



**Peter
McVerry
Trust**

Submission to the Citizens' Assembly on Drugs Use

30th June 2023



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Peter McVerry Trust

Vision

An Ireland that supports all those on the margins and upholds their rights to full inclusion in society.

Mission

Peter McVerry Trust is committed to reducing homelessness, the harm caused by substance misuse and social disadvantage. Peter McVerry Trust provides low-threshold entry services, primarily to younger people and vulnerable adults with complex needs, and offers pathways out of homelessness based on the principles of the Housing First model.

Peter McVerry Trust Range of Services

Peter McVerry Trust (PMVT) provides a range of services based on the principles of respect and dignity. In providing these services, PMVT endeavours to align its model of support to international best practice and to ensure that it does not fall out of line with current developments in the regional and national housing and homeless sectors.

- Residential and Day Addiction and Treatment Services and Drug Free Aftercare Services
- Under 18s Residential, Residential Aftercare Services and Education Centres
- Housing, High Support Housing and Housing First Services
- Emergency Accommodation Services for adults and families

In 2022 Peter McVerry Trust supported 12,000 individuals accessing its services with over 3,489 individuals accessing a continuum of services related to drug treatment, stabilisation, detox, recovery and aftercare as well as early intervention and prevention services. These services are outlined below.

PMVT Addiction and Treatment Services

Peter McVerry Trust provide a range of addiction and treatment services that have developed in response to the identified needs of its participant group. Services are available across a continuum of care model from harm reduction and early recovery, day stabilisation services, residential stabilisation, residential detox and cessation, residential treatment and aftercare and residential drug free housing. As per all Peter McVerry Trust services, addiction and treatment services operate on a model of inclusion and the provision of treatment and recovery supports to those presenting with complex needs.

PMVT Residential Community Detox Service

The PMVT Residential Community Detox service caters for individuals who are going through detoxification from methadone and those wishing to cease their use of cannabis, cocaine or alcohol. A pre-admission referral and case management system is in operation and post-placement progression is supported by a key working system and established pathways to recognised day and residential treatment providers. This service operates with full clinical governance from the HSE.

PMVT Residential Community Treatment Service

The PMVT Residential Community Treatment service provides residential recovery and treatment to participants as they complete their detox / cessation programme. Referrals are also accepted from the community. The service is based on the Seeking Safety model of treatment; a therapeutic model designed for individuals with an identified need in respects of trauma, substance misuse and PTSD. The Seeking Safety model is based on five key principles; safety as the priority of treatment, integrated treatment, a focus on ideals, content areas include cognitive, behavioural, interpersonal and case management and attention to the clinician process. The Seeking Safety model is an evidence-based model and is the only model that supports co-occurring PTSD and substance abuse and is strongly supported by research.

The model is motivated towards avoiding re-traumatisation and equipping individuals with safe coping skills to manage everyday life.

PMVT Residential Drug-free Aftercare Service

The Residential Drug-free Aftercare Service aims to provide a safe, stable and healthy environment to support participants in preparing for a drug-free life. The service bridges the gap for individuals undergoing the difficult transition from treatment towards a sustainable drug free lifestyle. The service provides accommodation for up to 65 individuals across the Dublin region who would otherwise access emergency accommodation settings where their recovery would be difficult to maintain.

PMVT Stabilisation and Recovery Services (Day Service)

Peter McVerry Trust Addiction Day services provide low threshold, open access addiction services to those seeking to stabilise problematic substance and/or alcohol use. These services provide safe and stable environments for young people over 18 years of age wishing to stabilise problematic drug and alcohol use. Participants engage in psycho-educational and process groups to enhance drug and health awareness against a backdrop of ongoing peer and one-to-one support. All services are low threshold and supports are provided in a context of harm reduction, trauma informed interventions. The services work closely with community supports including prescribing clinicians, referral agents and other specialist services. The services incorporate an outreach and in-reach element, whereby addiction supports are made available in a rapid and responsive manner to those in the community who are presenting as at risk due to crises or vulnerability.

