

LORD MAYOR'S COMMISSION ON CRIME AND POLICING

A Submission From



October 15th 2004

Introduction

Merchants Quay Ireland provides a wide range of services for homeless persons and drug users in partnership with Dublin City Council, the Health Boards, the Homeless Agency and other statutory services. Our services range from direct access drop-in services aimed at meeting basic health and nutritional needs of homeless persons and drug users through to a range of drug and alcohol treatment and settlement services aimed at assisting people to become drug free and to reintegrate into the community. We work with around 4,000 homeless persons and drug users at our various centers every year.

We welcome the decision by the Lord Mayor of Dublin Cllr. Michael Conaghan to establish a Commission on Crime and Policing in Dublin and in this submission we outline a number of practical steps that can be taken to reduce and minimise the high levels of anti-social behaviour, public nuisance and street crime that are associated with Dublin's major drugs problem.

The Dublin Drugs Crisis

The most recent research, conducted 2001 on the prevalence of opiate use in Ireland indicated that there were 12,442 opiate users in Dublin (O'Kelly et al 2003). Opiate use is strongly associated with social exclusion manifested by early school leaving and high unemployment. It is impossible to know how many drug users are involved in anti-social behaviour or criminal activity other than their illicit drug use, but research published by an Garda Síochána indicate that 5,341 opiate users were "known" to the Gardai in the period 2000/2001 (Garda Research Unit 2003). There are in the region of 4,000 homeless people in Dublin and significant numbers of these suffer problems relating to drug and alcohol use. Without doubt we can say that in urban areas characterised by high levels of deprivation, residents have major concerns about the impact that drugs, alcohol, homelessness and related anti social behaviour have exerted on quality of life.

In this submission we argue that the most effective action the City Council can take to address the problem of drug related anti social behaviour involves working in partnership with the Gardai, the Health Board, Local Communities and the Voluntary Sector to further develop interventions that can reduce the impact of these problems. Such interventions include:

- An increase in treatment and settlement options available to drug users and homeless people
- The development of safe injecting facilities to address the issue of public drug use.
- The development of criminal justice initiatives such as arrest referral schemes, increased use of the drugs courts and rehabilitation of offenders
- Addressing Anti Social Behaviour on Housing Estates
- Community policing initiatives

More Treatment Means Less Crime

The Central Methadone Treatment List shows that between 1996 and 2004 the numbers of persons involved in methadone treatment programmes has increased from 1,861 to 7,190.

The report by the Garda Research Unit (2003) on opiate use and related criminal activity showed a decrease in detected crime attributable to drug users of 38% compared to a similar report produced in 1997. In the 2003 study 75% of respondents reported an association between receipt of treatment and a decrease in criminal activity. The vast majority of these (77%) reported doing "a lot" less crime.

Evidence for the effectiveness of drug treatment in reducing criminal behaviour comes from a range of other sources including the British "National Treatment Outcomes Research Study" (NTORS, 2001) which showed that after one years involvement in treatment rates of acquisitive crime had approximately halved and this was maintained at the 2 year and 4 to 5 year follow ups. They reported

that many of the greatest reductions in criminal activity occurred amongst the most active offenders. They went on to estimate that for every extra £1 spent on treatment there is a return of more than £3 in terms of cost savings to victims and the criminal justice system.

Safe Injecting Facilities Reduce Public Drug Use and Public Drug Risk

Safe injecting facilities or “consumption rooms” are professionally supervised health care facilities where drug users can use drugs in safe, hygienic conditions. They usually operate from separate areas located in existing facilities for drug users or the homeless.

Consumption rooms are official services, supervised by social workers, nurses, doctors or other staff trained in emergency aid and social assistance to drug users. They are distinct from illegal 'shooting galleries'. The overall rationale for consumption rooms is to reach and address the problems of specific, high-risk populations of drug users, especially injectors and those who use drugs in public. These groups have important health care needs, which are often not met by other services, and pose problems for local communities that have not been solved through other responses by drug services, social services or law enforcement.

