



Output from Consultation Meeting with Homeless Services

VENUE	DUBLIN
DATE	0 JULY 2008

NOTE

Mr. John Curran, T.D., Minister for State with responsibility for the National Drugs Strategy, and the Steering Group established to develop proposals for a new strategy, invited staff from homeless services and addiction services which are accessed by homeless people to a consultation meeting as part of the development of the new National Drugs Strategy 2009-2016. The meeting was coordinated by the Homeless Agency.

The aim of the consultation meeting was to consider the following questions:

- What are your concerns in relation to drug use amongst people who are experiencing homelessness?
- What aspects of the work of the National Drugs Strategy are working well?
- Are there gaps in the way that the National Drugs Strategy is addressing the drugs problem amongst the homeless population?
- What are the priorities for people who are homeless for the future in relation to the revised strategy?

This note provides a summary of the outputs from the consultation meeting with representatives from homeless services in Dublin on **1 July 2008**.

The following points are worth noting in the context of the consultation outputs:

- The views highlighted in this note are those of the stakeholders that attended the consultation meeting and, unless otherwise stated, should not be considered outputs of analysis conducted by either the Department of Community, Rural and Gaeltacht Affairs or PA Consulting Group;
- It was not possible to present verbatim each individual view or comment made during the consultation process. This overview aims to include the issues and concerns that were common to many attendees. Furthermore, this note does not suggest there was consensus amongst those in attendance on the points listed in the following sections.



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WHAT ARE YOUR CONCERNS IN RELATION TO DRUG USE AMONGST PEOPLE WHO ARE EXPERIENCING HOMELESSNESS?

The following concerns were raised by attendees of the public consultation meeting. Concerns are listed below in no particular order.

KEY NOTES FROM THE GROUP

- Difficulty for stable drug users to access social housing.
- Quality of the drugs is getting poorer increasing the damaging effects on users.
- Increase in consumption of a mix of alcohol and illicit drugs – high degree of alcohol dependency among drug users.
- Dual diagnosis is treated differently in Ireland with a more cohesive approach elsewhere.
- Lack of out-of-hours services especially at weekends.
- No safe places to use drugs with people injecting in public places.
- Anti-social behaviour caused by drug use.
- Limited move-on options and a lack of detox beds – lack of appropriate accommodation increases risk of repeat use of drugs after treatment.
- People coming out of prison released into homelessness which exacerbates their drug problem.
- Peer group effect in emergency accommodation which can cause people to become involved in drugs – lack of drug-free emergency accommodation.
- People can't access addiction services until they have secured an emergency bed and some emergency accommodation cannot provide appropriate support in this regard.
- Concern at extent of addiction to methadone and the lack of alternatives to methadone-based treatment – support interventions for methadone withdrawal are required.
- Need for more structured approach to helping people leaving prison.
- High threshold services are inaccessible with the drug-free requirement to access certain housing and support services a major barrier to progression.
- Need for training for frontline professional staff – particular issue around staff training on harm reduction.



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- Need for family support for homeless drug users with children.
- Isolation experienced by families with drug problems living in bed and breakfast accommodation.
- Problems caused by institutional discharges from prison, hospitals, etc.
- Education and day programmes for active drug users.
- Poor regional distribution of services.
- Homeless action teams in the South East and Southern homeless groups have allowed for sharing of knowledge and information in relation to drug users among the homeless population.

WHAT ASPECTS OF THE WORK OF THE NATIONAL DRUGS STRATEGY ARE WORKING WELL?

The following points were raised by attendees of the consultation meeting as examples of what is working and what is effective in dealing with the drugs problem. Points are listed in no particular order.

KEY NOTES FROM THE GROUP

- Outreach services work well in Dublin but there are not enough throughout the country.
- Harm reduction responses have been developed and are working well (e.g. Dublin Simon needle exchange) but more provision needed.
- Local and Regional Drugs Task Forces have been developed throughout the country with great success.
- Establishment of Community Drugs Teams has led to greater localisation of services.
- Family support programmes are having a good impact.
- A continuum of care approach, informed by good cooperation between services, is allowing an effective case management approach to be delivered.
- Aftercare services (e.g. Peter McVerry Trust, Coolmine) are effective.
- The growing use of holistic therapies as an option to help treat drug users.
- Community detox protocols in North Inner City Community Drugs Task Force to be supported and highlighted to other Drugs Task Force Areas.