- PMVT Addiction Day Service – Berkeley St
- PMVT Addiction Day Service – ARAS
- PMVT Alcohol Service – Ait Linn

PMVT Residential Stabilisation and Recovery Services

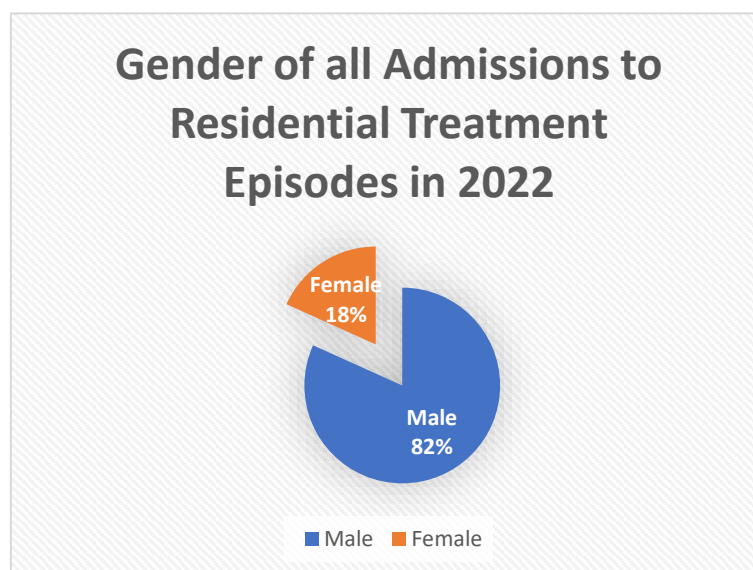
These two services provide a safe and stable environment in a residential setting for young people over 18 years of age wishing to stabilise problematic drug use. A pre-admission referral and case management system is in operation and post-placement progression is supported by a key working system and established pathways to recognised day and residential treatment providers. Participants engage in psycho-educational and process groups to enhance drug and health awareness against a backdrop of ongoing peer and one-to-one support. This service operates with full clinical governance from the HSE and referrals to this service are directly from the HSE.

Peter McVerry Trust Addiction Services – Overview of Activity and Outcomes 2022

In 2022 Peter McVerry Trust worked with over 12,000 individuals across its' range of service provision. 3,498 of these were individuals supported through PMVT addiction and prevention services.

PMVT: Prevention Services, Addiction Services and U18s Services	All Participants Worked with Jan-Dec 2022	Participants supported in Residential Placements in Jan-Dec 2022	Residential Service Bed Operating Capacity as of 31 st Dec 2022
PMVT Open Access/Streets to Home	2,002	N/A	N/A
PMVT Day Stabilisation Services	1,297	N/A	N/A
PMVT Residential Community Detox and Treatment	95	95	14
PMVT Residential Stabilization Services	104	104	19
Totals	3,498	199	35

82% of those admitted for a residential treatment episode were male.



