at this meeting and there was a gap in understanding between young people and adults expressing concern:

Normalisation, there's no taboo, they're quite open about it, how normal it all is now, especially for under 18s, the gap between those who are concerned and...young people has never been bigger – they don't see it as a concern, it's what they do, it's relaxing, it's not a problem for them.

There had been a perceived reduction in services and facilities for young people and things for them to do and using drugs and alcohol had come to be seen as a rite of passage of sorts for young people. It was suggested that a focus on why young people are using alcohol and drugs would be helpful. This was also suggested in the written submissions outlined below.

Maybe it's not about deterring them, it's about understanding reasons behind why they're drawn to it and using these reasons to inform how they are helped.

Potential reasons for drinking were suggested by participants, including escapism and social conformity or 'being one of the lads'. Finally, there was a perception that gang violence had increased in some DLR communities since the pandemic. It was discussed that alcohol and drug use, including during the Covid 19 pandemic, had created fractures in communities in DLR and that there

was a need for this to be addressed and for a sense of social cohesion to be re-created within local communities.

2.1.3 Substance misuse prevention and education

A particular need for school-based prevention and education measures was reported by participants at this meeting, in particular for students transitioning from sixth class at primary school to first year at post-primary, as well as Transition year students. The potential for drug and alcohol programmes delivered in sixth class at primary school to be continued into post-primary school was suggested by participants, including a staff member from an organisation delivering this education:

We focus on an open approach, correct misinformation...it does work, I meet young people now that remember me fifteen, eighteen years ago, they remember me going into their classroom, would love to see follow on into secondary schools.

Transition year was mentioned as a time when there are less academic requirements and young people tend to become involved with alcohol and drugs.

Transition year causes problems, no academic requirements, up to themselves to engage, a lot of teenagers, that's the time that they end of getting involved in drug and alcohol, only country in Europe that has this type of year, a lot of positives too for their development but also causes problems.

Children and young people were seen to be especially vulnerable at these points in their schooling and would benefit from enhanced awareness of the dangers of drug and alcohol misuse and support saying 'no'.

Staff noted that more people were accessing therapeutic and addiction services since the pandemic began:

More people accessing services since Covid, more accessibility, online offering, the social aspect is gone; less stimuli – less social outlet, shopping – can't avoid issues due to lack of stimuli, seeking help in other ways.

Young people participating in the Consultation Meeting spoke of mental health issues and consequences in young people and seeing their friends experience depression following taking drugs:

I see it in my peers, they'll be depressed for few days after taking drugs.

Regarding strategies aimed at parents, parental drug and alcohol use was raised as an issue of concern which impacts on the dynamic in the home and can create intergenerational patterns of behaviour and addiction. Parents using drugs and alcohol while pregnant was also mentioned as a problem.

Parental alcohol use (also drugs but mostly alcohol); people focus on young people's use but often it's the adult alcohol use that causes the car crash in families...trends within families are alcohol and cannabis use.

It was felt by participants that coherent education for parents with clear messages, supported by research, would be very helpful, both in terms of establishing positive behaviours around their children and in terms of becoming informed about drugs so that they can have informed conversations with their children. Participants called for a universal approach:

There are less supports available for parents, classes, discussions about how to behave, how to nurture respect, discipline early on; reach parents who need it most; need for universal supports; lack of universal approach.

It was noted that the Covid 19 pandemic and the national response to it had set a positive precedent in terms of coherent public messaging in the areas of health promotion and health and safety communication. The importance of early intervention and work with parents and children was emphasised as addiction is often an attachment issue where people are using drugs or alcohol to replace lacking attachment. If strong bonded relationships are established at an early age this could be avoided. Participants spoke of the importance of early intervention work with parents and children together and parenting programmes delivered as universal measures so that they do not get interpreted by parents as a critique. It was acknowledged, that targeted measures are also valuable, especially in terms of regularly linking in and reaching out to young people who may be at risk.

Social brains are 90% formed in the womb, parenting starts prenatal...should be more investment in early intervention...more work with mothers who are in addiction while pregnant, assist them to attach to baby in utero, community mothers' groups, groups that they use in Sweden, circles of security being delivered to mums as general thing like we do with massage.

Participants spoke of the importance of investment in prevention while most funding is directed to those with current problems:

Most of resources is with people that have already had drug and alcohol problems.

The importance of community-wide prevention programmes and campaigns that could tackle the normalisation of drugs and alcohol through a focus on incentivising positive healthy behaviour and activities was mentioned, such as the Icelandic Planet Youth model, which focuses on sporting achievement and other goals that people enjoy, focusing on the 'carrot not the stick'. Awareness campaigns were also called for as part of discussions to combat the normalisation of alcohol and drinking and the cultural acceptance of this in society and advertising and the harm this was causing to families and communities:

The normalisation of alcohol use, the jokey tone of advertising, I don't understand why it is still legal.

For such campaigns to be successful, it is essential that they have community buy-in and that citizens are empowered to engage rather than simply told what to do. Participants mentioned the importance of community support particularly around curfews and parental controls around the local area as well as legal support in terms of Garda and related legal involvement.

At a societal level, rejecting the normalisation of alcohol through association with sports, celebrations, stronger messaging about the harm that is done, from in utero onwards...how alcohol affects relationships and attachments...maybe more national issue but maybe we could also push it

at local level...changing it from being a rite of passage, providing spaces where drug taking and alcohol isn't acceptable.

Participants spoke of the benefits of bringing young people out of their family home and communities and showing them the alternatives available to them:

The challenge of Covid is getting young people out of the family home, out of communities, getting them exposed to new adventures, new ways of life, different way of making money, show them what other things they can do, what strengths they have, if they're dealing they have good leadership, time management, financial management, give them a new and tangible experience...need to work with them long-term...model pro-social behaviour, the benefits of having a job, something that is meaningful to the person.

The importance of consultation with young people was also emphasised and examples of providing activities such as quad biking which addressed interests in stimulating or seemingly 'risky' behaviour:

There is a greater need to consult with young people...as adults we don't know what they want, especially hard to reach young people, it's part of their culture to go down the field drinking, to break the cycle you need to be able to offer them alternatives and by asking them...should be investment in talking to young people, seeing what they want and following through on it.

Participants spoke of services being quite divided, in terms of being either 'mental health' or 'addiction' and asked if they could be rather 'a bit of both'?

Services should be open to taking on both addiction and MH issues, a coordinated approach...Services are divided, mental health or drugs, most of the time it's both, services should be able to take on a bit of both.