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- Community Employment schemes focusing on lifeskills development and pathways to employment.
- The Safetynet initiative which is bringing health and addiction services directly to people experiencing homelessness, is working well.
- Keltoi and Soilse HSE initiatives are effective.
- General improvements as result of last drugs strategy and Homeless Agency action plan.
- Increased awareness in services and sharing of information between services.
- Training and professionalism of staff working in drugs projects a major asset.
- Implementation of Community detox protocols.
- Expansion of drug treatment programmes.
- Reduction in blood borne viruses as a result of drug use.

ARE THERE GAPS IN THE WAY THAT THE NATIONAL DRUGS STRATEGY IS ADDRESSING THE DRUGS PROBLEM AMONGST PEOPLE WHO ARE HOMELESS?

The following gaps were identified by attendees of the consultation meeting. Gaps are noted in no particular order.

KEY NOTES FROM THE GROUP

- Lack of detox services.
- Lack of rehab services.
- Need for research into the link between drug use and homelessness.
- Lack of trained staff in local authorities means they can only address an individual's accommodation needs and not adopt an integrated approach.
- Gaps in addressing needs of dual diagnosed individuals (especially with mental health and drugs issues) – multiple issues need a multi-disciplined approach – need dual diagnosis workers to link with mental health and drugs services – also need better coordination of mental health and addiction services.
- Need more effective drug prevention measures.
- Holistic needs assessment for people experiencing homelessness that have drug issues.



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- The Department of Environment, Heritage and Local Government and HSE need to synchronise their plans, priorities and budgets more.
- Gap in the link between domestic violence and access to drug services.
- Lack of awareness of extent of drug problem among homeless women.
- Lack of targeted interventions to address drug issues among the traveller community.
- Gap in existing strategy in terms of focusing on drug issues outside of Dublin.
- Gap in local responses – over-reliance on city centre services – need targeted accommodation outside the city.
- Need more focus on hard-to-reach groups (e.g. rough sleepers with mental health problems, chaotic drug users who are homeless, traveller community, people from accession states subject to HRC)
- Lack of childcare for women who want to access drugs services.
- Significant variations in staffing levels across different services.
- Lack of transitional accommodation for people post-treatment.
- Mechanism to allow drug users to feed into the development of appropriate responses.
- Lack of implementation of research recommendations.
- Lack of doctors that can prescribe methadone.
- Lack of services for tackling cocaine use, e.g. respite, CBT.
- Lack of support for minors who are homeless and have problems with drugs.
- Lack of day services for people living in emergency accommodation.
- Delay in implementation of primary care teams – need to get them up and running.
- Length of time waiting to get onto methadone programmes.
- Lack of protocol around controlled substances, i.e. keeping methadone within emergency services.
- A specific strategy is needed for homeless drug users.



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WHAT ARE THE PRIORITIES FOR PEOPLE WHO ARE HOMELESS FOR THE FUTURE IN RELATION TO THE REVISED STRATEGY?

The following priorities were identified by attendees of the consultation meeting. Priorities are noted in no particular order.

KEY NOTES FROM THE GROUP

- The new strategy should be a substance misuse strategy that includes a focus on polydrug use, alcohol abuse, use of benzo and other prescription drugs.
- Bring into operating all currently unused facilities that are awaiting revenue funding.
- Services should reflect a continuum of care and offer clear progression routes, with a combination of low, medium and high threshold approaches.
- An integrated approach that includes sustainable housing with rehab, detox and treatment options.
- The National Drugs Strategy must reflect the priorities throughout the country, not only those in Dublin.
- Local provision of services and community-based approaches work best, removing the need for people to travel to Dublin city centre to access services – this only exacerbates their problems.
- Interventions targeting children of drug users - focusing on parenting skills, childcare, prevention.
- The introduction of consumption rooms for drug users is worthy of further investigation.
- Participation in the drug court mechanism should be mandatory not voluntary for drug users.
- Implementation of a national holistic needs assessment process.
- Quality standards for operation of services and investment in ongoing training, support and supervision for staff.
- Dublin City Council need to play a more active part in housing people with drugs issues – history of a client has to be wiped at some point to enable him/her to move on.
- Funding for detox beds.



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- Investment in post treatment care.
- More funding required for care and case management.
- Mechanisms to share information, experiences and models of good practice across services nationwide.
- Coordinated funding mechanism that provides both capital and revenue funding for services dealing with people experiencing homelessness with drug issues – one funding allocation model for drug service provision.
- Education for parents and children to prevent drug use.
- Implementation of the rehabilitation pillar.
- Target young and at-risk people in the community – services needed for 16-18 year olds and arrangements put in place for when they turn 18.
- Greater powers to be given to the Minister.
- Expansion of care and case management approaches.