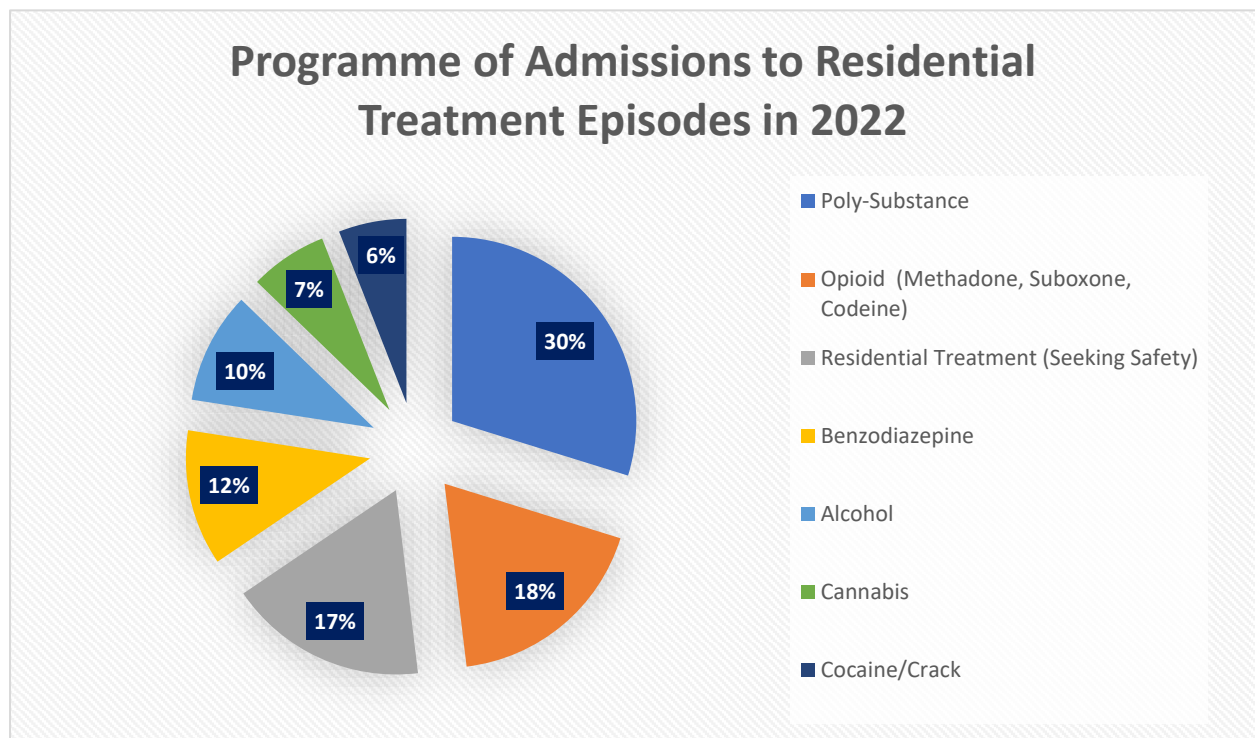
Average Age on Admission	Female	Male
Average of Participant Age	40	40

Treatment Episode Outcomes

Peter McVerry Trust Residential Addiction Services had an overall treatment episode completion rate of 76% in 2022.

Residential Addiction – Primary Programmes Accessed

Admissions for treatment with primary substance of use is detailed below



The majority of those accessing residential addiction services with Peter McVerry Trust required support to stabilise from poly-substance use. Poly-substance use would indicate use of two or more substances such as Benzodiazepine (prescribed and non-prescribed) with other illicit substances such as cocaine/crack, heroin or with substances such as alcohol or prescribed maintenance regimes such as opiate substitution therapies.

PMVT Stakeholder Engagement – Citizens' Assembly on Drugs Use

In preparation for the submission to the Citizens' Assembly on Drugs Use, Peter McVerry Trust carried out a round of stakeholder engagement and consultation with a focus on engaging with those within the organisation:

1. at a senior management level with those with responsibility for the development and delivery of services to meet the needs of those accessing Peter McVerry Trust for support with problematic substance use including drug and alcohol addiction,
2. with those participants accessing Peter McVerry Trust addiction and treatment services and
3. with Peer Support workers currently employed by Peter McVerry Trust working with those most vulnerable in PMVT Housing First services.

The areas addressed through this consultation process focused on the following areas outlined within the Citizens' Assembly Terms of Reference:

- the drivers, prevalence, attitudes and trends in relation to drugs use in Irish society;
- the harmful impacts of drugs use on individuals, families, communities and wider society;
- best practice in promoting and supporting rehabilitation and recovery from drug addiction;
- the lived experience of young people and adults affected by drugs use, as well as their families and communities;
- international, European Union, national and local perspectives on drugs use;
- the efficacy of current strategic, policy and operational responses to drugs use;
- international best practice and practical case studies in relation to reducing supply, demand and harm, and increasing resilience, health and well-being; and
- the opportunities and challenges, in an Irish context, of reforming legislation, strategy, policy and operational responses to drugs use, taking into consideration the implications for the health, criminal justice and education systems.

PMVT Position on Key Areas

After 40 years of working on the frontline it is more than apparent to Peter McVerry Trust that the State's continued approach to drug use as a primarily criminal justice issue is wrong, ineffective and fails individuals, communities and wider society.

It is imperative that an outcome of the Citizens' Assembly is a strong recommendation that this issue is viewed as health matter first and foremost, and that there is a move to decriminalise drugs for personal use.