The specific objectives of safe injecting facilities are to:

- * establish contact with difficult to reach populations of drug users
- * provide a safe and hygienic environment for drug consumption, in particular, injecting drug use
- * reduce mortality and morbidity associated with drug use
- * promote access to other social, health and drug treatment services;
- * reduce public drug use and associated nuisance.

In Europe there are 72 safe injecting facilities located in 39 cities in four countries namely, Switzerland, the Netherlands, Germany and Spain.

General admission criteria are that clients are regular or dependent users of heroin or cocaine and over 18 years old. Occasional or first-time users are excluded. House rules prohibit drug dealing and specify basic hygiene requirements and safety procedures.

In this submission we are primarily interested in the effectiveness of consumption rooms in reducing public nuisance associated with drug use.

In this regard a new European report on drug consumption rooms (EMCDDA 2004) concludes that:

- Consumption rooms can reduce the level of drug use in public.
- The location of consumption rooms must be compatible with the needs of drug users while also taking account of the needs and expectations of local residents.
- A reduction in public drug use contributes to improvements in the neighbourhood by helping to reduce public nuisance associated with open drug scenes. However, such facilities are not able to solve wider nuisance problems that result from open drugs markets.
- For rooms to contribute to reducing public nuisance there needs to be sufficient consultation with local residents and police, so that action to discourage open drug scenes does not merely move the problem elsewhere.
- There is no evidence that the operation of consumption rooms leads to more acquisitive crime.

The report also concluded that

- Consumption rooms help reduce drug related harm for without increasing the levels of drug use or risky patterns of consumption.
- Where coverage is sufficient and access and opening hours are appropriate, consumption rooms contribute to reducing drug-related deaths at a city level.
- Consumption rooms increase access to drug services and health and social care
- Consumption rooms offer a pathway to further services, including drug treatment.

The consumption of alcohol in public is also associated with anti-social behaviour. The Homeless Agency has addressed this in part by funding “wet” night shelters where homeless people can drink alcohol on the premises thus reducing harm to themselves and reducing rough sleeping in turn. Street drinking is also an issue during day time hours and consideration should be given to the establishment of wet day centres for homeless people with alcohol problems.

Criminal Justice Initiatives can Promote Drug Treatment and Rehabilitation

Arrest Referral Schemes provide an opportunity to identify drug using offenders and put them in touch with drug treatment agencies to help them reduce their drug use and related offending behaviour. These schemes are widely used in England and Wales. Arrest Referral workers are independent of the police but often work in police stations in the “custody suites” offering arrested drug users harm reduction advice, rapid access into services, such as an initial appointment at a treatment service, a place on a detoxification programme for clients with priority needs or a place on a residential programme for suitable and motivated clients.

Given the high proportion of Irish drug users coming into contact with the Gardai the introduction of such a scheme in Ireland would be very welcome and would undoubtedly impact on the rates of drug related crime in Dublin.

Drugs Courts: Following their successful implementation in the U.S. and elsewhere an Irish Drug Court was established on a pilot basis in 2001. A Drug Court is defined as “*Treatment Orientated Court where the judge dispenses justice with the help of an integrated team of professionals who provide treatment to the defendant*” (5th Report of Working Group on a courts Commission on Drug Courts)

The aim of the court is to reduce crime through the rehabilitation of the offender but not excluding punishment should the circumstances warrant it. The pilot scheme was evaluated by Farrel Grant Sparks in 2002 who concluded that the scheme should be expanded and that early indications were that the drugs court “is effecting a reduction in the rate of re-offending and illicit drug use and is successfully channelling participants into education and employment opportunities.

There has not yet been the expansion in this service as was recommended and this now needs to happen.

Rehabilitation of Offenders Act (ROA) The ROA was introduced in the UK in 1974 to help restore the reputation of a person who has been convicted of an offence but has since stayed on the right side of the law.

It specifies the period of time that an offender is required to disclose previous convictions, including when applying for a job. For example, if someone is sentenced to 30 months or less in prison, they will be required to disclose their conviction for a period up to 10 years from the date of their sentence. After 10 years the conviction will become 'spent' and would no longer need to be disclosed.