2.1.4 Services for children, young people and families affected by substance misuse

The earlier access to drugs and normalisation of cannabis use was mentioned as an issue of concern at this Consultation Meeting, with participants reporting that children in fifth and sixth classes are using cannabis. The impact of drug use on families includes intimidation and violence. These in turn produce stress among family members, participants spoke of stigma in communities resulting in families not feeling able to speak about addiction, drug debt or related intimidation openly and that there was instead an unhelpful silence around these issues. Hidden harm experienced by children due to drug and alcohol misuse was also mentioned, as well as the fact that services may not always be aware that this was happening at home. The prevalence of young people taking drugs was discussed and the need for supports for parents to assist them in providing young people with discipline, structure and guidance, as well as giving young people appropriate autonomy. The impact of addiction on pregnancy and infancy and the impact on babies and toddlers was also discussed and the subsequent need for early intervention family support teams and wrap-around services. Families' needs and issues including mental health, addiction and poverty were often intergenerational in the area and again, addiction was discussed as a trauma and early attachment issue and it was suggested that DLR DATF could explore trauma-informed approaches to addiction. Practitioners spoke of the logic of taking a preventative proactive approach to these families so that they could be supported and crises avoided. This was discussed in the context of limited resources and it was suggested that if there were more universal supports available, more time could be devoted to the more acute needs, as well as to outreach to families who are struggling.

What drug and alcohol abuse is about – it's an attachment disorder – about filling the void, feeling the pain.

We shouldn't wait until families come forward and say they need help; if there is intergenerational trauma, we can see this is what's happened in last two generations, we are going to be there at the start...Limited resources, if more universal services, some referrals could go there, and we could hold the cases that really need it; hard to hold them.

Lots of families are struggling, we are worried about them, but they don't want help...families don't identify themselves as families in addiction, they are just struggling with daily life;

Early intervention and multigene trauma, would be relevant for DATF to look at trauma-informed approaches to addiction; address attachment, that will have knock-on effect on families, a broad trauma informed approach.

There were calls for different types of family support to be differentiated, offered to families and tailored to families' needs. Some families need long-term support and others many need one to one support in order to get them to a point of readiness to engage with group work and programme work. This one to one work takes time and there is a need for greater resources to be allocated and for staff to be able to devote time to this type of intense engagement. It was noted that there was currently – and traditionally – a lack of men accessing family support and Fathers of Addicts' support group and Men's Sheds were mentioned as examples of successful engagement of men.

Always the mother that attends family support; very few men that enter that environment; why aren't men accessing? It's always left up to the mother or the sister.

Finally, regarding services, participants noted a disconnect between adult services and other services and called for services to be more linked up and coordinated. It was mentioned that addiction services do not always ask individuals whether they have children and that this could be useful in terms of linking in with families and ascertaining their needs for support.

Why aren't services talking to each other...need to build on communication into more formalised pathway.

2.1.5 Substance misuse and wider social and community issues

The discussion at this Consultation Meeting also featured the normalisation of alcohol, among adults and young people, and that there was a need – and a valuable opportunity – to engage the education system to address this:

Should be more education through schools – reach the community – communication through education system.

It was noted that young people are seeing adults drinking at home and this is having a negative impact on them. Participants spoke of young people accessing drugs earlier and presenting with increased mental health issues as a result of taking drugs, in particular cannabis:

We're seeing kids needing help younger, children leaving primary school and lighting up a cigarette, hard to reach kids not engaging, kids who are not getting support from parents to engage.

Increase in admissions to psychiatric hospitals for psychosis from cannabis use – weed is being cultivated to be stronger.

Young people are seeing parents drinking at home, previously they wouldn't have seen parents as parents were drinking in pubs.

The role of the media, especially social media, in terms of glamorisation of drug use and drug dealing was also discussed and that due to the financial gains enjoyed by drug dealers visible in communities and the lack of apparent repercussions for this, young people were increasingly seeing drug dealing as a viable career choice. Participants spoke of young people getting involved with gangs at a younger age and that violence associated with gangs often goes unreported. Drug debt and related intimidation was causing families to leave areas in DLR and there was a call for reform in housing policy to allow people affected by intimidation to move to other counties. An example of an initiative in Blanchardstown where a mediator could confidentially feed information back to Gardaí with families' consent had proven to be successful.

It's the biggest crime in the area and the least reported on.

The lack of financial supports available to young people was also mentioned. The fact that the Covid 19 pandemic and related lockdowns has limited places where young people could go and 'pushed young people outdoors' has meant that young people's – and adults' – use of drugs and alcohol has become more visible to the wider community. Participants asserted that there has not necessarily been an increase in these practices but rather that they are more visible now.

Increased societal acceptance, normalisation, particularly of alcohol, weed, cultural thing, problems always there but now, issues always there in behind closed doors, drugs, since Covid it's really been brought more out to the open, more noticeable, people doing it in open spaces.

The issue of anti-social behaviour linked to drugs and alcohol use in community spaces and neighbourhoods was mentioned as an issue, while participants also cautioned against being unfairly critical or villainising young people which would further exacerbate fractures in communities.

Need to approach this at a societal level, young people are trying to find their identity, their place in society, their age group needs a lot of support without condoning their behaviour.

One participant noted that it was important to bear in mind that some people had made positive lifestyle changes during the recent lockdowns associated with the pandemic and had reduced drinking and drug use or increased physical exercise. Participants spoke of a misunderstanding among generations which can manifest both in older generations blaming young people and also being fearful of young people and also a lack of understanding among parents of the language or slang associated with drug and alcohol use which impeded communication between parents and children. This misunderstanding or distance between generations was seen to have led to young people looking to their peers for support rather than to older adults as role models.

Misunderstanding between the generations, lack of knowledge of slang used to communicate between the youth, literally speaking different languages.

Where violence is committed and damage done to public or private property in neighbourhoods, participants suggested a restorative model could be employed whereby young people themselves are involved in repairing what they have broken or damaged. The process in Ballyogan was praised

where services and agencies, including the Gardaí, in particular Community Garda roles, schools and groups working with young people and families, had recently come together and pooled resources:

In Ballyogan, it was process-based, there was consistency, huge support behind the scenes, brought a whole different feel; developmental versus law enforcement, maybe need both.

Processes like this were noted to help people understand that community spaces and resources could be used positively and valued by all. The lack of engagement of young people with services was mentioned and the fact that at a certain age they tend to cease engaging with youth services. Finally, it was discussed that while it was desirable to situate addiction services in community settings, sometimes it was difficult to secure engagement. One practitioner spoke of having located their service in a Community Centre but that no one had availed of the service:

We are trying to get addiction services into community/ resource centres but no one will attend, maybe there is a general social need but there is a stigma regarding addiction.