While we appreciate that there is both fear and negativity associated with drug use it would be useful for all members of the Citizen's Assembly to ask themselves what would they do;

If you found your son or daughter, brother or sister, partner or best friend using drugs would you call the Gardai or support that person to get access to the help and treatment they need?

It is imperative that this discussion on Drugs Use recognises the dignity of the individuals impacted. It should acknowledge the role that trauma plays in drug use, and how, as a prevention tool, the improvement in availability and accessibility of trauma supports from childhood through to adulthood can play a much greater role in this space.

Criminalisation

The cost of drugs responses through the criminal justice system is that it has come at a cost of "billions" with no discernible reduction in prevalence or impact.

Custodial sentencing leads to a further waste of time and resources resulting in a vast number of small drug cases (approx. 24,000) before the District Court. These cases pull on resources of both the court and Gardaí with a typical outcome resulting in custodial sentences where access to "drugs in jail is plentiful". Many cases relate to drug debts where the biggest harm relates to crimes being committed to pay off debts.

Criminalisation for possession of small amounts further excludes vulnerable people from society – impacting on access to housing, travel, job opportunities, with disruption of familial and other relationships as well as the stigma associated.

Peter McVerry Trust asks for the decriminalisation of drugs for personal use – to reduce demand and move towards a treatment first model of drug intervention and response.

Access to Services

There is an obvious need to fund appropriate services locally and regionally. That we ensure that the required range of services are accessible to meet the need of those who are using drugs/alcohol across a continuum. Such services should be delivered in a person centred and holistic manner with an understanding that “one size does not fit all”.

Services need to be responsive to the individual and be innovative in terms of needs as they present. Such services to include an increase in stabilisation, respite and crises beds to meet early intervention need. There needs to be local opiate and other substitution services with further emphasis on community prescribing and counselling supports, accessibility and adoption of technological opportunities to engage and reach those in more isolated regions. Again, there needs to be options for those experiencing homelessness to access drug free accommodation in their local authority of origin when treatment episodes have been completed and for these supportive services to allow for a recovery orientated approach.

In tandem with such options should be the provision for respite houses / beds – for those who slip / relapse as this is part of recovery and there is a requirement for a supported environment to prevent further relapse and provide real opportunity to retain recovery.

Understanding need – to plan services in line with need and be responsive and deliver services rapidly in response to trends – to link need i.e. to provide a ratio of drug free beds for those in homelessness in conjunction with a ratio of treatment beds and for these to be mapped regionally.

Treatment services need to be integrated within social inclusion as a whole and the link between homelessness, addiction, health, disability and mental health should be improved.

Support Agencies and Model of Delivery – There needs to be an increase in funding, and improvement in the structure of the funding and timing of payments to NGOs providing these services and there needs to be a realisation that drug services are required in every part of the country, because drug use and addiction is prevalent in every town and village. There needs to be a flexibility in both the type, access and nature of these services to include fixed location and mobile outreach supports to ensure people get treatment when and where needed.

Policy and Current Drug and Alcohol Task Force

The Citizens' Assembly should also consider how best to ensure that on national basis all needs are being met locally, that there is a commitment and clarity on how they are funded and agreement on who is best placed to deliver the services and outcomes. Drug and Alcohol

Task Forces are playing an important role in the funding of programmes within their regions, but can also face challenges due to the model or being unable to respond quickly enough to rapidly emerging needs and approaches and opinions and how responses differ from taskforce to taskforce. Ensuring a singular national picture is crucial to make sure any gaps in provision are identified and also that best practice or newly emerging trends in one can be quickly shared nationally.

Feedback from Consultations

The reoccurring themes arising from this process were those of education of young people and early prevention, responsive and accessible services, decriminalisation, attitudes and perceptions and the importance of the lived experience in designing and implementing services.

Prevalence, Perspectives and Trends in Ireland

The issue of drugs in society is a broader issue than the singular concept or event of drug use – it's a societal issue that impacts on all society, communities and families, with drugs widely available throughout Ireland.