It is almost universally accepted that the best outcome for drug users engaged in crime anti social behaviour is their rehabilitation and reintegration into the community. This rehabilitation is hampered by the lack of any Rehabilitation of Offenders Act in Ireland. Such an Act would provide ways to ensure that the burden of the requirement to disclose a previous conviction is minimised for the very many ex-offenders who simply want the chance of lawful employment, while maintaining a requirement to disclose where there may be a particular risk of harm. The British Home Office estimates that Employment can reduce re-offending by between a third and a half. But a criminal record can seriously diminish employment opportunities

Housing Policy Must Address Rather Than Displace Anti Social Behaviour

In Ireland Anti-social behaviour is defined as including the manufacture, production, sale, supply etc. of drugs and/or any behaviour which may cause significant or persistent danger, injury, damage, loss or fear to people living in the vicinity including violence, threats, intimidation or harassment (Housing (Miscellaneous Provisions) Act 1997). Numerous research studies in the U.K have shown that anti-social behaviour reflects wider problems of social exclusion and deprivation such as, poverty (Haworth and Manzi, 1999) and drug use (Scott and Parkey,1998).

In Ireland, the Housing (Miscellaneous Provisions) Act, 1997, designed to deal with drug related anti-social behaviour, has meant a tightening of the legal sanctions for such behaviour rather than focusing on the wider social context in which it occurs.

The use of legal remedies to deal with drug related anti-social behaviour can be criticised as being highly reactive to complaints rather than developing and implementing appropriate preventative and management measures. While the 1997 Housing (Miscellaneous Provisions) Act has for some local authorities proved to be an effective tool in estate management, it has contributed to the further marginalisation of those already excluded from society (Memery and Kerrins, 2000). Extended powers of the local authority to refuse to let, to sell and to deny rent allowance to those evicted for anti-social behaviour has contributed to the levels of homelessness and related anti social behaviour in Dublin City Centre.

Traditionally, the role of the local authorities was to provide a 'safety net' for those in greatest need. Today, this housing tenure has now become one within which housing applications are highly dependent on the discretion of local authority housing officers. This has meant a shift in housing management practice as they are now in a position to decide between 'deserving' and 'non-deserving' applicants. The drug using status of an individual can hinder and even prevent their successful housing application with a local authority. The threat of drug specific anti-social behaviour can result in a community resisting any policy which seems likely to locate such problems in their neighbourhood. Moreover, the discretionary provisions included within the current legislation can further increase the likelihood of homelessness for individuals who have previously received sanctions for drug related anti-social behaviour. In this regard, it is necessary that housing managers do not displace the problem of anti-social behaviour from one housing estate to another but instead implement strategies to tackle such behaviour which are in accordance with the nature and extent of the problem.

We recommended that the management of drug related anti-social behaviour could be best developed at a local level by establishing multi-agency partnerships between housing service providers and drug services. Moreover, the implementation of examples of best practice by local authorities to deal with such anti-social behaviour can ultimately protect the fundamental rights of the drug user and at the same time safeguard the community at large. In doing so, this will ensure that measures which are 'tough on drugs' do not as a result become "tough on drug users".

Community Policing Restores Confidence In Gardai and Helps Reduce Crime

The rapid increase in heroin use in the early 1980s was evidenced by the health issues involved and also by the personal costs, family disruption, crime and social division associated with widespread heroin addiction. Drug related criminal activity became a prominent feature in many estates, contributing to conflict between residents and the police. The problems associated with drug use are compounded by social exclusion and high unemployment levels. Relationships with and trust in the police is often quite low with many allegations of police misconduct gaining currency:

“Accounts of serious police misconduct circulate widely within marginalised communities. These claims centre on allegations of minor or moderate physical mistreatment particularly in relation to police treatment of young males.....the prevalence of these claims is indisputable and many of them appear to be accepted as fact by members of those communities. This perception of police misconduct has clear implications for police-community relations” (Mulcahy and O’Mahoney 2004)

The feeling that the state and police didn’t care led to people such as Concerned Parents Against Drugs and similar groups to take matters into their own hands through direct community action against suspected drug dealers. This included surveillance and public marches on the homes of alleged drug-dealers, forced evictions, and, in some instances, violence.