2.1.6 Additional follow-up consultation meeting with young people

A follow-up consultation meeting was held with three young people who had attended the Consultation Meeting on Young People. These participants spoke of young people having less to do and that many activities, including sports activities, had been cancelled and youth centres closed due to the Covid 19 pandemic. Young people spoke of cocaine as a particular issue among their cohort and they estimated that more of their peers were taking cocaine than were not.

2.2 Overview of findings from Written Submissions via Online Survey and individual submissions

There were 140 written submissions in total, with 138 responses to the online survey and two other stakeholders opting to submit individual submissions via email to DLR DATF. As required, all participants were over 18 years.

2.2.1 Individual written submissions

Regarding the two individual submissions, the first of these called for consultation with young people and academic literature on youth health and behaviour with a view to better understanding young people's needs and perspectives and the reasons that they may be using alcohol and drugs and providing them with access to spaces and activities where they can socialise and enjoy themselves:

Just as children benefit from the availability of playgrounds, adolescents may benefit from spaces like cinemas, gyms or cafes. Why not ask young people what they need? Research has shown that, since adolescents are often in search of respect and a place in society, it is often counterproductive telling them what to do. Instead, approaches that respect their autonomy and need for independence tend to work much better.

The second written submission made a number of points including that there had been an increase in young people attending with mental health issues; expressed dissatisfaction with mental health services and called for drug policy to be updated:

I have seen a huge increase in young people attending (in) DLR with mental health problems usually drug induced psychosis from cannabis use. The present types of cannabis is much stronger and more dangerous...young people kicked out of homes due to drug induced psychosis usually cannabis. This

leads to homelessness. It's also as difficult as heroin to give up...Mental Health services are non-existent and they do not tackle the difficult cases.

The submission expressed the view that alcohol addiction was more prevalent in DLR and that more supports were needed:

Alcohol is more prevalent than drugs in our area and it is usually associated with violence, poverty, child protection issues, homelessness etc. More support services are needed, drop in centres, etc.

The submission called for more supports to protect families experiencing drug-related intimidation and spoke of the negative impact of this and other anti-social behaviour on communities:

Should be a mechanism allowing Gardaí to prosecute even if families don't give statements. Funding should be available for Gardaí to protect homes, supply panic alarms/pendants, and tackle this issue head on. Too many credit union loans applied for to fund this debt...people (are) living in fear, Gardaí unable to deal with this issue effectively, training required, Community Gardaí not the answer despite political demands, they are not operational, they are involved more in intelligence gathering and meetings than dealing with this. More robust Policing required, and under reporting should be dealt with to identify hot spots and deploy resources. UK have Community Action Teams in Police...Gardaí need to do an advertising campaign advising parents how to deal with this issue (of drug-related feuding among young people).

The submission called for Gardaí and the HSE to play a more active role in managing behaviour around drug services in communities in order to change public attitudes towards these services and reluctance to them being located locally.

The submission called for more education about the risks of drug use and discussion of addiction as a health issue to reduce stigma as well as early intervention activities:

More advertising to state long term addiction is a health problem rather than a drug problem. Is the Methadone Programme really working or is it a cash cow for GP's!!...More talks in school about the dangers of heroin, get the teams from (addiction service) to do school visits once a year and warn of the dangers.

Finally, the submission called for social media to be regulated to curb its capacity to facilitate the expansion of illegal drug markets.

2.2.2 Written Submissions via the Online Survey

Below is a summary of responses to the online survey under thematic headings. All percentages relate to the number of responses for specific questions. The average number of responses to each of the 31 questions in the survey. Transcripts of responses are included in italics.

a) Community status of respondents

- 95.49% of participants lived or worked in DLR
 - 65.08% lived in DLR
 - 2.38% owned a business in DLR
 - 35.71% was neither a resident nor business owner, but work in DLR
- In terms of role in the community:
 - 15.70% were a member of a residents' association / community body
 - 10.74% were involved in a voluntary organisation
 - 25.62% work for a voluntary organisation
 - 12.40% work for a school or education/training body
 - 26.45% work for a state body, such as HSE, Tusla, DLR county council
 - 24.79% opted for 'other' option.

b) Alcohol use

- In relation to young people's alcohol use having a long-term impact on their mental health, 42.17% (35) strongly agreed; 46.99% (39) agreed; 12.05% (10) neither agreed nor disagreed; 1.20% (1) disagreed; and no respondents strongly disagreed.

c) Cannabis use among young people

- In relation to cannabis use being more common among young people (under 18 years) than alcohol use, 21.69% (18) strongly agreed; 21.69% (18) agreed; 32.53% (27) neither agreed nor disagreed; 24.10% (20) disagreed; and 1.20% (1) strongly disagreed.
- In relation to young people's cannabis use having a long-term impact on their mental health, 56.63% (47) strongly agreed; 37.35% (31) agreed; 9.64% (8) neither agreed nor disagreed; and no respondents strongly disagreed or disagreed.

d) Drug dealing on social media, drug feuding, drug debt and intimidation associated with drug dealing or drug use

- 43.37% (36) of participants said that they had knowledge of drug feuding among young people known to them; 56.63% did not.
- 69.14% (56) had knowledge of drug-related debt/intimidation within at least one family known to them (through either work or personal contact); 30.86% (25) did not.
- 78.05% (64) of participants said that they would be prepared to make a confidential report of drug-related intimidation—known to them—to a designated Garda if they were assured of protection for both themselves and their family; 21.95% (18) would not be prepared to do this.
- 51.90% (41) were aware of drugs being bought or sold on social media; 48.10% (38) were not.

e) Anti-social behaviour associated with alcohol or drug use or drug dealing

- 69.51% (57) of participants reported having witnessed (either through their work or personally) anti-social behaviour in the community that was directly associated with drug dealing; 30.49% (25) had not.
- In relation to whether or not there had been a noticeable increase in drug/alcohol related anti-social behaviour in DLR since COVID restrictions were introduced, 25.93% (21) strongly agreed that there had been; 37.04% (30) agreed; 28.40% (23) neither agreed nor disagreed; 6.17% (5) disagreed and 2.47% (2) strongly disagreed.
- 70.73% (58) of participants reported that they had concerns about adult drug users who continue to live at home causing disruptions for their parents; 29.27% (24) did not.

f) Knowledge about where to seek help and services

- 77.11% (64) said that they know where to seek help in dealing with a drug problem for either themselves or someone known to them (through either work or personal contact). 22.89% (19) said that they would not know where to seek help.

g) Prioritisation, organisation and coordination of services

- Regarding whether drug services/counsellors need to be more involved with other health and social care workers, 53.66% (44) strongly agreed; 34.15% (28) agreed; 10.98% (9) neither agreed nor disagreed; 1.22% (1) disagreed; and no respondent strongly disagreed.
- Regarding whether drug services/counsellors need to be available at local community centres or family support services, 58.54% (48) strongly agreed; 36.59% (30) agreed; 3.66% (3) neither agreed nor disagreed; 1.22% (1) disagreed; and no respondent strongly disagreed.

