

Responding to Addiction in a Time of Recession – a community view

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1. Telling the stories

- Stories of responding – many stories from over 30 years of experience
- Late 1970s/early 1980s – time of recession; high unemployment, health services getting cut, very few drug services, housing issues in some areas e.g. Ballymun – mobility of population.
- No national drugs policy to guide responses

2. Critical Incident 1.

1980 – Four Young Deaths.



3. Communities Organise



4. Critical incident 2

HIV

- Young deaths
- Shift in Focus – harm reduction

- 1991 government report
- Some development of services – community addiction clinics
- Growth in community run treatment services, for example in Tallaght and Clondalkin

5. Community view

crisis continues, not enough being done



6. Critical Incident 3

1996

Shooting of journalist Veronica Guerin

“ murder condemned as attack on democracy” Irish Times June 27th 1996

“ brutal murder left deputies numbed” Irish Times June 29th 1996.

7. Community View 2003



8. Trajectory of drug use



9. Community indicators

- Traditional epidemiology indicators – show only part of the picture
- Indicators recognised by community – involved not only services, but satisfaction with services; involved use of public space;
- Community indicators tell graphic stories about specific aspects of life and well being

10. Community as a system

- Holder 2002 - consider alcohol and other drug problems as outputs of the community system. Seek to understand the structures that give rise to problems as a means to identify potential system-level interventions.
- Community policies can produce structural changes that are more likely to reduce problems than specifically funded prevention programmes.
- Babor 2010 – many policies that effect drug problems are not considered drug policy, and many specific drug policies have large effects outside the drug domain.
- Communities take account not only of numbers of drug users, and drugs being used, but also of the impact on community life
- We can see how and to what degree programmes have improved the sense of well being
- Case studies can provide rich data to increase our understanding

11. Example from PHC

Tullamore Traveller Primary Healthcare Project

(Kavanagh et al 2012 in Jackson O’Doherty 2012)

- Uses community development principles to facilitate the Traveller community to identify and address health issues
- Evaluation of oral health promotion programme showed positive change, in contents of food in children’s lunch boxes, and in oral hygiene.

12. Community narrative will continue

- “ footholds have been gained. Many community platforms and networks set up in anticipation still endure, and many are quietly achieving progress and developing skills and acumen that they hope will eventually pay off – community work is a slow but diligent process.” (Lloyd & Lloyd-Hughes 2009)
- No other sector can tell the community story.

13. Ledwith p 109

- “In these times of frenetic activity, where pressure to act overrides the time to think, we need to pay attention to creating critical spaces where we can reflect and have dialogue about our ideas, experience, and practice.”
- New ideas are generated, new perspectives, new theories.

14. References

- Babor, T et al (2010) *Drug Policy and the Public Good*. Oxford University Press.
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- Kavanagh, L et al (2012) ‘From the Inside Out’ Chapter 12 in Jackson, A & O’Doherty, C (Eds) *Community Development in Ireland*. Dublin, Gill & Macmillan.
- Ledwith, M & Springett, J (2010) *Participatory Practice Community-based action for transformative change*. Bristol, The Policy Press.
- Lloyd, A & Lloyd-Hughes, J (2009) Building Platforms for Progression or Chasing Pie in the Sky? *Working for Change: The Irish Journal of Community Work*, Issue 1:28-51.