In recent years there has been a welcome move towards the development of community policing initiatives and the establishment of policing forums. A recent study on policing and social marginalisation in Ireland (Mulcahy and O’Mahoney 2004) recommends that more resources for these consultative mechanisms is crucial, that codes of practice be established to facilitate the effective and efficient operation of these committees and that adequate and appropriate training be provided for those involved in these committees.

The authors also recommend that consideration be given to the establishment of consultative mechanisms that specifically focus on communities whose relations with the police have historically been conflictual. This would obviously include the community of homeless persons and drug users whose relationship with Gardai is generally characterised by mutual mistrust and suspicion.

Improving consultation is one important aspect of improved policing. It is important that police take on community priorities in planning their local strategies and that they continue to develop partnerships with other local players including the city council, drugs and homeless service providers, the health services and so on.

One striking example of a successful community policing initiative has taken place in Lambeth in south London. Lambeth was once described by HM Inspectorate as ‘the most challenging policing environment in the UK and possibly Europe’. But in just over 12 months the borough has been transformed into what the Home Office Policing Standards Unit recognises as the best performing borough operational command unit in the UK. Lambeth has achieved a 36 per cent reduction in street crime, from April 2002 through to February 2003. They also reported a reduction in burglary (18.4%), car crime (12.4%) and violent crime (9.8%).

This was done through effective community consultation, a significant increase in the numbers of police in the town centre areas, by targeting prominent drug dealers and criminals and through effective partnerships between Police, Lambeth Council, local health services and other agencies. They have also established clean-up teams to regularly remove needles, condoms and other hazardous items. One interesting aspect of the pilot was the effective decriminalization of cannabis use and the diversion of police resources to tackle the problems associated with heroin and crack cocaine.

Conclusion

It is our hope that this submission demonstrates that the best approach to tackling drug related crime and anti-social behaviour is through adopting multi-agency approaches that provide effective pathways to drug treatment. The social context in which crime occurs must also be addressed through partnership and the Gardai have an important role to play in ensuring that police action is effective in dealing with the kind of anti social behaviour that has devastated urban communities without further marginalizing the poorest communities in this city.

References

EMCDDA (2004), European Report on Drug Consumption Rooms, Luxembourg: Office for Official Publications of the European Communities.

http://www.emcdda.eu.int/responses/themes/consumption_rooms.cfm

Farrel Grant Sparks Consulting & Farrell M. (2002) Final Evaluation of the Pilot Drug Court. Courts Service. Dublin.

Furey, M. and Browne C. (2003) Opiate use and related criminal activity in the Republic of Ireland 2000 & 2001.

Haworth, A. and T. Manzi (1999) "Managing the 'underclass': Interpreting the Moral Discourse of Housing Management" in *Urban Studies* 36:1 153-165.

Home Office (2002) Breaking the Circle - A Report of the Review of the Rehabilitation of Offenders Act. Stationary Office. London

Lawless, M. and Cox, G. (2003) *Managing Urban Tensions: An Integrated Approach to Drug-Related Anti-Social Behaviour in Dublin* in Lawless, L & Corr, C (2004) Pieces of the Jigsaw: 6 Papers Addressing Homelessness and Drug Use in Ireland: Merchants Quay Ireland, Dublin.

Memery, C. and L. Kerrins (2000) *Estate Management and Anti-Social Behaviour in Dublin: A Study of the Impact of the Housing (Miscellaneous Provisions) Act 1997*. A Threshold Publication. Dublin.

Mulcahy A & O'Mahoney E (2004) Policing and Social Marginalisation in Ireland. Combat Poverty Agency Dublin.

Scott, S. and H. Parkey (1998) "Myths and Reality: Anti-Social Behaviour in Scotland" in *Housing Studies* 13:3 325-345.