- In relation to whether there was a need for mental health services to be more directly involved with treating drug / alcohol misuse, 68.29% (56) strongly agreed that there was a need for this; 28.05% (23) agreed; 4.88% (4) neither agreed or disagreed; and no participants disagreed or strongly disagreed.
- Participants were asked what they consider to be the most important type of services that need to be supported by the Task Force:
 - 37.97% (30) said services that help young people (under 18) deal with their drug and/or alcohol problems;
 - 33.75% (27) said services that help children/young people living with parents who misuse alcohol/drugs;
 - 21.25% (17) said Services that help adults (18+) deal with their drug and/or alcohol problems; and
 - 5.13% (4) said services that help parents living with adults who have drug/alcohol problems.
- Participants were also asked which were the most important activities that need to be supported by the Task Force:
 - 50.00% (39) said activities and early intervention programmes that target vulnerable young people and groups to educate and prevent them from misusing drugs/alcohol;
 - 30.77% (24) said activities and programmes that undertake universal prevention with children and families;
 - 11.54% (9) said activities that support the training of front line personnel and others in responding more effectively around drugs and alcohol problems;
 - 5.19% (4) said activities that support research into local needs and issues and developing policy;
 - 2.53% (2) said activities that support the use of social media and other outlets in order to prevent or reduce drug and alcohol problems.

h) Stigma experienced by people accessing addiction services

- In relation to whether drug users who are known to access addiction services are unfairly stigmatised in the community, 35.80% (29) strongly agreed; 30.86% (25) agreed; 22.22% (18) neither agreed nor disagreed; 7.41% (6) disagreed; and 3.70% (3) strongly disagreed.

i) Drug policy

- In relation to drug policy lagging behind the reality of drug and alcohol use today and needing updating: 46.99% (39) strongly agreed; 42.17% (35) agreed; 9.64% (8) neither agreed nor disagreed; 1.20% (1) strongly disagreed; and 1.20% (1) disagreed.

j) Education and prevention around alcohol and drugs

- In response to whether *all* children making a transition from primary to secondary school should participate, along with their parents, in an education/prevention programme on alcohol and drugs, 56.10% (46) strongly agreed that they should; 34.15% (28) agreed; 7.32% (6) neither agreed nor disagreed; 2.44% (2) disagreed; and no respondent strongly disagreed.
- In relation to whether education and prevention programmes should be targeted

mainly at those who are most vulnerable rather than universally for everyone, 7.32% (6) strongly agreed; 20.73% (17) agreed; 8.54% (7) neither agreed nor disagreed; 45.12% (37) disagreed; and 18.29% (15) strongly disagreed.

k) General comments on alcohol and drug problems in DLR and how to prevent these

1. Alcohol problems in DLR

When asked to make general comments about alcohol problems in DLR, 42 respondents answered this question and made the following comments, the numbers of participants who made each of these comments is given in brackets:

- Drinking culture is normalised in society and alcohol abuse is common across all ages, respondents suggested ways to counter this, including enforcing ID checks to reduce under-age drinking; raise prices of alcohol; incentivise drink-free events; rules regarding sponsorship of events (10). Covid 19 has enhanced the visibility of public outdoor drinking (4).

We're going to create an outdoor pub with pedestrianisation of Georges Street Dun Laoghaire - why is that level of drug use acceptable?

It is present in many families and it is a cultural challenge.

Alcohol abuse is widespread amongst all ages

Culturally deemed more acceptable than drug misuse, but impacting on families and communities in the same way.

The culture of drinking needs to change

Becoming more normal for young people to engage in drinking and drug taking in public spaces - leading to anti-social behaviour

Alcohol misuse is a challenge culturally to address in Ireland but COVID has changed the landscape. Pubs have been closed which would be hard to imagine and drinking more visible.

Covid 19 restrictions have brought a wider more noticeable presence of alcohol consumption in public spaces and challenging the normality of this is really important.

- More funding and resources are required for treatment, there is a lack of support; few residential options; more services and training are needed (4):
- Alcohol misuse is causing problems for children and families (4) and for young people, including under-age young people and young people who have left school early (6)

I feel the drug problem currently is more concerning amongst early school leavers

The issue of underage harmful drinking is being ignored at a strategic level, and many children impacted by parental substance misuse.

- Alcohol is leading to an increase in anti-social behaviour (4) and this has worsened or become more visible since the Covid 19 pandemic began (4); businesses selling alcohol should also be involved in cleaning up afterwards (1)

Businesses who sell booze need help to create systems to help clean up in real time

Since Covid, the alcohol problem has gotten worse, young and old are on the streets drinking all the time.

- There is a lack of intervention for young people and a lack of facilities and places where young people can go (3)
- There is a need for more education about alcohol (2)

Increasing issue amongst younger people who aren't aware of mental and physical damage. Not educated to understand when their drinking becomes a problem rather than a fun, casual activity.

If young people are growing up and not being educated around the risks, consequences of taking drugs or alcohol what hope has society got.

- Alcohol misuse is more serious in DLR than drugs (1)

I would be more concerned about alcohol problems than drug problems in the area

- Alcohol use is rife across all areas of DLR but socioeconomically marginalised areas suffer stigma

Alcohol problems are rampant across all sectors with lower socioeconomic areas being stigmatised and shamed for this.

2. Drug problems in DLR

Respondents were asked to make general comments about drug problems in DLR, 35 people answered this question and made the following comments, the numbers of participants who made each of these comments is given brackets:

- Drug use is a problem in DLR (9) and is causing problems for children, young people, especially those leaving school early, and families (3)

There is a widespread problem with drugs in the DLR area. This situation is getting worse by the day to the point that a young person will kill a young person because of drugs.

- Antisocial behaviour linked to drug use and dealing is an issue in DLR (3)
- There is a lack of adequate resources and should be more funding for services for treatment, including residential services and out of hours and weekend supports (4):

Lack of easily accessible services for both individuals and family members dealing with substance misuse e.g. weekend and out of hours' services

Hidden. Needs more surfacing with more training for those who are witnesses to same and more services capable of reacting to a disclosure.

