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Patricia McCarthy
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The heroin epidemic in Dublin is causing major problems for addicts and for the communities where they live. Oddly enough you would not get any inkling of this crisis from the bourgeois press. That is because the epidemic and its effects are confined to the inner city and the working class suburbs like Ballymun, Tallaght, Clondalkin and Blanchardstown. The politicians and the powers that be don't give a damn about the people who live in these communities or about the problems they face. So, starting last summer, these communities began to organise their own response to the drugs crisis.

ICON, the Inner City Organisations Network, based on the northside, took an initiative. It started a series of meetings, open to the community, in the North Star Hotel to discuss ways to tackle the problem. These meetings were well attended by local people who talked about their experiences with sons and daughters, brothers and sisters and partners who are addicts and who can't get on to the treatment programmes because the waiting lists are so long.

There are now upwards of five hundred addicts waiting to get on methadone treatment programmes in Dublin. Some of these are in their early teens. Some are very sick with the HIV virus and even Aids. Yet the main response of the government announced in the summer was a law and order one concentrated on security and policing. These kinds of responses have been tried in practically every country experiencing the same drugs crisis without success.

ICON soon saw the need to spread out the campaign to other communities. A series of city wide meetings were held in Liberty Hall which were attended by people from the Liberties, Blanchardstown, Tallaght, Ballymun and other areas. A series of demands were drawn up and sub-groups set up to deal with the different aspects of the problem. A big increase in the availability of treatment for addicts both in locally based clinics, under community control, and from local G.Ps are central demands.

Other issues are the lack of methadone maintenance programmes in the prisons, the lack of success by the police in catching the big dealers, and the desperate social and economic conditions in the communities which cause the drug addiction in the first place.

Unlike the community response in the 1980s, there has been little enthusiasm for a return to the tactics of the Concerned Parents Against Drugs. CPAD had taken a direct action approach to dealers and those suspected of dealing, and forced them out of the communities. Although some people within the campaign do still favour this approach, most don't because of the totally changed situation on the ground now. Now most families involved in the campaign have a close relative who is an addict, they may even have a close relative who has died at a young age from a drug related illness. Many addicts are also small time dealers in order to support their habit.

The drug problem is so closely intertwined with the fabric of the community now, especially in the inner city areas, that it is no longer possible or desirable to adopt the tactics of CPAD because

people would be targeting members of their own families. Another reason is that there is now a clearer realisation that there is nothing to be gained by just pushing the problem and the addicts from one area to another.

There are other issues to be tackled too, such as the fact that methadone itself is highly addictive and some experts argue that it is better to prescribe heroin. The whole issue of legalisation and decriminalisation of hard and soft drugs is also up for debate. Resistance from communities to drug treatment clinics in their areas also has to be tackled head on. On the other hand there are examples from Tallaght of working class communities getting together to set up their own treatment programmes with the support of one or two G.Ps when the Eastern Health Board refused to deal with the problem.

The reluctance of G.Ps to treat addicts is basically a financial one. If the Dept. of Health would agree to pay them more to treat addicts, many more would willingly do so. Strangely enough this is exactly the same line of argument they use about treating Travellers!

The state is not putting in the resources to tackle the problem in any effective way. Their response is primarily a policing one. As long as the heroin problem stays in the working class communities — where it creates havoc with people lives — the state will not bother to respond in a serious manner unless it is forced to do so. This is what the ICON led campaign has been set up to do. It has the direct support and involvement of local people from working class communities and is democratically run. It remains to be seen if it can be effective against the indifference and self-interest of the ruling class.