The prevalence of gateway drugs, such as marijuana or nitrous oxide, is rising, with children as young as 10 or 11 years of age engaging in their usage. The earlier these children can be educated on drugs and addiction, the better. A barrier identified here has been the oftentimes glamourised nature of drugs and drug use in certain areas, with easy access to substances and alcohol.

As was reported within the consultation, a number of children and young people have specifically voiced their desire to enter the drug dealing trade, due to the perceived easy access to money, as well as a romanticised and glamourised perception of drug dealing.

However, it is also important to not view drug use and addiction in isolation, but within the context of the society in which they occur – “it's a symptom”. People, especial young people, dealing with undiagnosed, and untreated, mental health issues, may seek to self-medicate with, for example, marijuana, which may set them onto a path of addiction. Without addressing the underlying issue of mental health, the addiction cannot be meaningfully treated. Another at-risk group identified, which is increasingly failed by current treatments and services, are mothers with young children – a possible solution, as suggested, may be increased provision of day programmes.

“how the addict is viewed has to be changed”

Attitudes towards those in addiction need to change, this is not an easy fix as it requires deconstructing imbedded perceptions, judgements and systems of believe built on outdated moral codes and fears...

“.. to change legislation, to change 50 years of what an addict is seen as”.

“90% are dealing with some type of trauma”

“legislation to change how we are seen – that doesn't change over night”

Holistic Approach through Education and Role Models

Prevention and Education

A layer of service provision that comes before these responsive early intervention services is that of prevention. Prevention should commence in childhood and through supports to families where trauma, addiction and risk are identified. Prevention should be developed and rolled out in order to create environments for understanding, knowledge and skills development of young people and their families within a community.

Children and Youth

Education and supports available from an early stage were a key recurring theme, educating children about the signs of how and when drug/alcohol use is becoming problematic so that they can recognise the signs of patterns and behaviours for both themselves and their peers. Such education should be delivered with the voice of those experienced in drug use.

Role modelling and having the experience of “one good person” -participants spoke of the “tradition” of alcohol in Irish society and the normalisation now for young people to take drugs – whereby the younger generation go straight into drug culture. There is a need for positive role models so that young people, especially where addiction in the community is endemic, to have positive role models and be able to see different opportunities/choices.

Professionals and Decision Makers

The stigmatisation of drug users may be visible even within health care settings, with health care professionals holding harmful views of addiction as personal failures. Such societal attitudes can severely impact an individual's trust in people and services, which may result in exacerbating the harmful impacts of drugs and drug use instead of mitigating them, as such individuals will be less likely to seek supports.

Professionals and those working with the public will through the course of their work engage with people who are active in addiction. This is especially so in the case of healthcare, the Gardaí, among other professions. There should be an onus on education and training for these professions that challenges the attitudes and provides awareness, insight and an empathetic understanding of those in addiction so that an understanding is developed that differentiates the use of drugs and addiction from the person. That a “bottom-up” approach is required whereby those in positions to make decisions that impact on the lives of those who use drugs have a wider and deeper understanding of addiction and the experience of those impacted is considered and heard.

PMVT participants cited occurrences whereby their and their loved one's experiences in receiving services such as when in a hospital setting, changed once the health professionals became aware of an addiction issue. It was;

“like they threw her into the bin”

The experiences described through the consultation process highlighted the discrimination and stigmatisation experienced by those in addiction.

Access to Services

Treatment and services are inaccessible and currently do not respond to the need of their target group. People using Benzodiazepines are excluded, which further marginalises a large proportion of the population struggling with addiction and drug use. Another barrier identified are the waiting lists, as well as the low number of detox beds available.

“They need to jump through hoops just to get in.”

Alternatively, a more open-door approach was suggested, not dissimilar to the Housing First approach, which has proven successful in addressing chronic homelessness.

Clinics providing treatment are also problematic in that they perpetuate and concentrate drug use, access environments and often become a meeting point for dealing and access. Waiting time to access community-based maintenance programmes and availability of same are an issue, a wider concern is that once on “a clinic” there is no impetus on the clinic to move toward detox. A review of all clinics, numbers accessing and length of times accessing, level of intervention with options for differing and holistic treatment interventions need to be assessed and a shift in purpose is needed.