Lack of understanding around complex needs of those in recovery

- There should be more community services aimed at families (1); more rehabilitative interventions for adults and young people

The only interventions are not of a community rehabilitative measure but a criminal one.

- Drug use, including substance abuse among parents and young people as young as twelve, is causing safety and hidden harm issues for children and young people (2); children and young people are also increasingly involved in drug dealing and in acting as 'runners' (4)

There is a huge issue with cannabis use with young people, age 12 upwards in some instances.

Problem drug use is causing big social and safety issues for youth population

The use of children and young people to sell drugs in DLR is worrying

Huge amount of drug dealing, using young kids as runners, intimidation and so-called community leaders involved, sharing confidential information to drug dealers in the community.

- Drug use is increasingly normalised in DLR (4); cannabis and cocaine are freely available (1)

(The) problem seems to be acceptable publicly.

The normalisation of drug use amongst our target group (ESLs) is very concerning and needs to be addressed in a holistic way.

Drug dealing and drug misuse is so rampant that it is almost normalised.

Drugs use and availability are widespread.

- Drug use is changing and policy needs to catch up with this (1)

It seems that drug use is changing from the traditional focus of DATFs on opiate misuse.

- Drug use is happening all over DLR across socioeconomic divides (5), though socioeconomically marginalised areas are suffering more (1)

In well off areas where casual drug use, cocaine, has become the norm.

Drug use is in every area, but it is the lower socioeconomic areas that suffer the effects more

- Drug debt and drug-related intimidation are causes for concern and lead to more young people engaging in criminality (4)

Drug-related intimidation, is rife at the moment. Drug debts are mounting and creating a young army of young people who aspire to gain status. They are being corrupted and resulting in criminality

- The relationship between drug use and homelessness is a cause for concern (1)

The relationship between drug use and homelessness, both having an effect/impact on each other.

- There is a need for greater collaboration between rehab and mental health services; dual diagnosis (3); too much emphasis on methadone and overprescribing this (1)

Efforts should be made to increase mental health interventions as an alternate to substance misuse

More needs to be done to support those engaged in problematic substance misuse and greater collaboration between rehabilitation and mental health services.

- Stigma of drug addiction is a problem in the DLR area:

The stigma of addiction needs to be looked at universally.

3. Prevention of alcohol and drug problems in DLR

When asked to make general comments about how to prevent drug and alcohol problems in DLR, 41 respondents answered this question and made the following comments, the numbers of participants who made each of these comments is given brackets:

- There is a need for education about the long-term impact of drug and alcohol use (12)

Release stigma amongst society as a whole and education is paramount.

Reaching out to local schools and working collaboratively with them to educate children and young people.

Early basic factual education about substances to reduce taboo nature of the subject.

Creating greater level of understanding and knowledge associated with prolonged and problematic substance misuse across the general population.

School programmes and outreach services for all ages.

- Affordable alternatives and services should be provided for young people, including outreach services, as often young people do not attend services due to stigma (7).

More general activities for teens via youth services...Access to outreach support workers as many will not attend centres do to stigma.

- More services are required, including counselling and outreach; and community-based services (7)

Develop and deliver services / initiatives in the communities where they are most needed.

- More early intervention and preventative services are needed, including work with families, including children and parents (8)

More resources and priority need to be given to preventative measures, including support to families living with active addiction.

More prevention work and outreach provision. Huge need for under 18 services.

Acknowledge the problem first and develop the support programmes to tackle the issues.

Frontline services need to be resourced to do the job they are asked to do.

Early intervention for young people at both, primary and secondary level and through youth clubs etc.

Early intervention and education as they are now starting as young as 10/13.

More work with children and parents, intervening earlier to break the cycle of addiction. To be on the agenda of CYPSC.

The DATF services developed for family support and child welfare in DLR have had a positive effect on trying to address the impact on children.

- Drugs should be legalised (2)

Drugs should be legalised in Ireland much like in Portugal.

- More interagency working, including with schools, and interagency training is required (2)

Interagency training / working. All sending the same message. Maybe one month per year focussing on this issue?

- Policy and infrastructure relating to drug and alcohol misuse should be reviewed, including the juvenile justice system (2)
- There should be more street lights (1); bins (1); amenities for social housing (1)
- More mental health supports should be widely available and free (1)

Mental health is main reason behind all substance abuse and stronger mental health supports should be available easily and freely to all.

- Stigma needs to be addressed (1)
- Garda presence should be increased as a short-term solution (1)
- There should be more advocacy services (1)

More advocacy programmes, prevention and support programmes also and that they be more widely known about.

- There should be resources provided for peer support for adults and young people in recovery (2)

Develop a communal space whereby those with problems and those who have solved their problems can mix. preferably a non-therapeutic environment.

Engaging a think tank with young people, in recovery who have street credit to start the conversation. There is no point in me approaching a group of youths aged 16 asking them about their drug use.

- Fines should be increased and these used to fund treatment:

Large enforced court fines money ring fenced for treatment programmes.

- The advertising watershed should be enforced (1)
- A community-based role to support people experiencing drug-related intimidation should be considered (1).

Providing a position in the community where people from DLR who are impacted by drug debt intimidation can contact to liaise with the Gardaí around this problem.

Section 3: Themes and issues arising

This section discusses the main themes and issues arising from the findings of the Consultation Meetings and written submissions as presented in Section 2.

3.1 Normalisation of drug and alcohol use

The normalisation of drug use, specifically cannabis and cocaine use, and excessive alcohol use was a clear finding of this consultation process. This normalisation has been enabled by the role of the media, particularly social media, which has brought about a glamorisation of alcohol and drugs and also, according to participants, played a practical role in enhancing access of young people to drug supply chains. The COVID 19 pandemic has also resulted in more visible drinking by people of all ages in DLR. This normalisation brings with it questions for DLR DATF to consider in relation to its role in generating debate about this cultural issue, which could include conversations exploring the extent to which people might wish to see normalisation reflected in law, or alternatively tackled with stronger prohibition. There may also be implications for service design and the need to ensure that there are intervention systems for cannabis and cocaine users into the future. As was mentioned during the Consultation Meetings, cannabis use was seen to be having a negative impact on young people's mental health. Similarly, 93.38% of respondents to the online survey either strongly agreed or agreed that cannabis use was having a long-term impact on young people's mental health, with no respondents disagreeing. There is a related need here for drug policy to align more with current realities relating to alcohol and drug use and potentially for a policy debate to happen around this topic. Participants in the consultations articulated the view that Irish policy, and some services designed in response to policy, are behind the curve of change and current trends and need to be more aligned with service users' needs.

3.2 Early intervention and prevention

The importance of early intervention and prevention and the need for early intervention and preventative strategies around drug and alcohol use featured strongly in consultation discussions and in responses to the online survey. These strategies were discussed at length during this consultation process and were wide-ranging. These were spoken about by participants in terms of universal measures, including school-based education and support; universal parenting programmes; universal community-wide campaigns such as the Icelandic Planet Youth initiative; universal public health promotion awareness campaigns; as well as regulatory issues, including the prevalence of advertising and sponsorship; incentivising drink-free events; and tackling the availability of alcohol through raising prices of alcohol and enforcing ID checks to prevent under-age drinking. Further exploration of the role of social media in increasing access of young people to drug supply chains is also recommended. Many of these strategies aim to tackle the cultural issue of the normalisation of drinking and drug use mentioned above. Addiction was acknowledged at several Consultation Meetings as a trauma response and a behavioural response to a lack of attachment. As such, targeted measures were discussed, including tailored family support responses to work with families known to have experienced intergenerational trauma, addiction or poverty and working with parents during pregnancy and infancy stages to promote healthy attachment and bonding. It was also noted that many adults, young people, children and families may require individual one to one work to bring them to a point where they are in a position to engage with universal group work and programmes and that resources should be provided to enable this work to happen. The importance of outreach work with young people who do not attend youth services was emphasised

by participants via the Consultation Meetings and the Online Survey. Participants called for better, more targeted early intervention services, and integration across all levels of service provision whereby needs of vulnerable families could be anticipated and met in a tailored and responsive manner. In this way, a blended approach, consisting of a mix of universal and targeted measures, was favoured as optimum. The consultation process has highlighted the fact that prevention and early intervention are complex, they are not one-off or one-size fits all exercises but rather a series of continuous and comprehensive engagement which needs to be cognisant of the individual(s) engaged and their needs.

The role of the education system and schools was considered to be critical regarding education as a means of early intervention and prevention. Over 90% of responses to the online survey agreed that *all* children making a transition from primary to secondary school should participate, along with their parents, in an education and prevention programme about alcohol and drugs. Consultation discussions called for parental supports and community campaigns to be universal in approach, with targeted supports available where appropriate, especially with regard to families with intergenerational trauma or addiction issues. Respondents to the online survey were also in favour of a universal approach, with over 63% of respondents disagreeing that education and prevention programmes should be targeted mainly at those who are most vulnerable rather than universally for everyone. The times when young people were deemed most vulnerable to peer pressure and would benefit most from intervention and practical information in the form of education and prevention initiatives were identified as on transition to post-primary school in First Year and in Transition Year. Options around continuing delivery of programmes delivered in sixth class to follow students into post-primary schooling and implementing an integrated alcohol/drugs prevention programme for Transition Year were discussed and should be further explored.

3.3 Impact of drug and alcohol misuse on families and communities

Participants in the Consultation Meetings and via Written Submissions spoke of the negative impact of drug use on communities. This negative impact included drug-related debt and intimidation; anti-social behaviour relating to drug and alcohol use and drinking; and the impact of gang violence and drug-related feuding on young people and their families and communities. Participants identified the need for a stronger neighbourhood approach to community-based programme and service development, as it relates to:

- Creating harm reduction strategies and pathways for drug and alcohol users of all ages into evidence-based treatments and interventions, and also improved opportunities for social reintegration (recovery) and strategies to address stigma on persons who have long-term drug problems;
- Protecting family members from the consequences of members' drug use, including practical, legal, social, health and mental health issues, including the issue of the negative impact on families of older, long-term drug users living at home causing disruption for their parents;
- Protecting children from hidden harms arising from family substance misuse, developing stronger awareness and knowledge at all levels of the impact of family substance misuse on children's lives and on their outcomes;
- Protecting young people from involvement in drug use, including via outreach utilising specialised and generalist practitioners;

- Assisting families and communities with issues arising from drug debt and related intimidation and violence;
- Addressing issues of supply, availability, access, and distribution, including distribution via social media, which has been identified as playing a substantial new role in organizing and facilitating access to drugs.

The aforementioned approach should be delivered in an integrated, collaborative way which includes direct involvement from the Gardaí, and ensures close interagency working between addiction and child and family support services. The model being delivered in Ballyogan was praised as an effective community-based response with community buy-in and involvement from schools, Gardaí and child and family services. In terms of future service configuration, as mentioned below, there is a clear need for addiction services to be connected into community settings and family support delivery systems.

3.4 Collaboration, integration and coordination of Services

Issues around the alignment of local services and efforts with mainstream services arose through this consultation process, particularly in relation to issues around dual diagnosis, social reintegration of persons who are on long-term methadone treatment, the impact of stigma and the lack of visibility of primary care in service provision. There is scope for further debate and discussion on these issues and related strategies in partnership with the HSE. There is also potential for communication to be improved in the area, particularly between Patrick Street Clinic, St. John of God mental health services and community-based voluntary treatment providers CAT and DROP, and also for ensuring there is in place a workable, rehabilitation and integration plan for individual drug users. There is a need to connect drug services into community settings and family supports. Further integration between mental health services and addiction services was also called for. Participants expressed their confusion about the use of the phrase 'dual diagnosis' and there was a general consensus that rethinking how to provide addiction services into the future which could be responsive to the holistic needs of the individual, including mental health needs, would be a timely and valuable exercise. As mentioned above, it was also suggested that a senior mental health provider, such as a Clinical Psychologist, sit on the DLRDATF.

Section 4: Conclusion

This consultation process has been a successful and rich exercise that has produced valuable findings and considerable food for thought for future debate and exploration. This report is to be made available on the DATF's website www.dlrdatf.ie and will be used by the DATF in the next phases of preparing its Strategic Plan, 2022-2025.

The extent of participation with the process, via both the Consultation Meetings, written submissions and the Online Survey, from a wide range of stakeholders, including parents, young people, residents, health service providers, statutory agencies working with young people and families, community and voluntary organisations, and addiction and mental health services, contributed significantly to its success and to the breadth of its findings. As outlined in Section 4, among the main themes arising from these consultations has been the normalisation of drug use, especially cocaine and cannabis, and excessive drinking. This cultural issue will have far-reaching consequences for the nature of interventions required into the future and addressing this issue through a mix of universal and targeted prevention and early intervention strategies is advised. The consultations also featured extensive discussions on the negative impact of drug and alcohol use on families and communities, including deterioration of family relationships, drug debt and related violence and intimidation and anti-social behaviour. At times, families can be slow to report issues or request help due to stigma and fears of the criminal justice system. Sensitive and proactive approaches to enact harm reduction strategies and support families and communities with these issues are essential and should be designed and delivered in collaborative interagency ways that incorporate key stakeholders including Gardaí, community groups and child and family support systems in local areas within DLR. Finally, this consultation has highlighted system failures or scope for enhanced integration, both in terms of physically situating addiction services in communities; improving communication between HSE services and community supports; and bringing mental health services together with addiction services so that service users can access supports in ways that address their holistic needs and optimise their recovery experience and social reintegration to their communities.