“clinics are only sticking a plaster on a problem – they are not an answer”

“what is the incentive to get someone off a clinic” –

“17 years on a clinic”

As already mentioned briefly, mothers with young children are currently put at a considerable disadvantage by traditional addiction services and treatments and a need for increased day programmes was identified. Similarly, there is currently a significantly low number of types of services available, thus severely limiting the ways in which individuals are capable of engaging with said services. One alternative mentioned was a phone-based support service where people have the option to seek support over the phone instead of direct face-to-face engagement.

Another aspect to be observed here is the importance of economic status. From the experience of past drug users, the quality and quantity of treatments and services vary considerably when the individual seeking the treatment has the financial means to do so.

“People with money, they’re treated different. You have access if you have money.”

Family Supports and Early Intervention

Access to services in response to the need of a person at a given stage in their addiction and for services to be provided within the community are responses to addiction. These responses should not be in isolation and any response should consider impact on family and be provided within the context of the individual, their family and the intervention and supports required to support these relationships going forward. Such supports should also include community and integration.

Providing and planning family supports and funding for these services needs to be appropriate and focused such as provision of specific supports re: family reunification, family counselling, support groups.

Harmful impacts of Criminalisation

Within the conversation of how drugs and drug use can have harmful impacts on, not only the individual, but also the families and communities of the individual, two dimensions were identified – the direct and the indirect.

Directly harmful impacts of drugs may be evident in the individual's immediate social environment, such as their family. Families with young children, it was pointed out, are particularly affected.

“It destroys them. It destroys relationships”

“Drug addicts are a target” – “the war is on addicts not on drugs”, addicts are trying to survive – “going through the system and recycling back out” - spiral of offences that drugs take them to, going through the system, cos its slow, very little supports in prison

Indirectly, people using drugs also face other forms of issues, usually associated with the criminal justice system. Jail, as an outcome of drug use, is common, and seen here as proof that the system is failing.

“They’re not listened to. They’ve no trust in people, no trust in systems. The services have failed them.”

The impact on families, and the shame often felt by family members, the isolation and the stigma – more supports are needed for families to support and to also prevent the cycle and / or inter-generational trauma that can be a consequence

The extent to which those who use drugs are criminalised is a substantial problem that has devastating and far-reaching impact on the lives of the drug user and also on their family. Notwithstanding the inherent issues in creating an expanding criminal class, the opportunity for intervention within the prison system is seen by many who have been through the system as a missed opportunity:

“Prison is the problem” – it should be used as an opportunity for intervention and early access to treatment with a plan for continuing treatment as part of a release plan. This to include access to counselling and recovery options.

There should also be a focus on the outcomes and options for those who go through recovery:

“More training and education for those in recovery” and ***“for there to be incentive to go back to society”***

“Peers” are repeatedly acknowledged as the biggest resource for change, to support and engage with people in addiction and show through their lived experience and recovery journey that change is possible and to support the breaking of barriers of stigma, shame and other that are imposed upon those in addiction especially those from poorer socioeconomic backgrounds. Peer supports should be extended into prisons.

Best Practice and Reforming Opportunities

The best practice, of course, would be prevention – “Get them when they’re young” – by going into schools and youth services and educating children and young people about drugs and drugs use in a holistic and honest manner. This way, not only could children and young people be prevented from engaging in drug use, but the stigmatisation and marginalisation of people using drugs could be reduced.

“People need to change their understanding that all drugs are bad”

Additionally, and more pressingly, drugs and drug use need to be decriminalised. By moving drugs into the mainstream economic market, not only the incentive of illegitimate drug dealing would be decreased, but it would also mitigate some of the dangers and harms associated with drug use, such as social stigma, societal marginalisation, and criminal convictions – all of which impact on and influence a person’s socioeconomic status and social capital. Successful examples of decriminalisation were named as Portugal and Holland.

“How can people at the top make decisions? They don’t have the experience.”

A dual bottom-up and top-down approach was suggested to tackle the various, and sometimes overlapping, dimensions of drugs and drug use, one of which being an increased awareness of international trends. Certain drugs come in and out of fashions, as can be seen with the latest rise in Fentanyl, and services need to be able to respond to such trends in a timely and appropriate manner by preparing accordingly before the trend has reached its peak.