Appendices

Appendix 1: Invite to the Consultation Meetings

taskforce
DUN LAOGHAIRE RATHDOWN
DRUG AND ALCOHOL TASK FORCE

ONLINE CONSULTATIONS

The Dun Laoghaire Drug and Alcohol Task Force is hosting an open consultation with stakeholder groups and individuals in DLR, on the following topics: Adults, Young People, Prevention, Families and the Community.

To register go to haveyoursay-onlineconsultations-dlrdatf.eventbrite.ie

For further information on the Consultation Process go to: <http://dlrdatf.ie/news/consultation-process/>

ADULTS THURSDAY, APRIL 29 11am-1pm
Adults who have experience of alcohol and drug problems or of treating addiction - Come and tell us what you say about the impact and risks!

YOUNG PEOPLE TUESDAY, MAY 4 6.30-8.30pm
Young people: what is your experience - positive and negative - of alcohol, cannabis and other drugs?

PREVENTION THURSDAY, MAY 6 11am-1pm
Youth workers and others who work in education and prevention: What, in your view, is being prevented? What should be prevented? How?

FAMILIES THURSDAY, MAY 13 11am-1pm
Families and services who support them: What is your experience of the impact of substance misuse on children and families?

COMMUNITY TUESDAY, MAY 25 11am-1pm
To the various communities in DLR, tell us - how can we encourage and support you to have more of a say in the local response to drugs and alcohol?

Have Your Say

Appendix 2: Online Survey

Consent:

Q1 I confirm I am over 18 years and I consent that my answers in this survey can be analysed and collated to produce a survey report that will have no individual identifying information.

Yes/No

Q2 Do you live in or work in Dun Laoghaire Rathdown?

Yes/No

Q3 Please tick one of the following:

- I am a resident of Dun Laoghaire Rathdown
- I own a business in Dun Laoghaire Rathdown
- I am neither a resident nor business owner, but I work in Dun Laoghaire Rathdown

Q4 Community status

- I am a member of a residents' association / community body
- I am involved in a voluntary organisation
- I work for a voluntary organisation
- I work for a school or education/training body
- I work for a state body, such as HSE, Tusla, DLR county council
- Other

Q5 Cannabis use amongst young people (under 18yrs) is more common than alcohol use - Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q6 I have direct knowledge of drug-related feuding between young people (under 18yrs) known to me.

Yes/No

Q7 Drug policy lags behind the reality of drug and alcohol use today and needs updating - Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q8 I know where to seek help in dealing with a drug problem for either myself or someone known to me (through either work or personal contact).

Yes/No

Q9 Young people's cannabis use has long-term impact on their mental health - Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q10 Young people's alcohol use has long-term impact on their mental health - Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q11 I have knowledge of drug-related debt/intimidation within at least one family known to me (through either work or personal contact):

Yes/No

Q12 I would be prepared to make a confidential report of drug-related intimidation—known to me—to a designated Garda if I was assured of protection for both myself and my family:

Yes/No

Q13 I have witnessed (either through my work or personally) anti-social behaviour in the community that was directly associated with drug dealing?

Yes/No

Q14 I believe that since COVID restrictions were introduced there has been a noticeable increase in drug/alcohol related anti-social behaviour in DLR - Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q15 Drug services/counsellors need to be more involved with other health and social care workers. Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q16 Drug services/counsellors need to be available at local community centres or family support services. Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q17 Drug users who are known to access addiction services are unfairly stigmatised in the community. Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q18 I am aware of drugs being bought or sold on social media

Yes/No

Q19 I have concerns about adult drug users who continue to live at home causing disruptions for their parents

Yes/No

Q20 Mental health services need to be more directly involved with treating drug / alcohol misuse. Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q21 ALL children making a transition from primary to secondary school should participate, along with their parents, in an education/prevention programme on alcohol and drugs. Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q22 I prefer that education and prevention programmes be targeted mainly at those who are most vulnerable rather than universally for everyone. Rate the extent to which you agree or disagree:

Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree

Q23 From your perspective, rank 1-4 what you consider to be the most important type of services that need to be supported by the Task Force?

- Services that help adults (18+) deal with their drug and/or alcohol problems
- Services that help parents living with adults who have drug/alcohol problems
- Services that help children/young people living with parents who misuse alcohol/drugs
- Services that help young people (under 18) deal with their drug and/or alcohol problems

Q24 From your perspective rank the most important of the following activities that need to be supported by the Task Force:

- Activities and programmes that undertake universal prevention with children and families
- Activities and early intervention programmes that target vulnerable young people and groups to educate and prevent them from misusing drugs/alcohol
- Activities that support research into local needs and issues and developing policy
- Activities that support the training of front line personnel and others in responding more effectively around drugs and alcohol problems
- Activities that support the use of social media and other outlets in order to prevent or reduce drug and alcohol problems.

Q25 Please use this space to make a general comment about drug problems in DLR (no more than 35 words/200 characters)

Q26 Please use this space to make a general comment about alcohol problems in DLR (no more than 35 words / 200 characters)

Q27 Please use this space to make a general comment about how to prevent drug and alcohol problems in DLR (No more than 35 words / 200 characters)

Q28 Are you interested in being consulted further?

Yes/ No

Q29 If yes for Q28 please provide your email contact details:

Q30 Are you interested in becoming a member of the DLR Drug and Alcohol Task Force or one of its partner groups or sub-groups?

Yes/ No

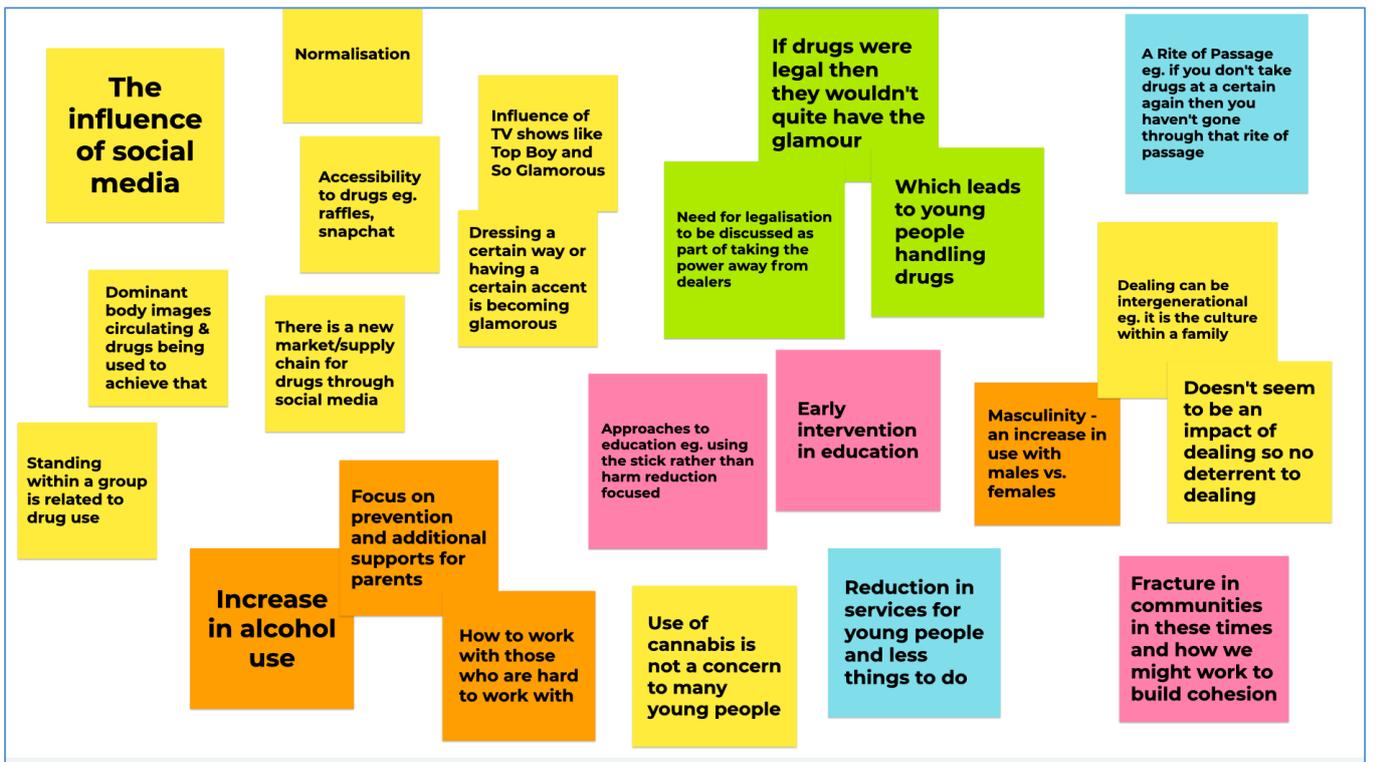
Q31 If yes for Q30 please provide your contact details:

Appendix 3: Jam Boards for Consultation Meetings

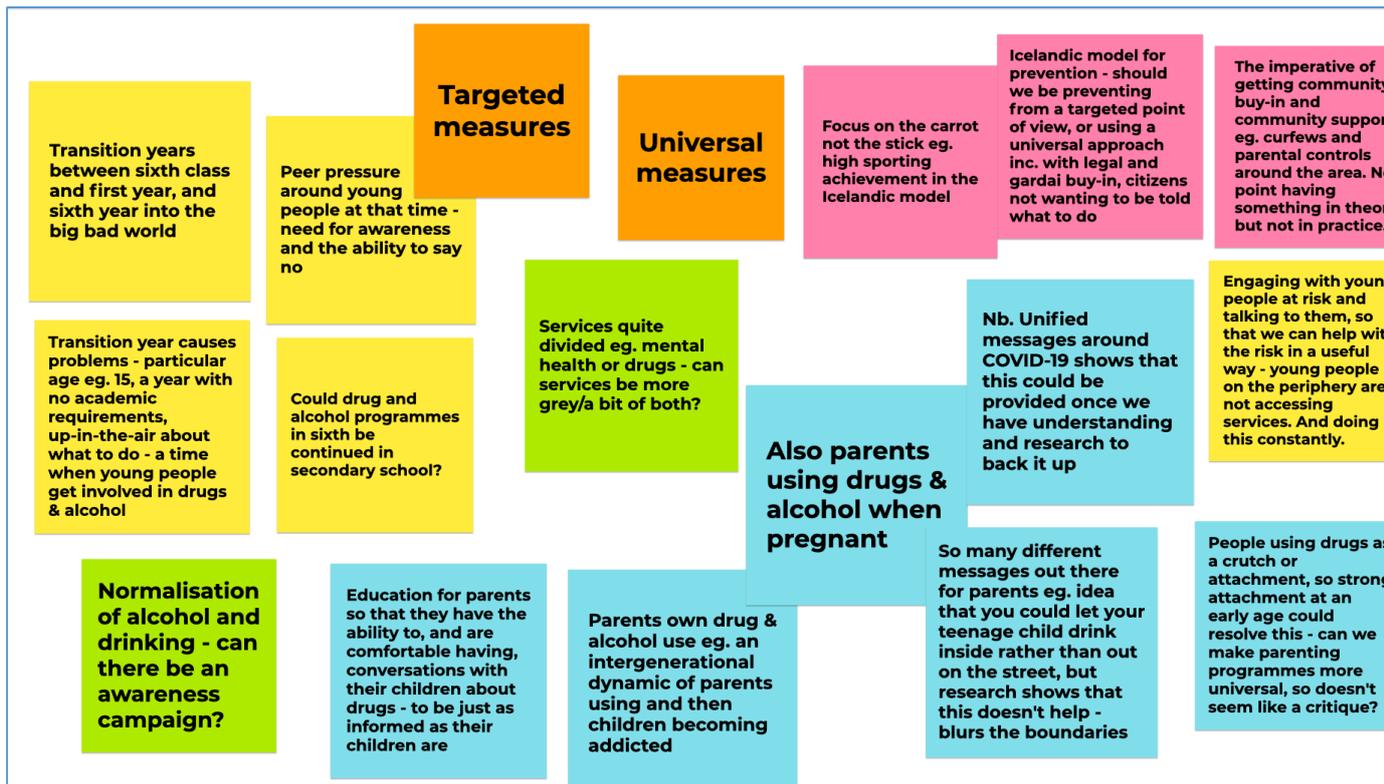
3.1 Consultation Meeting 1: Adult Substance Misuse



3.2 Consultation Meeting 2: Alcohol and drugs: Young people’s voices



3.3 Consultation Meeting 3: Substance misuse prevention and education



3.4 Consultation Meeting 4: Services for children, young people and families affected by substance misuse



3.5 Consultation Meeting 5: Substance misuse and wider social and community issues