Moreover, it was suggested that raising awareness of the motivation behind drug use may be helpful in addressing the misconceptions and prejudices drug users face. Drug use to self-medicate mental and/or physical illness or symptoms of the same was pointed out as a commonality.

“Policy change has to happen”

Recommendations from PMVT Participant Group (verbatim)

1. Recognise addiction as a disease
2. Decriminalise drug addiction
3. Educate young people about the effects of drug use
4. Educate young offenders in and around prisons and break the cycle before it gets worse
5. Opportunities for treatment, detox and recovery in prisons
6. Abolish long term maintenance clinic's i.e. methadone
7. Use methadone as a detox and a view to treatment
8. More supports
9. More incentives for former addicts to become involved in the drug services with a view to detox and treatment
10. To treat all addicts with humanity through education i.e. police, judge, solicitors, barristers, prison officers and wardens

It is also important to take account of trauma and the impact that it is having in people's lives and their likelihood of using drugs. Some of the words or themes that came out of our conversations with participants included:

<i>Broken Homes</i>	<i>Poverty</i>	<i>Homelessness</i>	<i>Domestic Violence</i>
<i>Trauma in our own family home</i>	<i>Death</i>	<i>Crime</i>	<i>Prostitution</i>
<i>Neglect</i>	<i>Financial Difficulties</i>	<i>Mental Health</i>	<i>Generations impacted</i>
<i>Violence</i>	<i>Loss of Jobs</i>	<i>Suicide</i>	<i>Care homes</i>
<i>Stuck in the system</i>	<i>Missing School</i>	<i>Depression</i>	<i>Losing Kids</i>
<i>No Hope</i>	<i>Vandalism</i>	<i>Needles left in parks</i>	<i>Kids having kids</i>
	<i>No Trust</i>	<i>Education</i>	<i>Losing family members</i>

PMVT Participant Testimonials

Noel, Peter McVerry Trust Housing First tenant

“I was homeless since the age of 15, in and out of hostels, and spent 30 odd years in and out of jail. I didn’t think I was going to get clean. In 2019, I went into the Peter McVerry Trust Residential Community Detox for three and a half months. It was a great support and I was able to move into drug-free accommodation. That kept me clean and in Christmas 2021 I moved into my own apartment as a Peter McVerry Trust Housing First tenant. I’m clean three and a half years now.

“Getting clean was the best thing I ever did. Only for the support I received from Peter McVerry Trust, I’d probably be in prison, or worst case, I could be dead. People who are battling addiction need more support every step of the way on their journey. It’s the only way you can recover and start living your life again.”

Sean, CEO Sklifebalance, Peer Mentor, Motivational and Keynote Speaker, Wellness Coach

My Recovery Journey

“I spent most of my youth and adult life on the streets and in prison. The reason I was homeless and incarcerated was because I was addicted to heroin and crack cocaine. I had to rob to feed my habit and when I went to prison there was little or no support in relation to drug treatment or counselling. There was no awareness of why drug addicts were coming back into prison repeatedly.

“I managed to access detox and treatment with Peter McVerry Trust. I then moved into supported housing until I was ready to move into my own home. I think the process of support and guidance are essential for long term recovery. I am now in recovery 13 years and have my own business. I feel so lucky to have got the opportunity to access detox, treatment and all the follow on supports to help me maintain my recovery.”

Jonathan, Peter McVerry Trust participant

“Imagine living two lives in one? I am one of the lucky ones who has got to experience such luxury. Many lives are destroyed in addiction, homes are broken, kids are left parentless and dreams are broken. Without recovery their homes will never be rebuilt, new dreams conquered and tears turned into smiles.

“I sit here with that smile on my face, without the support I received with Peter McVerry Trust and after supports and care, god knows what darkness I’d be living in. Supports around day programs and housing, education and life skills. I would not have gone on and finished my diploma in UCD and now work in full time employment in the homeless service. I get to show and tell people that there is a way out, but in my own opinion more supports and funding is needed to help give people the chance I got at life.”

